



Mapping Report on Legal Frameworks and Assistance Available to Migrant Victims of Sexual and Gender-Based Violence (SGBV)

PROTECT – Preventing Sexual and Gender-Based
Violence against Migrants and Strengthening
Support to Victims

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PROTECT – Preventing Sexual and Gender-Based Violence against Migrants and Strengthening Support to Victims

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ACRONYMS

AMIF	Asylum, Migration and Integration Fund
CEDAW	UN Convention on the Elimination of All Forms of Discrimination Against Women
CSO	Civil society organizations
DV	Domestic violence
ECHR	Council of Europe’s European Convention on Human Rights
EEA	European Economic Area
EU	European Union
FGM	Female genital mutilation
FRA	European Union Agency for Fundamental Rights
GBV	Gender-based violence
HBV	Honor-based violence
IEMW	Institute for the Equality between Women and Men
IOM	International Organization for Migration
LGBTI	Lesbian, gay, bisexual, transgender and intersex
MdM	Médecins du Monde
NFIs	Non-food items
NGO	Non-governmental organization
PTSD	Post-traumatic stress disorder
RIC	Reception and Identification Centre
RRC	Registration and Reception Centre
SGBV	Sexual and gender-based violence
SOPs	Standard operating procedures
TCN	Third country nationals
THB	Trafficking in human beings
UASC	Unaccompanied asylum-seeking children
UMC	Unaccompanied migrant children
UN	United Nations
UNCRC	UN Convention on the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

ABOUT THE REPORT

As part of the inception phase of the **PROTECT project**, national mapping exercises have been conducted by IOM country offices together with project partners in **12 countries** (Belgium, Bulgaria, Croatia, Greece, Hungary, Ireland, Italy, Malta, the Netherlands, Poland, Slovenia and Spain) to map the existing legislative frameworks, available services to migrant victims of sexual and gender-based violence (SGBV) to and identify the key gaps and challenges.

The report has been prepared by using different methodology such as desk research and expert interviews in the participating countries. Its findings can be a useful source for stakeholders,

Each country report provides a general overview of the migration situation in the country, the national legal framework, and the main support services in the field of migration and/or SGBV. By the end of the report, the reader can have a better understanding of the existing challenges migrant victims and potential victims are facing to access support services in Europe.

All of the project countries have signed or ratified the international conventions (Istanbul Convention, Lanzarote Convention, UNCRC and CEDAW)¹ that condemn all or specific forms of sexual and gender-based violence against children and adults, thus some kind of national support services are available for victims of SGBV in those countries. However, migrants are in a difficult position when it comes to access to these services.

Although the migration profile of the participating countries varies greatly as arrival, transit and also destination countries can be found among them, there are certain challenges in identifying and assisting migrant victims of sexual and gender-based violence that are present in all country contexts. These common key findings require similar actions to be implemented within the framework of the project, however, the focus of the activities and/or the specific target groups might differ country to country.

Firstly, the **general lack of official statistics** and central data analysis on SGBV among migrants is an EU-wide challenge that makes it difficult to properly address the issue. The mapping exercise conducted in the PROTECT project has provided a good opportunity to gather more information from stakeholders that has enabled project partners to shape activities in a more specific way. In addition,

¹ For more information see Annex I.

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IOM Spain will carry out a data collection activity with a focus on sexual and gender-based violence in reception facilities as part of IOM's Displacement Tracking Matrix.²

Another challenge is the **lack of attention paid to male victims of SGBV**. They are less likely than female victims to report the crime and seek help. In many countries, e.g. in Belgium, there are no specialized support services to assist men and boys who have experienced SGBV. Therefore, special attention will be given to male victims in several project countries. One of them is Italy where the newly arrived unaccompanied and separated children (most of them are boys) declare themselves as adults to avoid the child protection pathway, ultimately increasing their risk for SGBV. The project's regional information campaign will target both male and female, child and adult victims with the aim to raise awareness through information provision on what SGBV is, how can they report such crimes, and what are the available services.

An additional obstacle for migrants to get appropriate help and support is the **language barriers** many of them facing upon arriving to Europe. As part of the mapping exercise, project partners have identified the most common languages spoken by migrants residing in their country. Information materials (leaflet, poster, animated video) will be developed to be available in those languages. Besides the language gap, there is a shortage of trained interpreters and intercultural mediators in countries like Hungary, Greece, and Malta. Thus, capacity-building activities on SGBV and intercultural competencies will also target interpreters. In the Netherlands, *migrant ambassadors* (volunteers with migration background) will conduct information sessions in migrant communities.

Finally, one of the reasons for SGBV remaining underreported is the **social stigma** attached to such crimes. Stigmatization by family, friends and the community has been reported as a major factor for victims to decide not to report sexual and gender-based violence in, among others, Poland, Slovenia and Spain. The first step to end stigmatization is to increase information provisions on SGBV among refugees, asylum-seekers and migrant communities. Although SGBV is a sensitive topic, especially in certain cultures, it is also a crime in most European countries which means that victims have the right to ask for and receive help and support.

² <https://www.globaldtm.info/>

ABOUT THE PROTECT PROJECT

Sexual and gender-based violence (SGBV) is a prevalent human rights violation both globally and on the European level. SGBV has both physical and psychological forms, it includes domestic violence, sexual harassment and violence, harmful practices, exploitation and trafficking in human beings. Women and men, girls and boys and LGBTI people can all become victims of such violence.

The **PROTECT – Prevention of Sexual and Gender-Based Violence against Migrants and Strengthening Support to Victims project** aims to strengthen the capacities of existing national support services for sexual and gender-based violence to coordinate better and make these systems available for refugee, migrant and asylum seeker victims and potential victims of SGBV. The project also aims to raise awareness among and empower these communities.

It is implemented by **12 IOM country offices** (Belgium, Bulgaria, Croatia, Greece, Hungary, Ireland, Italy, Malta, the Netherlands, Poland, Slovenia and Spain) and **eight NGO partners**, Legebitra (Slovenia), Le monde selon les femmes abl (Belgium), Fundación EMET Arco Iris, Asociación Rumiñahui, Movimiento por la Paz (Spain), Arq Psychotrauma Expert Groep, Rutgers, and Pharos (Netherlands) between October 2018 and March 2020.

The following specific **objectives and activities** will be implemented during the 18-month project cycle. Most of the activities will be tailored to specific national contexts.

1. Strengthen and adapt existing national support services for sexual and gender-based violence (SGBV) to coordinate better and include refugees, migrants and asylum-seekers.
2. Build capacity for professionals who work with and for refugees, migrants and asylum-seekers with the aim of identifying and addressing the needs of victims and potential victims of SGBV more effectively.
3. Empower and inform refugee and migrant communities and asylum-seekers of SGBV and its prevention through a regional awareness-raising campaign.

The project is funded by the European Union's Rights, Equality and Citizenship Programme 2014-2020.

Learn more about the project here: <https://eea.iom.int/PROTECT-project>

BELGIUM

INTRODUCTION

IOM Belgium conducted a mapping exercise between November 2018 and January 2019. In addition to desk research, IOM met with the Institute for the Equality between Women and Men (IEMW) with the purpose of gathering information on the existing SGBV legal and policy frameworks and available support services for victims in Belgium. Due to its decentralized structure (regional, community, and federal institutions), Belgium does not have a centralized mapping of available SGBV services at the national level and there is also no centralized data on violence. This mapping aims at giving a general overview of the policy and legal frameworks covering SGBV in Belgium, the state of play, and a non-exhaustive list of existing support services, in Flanders, Wallonia and Brussels.

POLICY OVERVIEW

Since 2001, Belgium has pursued its policy to combat SGBV through several national action plans coordinated by the Institute for the Equality of Women and Men (IEWM, founded in 2002) and under the responsibility of the Secretary of State for Equal Opportunities. The National Action Plan to Combat All Forms of GBV (2015—2019)³ constitutes an integrated approach to SGBV covering: intimate partner violence, female genital mutilation (FGM), forced marriage, honor-based violence, sexual violence and prostitution. Its priorities include the collection of qualitative and quantitative data on SGBV, prevention through awareness raising and education (professionals and schools), strengthening measures to support and protect victims, and increased cooperation between services (multidisciplinary approach). The Action Plan on the Fight against Human Trafficking (2015—2019) is a separate document and is published by the Belgian Ministry of Justice. Since 2013, Belgium also has an Inter-federal action plan against the discrimination and violence against LGBTI persons (2018-2019)⁴, also under the responsibility of the Secretary of State for Equal Opportunities.

MAIN ACTORS

This Institute for the Equality of Women and Men (IEWM) has the mission to guarantee and improve the equality between women and men and to fight all types of discrimination based on gender. It treats complaints of discrimination, provides support to organizations and organizes awareness raising campaigns.

³ https://igvm-iefh.belgium.be/sites/default/files/88-stop_violence_nap_2015-2019.pdf

⁴ https://fedweb.belgium.be/sites/default/files/Plan_d_action_LGBTI_2018-2019_FR.pdf

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The Centre for Equal Opportunities and Opposition to Racism (Unia) - combats discrimination and segregation and promotes equal opportunities. Like the IEMW, Unia is active at the federal, regional, and community level. Unia addresses violence linked to discrimination on various grounds, such as race, faith or creed, disability, age and sexual orientation, through campaigns, trainings, tools, recommendations, studies and publications.

The field services in charge of the fight against SGBV and direct victim support are structured in different ways, depending on the 3 regions - Flanders, Wallonia, and Brussels - and communities – French, Dutch and German speaking. Victim support services in Flanders are centralized by the 11 Centres for general wellbeing (CAWs⁵), with local reception desks all around Flanders. The CAWs manage cases, with referrals to specialized services and networks within each region. On top of this, there are small-scale low-threshold civil society organizations (CSO), generally working on specific issues or with particular communities. Flanders has 1 central free hotline for all types of violence, abuse and child abuse: 1,712.⁶

In Wallonia and Brussels, civil society is diversified and is directly financed by the regional governments. The official victim support services are 21 recognized who refer victims in case of aggressions, however the CSO structure is much broader than this. CSO in Wallonia and Brussels are lower-threshold and, according to field organizations, easier to access than in Flanders because of their decentralized structure⁷. Wallonia also has a network of family planning services, which are recognized local social services focusing on reproductive and sexual health, SGBV and discrimination. There are multiple French speaking hotlines, depending on the type of aggression (see table below).

LEGAL FRAMEWORK

Although there is no specific law on SGBV in Belgium, most forms of violence are criminalized in the Belgian Criminal Code. Specialized legislation is in place, including intimate partner violence (Art.410, 1997), non-intentional homicide (Art.418), physical assault (art.398), sexual assault and abuse (Art.239 to 250) and rape (Art. 375, 1989). When the offenses are committed against a partner, it becomes an aggravating circumstance, increasing the penalty (Art. 410). Stalking and psychological violence are also criminalized (Art. 442bis, 1998) - including through electronic communication (Art. 145§3bis). Regarding domestic violence, a protection mechanism was introduced in 2013: a short-term barring order for victims of domestic violence, which allows for the removal of the perpetrator from the family

⁵ <https://www.caw.be/>

⁶ Meldpunt 1712, 2017 year report.

⁷ Maison de l'Amérique latine, Cliniques de l'Exil, Praxis asbl, Collectif contre les Violences Familiales et l'Exclusion asbl, Le Monde selon les femmes, Fem and Law.

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home and the immediate residential environment, and prohibits contact with the victim. Professional secrecy can be broken in case of domestic violence (Art. 458bis).

Forced marriage is criminalized in Art. 146ter (2007). The law of 2 June 2013 increased the sentences, criminalizing forced and simulated marriages and created a new incrimination for forced and simulated legal cohabitation.

All forms of FGM, from clitoridectomy to infibulation, are prohibited (art. 409, 2001). The criminal offence consists of the performance, the participation, the facilitation and the attempt to perform FGM. Committing the offence on a minor and profiting from a situation of dependence or vulnerability are considered aggravating circumstances which increase the penalty. The principle of extraterritoriality is applicable, making FGM punishable even if it is committed abroad. FGM is considered a form of persecution and is thus recognized as grounds to be granted refugee status. Since 2014, inciting a woman to undergo FGM is punishable.

Honor based violence (HBV) is not legally defined in Belgian legislation, nor is there a specific legal article that makes it punishable. However, the Criminal Code, Youth Protection Law and Immigration Law offer various options for preventing, tackling or punishing forms of expression of HRV (forced abortion, homicide, physical violence, rape, etc).

The Belgian law criminalizes incitement to hatred, discrimination, and violence towards a group or person because of their real or perceived sexual orientation or their gender identity. Murder, rape, harassment with a motive of hatred or hostility towards a person because of his/her sexual orientation or gender identity is an aggravating circumstance. This refers to a "hate crime" (anti-discrimination law of 2007).

Belgium ratified the Lanzarote Convention (Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse) in March 2013 and the Istanbul Convention (Council of Europe Convention on preventing and combating violence against women and domestic violence) in March 2016.

STATE OF PLAY

Domestic violence is the most frequent form of SGBV in Belgium. According to police statistics⁸ – in cases in which the victim filed a complaint – there were 28,272 cases of physical domestic violence (73% by the (ex)husband), 739 cases of sexual domestic violence (147 in couple, 592 within the family),

⁸ http://www.stat.policefederale.be/assets/pdf/crimestat/nationaal/rapport_2018_trim1_nat_belgique_fr.pdf

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17,524 cases of psychological domestic violence, and 3,611 cases of economical violence in 2017. Forty-three per cent of people in Belgium know a woman who is a victim of domestic violence.⁹ According to the EU's Fundamental Rights Agency (FRA), 78 per cent of female victims of violence in Belgium do not report the most serious acts of violence committed by their partner.¹⁰ Since 2006, there is one central system to identify and register cases of intimate partner violence to the police and prosecution offices. This data does not specify gender or nationality. There is no centralization of data by support services or CSOs.

Twenty-four per cent of women in Belgium have experienced sexual harassment, sexual violence, and stalking. According to the police, in 48 per cent of the cases the perpetrator is the partner of the woman, in 10 per cent of the cases a member of the family, in 13 per cent an acquaintance and in 7 per cent a person belonging to the professional entourage of the victim.¹¹ There were 204 reported cases of gang rape in 2017.¹² Ninety per cent of sexual delicts are not declared, and more than 50 per cent of the ones reported are closed without further action; 56 per cent because of lack of proof.¹³ According to the Group for Abolition of Female Genital Mutilation (GAMS)¹⁴, 70,576 girls and women in Belgium are originally from countries where FGM is omnipresent. 17,575 probably already suffered FGM, 8,342 are intact but at risk.¹⁵ Eighty per cent of women at risk come from Guinea, Somalia, Egypt, Ethiopia or Ivory Coast. The number of filed complaints is very low (15 between 2009 and 2014) and there have been no convictions for these violations yet.¹⁶

There is no centralized data on honor based violence (HBV) and this violence is difficult to identify: the motive of violence is not always registered by victim assistance services and there is no common definition of HBV. In Belgium, migrants with a Moroccan, Turkish, Pakistani or Serbian background are most at risk according to the Institute for Equality between Women and Men (IEWM).¹⁷ Migrant populations most at risk are newly arrived migrants, migrants with limited education and poor social networks, and traditional families (patriarchal model). **Forced marriage** is also considered a "hidden" problem with no centralized data. Male victims are almost completely unknown due to the lack of available specific services and the taboo around their situation.

⁹ EU Agency for Fundamental Rights (2014), Violence against women, An EU wide survey – Main results.

¹⁰ Ibid.

¹¹ <https://www.violencessexuelles.be/je-suis-victime>

¹² http://www.stat.policefederale.be/assets/pdf/crimestat/nationaal/rapport_2018_trim1_nat_belgique_fr.pdf

¹³ Chambre des Représentants, Note de Politique Générale, Egalité des chances, DOC 54 0588/033.

¹⁴ Group for the Abolition of Female Genital Mutilation, founded in 1996.

¹⁵ IEWM and The Federal Public Service (FPS) Health, Food Chain Safety and Environment, Schatting van de prevalentie van in België wonende vrouwen en meisjes die vrouwelijke genitale verminking ondergingen of het risico lopen om verminkt te worden, 2018.

¹⁶ <https://gams.be/mgf-excision/>

¹⁷ Étude phénoménologique scientifique de la violence liée à l'honneur en Belgique, Rapport final, VUB-UGent, 2011.

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Belgium has an extensive legal framework to fight discrimination, but aggression against LGBTI is still widespread. Due to fear for discrimination by police officers, stigma, family retaliation, or fear of not being able to prove an aggression took place, most cases are not reported.¹⁸ In general, one third has been insulted in public spaces, one fifth has been harassed or threatened, and one tenth has suffered physical violence.¹⁹ In 2017, 84 files for discrimination or violence because of sexual orientation were filed at UNIA. Eight files were opened for physical violence against homosexuals and 46 files for intimidation and threats. LGBTI migrant's in Belgium, it is often more difficult to talk about the widespread violence endured, in Belgium and in their country of origin. An important barrier is the lack of understanding from public services (for example having to prove sexual orientation).

THE PARTICULAR CASE OF FEMALE MIGRANTS

Female migrants, notably those coming to Belgium for low-skilled employment, through marriage²⁰ or family reunification, are particularly vulnerable to violence.²¹ This can be attributed to financial and administrative dependence they are in (limited or no income, residence permit linked to their partner), social or physical isolation, and insufficient knowledge of the language and/or the existing services. They are vulnerable to psychological and physical domination and tend to approach support services when the violence endured has escalated and there is an urgent need for assistance (shelter, legal proceedings, medical, health, and psychosocial). In reception shelters for victims, 53 per cent of women have a migration background.²² The most common origins are Morocco and Turkey (also the main non-EU migrant communities in Belgium), but also Eastern Europe, Sub-Saharan Africa, the Antilles and Latin America.²³ Most migrants in shelters are newcomers, however second and third generation migrants are also commonly requesting a safe place. A prevalent factor for seeking shelter is to flee from a forced marriage.²⁴

Family reunification and marriage deserve special attention. To be able to claim an independent right of residence after the reunification with a Belgian husband, the couple needs to cohabit for five years. In case of a separation, the Belgian Foreigners Office can withdraw the right of residence. Many perpetrators of domestic violence use this threat to pressure their partner, especially when the couple has children. In 2007, the Aliens' law was adapted with a protection measure: to benefit from the

¹⁸ Dossiers pour homophobie en hausse: Unia plaide pour une amélioration des lois antidiscrimination, UNIA, 2017.

¹⁹ Un congrès contre les violences à l'égard des LGBT, Garantie.be.

²⁰ Married abroad to a Belgian citizen with a migration background, or following an online encounter, then moved to Belgium.

²¹ Carles Isabelle, Violences de genre : quelle protection réelle pour les femmes migrantes ?, La Voix des Femmes, 2013.

²² Omgevingsanalyse intrafamiliaal geweld en 'eegerelateerd geweld', ella vzw – kenniscentrum gender en etniciteit, 2013.

²³ Carles Isabelle, L'état des lieux de la situation juridique et concrète des personnes étrangères bénéficiant d'un titre de séjour provisoire lié à leur statut de conjoint(e) ou de partenaire d'un(e) Belge, victimes de violences familiales, IEFH, Bruxelles, 2011.

²⁴ Huwelijksdynamiek in allochtone gemeenschappen in relatie tot faciliterende factoren met betrekking tot intra-familiaal geweld, Steunpunt Gelijkekansenbeleid.

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protection clause, victims must gather evidence of violence and sufficient income within a period of three months after the separation. Most migrant women are not aware of this “protection” measure, mainly due to their isolated situation and the language barrier they endure. Proving the physical violence occurred and the need to have an income are difficult barriers to overcome. These women suffer from a double violence. The gap between them and official support services is too big, and the trust in police services is very low. In addition, many personal elements, which contribute to the fact that most cases of SGBV remain unreported, are present: fear, shame, loyalty to the family, bad experiences with authorities in the past, and general dependence and loyalty to the partner.

SUPPORT SERVICES

Since 1999, victims of violence can receive victim support in Belgium through the following services (see diagram below):

1. Police (local and federal) victim support services – offer first assistance after violence occurred and refer victims to support services
2. Victim support services – within the victim support services of the CAW²⁵ in Flanders and Brussels, and victim support services in Wallonia and Brussels
3. Justice houses – assistance on legal procedure and assisting perpetrators with sentence execution
4. Civil society organizations
5. Specialized services – medical and psychological in particular

Generally, there is a lack of coordination between these actors. Regional platforms (Flanders/Wallonia) ceased to exist due to lack of funding. Brussels still has such a platform which gathers all organizations working on SGBV: CSO, police, prosecutor’s office, socio-medical staff, and staff from 19 communes. An interactive guide of all these services should be published soon.²⁶

AWARENESS RAISING AND LIFELONG LEARNING

A few organizations²⁷ conduct awareness raising towards migrant communities (sometimes on top of a social service) on the topic of SGBV. All these organizations have specific projects focusing on empowerment, self-defense, migrants’, women’s, LGBTI’s’ rights, and gender equality in general.

²⁵ <https://www.vlaanderen.be/nl/gezin-welzijn-en-gezondheid/conflicten-geweld-en-misdrijven/slachtofferhulp>

²⁶ <http://equal.brussels/repertoire-des-acteurs-en-matiere-de-violence-conjugale-et-intrafamiliale>

²⁷ For example: Arab Women's Solidarity Association Belgium, Centre féminin d'Education permanente, Centre Femmes/Hommes Verviers, Collectif des Femmes, Centre de Prévention des Violences conjugales et familiales, Coordination HoLeBi, Corps écrits, Le Monde selon les femmes, Vie Féminine, Université des Femmes, Rosa vzw, Foyer vzw, Réseau Mariage et Migration, vzw ZIJN, Forum van Vlaams Vrouwen, the Kurdish Insititute, Femma-Intercultureel Brussel, Ella vzw, Rainbowhouse.

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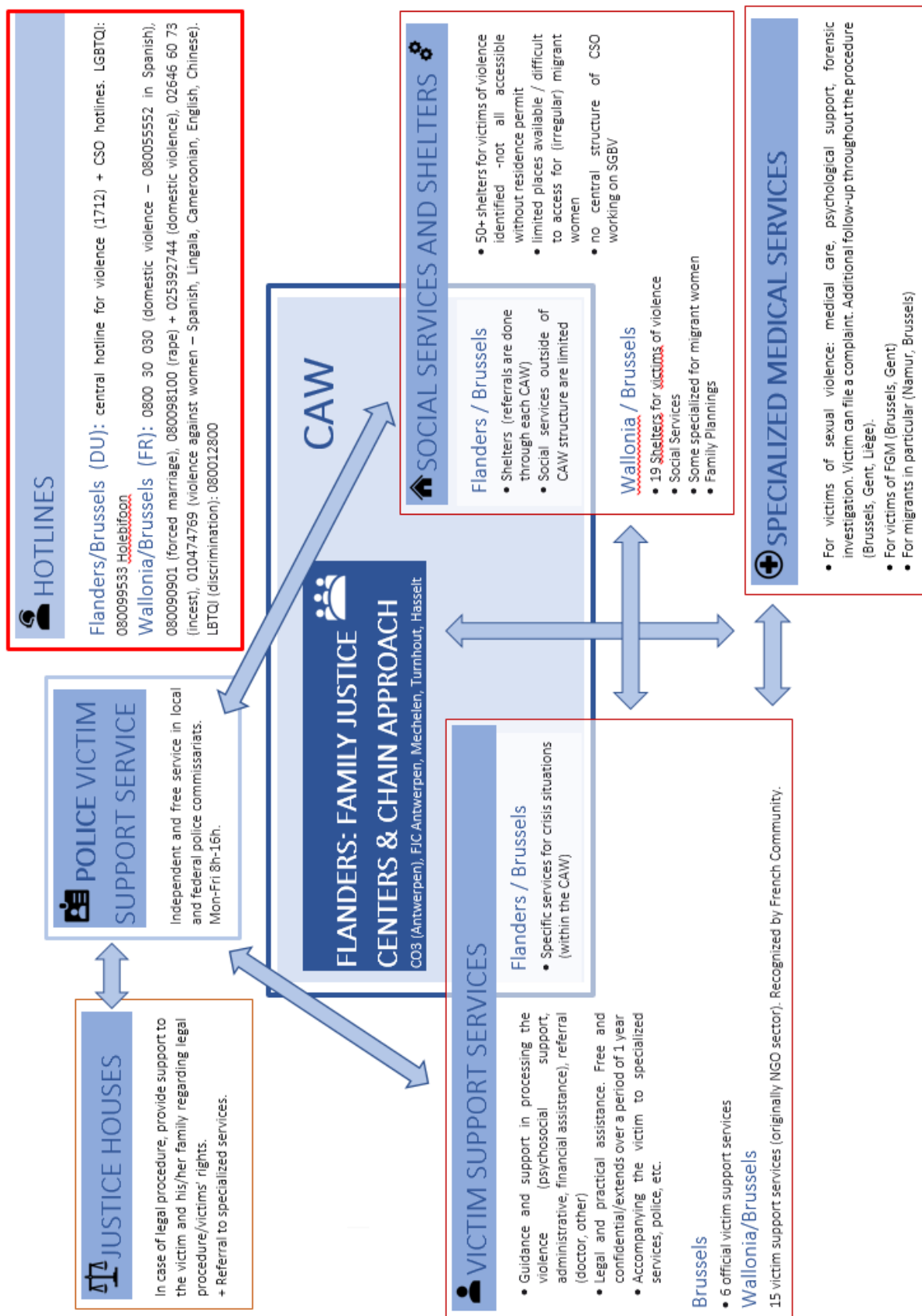
KEY FINDINGS AND WAY FORWARD

This mapping identifies various challenges related to SGBV victim protection and support, in particular for migrants. The main needs identified through this mapping are:

- A stronger collaboration between support services, resulting in quicker identification, better referral, and overall stronger support and protection mechanisms;
- Better data collection, aggregated by age and sex, at national level;
- Reducing the gap between support services and victims. The barriers to access services are particularly high for migrant women. Many of these factors are personal and linked to the specific vulnerabilities of female migrants in Belgium (language barrier, social network, etc.)
- Increased awareness amongst migrant communities about the existence and risks of SGBV, about their rights as victims, and about the services available to them;
- Increased awareness amongst field actors in direct contact with potential victims on the identification and referral of victims.

The PROTECT project will tackle these needs by putting in contact field organizations, providing information to migrants regarding existing services and providing information on SGBV to migrants and service providers.

THE BELGIAN REFERRAL SYSTEM



BULGARIA

INTRODUCTION

This document summarizes the information collected during the national mapping exercise conducted by IOM Bulgaria between November 2018 and February 2019. It comprises desk research and an analysis of the legal and administrative framework related to SGBV prevention and response, as well as information provided by IOM's mobile protection teams, engaged in active operational field work, and partner organizations on the key gaps in the existing support services. The mapping report also includes information provided by UNICEF Bulgaria,²⁸ as the organization conducted a similar mapping exercise at the beginning of 2018.

OVERVIEW OF THE MIGRATION AND ASYLUM CONTEXT IN BULGARIA

Bulgaria, strategically located in the South-Eastern corner of the European Union (EU), is one of the gates into Europe along the Balkan and the Eastern Mediterranean Migration Routes. Until 2013, the country was not a preferred entry point and/or transit destination for migrants. This situation changed in 2013 when Bulgaria faced an unprecedented increase of migration flows towards the country. This was primarily due to the ongoing regional conflicts in the Middle East, including the conflict and humanitarian crisis in Syria, as well as the political instability and insecurity in Afghanistan and Iraq. In addition, there was a noticeable increase of migrants arriving from Iran, many of them children of Afghan refugees who have lived in Iran for decades.

There are four open centres in Bulgaria - one Registration and Reception Centre (RRC) in Sofia (divided into three sub-centres – Ovcha Kupel, Vrazhdebna and Voenna Rampa), one in Harmanli and one in Banya, as well as one Transit Centre (TC) in Pastrogor, all under the management of the Bulgarian State Agency for Refugees (SAR) at the Council of Ministers. The SAR is the institution responsible for all aspects of the asylum procedure. There is also one closed reception centre²⁹ under the management of the SAR. Alternative accommodation outside the reception centres is allowed by law, but the cost must be covered by the asylum seekers themselves.

²⁸ <https://www.unicef.org/bulgaria/en>

²⁹ According to article 45b of LAR "after an individual assessment of each case, an alien seeking international protection may be temporarily accommodated at a closed-type centre and for the shortest period possible:

1. In order to determine or verify his/her identity or nationality;
2. In order to determine the facts and circumstances the application for international protection is based upon when this cannot be done otherwise and there is a risk of the alien absconding;
3. When protection of national security or public order so requires;
4. In order to determine the responsible Member - State for examining the international protection application, and transfer the alien there, and when there is a serious risk of the alien absconding."

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SAR collects monthly statistics on the number of asylum seekers identified as vulnerable. In August 2018, SAR began collecting and reporting separate statistics for victims of psychological, physical and sexual violence (prior to this, victims of different forms of violence were all grouped into one category). Since August 2018, SAR has identified only one asylum seeker as a victim of sexual violence, 10 as victims of physical violence and 7 as victims of psychological violence. Considering the higher prevalence of SGBV and other forms of violence in migration and displacement contexts, even though the numbers of asylum seekers in Bulgaria have decreased significantly (see below), the number of victims of sexual, psychological and physical violence appears very low. This could be due to a lack of awareness on the part of asylum seekers on their rights and how to claim them, the non-recognition of this type of violence as a violation of their rights, fear of the repercussions that reporting could have on their application for international protection, as well as a lack of capacity of first responders to identify victims of violence, including SGBV, and provide adequate response in such cases.

The Migration Directorate of the Bulgarian Ministry of the Interior (Moi) manages two closed centres – Specialized Homes for the Temporary Accommodation of Foreigners (SHTAF) – one in the town of Lyubimets near the border with Turkey and Greece, and one in Busmantsi, on the outskirts of Sofia. Both accommodate undocumented migrants – persons who have been apprehended after crossing the border irregularly or asylum seekers who have received a final rejection on their asylum application but have not left the country. No statistics are available on the number of vulnerable third country nationals (TCNs) accommodated in SHTAFs.³⁰

Overall, there has been a significant decrease in the number of migrants and asylum seekers accommodated in open and closed centres between the beginning of 2017 and the end of 2018, from 5,534 migrants in January 2017 to 753 in December 2018.

LEGAL FRAMEWORK

International and regional instruments

The following international and regional human rights instruments ratified by Bulgaria are relevant to the prevention of and the response to SGBV against migrants and asylum seekers:

- a) **The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and its Optional Protocol** – ratified by Bulgaria on the 8th of February 1982.
- b) **The UN Convention on the Rights of the Child** – ratified by Bulgaria on the 3rd of June 1991.

³⁰ See https://www.mvr.bg/docs/default-source/planiraneotchetnost/spravka_-january_2019_internet.pdf?sfvrsn=9f82a0ce_2

- c) **The Council of Europe’s European Convention on Human Rights (ECHR)** – ratified by Bulgaria on the 7th of September 1992.
- d) **The Council of Europe’s Convention on Protection of Children against Sexual Exploitation and Sexual Abuse (the Lanzarote Convention)** – ratified by Bulgaria on the 15th of December 2011
- e) **The Council of Europe’s Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)** - signed by Bulgaria on the 21st of April 2016. Although the GoB stated its intent to ratify the Istanbul Convention by the end of its EU Presidency on the 30th of June 2018, the document was subsequently withdrawn from Parliament. The definition of the term “gender” contained in the Convention provoked a serious public debate in the country and gave rise to populist campaigns opposing the ratification of the treaty. Against this background, on the 27th of July 2018, the Constitutional Court of Bulgaria declared the Istanbul Convention incompatible with the Bulgarian Constitution. In its ruling, the Court concluded that the Convention’s definition of “gender” as a social construct “relativizes the borderline between the two sexes – male and female as biologically determined”. The ruling was strongly criticized by the Bulgarian Civil Society that called the decision “*a serious blow to human rights in Bulgaria*”.³¹

National legislation

a) *The Bulgarian Criminal Code – adopted in 1968 and last amended in January 2019*

Reform - January 2019:

In July 2018 the Constitutional Court declared the Istanbul Convention incompatible with the Bulgarian Constitution and the treaty has been withdrawn from Parliament. The ruling party vowed to combat violence against women and domestic violence through reforms to the national legislation. In January 2019, the parliament adopted amendments to the Criminal Code which provide more severe sentences for perpetrators of domestic violence. The reform also stipulates that once a criminal prosecution for domestic violence has been initiated by the victim, he/she cannot decide to withdraw the complaint.

According to legal professionals and human rights activists, the reform is a positive step forward from past legislation. However, they pointed out that it failed to reinforce preventive measures for

³¹ Statement by Bulgarian NGOs regarding the decision of the Bulgarian Constitutional Court on the unconstitutionality of the Istanbul Convention; available at: <http://www.bghelsinki.org/en/news/bg/single/decision-constitutional-court-humiliated-us-all/>

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domestic violence, as well as create meaningful support mechanisms for victims of such violence due to the reforms focus solely on the punishment of the offenders.³²

b) *The Law on Protection against Domestic Violence (LPDV) - adopted in 2005 and last amended in 2015*

c) *Law on Legal Aid*

Article 22 (7) stipulates that victims of sexual violence, domestic violence or human trafficking who lack the resources and want to be represented by a lawyer are entitled to free legal aid.

d) *The 2015 Law on the European Protection Order*

Allows court protection orders issued in criminal cases in one EU member state to be enforced in another.

e) *The 2005 Law on Child Protection*

The Law for Child Protection (LCP) is applicable to all aspects of child protection, including SGBV against minors. It provides for the responsible authorities, referral pathways and services in cases of violence against children, including SGBV.³³

f) *The Law on Social Assistance (LSA) and the Regulation on the Implementation of LSA (RILSA)*

Establishes the services available to victims of SGBV.

g) *The Law on Asylum and Refugees (LAR) determines all aspects of the asylum procedure, including legal phases and proceedings, the rights and obligations of asylum seekers, as well as the competences and functions of the SAR*

Article 8 (5) includes the acts of persecution based on which refugee status may be granted: “acts of physical or mental violence, including acts of sexual violence”; “legal, administrative, police or judicial measures which are discriminatory on their own or implemented in a discriminatory manner”; “acts against persons on the grounds of their gender or against children”.

In Article 1 paragraph 17 of the Additional Provisions of the LAR, individuals belonging to a “vulnerable group” are defined as applicants who are children, unaccompanied children, disabled, elderly, pregnant, single parents taking care of underage children, victims of trafficking, persons with serious

³²“Experts: the reform of the Criminal Code does not sufficiently protect victims of domestic violence”; btvnovinite; Available at: https://btvnovinite.bg/predavanja/tazi-sutrin/za-prestaplenijata-s-maltretirani-lica-trjabvat-po-golemi-nakazanija.html?fbclid=IwAR13n3dMWelK1tGf_s1Tj8t3WDUDe0YQe9_RvcAie_u6lG6LnAuL3B79WdE; accessed on 21 February 2019

³³ “Review of GBV Services in Bulgaria Available for Migrants and Asylum Seekers”; UNICEF Bulgaria; 2018; p.10 Unpublished manuscript

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health issues, psychological disorders or victims of torture, rape or other forms of psychological, physical or sexual violence.

h) The Law on Aliens in the Republic of Bulgaria

Standard operating procedures (SOPs)

a) Sexual and Gender-Based Violence SOPs

In 2008, the SAR, with the support of UNHCR Bulgaria,³⁴ developed SOPs on the prevention of and response to SGBV incidents against asylum seekers. The SOPs outline the procedures for the identification of and the provision of support to asylum seeker victims of SGBV in centres managed by the SAR (RRCs/TC) and outside of these centres by SAR and other relevant institutions and organizations. The SOPs were subsequently revised in 2018 by the SAR, with the support of UNHCR Bulgaria. According to SAR, the reforms were adopted in April 2018 and are part of the SAR's internal rules and regulations. However, according to anecdotal evidence from IOM, not all SAR personnel working in RRCs/TC are familiar with the SOPs. IOM Bulgaria has no information on whether similar SOPs on the prevention of and response to SGBV incidents against TCNs accommodated in SHTAFs have been developed by the MoI's Migration Directorate.

PREVENTION OF AND RESPONSE TO SGBV

Services for migrants³⁵

a) Safety and Security

Registration and Reception Centres/Transit Centre (RRCs/TC)

Families are usually accommodated together and in rooms separate from other residents. Single asylum seekers are accommodated together with others of the same sex, although reception conditions vary significantly from one centre to another.

Unaccompanied asylum-seeking children (UASC) are accommodated along with other asylum seekers and do not receive 24-hour care. IOM Bulgaria received AMIF emergency funding to establish Safety Zones for UASC in RRC Sofia - Ovcha Kupel and Voenna Rampa. The Safety Zone in RRC Voenna Rampa, where UASC will receive 24-hour care, has already been renovated and equipped and is expected to

³⁴ <https://www.unhcr.org/bg/>

³⁵ Including asylum seekers, undocumented migrants and beneficiaries of international protection.

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become operational in the spring of 2019. The facility will operate 24/7 and will be managed by IOM, in close coordination with the SAR administration of the centre.

Specialized Homes for the Temporary Accommodation of Foreigners (SHTAFs)

In SHTAFs, female and male foreigners are accommodated in separate units. Article 44 (9) of the Law on Aliens in the Republic of Bulgaria in principle prohibits the accommodation of unaccompanied migrant children in SHTAFs; however, the same article allows for the exceptional accommodation of accompanied minors for a period of up to three months, with their parents, if a mandatory administrative measure has been issued to the latter. According to this article, which was newly added to the Law on Aliens in Bulgaria at the end of 2017 (entry into force – June 2018), unaccompanied migrant children should be handed over by the competent authorities to the state child protection services, who are responsible for their accommodation and care, with respect to the Law on Child Protection, up until the minor submits an application for international protection or turns 18.

b) Vulnerability assessment

Registration and Reception Centres/Transit Centre (RRCs/TC)

Article 29 (4) of the LAR requires that all asylum seekers undergo a medical examination upon arrival at the RRC/TC and states that the medical examination shall determine whether an applicant for international protection belongs to a vulnerable group, including SGBV victims, and whether he/she has specific needs.

In November 2018, the European Commission decided to send a letter of formal notice to Bulgaria concerning the incorrect implementation of EU asylum legislation. The Commission has identified that shortcomings in the Bulgarian asylum system and related support services are in breach of EU asylum legislation provisions and the EU Charter of Fundamental Rights. In particular, the European Commission pointed out concerns related to the correct identification and support of vulnerable asylum seekers required by EU law.³⁶

Specialized Homes for the Temporary Accommodation of Foreigners (SHTAFs)

Foreigners accommodated in SHTAFs also undergo compulsory medical examination upon arrival.

c) Access to health care

³⁶ European Commission, 'November infringements package: key decisions', MEMO/18/6247, 8 November 2018, available at: <https://bit.ly/2RETZfR>

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Asylum seekers are medically insured. The SAR covers the health insurance monthly instalments to the National Health Insurance Fund for all asylum seekers (article 29(5) LAR). They have access to the same health care services as Bulgarian citizens, but face numerous obstacles, in particular the language barrier, lack of information on their entitlements and the unfamiliarity with the health care system. All laws and regulations defining rights to health care are available online only in Bulgarian and English.³⁷ IOM and NGOs provide support to asylum seekers to address these obstacles through the deployment of interpreters and social workers who explain the Bulgarian health care system and accompany the most vulnerable to medical services. IOM has assisted two asylum seekers victims of female-genital mutilation to obtain forensic medical expertise - the expertise was added to their application for international protection.

Undocumented migrants and asylum seekers with a final rejection of their application for international protection are not medically insured and are entitled to emergency care only.

RRCs/TC and SHTAFs are equipped with medical units. The operation of the medical units are ensured by a medical doctor, a nurse or a feldsher (Article 29 (5) of the LAR). Their services are limited to basic medical provision and examination. According to information provided by Médecins du Monde (MdM) to UNICEF Bulgaria, no SGBV-related training has been provided to the medical personnel in RRCs/TC, further limiting their skills and knowledge in preventing or responding to SGBV incidents.³⁸

Except for the SGBV SOPs, at present there are no existing special arrangements in RRCs/TC related to SGBV incidents such as clinical management of rape procedures or the availability of post exposure prophylaxis (PEP) kits.³⁹

d) Access to social, psychological and psychosocial services

There is one psychologist working with SAR and responsible for RRCs/TC based at their headquarters in Sofia. The Mol's Migration Directorate personnel working in SHTAFs include psychologists (2 per SHTAF). SAR staff include social experts, while Migration Directorate personnel working in SHTAFs do not. According to anecdotal evidence from IOM on the organization of work in SHTAF Busmantsi, in practice, interviewers are also providing some type of social work support.

³⁷ IOM, "Assessment report: Health situation at EU's Southern Borders- Migrant, Occupational and Public Health", Bulgaria 2014-2015 field work; p. 59; available at: <https://eea.iom.int/sites/default/files/publication/document/Bulgaria-Situation-Assessment-Report-Equi-Health.pdf>

³⁸ "Review of GBV Services in Bulgaria Available for Migrants and Asylum Seekers"; UNICEF Bulgaria; 2018; p.13

³⁹ Ibid p.14

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The “Centre Nadja” Foundation⁴⁰ manages a psychosocial centre for assistance and support for victims of domestic violence, trafficking in human beings, child sexual abuse, children at risk and their families. The centre offers psychiatric and psychological support and therapy to asylum seekers and beneficiaries of international protection victims of torture and SGBV at its office in Sofia.

The Council of Refugee Women in Bulgaria (CRWB)⁴¹ provides psychosocial services to asylum seekers and beneficiaries of international protection, including victims of violence, through its Consultative Centre located in Sofia that includes two clinical psychologists.

IOM Mobile Protection Teams include social workers and psychologists who provide individual social and psychological counselling, carry out group sessions on diverse topics and provide tailored support to migrants and asylum seekers accommodated in RRCs/TC and SHTAFs.

e) Access to legal Services

Asylum seekers have the right to apply for a state-appointed legal representative from the date of the registration of their asylum application, as long as they do not already receive legal aid on another basis and is for the sole purpose of their status determination procedure. TCNs accommodated in SHATFs or those with a mandatory administrative measure and who cannot afford another form of legal aid can also apply (Article 22(8&9) of the Law on Legal Aid).

In practice, however, legal aid for asylum seekers in first-instance procedures has not been implemented except for the case below.⁴² Asylum seekers do not have the right to free state-appointed legal aid for cases of SGBV.

The Bulgarian Helsinki Committee (BHC),⁴³ the Foundation Access to Rights (FAR)⁴⁴ and Centre for Legal Aid – Voice in Bulgaria (CLA)⁴⁵ provide free legal aid, including legal representation, to migrants, including asylum seekers and/or stateless persons and/or undocumented migrants and/or beneficiaries of international protection. All three NGOs provide legal aid to vulnerable groups, including SGBV victims. IOM’s legal counsellors, who are part of IOM’s mobile protection teams, provide legal counselling to migrants and asylum seekers accommodated in RRCs and in SHTAFs, including information on rights and responsibilities.

⁴⁰ <https://www.facebook.com/pg/Centre-Nadja-298276110247911/posts/>

⁴¹ www.crw-bg.org/en/

⁴² AIDA Country report Bulgaria, Update 2018, p. 23; available at: <https://www.asylumineurope.org/reports/country/bulgaria>

⁴³ <https://bghelsinki.org/en/about-us/programs/refugees-and-migrants-legal-protection-programme/>

⁴⁴ <http://www.farbg.eu/en/who-we-are/>

⁴⁵ <https://www.centerforlegalaid.com/>

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Services for Bulgarian and migrant victims of SGBV

a) Public Services

Crisis Centres are a residential type social service where temporary accommodation (up to six months), food, legal and psychosocial support are provided to victims of violence, trafficking in human beings or of any other form of exploitation.

Mother and Baby Units are a residential type social service where temporary accommodation (up to six months), as well as social, legal and psychological counselling and support are provided to pregnant women and women at risk of abandoning their children. As there is insufficient capacity in Crisis Centres in terms of number of centres and the total reception capacity, the Mother and Baby Units are also used for the accommodation of women victims of SGBV and their children (up to three years old).

Community Support Centres are a non-residential type of social services that aim to prevent child abandonment and violence against children by providing social and psychological support to children and families at risk and supporting children victims of violence.

All these public social services are open to asylum seekers, beneficiaries of international protection and migrants legally residing in Bulgaria. Based on IOM's experience, in some cases, even asylum seekers who have received a final rejection or whose asylum procedure has been discontinued and who do not have valid identity documents have been accommodated in Crisis Centres and Mother and Baby Units. However, these public services are very limited in terms of their capacity and do not have extensive experience on working with non-Bulgarian victims of SGBV.

All the above social services are state-funded, however the management of some of these services are delegated to NGOs.

b) Services managed by NGOs

A number of Bulgarian NGOs manage Crisis Centres and Mother and Baby Units as well as provide support to SGBV victims. Animus⁴⁶ is one of the main providers of SGBV-related services in Bulgaria, both to citizens and migrants. IOM Mobile Protection teams have referred asylum seeker and undocumented migrant victims of SGBV to the Crisis centre for Victims of Violence and Mother and Baby Unit managed by Animus.

⁴⁶ <https://animusassociation.org/en/programs-and-services/>

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The Alliance for protection against gender-based violence (APGBV)⁴⁷ is a network of 11 NGOs operating in different regions across the country, providing legal and psychosocial services to SGBV victims. It is the largest network in Bulgaria active in the protection of victims and prevention of domestic violence and SGBV. Some of its members manage state-funded Crisis Centres for women and children.

Demetra Association⁴⁸ manages the Sexual Assault Referral Centre Universe (“Vselená”), located on the Bulgarian seacoast near the town of Burgas. The centre was established in 2016 with the support of the British Embassy as a pilot project based on a British model. The centre provides reception services as well as psychological, medical and legal services to victims of sexual violence, including support in contacting police authorities and filing a claim against the alleged perpetrator. One asylum seeker victim of SGBV was referred by IOM to Demetra Association and accommodated in the Centre Universe.

CHALLENGES IN THE IDENTIFICATION OF MIGRANTS AND ASYLUM SEEKERS – SGBV VICTIMS AND MEANINGFUL ACCESS TO PROTECTION SERVICES

Challenges in the identification of SGBV victims

Based on the field experience of IOM’s Mobile Protection teams, the issue of SGBV is an extremely difficult topic for discussion with migrants and asylum seekers residing in Bulgaria. Asylum-seeking women are reluctant to talk about SGBV they were subjected to in their countries of origin, during their journey to Bulgaria, or that they are currently experiencing. Usually, it takes several months for IOM social workers and psychologists to gain the trust of the women, so that they can start sharing more freely. It is also important to understand that asylum-seeking women do not always recognize SGBV as such, as it may be normalized and mainstreamed in their countries of origin.

According to IOM social workers and psychologists, man and boy victims of SGBV are less likely than female SGBV victims to report the crime and seek help. This can be attributed to a general minimized focus on this category of SGBV victims and less information is available to them regarding their rights and the existing support services. In addition, one of the main reasons men and boys do not report SGBV incidents is that for them this can result in social stigma and shunning on the part of their family and community.

⁴⁷ <http://www.alliancedv.org/>

⁴⁸ <http://demetra-bg.org/en/>

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According to UNICEF, recognition of SGBV was reported to be one of the main areas of concern by SAR management and NGOs working in the field. The SAR has pointed out that its RRC/TC staff is in need of training in order to properly recognize potential SGBV risk factors.⁴⁹ In response to the identified need and gaps, between September 2017 and August 2018, UNICEF Bulgaria, UNICEF Serbia, and UNICEF Greece implemented a number of activities as part of the regional project “Action Against Gender-based Violence Affecting Refugee and Migrant Women and Children”, funded by the U.S. State Department’s Bureau for Population, Refugees and Migration. The project is directed towards strengthening the system for protection from SGBV at an interinstitutional level, in accordance with international standards and good practices. During this period in Bulgaria, a total of seven practically oriented training sessions were conducted for 75 frontline workers from the State Agency for Refugees, the MoI’s Migration Directorate, the Agency for Social Assistance, Regional Police Departments, relevant NGOs, service providers, psychologists, prosecutors, and lawyers providing legal aid. The training materials were developed and the sessions were carried out in cooperation with the APGBV, UNICEF’s implementing partner during the first part of the project. UNICEF Bulgaria will organize four more specialized training sessions on violence against children and SGBV in March and April 2019, as part of the same project, with “Animus Association” Foundation and APGBV. The project also includes SGBV community awareness raising sessions for asylum seekers and refugees in Sofia and Harmanli that will be organized in 2019.⁵⁰

Since November 2018 when IOM Bulgaria started the implementation of the PROTECT project, IOM has been working in close coordination and cooperation with UNICEF Bulgaria in order to avoid overlapping and ensure complementarity, especially as regards training and community information session activities. In this regard, several coordination meetings between the two organizations have been held and discussions on the possibility of joint activities are ongoing.

In September 2018, MDM⁵¹ also launched a regional project, “ENACT”, addressing the issue of SGBV among migrants and asylum seekers. At the time of writing this report, the specific activities to be implemented under this project are not defined.

Challenges as regards meaningful access to protection services

The limited capacity of available shelters for victims of violence (which affects both Bulgarian citizens and migrants) is one of the main obstacles to meaningful access to SGBV services for victims. This is

⁴⁹ “Review of GBV Services in Bulgaria Available for Migrants and Asylum Seekers”; UNICEF Bulgaria; 2018; p. 19

⁵⁰ As previously mentioned these activities will be carried out by UNICEF’s implementing partners (CRWB and Mission Wings Foundation).

⁵¹ <https://www.medecinsdumonde.org/en/countries/europe/bulgaria>

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also the reason why Mother and Baby Units also accommodate victims of SGBV even though this is not their purpose.

According to a review of SGBV services in Bulgaria for migrants and asylum seekers undertaken by UNICEF, slow and extensively formalized referral mechanisms or the lack thereof, along with difficult communication between responsible state and non-governmental actors, were also pointed out by NGOs as a substantial bottleneck with regard to timely and effective access to services by SGBV victims. While access to services for children is quicker and relatively less formalized in terms of emergency protection, access to services for adults is dependent on a pending pre-trial criminal proceeding or a domestic violence protection claim before a civil court. : Needs assessment reports are provided by the respective social services. As a prerequisite for accessing any form of services, according to the law it takes a minimum of 20 days to complete. In practice, the entire procedure is reported to take well over a month.⁵²

IOM Mobile Protection Teams have assisted in the accommodation of several asylum seekers victims of SGBV in different Crisis Centres, Mother and Baby Units and Centre Universe. Based on these experiences, IOM teams have identified the language barrier as one of the most serious obstacles impeding migrants from accessing SGBV-related services. Thus, once the victim has been accommodated in one of the existing services, IOM teams continue to provide assistance, in particular, by providing translation. Another major problem is the fact that the experts working in these services are not trained to work with migrants and asylum seekers and have little or no experience working with this category of victims. They have limited, if any, knowledge on their cultures and experiences, and are not familiar with the rights that the different categories of migrants (undocumented migrants, asylum seekers, beneficiaries of international protection, etc.) have in Bulgaria. It is also notable noteworthy that these services do not respond to the need for a long-term solution, as victims can be accommodated there for a maximum period of six months, with very few exceptions. In some cases, IOM, with the support of the Agency for Social Assistance, has managed to extend the accommodation period for migrants and asylum seekers. In other cases, however, when the period of accommodation in a given social service cannot be extended, the SGBV victim is transferred to another shelter. As a result, some SGVB victims pass through several social services, which further deepens their feeling of insecurity. It is also important to highlight the fact that according to the law, these social services are not open to undocumented migrants and asylum seekers with a final rejection of their application for international protection, even though in practice exceptions are made.

⁵² Ibid

KEY FINDINGS AND WAY FORWARD

Presently, there is a clear gap in the prevention of SGBV, the identification of SGBV victims and the meaningful access to protection services. The insufficient legal framework, the social stigma attached to SGBV-related issues and the limited capacity of available shelters for SGBV victims are among the major issues that affect both Bulgarian citizens and migrants.

Furthermore, the language barrier, lack of information on available support services, unfamiliarity with the administrative framework in the country, and insufficient cultural sensitivities of service providers are additional factors that exacerbate migrants' meaningful access to information and protection services.

Against this background and within the framework of the PROTECT project, IOM Bulgaria will encourage greater coordination between support services provided to SGBV victims by state institutions, UN agencies and national and international NGOs operating in Bulgaria, through the organization of national stakeholder meetings and providing a platform for discussions and exchange of best practices. As part of the project, IOM Bulgaria will also organize trainings for service providers and information sessions on SGBV for asylum seekers and refugees. Finally, IOM Bulgaria is developing an Empowerment Handbook for professionals working with migrant and refugee women and girls' victims of SGBV.

In response to the identified need of a comprehensive procedure for the identification and provision of support to asylum seekers victims of SGBV, IOM together with UNICEF and UNHCR have proposed the establishment of location-specific SGBV referral pathways in complementarity to the SGBV SOPs developed by SAR. At the time of writing, one SGBV referral pathway has been developed for Sofia (RRC Sofia - Ovcha Koupel).

CROATIA

INTRODUCTION

The following report is the result of a national mapping exercise conducted by IOM Croatia based on desk research of the national legislative framework and interview research carried out with the Ministry of Demography, Family, Youth and Social Welfare, Ministry of the Interior, Ombudsperson, Ombudsperson for Gender Equality, NGOs (Croatian Red Cross⁵³, Autonomous Woman’s House Zagreb⁵⁴, Centre for Women War Victims ROSA⁵⁵, Croatian Law Centre⁵⁶, Center for Peace Studies⁵⁷) between January and February 2019.

The report identifies national legislative framework, existing sexual and gender-based violence (SGBV) support services provided both by the state and non-governmental organizations (NGOs), and key gaps and challenges identified by service providers.

COUNTRY CONTEXT

During the 2015 refugee crisis, Croatia was largely a transit country for migrants and refugees who hoped to reach wealthier Western European countries such as Germany, with very few formally filing for asylum in the country. When 650,000 people passed through Croatia in the period from September 2015 until March 2016, only 22 of them wanted to stay and seek asylum in Croatia⁵⁸.

Croatia faced an increase in the number of applicants for international protection in 2017 and 2018, which were sent back to Croatia based on the Dublin Regulation. In 2018, the Ministry of the Interior received 1,068 intentions to apply for international protection, with a total of 150 pending at the end of 2018. The main countries of origin were Afghanistan, Syria, Iran, Iraq, and Algeria. The number of people who received a protection status in 2018 was approx. 50 per cent higher in comparison to 2017. Of the 2018 applicants 50.3 per cent were men, 16.1 per cent were women, 27.6 per cent were children, and 6 per cent unaccompanied migrant children⁵⁹.

⁵³ <http://www2.hck.hr/en>

⁵⁴ <https://www.azkz.net/>

⁵⁵ <https://www.czzzr.hr/>

⁵⁶ <https://www.hpc.hr/>

⁵⁷ <https://www.cms.hr/en>

⁵⁸ IRMO-Migration trends in Croatia, Sandro Knezevic and Maja Grosinic, 2017.

⁵⁹ Asylum Information Database, Country Report: Croatia, 2018.

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By the end of August 2017, 78 persons had arrived in Croatia under the Relocation strand of programme⁶⁰. Most of the 78 relocated refugees are no longer to be found in Croatia, despite having been informed by Croatian authorities that they could not receive protection in any other country except the country of relocation. By the end of February 2019, 152 persons arrived under the Resettlement strand of programme. Another 101 Syrian refugees are expected to arrive in May, July and August 2019, when Croatia will have met quotas defined by government decisions of 2015 and 2017, taking in a total of 253 refugees⁶¹. A new Decision on resettlement for 2019 has entered into force⁶². As a challenge, some withdrawals were reported from resettlement to Croatia before the selected missions and after the cultural orientation was conducted.⁶³

Croatia has two Reception Centres for Asylum Seekers with a total capacity of 700 persons, located in Zagreb and Kutina. Separate premises for women and vulnerable groups are provided in the Reception Centre in Kutina. Families are kept together, while single women, unaccompanied children and traumatized applicants are accommodated in separate rooms. However, some children have been accommodated together with other asylum seekers in reception centres including children staying alongside single men, people with mental disabilities and persons with substance abuse issues.⁶⁴ Unaccompanied children are placed with either providers for social service for children or with host families.

OVERVIEW OF THE LEGISLATIVE FRAMEWORK IN CROATIA

In 2017, in the Criminal Code definitions of hate crime and public incitement to violence and hatred, “language” were added as a new protected basis. This is one of the measures guaranteed in the National Anti-Discrimination Plan for the period 2017-2022 and the Action Plan 2017-2019.

Regulation of domestic violence in the Family Law from 2015 is primarily focused on the protection of children from other family members and bind parents to acting to protect children from abusive family members, but also includes provisions on personal right and responsibilities of spouses.⁶⁵

⁶⁰ http://narodne-novine.nn.hr/clanci/sluzbeni/2015_07_78_1507.htm

⁶¹ http://narodne-novine.nn.hr/clanci/sluzbeni/2015_07_78_1507.htm,
https://narodne-novine.nn.hr/clanci/sluzbeni/2017_10_99_2276.html

⁶² https://narodne-novine.nn.hr/clanci/sluzbeni/2019_02_16_323.html

⁶³ EMN Annual Report on Migration and Asylum, 2018.

⁶⁴ AIDA, Asylum Information Database Croatia, 2018.

⁶⁵ Family Law, Article 30.

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The National strategy for the Protection against Domestic Violence in the period 2017-2022 was adopted on 22 September 2017, which is the fourth national strategy for the protection against domestic violence. It includes 33 measures based on a specific Article of the Istanbul Convention.

The new Act on the Protection against Domestic Violence entered into force on 1 January 2018. The Act was adopted to bring the regulatory framework on domestic violence in line with the Criminal Code, which entered into force in 2013, especially concerning the categorization of domestic violence offences⁶⁶.

In the light of the objectives of the UN Convention on the Rights of the Child, Croatia adopted the National Strategy for the Rights of the Child in the Republic of Croatia for the period 2014-2020. One of the four strategic areas is the elimination of all forms of violence against children.

The most important event for the development of support for victims and witnesses of criminal offenses during 2015 was the adoption of the National Strategy for the Development of Support Systems for Victims and Witnesses in the Republic of Croatia for the period from 2016 to 2020.⁶⁷

In the last two years Croatia has adopted numerous legal and policy initiatives to revise its national strategic policy in the field of trafficking in human beings including the National Plan for Combating THB for the period from 2018 to 2021, a Protocol for identification, help and protection of the victims of THB from 2017, a Protocol on procedures during voluntary return of victims of human trafficking from 2017, and a Protocol on the treatment of unaccompanied children from 2018.

Croatia plans on adopting two additional protocols in 2019- the renewed Protocol on Trafficking in Human Beings Victims Integration/Reintegration and the Protocol on Data Exchange for Trafficking Cases.

In 2018, the Protocol on procedures to be followed in cases of sexual violence was adopted with a view to introducing a standardized procedure and the obligations of competent authorities towards victims of sexual violence regardless of their age, place of violence, gender and/or other characteristics.⁶⁸

⁶⁶ <http://www.sabor.hr/konacni-prijedlog-zakonao-zastiti-od-nasilja-u-ob>

⁶⁷ [https://www.documenta.hr/assets/files/Godisnji%20izvjestaji/Report-on-the-implementation-of-Directive-2012\(1\).pdf](https://www.documenta.hr/assets/files/Godisnji%20izvjestaji/Report-on-the-implementation-of-Directive-2012(1).pdf)

⁶⁸ <http://www.mvep.hr/files/file/2019/1904181142-upr-mid-term-report-2019.pdf>

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Croatia ratified the Council of Europe's Convention on Preventing and Combating Violence Against Women and Domestic Violence (the Istanbul Convention), which entered into force on 1 October 2018.

Croatia still lacks a coherent strategic policy document for the promotion of gender equality. It is planned to be developed during 2019/2020.

The Action Plan for the implementation of the National Anti-Discrimination Plan 2017-2019 sets out number of activities aimed at preventing and combating discrimination on all basis protected by the Anti-Discrimination Act, including expression or sexual orientation. With regard to criminal provisions concerning hate crime and hate speech, particular attention is given to the LGBTI persons.

Apart from the legislation related to combating THB and the violence against children, migrants, asylum seekers or asylees are not recognized in any other Croatian laws related to SGBV.

According to the Croatian Constitution, every person is to be treated equally by the law and to have the same protection under the law as anyone else.

DATA ON SGBV IN CROATIA

Domestic violence in Croatia continues to rise, with 145 such crimes reported in 2015, 330 in 2016, of which 279 were against women, and 552 reported crimes in 2017, including 464 against women. 90 per cent of the domestic violence cases were tried as a misdemeanours, including 16,000 such cases in 2015, 13,000 in 2016 and 12,000 in 2017.⁶⁹

In the period from 2014-2018, 195 people have been killed in Croatia, including 91 women. Women were killed by persons close to them in 70 per cent of cases, and by their partners in 54 per cent of cases. In 2017, 12,000 offences involving domestic violence were recorded, in which 8,000 women were victims, as well as 552 acts of domestic violence in 84 per cent of which women were victims⁷⁰.

During the period 2000—2010, there were a total of 6,625 reported cases of sexual violence, between 461 and 761 cases per year.⁷¹

There are no available statistics on SGBV referring to the migrant population. Findings from the interview conducted with the cultural mediator that worked in the Reception Centre showed that there were few cases of domestic violence against women, but not willingly reported by the victims.

⁶⁹ <http://hr.n1info.com/English/NEWS/a378094/Protest-against-domestic-violence-takes-place-in-Zagreb.html>

⁷⁰ <https://vlada.gov.hr/news/pm-plenkovic-we-need-to-strengthen-mechanisms-to-prevent-violence-against-women-and-domestic-violence/23689>

⁷¹ <http://www.sigurnomjesto.hr/en/violence-prevention/statistics/>

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Furthermore, sexual violence against underage girls and boys were recognized, however, were highly underreported due to fears of the perpetrator or the children claiming they gave consent to the act. Moreover, an increase of male prostitution, both children and adults, was identified in front of the Reception Centre, however this was unrecognized as forced prostitution and a broader investigation was not held.

For the purpose of combating trafficking in human beings (THB) over the years, Croatia has developed efficient National Referral System which includes activities from the moment of identification of the victim of trafficking to its full integration/reintegration in the society. In Croatia, most of the victims are Croatian citizens exploited within Croatian borders, with many male exploited for the purpose of labour. Over the years Croatia has identified some foreigners from Bosnia and Herzegovina, Romania, Nigeria, Hungary, Afghanistan, Pakistan, Thailand, and the Philippines.

In 2017, Croatia identified a total of 29 victims. Out of them, 16 were male and 13 were female victims. Of that number, 19 were Croatian citizens and 10 were foreigners (Bosnia and Herzegovina, Romania and Nigeria). The newest trend is that almost half of the victims (14) were minors, seven were male and seven were female child victims.

Labor (14) is the predominant form of exploitation, however examples of sexual exploitation are present (9). Some of the victims were exploited for committing illegal actions connected to trafficking in human beings (18) and forced marriage (1)⁷².

GENERAL SERVICES AND RIGHTS OF VICTIMS OF SGBV

There are few systems established, depending on the type of violence that the victims have suffered. *Victims of criminal acts* (as acts against sex freedom, genital mutilation...) can turn to police or the state attorney's office. As victims of a criminal act, they are entitled to psychological and other support, free legal aid and to request financial compensation when criminal act is conducted with intention, health care. Additionally, there are few specific entitlements related to investigation and court procedure.

Victims of domestic violence can turn to police, the state attorney's office, social service centres or NGOs who provide support. They are entitled to specific protection measures (from the perpetrator), shelter, and support services provided by social service centres.

⁷² https://ec.europa.eu/anti-trafficking/member-states/croatia_en.

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Victims of THB can turn to police or NGOs who provide support. They are entitled to shelter and participation in a programme for help and protection. If a person agrees to participate in this programme he/she is entitled to shelter, health and psychosocial protection, humanitarian assistance, translation, and legal assistance. Also, victims of THB have the right to a safe return to their country of origin.

Victims of sexual harassment can turn to the Ombudsperson for Gender Equality, police, state attorney's office, and social service centres. These instances have the mandate to initiate misdemeanour proceeding in relation to discrimination cases. *Victims of sexual violence* can turn to police, state attorney's office, social service centres, and NGOs who provide support. They are entitled to adequate accommodation depending if the victim is a child or an adult; financial compensation as victim of crime, psychological support, free legal aid, health care, non-institutional care consist of wider measures in providing assistance and support to the victims, such as counselling, psychotherapy (individual or in group), work with the members of the family, preparation for the court process, monitoring the victim during the court process, further improvement of victim treatment.

In general, there are few shelters where victims of any type of SGBV can be placed and where they are provided psycho-social assistance. These shelters are led by NGOs (7 shelters, no official referral note is needed) or by local self-government units and shelters for abused mothers with children (official referral note by a Social Service Centre is needed).

Also, there are few toll-free phone lines that victims can call and get help and advice.

Applicants who need special reception and/or procedural guarantees, especially victims of torture, rape or other serious forms of psychological, physical or sexual violence, shall be provided with the appropriate health care in accordance with Croatian law.⁷³ However, in practice this type of additional health care is not accessible on a regular basis for those who have special needs.

Asylees/foreigners under subsidiary protection and unaccompanied children are entitled to the same level of health care as persons with health insurance⁷⁴, while the irregular migrants are entitled to medical care in emergency cases.⁷⁵

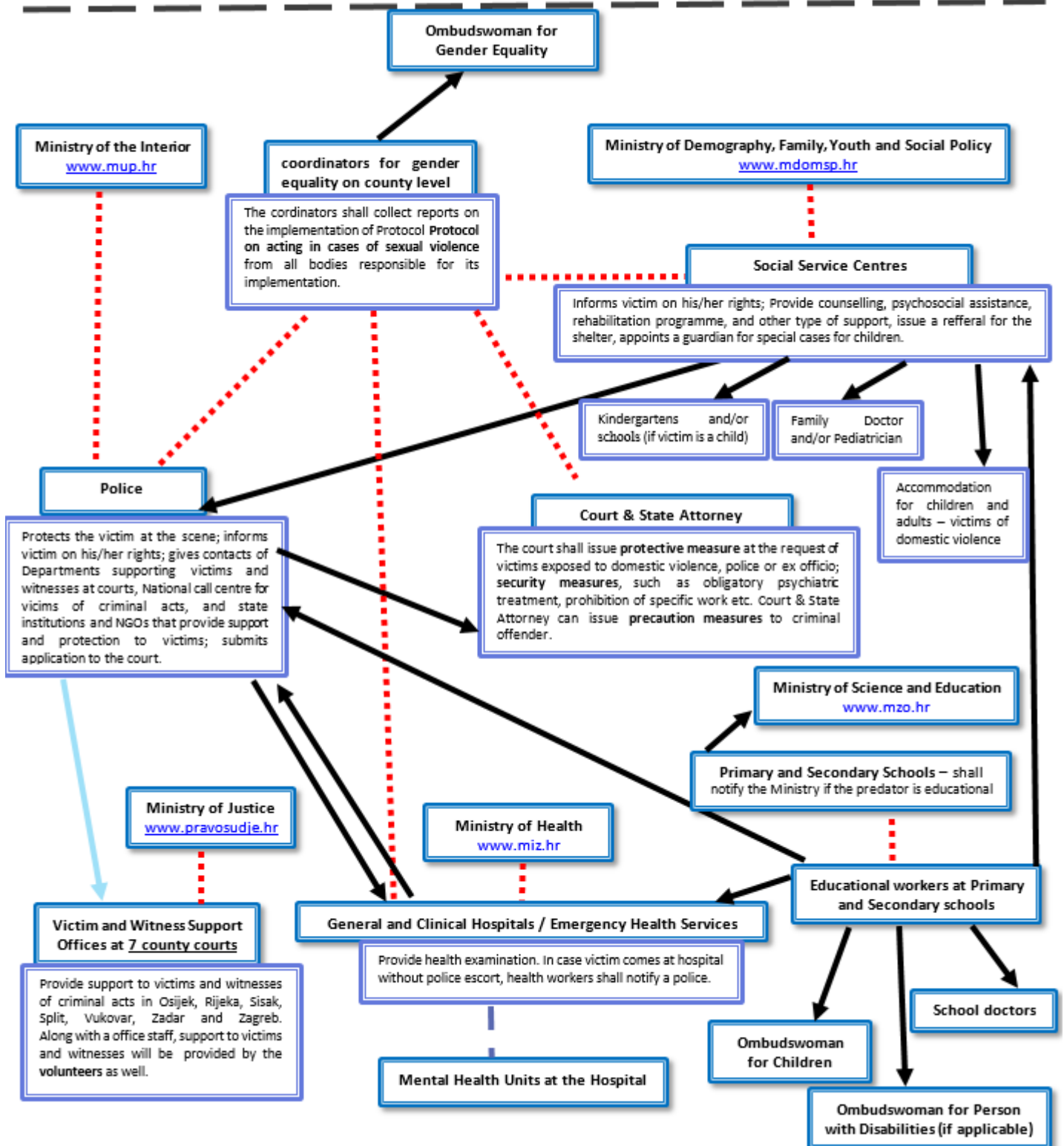
⁷³ Act on the International and Temporary Protection asylum seekers are entitled to medical care in emergency cases (Article 57).

⁷⁴ Act on obligatory health insurance of and health protection of foreigners (Articles 21 and 22).

⁷⁵ Act on obligatory health insurance of and health protection of foreigners (Articles 24).

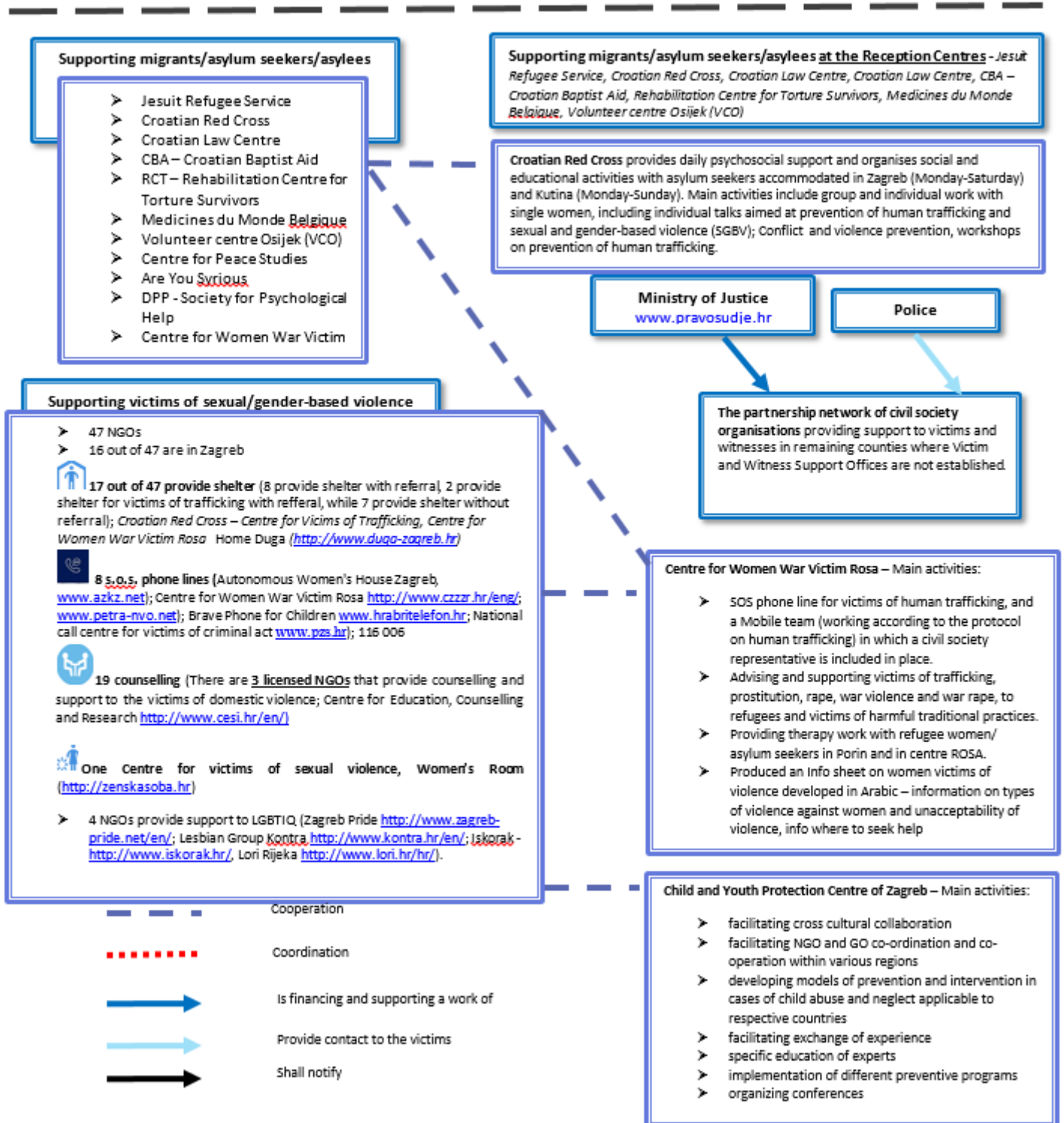
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Responsible institutions



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NGOs involved



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KEY FINDINGS AND WAY FORWARD

The following have been identified as key challenges in the identification and provision of assistance to victims of SGBV in Croatia:

- Inexistence of system on SGBV for migrant/asylum seeker or asylee, except in case a person is victim of THB.
- Lack of knowledge of specialized services on migrant cultural differences that could influence how migrant/asylum seeker/asylee are viewing SGBV.
- Lack of psychological assistance to potential victims and victims since there is no translation organized.
- Inexistence of information/data available on SGBV in the migrant community.
- Lack of support and protection to the migrant/asylum seeker/asylee who is a victim of sexual violence.
- Lack of systematic services for the migrant community due to the project-based nature of assistance.
- Inexistence of NGOs who provide assistance to men and boys who are the victims of sexual violence.

Based on the interviews conducted with the national stakeholders, there is a substantial support towards the PROTECT project. The stakeholders found the upcoming trainings for general and specialized service providers crucial as there is a gap in knowledge on SGBV among the migrant population. The difficult position of migrant/asylee seeker/asylee victim requires special attention of actors in the protection system, and sensitized approach in the provision of necessary forms of assistance, creation of support programmes, but also devising policies for (potential) integration. This type of training will be valuable for the service providers to enhance their screening in order to identify, properly react and assist the victim. Furthermore, information sessions on SGBV to migrant population are valuable and will strengthen migrant woman and children to start reporting violence and requesting support from the available services. This project is also foreseen to be a base for the follow up project that includes SOPs development on SGBV and to enhance services for male victims of all ages.

GREECE

INTRODUCTION

The purpose of the report is to collect information on the services available to migrants and refugees arriving in Greece. Part of the mapping exercise included the collection of data and information from different actors working with migrants in the field, as well as desk research on legislation and procedures for the provision of assistance to SGBV victims. In collecting information to map the current state of play in Greece, there were meetings with representatives from the Greek Ministry of Justice, the National Rapporteur to Combat Human Trafficking, the General Secretariat for Gender Equality, the Reception and Identification Service, the National Public Health Organization and IOM protection staff working in the Reception and Identification Centres, hotels and camps accommodating migrants and asylum-seekers.

OVERVIEW OF GREEK LEGISLATION AND PROCEDURES

Since 2015, the continuous arrival of migrants and asylum seekers to Greece has created a challenge to the Government of Greece. According to the most recent data available by the Hellenic Police, in 2018 there were 93,367 migrants who arrived in Greece.⁷⁶ While prior to 2015 the majority of migrants arriving in Greece were single men, since then there has been an influx of families that include women, children, as well as unaccompanied children. Data from June 2018 estimates the population of migrants and refugees residing in Greece to be approximately 59,700, with children representing almost 40 per cent of the asylum-seekers in the country. The majority of the new arrivals are from countries with a high rate of recognition for international protection, primarily Syria, Afghanistan, Iraq and countries from sub-Saharan Africa⁷⁷.

Greek authorities and international organizations, including IOM and NGOs working with migrants and asylum-seekers in Greece have noted there has been an increase in the number of SGBV cases encountered among the migrant population arriving in Greece. Many of the women, girls and unaccompanied children arriving in Greece have experienced SGBV either in their country of origin or along the migration route. While authorities and other actors working with migrants attempt to provide support, one of the greatest challenges encountered is encouraging victims of violence to understand SGBV, disclose their abuse and seek the available support.

⁷⁶ www.astynomia.gr

⁷⁷ Data from IOM and Greek authorities, January – June 2017 and 2018, http://migration.iom.int/docs/Flows_Compilation_Report_June_2018.pdf

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Summary of the recent changes in Greek legislation which include:

- The Penal Code on SGBV (including domestic/intimate partner violence) applies to everyone in Greece and there is no distinction between migrants and Greek citizens. It should be highlighted that pursuant to Article 19a (1c) of Law 4361, as amended by Law 4332/2015 of the Greek Immigration Code, third-country nationals who are victims of domestic violence can apply for residence permits.
- In 2018, Law 4531 (Government Gazette A '62 / 05.04.2018) was amended to include the following: Ratification of the Council of Europe Convention on the Prevention of and Fight against Violence Against Women and Domestic Violence (Istanbul Convention). As a result, stalking, female genital mutilation (FGM), and forced marriage are now included in the Penal Code. In addition, the law makes it clear that customs, tradition and religion are not grounds to reduce the sentence of a perpetrator found guilty of the crimes under the new law.

PROCEDURES

The referral pathway for Greek and migrant victims of SGBV are the same and there is no distinction in the support, services and rights to which they are entitled. However, due to the influx of migrants who began to arrive in Greece since 2015, new pathways to the national referral system had to be created for girls and women who were in the Reception and Identification Centres on the islands (entry points) and who were then transferred to camps on the mainland.

All migrants who enter Greece through the islands or the northern border of the country (Evros region) must be registered, identified and fingerprinted. As part of the procedure, there is a vulnerability assessment which consists of a health assessment and an evaluation by psychologists and social workers employed through the Ministry of Health by the Hellenic Centre for Disease Control and Prevention, now called the National Public Health Organization (NPHO). Article 14 of Law 4375/2016 provides that victims of SGBV are classified as vulnerable and the geographic restrictions which apply to newly arrived migrants are lifted so the victims can be referred to accommodations and support services outside of the Reception and Identification Centres and on the mainland.

Below is a detailed description of the cooperation protocol that was produced by the General Secretariat for Gender Equality (GSGE) on the identification, referral, accommodation and provision of services to girls and women victims of SGBV or potential victims of violence.

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A' STAGE – IDENTIFICATION

Inside the Reception and Identification Centres (RICs), the Open Accommodation Centres, camps and other similar facilities set up by local authorities, there is an SGBV focal point designated by RIS/local authority, which is in direct cooperation with the health and psycho-social actors (NPHO and other actors of psychosocial support). All actors who identify a victim or a potential victim must refer the case to the designated focal point. The NPHO has also deployed SGBV focal points in all RICs and in 35 camp sites throughout Greece. Through national funds the NPHO is expected to have additional staff in 26 new sites in order to provide health services to migrants and focus on the provision of health and psycho-social support to SGBV victims as well as victims of human trafficking.

Provision of psychosocial support services within the Centres or Facilities.

Psychosocial support, primary health care, access to legal aid, information on available services and the referral mechanism to the competent bodies, protection issues, referral to safe accommodation, basic needs coverage (NFIs), etc.

Intervention

Cases identified in the RICs or in accommodation centres, camps or other sites by any of the government, international organizations, NGOs or other actors can be referred to police authorities and competent prosecution authorities to provide assistance to victims. The organization that identifies the victim is responsible for case management and to coordinate with authorities to ensure that all available services are provided.

For SGBV victims in other accommodations in urban areas (camps, apartments etc.), once consent of the victim is given, the actor can contact the SOS 15900 Hotline, GSGE Hotline, one of the 15 GSGE Local Consulting Centres or one of the 25 Counselling Centres operated by the Municipalities where the camp, accommodation facility is located. Currently, there are a total of 35 such centres that offer psycho-social support, escorting to services and through local bar associations, legal counselling and representation.

If the victim is under the age of 18, their parent(s) or legal guardian must provide consent for accessing services. If the child requires support and/or assistance and the parent(s) or legal guardian refuses, the Public Prosecutor for Minors will be contacted in writing. For unaccompanied children in cases of SGBV, the Public Prosecutor for Minors is the provisional guardian and must be notified.

B' STAGE – REFERRALS AND SERVICES PROVIDED

Referral to primary health units and hospitals

Counselling includes the right to medical and health care, irrespective of whether the complainant wants to file a complaint with the police. The cases are referred by the medical and psychosocial teams within the centres/facilities to local public hospitals and health centres for further assessment and health care including provision of prophylactic treatment for possible pregnancy and sexually transmitted diseases in cases involving sexual abuse. The NPHO also operates a 24/7 helpline that can provide confidential medical advice to all SGBV victims.

Referral to the police stations for a complaint

In cases that a claimant has filed a complaint with the police or the police become aware of SGBV, police intervention is immediate and follows:

- a) Identification of victims and provision of medical first aid, if necessary;
- b) Detection and prosecution of perpetrators;
- c) Collection of evidence;
- d) Taking statements from witnesses.

Referral to Counselling Centres or Social Services of Municipalities or National Centre for Social Solidarity (NCSS)

The referral shall be made by the competent state authority: a) the Director of the Reception and Identification Centre; b) the Head of the Open Accommodation Centres upon recommendation of the Medical Unit of HCDCP, through a referral note. Interpretation is undertaken by the actor (international organization, NGO etc.) that refers the case to authorities.⁷⁸

- The actor who refers the case shall:

- 1) Contact the SOS 15900 Line Officer, the competent Counselling Centre or the Social Service of the relevant Municipality or the NCSS (Phone Line 197) in order to check the possibility of accommodating the beneficiary to a Shelter and arranging an appointment for the beneficiary to visit a Counselling Centre.

⁷⁸ One of the biggest identified challenges is the availability of interpreters to assist throughout all the different stages as it is preferable that the interpreter be the same sex as the victim and be the same as much as possible during the different stages.

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- 2) Communicate with the competent County for the transportation of the beneficiary (refers to the transport from the RICs / Open Accommodation Centres).
- 3) Ensure a medical assessment completed in cooperation with the competent health care authorities (municipalities or public units).⁷⁹
- 4) Undertake the transfer of the woman and her children, if any, with the presence of an interpreter, at an arranged appointment with the Counseling Centre

Counselling Centres provide assistance only to girls and women.

SHELTERS

Shelters provide information on the hosting conditions based on the Rules of Procedure, food, safe accommodations, including needed NFIs for women and their children, and counselling services.⁸⁰ The accommodation for women is temporary (up to three months, with the possibility to be extended under certain conditions). Shelter is provided in conjunction with the other services offered to other accommodated women and their children⁸¹.

KEY FINDINGS, CHALLENGES AND WAY FORWARD

- The Counselling Centres operated by GSGE do not request any documents from girls and women referred to them, however, aside from emergency services, the ongoing challenge is how to refer irregular migrant women (who do not want to apply for asylum) to the national system.
- Lack of escorts, interpreters and transportation (cars) to transport victims to different services such as hospital and medical appointments, counselling centres, police stations, and court etc.
- The procedure foresees the provision of information to victims, however there is no mechanism, aside from the hotlines for provision of information.⁸²
- There are no shelters for men who are victims of SGBV. Boys (under the age of 18) are referred to shelters for children in need of protection. The shelters do not distinguish children based on the status in Greece as children who have suffered any type of abuse are deemed to be in need of protection. All children, boys and girls who are victims of SGBV, and do not have a parent/legal guardian (or where the parent/legal guardian is the perpetrator of SGBV) must

⁷⁹ Before girls and women can be accommodated in shelters they must complete health tests and a psychiatric/psychological assessment by a public institution. This creates delays as appointments in public hospitals can take weeks and in some cases months. There are very few emergency shelters where girls and women can stay while they wait to go to a regular shelter.

⁸⁰ Each shelter is responsible for providing interpreters and cultural mediators to assist during counselling sessions.

⁸¹ Shelters have a restriction that women residing are allowed to bring their children, but not boys over the age of 12. As a result, many women with older sons refuse to stay at the shelters.

⁸² The GSGE has agreed that the PROTECT project can support by providing information to girls and women.

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be referred to the Public Prosecutor for Minors who will then be their legal interim guardian and responsible for finding shelter and other services.

- Shelters and services are time limited and the protocol does not include any integration or vocational activities that could assist women in becoming independent so they can leave the shelter and not return to an abusive relationship. While many shelters offer some type of integration support, the limited time in the shelter is insufficient for victims to become independent. The need for integration activities, including language courses and vocational training is imperative for migrant women as they are financially dependent on their partners.
- Shelters for SGBV are the same as shelter for victims of human trafficking. This often creates conflict within the shelters as SGBV victims refuse to reside with their children in shelters with women who were sexually exploited.
- Need for awareness raising of SGBV and the protocol amongst stakeholders including: camp managers, law enforcement and frontline professionals, health professionals and migrant women's volunteer groups.
- Need for awareness raising amongst migrants to understand what SGBV is, what services are available and how to access these services.

HUNGARY

INTRODUCTION

The following report is a result of a national mapping exercise conducted by IOM Budapest between October 2018 and February 2019. The aim was to map the existing legislative framework, available services to victims of sexual and gender-based violence (SGBV) in general and in relation to migrants, refugees and asylum-seekers who have recently arrived to or have been living in Hungary for years, and to identify the key gaps and challenges on which the PROTECT project should focus. IOM consulted with various stakeholders and NGOs that provide support services to SGBV victims and/or assistance to the migrant population in Hungary. Furthermore, a desk research of the national legal framework and a review of primary and secondary sources was also done as part of this exercise. The following organizations were interviewed for the report: Office of the Commissioner for Fundamental Rights, Immigration and Asylum Office, the National Police, Cordelia Foundation for the Rehabilitation of Torture Victims⁸³, Háttér Society⁸⁴, Hungarian Helsinki Committee⁸⁵, Menedék – Hungarian Association for Migrants⁸⁶, NANE Women's Rights Association⁸⁷.

COUNTRY CONTEXT

Migration

Since March 2017, asylum claims can be submitted only in two transit zones which are located at the Hungarian-Serbian border. The number of people allowed to enter the country per day has continuously decreased, currently 1 person/day/transit zone is allowed to enter and claim asylum in Hungary. Asylum-seekers are detained in the transit zones during the entire asylum procedure. According to the statistics provided by the Immigration and Asylum Office,⁸⁸ 671 people applied for asylum in Hungary in 2018. This is less than one fifth of the asylum claims submitted in 2017. The main countries of origin were Afghanistan, Iraq, Syrian Arab Republic, Pakistan and Iran. In 2018, the number of people who received protection status was 367, which is approximately 70 per cent less than in 2017. Due to the lack of integration assistance provided by the state, most of these people

⁸³ <http://www.cordelia.hu/index.php/en/>

⁸⁴ <http://en.hatter.hu/about-us>

⁸⁵ https://www.helsinki.hu/en/about_us/

⁸⁶ <https://menedek.hu/en/who-we-are>

⁸⁷ <http://nane.hu/egyesuletunk/nane-womens-rights-association-short-english-description/>

⁸⁸ http://www.bmbah.hu/index.php?option=com_k2&view=item&layout=item&id=177&Itemid=1232&lang=hu

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leave Hungary and move to Western Europe shortly after having received positive decision on their asylum claims.

Unaccompanied migrant children (UMC) aged between 14 and 18 are also detained in the transit zones until they receive their asylum decision. UMC asylum-seekers under 14 years of age are accommodated in the Home for Unaccompanied Children in Fót, the same place to where recognized refugee UMC are transferred from the transit zones. In February 2019, the Hungarian Government announced that the Home in Fót will be relocated to another city later this year. No further details are available at this stage. There is no available segregated data by gender and age.

According to the Hungarian Central Statistical Office,⁸⁹ the number of foreign citizens residing in Hungary on 1 January 2018 was 156,000 (1.6% of the total population). Sixty-five per cent of immigrants come from another European country like Romania (15%), Germany (11%), Slovakia (6%) and Ukraine (5.7%). Twenty-eight per cent of foreign citizens are from Asia, primarily from China and Vietnam. The number of people immigrating to Hungary from Africa and the American continent is less than 10 per cent.

Fifty per cent of immigrants in Hungary live in Budapest, the capital city. This is the most developed region of the country where more job and education opportunities are available than in the countryside. Fifty-seven per cent of immigrants are male and 43 per cent of them are female. The majority of them (47%) are aged between 20 and 39.

Legislative framework on sexual and gender-based violence

The prevalence of sexual and gender-based violence is considerable in Hungary according to an EU-wide survey by the European Union Agency for Fundamental Rights (FRA). Twenty-five per cent of women in Hungary know of victims of domestic violence in their circle of friends and family.⁹⁰

Although, Hungary signed the Istanbul Convention (*Convention on Preventing and Combatting Violence against Women and Domestic Violence*) in 2014, it has not ratified it since then. However, another international instrument has been ratified by Hungary, the Convention on Protection of Children against Sexual Exploitation and Sexual Abuse, also known as the Lanzarote Convention.⁹¹

⁸⁹ <http://www.ksh.hu/docs/hun/xftp/idoszaki/mo/mo2017.pdf> p.23

⁹⁰ <https://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report> p.155.

⁹¹ <https://www.coe.int/en/web/children/lanzarote-convention>

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There is no specific legislation on sexual and gender-based violence in Hungary, but most of its forms are criminalized in the Hungarian Criminal Code (Act C of 2012).⁹² This includes, sexual exploitation,⁹³ sexual violence⁹⁴ (these two may only be prosecuted upon private motion), sexual abuse,⁹⁵ domestic violence,⁹⁶ violence against a member of the community on the basis of gender identity or sexual orientation.⁹⁷

AVAILABLE SUPPORT SERVICES TO MIGRANT VICTIMS OF SEXUAL AND GENDER-BASED VIOLENCE IN HUNGARY

In facilities

Currently there are no standard operating procedures (SOPs) on sexual and gender-based violence available and used in migration facilities in Hungary. The lack of clear guidance on prevention and referral mechanisms makes the identification of victims and potential victims of SGBV among asylum-seekers and refugees difficult and thus the provision of appropriate support to those who are in need of assistance is not ensured. The referral of victims to competent authorities (e.g. Police if they have jurisdiction over the case) or support services (e.g. psychologist) may be done on an ad-hoc basis.

In 2011, *SOPs for prevention of and response to SGBV* was prepared by UNHCR in collaboration with the Office of Immigration and Nationality and other actors. The SOPs had been used for a while in two reception centres (Debrecen and Bicske), however both facilities have been closed since 2015/2016.

Social workers from the Immigration and Asylum Office are present in the transit zones 24/7. They are in charge of filling out with the asylum-seekers the PROTECT questionnaire⁹⁸ and a questionnaire specifically designed to detect victims of trafficking.⁹⁹ Psychologists and psychiatrists visit the transit zones few hours a week where they work together with medical staff and social workers.¹⁰⁰ Social workers and health professionals use English as an intermediary language or communication is ensured only via cross-interpreting.

⁹² Act C of 2012, <https://www.refworld.org/docid/4c358dd22.html>

⁹³ Act C of 2012, Section 196

⁹⁴ Act C of 2012, Section 197

⁹⁵ Act C of 2012, Section 198

⁹⁶ Act C of 2012, Section 212/A

⁹⁷ Act C of 2012, Section 216

⁹⁸ <http://protect-able.eu/faq/>

⁹⁹ <https://rm.coe.int/hungarian-report-on-the-implementation-of-the-recommendations-endorsed/168092f297> p.8

¹⁰⁰ <https://rm.coe.int/hungarian-report-on-the-implementation-of-the-recommendations-endorsed/168092f297> p.11

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Non-governmental organizations (NGOs) providing psychological or legal assistance to migrants have limited or no access to the transit zones and other facilities.

Outside facilities

Migrants and refugees who are living outside of facilities, mostly in Budapest, are in a more difficult situation as they have to be more proactive in seeking help when they need it. In facilities social workers and basic health care services are available for the asylum-seekers every day and psychologists visit regularly which means that they are aware of the existing services. However, migrants in the cities, whether they are refugees, exchange students or migrant workers, usually need time to build their social network and get familiarized with the available services.

In addition to the National Police and the general health care system, there are several non-governmental organizations that offer specialized support to migrant people. Cordelia Foundation provides psychiatric and psychological treatment to trauma survivors, the Hungarian Helsinki Committee provides legal counselling and assistance, Menedék – Hungarian Association for Migrants assists with the social integration of immigrants. These organizations often refer cases to each other according to the needs of their clients. Based on the interviews, most SGBV-related cases among this group are connected to domestic violence. Usually a witness (friend, family member, teacher, etc.) and not the victims him- or herself draws attention to the situation to one of the NGOs. If a child is involved in any case, the social workers or other professionals involved are required to report the case to the relevant child protection authority.

Although, there are NGOs and national support services providing assistance and help to victims of SGBV, the number of cases of foreigners is quite low compared to the overall caseload of these services. One of the reasons behind this is that, in the case of NGOs like Háttér Society, the largest LGBTI organization in Hungary and NANE Women's Rights Association, whether a service (e.g. helpline, counselling groups, etc.) is available in any foreign language usually depends on the volunteers who run these services. Fortunately, often there are a few available volunteers who speak English and/or German/Spanish. Other languages are usually not available. The other reason for the low number of cases is that these NGOs are less known among foreigners. The existing cooperation between organizations specialized on migrant assistance and organizations operating in the field of SGBV makes people more aware of both types of help they can receive.

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There is a National Crisis Management and Information Phone Service¹⁰¹ (+3680205520) operating 24/7 with the aim of providing help to victims of domestic violence, child abuse, trafficking in human beings and if needed ensure their accommodation in shelters and can be called free from Hungary. The safe and secret shelters in Hungary are operated by three organizations (Chance for Families 2005 Foundation, the Hungarian Baptist Aid and the Anonymous Ways Foundations) and are available for Hungarian victims of trafficking. The shelters have occasionally accommodated foreign victims, but this is not a common practice. Besides the Information Phone Line which has been in operation since 2018, there are so-called crisis ambulances at 7 locations in Hungary where victims of partner violence are provided with social, psychological and legal assistance for free.¹⁰² If needed, victims of domestic violence (both women, men and children) can be accommodated in transitional homes for families or in crisis shelters, both are located throughout the country.

KEY FINDINGS AND WAY FORWARD

- There is a need to develop SOPs on SGBV in the context of migration. The lack of relevant SOPs results in ad-hoc solution once a victim is identified in the transit zones.
- The main challenge in assisting foreign victims of SGBV is the language barrier both inside and outside the facilities. The lack of female interpreters in general is especially difficult.
- The most common cases of SGBV among migrants in Hungary: mental and/or physical consequence of SGBV suffered along the move or in the country of origin, and domestic violence (also as a result of PTSD).
- Among LGBTI immigrants the most common issues are hate speech against them which often derives from cultural differences; legal gender recognition and questions related to transitioning and entering into registered partnership and its legal consequences.
- Once asylum-seekers receive protection status, they can be accommodated in a facility for 30 days and after that they either leave the country towards Western Europe or move to private accommodation usually in Budapest. However, NGOs are often not aware of the whereabouts of them which another obstacle of making their services available for those in need.
- If a migrant is involved in a police case, the help of the NGO that has already been in contact with the person is usually welcomed by the authorities. This is especially important because even though the migrant and the police officers speak basic English, it is not guaranteed that everything is clearly understood for both parties. In this case, the background knowledge of the person or the family, as well as interpretation and/or cultural mediation can be very

¹⁰¹ <http://bantalmazas.hu/>

¹⁰² <https://www.segelyszervezet.hu/hu/szemelyestanacsadas>

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helpful. Despite successful cooperation in some situations, it is not a common practice for the Police to contact directly the relevant NGOs.

- Based on the interviews conducted with authorities and civil society members, there is support towards the PROTECT project and openness for being involved in project activities such as trainings for professionals on SGBV and development of guidelines on this topic as both could contribute to their direct work with asylum-seekers, refugees and migrants in Hungary.

IRELAND

INTRODUCTION

The following report is a result of a national mapping exercise conducted by IOM Ireland in January 2019. The aim was to identify the existing national legislative and policy framework on sexual and gender-based violence (SGBV), as well as support services available to victims both generally and specifically in relation to migrants, refugees and asylum-seekers. The exercise also hoped to highlight gaps present in service provision in the context of migration, and the challenges facing migrants in responding to SGBV, which will form the primary focus of the PROTECT project.

Due to the limited scope of the report, the exercise relied primarily on desk research of the national legal and policy framework, and literature produced by service providers and statutory agencies. This was supplemented by off-the-record conversations with various stakeholders.

COUNTRY CONTEXT

The Republic of Ireland is an island nation on the western edge of Europe with a population of nearly five million people. The 2016 census found that 17.2 per cent of the population were not born in Ireland.¹⁰³ While this percentage is largely comprised of EU nationals, end of year figures for 2017 discovered that there were 127,955 non-EU nationals with permission to remain living in Ireland, with most of these persons originating from Brazil, India, China, USA, Pakistan, Nigeria, Philippines, Malaysia, Canada, and South Africa.¹⁰⁴ There are no official figures on the undocumented migrant population; however, Migrant Rights Centre Ireland estimates that there are between 20,000 and 26,000 undocumented migrants living in Ireland.¹⁰⁵ As well as the indigenous Traveller Community there are also around 5,000 Roma (mainly EU citizens) in Ireland, with most living in closed communities in the East and South-West.¹⁰⁶

THE INTERNATIONAL PROTECTION SYSTEM

As a response to the refugee crisis, in 2015 Ireland committed to receiving up to 4,000 refugees under the Irish Refugee Protection Programme (IRPP). By the end of 2017, 755 persons had arrived in Ireland

¹⁰³ HSE, Second National Intercultural Health Strategy 2018-2023.

¹⁰⁴ ESRI, Annual Report on Migration and Asylum 2017: Ireland, 2018.

¹⁰⁵ Migrant Rights Centre Ireland <https://www.mrci.ie/our-work/justice-for-undocumented/>

¹⁰⁶ Pavee Point and Department of Justice and Equality, Roma in Ireland - A National Needs Assessment, 2018.

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under the Relocation strand of the programme, and 792 under Resettlement.¹⁰⁷ Currently, upon arrival these refugees are placed into one of three Emergency Reception and Orientation Centres (EROCs) ostensibly for a short period; however, due to difficulties in finding long-term accommodation many end up staying in the centres for up to nine months, creating capacity issues. Alongside the IRPP is the pre-existing asylum process in Ireland; in 2017 the International Protection Office (IPO) received 2,910 applications for asylum, with a total of 5,670 cases pending at the end of year. Of the 2017 applicants 63.2 per cent were men, 37.4 per cent were women, and 28.8 per cent were children.¹⁰⁸

Most asylum-seekers are placed in accommodation centres while their application is being processed, which can take several years. These direct provision centres are operated by the Reception and Integration Agency (RIA) and supported by the Department of Social Protection. Figures from October 2018 revealed that there was a total of 6,405 people (1,771 women, 2,865 men, 855 girls and 923 boys) living in thirty seven direct provision centres around the country, including many who had been granted status but had been unable to transition from the centres.¹⁰⁹ Seven of the centres are state-owned, and the rest are commercially-owned; however the management of all of the centres is run by private contractors on a for-profit basis on behalf of the state. Currently, there is only one female-only centre in the country. There are nine male-only centres, however two of these centres do house a small number of single females. There are three centres housing single females and families,¹¹⁰ and another three designated just for families. The rest of the centres are mixed, housing families, single males, and single females together.

VULNERABLE PERSONS

Ireland is a destination and transit country for victims of trafficking, with 75 suspected victims identified in 2017 (42 women, 30 men and 3 girls, with more than 50 victims originating from outside the EEA).¹¹¹ Currently, suspected victims of trafficking are also accommodated in direct provision centres, a practice that has been widely criticized nationally and internationally.¹¹² While the number of unaccompanied migrant children (UMC) recorded in Ireland is low compared to other EU member states, it has increased in recent years with 175 UMC arriving in Ireland in 2017 in comparison with 97

¹⁰⁷ ESRI, Annual Report, 2018.

¹⁰⁸ Asylum Information Database, Country Report: Ireland, 2017.

¹⁰⁹ Reception and Integration Agency, Monthly Report October 2018.

¹¹⁰ Families being comprised of both single and two-parent families

¹¹¹ Anti-Human Trafficking Unit, Trafficking in Human Beings in Ireland, Annual Report 2017, 2018.

¹¹² GRETA, Report Concerning the Implementation of the Council of Europe Convention on Action against Trafficking in Human Beings in Ireland, 2017.

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in 2014.¹¹³ Out of these UMC 123 were male, 52 were female, and more than 50 per cent were aged between 16 and 17. Upon arrival, UMC are referred to the Child and Family Agency (Tusla), assigned a social worker and are placed in foster care or supported lodgings. Those who “age-out” of the system while waiting for a decision on their asylum application may then be placed in a direct provision centre; however, as a particularly vulnerable cohort this accommodation is seen as inappropriate. A recent consultation with young people living in direct provision reported that they felt unsafe in the centres.¹¹⁴

LGBTI individuals are widely regarded as a particularly vulnerable group in the asylum process; however, there is no specific policy on LGBTI asylum seekers in Ireland. This can result in an individual who is claiming asylum based on their sexual orientation or gender identity having to share accommodation with people from the same country of origin or background which led to persecution in the first place. Homophobic bullying and even physical violence can force individuals to live closeted existences. Due to the policy of dispersal asylum-seekers can be placed in direct provision centres anywhere around the country. As LGBTI support services tend to operate primarily in the cities and larger towns, many asylum-seekers are completely cut off from the wider LGBTI community and the supports available to them.

IRISH LEGISLATIVE/POLICY FRAMEWORK ON SGBV

In its process of ratifying the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (the Istanbul Convention), Ireland introduced a number of new laws in recent years concerning SGBV including: Criminal Law (Sexual Offences) Act 2017 [which introduced new offences related to child grooming, strengthened offences tackling child pornography, and criminalized the purchase of sex], Criminal Justice (Victims of Crime) Act 2017, and the Domestic Violence Act 2018 [which criminalizes psychological/emotional abuse and forced marriage, and allows victims to apply for safety protection orders regardless of whether they live with their abuser]. Ireland has signed, but not ratified, the Lanzarote Convention.

In 2016, the Department of Justice and Equality launched the *Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021*. While it focuses on national efforts to change societal attitudes, support victims and hold perpetrators to account, its proposed actions include the need to develop “appropriate, evidence-based, targeted interventions in domestic, sexual and gender-based

¹¹³ ESRI, *Approaches to Unaccompanied Minors Following Status Determination in Ireland*, 2018

¹¹⁴ Department of Youth Affairs, *Consultations with Children in Direct Provision*, 2017.

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violence in communities of particular vulnerability”, including migrants.¹¹⁵ The Health Service Executive’s (HSE) *Second National Intercultural Health Strategy 2018-2023* also contains strategic action points relating to service provision for migrant women experiencing domestic or sexual violence, with a focus on asylum seekers and refugees. These strategies are aligned with the domestic element of the Protection, Relief and Recovery Pillar of *Ireland’s Second National Action Plan for Women, Peace and Security 2015 – 2018* and the forthcoming Third National Action Plan on same, as well as elements of the 2016 *Second National Action Plan to Prevent and Combat Human Trafficking in Ireland*.

STAKEHOLDERS

Every community across Ireland is affected by SGBV, and efforts to prevent its occurrence and protect against its effects require complete societal engagement. Certain key stakeholders are at the forefront of these efforts, however, particularly when it comes to SGBV and its intersection with migration. An Garda Síochána (the Irish Police Force), particularly the Garda National Protection Services Bureau and the Divisional Protective Services Units, as well as the Garda Racial, Intercultural and Diversity Office, play a crucial role in responding to incidents of SGBV, protecting victims and prosecuting perpetrators. Staff members of the HSE may be first responders in cases of SGBV, while also providing long-term care and follow-up. There are six specialized Sexual Assault Treatment Units (SATUs) across the country. In 2017, 23 per cent of patients who presented at a SATU identified as non-Irish, with an interpreter required for 2 per cent of patients.¹¹⁶

Tusla is the state agency mandated to coordinate services for victims of domestic and sexual violence, while under the Department of Justice and Equality operates the National Office for the Prevention of Domestic, Sexual and Gender-based Violence (Cosc), as well as the Office for the Promotion of Migrant Integration, and the Irish Naturalisation and Immigration Service (INIS). Since 2016, Cosc has ran the “What Would You Do?” campaign¹¹⁷, which aims to raise awareness of the prevalence of domestic violence in Ireland and to encourage bystanders to take appropriate action. Notably, the campaign highlights the fact that men are also victims of domestic abuse. Legal actors such as solicitors, barristers and members of the judiciary are key stakeholders in the prosecution of perpetrators of SGBV.

¹¹⁵ Cosc, Proposed Actions for Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021.

¹¹⁶ National Sexual Assault Treatment Unit, Annual Key Service Activity for 2017.

¹¹⁷ <http://whatwouldyoudo.ie/>

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Non-governmental organisations and charities play a vital role in responding to SGBV in Ireland, through providing a wide-range of services including local and national helplines, counselling, refuges, community support, legal aid, accommodation services. Many also run campaigns around the 16 Days of Activism Against Gender-Based Violence to raise awareness. Women’s Aid, the national organisation supporting victims of domestic violence, reported 582 calls made by migrant women to their National Freephone Helpline in 2017 (out of a total of 18,197 calls), with 181 Helpline calls being facilitated in 23 languages.¹¹⁸ The Dublin Rape Crisis Centre, which operates the National Rape Crisis Helpline, reported that only 5 per cent of calls in 2017 were made by migrants.¹¹⁹ These figures suggest that migrants are significantly underrepresented when it comes to accessing support services for SGBV; this is unsurprising in consideration of their barriers faced.

CHALLENGES FOR MIGRANTS ACCESSING SGBV SERVICES

There are systemic challenges and gaps across the SGBV sector in Ireland. In its concluding observations of 2017, the Committee on the Elimination of Discrimination against Women (CEDAW) noted with concern the lack of gender-and-age-disaggregated data on gender-based violence, including domestic violence, as well as budget cuts facing NGOs providing services to victims.¹²⁰ Under-reporting of instances of SGBV is pervasive. There is a severe shortage of space available in refuges, an issue compounded by the general housing crisis, with many counties having no emergency accommodation to offer victims of abuse. Although most victims of SGBV are women and girls, men and boys are also affected; however, there is only one dedicated support service for male victims in Ireland, and no refuges for men.

MIGRATION STATUS

While SGBV is a societal issue affecting people from all backgrounds, for migrants trying to access services and seeking support there is a myriad of additional challenges. Migrants may be afraid to report domestic/sexual violence if their immigration status is irregular, particularly fearing that their children will be taken into care. Those whose immigration status is connected to their relationship with their spouse/partner may fear reporting will jeopardize their status. INIS have laid out guidelines to ensure that immigration status does not prevent a vulnerable person from leaving a violent partner; however, these guidelines have not been transposed into legislation and decisions are at the discretion of the Minister. In the event of a migrant leaving a violent partner they may still face

¹¹⁸ Women’s Aid, *Against the Odds: Impact Report 2017*.

¹¹⁹ Dublin Rape Crisis Centre, *Statistics Supplement 2017*.

¹²⁰ CEDAW, *Concluding Observations on the combined sixth and seventh periodic reports of Ireland, 2017*.

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challenges in accessing social support, like welfare payments and housing benefits, if they do not satisfy the Habitual Residence Condition. Research notes that financial dependency and lack of viable alternative accommodation are two of the key reasons why women do not leave violent partners; the HRC serves to exacerbate these factors in the case of migrants.¹²¹

CULTURAL BARRIERS

Ireland has traditionally had a culture of silence around domestic, sexual and gender-based violence. This is an issue that has only begun to be addressed in recent years. For migrants coming from a variety of backgrounds and belief systems, there can be cultural barriers and taboos discussing issues like SGBV. This may prevent individuals from accessing services, and even from identifying as a victim in the first place. Various difficulties such as lack of information, limited childcare options, and lack of interpretation services, pose challenges to those seeking help, particularly in rural areas around the country. For male migrants experiencing SGBV it is particularly difficult to get support as services are extremely limited; organisations may struggle to accept that men can be victims of this type of violence and assume instead that they are the perpetrator in the case.

ACCESSING SUPPORT IN THE ASYLUM SYSTEM

For migrants in direct provision centres, it can be extremely difficult to access support services. Centres are often in remote areas with limited public transport links and the cost of transportation can be prohibitive, with the weekly allowance rate standing at EUR 21.60 per adult and per child. The isolation of the centres also creates insecurity and heightens the risk of sexual exploitation and abuse, both within and outside the centres. The poor living conditions in direct provision centres have long been criticized by human rights organizations, with the UN Committee on Economic, Social and Cultural Rights noting that they “have a negative impact on asylum seekers’ right to family life, their mental health and their children’s best interests”.¹²²

In 2015, the final report of the ‘Working Group to Report to Government on Improvements to the Protection Process, including direct provision and Supports to Asylum Seekers’ was published.¹²³ Known as the McMahon Report, it was the first comprehensive assessment in the fifteen years of the direct provision system, resulting in over 170 recommendations for its improvement. While the length of time migrants spend in direct provision was the greatest criticism, the report also highlighted the negative effect of the accommodation on victims of SGBV. There is a Policy and Practice Document on

¹²¹ Women’s Aid, Priorities for the General Election, 2016.

¹²² UN Committee on Economic, Social and Cultural Rights, Concluding Observations on the third periodic report of Ireland, 2015.

¹²³ [Working Group, Final Report, 2015](#)

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safeguarding residents in direct provision centres against SGBV, however, concerns have been raised about its implementation.¹²⁴ Further implementation of the McMahon Report's recommendations and the upcoming adoption of national standards on reception accommodation may contribute to more robust policies and procedures on preventing and responding to SGBV.

KEY FINDINGS AND WAYS FORWARD

As outlined above there are many challenges facing migrants living in Ireland who experience or have experienced SGBV. The PROTECT project aims to mitigate those challenges and to improve both the access and quality of, support services available to female and male migrants of all ages and backgrounds. This will be achieved in a three-pronged approach: policy development, capacity building, and information dissemination.

The project's development of Guidelines on SGBV in the context of migration will be a valuable resource for service providers and migrants in Ireland alike. As well as producing a useful end-product, the process of developing the Guidelines will have a multi-stakeholder approach, and will provide opportunities for engagement between migrants, service providers and statutory agencies. This forum will hopefully lead to improved cohesion amongst stakeholders and may create potential for other collaborations.

A series of capacity building trainings for service providers will focus on the specific needs of migrants who experience SGBV, including male migrants and LGBTI migrants. The trainings will aim to increase the sensitivity with which services respond to migrants, enabling them to adopt a more intersectional approach in their work. Improved service provision, along with information dissemination, will hopefully result in an increase of migrants accessing services.

Information sessions and leaflets highlighting the various forms of SGBV and the support services available will be disseminated around the country, primarily targeting asylum seekers in reception centres. In order to reach the widest audience the materials will be translated into the most relevant languages and will target adults and children. The information campaign will aim to increase knowledge of SGBV amongst migrants and will encourage those who experience it to seek help.

¹²⁴ IHREC, Ireland and the Convention on the Elimination of all Forms of Discrimination against Women, 2017.

ITALY

INTRODUCTION

The following report is the result of a national mapping exercise conducted by IOM Rome between October 2018 and February 2019 with regard to social and healthcare services for victims of sexual and gender-based violence (SGBV) available in Calabria and Apulia, with a specific focus on unaccompanied migrant children (UMC). IOM Rome focused its analysis on the two southern regions as primary landing points in Italy (beside Sicily) and as paradigmatic cases of good practices, main challenges, and gaps in the Italian reception and support system. For the purpose of this mapping exercise, IOM Rome met with relevant stakeholders from the local government, NGOs, the civil society, and the private sector, as well as reviewed relevant documentation and legislation at the national, regional, and international levels.

According to Italian law, migrant children have the same rights as Italian children, including the right to access public and private services. Within local authorities, which are responsible for the welfare system (Art. 132 of Legislative Decree No. 112/1998), social services are the main branch in charge of protecting children and handling Emergency Protective Court Orders (Art. 403 of the Italian Civil Code). Social workers are responsible for coordinating services for children, in cooperation with healthcare professionals, and implementing decisions by the judicial authority.

Albeit part of the overall welfare system, most of the services for victims of SGBV are offered by NGOs, sometimes in cooperation with public authorities. These services, often voluntary-based and with limited capacity in terms of human and economic resources, may vary greatly within and among regions.

COUNTRY CONTEXT

Migration

Over the past 15 years, Italy has been increasingly concerned with the phenomenon of migration, especially with the arrival by sea of migrants seeking international protection, after leaving the coasts of Libya, Tunisia and Egypt. These flows increased significantly in 2011, in conjunction with political changes in the aftermath of the so-called “Arab Spring”, in the countries of North Africa (especially in Tunisia and Libya) and with the intensification of the conflict in the Syrian Arab Republic. In 2014, over 170,000 people arrived in Italy, including more than 42,000 Syrians fleeing the war.

However, since 2017 the number of arrivals has fallen sharply due to severe anti-migration measures implemented both at the national and EU level, including closing Italian ports to rescue vessels,

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decreasing funding for reception centres and other integration efforts, curtailing access to asylum and the status of humanitarian protection (Law No. 132/2018), among others.

Migrants, refugees and asylum seekers are at high risk for SGBV before, during, and after their journey to Italy. SGBV is rampant among women and girls. However, data regarding men and boys are still very limited. This is especially worrying in light of the fact that the large majority of migrants and refugees are men and boys, the latter often unaccompanied. As underlined by the Women's Refugee Commission in its March 2019 report *"More than One Million Pains" Sexual Violence Against Men and Boys on the Central Mediterranean Route to Italy*, in 2018, 72 per cent of all sea arrivals were men and 18 per cent were children, primarily unaccompanied boys. According to the Italian Ministry of Labour and Social Policies, 92.7 per cent of the 10,787 UMC hosted in Italian reception centres at the end of 2018 were adolescent boys aged 15 to 17. All UMC are at a heightened risk for SGBV, and evidence shows that boys and girls face similar risks. For many children and adolescent sexual and gender-based violence, in particular sexual abuse, is a key push factor for leaving their home country. According to the Women's Refugee Commission report, "key informants working with male survivors in Italy reported that most incidents of sexual violence occurred en route to Europe or in their home country."

Furthermore, it is important to point out that in recent years, the number of adolescent victims of trafficking has significantly increased. Following the traffickers' instructions, often young victims arriving in Italy declare themselves as adults even though they are minors in order to avoid the child protection pathway, ultimately increasing their risk for SGBV.

[Legislative Framework on SGBV](#)

Italian national legislation regarding SGBV is extensive, and addresses domestic violence, sexual violence, violence against children, female genital mutilation, stalking and trafficking of human beings.

In 2013, Italy ratified the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), and the Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention).

The same year, Decree Law No. 93 of 14 August 2013 (converted into Law No. 119 of 15 October 2013) established "Urgent provisions on safety and for the fight against gender-based violence, as well as on civil protection and compulsory administration of provinces." The law addressed gender-based violence and the crime of stalking, an offence which was introduced in the Italian legal system in 2009, as well as provided a special residence permit for foreign victims of domestic violence (Art. 4)

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Over the years, the Italian Government adopted three National Action Plans regarding SGBV: the "National Plan against Gender-Based Violence and Stalking" in 2011, the "Extraordinary Plan of Action against Sexual and Gender Violence 2015-2017" in 2014, and the "National Strategic Plan to Combat Men's Violence Against Women 2017 – 2020" in 2017. While the first two plans focused primarily on protective actions, the newest plan sought to foster also preventive measures and cultural change on a more structural and long-term basis. The plan refers to the four "Ps" of the Istanbul Convention, *i.e.* Prevention, Protection, Prosecution, and integrated Policies.

In 2016, Italy adopted the "National Action Plan against Trafficking and Serious Exploitation of Human Beings." The plan is based on the "4Ps" (Prevention, Protection, Prosecution, Partnership), and sets new measures to improve the identification of victims of trafficking among migrants and asylum seekers. In addition, it provides the establishment of a National Referral Mechanism.

Notwithstanding the advanced legislative framework, effective and efficient implementation remains an issue. The main challenges often regard the lack of funds and other resources, such as specialised services and trained professionals. In addition, the legislation does not provide adequate support to women's NGOs who manage the Anti-violence Centres and shelters and have a central role in supporting victims. The legislation has repeatedly failed to recognize and respond to the vulnerable experiences of the victims. In general, the implementation of provisions is not homogeneous throughout the national territory, and varies greatly within and between regions.

PROTECTION SYSTEM FOR CHILDREN VICTIMS OF ABUSE/VIOLENCE IN APULIA

In 2016, with the Regional Council's Decision (RCD) No. 1878/2016, ensuing from regional Law No. 29/2014 on "Norms to prevent and combat gender-based violence, support victims, promote women's freedom and auto-determination", Apulia approved the *Regional Guidelines on Abuse and Violence Against Children*.

According to the guidelines, the RCD No. 1608/2018 approved the 2018-2020 Action Plan to promote a holistic assistance system for child victims of abuse and violence. The guidelines refer to the Istanbul Convention and identify three key levels of intervention defining roles and responsibilities:

- A first level made up of social and healthcare multidisciplinary teams from Apulia's forty-five districts;
- A second level represented by the Centre Specialized in the Treatment of Interpersonal Trauma;

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- A third level including highly specialized facilities and Centres for the Treatment of Children Victims of Violence, led by the Interdisciplinary Assistance Group for Abused Women and Children (GIADA team, by its Italian acronym).

When a multidisciplinary social and medical team (first level) diagnoses a trauma or a psychopathology caused by abuse, neglect, violence and/or other negative experiences, it activates the relevant Centre Specialized in the Treatment of Trauma (second level) or, if not locally available, it coordinates with the GIADA team for further exams and therapy (third level).

This system applies to all children, both Italian and foreigners. The PROTECT project will contribute to acquire further information on whether and how migrant children victims of SGBV have access to these services. For instance, access may be linked to the child's living conditions, whether the child lives at home with a parent or relative, in a shelter with his/her mother, in a children's home, or home for migrant children abandoned/separated/unaccompanied, based on the Juvenile court's decision.

With this integrated approach, Apulia aims to create multidisciplinary teams able to provide more comprehensive care and services, and to distribute services more evenly throughout its territory, which is divided into six administrative units (Provinces) and forty-five social and healthcare districts ("Ambiti Territoriali").

AVAILABLE SUPPORT SERVICES TO MIGRANT CHILDREN VICTIMS OF SGBV IN CALABRIA

In a territory where health services suffer from lack of resources, focused services for migrants, and especially for migrant children, are insufficient compared to the number of arrivals in recent years and the number of people hosted in Calabrian reception centres. In addition to scarce resources, other challenges to access services include the fragmented nature of the territory and the fast regional and inter-regional transfers of children from first reception centres to second reception facilities.

Within this context, specialized SGBV services are often offered by NGOs, which unfortunately in the majority of cases cannot guarantee continuity of service to vulnerable groups, due to limited capacity in terms of economic and human resources. Inter-cultural mediation and/or translation services are partially or totally unavailable everywhere in Calabria.

Below is an overview of social and healthcare services for migrants in Calabria. From an organizational standpoint, at this stage it is not clear whether the following services have a regional coordination mechanism.

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Mixed social and healthcare services

- Three centres for women and children victims of violence providing residence, legal and psycho-social counselling in Cosenza, one in Vibo Valentia;
- Twenty-two family counselling centres in Reggio Calabria, six in Crotona (one provides assistance to children victims of abuse), twelve in Catanzaro (three of which provides ethno-psychiatric support and support to victims of torture), six in Vibo Valentia;
- Four permanent local districts social and healthcare multidisciplinary teams specialized in providing support and protection for children;
- The Aylan project, signed between the Azienda Sanitaria Provinciale (local health authority - ASP by its Italian acronym), the Italian Red Cross, ARCI (NGO) and INTERSOS (NGO), focuses on providing protection and assistance to adult migrants and children with psychological and healthcare issues in Crotona.

Social services

- Nine centres for victims of violence;
- Ten shelters for women and their children victims of SGBV (five in Cosenza, five in Reggio Calabria), some connected to the centres mentioned above;
- A counselling service for victims of SGBV and vulnerable children in Reggio Calabria; the “DEAR” (“Donne-Emersione-Autonomia-Rete”) outreach project supported by the “Centro Calabrese di Solidarietà” for victims of SGBV in Crotona; “Centro Calabrese di Solidarietà” provides support services to victims of violence and vulnerable migrants in Catanzaro;
- One counselling centre for women and children in Crotona; three shelters for single parents with minor children, other vulnerable women, and migrants in Vibo Valentia.

Healthcare services

- One specialized centre for victims of violence in Reggio Calabria within one of the general mental health centres below;
- Priority access called “purple” or “pink access” to emergency rooms for victims of SGBV in Reggio Calabria, Crotona and Vibo Valentia;
- Ten general practitioners clinics (GP) dedicated to irregular migrants and to children in Reggio Calabria; nine mental health centres in Reggio Calabria, three in Crotona, three in Catanzaro; one counselling service for migrants in Crotona (provided by Caritas), two in Crotona; a Memorandum of Understanding (MoU) signed between the Psychologists’ Association of Calabria and UNICEF Calabria for psychological assistance to unaccompanied migrant children (UMC) in state clinics, child neuropsychiatry; the Department for Women’s, Children’s and Adolescents’ Health at the

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Crotone ASP; one clinic providing free health care for migrants, in particular for the detection and assistance to victims of torture and other vulnerable cases, established in a Protocol between AUSER and Kasbah NGOs, ASP and the Province of Cosenza.

AVAILABLE SUPPORT SERVICES TO MIGRANT VICTIMS OF SGBV IN APULIA

The service system for victims of SGBV in Apulia primarily relies on multidisciplinary teams, including both social workers, responsible for children as provided by national legislation (Art. 403 of the Italian Civil Code), and public healthcare professionals. This system is promoted and implemented by the regional authorities (“Regione Puglia”) and aims to integrate the two systems as well as to distribute social and healthcare services evenly throughout the territory, which is divided into six administrative units and forth-five social and healthcare units (“Ambiti Territoriali”).

As of 31 December 2018, the following services for victims of SGBV were available in Apulia.

Mixed social and healthcare services

- Local districts social and healthcare multidisciplinary teams. Apulia’s Regional Plan for Welfare Policies aims to create forty-five teams (one for each district), however, an accurate mapping of existing teams will only be completed in the upcoming months. Currently, the regional authorities are registering professionals interested in participating in a specialized training on harassment and violence against children, which will be carried out by the GIADA team.

Social services

- Twenty-eight centres for victims of violence (Art. 107 of Regional Regulation No. 4/2007 and subsequent amendments), seventeen of which owned and run by private entities, ten owned by local authorities and run by private entities, one owned and run by a local authority. Due to agreements signed between local districts and private centres for victims of violence, there are specialized centres in all 45 districts. In cases of SGBV against women and children, the centres for victims of violence cooperate with the districts social and healthcare multidisciplinary teams;
- Nine shelters for female victims of violence, alone or with children (Art. 80 of Regional Regulation No. 4/2007), all run by private entities. These shelters cannot host children, including migrant children without the presence of their mother. If their mothers are not present, they are sheltered in ordinary centres for UMC;
- Five “halfway homes” for women victims of violence, alone or with children, run directly by the centres for victims of SGBV.

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Healthcare services

- Six “Specialized Centres in the Treatment of Interpersonal Trauma” (one for each local health district - ASL), in charge of providing qualified diagnosis and treatment of trauma caused by abuse, violence and/or other negative experiences children and adolescents may suffer;
- Centres for the Treatment of Children Victims of Violence, heading up to the GIADA team;
- The GIADA team of “Giovanni XXIII” Pediatric Hospital’s Psychology Unit, within the “Policlinico-Giovanni XXIII” University Hospital in Bari, for the diagnosis and therapy of trauma or psychopathologies caused by abuse, neglect, violence and/or other negative experiences affecting adults and children.

KEY FINDINGS AND WAY FORWARD

- Availability, accessibility and quality of services: The need outweighs availability of services, which are generally underfunded and fragmented. Current data underestimates that specialized services for victims of SGBV are insufficient: they do not meet the need of female victims and are often unequipped to deal with male victims. Also, specialized services for children victims of SGBV are lacking. Services are generally provided by voluntary-based NGOs, with limited capacities in terms of economic and human resources. In addition, staff often lack specialized training on SGBV in the context of migration. In general, access to services is not homogeneous throughout the national territory, and the availability and quality vary within and among regions.
- Coordination and cooperation: the lack of coordination and cooperation among service providers is a key contributor to the inadequacy and inefficiency of the support systems.
- Information: Victims are often unaware of their rights and of the existing services available to them when a violation occurs.
- Capacity-building for first responders and service providers: Providers often lack specialized training on SGBV issues. Staff with specialized training would contribute to increase the efficiency and effectiveness of services. For instance, staff trained on standard operating procedures and specialized on issues regarding SGBV in the context of migration, could contribute to recognize victims of trafficking or other forms of GBV and to identify in a timely manner those victims who require specialized support. Capacity-building activities would also contribute to ensuring that personnel working with migrants and victims of SGBV consistently adopt a gender-responsive, human rights-based, and survivor-centred approach and always act in the best interest of the child.

MALTA

INTRODUCTION

The following report is the result of a national mapping exercise conducted by IOM Malta in December 2018 and January 2019. The aim of the exercise was to map the legal and policy framework, key stakeholders, existing support services for migrants, asylum-seekers and refugees and the identified challenges in the field of sexual and gender-based violence and domestic violence in Malta. The exercise was based on desk research and information obtained from relevant stakeholders in Malta in different fora, such as conferences and trainings on the topic.

COUNTRY CONTEXT

Malta has one of the highest proportional migrant populations in the European Union, with foreigners comprising over 14 per cent of Malta's population.¹²⁵ Malta is both a destination and transit country with migratory flows by air and sea from sub-Saharan Africa, the Horn of Africa, the Middle East, and the Far East. From 2002 to 2014, more than 19,000 sea-borne asylum seekers and irregular migrants landed in Malta, with an upsurge in 2013, when 2,008 arrivals by sea were registered.¹²⁶ Despite the subsequent decline in the numbers of sea arrivals recorded between 2014 and the first half of 2018, regular and irregular arrivals of migrants through other channels (including air arrivals) continued. It is the latter category of migrants that mainly accounted for the fact that, over the recent years, the number of asylum applications submitted in Malta was not substantially affected by the relatively low numbers of boat arrivals. Moreover, continuous efforts on the part of the Government of Malta in this regard notwithstanding, part of all the arrivals arguably remain undetected. According to the Office of the Refugee Commissioner, 2,045 people applied for asylum in Malta in 2018. The main countries of origin were Syria (460), Somalia (311), Libya (305), Sudan (171) and Eritrea (53).¹²⁷ The numbers are comparable to the 2,608 applications for asylum submitted in 2008.¹²⁸ When analyzing asylum

¹²⁵ https://ec.europa.eu/eurostat/statistics-explained/index.php/Migration_and_migrant_population_statistics

¹²⁶ https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_C5/Population_and_Migration_Statistics/Documents/2015/News2015_116.xls

¹²⁷ Ministry for Home Affairs and National Security, The Office of the Refugee Commissioner, <http://bit.ly/2DLven5>

¹²⁸ https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_C5/Population_and_Migration_Statistics/Documents/2018/News2018_095.pdf

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applications in the context of the EU – applicants per million population – Malta ranks fourth after Greece, Cyprus and Luxembourg.¹²⁹

Since mid-2018, the migration scenario has been shifting, with disembarkations in Malta peaking: a total of 1,445 migrants disembarked in Malta between June and December 2018.¹³⁰ This has been a considerable increase compared to the annual totals registered in 2015, 2016 and 2017 (106, 24 and 20 respectively).¹³¹ While, over the years, many of the migrants have been resettled from Malta to the United States, relocated to other European countries, assisted to voluntarily return to their countries of origin and, more recently, a number of those arriving by boat are being relocated to other EU Member States, in line with ad hoc agreements, many of them remain in Malta. Moreover, Malta is increasingly reliant on foreign workers to sustain its economic growth which is projected to continue in the future.¹³²

Newly arrived migrants are accommodated in the Initial Reception Centre (IRC) in order to process medical clearances, age, vulnerability assessments and registration. Since the policy change in June 2018, the IRC functions as a closed centre before residents are either transferred to an open centre or relocated. There are six open reception centres active in Malta as part of the reception system supervised by the Agency for the Welfare of Asylum Seekers (AWAS), which falls under the Ministry for Home Affairs and National Security. At the end of December 2018, a total of 1,182 migrants and asylum seekers were accommodated in open reception facilities – a 30 per cent increase compared to the 913 accommodations reported at the end of 2017.¹³³

LEGAL FRAMEWORK ON SEXUAL GENDER-BASED VIOLENCE (SGBV) AND DOMESTIC VIOLENCE (DV)

Malta obliged to strengthen its national legislation and reorganize the available services in the fields of sexual and gender-based violence and domestic violence through the ratification of the Council of Europe (CoE) Convention on Preventing and Combatting Violence against Women and Domestic

¹²⁹ <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

¹³⁰ As per IOM estimates.

¹³¹ https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_C5/Population_and_Migration_Statistics/Documents/2018/News2018_095.pdf

¹³² According to the European Commission's Directorate-General for Economic and Financial Affairs (DG ECFIN), in 2017, Malta's GDP growth was 6,4 per cent, making Malta's economy among the fastest growing economies in the European Union (EU). For further information, please refer to: https://ec.europa.eu/info/business-economy-euro/economic-performance-and-forecasts/economic-performance-country/malta/economic-forecast-malta_en.

¹³³ <http://www.asylumineurope.org/reports/country/malta>

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Violence (2011) – Istanbul Convention in 2014,¹³⁴ in addition to the Lanzarote Convention that entered into force in 2011.¹³⁵ In November 2017, the Gender-Based Violence and Domestic Violence Strategy and Action Plan: Vision 2020 was launched, which is *“the first national framework to ensure that legislation, policies and services address victims’ needs holistically and as a societal concern”*.¹³⁶ Specific reference to migrants is made in Measure 1.4 of the Action Plan: *“Ensure that laws and administrative procedures do not prevent migrant victims from leaving violent relationships due to fear of deportation, loss of legal status or revoked custody over the children”*. Between 2018 and 2020, the Government has been implementing the project ‘Breaking the Cycle of Violence’, which is aimed at promoting gender equality by changing behaviours that may be conducive to SGBV, gender stereotypes and inequalities. *“In coordination with the NGO Migrant Women Association Malta, migrant women are one of the three minority groups targeted”*.¹³⁷

In May 2018, the Government of Malta adopted the Gender-Based Violence and Domestic Violence Act (Chapter 581, Laws of Malta). This aims at recasting existing DV legislation by strengthening and widening the remit and functions of the Commission on Domestic Violence (CDV) by transforming it into a Commission on Gender-Based Violence and Domestic Violence. In addition, amendments were made to the Criminal Code, the Civil Code, the Police Act, the Probation Act and the Victims of Crime Act in order to bring all relevant provisions in line with the Istanbul Convention and international best practices in the field of GBV and DV.¹³⁸ The Act broadened the protections provided to victims of SGBV, mainly through amendments to the Criminal Code (Chapter 9, Laws of Malta) and including provisions related to rape, non-consensual act of a sexual nature, sexual harassment, forced marriage and female genital mutilation (FGM). In Malta, FGM is against the law and punishable by imprisonment for a term from five to ten years.¹³⁹

AVAILABLE SUPPORT SERVICES TO MIGRANT VICTIMS OF SEXUAL AND GENDER-BASED VIOLENCE

The Gender-Based Violence and Domestic Violence Strategy and Action Plan was developed by the Ministry for European Affairs and Equality (MEAE)¹⁴⁰ that is specifically tasked with the advancement

¹³⁴ <https://rm.coe.int/168008482e>

¹³⁵ <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=0900001680084822>

¹³⁶ Gender-Based Violence and Domestic Violence Strategy and Action Plan: Vision 2020.
https://meae.gov.mt/en/Documents/GBV_DV%20Strategy%20and%20Action%20Plan%20publication.pdf

¹³⁷ www.migrantwomenmalta.org

¹³⁸ Gender-Based Violence and Domestic Violence Strategy and Action Plan: Vision 2020, p. 5.
https://meae.gov.mt/en/Documents/GBV_DV%20Strategy%20and%20Action%20Plan%20publication.pdf

¹³⁹ <http://www.justiceservices.gov.mt/downloaddocument.aspx?app=lom&itemid=8574>

¹⁴⁰ www.meae.gov.mt

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of the areas of civil liberties, foreign communities, integration and minority rights. Within MEAE, the Human Rights and Integration Directorate (HRID) and the Gender-Based Violence and Domestic Violence Commission¹⁴¹ are responsible for the coordination and implementation of the Strategy. The most important governmental entity that provides support services for SGBV and DV is the Foundation for Social Welfare Services (FSWS)¹⁴² which falls under the Ministry for the Family, Children’s Rights and Social Solidarity (MFCS). Aġenzija Appoġġ¹⁴³, which is within the FSWS, provides psycho-social welfare services. Its Domestic Violence Unit supports victims of domestic violence and Għabex Emergency Shelter¹⁴⁴ offers shorter term primary shelter for women and their children suffering violence in family and intimate relationships, as well as female victims of trafficking in persons who may require immediate protection. FSWS also manages the Support-line 179 (a 24-hour telephone helpline which is free, anonymous and confidential), runs Managing Abusive Behaviour Services (a programme for perpetrators), Child to Parent Violence programme and Out of Hours Emergency Service. The Malta Police Force has a special Victim Support Unit¹⁴⁵ and legal aid is provided to persons with limited financial resources by Legal Aid Malta¹⁴⁶. The Ministry for Health¹⁴⁷ provides medical care to victims of SGBV through their Health Centres and, in case of serious injuries, the Accident and Emergency Department of the hospital Mater Dei.

The reception centres for refugees and asylum-seekers are within the remit of the Agency for the Welfare of Asylum Seekers (AWAS),¹⁴⁸ falling under the Ministry for Home Affairs and National Security (MHAS). At AWAS main office social workers provide support services twice a week.

There are also a number of non-governmental organizations (NGOs) and charities that provide a wide-range of services, such as counselling, legal aid and accommodation services also to migrants, asylum-seekers and refugees. Women’s Rights Foundation¹⁴⁹ provides free legal advice and initial legal representation to women who are victims of domestic violence, sexual exploitation, trafficking in persons and discriminated due to their gender. St Jeanne Antide Foundation¹⁵⁰ runs SOAR (Surviving

¹⁴¹ <https://meae.gov.mt/en/Commission on Domestic Violence>

¹⁴² www.fsws.gov.mt/en/fsws

¹⁴³ www.fsws.gov.mt/en/appogg

¹⁴⁴ <https://fsws.gov.mt/en/appogg/Pages/Intake-and-Protection-Services/G%C4%A7abex-Emergency-Shelter.aspx>

¹⁴⁵ <https://pulizija.gov.mt/en/police-force/police-sections/Pages/Victim-Support-Unit.aspx>

¹⁴⁶ www.justice.gov.mt/en/legalaidmalta

¹⁴⁷ www.health.gov.mt

¹⁴⁸ www.awas.gov.mt

¹⁴⁹ www.wrf.org.mt

¹⁵⁰ www.antidemalta.org

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Abuse with Resilience) services and Victim Support Malta (VSM)¹⁵¹ gives emotional support and free legal aid. The Migrant Women Association Malta (MWAM)¹⁵² implements specific projects on SGBV for migrant women, Malta Gay Rights Movement (MGRM)¹⁵³ set up the Rainbow Support Service for LGBTI individuals, their family and friends, whereas Men against Violence¹⁵⁴ promotes engagement of men and boys in preventing and ending all forms of violence. GBVSO/Violet Support Online¹⁵⁵ is an online service managed by SOS Malta¹⁵⁶ to provide support to any victim of sexual and gender-based violence, including harassment, sexual assault, FGM, domestic violence and any form of discrimination. Kellimni.com offers 24/7 online support through SmartMessaging, e-mails and chat to support people who are in need of help. Both services are free and confidential.

Emergency shelter services are provided by homeless shelters that also accept victims of SGBV and DV including:

- The Good Shepherd Sisters – Dar Merħba Bik Foundation¹⁵⁷ (emergency longer-term primary shelter for women and their children who are undergoing any kind of abuse; church-run and partially state-funded).
- Programm Sebħ – Dar Qalb ta' Ġesù¹⁵⁸ (the only second stage long term shelter in Malta; offers accommodation to women and their children after coming from an emergency shelter; church-run, partially state-funded).
- Other NGO-run shelters: Fondazzjoni Dar il-Hena¹⁵⁹, Dar Papa Franġisku (emergency shelter service for males) and Dar Maria Dolores (emergency night shelter for women), Tereza Spinelli (women hostel that sometimes takes the over-spill from the shelters), YMCA¹⁶⁰, Dar Emmaus - Fondazzjoni Kenn u Tam¹⁶¹ (generic homeless shelter in Gozo that accepts victims of domestic violence).

¹⁵¹ www.victimsupport.org.mt

¹⁵² www.migrantwomenmalta.org

¹⁵³ www.maltagayrights.org

¹⁵⁴ www.mavmalta.com

¹⁵⁵ www.vso.org.mt

¹⁵⁶ www.sosmalta.org

¹⁵⁷ www.darmerhabik.org

¹⁵⁸ www.qalbtagesu.com

¹⁵⁹ www.facebook.com/fondazzjonidarilhena

¹⁶⁰ <https://www.ymcaeurope.com/ymca-malta>

¹⁶¹ <https://www.facebook.com/pg/DarEmmaus>

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Other stakeholders include international organizations such as the International Organization for Migration (IOM),¹⁶² and the United Nations High Commissioner for Refugees (UNHCR)¹⁶³ which provides capacity-building on SGBV for government officials and professionals working with asylum-seekers, refugees and migrants. In addition, there are also other NGOs active in the field of migration such as Aditus¹⁶⁴ (legal aid) and the Jesuit Refugee Service (JRS),¹⁶⁵ other service providers (e.g. lawyers) and migrant-led NGOs who advocate for the rights of migrants.

KEY FINDINGS AND WAY FORWARD

The main challenges and barriers for victims to seek help include the lack of systematic collection of information about all forms of SGBV (or not accessible to IOM), the conservatism in some sectors of the Maltese society (e.g. Malta legislated for the morning after pill in 2016 after a controversial campaign; abortion is illegal, although Malta currently is among the lead countries in Europe in terms of LGBTI rights), and rather lengthy and complex referral pathways. The different stakeholders/service providers involved are not always aware of the most appropriate pathway which might result in re-victimization. Moreover, there are not enough interpreters/cultural mediators available and different service providers offer different interpreters/cultural mediators.

These findings are also echoed in the Full Cooperation: Zero Violence: Barriers to help-seeking in gender-based violence against women: A research study.¹⁶⁶ that identified as the main barriers to help-seeking faced by SGBV victims in Malta: cultural barriers in the predominantly patriarchal Maltese society; socio-economic barriers including a difficult financial situation; survivor-related barriers (victims tend not to report or seek help due to defense mechanisms, such as denial, together with negative emotions of shame and fear); perpetrator-related barriers; offspring related barriers; informal networks (family and friends) barriers; psychosocial/health care/education provision/service-related barriers (victims report that they find effective help from the supportive system including public agencies and NGOs; however, victims felt that they were not sufficiently informed about the available services, resources and their rights, which hindered them from seeking help; psychosocial services are sometimes perceived as inaccessible, with participants in the study mentioning long waiting lists, limited or lack of placements in the emergency shelters, as barriers; poor inter-agency collaboration (in some instances) and lack of specialization; justice system related

¹⁶² www.malta.iom.int

¹⁶³ www.unhcr.org/mt

¹⁶⁴ www.aditus.org.mt

¹⁶⁵ www.jrsmalta.org

¹⁶⁶ This study adopted a qualitative research design and the data collection strategy used included 16 qualitative interviews and six focus groups with both victims and professionals. A total of 50 participants took part in the study - 23 victims and 27 professionals.

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barriers (victims' re-victimization through the justice system is a real concern; victims feel that the justice system is insensitive and inflexible; the judiciary process is too lengthy and slow); victims may encounter other barriers due to additional challenges resulting from immigration status, disability, mental health and advanced age.¹⁶⁷

According to UNHCR Malta, in addition to the barriers mentioned above, there are specific barriers faced by migrant/asylum seeker/refugee SGBV victims in Malta. This includes a lack of awareness about SGBV and relevant legislation in Malta among migrant/asylum seeker/refugee population including, child marriage, domestic violence; lack of information on the system in Malta and available services for SGBV victims which in many cases is exacerbated by illiteracy or low levels of literacy, communication and language barriers and lack of interpretation services among service providers; lack of financial resources to cater for primary needs which is further aggravated by poor living standards, a sense of hopelessness and isolation; stigma and isolation from their own community; an insecure migration status which makes victims more vulnerable, as, for instance, female migrant SGBV victims might be threatened of being deported by their perpetrator. The same applies to rejected asylum seekers and undocumented migrants who might not report due to the fear that the Police might inform the Immigration Police; lack of regular training on refugee/migrant issues and cross-cultural sensitivity for professionals working with SGBV victims.¹⁶⁸ According to Aġenzija Appogg, in view of increasing feminisation of migration and the vulnerability aspects of intersectionality, migrant women are more prone to being subjected to domestic violence and abuse and are less likely to leave abusive relationships.¹⁶⁹

In line with the Gender-Based Violence and Domestic Violence Strategy and Action Plan: Vision 2020, multi-agency cooperation should be strengthened, continuous training/capacity building for professionals working in the sector should be provided, and awareness should be raised on SGBV and DV, the legal framework and existing services among potential and actual victims and the general public.¹⁷⁰ Other recommendations include more qualitative and quantitative research that could better inform possible interventions as well as collaborating more with NGOs and migrant communities to facilitate access to potential and actual victims among the migrant population.

¹⁶⁷ Naudi, M., Clark, M., & Saliba, H. (2018). Full Cooperation: Zero Violence: Barriers to help-seeking in gender-based violence against women: A research study. <https://meae.gov.mt/en/ZeroViolence/Documents/Full%20Cooperation%20-%20Zero%20Violence.pdf>

¹⁶⁸ 'Understanding SGBV in Malta among local and refugee population', presentation delivered by Paolo Biondi, UNHCR Malta, during UNHCR Training on SGBV Prevention and Response (20-22 November 2018, Malta)

¹⁶⁹ Presentation delivered by Aġenzija Appogg representative during UNHCR Training on SGBV Prevention and Response (20-22 November 2018, Malta)

¹⁷⁰ Gender-Based Violence and Domestic Violence Strategy & Action Plan: Vision 2020, p. 3.

https://meae.gov.mt/en/Documents/GBV_DV%20Strategy%20and%20Action%20Plan%20publication.pdf

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Moreover, it is essential to hire more interpreters/cultural mediators and to train them in the field of SGBV as well as to translate available materials into different languages. Initiatives to counter SGBV should go hand-in-hand with efforts to promote integration and efforts should be made to mainstream them on the national level in order to ensure sustainability.

The PROTECT project is expected to play an important role in supporting the Government of Malta with the implementation of the Gender-Based Violence and Domestic Violence Strategy and Action Plan: Vision 2020 by strengthening multi-agency cooperation through national stakeholder meetings, the contribution to SOPs/Guidelines on SGBV and by building the capacity of government officials and other professionals working with migrants, asylum-seekers and refugees to better respond to their needs. In addition, the information campaign including the dissemination of information leaflets in several languages and information sessions on SGBV for the migrant communities, asylum-seekers and refugees, will increase their awareness on SGBV and the services that are available to them in Malta.

THE NETHERLANDS

COUNTRY CONTEXT

In 2018 (January-November inclusive) a total number of 27,982 individuals made an asylum claim in the Netherlands.¹⁷¹ In the last three years, Syrians have remained the largest group who claim asylum in the Netherlands, followed by individuals from Eritrea, Iran and Iraq. Today, some 200,000-250,000 individuals of refugee and asylum backgrounds reside legally in the Netherlands.

There are no clear figures regarding the number of migrants in the Netherlands who are victims of sexual violence. While a number of reasons contribute to this lack of information, the perception of sex as taboo and/or associated with shame within certain migrant populations remains one of the most challenging barriers for practitioners and researchers to overcome.

Pharos, the Dutch Centre of Expertise on Health Disparities, notes significant differences in understandings of sexual health between young migrants from Western Europe and young migrants from non-Western countries such as Iraq, Eritrea and Afghanistan – nationalities which are highly represented in refugee populations. Key differences between the two groups include the level of knowledge in the broad theme of sexuality, awareness of one's own boundaries associated with sexual activity, feelings of shame and guilt, conservative approaches toward sexuality and relationships and attitudes toward homosexuality.¹⁷²

Pharos has also reported on the significantly higher incident and abuse vulnerability rates that Eritrean migrants in the Netherlands face in comparison to other nationalities. While male Eritreans in the Netherlands report physical violence and torture, abuse of female Eritrean migrants mainly manifests as sexual violence. On both accounts, Eritrean migrants reported to Pharos their experiences of violence, sexual assault and rape during their journey to Europe – namely in the desert areas between Sudan and Libya – as well as violence committed against them in the Netherlands.¹⁷³

The Netherlands was amongst the first states to sign and ratify the 2011 Istanbul Convention on preventing and combating violence against women and domestic violence.¹⁷⁴ The state has also ratified the Lanzarote Convention. In 2017, the National Action Plan on Sexual Health and STI/HIV Control was launched by the Dutch Ministry of Health, Welfare and Sport and the National Institute

¹⁷¹ Refers to migrants who made first applications, repeated applications and family reunification applications. https://ind.nl/en/Documents/AT_november_2018_Hoofdrapport.pdf

¹⁷² <https://www.pharos.nl/kennisbank/kennissynthese-gezondheid-van-nieuwkomende-vluchtelingen-en-indicaties-voor-zorg-preventie-en-ondersteuning/>

¹⁷³ Ibid

¹⁷⁴ <https://www.rivm.nl/bibliotheek/rapporten/2017-0158.pdf>

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of Public Health. The National Action Plan defines concrete objectives and actions for a healthy sexual life which also includes the prevention of sexual violence; and places emphasis on the role of knowledge in individuals' sex lives. The plan was developed from a public health perspective, following two-years of consultations with key stakeholders. The Dutch approach has therefore set out to address STI and HIV prevention as an integrated approach with the reduction of sexual violence and unwanted pregnancies. While the National Plan outlines educational gaps and areas for further development, particularly in the education sector and for young persons - the Plan does not mention minority groups who are also vulnerable due to cultural expectations, language barriers, access and knowledge to care, religious norms and mental health. To achieve greater success, the approach will need to go beyond the provision of education and counselling which is emphasized in the Plan, and acknowledge the multifaceted nature of social norms and practical challenges that are particularly evident in migrant communities.

The Dutch government has paid attention to the broader concept of violence in recent years. Since July 2013, organizations and self-employed professionals are required to follow a reporting code, which is supported by the law on mandatory reporting of domestic violence and child abuse. The 'reporting code' obliges professionals such as medical staff, child care staff, teachers and sports clubs to follow a reporting protocol when they become aware of indications of violence.¹⁷⁵

One particularly significant development was the decentralisation and reduction of national funding to certain welfare services in 2015, which resulted in municipalities resuming responsibility for addressing domestic violence. Two years earlier, the Dutch government decentralized integration efforts to the municipal level. Each municipality has a Veilig Thuis (Safe at Home), a centre responsible for reporting domestic violence and child abuse. In 2018, the Ministry of Security & Justice and Ministry of Health, Wellbeing and Sport together released the policy document *Geweld hoort nergens thuis* (Violence Belongs Nowhere).¹⁷⁶ This policy document outlines the national approach and priorities for the coming years, of which SGBV is mentioned in the broader context of violence. Two notable focuses within the policy document include 1) the government's intention to improve the knowledge of professionals with regards to recognising and reporting on sexual violence; and 2) enhancing public knowledge of the 16 centres for sexual violence.¹⁷⁷

¹⁷⁵ <https://www.government.nl/topics/domestic-violence/domestic-violence-and-child-abuse-protocol>

¹⁷⁶ <https://www.rijksoverheid.nl/documenten/beleidsnota-s/2018/04/25/geweld-hoort-nergens-thuis-aanpak-huiselijk-geweld-en-kindermishandeling>

¹⁷⁷ Which focus on acute cases only

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KEY LEGISLATIONS

Articles 239 - 250 Dutch Criminal Code detail relevant criminal offenses such as possession and distribution of offensive (digital) materials, the involvement of minors in the production of materials, and violence and the threat of violence including of a sexual nature towards adult and children. Article 242 states that sexual penetration shall be classified as rape which is liable to a term of imprisonment not exceeding twelve years. Article 243 addresses the crime of sexual penetration against a person who is not of a sound mental state or not able to resist (intoxicated, unconscious, mentally and/or physically disabled). Article 249 makes special mention toward perpetrators in positions of authority who sexually assaults an adult or child, namely, non-biological parental guardians, civil servants, medical professionals, teachers/education officers, prison staff, employers, charitable institutions and social workers. Such an abuse of power by these different categories toward an adult or child is liable to six years imprisonment or a fine.

PROCEDURE, MAIN ACTORS AND CHALLENGES

The Netherlands offers various support avenues to victims of sexual violence and to their families, as well as a robust set of resources and organisations that work to raise awareness and prevent sexual violence.

The 16 centres for sexual violence in the Netherlands are nationally recognized as the first points of contact for those who have suffered sexual assault and rape. They are a joint venture (launched in 2012) between hospitals, the Municipal Health Service (GGD), Dutch Association of Mental Health and Addiction Care (GGZ), the police and Slachtofferhulp Nederland (Victim Support, the Netherlands). Taking inspiration from Danish Rape Centres - medical staff, police officers, psychologists, social workers and sex therapists work together to provide comprehensive care to individuals and their family members. This collaborative and multidisciplinary approach seeks to streamline care and information provisions, aids monitoring (“watchful waiting”) of client recovery and increase the chances of the offender’s apprehension.¹⁷⁸ The centres are located nation-wide, in order to allow for a maximum 1-hour’s drive to reach their service from any location within the country. Though physically available, practitioners have reported to IOM that cultural and communication barriers exist between professionals and clients from non-Dutch origins. Municipalities have also indicated to IOM within the context of migrant integration that addressing SGBV in migrant communities, particularly

¹⁷⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4064247/>

(but not restricted to) Eritrean populations remains a key area of concern, and a somewhat elusive solution.

Medical Anthropologist Marian Tankink wrote in 2007 that during the Dutch asylum procedure, many women sensed a lack of safety, knowledge and trust. Thus, the likelihood that a woman will report her experience of sexual assault or sexual concern can be impaired. Additionally, language and conceptual barriers between asylum seekers, interpreters and immigration officials can lead to misunderstandings and underreporting.¹⁷⁹

Reportedly, the feelings of shame significantly account for the low levels of reporting, as well as the costs associated with health care. Each resident of the Netherlands is required by law to possess personal health insurance. While subsidized premiums are available to low-income earners, low-cost insurance options are generally accompanied with a high ‘own risk’ excess which requires the patient to pay a minimum sum from their own pocket (sometimes upward of 100 Euro). Medical care for victims of rape and assault is not free in the Netherlands. They are required to finance the care that they receive, and where individuals cannot afford to pay the ‘own risk’, which is often the case for migrants, individuals therefore decide not to seek medical care. Paying for medical care is particularly challenging for undocumented migrants, who are eligible to be treated but will be required to cover the costs as per all patients. Exceptions can be made for those who struggle to pay for medical care on a case-by-case basis whereby healthcare providers can recover costs through the national Health Care Institute.

FGM IN MIGRANT COMMUNITIES¹⁸⁰

The Netherlands adopted the position to oppose all forms of FGM in 1993, which provides legal measures to protect females as well as measures to support prevention and health care. During the 1990s, efforts to address FGM were particularly targeted at Somali communities. Since 2014, policy makers and practitioners have increasingly become aware of FGM occurrences in communities from the Middle East and Asia.

In 2001, the Dutch government introduced access to residence permits for minors where there is a proven threat of FGM, based on a legal procedure.

¹⁷⁹ Tankink, M. 2007. Niet praten om te kunnen overleven [PHAXX:2](#)

¹⁸⁰ Read more about FGM in the Netherlands and the Dutch legal framework here: <https://www.pharos.nl/english/female-genital-mutilation/the-dutch-chain-approach/>

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The Dutch Chain Approach FGM is well known in many countries. There are very few other countries in Europe where the chain of prevention, care, law enforcement and education – especially through the engagement of the indispensable key persons – has been established so well. To avoid confrontation with higher case numbers in the future, continuation of the policy through assurance, maintenance and monitoring is a necessity, as well as keeping aware of other countries and regions where FGM may occur in the future.

The Dutch prevention policy focusses on awareness and education, early detection and risk assessment. Different organizations and groups play a part in this prevention policy. The following parties are part of a longer list of participatory partners: key persons (sleutelpersonen), youth healthcare services (JGZ; jeugdgezondheidszorg), midwives (KNOV; Koninklijke Nederlandse Organisatie van Verloskundigen), Safe at Home (Veilig Thuis) and other partners in the judicial chain such as the Council for Child Protection, the Public Prosecution Service and the police.

Key Dutch actors in terms of first response include

- Centrum Seksueel Geweld¹⁸¹ (Centres for sexual violence) – first response forensic, medical and psychological care. A collaborative approach by doctors, nurses, police and other experts to support victims and their family members.
- General practitioners (GPs) – may conduct a physical examination, collect DNA samples for use as evidence, can refer victims for expert care.
- Police – when a crime is reported, the police will initiate the investigation.
- Blijf¹⁸² (Refuge) - provides shelter and care to men, women and children who have suffered domestic abuse.
- Veilig Thuis (Safe House) – the advice and reporting centre for domestic violence and child abuse. Provides information and support to individuals, organisations, professionals.
- Doctors of the World¹⁸³ – located in the Hague and Amsterdam, provides information and advice to undocumented migrants.

A selection of key Dutch actors from policy, research and prevention standpoints include

- Rutgers¹⁸⁴ – the centre of expertise on Sexual and Reproductive Health and Rights. Rutgers integrates advocacy, research and the support of partner organisations into their services both nationally and internationally.

¹⁸¹ <https://www.centrumseksueelgeweld.nl/over-ons/>

¹⁸² <https://www.blijfgroep.nl/>

¹⁸³ <https://dokterstvanderwereld.org/contact/need-help/>

¹⁸⁴ <https://www.rutgers.international/>

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- Slachtoffers Hulp Nederland¹⁸⁵ (Victim Support Netherlands) - provides emotional support, information and practical guidance (i.e. legal proceedings, compensation) to victims of crime, traffic accidents, disasters and other traumas, including victims of SGBV.
- Movisie¹⁸⁶ – the national knowledge institute for social issues.
- Pharos - the Dutch Centre of Expertise on Health Disparities, Pharos is also, as appointed by the Dutch government, the national knowledge centre for FGM. Pharos works in close collaboration with the risk-country communities, professionals and (inter)national partners in order to support prevention of FGM and help improve the (medical) care for circumcised women in the Netherlands.
- Arq Psychotrauma Expert Group¹⁸⁷ – the national centre of expertise on treatment of, and research into, the psychosocial consequences of trauma. Arq Psychotrauma Expert Groep consists of partner organizations that are specialized in the aftermath and consequences of traumatic events. Each partner organisation has a specific expertise and experience. Together the partners in Arq join forces in specific areas such as scientific research and education, specialized trauma treatment and diagnostics, prevention and support. All for the benefit of individuals, other organizations and society.
- Nationaal Rapporteur Mensenhandel en Seksueel Geweld tegen Kinderen¹⁸⁸ – National Rapporteur on Trafficking in Human Beings and Sexual Violence against Children.
- Equator Foundation¹⁸⁹ (part of Arq) – activities focus on traumatized refugees, asylum seekers, victims of human trafficking and of sexual violence.

KEY FINDINGS AND WAYS FORWARD

- Legally, all residents of the Netherlands are required to possess health insurance. However this requirement poses challenges for those who are not legally residing in the Netherlands, cannot afford insurance, and/or cannot afford to pay the personal excess for health care. Sexual assault victims are not exempt from the requirement to pay a personal excess. Notwithstanding, medical institutions in the Netherlands will treat anyone in need of care regardless of their residential status or whether they have insurance. In certain cases, institutions can use public funds to cover costs for medical treatment where patients cannot

¹⁸⁵ <https://www.slachtofferhulp.nl/>

¹⁸⁶ <https://www.movisie.nl/>

¹⁸⁷ <https://www.arq.org/>

¹⁸⁸ <https://www.dutchrappporteur.nl/>

¹⁸⁹ <https://www.equatorfoundation.nl/nl/home>

finance this themselves. Such an exception is applied on a case-by-case basis and requires financial administration that can be considered off-putting to victims. Ultimately, when combined with factors such as fear, cultural barriers, low-level incomes and lack of knowledge about the aforementioned exceptional clause; the necessity to possess and pay for health insurance in the Netherlands adds an enormous financial disincentive to victims of SGBV.

- Little data is available about SGBV in migrant communities because so few victims with migrant backgrounds seek assistance through established medical providers and first response. Case managers at the Centrum for Sexual Violence report that trust, stigma and cultural norms are factors which influence reporting rates of migrants. While case managers are aware of rates of assault in migrant communities, the number of individuals who seek help remains disproportionately low. This is particularly the case for male migrants. More attention to addressing the barriers faced by migrant communities to report and access support is necessary.
- Online sexual abuse has gained attention in the Netherlands, particularly the impact of 'sexting' and sexual exploitation of young females in Turkish, Moroccan and other Islamic communities. Like most forms of sexual abuse, online sexual abuse is difficult to identify and prevent, particularly as technology develops which allows perpetrators to continue undetected. Islamic youths are considered more vulnerable than other groups due to the level of shame that is culturally attached to sex and partnerships, particularly toward females.

POLAND

The below mapping exercise has been carried out based on information and reports offered by the Ministry of Justice, the Ombudsman Office, several NGOs and an independent media outlet. They provide general assessment of the situation of SGBV and THB victims (including the relevant legislative framework, prevention measures and statistic, if available) as well as some insight into the plight of women and LGBTI persons.

Since the end of communism era in 1989, Poland's transition to a liberal democracy has achieved relatively small progress in securing gender equality for women and equal rights for LGBTI people. These rights have never been comprehensively included in the agendas of Poland's governments over the last three decades. Rather, the state has facilitated inconsistent and ostensible policies targeting gender discrimination and an ambivalent attitude towards protecting women's and LGBTI rights. According to all reports drafted by NGOs, the protection of the rights of women and LGBTI people have particularly deteriorated in the last three years. Women/LGBTI Protection rights and fighting all forms of SGBV have become highly sensitive political issues in Poland and any public debate on these subjects easily transforms into an ideological point of contention. The situation has negatively affected the public and political mainstream discourse, enabling hate speech to spread across social media.¹⁹⁰

The national mapping has been composed of information collected from the following sources: Lambda Warszawa;¹⁹¹ Kampania Przeciwko Homofobii,¹⁹² Centrum Praw Kobiet,¹⁹³ Efka,¹⁹⁴ Feminoteka,¹⁹⁵ the National Consulting and Intervention Centre for the Victims of Trafficking,¹⁹⁶ OKO Press;¹⁹⁷ the Ombudsman Office;¹⁹⁸ the Ministry of Justice;¹⁹⁹ Niebieska Linia.²⁰⁰

¹⁹⁰ These are only examples taken from current Polish political debate LGBTI persons being branded as "sodomites", same-sex couples described as "contradictory to nature" and homosexuality as "a pathology". <https://oko.press/rzad-pis-to-naigorszy-rzad-dla-osob-lgbt-od-89-roku-raport/>

¹⁹¹ <http://lambdawarszawa.org/>

¹⁹² <https://kph.org.pl/>

¹⁹³ <https://cpk.org.pl/en/>

¹⁹⁴ <http://efka.org.pl/en/home/>

¹⁹⁵ <http://en.feminoteka.pl/>

¹⁹⁶ <http://www.kcik.pl/en/index.html>

¹⁹⁷ <https://oko.press/>

¹⁹⁸ <https://www.rpo.gov.pl/en>

¹⁹⁹ <https://www.ms.gov.pl/en/about-the-ministry-of-justice/>

²⁰⁰ <http://niebieskalinia.info/>

LGBTI - SITUATION ASSESSMENT

Security and protection against SGBV

LGBTI persons living in Poland commonly experience SGBV. Unfortunately, a victim of such violence is not recognized as a victim of a hate crime and independent reports confirm that in most cases SGBV is broadly ignored. Although the Polish Criminal Code has specific regulations on hate crimes, they do not envisage conditions such as the victim's sexual orientation or gender identity. In a criminal case of SGBV against a LGBTI person, the victim is required to supply their own private prosecutor, while hate crimes motivated by race, nationality or religion are prosecuted *ex officio*. Recently, a legislative proposal to extend hate crime coverage to criminal offenses motivated by, *inter alia*, gender identity or sexual orientation was rejected. Representatives of the ruling party argued that it would hinder freedom of speech.²⁰¹

Lack of reliable data

There are multiple causes for the lack of reliable data in Poland. Two prominent reasons are: according to the reports LGBTI persons commonly fear of disrespectful or unfair treatment by law enforcement agencies and courts which translates into marginal reporting of acts of violence or abuse. In 2015-2016 less than 4 per cent of LGBTI victims of SGBV decided to report an assault. Most of the causes for non-reporting relates to lack of trust to the Police and a general perception that the problem of crimes motivated by hatred is downplayed by the authorities.²⁰² Secondly, a new system of collecting data was introduced by the Police in 2015, may lead to a misrepresentation of data figures. Now, a police office has the authority to identify if a perpetrators actions were motivated by prejudices regarding the sexual orientation and gender identity of the victim. However, collecting such data is voluntary and depends exclusively on the individual assessment of a police officer. Police statistics on the gathered data is not available for public access, while statistics published by the Prosecutor General/the Minister of Justice listing only hate crimes offences categorized in the Criminal Code, thus many crimes against LGBTI people never appear in any statistics.²⁰³

²⁰¹ <https://oko.press/rzad-pis-to-naigorszy-rzad-dla-osob-lgbt-od-89-roku-raport/>

²⁰² <https://kph.org.pl/wp-content/uploads/2015/04/Sytuacja-spoeczna-os%C3%B3b-LGBTa-w-Polsce-raport-za-lata-2015-2016.pdf>

²⁰³ <https://oko.press/rzad-pis-to-naigorszy-rzad-dla-osob-lgbt-od-89-roku-raport/>

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Lack of training for the Police

Police officers do not undergo specialist training to address hate crimes against LGBTI persons. They receive only basic training during which sexual orientation or gender identity of victims might be mentioned briefly (if at all). They also do not have any guidelines for dealing with such crimes.

LGBTI people in prisons

LGBTI people do not feel safe in prisons. Neither the prison authorities nor the government see any need for special protection or special procedures related to this category of prisoners. In practice, prison authorities try not to put people in one cell who may pose a threat to themselves. It happens, however, that LGBTI people are placed in solitary confinement, which can greatly jeopardize their mental state. Transgender persons, including those in the transition process, are placed in penal institutions for men or women depending on the gender disclosed in their official documents, not the gender they identify with.

Attacks on the headquarters of LGBTI organizations

In 2016 and 2017, several attacks on the headquarters of the Campaign against Homophobia, Lambda Warsaw and the Stonewall Group Association took place. Unidentified perpetrators broke windows, threw stones inside the offices and tried to break doors. None of these attacks were met with an appropriate reaction from the Ministry of Justice, and the spokesperson of the Ministry described them as mere vandalism.

No more anti-discrimination education in schools

In August 2017, the Minister of Education cancelled the inclusion of anti-discrimination in the school curriculum. This educational teaching was introduced in 2015.

INSTITUTIONAL CHANGES

The Council for the Prevention of Racial Discrimination, Xenophobia and Related Intolerance was dissolved in 2016. The Council (in which LGBTI organizations held representation) carried out many important activities aimed at developing tools to tackling hate speech, enhancing methods of investigation hate crimes and developing uniform data collection systems on the subject.

Marginalization of two national institutions for human rights protection: the independent Ombudsman and the Office of the Government Plenipotentiary for Equal Treatment. Since 2015, the budget of the Ombudsman's office has been systematically reduced and persistently discrediting of

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the work of the Ombudsman.²⁰⁴ The competences of the Plenipotentiary for Equal Treatment were reduced: it has been deprived of instruments allowing for the recognition of individual complaints, as well as initiating court proceedings. Since 2016, cooperation between the Plenipotentiary and LGBTI organizations have been terminated. Currently, it demonstrates a complete lack of interest in the rights of LGBTI persons.

VIOLENCE AGAINST WOMEN

Legal framework

- the Criminal Code
- the Act on counteracting domestic violence
- the National Programme for the Prevention of Domestic Violence for the years 2014-2020
- the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), signed by Poland on 18 December 2012 and ratified on 27 April 2015²⁰⁵
- Regulation of the Council of Ministers of 13 September 2011 on the procedure of "Blue Cards".
- Poland has also ratified various international conventions condemning FGM.

Poland has no specific VAW law, however, the Criminal Code has criminalized numerous forms of violence (e.g. Poland has no specific law outlawing female genital mutilation (FGM), but cases of FGM can be prosecuted under the general criminal law - the Criminal Code Art. 156, 157, 160. The principle of extraterritoriality applies here, which means that FGM would be punishable even if committed outside the country).²⁰⁶

Domestic violence (defined in the Act *on countering domestic violence*) is not a specific criminal offence in Poland.²⁰⁷ The acts covered by the definition of DV do not necessarily result in criminal

²⁰⁴ <http://wyborcza.pl/7,75398,24223312,pis-obcina-budzet-rzeczniczowi-praw-obywatelskich-jest-nagradzany.html> In 2017 Ombudsman supported 59 complaints related to discrimination on the grounds of sexual orientation and 9 on the basis of gender identity. The Ombudsman regularly joins court proceedings of LGBTI persons. The Ministry of Justice initiated a draft bill calling for withdrawal from the Istanbul Convention. Though the initiative was eventually abandoned, parliamentarians periodically call for Poland's withdrawal, claiming the convention is a source of evil "gender ideology" aimed at destroying Polish traditional values.

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²⁰⁶ e.g. the Criminal Code (Art. 197) criminalizes rape: is punishable under law by the deprivation of liberty for a term of between 2 and 12 years.

²⁰⁷ Acts of domestic violence are punishable under various offences, such as mistreating or abusing another person mentally and physically. Polish law distinguishes "domestic violence" from "abuse". The first one was introduced by the Act on Counteracting Domestic Violence in art 2. It states that domestic violence is one-off or repeated deliberate act or omission violating the rights or personal rights of one of family members, by in particular exposing to the risk of losing life, health, violating their dignity, physical integrity, freedom, including sexual abuse, causing damage to their physical or mental health, as well as causing suffering and moral harm to people affected by violence.

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liability of the perpetrator unless their actions can be subsumed to Art. 207 (abuse) of the Criminal Code.

Assistance

A multi-agency intervention system and procedure for domestic violence called **the Blue Cards Procedure** is in use. Originally created by the Polish police, the procedure was extended to other sectors in 2010. The procedure may be initiated by the police, representatives of social assistance institutions, health care workers, teachers, and representatives of local government committees for the prevention of alcohol abuse. The Blue Card provides a coordinated, multi-agency response for women and children, and is available to all victims regardless their regular or irregular status in Poland, citizenship or ethnicity. In 2015, there were more than 700 institutions providing assistance to victims of domestic violence, including 500 institutions run by municipalities and 277 institutions run by the districts (counties) in Poland. These include counseling points, crisis intervention centres, specialized support centres, support centres and shelters for mothers with children and pregnant women. At the moment there are 35 specialized support centres for victims of domestic violence. All centres are financed from the state budget. In general, they provide comprehensive support to all victims of domestic violence (women, men and children).

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Victims of rape and domestic violence					
	2013	2014	2015	2016	2017
Females					
Domestic Violence (Art. 207 Criminal Code)	17 547	18 417	15 227	15 660	16 910
Rape (art. 197 Criminal Code)	1 328	1 260	1 184	1 386	1 253
Rape (ICCS 03011)	790	777	637	762	684
Males					
Domestic Violence (Art. 207 Criminal Code)	4 407	4 575	3 863	3 962	4 252
Rape (art. 197 Criminal Code)	89	95	90	100	104
Rape (ICCS 03011)	28	36	38	40	43
Unknown					
Domestic Violence (Art. 207 Criminal Code)	524	230	158	16	6
Rape (art. 197 Criminal Code)	34	15	5	5	5
Rape (ICCS 03011)	21	9	5	3	1

Source: <https://stat.gov.pl/en/topics/justice/justice/violence-against-women,1,1.html>

Independent reports

The statistics are alarming: according to a survey conducted by STER Foundation, 87 per cent of respondents have faced some form of sexual harassment throughout their lives; 37 per cent experienced sexual coercion, 23 per cent experienced rape attempt and 22 per cent were raped.²⁰⁸

Independent research has confirmed that women who experience violence face specific barriers in order to receive adequate protection, in addition, their right to a fair trial and equal treatment is often violated. Victims are considered to share responsibility for crime and thus are being exposed to secondary victimization. Victims are being accused of being guilty because they "provoked" the

²⁰⁸ <http://www.fundacjaster.org.pl/upload/Raport-STERu-do-netu.pdf>

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perpetrator or did not behave “decently”.²⁰⁹ Stereotypes and prejudices against women have also affected the available data. The number of officially reported crimes and convictions in cases of rape and domestic violence in Poland have decreased by 40 per cent in last three years. Additionally, in cases which ended with convictions we observe high percentage of suspended sentences.²¹⁰

Violence against migrant women, especially refugees, is believed to occur more often than in majority groups/Polish society. "Classic" attributing factors to men's violence against women overlap with structural problems related to migration (cultural stress, change of social roles, experiencing prejudices from the society of the hosting country and driving down the standard of living, i.e. social degradation), problems brought from the country of origin (especially the experience of violence, including torture, war) and socio-cultural background (different forms of SGBV women may experience from relatives). It is also believed that the Polish system of protection against aggressors and support for migrant women experiencing violence doesn't offer adequate support to meet migrants' needs. Unfortunately, there is a lack of data to underline the scale of the phenomenon. Attempts to research this subject were undertaken by NGOs. The research has mainly been made in reception centres for asylum seekers. The report's authors note that asylum seekers often do not want to talk about domestic violence, they are also reluctant to accept psychological support due to the stigmatization of people using such services.

Non-governmental organizations (NGOs)

Women's NGOs provide crucial support for gender-based violence victims, including legal aid and shelters and run important public awareness campaigns. In the last three years, the Ministry of Justice withdrew funding from several women's rights NGOs claiming that they discriminate against men because they only support female victims of domestic violence.²¹¹ This systematically cut off women from financial assistance, and in combination with officials' rhetoric against women's rights have had ongoing effects. This has generated public suspicion and tarnished the organizations' reputations. Funding cuts have diminished essential services for victims or violence in Poland, such as shelters, counselling services, and legal aid. Access to these services are especially unavailable outside of the major cities.

²⁰⁹ https://cpk.org.pl/wp-content/uploads/2017/09/raport_2016_22_08_druk_wyslane.pdf, A woman who defends herself against violence is usually not considered as a “real” victim either. In such cases the event might be categorized as a „mutual violence”.

²¹⁰ <https://wiadomosci.dziennik.pl/wydarzenia/artykuly/557106,gwalt-y-zaostrzenie-kar-polska.html>

²¹¹ <https://oko.press/centrum-praw-kobiet-znow-srodkow-minister-dofinansuje-caritas/>

TRAFFICKING IN HUMAN BEINGS

Legal framework

Poland's Penal Code Art 115.22 and art. 189a (punishments of three to 15 years imprisonment), Art. 203 (inducing an adult into prostitution through force, fraud, or coercion), and Art. 204.3 (inducing a child into prostitution); both punishments of one to 10 years imprisonment.

Prevention

After 2010, the Polish government has increased trafficking-specific training for the Border Guard and national, regional and district police. Training has been also provided to labor inspectors, employees of crisis intervention centres and officials who interview asylum-seekers on trafficking victim identification. With the help of IOM, the Border Guard developed and implemented a new e-learning platform (on methods to identify trafficking victims/the national referral mechanism). In September 2016, the national police commander issued an updated regulation on combating human trafficking that included a new identification tool for police officers.

Assistance

In 2016, the government allocated PLN 1.1 million to two NGOs that run the National Intervention-Consultation Centre for Victims of Trafficking (KCIK), which covered the majority of operating expenses. KCIK provided assistance to 200 potential victims in 2017. KCIK operates two shelters which provide safe accommodation, support, food, and clothing. KCIK also offers medical and psychological care, legal counseling, shelter referrals, and welfare support to victims.

The national system of victim assistance has not always addressed the needs of unaccompanied children, as there was no standardized system of screening unaccompanied children as potential trafficking victims. The government could place child victims in orphanages, with foster families, or in child assistance centres based on their needs.

The government's witness protection programme provided foreign victims with a temporary residence permit, medical and psychological care, legal assistance, and shelter for those who cooperated with a prosecution; this programme also provided for a victim's repatriation. Foreign victims were entitled to a three-month reflection period, during which they could stay legally in Poland to decide whether to assist in the criminal process.

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Foreign victims are eligible for a residency permit valid for up to three years and are entitled to work; victims could also apply for permanent residency and are protected against deportation. Foreign victims are also eligible for repatriation and may receive assistance upon return to their country of origin; the assistance does not depend on cooperation with law enforcement.

The interior ministry used to lead an inter-ministerial anti-trafficking team, as well as a working-level group of experts and NGOs, which met regularly to coordinate efforts and develop national anti-trafficking policies. Both were disbanded in 2018. In early 2019, a new Working Group for Preventing Trafficking in Human Beings was created under the auspices of the Ministry of Interior and Administration, with larger competencies.

At the provincial-level, interagency anti-trafficking teams operates in all 16 regions of the country; these units were designed to improve cooperation and coordination among relevant stakeholders. THB victims in Poland are mainly from Eastern Europe (predominately Bulgaria, Romania, and Ukraine). Very often they are subjected to sexual exploitation.

SLOVENIA

INTRODUCTION

The following document is a result of the national mapping exercise conducted by the IOM office in Ljubljana in the period between November 2018 and January 2019. In addition to desk research on the national legislative framework and a review of primary and secondary sources, IOM also met with the following organizations with the purpose of gathering information on the existing SGBV support services for refugees and migrants as well as the key gaps and challenges identified by service providers in their practical work with the target group: the Slovenian Red Cross, Emma Institute and Association Odnos. Upon IOM's request, information was also submitted in written form by Slovene Philanthropy.

COUNTRY CONTEXT

Slovenia is a destination country principally for nationals of Bosnia and Herzegovina, UNSC Resolution 1244-administered Kosovo, Serbia, North Macedonia, the Russian Federation and Ukraine. In April 2019, over 156,000 non-EU nationals resided in Slovenia, with the majority holding a permanent residence permit. In the last decade, the number of permanent residence permits issued to third country nationals has increased by an average of 5,000 per year. Most foreign nationals migrate to Slovenia for the purposes of employment and family reunification.²¹²

While prior to 2016 the average number of asylum claims lodged in Slovenia annually was below 300, a total of 2,875 applicants sought international protection in 2018. The most common countries of origin of asylum seekers were Pakistan, Algeria, Afghanistan, Morocco, Iran and Syria. In the period 1995 to 2018, 818 persons were granted international protection in Slovenia with nationals of Syria and Eritrea having the highest recognition rate. In 2018, 90 per cent of all asylum seekers were male and 27 per cent (790) were under the age of 18.²¹³ The majority of children seeking asylum (556) in Slovenia in 2018 were unaccompanied or separated.²¹⁴

²¹² Ministry of the Interior Ministry of the Republic of Slovenia. Available at: http://www.mnz.gov.si/si/mnz_za_vas/tujci_v_sloveniji/statistika/

²¹³ Ministry of the Interior of the Republic of Slovenia. *Report on the work of the Migration Office for 2018*. Available at: http://www.mnz.gov.si/fileadmin/mnz.gov.si/pageuploads/DUNZMN_2013/DUNZMN_2014/DUNZMN_2015/DUNZMN_2016/DUNZMN_2017/DUNZMN_2018/Porocilo_2018_ENG.pdf

²¹⁴ Slovenian Caritas. *Common home. Migration and Development in Slovenia* (Ljubljana, 2019): Available at: <https://www.karitas.si/wp-content/uploads/2019/05/NA%C5%A0-SKUPNI-DOM.-POVEZANOST-MIGRACIJ-IN-RAZVOJA-V-SLOVENIJI..pdf>

OVERVIEW OF THE LEGISLATIVE FRAMEWORK IN SLOVENIA

In 2008 a new *Criminal Code*²¹⁵ was adopted, which introduced a specific criminal offence regarding family violence. In 2008 Slovenia also adopted the *Domestic Violence Prevention Act*, the first comprehensive legislative response to the needs of victims, and the *Act Amending the Domestic Violence Prevention Act* in 2016.²¹⁶ In 2011 Slovenia signed the *Council of Europe Convention on the Prevention of Violence against Women and Domestic Violence (Istanbul Convention)*, and ratified it in December 2014. A government inter-ministerial working group was established to monitor the Istanbul Convention. In 2013 Slovenia adopted the *Act Ratifying the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote convention)*, which entered into force in 2014.

The legislative framework in the field of trafficking in human beings (hereinafter THB) is laid down in the *Criminal Code*, the *Foreigners Act* and the *Act ratifying the Council of Europe Convention on Action against Trafficking in Human Beings*.²¹⁷

The *Foreigners Act*, which sets out the requirements for entry, residence and return of foreign nationals in Slovenia, and the *International Protection Act (IPA)*²¹⁸, which governs the asylum policy, are the two key legislative documents in the area of migration and asylum in Slovenia. Article 50 of the *Foreigners Act*²¹⁹ sets forth the conditions for temporary residence of victims of trafficking in human beings (hereinafter THB), illegal employment and domestic violence as well as their access to employment and health insurance. IPA recognizes victims of rape, torture or other severe forms of psychological, physical and sexual abuse as vulnerable persons with special needs. In addition, guarantees for unaccompanied children and procedures for determining the best interests of the child were strengthened with the adoption of the new IPA in 2016.

KEY PROGRAMMES AND ACTIVITIES

Standard Operative Procedures for Prevention and Action in Cases Involving Sexual and Gender Based Violence and PATS programme

²¹⁵ The Republic of Slovenia. Criminal Code – Kazenski zakonik (KZ-1E). Available at:

<http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5050>

²¹⁶ The Republic of Slovenia. Domestic Violence Prevention Act – Zakon o preprečevanju nasilja v družini (ZPND). Available at:

<http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5084>

²¹⁷ European Parliament. *The Policy on Gender Equality in Slovenia* (Brussels, 2015). Available at:

[http://www.europarl.europa.eu/RegData/etudes/STUD/2015/510010/IPOL_STU\(2015\)510010_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2015/510010/IPOL_STU(2015)510010_EN.pdf)

²¹⁸ The Republic of Slovenia. International Protection Act – Zakon o mednarodni zaščiti (ZMZ-1). Available at:

<http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7103>

²¹⁹ The Republic of Slovenia. Foreigners Act – Zakon o tujcih (ZTuj-2-UPB6p). Available at:

<http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5761>

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The key mechanisms for the prevention and response to SGBV for asylum seekers and refugees at risk of SGBV were set in 2008 with the adoption of the *Standard Operating Procedures for Prevention and Action in Cases Involving Sexual and Gender Based Violence* (hereinafter SGBV SOPs)²²⁰. Initiated by the UNHCR and signed by the Ministry of the Interior, the Ministry of Justice and a group of Slovenian NGOs, the agreement is intended for female and male adults and children who are asylum seekers or beneficiaries of international protection²²¹ (hereinafter beneficiaries of assistance). In light of the increase in the number of asylum seekers to Slovenia in recent years and subsequent changes in the operational environment, the SOPs were updated in 2015 and put under revision in 2019. The purpose of the SOPs is to enable a coordinated approach of all assistance providers to the prevention of SGBV.

Asylum seekers are screened for THB indicators at the stage of registration upon arriving to the asylum centre in the framework of the project *“Identification, assistance and protection of victims of trafficking and sexual and gender based violence in the asylum procedure in Slovenia”* (PATS programme). The PATS programme, which is implemented by a NGO selected by the Ministry of the Interior in the framework of a public tender, informs asylum seekers in a particularly vulnerable situation, including children, about the risks and dangers of SGBV and THB as well as about their rights and potential forms of assistance and protection in Slovenia.

Asylum seekers can be identified as victims of SGBV at a later stage during the asylum procedure while staying in the asylum centre or another accommodation facility, such as youth dormitories and crisis centres for children. In such cases, the procedure for assistance and referral follows the mechanism set by the SGBV SOPs summarized below:

- A public official, a NGO representative or another provider of assistance who notices or suspects that a beneficiary is experiencing or is at risk of SGBV should immediately notify the Asylum Centre’s reception desk and send a written notification by e-mail to the Government Office for the Support and Integration of Migrants (UOIM).
- The reception desk staff should then forward the information to the contact person of the SGBV professional group who convenes a meeting of the group within 48 hours (or less if urgent).

²²⁰ UNHCR, Ministry of the Interior Slovenia et. al. *Agreement on Standard Operative Procedures for Prevention and Action in Cases Involving Sexual and Gender Based Violence*.

²²¹ According to the International Protection Act, beneficiaries of international protection include refugees and beneficiaries of subsidiary protection

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- The professional group discusses and prepares an action plan for assistance, counselling and treatment.
- Beneficiaries should actively participate in the preparation of the action plan and the selection of assistance.

The SOPs give special attention to persons in a particularly vulnerable situations (referred to as “special circumstances” in the document) as defined in the International Protection Act: children, including those who are unaccompanied, persons with disabilities, the elderly, pregnant women, single parents with minor children, victims of trafficking, persons with mental disorders, victims of rape, torture and other serious forms of psychological, physical and sexual violence and LGBTI persons.

Persons who have experienced SGBV or are at risk of SGBV are allowed to participate in specialized programmes and/or activities designed for the empowerment of vulnerable groups organized and performed in or outside of the Asylum Centre.

According to NGOs and service providers, in comparison to prevention and identification in the asylum setting, the detection and response to SGBV in the refugee community poses greater challenges as beneficiaries of international protection reside in private housing and are as such often difficult to reach. Fear of the perpetrator and economic dependence, prevalent stigma as well as cultural and linguistic barriers are further reasons why victims rarely decide to report SGBV.

Migrant children, including unaccompanied and separated children

In the case of asylum seeking and refugee children who are (potential) victims of SGBV, the referral procedure follows the SGBV SOPs, which sets out following two additional requirements:

- The SGBV professional group should notify the Centre for Social Work which cooperates in the preparation of the action plan for the child.
- During the entire procedure the child is entitled to have their rights protected by a legal representative/guardian.

Currently no designated facilities exist in Slovenia to assist children who are (potential) victims of trafficking, particularly unaccompanied children, however children can be placed in specialized crisis and safe accommodation facilities which are intended for both adults and children. After the initial placement in crisis accommodation, longer-term solutions, such as foster care, must be sought in cooperation with social work centres, following the best interest of the child. Unaccompanied children who are victims of SGBV can also be temporarily placed in crisis centres for youth.

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LGBTI asylum-seekers, refugees and migrants

LGBTI persons are recognized in the SGBV SOPs as a particularly vulnerable group who should have access to specialized programmes with the aim of empowerment and further support. While there is no systematic and comprehensive support system for LGBTI asylum-seekers, refugees and migrants established in Slovenia, specialized NGOs, such as Legebitra, offer ad hoc support to individual asylum-seekers who are seeking international protection on the grounds of being persecuted by authorities and/or non-state actors in their country of origin on the basis of their actual or perceived non-normative sexual orientation and/or gender identity. Usually LGBTI asylum seekers in need of specialized assistance are referred to NGOs by the asylum counsellors or by the staff of the asylum centres. In such cases, the NGO counsellors conduct an interview with the person in question in order to identify the needs arising from their specific situation and discuss how these needs can be met.

“PSYCHO-SOCIAL SUPPORT AND SGBV PREVENTION AND RESPONSE ACTIVITIES IN SLOVENIA” PROJECT

In October 2018, the Slovenian Red Cross in collaboration with the Institute EMMA, a specialized NGO providing assistance to SGBV victims, began with the implementation of the UNHCR-funded project "*Psycho-social support and SGBV prevention and response activities in Slovenia*"²²². The project offers workshops and counselling in the field SGBV for asylum seekers and beneficiaries of international protection who have concrete experience of violence either in their country of origin, on the migration route and/or in the country of residence. It is implemented by trained professionals from Institute EMMA with support provided by interpreters and volunteers of the Red Cross.

TRAFFICKING IN HUMAN BEINGS

Slovenia is a destination, transit, and, to a lesser extent, a source country for women and children subjected to sex trafficking and for men, women, and children subjected to forced labor and forced begging.²²³ While the policy related to THB is developed by the *Inter-departmental working group for combating trafficking in human beings*, guided by the National Coordinator for Combatting THB, assistance, including with crisis and safe accommodation, care and most awareness-raising activities is provided to victims by NGOs selected through public tenders published by the Ministry of the

²²² Slovenian Red Cross. *Psycho-social support and SGBV prevention and response activities in Slovenia*. Available at: <https://www.rks.si/si/Podpora-v-primerih-nasilja/Podpora-v-primerih-spolnega-nasilja-in-nasilja-po-spolu/>

²²³ U.S. State Department. *Trafficking in Persons Report 2018*. Available at: <https://www.state.gov/j/tip/rls/tiprpt/2018/index.htm>

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Interior and the Ministry for Labour, Family, Social Affairs and Equal Opportunities.²²⁴ Furthermore, information sessions and awareness raising with asylum seekers, refugees and migrants are implemented through programmes of civil society and NGOs, such as the “*Fight against human trafficking – spreading information as a weapon against exploitation*” carried out by the Slovene Philanthropy between 2011 and 2018²²⁵ and various projects carried out by Society Ključ, Caritas and other organizations.

KEY FINDINGS AND WAY FORWARD

While there is no aggregated data publicly available, service providers generally recognize SGBV as a prevalent issue in the migrant community, with domestic violence and THB identified as key risks for unaccompanied children'. The following have been identified as key challenges in the identification and provision of assistance to victims of SGBV in Slovenia:

- Lack of continuity of care due to the mostly transitory nature of stay of asylum seekers and refugees in the country.
- The language barrier between migrants and assistance providers, especially those who are SGBV specialized.
- Inexistence of specialized assistance for children victims, specifically the lack of adequate accommodation facilities for children VoTs.
- Limited access to beneficiaries of international protection who might require assistance once they reside in private accommodation and no longer frequent integration courses.
- Project-based nature of assistance.

The SGBV SOPs, which are undergoing a revision in 2019, provide an established framework for addressing the issue in a coordinated manner with a focus on prevention and awareness raising about the risks of THB as a protection tool in the asylum system, which is implemented through the PATS programme. Recently, specialized programmes such as the above-mentioned project implemented by the Red Cross in cooperation with Zavod Emma and IOM's “PROTECT” project, have been developed to address the specific needs of asylum seekers, refugees and migrants, including by providing access to individual counselling and interpretation services.

²²⁴ Government of Republic of Slovenia. *Combating trafficking in Human Beings*. Available at: http://www.vlada.si/en/projects/fight_against_trafficking_in_persons/combating_trafficking_in_human_beings/

²²⁵ Slovenian Philanthropy. *Psycho-social support and SGBV prevention and response activities in Slovenia*. Available at: <https://www.filantropija.org/en/programs/migrations/assistance-to-migrants-and-integration-support/>

SPAIN

INTRODUCTION

This national mapping exercise was conducted by the IOM office in Madrid in the period between November 2018 and January 2019. The objective of the exercise is to describe the composition of the Spanish legal framework on sexual and gender-based violence, reviewing the main rules, laws, protocols, etc. This report also aims to provide a general review of the effectiveness of support services for victims of sexual and gender-based violence (SGBV).

Gender-based violence is understood as any violent act or aggression, based on a situation of inequality within the framework of a system of relations of domination of men over women that has or may result in physical, sexual or psychological harm. This includes threats of such acts and coercion or arbitrary deprivation of freedom, whether they occur in the public sphere or in family or in personal life (Galician Act 11/2007, dated July 27, for the prevention and comprehensive treatment of gender violence).

On May 11, 2011, the Plenipotentiary (Government) of Spain signed the *ad referendum* in Istanbul the Council of Europe Convention on prevention and fight against violence against women and domestic violence, made in the same city and date. The Convention was ratified by Spain on April 10, 2014.

The Government of Spain has recently developed legal instruments to protect victims of sexual violence, both at the national (with application throughout the Spanish territory) and regional (with application in each autonomous community) levels.

COUNTRY CONTEXT

Migration

In Spain, the basic source for periodically determining the migratory movements of the population is the Migration Statistics of the National Institute of Statistics (INE, acronyms in Spanish).

According to the latest and provisional figures published by the INE on December 13, 2018, there are 4,663,726 foreigners residing in Spain.

The entries of Europeans and Africans, on the other hand, have grown less, and those of Asians have not changed significantly, nor have they changed during the crisis period. In the last year, the entrance of people born in countries of America stood at 242,000, 49 per cent of the total of non-Spanish immigration. Another 30 per cent corresponded to European entries, 13 per cent to those born in Africa and 8 per cent to those in Asia. Current trends indicate a change in the regions of origin of

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migration flows, with a decrease in the proportion of migrants from Africa and Europe and an increase in the proportion from Latin America and the Caribbean. To a certain extent, this shows a return to patterns observed in the late 1990s and early 2000s.

In 2018, more than 54,000 people applied for asylum in Spain. These figures are very far from the volume of applications received in other EU countries. The refugee status was granted to 575 people and subsidiary protection was granted to 2,320 people, mostly from Syria.

Regarding the origin of the requests, Venezuela, with more than 19,000 applications for international protection, has displaced Syria as the first country to originate the largest number of applications in recent years.

The situation of unaccompanied migrant children (UMC) in Spain is mainly confined to a form of irregular entry in Spain in the set of migratory flows, which takes place across the coasts in different types of vessels. Despite the small volume (4,835 UMC arrived by sea in 2018)²²⁶ that they represent within the total number of entries, in view of their growing and worrisome evolution, it must bear in mind that minors constitute a particularly vulnerable group and are subject to enhanced legal protections.

LEGISLATIVE FRAMEWORK ON SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

Sexual and gender-based violence is a problem which exists in various areas of society and it's beyond the private sphere. It can be a manifestation of inequality and may be directed towards women merely for being female. Men may also be victims of SGBV.

In recent years, there have been legislative advances in Spanish law in the fight against gender-based violence, both at *state level* and at *regional level*.

State regulation

²²⁶ UNICEF Spain Report “los derechos de los niños y niñas migrantes no acompañados en la frontera sur española” <https://www.unicef.es/sites/unicef.es/files/recursos/informe-ninos-migrantes-no-acompanados.pdf>

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The structure of the *state regulation* is summarized in the following table:

STATE LEGAL FRAMEWORK	AREAS in which the Protocols of action and resources for the victims are divided: <ul style="list-style-type: none"> ○ Education ○ Health ○ Advertising and media ○ Comprehensive social assistance ○ Employment ○ Security ○ Penitentiary ○ Judicial 	
	PROTOCOLS OF ACTION	RESOURCES

Specifically, the instruments that are part of the national legal framework are:

- Organic Act 1/2004, dated December 28, Comprehensive Protection Measures against Gender Violence²²⁷
- Organic Act 3/2007, dated March 22, for the effective equality between women and men²²⁸
- Act 27/2003, dated July 31, regulating the Order of Protection of Victims of Domestic Violence²²⁹
- Royal Decree – Act 9/2018, dated August 3, of urgent measures for the development of the State Pact against gender violence²³⁰
- Code of Domestic and Gender Violence²³¹

The State Pact against gender violence, approved on September 28, 2017, is a firm commitment to a sustained policy for the eradication of gender-based violence and it links all political parties, state powers and civil society. The Pact articulates 10 axes of action:

1. The breaking of silence: awareness and prevention
2. Improving the institutional response: coordination and networking

²²⁷ <https://www.boe.es/buscar/act.php?id=BOE-A-2004-21760>

²²⁸ <https://www.boe.es/buscar/act.php?id=BOE-A-2007-6115>

²²⁹ <https://www.boe.es/buscar/doc.php?id=BOE-A-2003-15411>

²³⁰ <https://www.boe.es/buscar/doc.php?id=BOE-A-2018-11135>

²³¹ <https://www.boe.es/legislacion/codigos/codigo.php?id=200>

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3. Improvement of assistance, aid and protection for victims
4. Intensify the assistance and protection of minors
5. Promotion of training that guarantees a best assistance response
6. Statistical monitoring
7. Recommendations to autonomous communities, local entities and other institutions
8. Visualization and attention to other forms of violence against women
9. Economic commitment
10. Follow-up of the State Pact

Regional Regulation

Spain is divided into Autonomous Communities (AACC) which are divided in provinces and each province is divided into municipalities. There are 17 AACC and two autonomous cities, Ceuta and Melilla, located on the African continent. In addition, two of the AACC are islands (Canary Islands and the Balearic Islands).

The structure of the **regional regulation** is summarized in the following table:

LEGAL FRAMEWORK OF EACH AUTONOMOUS COMMUNITY	INTERINSTITUTIONAL PROTOCOLS	<p>AREAS in which the Protocols of action and resources for the victims are divided:</p> <ul style="list-style-type: none"> ○ Education ○ Health ○ Advertising and media ○ Comprehensive social assistance ○ Employment ○ Security ○ Penitentiary ○ Judicial <p>* Not all AACC have Sectoral Action Protocols in each area</p>	RESOURCES
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SUPPORT SERVICES FOR VICTIMS

The Government Delegation for Gender Violence (DGVG, acronym in Spanish) under the Ministry of the Presidency, Relations with the Courts and Equality (MPR, acronym in Spanish) is the body

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responsible for promoting, coordinating and collaborating in the actions and measures against the different forms of violence on women, in particular, against sexual and gender-based violence and trafficking of women and girls for the purpose of sexual exploitation.

Resources provided by the State

The DGVG has the following resources for the victims:

- **016 Service:** free phone line for information and legal advice, 24 hours a day and in 51 languages (the service is available 24/7 in Spain's official languages, as well as English, French, German, Arabic, Bulgarian, Chinese, Portuguese, and Romanian. In addition, from Monday to Friday, from 8:00 a.m. to 6:00 p.m., the service is offered in another 42 languages.). This service provides information and legal advice on gender-based violence, through the Speed Dialing numbers 016 or by email: 016-online@msssi.es
- **ATENPRO:** Telephone Service of Attention and Protection to victims of gender-based violence. This is a service that with the appropriate technology offers victims of gender-based violence immediate attention, before the eventualities that may happen to them, 24 hours a day, 365 days a year and anywhere. The service is based on the use of mobile telephone communication and geolocation technologies. It allows women victims of gender-based violence to be in contact at any time with a Centre staffed by personnel specifically prepared to give an adequate response to their needs. In emergency situations, the staff of the Centre is prepared to give an adequate response to the crisis posed, either by themselves or by mobilizing other human and material resources. For the management of the Service, the Ministry of the Presidency (MPR), which is the owner, subscribes, on an annual basis, a Collaboration Agreement with the Spanish Federation of Municipalities and Provinces.
- **TELEMATIC CONTROL DEVICES:** for follow-up of precautionary measures and restraining orders in gender-based violence.
- **LIBRES App:** a free application for mobile phones aimed primarily at women who suffer or have suffered gender-based violence and anyone who detects a possible situation of abuse in their environment.
- **ANAR:** telephone number 900 20 20 10 to assist minors who are victims of gender-based violence

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- **Web of resource localization (Web of support resources and prevention in cases of gender-based violence - WRAP)**²³²: a tool to locate and interactively visualize information of resources in cases of gender-based violence

The available resources offered to victims are the following:

- Immediate and free legal assistance
- Accompaniment and support in the integral recovery process
- Specialized care for the victim's children
- Emergency and temporary accommodation
- Specific rights to reconcile the situation of violence with labor requirements
- Programmes to promote social and professional integration
- Economic aids
- Housing support
- Possibility of obtaining a residence and work authorization in the case of foreign women
- Protective measures for at-risk situations

Victims of gender-based violence are entitled to comprehensive social assistance that includes social services for care, emergency, support and reception and comprehensive recovery, which must respond to the principles of permanent care, urgent action, specialization of benefits and professional multidisciplinary. The purpose of these services is to cover the needs arising from the situation of violence, restore the victim's situation as it was prior to the violence or, at least, alleviate its effects.

Victims of gender-based violence have access to the general catalog of rights, procedural and extra procedurals, included in the Statute of the crime victim. One of the victim's rights is the right to information from the first contact with the competent authorities, including the moment prior to the presentation of the complaint.

Local resources

There are local resources that are managed by the DGVG (gender violence units), by the municipalities (information points, municipal offices and assistance centres) and by the Autonomous Community (Observatories about gender violence).

The **gender violence units** are a network of resources located in all the provincial capitals and have the function of:

²³² <https://wrap.igualdad.mpr.gob.es/recursos-vdg/search/Search.action>

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- Actions in relation to the fatal victims of gender violence: compilation and transmission of information to the DGVG, monitoring, review and institutional coordination for each case study. Data update "cases in the process of investigation"
- Personalized monitoring of each situation of gender violence and support in its territory
- Monitoring and coordination of resources and services of the General State Administration for the attention of situations of violence against women in its territory
- Collaboration with the regional and local administrations for the preparation and promotion of inter-institutional coordination protocols, as well as the promotion of collaboration agreements on gender violence
- Participation in Local and Autonomous Coordination Boards
- Support and dissemination of campaigns and actions of prevention, information, awareness and prevention promoted by the DGVG
- Intervention and support in educational centres within the framework of the Director Plan for the Improvement of Coexistence and School Safety
- Enhancement, promotion, and collaboration in the training and specialization of professionals
- Monitoring of victim assistance resources; interinstitutional collaboration; impulse and application of autonomic protocols in the field of trafficking of women and girls for the purpose of sexual exploitation

The **information points, municipal offices and assistance centres** have the function of:

- Offer psychosocial care service and specialized legal advice on an ambulatory basis, aimed at women victims of gender-based violence who have some type of judicial protection measure and who require specialized attention arising from a situation of violence
- Develop social, legal and psychological interventions with victims of gender violence
- Provide individualized psychosocial attention to women who suffer violence, as well as, where appropriate, group attention to them
- Provide counseling and psychological therapy to children and family members
- Deliver information and legal advice

In the Autonomous Communities of Andalusia, the Community of Madrid, Extremadura, La Rioja, the Principality of Asturias and the Basque Country there are observatories on gender violence. The observatory is the body in charge of:

- observation, research and analysis of the phenomenon of gender violence, its evolution and prevalence

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- multi-sectoral coordination, and more effectiveness in comprehensive prevention, serving to obtain permanent advice in the design of intervention strategies, training, participation and dissemination against gender-based violence
- Enhance the attention of the victims through the study, analysis and formulation of proposals aimed at the prevention of gender-based violence, as well as the monitoring of its application
- Serve as a forum for meeting and exchange of views on this matter.

In 2002, the General Council of the Judiciary (CGPJ, acronym in Spanish) constituted the Observatory against Domestic and Gender Violence whose main purpose is to address the treatment of this violence from the Administration of Justice. It is currently integrated by the CGPJ, the Ministry of Justice, the Ministry of Health, Social Services and Equality, the Ministry of Interior, the Prosecutor General's Office, the Autonomous Communities with competences transferred in Justice, the General Council of Spanish Law and the General Council of Procurators of Spain.

[Resources provided by associations / NGOs](#)

There are resources provided by associations with which the Governmental Delegation for Gender Violence collaborates (hereafter, the Delegation).

In general, the assistance provided in these resources is:

- Comprehensive care service: legal information, legal assistance, psychological care, reception and support
- Workshops on empowerment and self-esteem
- Training for professionals
- Telephone assistance (free and available 24 hours daily)

On January 9, 2009, the Government of Spain launched the Plan for Support and Prevention of Gender Violence with respect to the foreign immigrant population for 2009 to 2012. The objective of this plan was to create the appropriate conditions to address the problem of gender-based violence, taking into account the specific circumstances of the foreign population in order to improve support and prevention from a comprehensive perspective.

Currently, there are no specific regulations for victims of gender-based violence among the foreign immigrant population.

Foreign women who are victims of gender-based violence have the right to:

- receive legal support, both in terms of civil, criminal and immigration law

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- obtain and renew residence and work permits
- receive information and advice on issues related to gender-based violence
- access social resources
- receive economic support
- have access to accommodation
- receive career guidance

The Delegation has prepared an information card translated into 10 languages (Spanish, English, French, German, Arabic, Bulgarian, Chinese, Portuguese, Romanian and Russian).²³³

Regarding access to the available resources, no distinction is made between victims of gender-based violence among the foreign immigrant population and other victims of gender-based violence. Resources are available both for victims in an irregular administrative situation and for those who are not.

THE EFFECTIVENESS OF THE SUPPORT SERVICES

In Spain there is no tool or institutional report evaluating resources on awareness raising on SGBV. The government of the Community of Navarra has made the first evaluation²³⁴ of resources for attention to victims of violence. The Government of the Basque Country has made a report with data in relation to the evaluation of resources for attention to women victims of violence.

In the evaluation of the Navarrese government,²³⁵ the need to increase the coverage of economic assistance considered as resources for the autonomy of the victims has been seen. Another conclusion is that it is necessary to incorporate the gender approach in the process of managing the economic assistance. Likewise, in the planning of the aids, the victims must be counted to identify all their needs. In this evaluation, the voice of surviving women was counted.

Three conclusions of the evaluation were collected: 1) it is necessary to improve the resources to generate independency; 2) more resources need to be provided for the children of the victims, since

²³³ <http://www.violenciagenero.igualdad.mpr.gob.es/informacionUtil/extranjeras/derechos/home.htm>

²³⁴ <https://www.navarra.es/NR/rdonlyres/8FC2909F-7008-469A-BEA0-AA32E260E781/427000/Evaluacionrecursoscontraviolenciadegenero1.pdf>

²³⁵

http://www.emakunde.euskadi.eus/contenidos/informacion/violencia_evaluacion_informes/es_def/adjuntos/datos_evaluacion_atencion_mujeres_violencia_capv_dic2017.pdf

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they are also considered indirect victims and; 3) the publication of resources is a key means to end social stigmatization.

The Basque Government prepared a report which analysed the adequacy of the process and resources which assist women. The processes and resources were measured by taking into account the adequacy of different variables, including the existence of the objective of individual and collective empowerment of women, the maintenance of a reference professional during the intervention, the existence of processes or resources to meet the needs of the people who depend on women, the physical accessibility to the resource, the communicative accessibility, the location, the time of access to the resource, guarantee of privacy, etc.

One of the most common type of violence against LGBTBI people is physical aggression. According to the report, *The hidden face of violence towards the LGBTBI collective*,²³⁶ prepared by the Observatory against Hate and financed by the Ministry of Health, Consumption and Social Welfare, there is a need to improve the reporting mechanisms of the victims of this group. Likewise, it is necessary to unify the protective legislation of the LGBTBI collective, endowing laws similar to those already existing in fourteen Autonomous Communities throughout the Spanish territory.

The Basque Government elaborated the following main conclusions:

- About 40 per cent of the municipalities indicate that having as objectives the individual or collective empowerment of women. It is less common when it comes to the Information, Assessment, Specialized Diagnostic Service (SSB);
- Around 67 per cent of the city councils state that they have a reference professional - the usual situation is that there is a reference professional during the intervention;
- 32 per cent of the Information, Assessment, Specialized Diagnostic Service (SSB) and 14 per cent of the Municipal Housing Services indicate having care for children;
- The attention to dependent adults is less common in most resources, in this case around 20 per cent of the resources analysed have this service and it is a much more present resource in the Basque Government and councils than in municipalities.

Access to communication resources, documentation, and identification labels in Braille or with other communication-enhancing characteristics, as well as availability of staff who can communicate in sign language and cultural mediators, is almost non-existent for women who are victims of violence.

²³⁶ <http://www.felgtb.org/temas/eventos-y-formacion/noticias/i/15100/560/felgtb-y-su-observatorio-redes-contra-el-odio-presentan-su-informe-sobre-delitos-de-odio-e-incidentes-discriminatorios-a>

KEY FINDINGS

- The developed legal framework is large in terms of number of instruments and strong in terms of protection for the victims.
- The literature does not refer to male victims.
- The current legal framework is partially inclusive. It protects minor children of the victims in the same way as their mothers. Migrant women are also entitled to receiving the protections.
- There are no specific resources for male victims.
- Other forms of violence are not approached.

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ANNEX I

List of international conventions that create the legal framework on the prevention of and combatting sexual and gender-based violence, and the date when the project countries have signed / ratified them.

	ISTANBUL CONVENTION ²³⁷		LANZAROTE CONVENTION ²³⁸		UNCRC ²³⁹		CEDAW ²⁴⁰	
	Status	Date	Status	Date	Status	Date	Status	Date
Belgium	Ratified	2016	Ratified	2013	Ratified	1991	Ratified	1985
Bulgaria	<i>Signed</i>	2016	Ratified	2011	Ratified	1991	Ratified	1982
Croatia	Ratified	2018	Ratified	2011	Ratified	1992	Ratified	1992
Greece	Ratified	2018	Ratified	2009	Ratified	1993	Ratified	1983
Hungary	<i>Signed</i>	2014	Ratified	2015	Ratified	1991	Ratified	1980
Ireland	Ratified	2019	<i>Signed</i>	2007	Ratified	1992	Ratified	1985
Italy	Ratified	2013	Ratified	2013	Ratified	1991	Ratified	1985
Malta	Ratified	2014	Ratified	2010	Ratified	1990	Ratified	1991
Netherlands	Ratified	2015	Ratified	2010	Ratified	1995	Ratified	1991
Poland	Ratified	2015	Ratified	2015	Ratified	1991	Ratified	1980
Slovenia	Ratified	2015	Ratified	2013	Ratified	1992	Ratified	1992
Spain	Ratified	2014	Ratified	2010	Ratified	1990	Ratified	1984

²³⁷ Council of Europe Convention on preventing and combating violence against women and domestic violence, <https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/210/signatures>

²³⁸ Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, <https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/201/signatures>

²³⁹ UN Convention on the Rights of the Child, https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-11&chapter=4&lang=en

²⁴⁰ UN Convention on the Elimination of All Forms of Discrimination against Women, https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-8&chapter=4&lang=en