



**SPECIFIC PROGRAMME**  
**RIGHTS, EQUALITY AND CITIZENSHIP/JUSTICE**  
**PROGRAMME (2014-2020)**

**GEMMA against Violence:**

**Gender based Empowerment of Migrants through a  
Multiagency Approach**

**EVALUATION REPORT<sup>1</sup>**

December 2017



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# 1 Introduction

The international consensus (UN Secretary General 2006; WHO 2002) stated that violence against women is a problem best dealt within the context of a human rights, legal and health framework, through the development of multi-level and reinforcing strategies across sectors. Moreover, although whole-of-population approaches are integral in the prevention and treatment of violence perpetrated against women, evidence indicates that there are clear benefits in targeting and delivering more intensive interventions to certain groups identified as at risk (VicHealth, 2007). All these evidences, have not been properly accepted and a lack of integral intervention have been noticed in the last years. The goal of the GEMMA project is to put into place a multi-level and community approach, which while delivering specialised and individualised interventions to migrants and ethnic minority survivors of violence (women and girls), wants to increase the community capacity to take appropriate actions against it across services and within migrant groups.

## 1.2 Project' strategy

GEMMA project intends to promote the implementation and ratification of the existing human rights instruments (UNDAW, 2008 and Compendium of International Migration Law UN, 2006) in the EU by developing a coordinated multisectoral approach in order to effectively address and tackle the root causes of violence and properly assist migrant/ethnic minority women survivors of violence. GEMMA main objectives are threefold and consistent with the WHO's framework in its use of the ecological model (World Report on Violence and Health, 2002), recognising that factors affecting violence behaviour or vulnerability lie at multiple levels of influence- individual/relationship, community and organisational, and societal- and moreover identifying risk and protective factors.

GEMMA rolls out an integrated strategy based on three levels:

1. Individual: Delivery of specialised and culturally sensitive psychosocial, legal and physical support to survivors of violence belonging to migrant and ethnic minority groups;
2. Community: Awareness raising workshops among migrant and ethnic minority communities on Gender Based Violence to empower them in taking actions against it, combat

social isolation and develop internal protective nets as well as skills in accessing services and available resources;

3. Services: training program in order to stimulate the networking among services and their ability to offer a culturally sensitive approach for violence survivors belonging to migrant and ethnic minority groups.

All project phases have been built on and informed by needs analysis and evaluation feedbacks of the beneficiaries.

Five countries have been involved in this project: Bulgaria, Finland, Greece, Italy and Spain. These countries cover different European emblematic and sensitive region for what concerns migration: the Mediterranean area (Italy, Spain, Greece), North Europe (Finland) and the East Europe (Bulgaria). A French partner (Établissement Public de Santé Maison Blanche) was also involved in the project as associate partner. The organisations that participated to the project as partners or associate partners are:

- GRT: Gruppo per le Relazioni Transculturali (IT);
- Compagnia Itinerante scral sociale (IT);
- Azienda ospedaliera Ca Granda ospedale di Niguarda (IT);
- Ecip Foundation (BG);
- EPAPSY - Association for Regional Development and Mental Health (GR);
- Helsinki Deaconess Institute (FI);
- SOS Racismo Guipuzcoa (ES);
- Farapi Koop. Elk. (ES)

The opportunity to have such a variety and richness of experiences will allow the harmonisation of outputs and ensure the transferability of the strategy to other European countries. The training, workshop and the evaluation phase has lasted throughout the year 2017.).

## **2. Material and methods**

The GEMMA program has been carried out in three different sequential phases.

The initial phase of the project involved a qualitative research aiming at investigating the different forms of violence concerning GBV, the perceived causes of violence, the barriers that stop women from reporting and the possible improvements to the existent services. These themes have been analysed firstly with a context analysis, in order to detect the current state of art in each partner country, and then with the support of focus groups and interviews to have a better understating of the situation from the authorities and victims point of view.

Secondly, the results of the preliminary analysis have been discussed during a transnational seminar with European experts in order to convert the results of the preliminary research phase into transnational guidelines for a “Responsible Community Strategy”. Aim of the guidelines have been to provide a framework for developing effective prevention and response strategies to address intimate partner violence within migrant/ethnic minority groups. Thus, the GEMMA Responsible Community Strategy provided a general cooperation guideline, to be adapted in each European context. The Responsible Community strategy has been afterwards shared with all relevant stakeholder in each partner country. Meetings of the Community Roundtables were organized with the aim to create local protocols starting from the transnational guidelines to support migrant/ethnic minority women victims of violence in close or intimate relationships and to empower local migrant communities.

Finally, the last phase included local trainings/ workshops and support program, following the guidelines previously shared, and their subsequent evaluation. The Gemma strategy realized have operated on three fronts:

1. Migrant women or ethnic minority women survived to violence, the final beneficiaries of the project, have been provided with immediate and long-term assistance and support into reintegration and rehabilitation.
2. Members of the local migrant/ethnic minority community have been invited to participate to workshops aimed at improving their awareness and knowledge on GBV. At the same time opinion leaders, men and women of the most exposed communities have been engaged to strengthen their connection to services.
3. Professionals of the physical, psycho-social and legal fields have been trained to work with

a culturally sensitive approach.

The evaluation activities that have followed have involved the above mentioned target groups: women victims, members of the local migrant/ethnic minority communities and professionals.

In order to collect participants' anonymous feedbacks, on the activities attended, three web surveys have been created, each addressing one target group. The web surveys were translated into each country national language in order to let the interviewees use their local language to respond. Afterwards, the completed questionnaires were uploaded by the local partners on the online platform specifically set for the valuation (SurveyMonkey).

The women victims' questionnaire have been administered immediately after the contact of the user with the service, because of the likely high dropout rate. Women have been asked whether they feel like filling in the questionnaire and have been ensured that their answers wouldn't affect in any case the service that they were given. Each time administrators suspected low literacy of the users, they have asked them whether they needed help for filling in the questionnaires, ensuring them that if they had chosen so, another operator would have collected their answers. Otherwise, the users have been left alone to fill in the questionnaire, in a place where they felt safe; once completed, the questionnaire have been left in a locked box and successively uploaded on the online platform by the research staff. The survey included socio-demographic questions and measured, with the support of open questions and smiley-scale, the satisfaction regarding the support provided, the quality of the support received and the possible improvements of the services.

The Members of the local migrant/ethnic minority communities' surveys have been handed out to the participants after the end of the workshop. Participants have been ensured of the anonymity of the questionnaire and that no one would have known that they took part in the workshop. The administrators have subsequently uploaded the collected data on the online platform. The survey contained questions about socio-demographic personal characteristics and measured the perceived awareness about GBV. Moreover, it graded the satisfaction with regard to the workshop and the potential network's improvements.

The Professionals' questionnaire have been handed out to professionals at the end of the training program. It was up to the local partner to decide whether to give access to the online version of the questionnaire or hand out and collect a printed copy. In the case paper copy

was chosen, the local administrators have later uploaded the data on the online platform. The survey investigated the socio-demographic characteristics of the participants and measured, with the support of open questions and Likert-type scales, the satisfaction with regard to the training attended, the possible improvements, and the perception of an increased knowledge and awareness of the skills needed to fight GBV.

### **3. Results**

#### **3.1 Professionals**

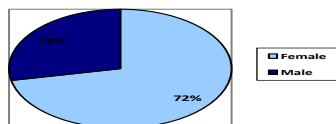
One hundred and ten professionals took part in the study across the five participating European countries. As summarized in the Table one, among the sample, the majority is female (72% vs 28% male) and the most popular age range is 31-40 years old. Participants came from a mix of different professional backgrounds; however, the most common professions are Social worker, psychologist/psychotherapist and educator. The level of education of professionals is concentrated in the upper tale, being that the vast majority owns a Bachelor or Master degree. The working places most frequently mentioned, in decreasing order, are: NGO/Third sector association; Social welfare centre/social care centre; the category other, which regroup peculiar realities; medical and health centers and advice/support/counselling centers. For what regards the attending of previous training experience in the past five years, responses vary a lot from one country to another. In Finland and Italy prevailed the reply “yes”, while in Bulgaria and Spain the negative answer. In Greece the two options were equally divided.



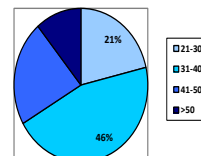
**Table 1**      *Main characteristics of the sample Professionals (N=110)*

	<b>BG</b>	<b>FI</b>	<b>GR</b>	<b>IT</b>	<b>ES</b>
<b>Gender</b>					
Female	21	11	22	22	3
Male	9	3	8	2	9
<b>Age range</b>					
15-20	0	0	0	0	0
21-30	0	5	9	7	2
31-40	17	5	15	8	4
41-50	13	2	6	2	1
>50	0	3	0	7	2
<b>Profession</b>					
Educator	1	0	1	6	3
Specialist medical practitioner	2	0	4	2	0
Nurse	1	1	1	0	0
Psychologist / psychotherapist	6	0	11	2	0
Lawyer	2	0	0	0	2
Cultural mediator	3	1	0	2	0
Police officer	2	0	0	1	0
Administrator	2	0	0	1	0
Social worker	8	7	9	2	2
Voluntary agency worker	0	1	1	3	1
Other	3	6	2	6	5
<b>Education</b>					
Grammar school	0	1	0	0	0
Vocational/technical school (2years)	0	2	1	0	0
High school or equivalent	0	1	0	3	0
Bachelor's degree	14	7	10	2	5
Master's degree	13	4	16	12	5
Doctoral degree	3	1	2	0	0
Other	0	0	1	8	3
<b>Workplace</b>					
Hospital	2	0	0	2	0
Advice/support/counseling center	4	0	1	5	2
Medical center / health center/ mental health center	2	0	11	0	0
Social welfare center/ social care center	3	3	4	3	2
Police Station	2	0	0	1	0
Legal Office	2	0	0	0	0
Institution	3	0	0	0	2
Anti-violence center	0	1	0	3	0
NGO / Third sector association	9	6	14	2	5
Other	2	4	0	7	1
<b>Previous experience of training</b>					
Yes	13	9	15	20	4
No	15	4	15	5	8

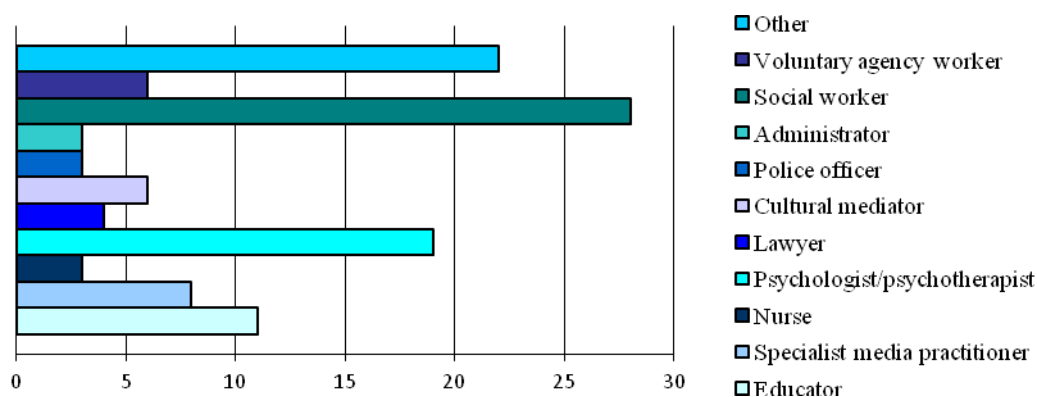
**Fig 1: Gender of professionals. % values, overall sample.**



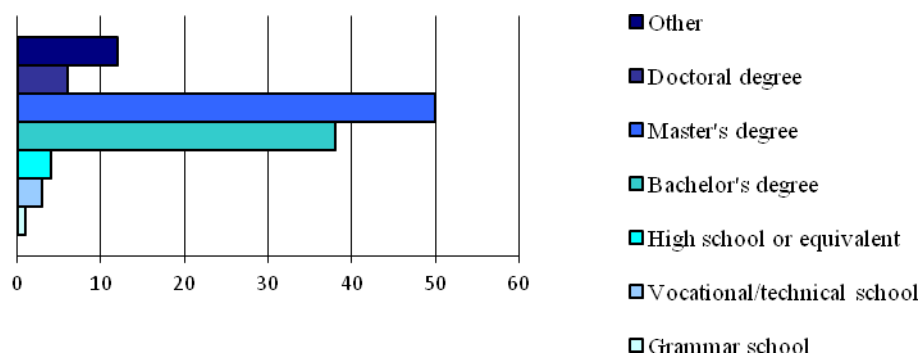
**Fig 2: Age range of professionals. % values, overall sample.**



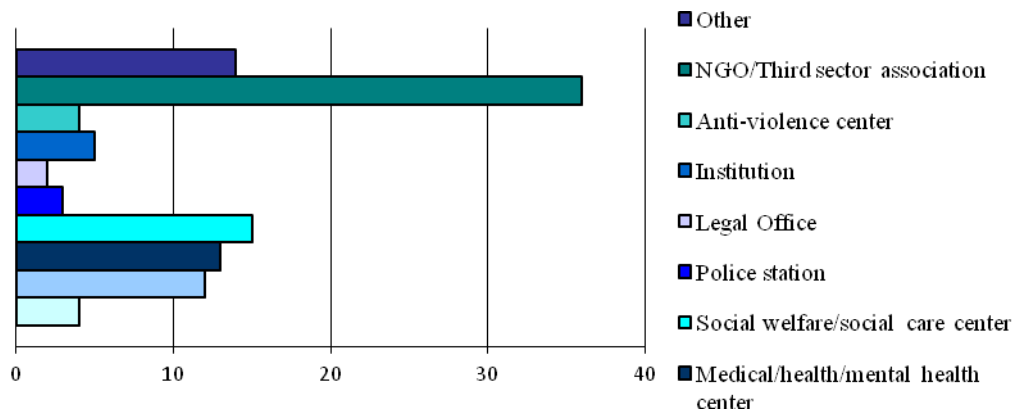
**Fig 3 Profession of the professionals. % values, overall sample.**



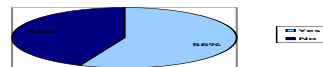
**Fig 4 Level of education of the professionals. % values, overall sample.**



**Fig 5 Workplace of the professionals. % values, overall sample.**



**Fig 6: Previous experience of training of the professionals. % values, overall sample.**



Moving to the training area, professionals declared that the training implemented their knowledge, sensitiveness and competences for all the items of the questionnaire, which are presented in Table two. The rating scale went from one, meaning the training has not been effective at all, to five, which signifies that the training has been particularly effective. As can be seen, the meaning of all marks is well above the three. The country with lower score is Finland. In particular, the “main notion on trauma associated with immigrant pre-arrival and early settlement experiences” was reported not to be sufficiently developed since both knowledge and competence got a mark lower than three.

**Table 2** *Perceived knowledge, sensitiveness and competence*

	Knowledge					Sensitiveness					Competence				
	BG	FI	GR	IT	ES	BG	FI	GR	IT	ES	BG	FI	GR	IT	ES
Cultural and ethnic, religious, racial and linguistic diversity	4,6	3,5	3,8	4,0	4,1	4,8	3,9	4,5	4,0	4,7	4,5	3,6	3,8	4,0	4,3
Migrants' legal rights and national / international standards (i.e. Istanbul Convention and the Beijing Action Platform)	4,7	3,5	3,3	4,4	3,7	4,9	3,5	3,8	4,4	3,8	4,7	3,4	3,2	4,4	3,5
GB discrimination /violence and harmful traditional practices particularly experienced by migrant and ethnic minority women	4,6	3,9	3,9	NA	4,2	4,7	3,7	4,2	NA	4,5	4,6	3,7	3,8	NA	4,2
Risk factors related with women survived to gender based discrimination /violence	4,6	3,5	4,0	4,3	4,0	4,8	3,5	4,4	4,3	4,3	4,7	3,7	3,9	4,3	4,0
Migrant's vulnerabilities psychosocial (economic and legal)	4,6	3,6	4,2	4,6	4,3	4,7	3,7	4,3	4,6	4,2	4,5	3,5	4,0	4,3	4,1
Main notion on trauma associated with immigrant pre-arrival and early settlement experiences	4,6	2,5	3,8	NA	4,1	4,8	3,0	4,4	NA	4,4	4,6	2,7	4,0	NA	4,1
Gender based discrimination/ violence extent and early settlement experiences	4,7	3,8	3,9	4,0	4,6	4,9	3,7	3,9	4,0	4,5	4,8	3,7	3,9	3,9	4,2
The role of institutions in dealing with women survived to gender based discrimination/violence	4,8	3,5	3,9	3,7	4,0	4,9	3,5	4,2	3,7	4,3	4,8	3,5	3,8	4,1	3,8
Personal values and prejudices and how they may agree or differ from those of the people assisted	4,6	3,7	3,9	NA	4,5	4,8	3,8	4,3	NA	4,5	4,6	3,6	3,9	NA	4,5

NA: Not applicable (Areas not covered by training)

Furthermore, experts were asked to evaluate the training received in terms of underlining the importance of having specific skills and making competent in them. The rating scale went again from one to five, with five representing the maximum degree of effectiveness of the training. As appears from Table three, the average marks are always above three. The lowest grades were registered in Finland and Greece in the category competence.

**Table 3** *Perceived Competence and Importance*

	Competence					Importance				
	BG	FI	GR	IT	ES	BG	FI	GR	IT	ES
Identifying when someone is being victim of a gender based discrimination/ violence.	4,7	3,8	3,8	NA	4,3	4,9	3,8	4,3	NA	4,8
Assessing risk and taking the actions required for safety management	4,7	3,4	3,8	4,1	4,2	4,8	3,9	4,5	4,0	4,4
Keeping a non-judgmental attitude	4,7	3,7	3,8	NA	3,9	4,9	4,1	4,4	NA	4,2
Developing a trustful relationship with women	4,6	3,6	3,8	NA	4,5	4,9	3,8	4,4	NA	4,8
Communicating with them in a culturally appropriated way	4,6	3,7	3,8	NA	4,3	4,9	3,9	4,1	NA	4,8
Redirecting women to the appropriate service, when it is needed	4,9	4,1	3,8	NA	4,5	5,0	4,3	4,3	NA	4,6
Sharing knowledge and practices with other coworkers	4,5	3,9	3,8	4,2	4,7	4,9	4,2	4,4	4,4	4,8
Working in multidisciplinary teams	4,8	3,7	3,8	4,3	4,5	4,9	3,9	4,3	4,5	4,8
Establish/reinforce collaboration with other institution	4,8	4,1	3,8	NA	4,8	5,0	4,4	4,3	NA	4,9

NA: Not applicable (Areas not covered by training)

More broadly, the professionals of all the five countries were satisfied with the training provided. Proposed suggestions concern further discussion on the traumatic experiences of the migrants, the identification of potential victims and the stressing of cultural religious and linguistic diversity, providing more training and more often, also with the involvement

of experiential exercises, coordination between different agents and the involvement also of the political part.

For what regards possible improvements for the women's situation, the attendants underlined the importance of empowerment actions, awareness raising campaigns, more training for the involved staff and heavier safety measures.

### **3.2 Women victims of gender based violence**

Fifty-three questionnaires were collected and analysed. The low amount of participation is due to the very delicate category in question. Moreover, only three countries, Bulgaria, Finland and Greece, have decided to implement experimental interventions to support women victims of GBV.

Looking at the socio-demographic features of participants, as it is shown by Table four, women are equally distributed among the age range 21-30, 31-40 and 41-50. The vast majority has children and their country of origin is outside European Union. The year of arrival variates a lot within the sample.

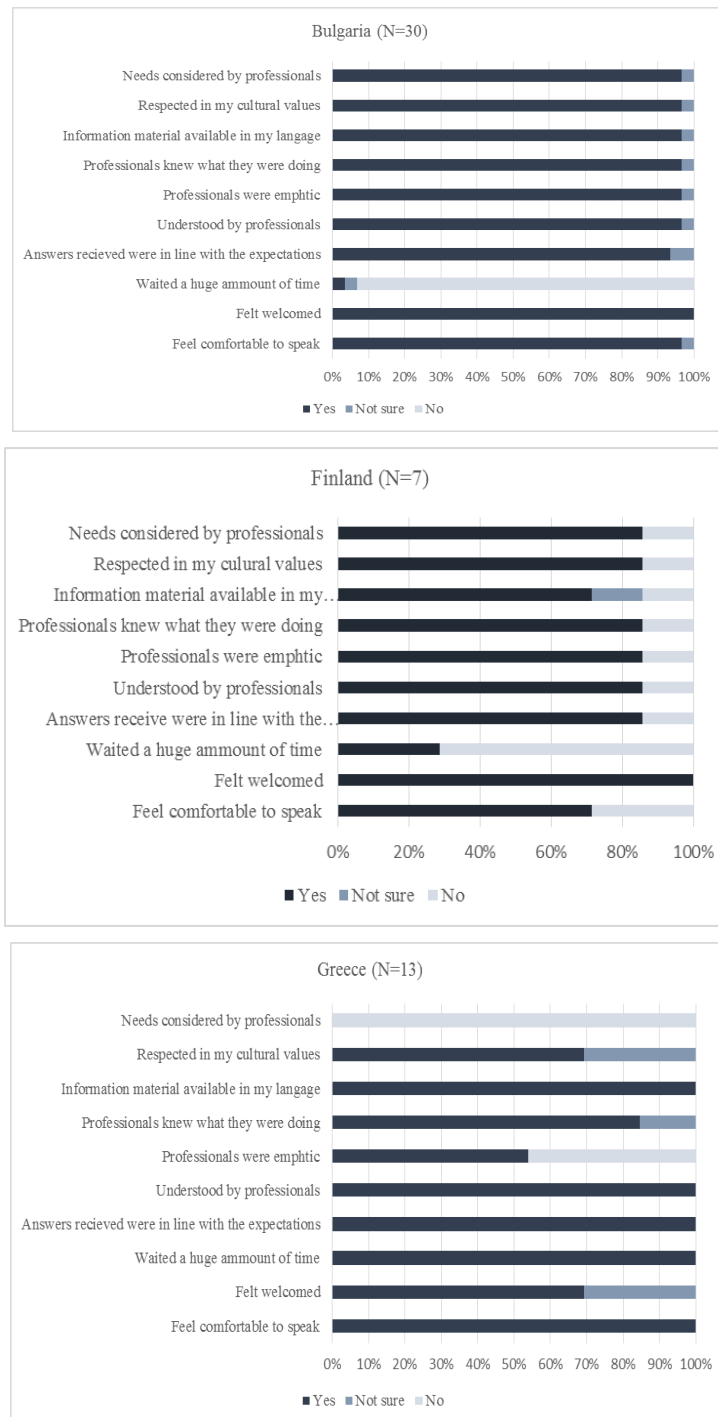
**Table 4**      *Main characteristics of the sample women (N=53)*

	<b>BG</b>	<b>FI</b>	<b>GR</b>	<b>IT</b>	<b>ES</b>
<b>Age range</b>					
15-20	3	0	0	NA	NA
21-30	9	4	1	NA	NA
31-40	7	0	7	NA	NA
41-50	11	2	5	NA	NA
>50	3	1	0	NA	NA
<b>Children</b>					
Yes	28	6	13	NA	NA
No	5	1	0	NA	NA
<b>Country of origin</b>					
EU 28 country	0	7	3	NA	NA
Other European non-EU28 country	19	0	10	NA	NA
<b>Arrive in the host country</b>					
1991-1992				1	NA
1993-1994				NA	NA
1995-1996				2	NA
1997-1998				1	NA
1999-2000				6	NA
2001-2002				NA	NA
2003-2005				3	NA
2006-2007	3			NA	NA
2008-2009	2			NA	NA
2011-2010	3	1		NA	NA
2012-2013	6	1		NA	NA
2014-2015	5	1		NA	NA
2016-2017	1			NA	NA

NA: Not Applicable (interventions on women victims of GBV were not implemented in Italy and Spain)

Analysing the satisfaction regarding the support provided, it has emerged that in Bulgaria the support lacked slightly on expected answers and the wait of a reasonable amount of time. In Finland women underlined that they haven't felt comfortable to speak with the service provider and have pointed out the quite long waiting time as well. Finally, in Greece the objection concerned mainly the lack of information material available in their language.

**Fig 7: satisfaction regarding the provided support**



When asked what could have been done better, participants highlighted the need to have



more workshops, maybe also on a regular basis and with the involvement of men too. Furthermore, it has been demanded more information in their language both on a general level and specifically on legal rights. The most frequently cited barrier has been the language. In Greece another mentioned barrier has been the difficulty to reach the center. As a matter of fact, for women living in the islands is difficult to go to Athens same-day.

All the participants declared that they would recommend the service to their friends in the same situation.

### **3.3 Members of the local migrant/ethnic minority communities**

One hundred questionnaires have been collected. The analysis has showed, as can be seen in Table five, that the majority of participants is female (76% vs 24% male). For what regards age range, community members are pooled among the age ranges from 21-30 years old to 51-60. The majority of respondents leaves with a partner, children or with their friends. The country of origin varies from country to country. All the participants, except three Spanish community members, think that it makes sense to raise awareness of the gender roles and inequalities in their communities.

**Table 5**      *Main characteristics of the sample community members (N=100)*

	BG	FI	GR	IT	ES
<b>Gender</b>					
Female	33	3	12	19	9
Male	16	0	0	4	4
<b>Age range</b>					
15-20	1	0	0	0	0
21-30	9	0	0	0	3
31-40	13	1	1	8	6
41-50	13	2	1	9	2
51-60	11	0	1	6	1
61-70	1	0	0	1	0
>70	1	0	0		0
<b>Who do you live with?</b>					
Spouse or Partner and Children	11	0	0	0	1
Spouse or Partner and Children and In-laws	8	0	0	0	0
Spouse or Partner and Children and siblings or other relatives	6	0	0	0	0
Spouse or partner	4	2	9	13	4
Siblings or/and relatives	4	0	0	3	1
Friends from your nationality or another	4	0	0	6	4
Alone		1	0	0	1
Children	2		3	3	2
	BG	FI	GR	IT	ES
<b>Country of Origin</b>					
Afghanistan	9	0	0	0	0
Algeria	2	0	0	0	0
Bulgaria	3	0	0	0	0
Congo	1	0	0	0	0
Lebanon	5	0	0	0	0
Iran	6	0	0	0	0
Iraq	6	0	0	0	0
Pakistan	6	0	0	0	3
Syria	11	0	0	0	0
Romania	0	3	2		0
Italy	0	0	1	1	0
France	0	0	1		0
Albania	0	0	8		0
Bolivia	0	0		2	0
Colombia	0	0		2	0

Ecuador	0	0		4	0
El Salvador	0	0		2	0
Eritrea	0	0		4	0
Mexico	0	0		1	0
Peru	0	0		2	0
Dominican Republic	0	0		5	0
Santo Domingo	0	0		1	0
Mali	0	0	0	0	1
Morocco	0	0	0	0	3
Rep. Sahara	0	0	0	0	4
Senegal	0	0	0	0	1
<b>Makes sense to raise awareness of the gender roles and inequalities in your community</b>					
Yes	47	3	12	23	8
No	0	0	0	0	3

Although all the participants think that it is important to spread knowledge about GBV issues in their communities in order to fight inequalities, they have underlined the need to focus specifically on two urgent necessities, which are the services that women can access in case of need and legal rights of migrants.

Concerning the workshop attended, they have expressed all positive opinions. However, they suggested as possible improvements to have continuity in the service provided, to implement more training, seminars and capacity building for representatives of different institutions, also to carry out the knowledge sharing and the creation of a net.

In the opinion of community members, the most relevant barriers that a victim of GBV may face when seeking for help are the language, the difficulty of accessing the services, the little knowledge of the possibility to have help, the mistrust of the institutions, the fear of social shame and stigma and other issues like negative attitude of native people.

To remove them some suggestions have been proposed as the possibility to increase information and awareness through raising campaigns, also possibly in the language of the women or the establishment of a more efficient cooperation between the institutions and the community members. Moreover, it would be useful to do more training in order to improve the knowledge and skills of people working in the relevant agencies and to put into place empowering programs for women.

Finally, in Table six, we can see the agencies, which could help the most to fight women

GBV in the community for each specific topic according to community members opinion.

**Table 6**      *Agencies that could help the most to fight women GBV in the community for each specific topic*

Topic	Agencies that could help the most (rank order)
Spreading knowledge of legal rights of migrants	<ol style="list-style-type: none"> <li>1. Public authority</li> <li>2. Police</li> <li>3. Private organizations</li> <li>4. Social service</li> </ol>
Exploring positive and negative aspects of gender traditional roles	<ol style="list-style-type: none"> <li>1. Private organizations</li> <li>2. Educational system</li> <li>3. Social services</li> <li>4. Peer groups of victims</li> <li>5. Influential members of the community</li> <li>6. Men women peer groups</li> </ol>
Spreading knowledge of legal aspect related to women's violence	<ol style="list-style-type: none"> <li>1. Private organizations</li> <li>2. Social services</li> <li>3. Media</li> <li>4. Public authority</li> <li>5. Influential members of the community</li> </ol>
Spreading knowledge of the services accessible to women in case of needs	<ol style="list-style-type: none"> <li>1. Private organizations</li> <li>2. Educational system</li> <li>3. Social Services</li> <li>4. Police</li> <li>5. Healthcare system</li> <li>6. Peer groups of victim of GBV</li> </ol>
Traditional gender roles: positive and negative aspects	<ol style="list-style-type: none"> <li>1. Religious members</li> <li>2. Peer groups of victim of GBV</li> <li>3. Educational system</li> <li>4. Media</li> <li>5. Influential members of the community</li> <li>6. Men women peer groups</li> </ol>
Condemnation of women gender based discrimination/violence in the community	<ol style="list-style-type: none"> <li>1. Private organizations</li> <li>2. Peer groups of victims</li> <li>3. Public authority</li> <li>4. Media</li> <li>5. Police</li> </ol>
Building an informal network for support and help in the community	<ol style="list-style-type: none"> <li>1. Private organizations</li> <li>2. Influential members of the community</li> <li>3. Men women peer groups</li> <li>4. Social service</li> <li>5. Peer groups of victims</li> </ol>

## 5. Discussion

The main evidences emerged from the evaluation analysis of the professionals group are that, although the training has been effective and has increased their knowledge, sensitiveness, competence and perceived importance regarding various aspect of the fight against Gender Based Violence, some actions are still needed. For what regards possible improvements for the women's situation, the attendants underlined the importance of empowerment actions, awareness raising campaigns, more training for the involved staff and heavier safety measures. Moreover, in order to offer the best help possible coordination between different agencies is necessary and the involvement of the political part is important as well.

From the examination of the women's survey, it has emerged that two points of improvements regard the waiting time and the accessibility of the centre. Furthermore, the language has been highlighted as the principal barrier so information and awareness campaigns can be best received if in their own language. Additionally, women has required more meetings as workshops on a regular basis and with the involvement of men too.

Finally, members of the local migrant/ethnic minority communities have pointed out the need to focus specifically on two urgent necessities, which are the services that women can access in case of need and legal rights of migrants, to fight against GBV. Moreover, to strengthen even more the service provided they have proposed to do more training, seminars and capacity building for representatives of different institutions, also to carry out the knowledge sharing and the creation of a net and to implement more powerful information and awareness campings. Also the community members have recognized the language as one of the main barriers; they have also added the difficulty of accessing the services, the little knowledge of the possibility to receive help, the mistrust of the institutions and the fear of social shame and stigma.

## 4.1 Limitations

The main limitations of the project are that the impact of the training for professionals and the workshop for community members cannot be referred to as medium or long term since the valuation was carried out immediately after the activities and that the assessment is based on self-assessment of knowledge and skills, not actual behaviour change. Further limitations regard the control of variables that can reduce effects and make results difficult to read; two areas have to be highlighted as critical. The first one concerns the teams of experts that delivered the training as they varied in knowledge, skills and professional background. The guidelines provided for the trainers' selection generated heterogeneity in terms of professional profiles and number of trainers in the various countries, and this may have altered the content of training. The second criticality to underline is the various periods in which different countries conducted the training (two consecutive days or irregular training up to 2 weeks apart). Following learning theory, the amount of time and the length of training can be a confounding set of variables that not only have an impact on the learning but also the trainees' views.

Moreover, for the group of community members, Finland has been underrepresented since only three questionnaires have been collected and analysed. The low amount of responses was due to the peculiar Finnish situation. In Helsinki GEMMA focused the cooperation with the victims around undocumented women and non-registered EU women. The women that form that community are most vulnerable when it comes widely to their human rights situation and more specifically in regards to GBV. In addition, the communities prefer to remain invisible, since the trust between different stakeholders and them is very weak. Therefore, the principle of low threshold interventions and approach was extremely important in this country. The local partner has tried to avoid any procedures that could limit the participation of the victims but telling the own name or putting own information in a written format was, for example, something that could not be applied in the case of some of the participants.

## **6. Conclusion**

Migrant women victims of GBV are an emerging and increasing issue. Although this is frequently reported by international organizations, the current state of development of country program facing it it's not sufficient to fix this problem.

GEMMA project is an innovative program, which thanks to its multi-agency and comprehensive approach, has highlighted some points of interest and areas of improvement in the fight against Gender Based Violence. According to the findings, institutions should install a dialogue to implement a stronger coordination, taking into consideration also the members of the local communities. Professionals should undergone further training in order to develop a sensitive and culturally appropriate approach. The language is fundamental if women have to be engaged, so information and awareness campaigns should be in their local language. Finally, is has been asked the involvement of the political side.

## References

VicHealth. 2007. "Preventing violence before it occurs. A framework and background paper to guide the primary prevention of violence against women in Victoria". Victorian Health Promotion Foundation.

Krug Etienne G., Dahlberg Linda L., Mercy James A., Zwi B. Anthony, and Lozano Rafael. 2002. "World report on violence and health". World health organization.



## Annex 1 – Questionnaire for professionals

Gender:

Year of birth:

Highest educational attainment:

- ☐ Grammar school
- ☐ Vocational/technical school (2 year)
- ☐ High school or equivalent
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctoral degree
- ☐ Other: \_\_\_\_\_

Current professional role:

- ☐ Educator
- ☐ Specialist medical practitioner
- ☐ Nurse
- ☐ Psychologist/Psychotherapist
- ☐ Lawyer
- ☐ Cultural mediator
- ☐ Police officer
- ☐ Administrator
- ☐ Social worker
- ☐ Voluntary agency worker
- ☐ Other (please specify) \_\_\_\_\_

Have you had any experience in the previous 5 years about training in this field? YES NO

What is your main workplace?

- ☐ Hospital
- ☐ Advice/support/counseling center
- ☐ Medical center/health center/mental health center
- ☐ Social welfare center/social care center
- ☐ Police Station
- ☐ Legal Office
- ☐ Institution
- ☐ Anti-violence center
- ☐ NGO/ Third sector association
- ☐ Other \_\_\_\_\_

On a scale from 1 to 5 (1 = not effective at all, 2 = not very effective, 3 = uncertain, 4 = effective, 5 = very effective) how would you rate the training you received in terms of improving your knowledge, sensitiveness and competence in the following issues when working with migrant/ethnic minority women survived to gender based discrimination/violence?

	Knowledge	Sensitiveness	Competence
Culture and ethnic, religious, racial and language diversity			
Migrants' legal rights and national/international standards (i.e. Istanbul Convention and Beijing Action Platform)			
Gender based discrimination/violence and harmful traditional practices particularly experienced by migrant and ethnic minority women			
Risk factors related to women survived to gender based discrimination/violence			
Migrants' vulnerabilities ( psychosocial, economic and legal)			
Main notion on trauma associated with immigrant pre-arrival and early settlement experiences			
Gender based discrimination/violence extent and possible barriers in accessing help			
The role of institutions in dealing with women survived to gender based discrimination/violence			
Personal values and prejudices and how they may agree or differ from those of the people assisted			

On a scale from 1 to 5 (1 = not effective at all, 2 = not very effective, 3 = uncertain, 4 = effective, 5 = very effective) how would you rate the training you received in terms of underlining the importance of having the following skills and making you competent in them?

	Importance	Competence
Identifying when someone is being victim of a gender based discrimination/violence		
Assessing risk and taking the actions required for safety management		
Keeping a non-judgmental attitude		
Developing a trustful relationship with women		
Communicating with them in a culturally appropriated way		
Redirecting women to the appropriate service, when it is needed		
Sharing knowledge and practices with other coworkers		
Working in multidisciplinary teams		
Establish/reinforce collaboration with other institutions		

How much are you satisfied with the training you received?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Satisfied
- ☐ Very Satisfied

Please help us identify *strengths* and *weaknesses* of the training.

Do you have any *suggestion* to improve our work?

## Annex 2 – Questionnaire for women victims of gender based violence

We would like to know what you think about the support we provide. Your responses to this short survey are completely anonymous and will not affect the support we can give you in any way. You do not have to fill out the survey but your responses will help us ensure that we provide the best possible support.

How would you rate your satisfaction with the following features? Please cross the answer you think most appropriate:

	No ☹	Not sure 😐	Yes ☺
Did you feel comfortable to speak freely/anonymously?			
Did you feel welcomed?			
Did you have to wait for long?			
The answers professionals gave you, were they what you were looking for?			
Did professionals understand you?			
Were professionals emphatic? Did they understand your feelings?			
Did you feel that professionals knew what they were doing?			
Was there any information material available in your language?			
Did you feel respected in your cultural values, norms and beliefs?			
Did professionals consider your needs?			

Please describe what was most helpful to you.

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Please describe what could have been done better.

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Please select any barrier you might have encountered:

- ☐ Language
- ☐ Opening hours
- ☐ Waiting time
- ☐ Unfriendliness of the professionals
- ☐ Difficult to be directed to the competent service
- ☐ Other (please specify) \_\_\_\_\_

Do you have any suggestions for us to improve our service?

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Would you recommend to your friends, who might be in the same situation as you, to come to us?

- ☐ YES
- ☐ NO

Age range:

- ☐ 15-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ >50

Have been in [NAME OF HOST COUNTRY]\_\_\_\_\_ since: [YEAR]\_\_\_\_\_

Place of origin:

- ☐ EU 28 country
- ☐ Other European non-EU28 country
- ☐ North America
- ☐ South America
- ☐ Central America
- ☐ Asia
- ☐ Oceania
- ☐ Africa
- ☐ Other

In case the Project partners want to understand if the user belongs to a particular migrant/ethnic community they are in touch with, they should feel free to make the questionnaire more detailed, e.g. : if there is a strong Senegalese community that the partner is targeting:

- ☐ Senegal
- ☐ Other African country

Have you got any children?

Thank you for your time, your answers will help us to improve the quality of the care we are able to provide

### **Annex 3 – Questionnaire for members of the local migrant/ethnic minority communities**

Age range: 15-20, 21-30, 31-40, 41-50, 51-60, 61-70, >70

Gender:

Country of Origin:

For how long have you been in the host country:

Who are you currently living with?

- ☐ Spouse or partner
- ☐ Children
- ☐ Siblings or other relatives
- ☐ In-laws
- ☐ Friends/acquaintances of your nationality
- ☐ Friends/acquaintances of other nationality
- ☐ Other: \_\_\_\_\_

Do you think that it makes sense to raise awareness of the gender roles and inequalities issue in your community? YES NO

In your opinion, how much is it important to spread knowledge about the following issues in your community in order to fight inequalities?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
Legal rights of migrants					
Exploring positive and negative aspects of gender traditional roles					
Legal aspects related to women's violence					
Services that women can access in case of needs					

Please say how much you were satisfied with the following features of the workshop you attended today:

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Clearness of the exposition					
Ability of the professionals to understand your cultural framework					
Location of the meeting					
Typology of professionals who joined us					



## POTENTIAL IMPROVEMENTS

In relation to the following issues, which of the following agencies could help the most to fight women gender based discrimination/violence in your community? Please cross the agency/agencies you think most suitable (more than 1 response possible).

	Police	Public authorities	Educational system	Social services	Private organizations	Religious members	Influential members of the	Peer groups of victims of GBV	Men-women peer groups	Healthcare system	Media	Other (please specify)
Spreading knowledge of legal rights of migrants												
Exploring positive and negative aspects of gender traditional roles												
Spreading knowledge of legal aspect related to women's violence												
Spreading knowledge of the Services accessible to women in case of needs												
Traditional gender roles: positive and negative aspects												
Condemnation of women gender based discrimination/violence in the community												
Building an informal network for support and help in the community												

Do you have any suggestions about how to proceed in the involvement of the aforementioned agencies?

In your opinion, which ones from the list below are the most relevant barriers a victim of GBV may face when seeking for help:

- ☐ Language
- ☐ Little knowledge of the possibility to have help

- ☐ Mistrust of the institutions
- ☐ Difficulty of accessing the services
- ☐ Fear of social shame and stigma
- ☐ Other (please specify)

How would you try to remove them?

In your opinion, what has been done particularly well in this workshop?

Is there anything we can improve?

Do you have any general suggestion?

Thanks for your time! Your help will be precious in identifying how we can proceed in the best way possible.