



***Migrant women's experiences of sexual and
gender-based violence and help-seeking
journeys: Focus on***

Seville (Spain)



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CAPTIVE Report

WORKSTREAM 1

Analysis and identification of good practices

University of Seville

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Executive Summary

This report aims to show the main results throughout the WS1 of CAPTIVE project obtained by the Research Team from the University of Seville. First, a brief introduction is provided which means to contextualize the Spanish legislative situation in terms of Sexual/Gender-Based Violence (S/GBV), with special focus on the Violence Against Women (VAW) in relationships, as it is the kind of violence which is the purpose of the Organic Act 1 / 2004 of 28 December on Integrated Protection Measures against Gender Violence, as well as recent modifications of the Spanish Foreigner Act related to Gender Violence. Also, this document provides official statistics of migrant population residing in Spain, statistics related to Gender-Based Violence (GBV) and some factors that may explain the proportion of Spanish women and migrant victims in Spain and Andalusia. Required act modifications on the ratification of the Istanbul Convention by the Spanish state are also introduced. Finally, this document offers a compilation of the main aid resources where victims can be attended, adding a final evaluation and proposals for the improvements in this services.

Secondly, the three main parts of the work carried out are explained. The first part focuses on the methodological process and main results of two reviews of the scientific and gray literature on: a) the experiences of migrant women victims of S/GBV in Spain; and b) the experiences of the professionals who care for these women. A literature review was conducted on migrant women experiences of S/GBV and on the experience of the providers who attend these women. For both, PsycInfo, Web of Science and Dialnet data bases were used. Some examples of the search terms that were used are: gender violence, violence against women, female genital mutilation, human trafficking, forced Marriage, sexual abuse, sexual harassment, women, migrant, service provider, professional and Spain. Also, grey literature was included, consisting on documents and reports from NGOs/NGDOs, institutions regarding migrant women experiencing GBV, the national Government Websites and the snowball procedure. In the case of women's experiences, 167 articles were retrieved (29 were grey literature) from which 20 were included (4 were grey literature). In the case of the providers' experience, 76 articles were retrieved (29 were grey literature) from which 5 were included (2 were grey literature). The number of documents of grey literature initially retrieved (29) was the same for both cases because the process was the same.

The second part presents the methodology and main results obtained from the field research. This information has been collected directly from the people who have lived or had the experience of suffering violence in the migratory process. Women were asked about their violence experiences as well as for the use and access to resources. Likewise, this work also considers the professionals who care for these women in the same resources or services, whose experiences were also registered.

The third part of this report presents the methodology and main results for the mapping of resources for migrant women victims of GBV. This mapping tool aims to define the main characteristics of the services, their strengths and weaknesses related to training, awareness and specialization of resources on GBV and interculturality. A total sample of seven institutions were interviewed to know about specific resources in Seville: four public institutions and three NGOs or associations from Seville or with a delegation in Seville.



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List of Acronyms:

CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CMIM	Centro Municipal de Información a la Mujer (Municipal Information Center for Women)
CGPJ	Consejo General del Poder Judicial (Spain's General Council of the Judiciary)
FGM	Female Genital Mutilation
GBV	Gender Based Violence
IAM	Instituto Andaluz de la Mujer (Andalusian Institute of Women)
IPV	Intimate Partner Violence
OAR	Office of Asylum and Refugee
PIM	Punto de Información de la Mujer (Information Points for Women)
S/GBV	Sexual/Gender-Based Violence
UFAM	Unidad de Familia y Mujer (Family and Women's Unit)
VAW	Violence Against Women



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A brief introduction: How is the situation in Spain and in Andalusia?

In Spain there have been important advances in the last decades in terms of public policies, research, and social concerning sexual and gender based violence (S/GBV). However, most efforts and achievements have focused on Intimate Partner Violence against women (IPV).

The main reason for this reductionism of a social problem-affecting women that is huge by far from just violence inside relationships is partially due to the Purpose of the Act. proposed by the national legislation regarding VAW. That is, the current Organic Act 1/2004 of 28 December on Integrated Protection Measures against Gender Violence restricts “Purpose of the Act.” to “combat the violence exercised against women by their present or former spouses or by men with whom they maintain or have maintained analogous affective relations”. Despite this, as we shall see later, in recent times, some modifications are being introduced.

The Organic Act 1/2004 was an important step in Spanish legislation to start considering seriously this kind of violence as a public issue and a public crime, protecting women from an integrative (social, health, judicial, educational) perspective, punishing perpetrators, creating specific courts, specific groups in national law enforcement and security agencies in Spain, developing different health and social resources, investing in research, collecting official data about gender violence, etc.

Though it is necessary to improve this law, it is true that migrant women and their vulnerability conditions of a possible irregular situation in Spain are taken into account in it. Indeed, the 17th Article in the Organic Act 1/2004 guarantee the victims’ rights independently of their origin, religion or any other condition or personal or social circumstances. However, as Chocrón (2011) explained, since we are talking about foreign victims, it is necessary to know about the Organic Act 4/2000, 11th January, about rights and freedoms of foreigners in Spain and their social integration, and its modification by the Organic Act 2/2009, 11th December. The latter makes foreign women victims of IPV possibly, no matter their migratory situation, regular or not, guaranteed rights of Organic Act 1/2004 we have already mentioned, especially those policies about protection and security for women who are victims.

Migrant women will not be deported because of an irregular stay in Spain if they are IPV victims, up to the moment their problem gets over. In addition, as any other Spanish women, they have the right to proper information applied to their personal



situation and to any protection and security measures; they also have the right to integral social assistance with multi-professional support; and to free legal assistance in any legal proceedings directly related with their victim situation.

Considering migrant population in our legislation is quite important if we have in mind that in 2013 the total of migrants registered in Spain was 1.053.293 people in Catalonia, 838.976 in Madrid, and 608.186 in Andalusia, just for giving an example. Attending to Andalusia, the province of Malaga registered 204.771 migrants, Almeria 132.217 and Seville, the province where we focused our research, registered 72.612 migrant people. According to the last statistical data from the Spanish Institute of National Statistics (INE) on 1st August 2017, in Spain live a total of 2.255.272 women born abroad. The most frequent continents of origin are Europe (50%), South America (21%), Africa (15%) and Asian countries (7%). Regarding to the specific countries where they came from, 14% out of the total are from Romania (30% of the European Women); 12% are from Morocco (77% out of the total of women from Africa); 4% are Colombian, and 3% are Ecuadorian women (18% and 13 % of the total of Latin American women, respectively).

On the other hand, having specific or integrating legislation does not imply its perfect application and there is still a lot of work remaining, especially in GBV issues, as it is demonstrated by official statistical data. According to the report about mortal victims between 2003 and 2015 by the Observatory of Gender Violence (2015), 826 women were murdered by their partner or expartner, and 555 out of the 826 women were Spanish (67.2%); the rest were foreign women (32.8%). According to the Regional Department for Equality and Social Welfare of the Andalusian Regional Government, (Consejería de Igualdad y Políticas Sociales, 2016), data from 2013 reveal that for each Spanish woman who was a victim of homicide, 1.28 migrant women were murdered in 2013, and this ratio would increase to 3.5 in 2015 assuming a similar total population.

According to the National Institute of Statistics, there were registered 28.281 women victims of IPV in Spain in 2016, of which 33% were foreign. Of the total number of foreign women, 43% come from America, 36% from other European countries, 19% from Africa and 2% from Asia. With regard to the statistics in Andalusia, 6.913 cases of GBV were registered in the same year (24% of the total in Spain), of which 25% of the



victims were foreign. 41% come from other European countries, 30% from America, 27% from Africa and 2% from Asia.

The number of homicides due to IPV in Spain ascended to 44 women in 2016. Of these, 19 women were foreign (43%) and 15 of the men who were murderers were foreign (34%).

It is important to highlight that migrant women have higher risk of experiencing IPV because of many factors, such as their economic situation, cultural issues that ease them accept sexist behaviours by male partners, language problems, and the distrust in public institutions (Chocrón, 2011). Indeed, they have more barriers even when they want to leave a violent relationship. Not only have migrant women higher difficulties than Spanish women to report against their partners, but they also are more prone to leave the legal proceedings once they have finally denounced (18% of migrant women vs. around 13% of Spanish women) (Consejo General del Poder Judicial, 2016).

As we say, most of the efforts and data available to us are related to the violence that women suffer in their relationships. Little is known about other types of S/GBV. We have some data about other kind of S/GBV, such as female genital mutilation (FGM). According to Women among Worlds Association, in Spain, in 2012, there were 224.139 people from countries where FGM is a common practice, which represented 3.9% of the foreign population. 57.251 out of the total are female and 16.869 are girls under the age of 14. The main nationalities of the female population residing in Spain from countries where FGM is practiced are: Nigeria, Senegal, The Gambia, Guinea, and Ghana. In addition, the female population residing in Andalusia, our Spanish region of interest, from countries where FGM is practiced is from: Nigeria, Senegal, Guinea, Bissau, Ghana, and Mauritania (Asociación Mujeres Entre Mundos, 2013). However, this data could need to be updated and, moreover, other kind of violence are much less reported than IPV.

Notwithstanding, in Spain there are important contributions in the legislative and political actions levels nowadays. At the end of July 2017 was unanimously approved in the Equality Commission of the Congress of Deputies of Spain the text referred to the State Pact against gender-based violence. This text is expected to be considered by the Congress Plenary in September. The next step will be to refer the Government to submit the report to agreement with the representatives of autonomous communities,



municipalities, political parties, administration of justice, trade, and business union and civil associations.

This Pact includes more than 200 measures and has an economic backing. Among the proposals are included measures to prevent or increase the protection and safety of victims, including recognition as a victim, accompaniment and protection for women who have not reported. It also aims to improve the specialized training of Health and Education professionals, as well as professionals from the Administration of Justice and the State security forces. Although it seems the framework of action still being the violence occurring in couples' relations, it also contemplates some measures attending to other forms of VAW.

What it is going to modify the Purpose of the Act of the Organic Act 1/2004 is that Spain ratified on 18 March 2014 (BOE, 6 June) the Istanbul Convention. Such ratification obliges to carry out the necessary modifications in its internal judicial system in order to applicate its measurments entirely. The Scope of the Convention indicates: “This Convention shall apply to all forms of VAW, including domestic violence, which affects women disproportionately.” In this convention, VAW is understood as a “violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. Furthermore, the article 7.3 of the Istanbul Convention pressure the state to intervene: “Measures taken pursuant to this article shall involve, where appropriate, all relevant actors, such as government agencies, the national, regional and local parliaments and authorities, national human rights institutions and civil society organisations “.

All appointment abroad makes necessary the revision and updatig of Organic Act 1/2004 of 28 December on Integrated Protection Measures against Gender Violence in order to integrat all types of VAW. This revision is also carried out on the regional framework, being an example the modification of the Canary Legislation (Law 1/2017, 17 March, amending Law 16/2003, 8 April, on Prevention and Integral Protection of Women against Gender Violence), and the Andalusian on, similar to the Spanish one, is also currently being reviewed. One of the important changes, as we say, has been extending its scope to all forms of VAW.



With regard to the resources available to women who suffer from gender-based violence in Spain that we will explain below, we can anticipate that they are focused on women who suffer or have suffered violence from their partners or ex-partners, which is the scope of Spanish law. These resources are usually not specific to migrant women and, as we will see later, those who attend them tend to be trained in gender violence but not in interculturality.

With regard to existing resources, we can say that Organic Act 1/2004 of 28 December on Integrated Protection Measures against Gender Violence recognizes the right of women to information and counseling, free legal aid and comprehensive social assistance, which includes the right to emergency social services, support and reception and Integral recovery (articles 17, 18, 19 and 20).

The Ministry of Health, Social Services and Equality has a Web of resources to support and prevent cases of gender violence (WRAP) (<https://wrap.seigualdad.gob.es/recursos/search/SearchForm.action>). This Web allows the location on interactive maps of the different resources (police, judicial and information, attention and advice) that exist. Many of these resources will depend on the geographical area where women live, because many of its competences depend on regional or local governments. In Andalusia, among the political responsables of this area are the Andalusian Institute of Women (Instituto Andaluz de la Mujer: IAM) (Regional Department for Equality and Social Welfare of the Andalusian Regional Government), the Government Delegation for Gender Violence (Justice Department of the Andalusian Regional Government) and the Migrant Politics Coordination General Directorate (Justice Department of the Andalusian Regional Government).

Most of the resources in Andalusia are managed by the IAM which has 8 provincial centers in Andalusia. Many of these resources are offered from the 170 Municipal Information Centers for Women (Centros Municipales de Información a la Mujer :CMIMs) and the Information Points for Women (Puntos de Información a la Mujer: PIMs) (6 of them depend on the Seville Local Government). These centers offer free legal advice, psychological support and social assistance for women.

Access to information, guidance, advice, diagnosis de Información a las and assessment can be made through these centres or by telephone (free and permanent 24-hour service).

The services of psychological attention to women are offered from the Provincial and Municipal Centers. In the last years, a specific resource has been set up



for psychological intervention with minor women who are victims of IPV (aged 14 to 18). In addition to psychological intervention with the victim himself, a psychological care service is offered to their minor children (aged 6 to 17). Another recent resource is Crisis Care (immediately applicable after an event), aimed at the children of murdered women. We work with family members to spread the news, support and work in the community and with professionals who have attended to the women.

They also have reception centres with simultaneous translation services (51 languages).

As a support resource to social inclusion, the IAM offers specific economics benefits. The IAM also finances non-profit organizations. This is carried out through a public call with priority lines, one of them on migrant women, as well as another line on prostitution and trafficking. Provincial Centers also offer a legal assistance service and psychological care for women victims of sexual violence and sexual abuse. This aid is one of the few specific resources that are not unique to victims of IPV. In addition, city councils offer other specific resources. The one in Seville, for example, offers via the 6 PIM, training, accompaniment, orientation, psychological intervention, social education, social work, and legal advice.

None of these resources are specific to migrant women though they can attend any of them, despite the staff who attend them do not usually speak another language. On the other hand there is an offer of resources for migrant people, not specifically migrant women.

Some NGOs, such as Sevilla Acoge, have specific lines of work with women. On this aspect we will go in depth below. Spanish Red Cross (Cruz Roja España) and Doctors of the World (Médicos del Mundo) also contribute, although this does not mean that these resources are sufficient to cover their demands and needs.

Spain This report refers to the partial follow-up of concluding observations of United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) reviewing the Spanish State politics related to VAW in July 2015 (CEDAW / C / ESP / 7-8). It highlights that considerable deficiencies still exist related to the compliance with the following CEDAW recommendations to Spain:

21. (a) Review the current legislation on VAW to include other forms of GBV, such as violence by caretakers, police violence, and violence in public spaces, workplaces, and schools.



As we have noted above, this aspect of legislative changes has not yet been implemented. It is also pointed out that women in situations of violence do not receive adequate attention, highlighting that "women in situations of special vulnerability, such as migrant women in an irregular situation can not go to police or judicial authorities to report other forms of violence due to fear of a deportation order "(CEDAW Shadow, 2017, p.7).

21. (b) Provide compulsory courses for judges, prosecutors, police officers, and other law enforcement officials about the Convention and its Optional Protocol, and on the strict application of the criminal provisions relating to VAW, as well as procedures accord with gender perspective to interview and treat women who are victims of violence (CEDAW Shadow, 2017, p. 2).

From this point of view, this report stresses that training in GBV is only compulsory at the beginning, without continuity during their jobs. There is also a lack of training for professionals in specialized fields. Also that the training of health professional field is very different depending on regions of Spain.

In addition, some deficiencies are emphasized related to the quality and breadth of training, which often have lack of contents such as CEDAW or Istanbul Convention. In this sense it is indicated literally, "It is essential training professionals continuously in gender perspective, equality and VAW (keeping the broad concept provided by the Istanbul Convention or the CEDAW), with content in which the intersectional approach and the intercultural perspective were reinforced, in order to understand all victims and provide them the care and support they need, regardless of their nationality and / or legal status "(CEDAW Shadow, 2017, p. 9).

21. (f) Collect statistical data on domestic and sexual violence disaggregated by sex, age, nationality and relationship between the victim and the perpetrator. With regard to this recommendation, the report emphasizes that the data on GBV are usually related to IPV (ex-partner or currently partner), focusing on the analysis of cases of murder and lawsuit. In addition, it is realized that "there are women in a situation of special vulnerability, as is the case of women with functional diversity or irregular migrants, who are excluded from the analysis because they do not have a data and analysis device that contemplates their situation "(CEDAW Shadow, 2017, p. 10).



37. (c) Provide adequate treatment to asylum-seeking women and girls with specific needs and adopt the gender perspective in the development of assistance programs (CEDAW Shadow, 2017, p. 2).

Lastly, this recommendation highlights the absence of gender perspective in the collection of data by the Office of Asylum and Refugee (OAR) in addition to the recognition of specific needs of women and girls applicants of asylum. It also denounces the lack of guarantees in procedures and adequate resources by the OAR in cases of victims of gender-based violence: denial of requests to victims of trafficking, FMG and forced marriages, as well as LGBT individuals, who generally are not considered binding to gender lines by United Nations High Commissioner on Refugees.

Part 1. Reviewing the literature. How are migrant women experiences of S/GBV and service providers who attend and support their experiences?

Method

Women experiences of S/GBV

First, we decided which databases select to carry out the search strategies. Two international databases were chosen: *PsycInfo* and *Web of Science*. Due to the possibility of existing papers written in Spanish, we decided to add the Spanish database *Dialnet*. We did not consider other databases because it probably resulted in many duplicates studies, having done some scoping reviews which showed a lack of international literature regarding the issue of interest: Migrant women experiences of sexual and gender based violence.

The search terms used in International and Spanish databases were those in Table 1. We also use the most appropriate Spanish search terms translated from English (see Table 2) and useful in *Dialnet*. All the search terms were selected after we had revised the thesaurus. In both Tables 1 and 2 each column is connected to the other with AND, whereas each term inside a column is combined through "OR".

Table 1.

Search terms in English.



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- | | | | |
|-----------------------------|-----------|------------------|---------|
| - Gender Violence | - Wom*n | - Migrant* | - Spain |
| - Violence* Against Wom*n | - Female* | - Refugee* | |
| - Intimate Partner Violence | - Girls | - Asylum seeking | |
| - Domestic Violence | | - Migrant* | |
| - Battered Women | | | |
| - Battered females | | | |
| - Female Genital mutilation | | | |
| - Prostitution | | | |
| - Human trafficking | | | |
| - Rape | | | |
| - Sexual abuse | | | |
| - Sexual harassment | | | |
| - Force* marriag* | | | |

Table 2.

Search terms in Spanish.

- | | | | |
|--------------------------------|-----------|---------------|---------|
| - Violencia* contra la* mujer* | - Mujer* | - Inmigrante* | -España |
| - Violencia en la pareja | - Adulta* | - Migrante* | |
| - Violencia machista | - Niña* | - Refugiad* | |
| - Mutilación genital femenina | | | |
| - Ablación femenina | | | |
| - Matrimonio* forzado* | | | |
| - Abuso sexual | | | |
| - Violencia sexual | | | |
| - Acoso sexual | | | |
| - Trata de mujer* | | | |
| - Explotación sexual | | | |
| - Prostitución | | | |

The search strategy we used in each database is as described in Table 3, 4, and 5.

Table 3.

Search strategy on WOS.

Search strategy	Group	Num. of findings
TS=(migrant* OR refugee* OR migrant* OR "asylum seeking")	#1	93151
TS=("gender violence" OR "batter* wom*n" OR "domestic violence" OR "batter* female*" OR "intimate partner violence" OR "violence against wom*n" OR "female genital mutilation" OR "human trafficking" OR rape OR "sexual abuse" OR "hono* killing" OR "sexual harassment" OR "force* marriag*")	#2	61779
TS=(prostitution)	#3	28.407
TS=(wom*n OR female* OR girl*)	#4	1.848.212



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TS=(Spain)	#5	136.076
#4 AND #3 AND #1	#6	105
#1 AND #2 AND #4 AND #5	#7	27
#5 And #6	#8	7
TOTAL to screen titles and abstracts		34



Table 4.

Search strategy on PsycInfo.

Search strategy	Group	Num. of findings
AB, TI(migrant* OR refugee* OR migrant* OR “asylum seeking”)	#1	31.722
AB, TI(“gender violence” OR “batter* wom*n” OR “domestic violence” OR “batter* female*” OR “intimate partner violence” OR “violence against wom*n” OR “female genital mutilation” OR rape OR “sexual abuse” OR “hono* killing” OR “sexual harassment” OR “force* marriag**”)	#2	41.098
AB, TI(prostitution OR “human trafficking”)	#3	2.190
AB, TI(wom*n OR female* OR girl*)	#4	536.079
AB, TI(Spain)	#5	9.595
#1 AND #2 AND #4 AND #5	#6	9
#1 AND #3 AND #4 AND #5	#7	3
TOTAL to screen titles and abstracts		12

Table 5.

Search strategy on Dialnet (Spanish search terms).

Search strategy	Groups	Num. of findings
(inmigrant* OR refugiad* OR migrant*) AND (violencia g*nero OR maltrat* OR violencia pareja OR violencia mujer* OR violencia machista) AND España	#8 ¹	2
(inmigrant* OR refugiad* OR migrant*) AND (ablaci*n femenina OR mutila* genital femenina) AND España	#9	1
(inmigrant* OR refugiad* OR migrant*) AND (prostitu* OR trata de mujer* OR explota* sexual) AND España	#10	54
(inmigrant* OR refugiad* OR migrant*) AND (prostitu* OR trata de mujer* OR explota* sexual) AND (mujer* OR adulta*) AND España	#11	35
(inmigrant* OR refugiad* OR migrant*) AND matrimonio* forzado* AND España	#12	0
(inmigrant* OR refugiad* OR migrant*) AND (abuso sexual OR acoso sexual) AND España	#13	0
(inmigrant* OR refugiad* OR migrant*) AND (abuso sexual OR acoso sexual) AND (mujer* OR adulta*) AND España	#14	0
TOTAL to screen titles and abstracts		92

To include documents from grey literature, we first were in contact with different associations, NGOs/NGDOs and institutions by email to ask them for documentation and reports regarding migrant women experiencing GBV. These

¹ Previous search groups (from #1 to #7) used English terms but without findings provided by Dialnet.



associations/institutions/NGOs contacted were the following (the first three are associate partners of the CAPTIVE project):

- *The City Council of Seville*
- *Fundación Sevilla Acoge / Seville Welcomes You Foundation*
- *EDUCACCIONG – Sevilla Solidaria / Seville Solidary*
- *MAD África (Movimiento por la Acción y el Desarrollo de África / Movement for Action and Development of Africa)*
- *ACCEM (Asociación Comisión Católica Española de Migraciones / Spanish Catholic Migration Commission Association)*
- *CAR (Centro de Atención a Refugiados / Refugee Care Center), which referred us to ACNUR/UNHCR Web page*
- *CEAR (Comisión Española de Ayuda al Refugiado / Spanish Commission for Refugees Care)*
- *Cruz Roja (Sevilla) / Red Cross (Seville)*

In some cases, they provided links to their own Webs, or to Webs of other entities; we could not get any kind of documentation or publications from 3 of them. In that case, we looked anyway into their official Web pages to search for publications or reports about the topic.

A second source of gray literature was the information in the national Government Websites with official statistical data and reports about S/GBV and migrant or foreign women.

Moreover, we also use the snowball procedure to identify other interesting and useful reports.

Once we did the searches in the different databases, we defined the inclusion exclusion criteria to be applied in order to select the most relevant studies. We took the inclusion criteria first proposed by the English team. They were the following:

- a) The study refers to women's experiences of GBV
- b) The study is set in Spain
- c) The study includes female participants
- d) Participants are described as migrants, migrants, refugees or asylum seekers
- e) The study reports on experiences of sexual or gender based violence



After that, we first carried out the screening of titles and abstract. Then, we used a *Google Form*² to apply the inclusion criteria for women's experiences. We used two different forms for academic studies and gray literature to obtain separately a chart with included/excluded studies, but both forms were the same.

Finally, the data extraction was developed using a different *Google Form*³ to obtain the most relevant information of each study/report. Data extraction used the same form for scientific and gray literature.

Service providers' experiences in their support to women experiencing S/GBV

The procedures to review the literature regarding providers were similar to those used in women's experiences review, but the topic of interest was focused on experiences of providers and professionals who assist and support migrant women victims of S/GBV. We decided to do the search on *Web of Science*, *PsycInfo* for studies published in English, and *Dialnet* for studies published in Spanish. We did not consider other databases because most studies would be duplicated.

The terms we used in databases, once revised their own thesaurus, were those in Table 6, with the most appropriate translation into Spanish terms in Table 7. Each column was connected to the other with AND, whereas each term in a column was combined through "OR".

² [Here](#) the Google Form "CAPTIVE. Full-texts screening".

³ [Here](#) the Google Form "Data Extraction: Women's experiences".



Table 6.

English search terms for International Databases.

- gender violence	- migrant*	- wom*n	- service provider	- Spain
- Intimate partner violence	- refugee*	- female*	- professional*	
- batter* wom*n	- migrant*	- girl*	- advoca*	
- batter* female	- asylum seeking		- Provider	
- domestic violence				
- hono* killing				
- violence against wom*n				
- human trafficking				
- prostitution				
- sexual abuse				
- sexual harassment				
- female genital mutilation				
- force* marriag*				

Table 7.

Search terms in Spanish to use in Spanish database (Dialnet).

- violencia g*nero	- mujer*	- inmigrant*	- Atención profesional	- España
- maltrat*	- adulta*	- refugiad*	- profesional*	
- violencia pareja		- migrant*	- abogad*	
- violencia mujer*			- letrad*	
- violencia machista			- defens*	
- prostitu*			- servicio*	
- trata de mujer*			- recurso*	
- explota* sexual				
- ablaci*n femenina				
- mutila* genital femenina				
- matrimonio* forzado*				
- abuso sexual				
- acoso sexual				

The search strategies used on each database are shown in Tables 8, 9, and 10.



Table 8.

Search strategies on WOS.

Search strategy	Group	Num. of findings
TS=(migrant* OR refugee* OR migrant* OR “asylum seeking”)	#1	93151
TS=(“gender violence” OR “batter* wom*n” OR “domestic violence” OR “batter* female*” OR “intimate partner violence” OR “violence against wom*n” OR “female genital mutilation” OR “human trafficking” OR rape OR “sexual abuse” OR “hono* killing” OR “sexual harassment” OR “force* marriag*”)	#2	61779
TS=(prostitution)	#3	28.407
TS=(wom*n OR female* OR girl*)	#4	1.848.212
TS=(Spain)	#5	136.076
#4 AND #3 AND #1	#6	105
#1 AND #2 AND #4 AND #5	#7	27
#5 And #6	#8	7
TS=(“service provider” OR professional* OR advoca* OR Provider)	#9	490.470
#7 AND #9	#10	7
#8 AND #9	#11	0
TOTAL to screen titles and abstracts		7

Table 9.

Search strategies on PsycInfo.

Search strategy	Group	Num. of findings
AB, TI(migrant* OR refugee* OR migrant* OR “asylum seeking”)	#1	31.722
AB, TI(“gender violence” OR “batter* wom*n” OR “domestic violence” OR “batter* female*” OR “intimate partner violence” OR “violence against wom*n” OR “female genital mutilation” OR rape OR “sexual abuse” OR “hono* killing” OR “sexual harassment” OR “force* marriag*”)	#2	41.098
AB, TI(prostitution OR “human trafficking”)	#3	2.190
AB, TI(wom*n OR female* OR girl*)	#4	536.079
AB, TI(Spain)	#5	9.595
#1 AND #2 AND #4 AND #5	#6	9
#1 AND #3 AND #4 AND #5	#7	3
TS=(“service provider” OR professional* OR advoca* OR Provider)	#8	264.107
6 AND 8	#9	3
7 AND 8	#10	0
TOTAL to screen titles and abstracts		3



Table 10.

Search strategies on Dialnet.

Search strategy	Groups	Num. of findings
(inmigrant* OR refugiad* OR migrant*) AND (violencia g*nero OR maltrat* OR violencia pareja OR violencia mujer* OR violencia machista) AND España	#8 ⁴	2
(inmigrant* OR refugiad* OR migrant*) AND (ablaci*n femenina OR mutila* genital femenina) AND España	#9	1
(inmigrant* OR refugiad* OR migrant*) AND (prostitu* OR trata de mujer* OR explota* sexual) AND España	#10	54
(inmigrant* OR refugiad* OR migrant*) AND (prostitu* OR trata de mujer* OR explota* sexual) AND (mujer* OR adulta*) AND España	#11	35
(inmigrant* OR refugiad* OR migrant*) AND matrimonio* forzado* AND España	#12	0
(inmigrant* OR refugiad* OR migrant*) AND (abuso sexual OR acoso sexual) AND España	#13	0
(inmigrant* OR refugiad* OR migrant*) AND (abuso sexual OR acoso sexual) AND (mujer* OR adulta*) AND España	#14	0
("atención profesional" OR profesional* OR abogad* OR letrad* OR defens* OR servicio* OR recurso*)	#15	456.466
#8 AND #15	#16	1
#9 AND #15	#17	0
#10 AND #15	#18	21
#11 AND #15	#19	15
TOTAL to screen titles and abstracts		37

The proceedings to access to grey literature was the same as it was for the women's experiences revision of the literature, thought applying those inclusion/exclusion criteria defined to women's experiences of GBV.

The inclusion and exclusion criteria for the providers' experiences review were again defined taking into account the English team proposal, which were the following:

- a) The study refers to women's experiences of GBV
- b) The study report researches with service providers or professionals working with female members of migrant refugee communities for issues related to violence exposure.

We carried out the screening of titles and abstract applying these criteria. After that, we used a Google Form⁵ to apply the inclusion criteria for providers' experiences.

⁴ Previous search groups (from #1 to #7) used English terms but without findings provided by Dialnet.

⁵ [Here](#) the Google Form "CAPTIVE. Full-texts screening":



We used two different forms for academic studies and gray literature to obtain two separated charts with included/excluded studies, but both of them were the same.

Finally, we did the data extraction. We needed to use a different Google Form⁶ to obtain the most relevant information of each study/report. Data extraction used the same form for scientific and gray literature.

Main results

Descriptive analysis

The following flowcharts show the process of selecting or removing papers or documents for the final women's experiences of S/GBV review (Figure 1) and the service providers' experiences review (Figure 2).

As one can see, the number of reports and other documents from grey literature is the same in the review for women experiences and for professionals' experiences. This is because we follow the same procedure in both cases and the associations and Webs we consulted were the same.

⁶ [Here](#) the Google Form "CAPTIVE. Data Extraction: Providers' experiences".

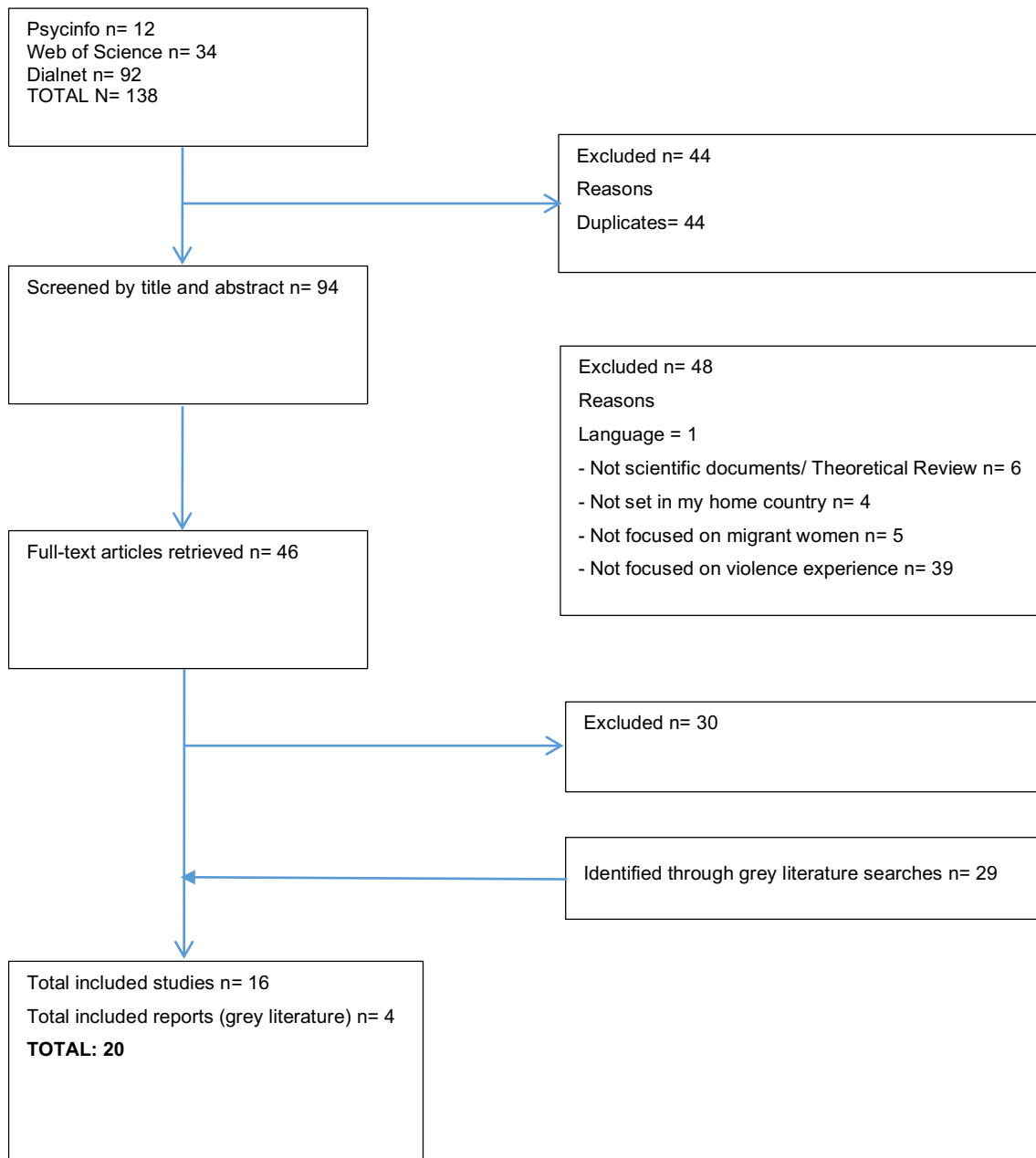


Figure 1. Flowchart for women's experiences review.

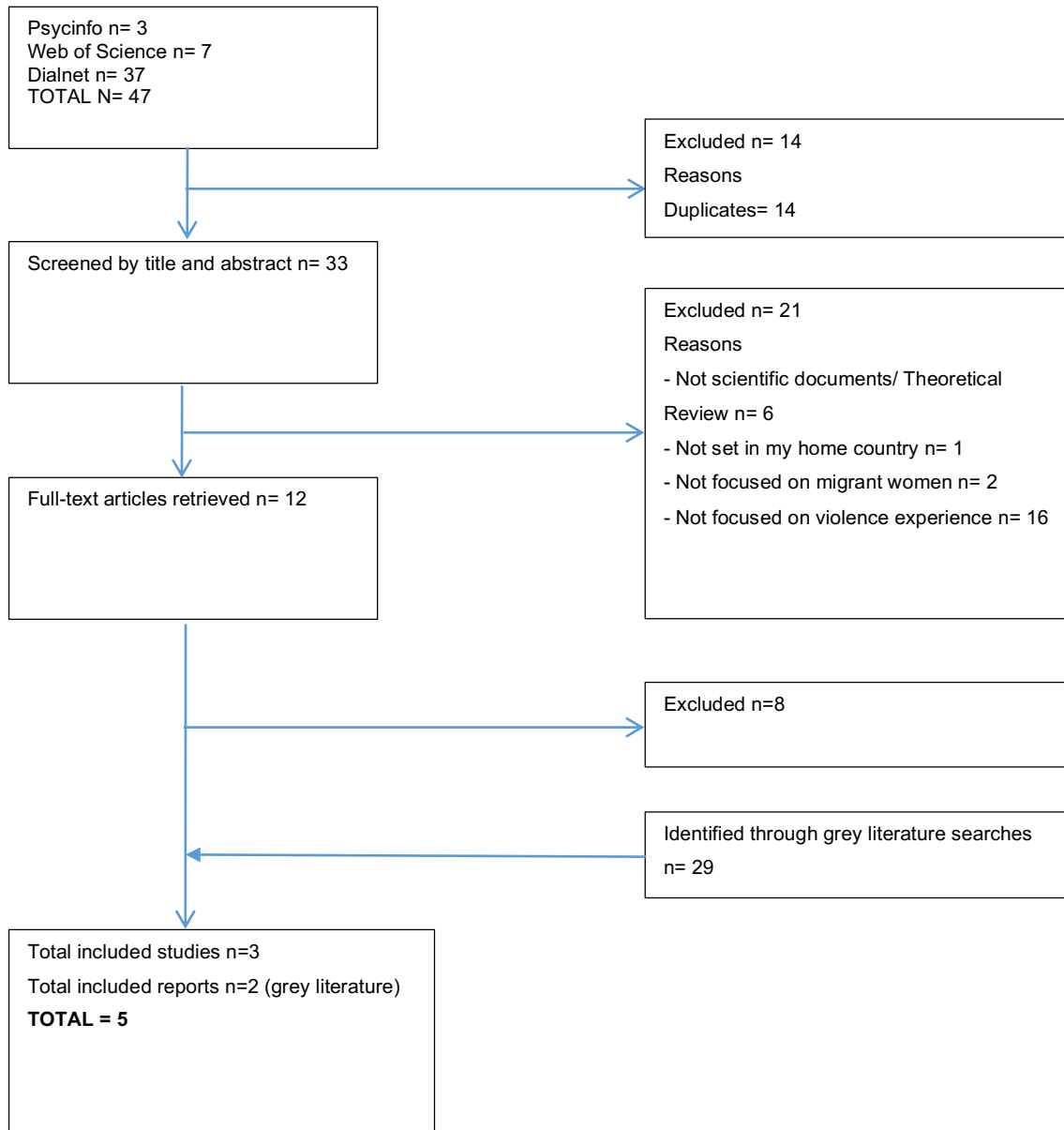


Figure 2. Flowchart for providers' experiences review.

Table 11 shows a chart with the 20 documents (scientific and grey literature documents) with some descriptive information about each study included in the review for migrant women victims' experiences about S/GBV. Table 12 shows the five documents selected for the review about professional experiences in their attention to migrant women victims of S/GBV, with some basic information about the studies.



Table 11.

Selected papers and reports for the final review about women's experiences of S/GBV.

Study/Report	Population	Age	Participants	Violence exposure	Method
Agency of Migrant Women Against Gender Violence (2013)	Migrant women living in Madrid from Colombia, Ecuador, Brazil, Nigeria, Syria, Bolivia, El Salvador, and Nicaragua.	20-50	N = 12	Any kind of gender violence	Qualitative: focus groups.
European Union Agency for Fundamental Rights (2014)	General population of women living in an EU Member State (includes Spain), who spoke at least one of the country's official languages.	18-74	42,002	Any kind of violence: Physical or sexual violence by any partner, psychological partner violence, physical or sexual violence by non-partner, stalking, sexual harassment, physical, sexual or psychological violence	Qualitative and quantitative: Face-to-face interviews by female interviewers. Questionnaires by interviewers or computer-assisted personal interviewing. Survey data.
Cuenca-Piqueras (2014)	Women living in Spain (both Spanish and migrant).	16-64	Women experiencing violence exposure n= 17	Sexual harassment at work	Quantitative: analysis from a national survey by "Inmark" to Women's Institute between 2004 and 2006; multivariate analysis (MultiDimensional Scaling, following the Alscal's procedure).
Alhassan, Barrett, Brown, & Kwah, (2016)	African migrant communities with high Female Genital Mutilation prevalence rates in Spain: Senegalese and Gambian communities	18-65	n = 96	Female genital mutilation	Qualitative: depth narrative interviews and focus group discussions.
Alconada de los Santos (2011)	Foreign women victims of trafficking, interviewed in our delegations throughout Andalusia during the period 2009/2011	20-40	N = 150	Human trafficking for sexual exploitation purposes	Mixed method: questionnaire and interviews.
Oso (2008)	Migrant women engaged in prostitution in Galicia (from Colombia,	-	N = 50	Prostitution	Qualitative: Interviews.



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	Brazil, Dominican Republic, Venezuela, Argentina, Ecuador				
Oso (2010)	Latin American sex workers in Spain (Galicia) from Brazil, Colombia, the Dominican Republic and Ecuador	-	N = 45	Prostitution	Qualitative method (interviews and discussion group)
Oso (2016)	Latin American women (from Colombia, Brazil, Ecuadorans, Dominican Republic, Argentina, and Venezuela) sex workers in Galicia. Business owners, clients and key informants (NGO workers, doctors...)	-	N sex workers = 50 N = 32 non-sex workers	Prostitution	Qualitative: interviews
Ríos (2014)	Sex workers women from three zones in Almeria: the capital city of the province, Almeria's West and East. Women from Brazil, Colombia, Spain, Guinea; Morocco, Nigeria, and Romania.	-	N = 902	Prostitution	Qualitative: Ethnographic research (7 In-depth and 895 standardized interviews: entrevistas cerradas).
Ríos (2016)	Sex workers women from three zones in Almeria: the capital city of the province, Almeria's West and East. Women from Brazil, Colombia, Spain, Guinea; Morocco, Nigeria, and Romania.	-	N = 902	Prostitution	Qualitative: Ethnographic research (7 In-depth and 895 standardized interviews: entrevistas cerradas).
Solana Ruiz (2012)	Migrant women living in Jaen from Colombia and Ecuador, and from Romania	25-35	N = 6	Prostitution and human trafficking for sexual exploitation purposes	Qualitative: life history.
Verde Diego, C. (2014)	Migrant women	-	-	IPV	Qualitative: Interviews
Vives-Cases, Álvarez-Dardet, Gil-González, Torrubiano-Domínguez, Rohlf, & Escribà-Agüir (2009)	Women experiencing IPV in Spain (Spanish and foreign women). One part of the study provides information about migrant women.	> 16	N (survey respondents) = 13094; n (battered women) = 128 (1%); n (battered foreign	IPV	Quantitative methodology; Bivariate and multivariate analysis, calculating Odd ratios introducing factors with a forward method to construct the statistical model. A study based on data from the Spanish National Health



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			women) = 37		Survey in 2006.
Vives-Cases, Álvarez-Dardet, Torrubiano-Domínguez, & Gil-González (2008)	Retrospective data of women killed by their partners or ex-partner in the period from 1999 to 2006.	> 15	N = 468 n Spanish = 365 n Foreigners = 103	IPV (murders)	Quantitative: - Annual femicide rate for Spanish and foreign. - Models for the calculation of relative risks and 95% confidence intervals for each of the study years and for the period 1999-2006. For this calculation were used the data of population of Spanish and foreign women and the number of deaths per IVC.
Vives-Cases, Torrubiano-Domínguez, Gil-González, La Parra, Agudelo-Suárez, Davó, & Martínez-Román, M. A. (2014).	Migrant women from Ecuador, Morocco and Romania residing in municipalities in the provinces of Madrid, Valencia and Barcelona (2011).	18 - 65	N = 1607	IPV (during the past 12 months)	Quantitative study: 1) A questionnaire about sociodemographic information, social support and immigration status characteristics, administered by the interviewers. 2) Index of Spouse Abuse (ISA), designed to measure the severity or magnitude of physical and non-physical abuse inflicted on a woman by her spouse or partner, self-administered by interviewees.
Vives-Cases, Gil-Gonzalez, Ruiz-Perez, Escriba-Aguir, Plazaola-Castano, Isabel Montero-Pinar, & Torrubiano-Dominguez, (2010).	Migrant and non-migrant women seeking medical care	18-70	N = 10048 n (Spanish) = 9413 (1353 Victims of IPV) n (migrants) = 635 (147 victims of	IPV	Quantitative cross-sectional study: logistic regression model for each outcome variable.



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IPV)					
Alvarez-del Arco, del Amo, Garcia-Pina, Garcia-Fulgueiras, Rodriguez-Arenas, Ibañez-Rojo, & Llacer (2013)	Spaniards and Ecuadorian men and women living in Alicante, Almeria, Madrid, and Murcia.	18-54	N = 1059. Spanish women = 266; Spanish men = 259; Ecuadorian women = 267; and Ecuadorian men = 267.	IPV (physical, sexual, and psychological abuse during the past 12 months)	Quantitative: logistic regression on answers to the 28-item General Health Questionnaire, GHQ-28, and to a questionnaire)
Asensio, Calvo, Meléndez-Valdés, & Parody, (2014)	Women immigrant of Málaga	> 15	Total N not specified. Women clients of several Spanish institutions.	IPV (Physical, psychological, sexual, economic)	Quantitative: survey; comparative statistics. Includes interview with professionals and women.
Colorado-Yohar, Tormo, Salmeron, Ballesta, & Navarro (2012)	Latin-Americans, Moroccan and Spaniards women and men (men were not taken into account in the review) living in the region of Murcia;.	16-64	N women migrant = 413 (Latin American women = 321, Moroccan women = 92).	IPV.	Quantitative: Cross-sectional study; face-to-face questionnaire. Chi-square test and multivariate logistic regression analysis. Logic regression models.
Ministerio de la Sanidad Servicios Sociales e igualdad. (2015).	Migrant and non-migrant women living in Spain	> 16	N = 10171	IPV (Sexual Violence, Physical Violence, Psychological Control Violence, Emotional psychological violence and Economic Violence), Physical and sexual violence outside Intimate relationships.	Quantitative. Survey. Clarification: The prevalence of violence shown by the surveys used refers exclusively to violence that women surveyed decide to share during the interviews.

Table 12.
Selected papers and reports for the final review of service providers' experiences.



Identify the study	Population	N	Characteristics of client groups	Method
Briones-Vozmediano, Goicolea, Ortiz-Barreda, Gil-Gonzalez, & Vives-Cases (2014).	Professionals who provide support to battered migrant women from Barcelona, Madrid, Valencia, and Alicante. These professionals were employed in NGOs, public institutions, and specialized services aimed at providing legal, social, health, work, family, and psychological support to migrant women	N = 43 n women = 40; n men = 3	Migrant women victims of IPV	Qualitative: 29 in-depth interviews and 4 focus group discussions. Content analysis.
Briones-Vozmediano, La Parra, & Vives-Cases (2015).	Professionals involved in providing support to abused migrant women, employed in NGOs and public institutions related to VAW or migrant populations with specific VAW programmes. These professionals were from Barcelona, Madrid, Valencia and Alicante.	N = 43 n women = 40; n men = 3	Migrant women victims of IPV	Qualitative: 29 in-depth interviews and 4 focus group discussions. Thematic analysis.
Briones-Vozmediano, Davó-Blanes, & García-De (2016).	Professionals involved in providing support to migrant women affected by IPV from Barcelona, Madrid, Valencia, and Alicante, employed in NGOs, public institutions (e.g. policemen and professionals of judicial system), and specialized services aimed at providing legal, social, health, work, family, and psychological support to migrant women.	N = 43 n women = 40; n men = 3	Migrant women victims of IPV	Qualitative: semi-structured interviews and a discourse analysis.
Agency of Migrant Women Against Gender Violence. (2013)	Professionals from diverse backgrounds and services (health, education, welfare services...) from Spain and Morocco attending social services, associations and NGOs related to women or migrant women in Catalonia Professionals; and civil society organisations, mainly associations of migrants, migrant women, and women's associations and groups.	N = 123	-“Few” migrant women (Latin Americans and Moroccans) out of the total users. -Insignificant number of refugee women.	Mixed: Questionnaires and focus groups.
Agency of Migrant Women Against Gender Violence (2013)	Professionals and volunteers belonging to different social and health service organisations working in the Community of Madrid. A high percentage of the sample had a high or very high level of professional experience: 30% of participants had less than two years' professional experience, with 31% reporting experience of around 2-5 years, 22% with 6-15 years, 13% with 16-25 years and the remaining 4% more than 25 years.	N = 101 96.23% Spanish; 7.84% Morocco, Argentina, Chile, and	Migrant, refugee, and ethnic minority women among their users. (Refugee women are the group with less presence in institutions)	Quantitative: Likert-scale questionnaire.



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Switzerland.)



A descriptive analysis of the included studies shows different aspects: sources where the documents included were found (see Table 13 and Figure 3); regions of Spain represented in the different studies (Table 14 and Figure 4); number of participants as a function of sample size in the different studies included in the revision (Table 15 and Figure 5); the age of the population included in the studies (Table 16 and Figure 6); the kind of violence identified through literature (Table 17 and Figure 7); and the methodology of the studies included in the review (Table 18 and Figure 8).

Table 13.

Source where the documents were found.

		<i>Frequency</i>	<i>Percent</i>	<i>Cumulative Percent</i>
Women	Web of Science (WOS)	10	50	50
	Dialnet	6	30	80
	Grey Literature	4	20	100
	Total	20	100	
Providers	Web of Science (WOS)	3	60	60
	Grey literature	2	40	100
	Total	5	100	

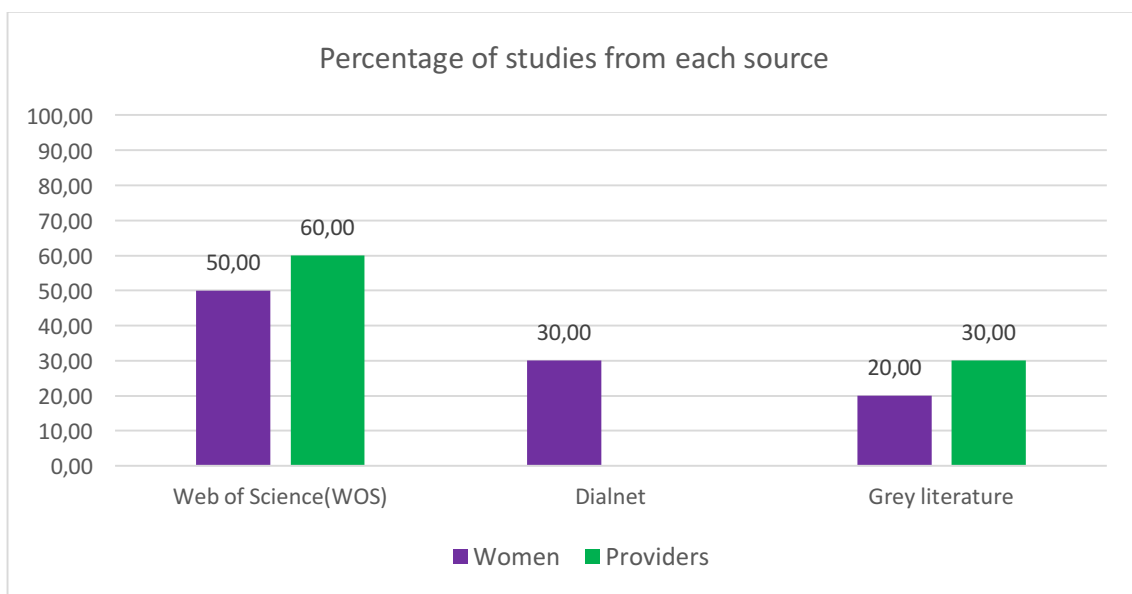




Figure 3. Percentage of studies from each source.

Table 14.

Regions of Spain.

		Frequency	Percent	Cumulative Percent
Women	Andalusia	6	30	30
	Catalonia	1	5	35
	Galicia	3	15	50
	Madrid	1	5	55
	Murcia	1	5	60
	Spain/several regions	8	40	100
	Total	20	100	
Providers	Madrid	1	20	20
	Spain/several regions	4	80	100
	Total	5	100	

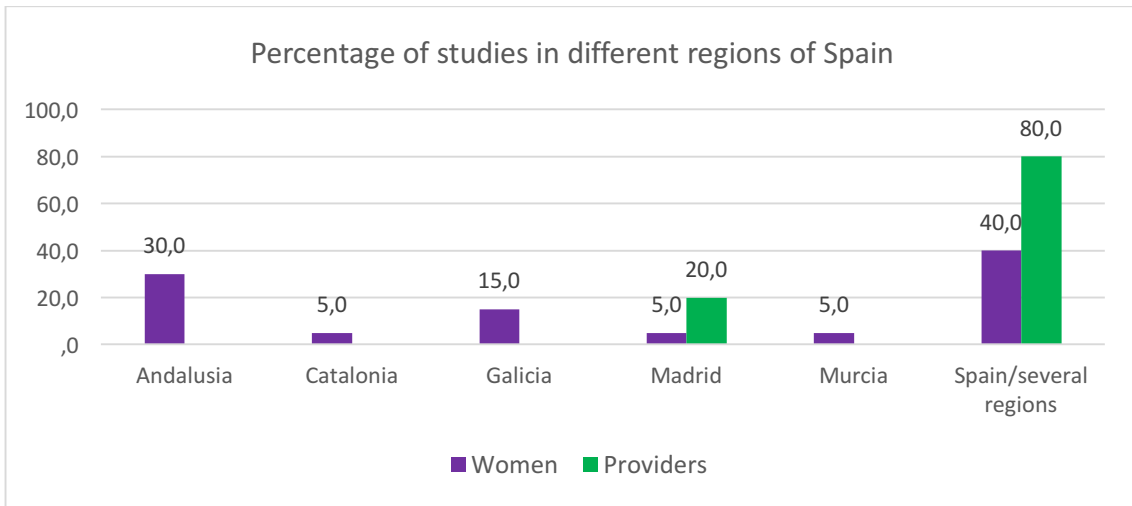


Figure 4. Percentage of studies in different regions of Spain



Table 15.

Sample size of the different studies included in the final review.

		<i>Frequency</i>	<i>Percent</i>	<i>Cumulative Percent</i>
Women	< 30	3	15	15
	> 100	9	45	60
	30 - 100	5	25	85
	Statistical data	3	15	100
	Total	20	100	
Providers	30 - 100	3	60	60
	> 100	2	40	100
	Total	5	100	

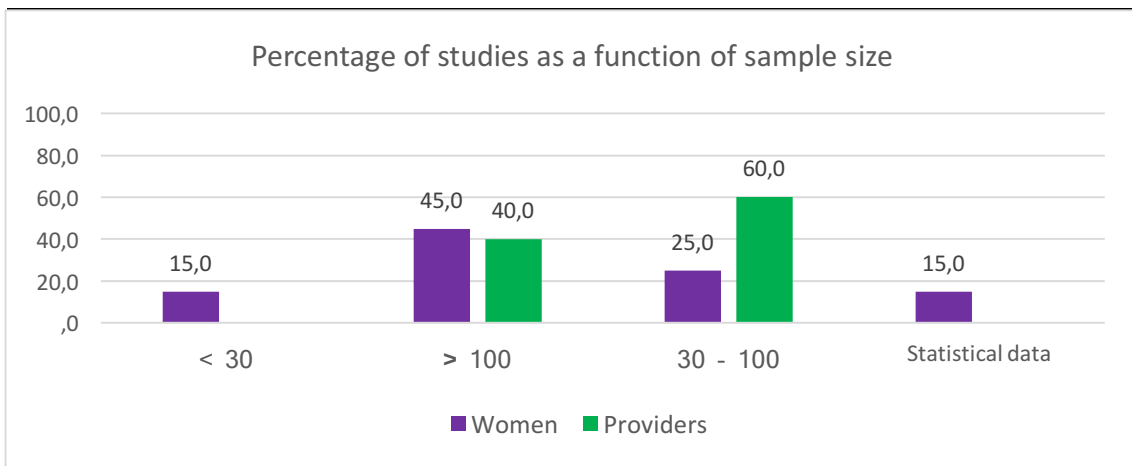


Figure 5. *Percentage of studies as a function of sample size.*

Table 16.

Age of the population included in the studies selected for the review.

		<i>Frequency</i>	<i>Percent</i>	<i>Cumulative Percent</i>
Women	Unknown	6	30	30
	Under 18 included	6	30	60
	Only over 18	8	40	100
	Total	20	100	
Providers	Unknown	5	100	100
	Total	100		

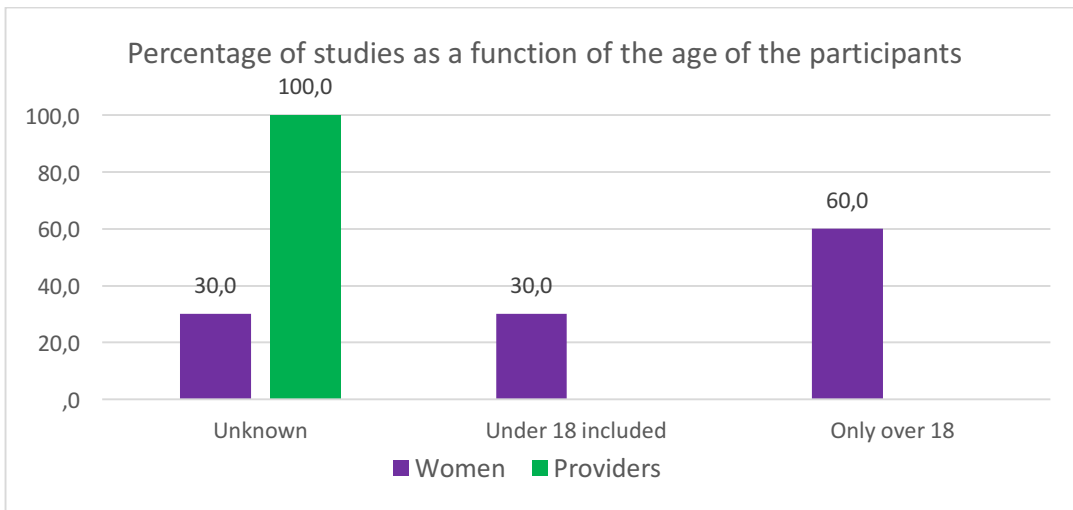


Figure 6. Percentage of studies as a function of the age of the participants

Table 17.

Kind of violence.

	Frequency	Percent	Cumulative Percent
Several	2	10	10
IPV	9	45	55
Human trafficking/sexual workers	7	35	90
FGM	1	5	95
Sexual Harassment	1	5	100
Total	20	100	

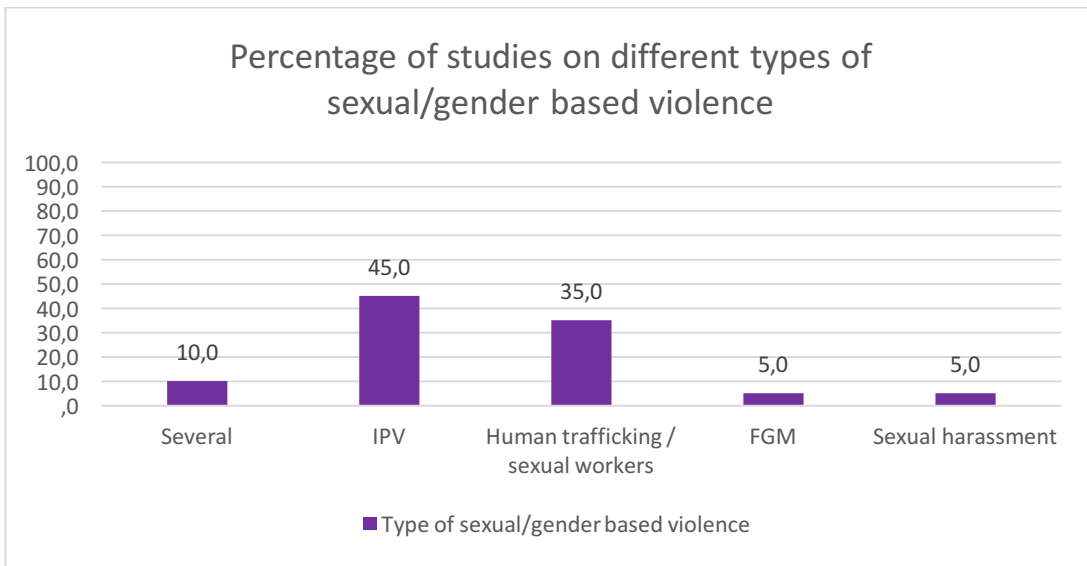


Figure 7. Kind of violence.

Table 18.

Methodology of the studies included in the final review.

		<i>Frequency</i>	<i>Percent</i>	<i>Cumulative Percent</i>
Women	Qualitative	10	50	50
	Quantitative	9	45	95
	Mixed	1	5	100
	Total	20	100	
Providers	Qualitative	3	60	60
	Quantitative	1	20	80
	Mixed	1	20	100
	Total	5	100	

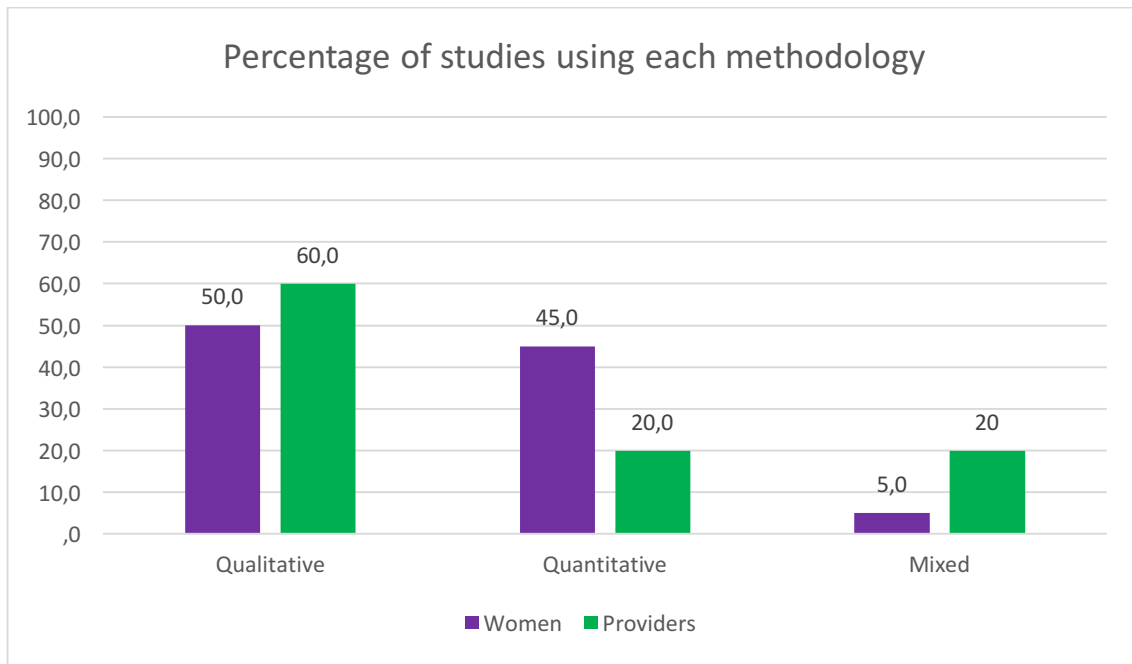


Figure 8. Percentage of studies using each methodology

Synthesis of key findings for women's experiences

As we have already pointed out earlier in this report, in Spain, the term “gender based violence” usually refers to violence that happens in the context of intimate relationships. This is due to the restrictive purpose of the act of Spanish Act in its scope to those who have or have had an emotional relationship, and might explain why the vast majority of the studies carried out in Spain are focused on IPV. Despite that, we present the key results of each kind of S/GBV, though any study related to forced marriage was found or selected for the final review.

Intimate partner violence

In general terms, the risk of IPV death is higher for foreign women residing in Spain than for Spanish women, as it is shown by statistical data studies from 2008 (Vives-Cases, Álvarez-Dardet, Torrubiano-Domínguez, & Gil-González, 2008).

Despite those arguments shown from migrant women usually surprised by the high number of GBV victims in Spain, and, particularly by the deaths (Agency of Migrant Women Against Gender Violence, 2013), statistics show that there are many differences between Spanish women and those born abroad (Government Delegation for Gender Violence, 2015; Vives-Cases et al., 2010). Attending to percentages



depending on different types of violence, the macro-survey carried out by the Government Delegation for Gender Violence (2015), being interviewed 10171 women residing in Spain aged 16 and over, shows that victims of **sexual violence** are 7.6% of prevalence for women born in Spain vs. 15.3% for foreign women. This percentage rises to 24.4 when the partner of these women is from the same place of origin as they are. **Physical violence** is 9.5% in the case of Spanish and 20.5% for women born outside the country. **Psychological violence** is even more impressive: 24.3% for Spanish women and 42.7% of those women born out of Spain. In the same way, the European Union Agency for Fundamental Rights (2014) showed higher rates of physical and/or sexual violence since the age of 15 by partners and non-partners.

Statistics varies if we look at other research like Vives-Cases et al. (2010) that showed different percentages but in the same direction (23.1% for migrant women vs. 14.5% for Spanish women). This has been also found by Colorado-Yohar, Tormo, Salmeron, Ballesta, & Navarro (2012). Also, being born in a different country from Spain is one of the factors making women more likely to identify themselves as victims (Vives-Cases et al., 2009).

The factors usually related to IPV among migrant women in Spain may depend on the country of origin. Following findings Vives-Cases et al. (2014) in Romanians IPV was related to having children and/or other dependants in Spain or in the country of origin, not having social support, and with low religious involvement. In Moroccans, it seemed to be related to high religious involvement, and with being separated or divorced as well as in Romanians.

Literature and reports are also focused on the experiences of women regarding legal proceedings. According to the data by the last macro-survey carried out by the Government Delegation for Gender Violence (2015) women victims born abroad have reported more violence than women born in Spain (33.2% vs. 27.6%). This result may be responding to the combined effect of other characteristics, such as age (there is a higher percentage of foreign-born females among middle-aged females). In addition, when the influence of geographical origin in terms of homogamy is analysed, women with a partner from the same country of birth abroad have less denounces, 54.4%, compared to 66.4% of women born in Spain whose partner is also born in Spain. A reason why women do not report is fear for those women born abroad (31.1%), more than those born in Spain (25.3%).



Regarding the access to formal resources and the knowledge about them, the legislation and mechanisms are especially unknown by migrant women. It is common that the abusers do not let the victim learn the language, and try to isolate them (Asensio, Calvo, Meléndez-Valdés, & Parody, 2014). Migrant women have less access to resources for migrant women (40.2%) than Spanish (46.2%) (Government Delegation for Gender Violence, 2015). The lack of seeking help among migrant women is due to they did not know where to go or because these services were far away or inaccessible in a high percentage (19.9%) compared to Spanish women who gave the same reason for not seeking help (10.1%). Moreover, advice by friends and relatives is more often among the Spanish than among migrant women (Government Delegation for Gender Violence, 2015).

Verde-Diego (2014) has pointed out some factors that influence the fact that migrant women are more vulnerable to IPV, which are the following:

- 1) **Cultural factors:** Migrant women have greater tolerance of gender violence in their countries of origin and face what they define "lightness of Spanish women before the love of the family". They justify the violence and/or sometimes blaming women. Furthermore, their low self-esteem due to the social position in the host country, cause them immobilization to face male violence.
- 2) **Conflicts in relationships** in the host country due to emotional and/or economic dependence or because the male sexist behaviours.
- 3) Difficulty maintaining or controlling their own sexuality and access to health devices that do not have to do with reproductive or sexual health.
- 4) **Added difficulties of regrouped migrant women**, such as economic dependence and, if separated, a regrouped migrant woman would become an irregular migrant.
- 5) Increasing labour uncertainty and family/social isolation.
- 6) Ignorance of the law and existing resources in the field of domestic violence and distrust over protection systems.
- 7) The feeling of fear and frustration before the failure of the migratory project.

[Violence outside intimate relationship](#)

Official reports and macro-survey studies show that migrant women are more represented even when speaking about violence outside intimate relationships, no



matter if we refer to physical, psychological or sexual violence (Delegation for Gender Violence, 2015). According to the data presented by the last macro-survey carried out by the Government Delegation for Gender Violence (2015), 16.5% of women from another country who live in Spain claim to have suffered physical violence at least one occasion throughout their lives, compared to 10.9% of women from Spain. In those born abroad, 9.7% of women said they had been victims of sexual violence outside of a relationship (9.7%), compared to 6.9% of those born in Spain.

It is confirmed by specific research works who have shown comparisons between Spanish women and women from other countries, as Ecuadorians, who were more exposed to abuse from persons other than relatives (10% vs. 28%) (Alvarez-del Arcor et al., 2013).

Sexual Harassment

Only one selected study had researched on sexual harassment at work. According to Cuenca-Piqueras (2014), harassment experiences are more likely in migrant women. This implies no wanted physical contact and pressure to have sex under threat. In terms of frequency, the majority of violence exposure behaviours are more experienced by migrant women, except aggression (sexual assault). Foreign women suffer more frequently and higher intensity sexual violence.

Female Genital Mutilation (FGM)

Alhassan, Barrett, Brown and Kwah (2016) developed a qualitative study based in narrative interviews and focus group with Senegalese and Gambian communities in Spain. According to the study, clitoridectomy and excision are considered as the more frequent types of FGM, usually during the adolescence. Most of the women do not support the practices. As for the belief systems, the most cited religious beliefs were related to the Islamic faith and they believed that FGM is also a cultural identity marker that separates them from non-Muslim people. The enforcement mechanisms are the family (mainly fathers) and community (older people, religious leaders). There is also external pressure from family in the home country.



Human trafficking and Prostitution

Regarding prostitution, it is important to mention that after reviewing the literature about this issue, it is difficult to consider prostitution as violence since there is not a specific label as human trafficking in those studies included in the review. Having said that, though there are victims of human trafficking, some of them said that chose prostitution voluntarily (Solana, 2012; Oso, 2008) or at least they were aware about what they would do once they arrive Spain, as is shown in Oso, 2008. One of the studies (Alconada de los Santos et al., 2011) has also shown that migrant women are usually caught throughout family, friends or known people, and that less women than thought are caught by fake job offered by mafias. However, women who choose to be sex workers, they did not plan it, but they had no other options (Solana, 2012).

Some factors are related to work as prostitutes among migrant women in Spain or to not be able of leaving it. These factors are the economical pressure (Solana, 2012; Oso, 2008); their irregular situation (Solana, 2012; Ríos, 2016; Oso, 2008); handicaps to access Spanish labour market (Ríos, 2014; Ríos, 2016); isolation and difficulties in seeking support and accessing social sources (Ríos, 2014; Ríos, 2016); access to health care services (Ríos, 2014; Ríos 2016; Alconada de los Santos, 2011); and decent housing (Ríos, 2014; ríos, 2016). Besides of these factors, the language (speaking properly Spanish or not) is an obstacle, especially to access services mentioned above -social and health services- (Ríos, 2014; Ríos, 2016; Alconada de los Santos, 2011).

As active agents who implements surviving strategies (Oso, 2010), it is usual that migrant sex workers ask for regularizing their job (Ríos, 2016; Oso, 2008) and finishing the stigma associated to it (Ríos, 2014; Ríos, 2014; Oso, 2008). Furthermore, it seems clear that migratory process is a vulnerability factor for these women (Ríos, 2016; Oso, 2008). However, the country of origin can make a difference since East Europe and Latin-American women would have more protective factors than the African would, who usually have a lower educational level and they are more frequently in an irregular situation (Ríos, 2016; Alconada de los Santos, 2011). Of course, the goal of returning back to their country of origin or settling in Spain makes a huge difference in their behaviours: they will save money to go back home and their affective relationships would not be stables; but if they want to stay in Spain they would try to improve their situation with stable relationships, abandoning prostitution (Oso, 2010).



Finally, if they want to stay in Spain but with responsibilities in their home country, will have stable relationships and give up sex working only if their partners finance the maintenance of their families (Oso, 2010).

Regarding health issues of migrant women involved in prostitution, their physical and psychological health is affected by their obstacles in accessing social and health resources (Ríos, 2014) and suffer from many inequalities and violation of human rights as a consequence of migrant process (Ríos, 2014; Oso, 2008). In addition, sometimes they have not enough information about the Spanish Health Care System (Ríos, 2014)

Another issue has to do with the prostitution conditions. In general, working at clubs supposes higher incomes, but harder working conditions than working in private floors. Floors imply greater autonomy, better health and hygiene and less stigma. As for the violence in both spaces, more VAW in clubs than on the floors (Oso, 2016).

Synthesis of key findings for service providers' experiences

The documents selected regarding service providers' experiences in their assistance to migrant women suffering from S/GBV is far less than those selected regarding women experiences. However, an interesting overview came from the review of the literature.

Three of the studies correspond to the work developed by a same group of researchers (Briones-Vozmediano, Davó-Blanes, & García-De, 2016; Briones-Vozmediano, Goicolea, Ortiz-Barreda, Gil-Gonzalez, & Vives-Cases, 2014; Briones-Vozmediano, La Parra, & Vives-Cases, 2015). In these qualitative-works, the participants were professionals involved in providing support to battered migrant women from Barcelona, Madrid, Valencia, and Alicante.

Briones-Vozmediano, Goicolea, Ortiz-Barreda, Gil-Gonzalez, & Vives-Cases (2014) focused on the Professionals' Perceptions of Support Resources for Battered Migrant Women. Four categories emerged during data analysis:

(a) **Frustration** with the victim's decision to abandon the help-seeking process, which makes it difficult to carry out their jobs. They felt an ineffectiveness of the advice they gave to battered women.



(b) **Ambivalent positions** regarding differences between migrant and Spanish women. On the one hand, professionals denied the existence of differences between Spanish and migrant women in abandoning the help-seeking process. On the other hand, the same professionals indicated added difficulties for migrant women (feeling uprooted and experiencing social isolation) that made them more afraid and unconfident and more vulnerable to IPV than Spanish women. The inability to speak the language made it difficult to access resources, and increased fear of and dependence on the aggressor. There also find cultural normalization of violence in migrant women's countries of origin.

The participants also considered differences between nationalities: Arabian were the most likely to remain in a violent relationship compared to the empowered Latin American women, who left the relationship more frequently, they share the same language and their migration patterns may be independent of men, since they too often find job.

(c) Difficulties in the migratory process that may hinder the help-seeking process: Migrant women's dependence on their partners because of their economic situation derived from the migration process or social isolation. There was also a lack of knowledge about their rights as a battered woman in Spain and about the existing resources.

(d) Criticisms regarding the inefficiency of existing resources. All the interviewees asserted that battered women, especially those who are more vulnerable, need to have other alternatives, and did not consider that making a complaint represented a definitive solution to the problem of IPV

A common theme across the categories was to help migrant women not to leave the help-seeking process.

Similar findings are provided by the Agency of Migrant Woman Against Gender (2012), whose works related to the experiences of professionals and volunteers working with women or migrant women in Catalonia and Madrid showed that professionals are aware of the lack of opportunities and rights of migrants. They think that the most extended type of VAW is that "committed by migrant/refugee men against women of the same nationality or group". Also they think that migrant women are more vulnerable to violence because of their vulnerability in legal, economic, labour and social terms (i.e. lack of support networks), and this situation made more difficult for them to press charges against the perpetrators. Vulnerability was due to dependence



on a partner and to family control of spaces and movement. In order to reduce vulnerability, some providers think that it should be an obligation for these women to learn the local language.

Some barriers and facilitators to effective coverage of IPV among migrant women are shown by Briones-Vozmediano, La Parra, & Vives-Cases (2015). Barriers in Spanish IPV services to provide assistance for migrant women are related to a) **availability** of human and economic resources, noticing the lack of culturally appropriate services; b) **accessibility**, especially for migrant women in an irregular situation, but also because of economic or geographical barriers to access some services; c) **acceptability** of the services because of the cultural distance or distrust in IPV services; and d) **effectiveness**, given the coordination problems between services and the lack of training professionals in effective assistance to migrant women.

Briones-Vozmediano, Davó-Blanes, & García-De (2016) analysis repertoires about IPV, migrant women and their aggressors, their culture and professional practices. Four interpretive repertoires emerged from professional discourses:

- a) “Cultural prototypes of women affected by IPV” referring to low self-esteem, psychological avoidance, self-isolation and affective dependence. Women are classified into four cultural groups: (1) Latinas, (2) Arabs or Muslims, (3) Eastern European or Romanian gypsies, and (4) Asian or Chinese women absent in services.
- b) “Perpetrators are similar regardless of their culture of origin”. Professionals associate alcohol consumption with aggressors, particularly Latinos and Romanians, and social services identify cocaine use among Spaniards.
- c) “Are victims credible and perpetrators responsible?” Identifies the perpetrator as the sole responsible but at the same time holds the women accountable to continue or leave.
- d) “Lack of cultural sensitivity of professionals in helping migrant women in abusive situations”. Providers are optimistic about their own professional practice, but are critical with others’. They feel that having additional resources, such as cultural mediators, would facilitate their task of helping migrant women.

Indeed, related to these categories, especially the lack of sensitivity, it is important to add the usual presence of stereotypes regarding migrant women, as we found in the report by the Agency of Migrant Women Against Gender (2013).



The second study of the Agency of Migrant Woman Against Gender (2013) developed in the region of Madrid with organizations with migrant, refugee and ethnic minority women clients. As it is shown in this work, women's main demands are those concerning social assistance and welfare, employment guidance and insertion, economic support and legal support. Mostly of professionals, 71.19%, agreed to respond positively to the demand of being addressed only by a women. It seems that the majority of professionals have been specifically training on VAW (63%) during the last three years, even though almost 37% had not received any kind of education about this topic. 38 % of professionals consider really important having protocols on VAW and 30% of them perceive as necessary have guidelines by the different services in a territory. Regarding beliefs, any participant considers of importance to explain VAW in terms of being a migrant or the practice of a specific religion.

Limitations

Some limitations that we should consider in relation to the results found through the literature review have to do with the quality of the studies in two ways. First, we did not develop any strategy to assess the quality of the studies finally included in the revision. Second, in order to address with the criteria established to include the studies and focus exclusively on the situation of Spain, the vast majority of studies were in Spanish databases and also written in Spanish, so most of our selected documents were from no indexes journals. This aspect is important because the impact of the journal could determine the quality of the study they publish in there.

As one can expect, the lack of control in this quality issue could have affect the general quality of the revision and the results that have been came up from it.



Part 2. Research on experiences. Interviewing migrant women victims of S/GBV and professionals who support them

Interviewing women

Method

Participants

We interviewed three women to know about their experiences of S/GBV victims as migrant women. Two of them were Moroccan and the other was Mexican. Participants were between 41 and 55 years old and the average age was 46. The three of them have been suffered from IPV, the kind of S/GBV in which we focused on. The average of years living in Spain is 13 (a minimum of 9 years and a maximum of 20 years). Only one of the women has a partner (married) nowadays. Their migrant situation is regular but the economic situation variates from one woman to another: one of them has no incomes; one of them has at least 400 Euros per month and one woman 800 Euros per month. The three of them had a good Spanish at the time of the interview. Two of them had been receiving psychological support in private services. Only one of the women has no children.

We access the sample by contacting professionals who attended these women and all of them participate in this study as volunteers, having known what their participation would suppose and what the purpose of the research was.

Instruments/Materials

We used an interview schedule took from CAPTIVE team proposals, but with some variations to adapt the content of the questions to our population. The sheet we follow is in appendix 1.

Procedure

We asked those associations which we have already contact with before for Part 1 if they could bring us the facilities to interview some women clients of their services. *Sevilla Welcomes You (Sevilla Acoge)* and *Surviving Women (Mujeres Supervivientes)* were the two associations in Seville, which put us in touch with the three women.



We made individual appointments for each woman through the associations and the day of the interview, we introduce ourselves and explain them our purpose with the study. We gave them an information sheet and after the women confirmed they wanted to participate voluntarily in the study (with the consent sheet properly signed), we start the interview in a private room with two interviewers in one case and one interviewer in the other two cases. The interviews were voice-recorded to ease the transcription analysis of the content.

Main results

Experience in the country of origin and migration process

Type of violence

The three women were victims of IPV in their country and Moroccans also suffered this violence in Spain. During the interviews, they told us that those from Morocco got married at the age of 14 by an imposition and one of them also was raped at work in Spain.

Reasons for leaving their country of origin

When women were asked for the **reasons for the migration**, only a woman (the Mexican) **left her country to escape** from violence. The Moroccans left because of new job opportunities in Spain. This argumentation is very common between muslim women, whose migratory experiences tends to be interpreted as a sacrifice for the family economy, rarely as an escape to get freedom (Sierra, 2003)

Support in their country

Only the Mexican woman got support in her country support only from private organizations:

A: "I denounced. Look, the institutional circuits are worse there than in Spain. They do not believe you, they scold you. "How is it possible? You are teacher ..." they said. Anyway, NGO circuits and private initiatives do work."

However, Moroccan women had not support, even from family and friends, probably due to cultural normalization of the abuse situation among muslim culture (Anton-García, 2003; Verde-Diego, 2014). As you can read in the quotation, they even couldn't say anything about the violence since it is something common for the people around.



F: “[...] our families **force us to get married**. If anything happens to you, **you cannot tell your parents**. It’s a problem...”

This remaining in abusive marriages among many Moroccan women could be due to the fact that just seeking help or asking for divorce are socially unacceptable dishonors that lead to bad consequences for the women in their country of origin (Kulwicki, Aswad, Carmona, & Ballout, 2010).

Differences between men and Women in the migration process

Two women told us about the differences between men and women regarding the migrant situation. Both said that women were more likely to receive support (from shelters, women's centers, etc.) and finding a job is easier, too, although the conditions are precarious. Indeed, they have to put up with humiliation, unpaid, abusing work contracts and many abusing situations due to their migrant situation, in order to keep their regular migrant situation. There is a broad amount of studies that mentions the precarious conditions at work that migrant women accept to maintain their status, pay loads or sustain their families (Oso 2008; Vives-Cases et al., 2009; Briones-Vozmediano et al., 2016)

As you can read in the third fragment, a woman said she was raped at job and did not tell anything in order to survive.

"For women is better than for men. For men is the worst. Nobody hires a man for work on a house because they do not trust him. [...] For example, women can find a place indoor because we should not sleep in the street. There are centers for women but men are not provided with centers like women. For women is easier. But men have a hard time ... very bad".

"I think for women is easier to find a job. For men it depends of the experience they have, they suffer more than women do to find work. Maybe the woman suffers more at work. I have suffered a lot at work. It's different. On one hand, you feel calm because you are legal here... but on the other hand I have to endure too much for keep my documents in legality. "

*"[...] We, the housekeepers don't have any right. [...] Because **if I don't work, I won't renew my documents and the pressure...** you know? The pressure is the first thing. [...] A woman put up with many things... **I was raped at my job and I didn't tell. For surviving. I've borne what nobody can bear**".*

Cultural experiences in their countries

The interviewees described how cultural experiences in their countries of origin determined in different ways the experience of perceived vulnerability in the country of destination. For them, some fears from the past reoccurred although the risks were not real anymore.



"I couldn't sleep because in my country there was a lot of violence. I thought "these men are going to rape us during the night..." and I kept protecting my little daughter with a knife I stole from a bar..."

"I was afraid. We are not women who have lived free. We have been girls who have always lived subordinated to our families. We need the permission of our relatives if we want to go out or do anything. We are always thinking "take care if something happens to you, be careful if they notice anything ...". We always keep this fear inside us, so I am always worried about being discovered if something happens to me... if my father or my mother finds out something. We always have that fear. "

Experience in the country of destination: Successes and failures in Seville aid services

Language difficulties

Though women had a good Spanish at the time of the interview, the situation was different when they arrived in Spain, even for the Mexican, had some problems understanding and using Spanish vocabulary and expressions. Also, she perceived the Spanish language as more impolite and violent than it is common between Latin migrants (García García & Verdú Delgado, 2008)

"I am Latin American, and when I arrived to Spain they spoke so fast that I could understand just a little. There were words that I did not understand... sometimes communication were impossible."

Are services enough?

As for the impressions of the women related to the aid services there are different perspectives. One of the interviewees commented that **psychological assistance offered by public services is deficient**. Despite there are high-quality services, resources are not enough to cover the demand of population. The interviewee estimated that it takes 3 to 6 months to get an appointment with psychologists of IAM or PIMs. She considers psychological attention as a priority, and proposes to invest more resources in this purpose.

"These group therapies are great but is a small group of no more than 20 women and only for 6 months [...]. It is not enough. There is a significative distance between the insititucional discourse and the reality of what they offer. It does not exist the treatment of closeness and dignity to the women they offer. Public Services of Seville are all the same. They scold them..."

Material help for basic needs

Another important aspect is that material help is described as more important than psychological or legal assistance at first, especially in the case of women with children. They need to satisfy urgent basic needs like food, nappies, clothing... These were provided by non-specific migrant or women associations like Caritas (Catholic



Charities), The Spanish Red Cross and Doctors of the World, and were described as brilliant in their assistance. This is an extract which refers to this:

"Seville Welcomes You just oriented me a little [...]. Doctors of the World, the nuns and the Red Cross were the ones who offered me the support I needed. [...] They offered me practical and effective solutions. They did not solve completely my situation, but they make me feel hopeful and trustful in others."

"They just offered me a psychologist. I could break down to cry or tell my story... but that did not serve me. I needed resources [...]"

"The psychologist and that's all. In Sevilla Acoge, for example, I have come many times to ask if they could enroll my daughter in the school and they did not enroll her... [...] I have come many times, many times. I have come here and they know it ... but I will not beg anyone, [...] and I have come many times ... nothing, no place, no check, nothing"

"I went to Sevilla Acoge, they made a photocopy of my DNI, they sign me up as an user, they ask me for my CV, and I did not received more support. [...] Doctors of the World did help me. They sign me and my daughter up in Social System and supported us as much as they could. I got a job cleaning houses with them and so on. "

Treatment from service providers

Two of the interviewees reported lack of empathy to their situation and lack of respect to their decisions. According to Briones-Vozmediano (2016), professionals have criticized the lack of sensibility on the treatment of migrant women in aid services in general. Women interviewed noticed these deficiencies on the treatment of some workers that attended them.

"[...] He has a salary; he is comfortable... so he does not feel what others feel. More empathy, because if you do not feel it ... [...] At least a kind treatment when receiving a person who does not have anyone and who needs help. "

"When they receive an migrant they have to feel something, to put in their shoes, because it is very hard. Nothing is better than a kind reception and attention. Giving a good reception is really important"

"Once, I found a young worker scolding me because I had brought my little daughter to Spain by the illegal way. That happened because he wasn't formed. Women travel or emigrate due to precarious circumstances in our countries, looking for better living conditions. And he was scolding me because I dared to travel with the girl and in this situation of vulnerability. [...] It is necessary to look the singularity of others. The other is vulnerable, is requesting support. If you are going to judge and scold... The University education does not make sense without knowledge about the concrete and sensible reality. Theories are not enough to understand the reality. Is also required the conviction of social transformation. This work is very, very strong. "



Moreover, this was not the only thing that they experienced, there were **prejudices** based on their appearance as well. In this fragment, one woman explains that she was not properly attended by some services due to her good appearance and the stereotypes that exist about women who have suffered violence. When they do not fit in with these stereotypes they have a risk of not being believed.

*"[...] and the social worker said 'But your appearance is nice, **you don't look like a battered woman...**'[...] If she doesn't see you as a victim, she doesn't help you either listen to you"
"Once, I went to a PIM and the social worker said "Your appearance you are not seem to be mistreated ..."[...] If she does not see you mistreated, she does not help you neither listen to what you say. You do not get the house because you do not pretend that you need it. It happens frequently"*

Another complaint is related to the **lack of availability** of some of the resources. Regarding to this complaint, Briones-Vozmediano et al. (2015) found this unavailability due to lack of human or economical resources as a barrier for IPV migrant women help-seeking.

"I've gone to the PIM at least 5 or 6 times in the last year. They are never there. Always they are in a meeting, they are doing I do not know what..."

The two women who emigrate with their children reported that **the aids offered by specific services for migrant women were not adapted to their real needs**. Centers offered psychological or legal help, but they had basics needs that were not satisfied. Three organizations provided this type of support to women: Catholic Charities (Cáritas), The Spanish Red Cross (Cruz Roja Española) and Doctors of the World (Médicos del Mundo). Both calificated the care received by these services as impeccable.

On the other hand, they found some other **good professionals** who attended them at their best. There are some good aspects. For example, women give value to the opportunities and advice from providers related to employment.

"You find a person in the reception... the first the smile in his face [...] that makes you feel that you are at home. That you feel that... I don't know, I can't express... well, exceptional. I have a really good treatment by many people around me".

However, due to the few interviewees, there was little agreement when assessing public services, though they agree, as we said, in the brilliant work done by *Spanish Red Cross*, *Doctors of the World* and *Catholic charities*.

Other women as a resource



The interviewees also had support from other women in their similar situations at the time of their arrival in Spain, and they feel thankfully of this support:

“[...] Women have always been present in my life. Spanish and migrant women. They invited me to live with them, to share a room, [to stay together] in Christmas, they accompanied me to know the sources...”

Limitations

The main limitation in this part of the research was the handicap of accessing migrant women. The fact that only three women were finally interviewed made difficult to establish clear categories through their discourses. Not only was the size of the sample too small, but also it supposed the lack of the representation of the migrant population or, at least, the representation of women from an specific country.

Interviewing professionals

Method

Participants

Nine participants (7 women and 2 men) were interviewed as professionals representing different specific services in the region of Seville. The average age for women were 43.14 and for men was 39 and the number of years working in their current positions was between 6 months to 20 years, the average of years including men and women is 10.45. The professionals were a social worker, two policemen, a psychologist, two lawyers, a technician in equality, a coordinator of a specific program for women and a technician in employment and training.

Four out of 9 represented public institutions that attend S/BNV victims, migrant and no migrant women. These four institutions were the Andalusian Women Institute that depends on the Regional Government, the Central Social Services of the City Government in Seville, a Center for Women Information, which depends on the City Government and subsidized by the Andalusian Women Institute, a specialized unit of the National Police (the Women & Family Unit). The three other professionals interviewed represented associations or NGO's in Seville or at least they have a delegation in Seville. One of them was the Spanish Commission for Refugees Care (CEAR), whose users are migrant people all of them, including men and women. The other were two associations were the following: Seville Welcomes You (*Sevilla Acoge*),



which attends a majority of migrant users both men and women, and Women Survivors (*Mujeres Supervivientes*), who attends 50% of migrant people, but all users are women victims from S/GBV.

Instruments/Materials

We used an interview schedule took from CAPTIVE team proposals, but with some variations to adapt the content of the questions depending on the professional who was being asked (see appendix 2).

Procedure

We established contact with different associations by email and telephone and explain them the general objective of the CAPTIVE project and the reasons why we needed their collaboration. Once they accepted being interviewed, we made an appointment in their place of job and in a moment of total disposition of them in order to interfere as less as possible in their job. We first gave them an information sheet and we asked them to sign the consent sheet. After that, we started the interviews in a private room with two interviewers.

Main results

Training in Gender-Based Violence (GBV)

When asked how professionals understand GBV, almost everyone had a broad conception, which included various forms of VAW. Not only did they take into account the crimes of VAW in partner relationships, even if the vast majority of cases that reached the centres were of this type.

With regard to their specific training in GBV, all the professionals interviewed had in the past completed a course offered by a public institution. However, this type of specific course on women who have experienced violence in their relationships was not compulsory for any of them, except for the staff of the protection unit working in the Family and Women's Unit (Unidad de Familia y Mujer: FAM) of the National Police. This compulsory training course lasts 3 weeks.

Within the different courses offered by the institutions, several interviewees agreed both on the useful aspects and on the aspects that should be improved. Most agreed that the content related to legal and juridical aspects was very comprehensive and useful for their professional practice. However, some professionals proposed to



include content on psychological issues, which would help them in the accompaniment and support given to women victims of GBV. Many interviewees insisted that these courses should be mandatory for all persons who have or may have contact with women victims of GBV. They also proposed increasing the frequency of the courses.

Protocols and Coordination

The professionals interviewed acknowledge that they have a fixed protocol, based on a system of care and referral, according to women's demand. They also indicated that they often share information and work in coordination with other centres.

Knowledge of the law and resources

When asked about the Spanish law in force on GBV (Law 1/2004), they were all familiar with it to a greater or lesser extent, and agreed with the need for its application. However, many agreed that its development had not been sufficient and that it was sometimes not properly implemented. They also felt that they did not have the resources to intervene, protect and support women.

Training on GBV for migrant, refugee and asylum-seeking women

None of the interviewees undertook specific and compulsory training related to migrant women, asylum seekers or refugees victims of GBV. Some people had been trained through personal interest or experience, which had given them knowledge about the different profiles of migrant women. This was the case of the interviewees belonging to CEAR and Sevilla Acoge, the two institutions that receive more migrant women victims GBV and that are specialized in this group.

Professionals perceive the need for specific training in foreigner laws and interculturality (traditions and legislation of the countries of origin), in order to be able to give adequate treatment to migrant women victims of GBV. They have also proposed that training should include how to deal with specific profiles (according to religion, migration routes, ethnicity, age and type of violence suffered). They also considered that training courses should include practical content (e. g. role playing), theoretical content and the possibility of sharing good practices with other professionals. Some professionals require language training, which allows them to work with women without the need for translators.

“It would be very important to have knowledge on the law of foreigners, which we don't usually have. We realise that it is necessary to know, depending on the nationality of the person, what



situation she is in (regular or irregular, partner of the European Union or not, the possibilities of access to employment, documentation, etc...). They don't give us this training" (Legal Adviser).

"On content, for me, the most important thing is, once we already have the basis of Gender Violence or Victims of Trafficking, to specify by profiles. It is to start working in relation to countries of origin or ethnic-religious profiles, which give us the possibility to go deeper into the specific profiles of the women" (Lawyer).

"Although we learn from other cultures through experience, it would be good to have more systematic knowledge of their traditions and the laws of their countries. To know more about the reality of women, because some are afraid or reluctant to ask for attention from other resources" (Employment Advisor).

Experience with migrant, refugee or asylum-seeking GBV women

The majority of cases of women from other cultural groups, victims of GBV who have reached the centres of the professionals interviewed, were migrant women victims of IPV. There were fewer cases of refugee or asylum-seeking women (as well as women who came for other GBV offences not related to partner violence).

The most common difficulties encountered by professionals working with women are fear of reporting and mistrust of institutions (especially if they are in an irregular situation, even though migrant women cannot be deported because of an irregular stay in Spain if they are IPV victims). These two difficulties are reflected in the literature, both of which are more frequent in migrant women than in Spanish women (Government Delegation for Gender Violence, 2015; Briones-Vozmediano et al., 2015). Acceptance of mistreatment as a cultural practice and the language problem were also difficulties mentioned by the professionals interviewed. This coincides with the results reported by Briones-Vozmediano et al. (2014). Some professionals also talk about the economic dependence of the abuser and problems in work-life balance as additional difficulties due to the lack of support networks. This also coincides with findings from the scientific literature (Migrant Women Against Violence, 2013; Briones-Vozmediano et al., 2014).

Responses from practitioners on how they addressed differences in working with migrant women victims of GBV were conflicting. The team of Briones-Vozmediano et al. (2014) found similar results, finding that professionals did not highlight differences between foreigners and Spanish nationals in relation to the process of abandoning support services, although they did indicate specific difficulties for migrant women regarding support services.



Some professionals stated that they treated all women equally, as shown in the following two extracts.

“I personally try not to differentiate. When a woman comes to talk to me, I sit with her, turn off the phone, and try to treat her like a woman who needs help. I try to open every possible door so that this woman understands me, knows where she has to go; if I have to accompany her, I accompany her; if an interpreter has to be requested, the interpreter is asked... But I try not to make a very clear distinction, when a woman who is mistreated sits before me, I try to treat her with total sensitivity, delicacy and empathy” (National Police).

“No, no. I treat all women more or less the same way, although I know that the needs are also different” (Legal Adviser).

On the other hand, professionals considered that cases of IPV are very different due to the fact that they are migrant women, to specific difficulties and to differences according nationality. Several of the professionals interviewed agreed that the most difficult cases to deal with are those of women from Africa, as they come from very closed communities, due to the particular difficulty with language and the violence that the community exerts against women. According to several professionals, the opposite is true for Latina women, who are easier to deal with because of the closeness of the language and cultural similarities. However, according to the National Police, tracking Latino women's cases is more complicated because they change their domicile so much for work reasons. There are hardly any cases of Asian women, who do not usually report it.

Other professionals commented that, despite the lack of specific training in the different profiles of migrant women, they tried to adapt practices as much as possible to the ethnicity or migratory path.

Only in one of the centres of the professionals interviewed there is a specific and differential protocol for working with migrant women victims of IPV. Professionals were generally satisfied with the success of the service they provided, although they thought there was much room for improvement. Professionals found it frustrating when the report procedure was abandoned or when women returned to live with the abuser, usually because of the abuser's economic dependence.

Other barriers identified are the distrust of some institutions regarding women seeking care or resources for reception. Women were sometimes questioned for their status as victims only because they were foreigners. The institution also makes protection conditional on the obligation to file a report or complaint. In some cases, for example, in trafficking in women, the victim is in a difficult situation and cannot report it.



Some professionals also detect prejudices and lack of sensitivity on the part of some workers in the institutions. Many times, it depends on the person receiving the case and their sensitivity whether or not there is an appropriate response.

Proposals for improvement and good practices

Among the improvements that could be made in services, professionals requested: a greater presence of interpreters in the centres; better coordination and collaboration between services, and also with companies that facilitate training and employment; more regular and specific training for professionals; and greater economic resources aimed at improving the quality of life of women and supporting them in the process of reporting.

The proposals for good practices offered by the professionals included: the creation of joint work spaces shared by professionals from different areas; the recruitment of trustworthy persons or other surviving women within the women's community, and training them for accompaniment; play centres for the children of GBV women, so that they can receive attention from the services; meeting points for women; encouraging training courses for women through a programme of scholarship; and special emphasis on psychological and emotional skills training for professionals who have direct contact with these women.

Evaluation

Professionals were also asked if they had any follow-up on the progress of women attending services or their satisfaction with care. Some centres have a system of service evaluation and follow-up; other centres do not monitor the progress of women.



Part 3. Mapping tool: resources in Seville (Andalusia)

Methods

Participants

The total sample of seven institutions were interviewed to know about specific resources in Seville. People interviewed represented four public institutions that attend S/GBV victims including migrant or non-migrant women. These four institutions were the Andalusian Women Institute, depending on the Regional Government, the Central Social Services of the City Government in Seville, a Center for Women Information depending on the City Government, and subsidized by the Andalusian Women Institute, and a specialized unit (the Women & Family Unit) of the National Police.

The other group of institutions were three NGOs or associations from Seville or with a delegation in Seville. The NGO was the Spanish Commission for Refugees Care (CEAR) that only attends migrant men and women. The two associations interviewed were Seville Welcomes You (Sevilla Acoge) who attends a majority of migrant clients, men and women as well, and Women Survivors (Mujeres Supervivientes) just for women support, but only a half of the total clients are migrant.

Instruments/Materials

We used an interview schedule (see appendix 3) with some basic information about the service and more specific questions about characteristics of the services, training, and specialization and activities to attend migrant women victims of S/GBV.

Procedure

We established contact with different associations by email and telephone and explained them the general objective of the CAPTIVE project and the reasons why we needed their collaboration. Once they accepted being interviewed, we made an appointment in their place of job and in a moment of total disposition of them in order to interfere as less as possible in their job. We first gave them an information sheet and we asked them to sign the consent sheet. After that, we started the interviews in a private room.



Main results

First of all, most of the services named Latin-America as the origin region of their users (4 of them), followed by the Sub-Saharan Africa region, especially Senegal and Nigeria (named by 3), the North of Africa represented by Morocco (2 of them), and East-Europe (other 2). Only 1 service named Syria as origin country.

Related to the way of access to the services (see Figure 9), the derived external demand is the more named root of access, followed by the direct demand in the service.

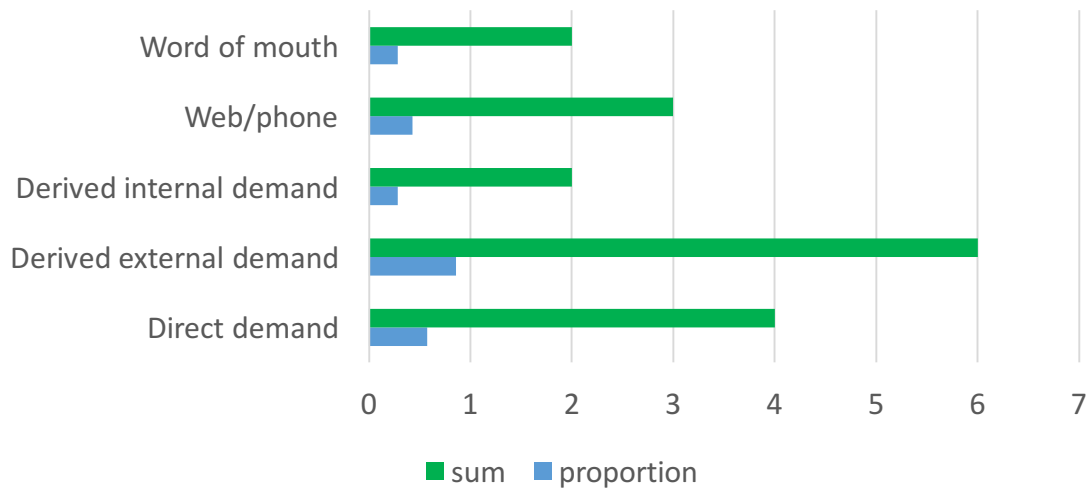


Figure 9. Sum and proportion of participants naming each way of access to the service.

As you can see in Figure 10, all the services told to have the possibility of women being cared by women, and are free, but they don't have sufficient financial resources to improve the attention to users; only two of the participants recognized to have enough resources.

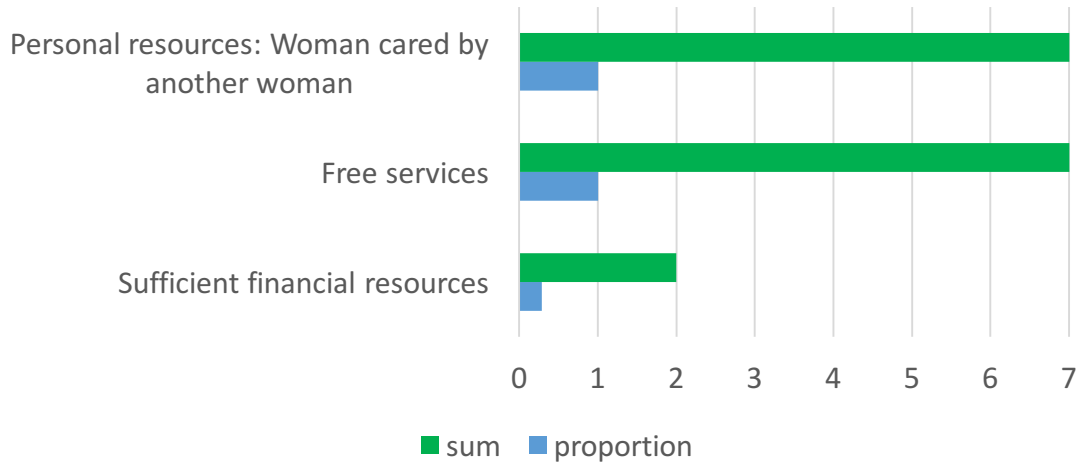


Figure 10. Sum and proportion of participants naming each characteristic of the service.

The most provided support is legal advice (by 4 public services and 1 NGO), followed by support in the social work area, providing help in order to improve people's lives, and job counseling (3 public services and 1 NGO). Psychological support and family care are named only by two services (2 public services in the first case and 1 public service and 1 NGO in the last one); intercultural mediation and protection only by one (1 NGO in the first case and 1 public service in the last one).

As Figure 11 shows, all the services train their professionals in sexual or gender-based violence and most of them also in gender perspective. But only in two of them the professionals receive formation in intercultural approach and about the specific issues that migrant people have to face. So these two themes must be central in the training activities that CAPTIVE is going to design.

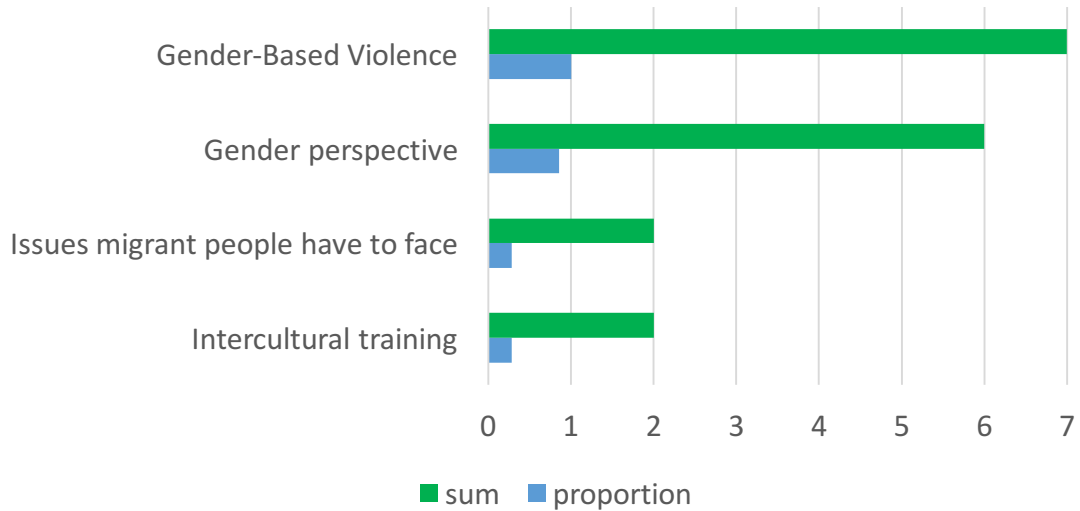


Figure 11. Sum and proportion of participants naming each type of training received.

Other characteristics of the training are summarized in Figure 12. Thus, although they share information with other services and derive people to other services, their professionals don't receive inter-agency training. Most of the participants also recognized to repeat the training periodically.

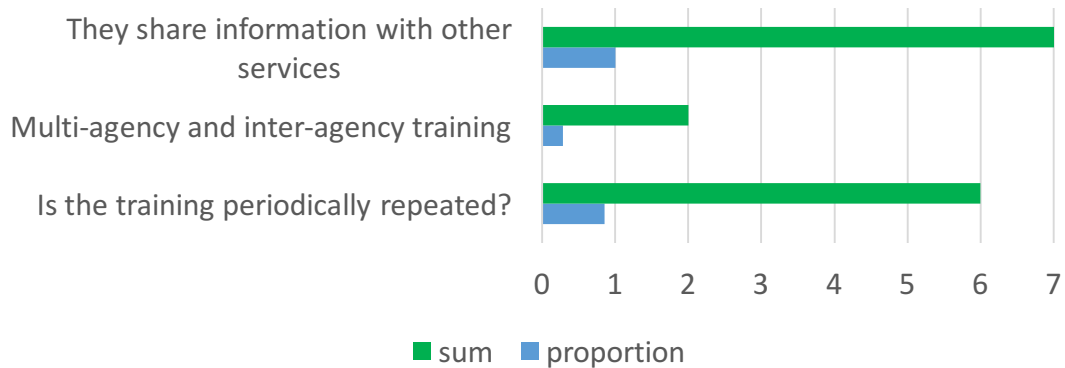


Figure 12. Sum and proportion of participants naming each characteristic of the training.

As Figure 13 shows, most of the services recognize that migrant women have different needs, but almost the same proportion of them talk to us about a similar treatment for all the people.

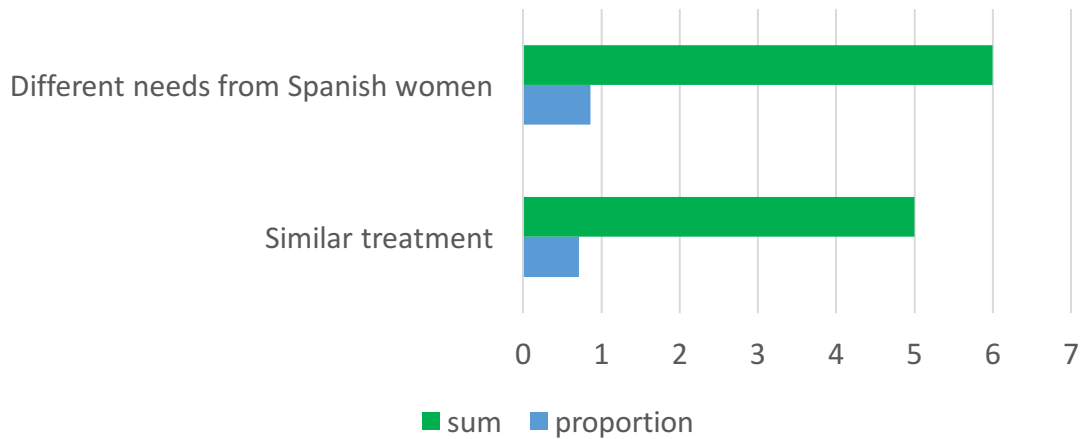


Figure 13. Sum and proportion of participants recognizing different needs of migrant women and similar treatment.

This equal treatment is a cause of inequality, because it implies that only the Spanish women receive a treatment adapted to their own language and culture. Among the different needs of the migrant women the most frequently named by the participants were the lack of knowledge of the Spanish and Andalusian culture (2 public services and 2 NGOs), followed by the lack of knowledge of the Spanish language (1 public service and 2 NGOs), the lack of appropriate family and social networks (1 public service and 2 NGOs), and a highest level of fear (1 of each type of entity), maybe because of their irregular situation.

Finally, the best practices that they think can lead to better care for migrant women who are victims of sexual or gender-based violence were the following: diligence in the attention, care without judgement, personal and close treatment, and more free services, among them workshops, women's shelters, and social lunchrooms.

Discussion/conclusions

Despite the efforts made by the Spanish government to combat the VAW, its achievements are still not enough. Part of the problem arises because all these resources are available only to women who suffer S/GBV in their couple relationships since the law restricts their action in this area. In the same way, the Organic Act 4/2000, 11th January, about rights and freedoms of foreigners in Spain and their social integration, and its modification by the Organic Act 2/2009, 11th December states that



Migrant women will not be deported because of an irregular stay in Spain if they are, again, IPV victims.

It is not surprising, therefore, that most of the scientific publications found regarding the experience of migrant women in Spain are referred to the victims of IPV, followed by prostitution and trafficking for the purpose of sexual exploitation. There are very few studies on sexual harassment or sexual or physical violence outside the couple relationships, which find that the migrant women suffer these violence to a greater extent. We found very little data on FGM and we have not found any study of forced marriages.

Focusing on the **experience of migrant women** victims of IPV, it should be noted that migrant women are at greater risk of suffering from different types of violence (eg. sexual, physical, psychological) (DGVG, 2015) or ending up being murdered (Consejería de Igualdad y Políticas Sociales, 2016) than those born in Spain. The factors relating IPV to migrant women depend on the country of origin (Vives-Cases et al., 2014) being these women more vulnerable to this violence also in legal, economic, labor and social terms (Agency of Migrant Woman Against Gender, 2012). Among the factors that would make women more vulnerable to IPV are cultural issues that make them more tolerant to this violence, in addition to the difficulties of regrouped migrant women, such as economic dependence or increasing labor, uncertainty and isolation (Verde-Diego, 2014).

On the other hand we must take into account that the access of these women to existing resources is more limited (Asensio, Calvo, Meléndez, & Parody, 2014; Government Delegation for Gender Violence, 2015). Barriers such as ignorance of these resources, lack of social support, isolation imposed by the aggressor, religious beliefs or ignorance of the language are an obstacle to access these resources and, in many cases, they lack other support. For example, Moroccan women we interviewed told us that they did lack support, even from family and friends, probably due to cultural normalization of the abuse situation among muslim culture (Anton-García, 2003; Verde-Diego, 2014).

Regarding the assessment of the existing resources, psychological assistance offered by public services was found to be deficient. Although there are high-quality services, resources are not enough to cover the demand of population. Sometimes, especially in the case of women with children, material help is described as more important than psychological or legal assistance and this kind of help were provided by



non-specific migrant or women associations like Catholic Charities, The Spanish Red Cross and Doctors of the World. It should be recalled that, in accordance with the Agency of Migrant Woman Against Gender (2013), women's main demands are those concerning social assistance and welfare, employment guidance and insertion, economic support, and legal support.

Finally, with respect to the treatment received on the part of professionals, the women interviewed indicated that improvements would have to be made because they detected lack of sensibility on the treatment of migrant women and lack of availability of some of the resources (Briones-Vozmediano, 2016). Also existing prejudices based stereotypes about women who have suffered violence sometimes lead to them not being believed because some migrant women don't fit these stereotypes. These women also consider that the services were not adapted to their real needs. Both the literature reviewed with respect to the professionals who support migrant women and the interviews with the providers coincide with many of these women's perceptions, as discussed below.

If we now focus on the **providers** and their experiences in supporting women, we can say that these professionals show frustration with the victim's decision to abandon the help-seeking process, as well as ambivalent positions regarding differences between migrant and Spanish women. On the one hand, professionals denied the existence of differences between Spanish and migrant women in abandoning the help-seeking process but, on the other hand, they indicated additional difficulties for migrant women (Briones-Vozmediano, Goicolea, Ortiz-Barreda, Gil-Gonzalez, & Vives-Cases, 2014). In interviews with professionals we found that most of the professionals recognized that migrant women have different needs, but almost the same proportion suggested a similar treatment for all the people.

On the other hand, both the reviewed literature and the professionals interviewed point out the differences between women according to their place of origin, and some authors have pointed out that there are "Cultural prototypes of women affected by IPV" (Briones-Vozmediano, Davó-Blanes, & García-De, 2016) who are classified into four cultural groups: Latinas, Arabs or Muslims, Eastern European or Romanian gypsies, and Asian or Chinese women

Another agreement found in the literature and in the interviews (of women and professionals) is the recognition of the insufficiency of the resources offered. In addition, resources are often not specialized for migrant women who are victims of



GBV, and the providers who support women do not have knowledge of another language or interculturality. Professionals usually do not have training related to migrant women, political asylum seekers or refugees victims of GBV. Only a few out of the total of professionals we interviewed had received this training motivated by personal interest, especially interviewers belonging to CEAR and Sevilla Acoge, the two institutions that receive more migrant women victims of GBV. This highlights the lack of cultural sensitivity of professionals in helping migrant women (Briones-Vozmediano, Davó-Blanes, & García-De, 2016) questioning the availability of human and economic resources, as well as the need for culturally appropriate services (La Parra & Vives-Cases, 2015). However, they do usually have training in GBV. In the interviews carried out all the professionals had completed in the past a course offered by a public institution. However, this type of specific courses only was compulsory for the staff of the protection unit working in the UFAM of the National Police.

Our interviewed professionals also coincide with women in the existence of prejudices and lack of sensitivity on the part of some workers in the institutions. In this sense it should be recalled that providers also recognize that the most common difficulties encountered in their work with women are the fear of reporting and the mistrust of institutions which may be related to this insufficient specialization

This deficiency in training is recognized by the professionals interviewed and they demand this training, especially in relation to: foreigner laws, interculturality, and how to deal with specific profiles (according to religion, migration routes, ethnicity, age and type of violence suffered). They also demand practical contents and the possibility of sharing good practices with other professionals.

Therefore, the need to increase this specialization of professionals is a fundamental aspect recognized both in the review of the literature and in the interviews made to women and professionals. This aspect is included in the Istanbul Convention, Article 15 referred to Training of professionals. That article indicates that "Parties shall provide or strengthen appropriate training for the relevant professionals dealing with victims or perpetrators of all acts of violence covered by the scope of this Convention, on the prevention and detection of such violence, equality between women and men, the needs and rights of victims, as well as on how to prevent secondary victimisation".

This training it is also included in the CEDAW recommendations to the Spanish state, and the measures included in the State Pact against gender-based violence and it is clearly an area where further work is needed.



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Finally, our professionals identify the following as an example of **good practice**: Diligence in the attention, care without judgement, personal and close treatment, and more free services, including workshops, women’s shelters, and social lunchrooms. They also claim: the creation of joint work spaces shared by professionals from different areas; the recruitment of trustworthy persons or other surviving women within the women's community, and training them for accompaniment; play centres for the children of GBV women, so that they can receive attention from the services; meeting points for women; encouraging training courses for women through a programme of scholarship; and special emphasis on psychological and emotional skills training for professionals who have direct contact with these women.



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Appendixes

Appendix I. Interview schedule for migrant women victims of S/GBV⁷

Basic sociodemographic information

- Age
- Knowledge in Spanish (0-10)
- Awareness about existing sources to ask for support regarding violence in Spain (0-10).
- Country of origin
- Years in Spain
- Are you married or do you have a partner at this moment?
- Regular or irregular migratory situation
- Accommodation/housing situation
- Incomes per month
- Do you share your incomes with other people?
- Psychological, social and legal support?
- Child/ren (number; in Spain and/or in their country?)
- Do you identify yourself with a religion or an ethnic community?

Preamble:

We understand that many women flee violence in their countries of origin, or during their journey to other countries, indeed many women are vulnerable to abuse and violence when they arrive and live in a new country. They may feel frightened to get help, or be isolated by the abuse and not knowing the language in the new country.

We are working with partners in Europe to try and make things better for migrant women who are survivors of violence. This includes improving the services they receive by training the people who work to support women.

1. Can you tell me your story about your experience of leaving [your country of origin]?
2. What were the most important reasons for leaving [your country of origin]?
3. Please tell me a little about the journey you undertook [duration, people in the journey who helped you, difficulties and experiences]

⁷ This interview was carried out using a Spanish version of this schedule.



4. What it was like when you arrived?
5. Which differences between men and women in their migration process do you find?
 6. I understand you have experienced violence directed towards you. Can you tell me about supports you received in [your country of origin]?
 7. Can you tell me about any supports you received since arriving in Spain for any experiences related to your wellbeing/mental health/the abuse or violence?
 8. Have you experienced barriers in trying to get help? If yes, can you tell me about the barriers you encountered?
 9. What services/support have you received that you think worked well/benefited you the most? Why? / What (do you think) was the reason for such a success in the support you received?
 10. Where have there been gaps in the responses/services/support you received? If yes, What would you suggest for improvement?
 11. Podría valorar desde 1 (mínimo) a 10 (máximo) los siguientes servicios de atención que haya recibido. [Atención policial / Acompañamiento y protección social / Formación /Atención Psicológica / Jurídica / Sanitaria]
 12. What services would you recommend other migrant women suffering from S/GBV?
 13. How do you think other women could have helped/support you?
 14. How do you think you could personally contribute to help/support other migrant women in your situation, who have experienced violence directed towards them?
 15. Is there anything we have not asked you about and what you would like to add?



Appendix 2. Interview schedule for professionals⁸

Introductory questions:

1. Sex
2. Age
3. Last academic training you have achieved
4. How long have you worked within this (job position)?
5. What role do you currently work within at this (job position)?
 - How long have you worked in this role?
 - Briefly, what does your position consist in?

At first, we are going to ask you general questions about offences related to S/GBV, with the next section asking you more specific questions about your experiences in relation to S/GBV.

1. What is your current understanding of gender-based violence?

- (i) What kind of behaviours do you think are included in GBV (might mention DV related offences, honour-based violence, forced marriage, sex trafficking, rape and other forms of sexual violence, FGM, domestic slavery)?
- (ii) What is your understanding of the legislation regarding GBV –in Spain the Organic Act 1/2004-?

2. Have you received any specialist training specifically in relation to GBV?

If yes

a) Ask for more details about the training

- (i) What form did the training take and what was it trying to achieve?
- (ii) Was it useful?
- (iii) Why? Could you rate the utility of the training from 0 (not useful) to 10 (maximum utility)?
- (iv) How much have you modified your professional practice because of this training? Could you rate it from 0 to 10?
- (v) Has it affected how you have responded to GBV offences? If so, in what way?
- (vi) Is there any other training that you think would be useful?

⁸ The whole appendix 2 has been translated into English from the Spanish version we employed for interviewing professionals



(vii) What contents do you think should be included?

(viii) What kind of methodology and system would be the best ones in your opinion to address this training and why? (e.g. individual training, in groups, online, face-to-face classes...)

If no:

a) What training do you think would be useful to help you respond to this offence?

(i) What kind of contents?

(ii) Which form do you think could be the best to address this training and why?

(e.g. individual training, in groups, online, face-to-face classes)

3. Does your police force have a specific policy or process in relation to dealing with GBV offences?

If yes:

(i) Could you outline this policy/ies to me?

(ii) Does this affect how you respond to this offence? If so, in what way? If not, why not? Do you usually do / Have you done anything more than what is suggested to do in responding these offences? (What kind of added actions or interventions?)

4. Have you had trouble/difficulties in responding to GBV related offences?

(i) Knowledge/understanding of legislation

(ii) Knowledge of referral pathways/signposting of support services

(iii) Working with particular groups in relation to migrant women

(iv) Dealing with sensitive issue, difficulties asking about abuse?

Now we are going to ask you about specific cases of migrant women suffering from (any kind of) GBV offences.

5. Have you received any specialist training to support your work with people who are refugees or seeking asylum or in relation to working with culturally diverse groups?

If yes:

a) How was the training?

(ii) Was it useful?

(iii) Why? Could you mark the usefulness of the training between 0 (not useful) to 10 (maximum utility)



- (iv) Is there any other training that you think would be useful?
- (v) Has it affected how you have responded to women who are refugees/ seeking asylum/migrants? Could you rate from 0 to 10 this change? In what way has this change happened?
- (vi) What contents would you like to be trained in and how?)

If no:

- a) What training do you think would be useful to help you in working with people from culturally diverse backgrounds? (what contents would you like to be trained in and how?)

6. What do you think would be the key challenges to respond to crimes of GBV when victims are migrant women?

- (a) Reasons for each challenge.

This section of the interview is now going to ask you about your specific experience of working on GBV cases with women who were refugees, asylum seekers or other kind of migrant.

7. Have you ever encountered or worked on a case that involved GBV for a women who was a refugee or asylum seeker (or other kind of migrant)? (And with women who suffered from S/GBV? [Number of women attended per week/month].

Whilst keeping the specific case details confidential. If you have worked with asylum seekers or migrant Women who had suffered from S/GBV:

8. From your perspective, how are the differences between migrant women groups as well as the different types of S/GBV that a woman could have suffered depending on her migratoery process?

If no: which advantages or/and disadvantages does she find regarding your expertice?

9. What aspects of your professional practice with migrant women victims of GBV would you like to improve if you could? What obstacles do you find and how do you think the intervencion/work could improve?



10. From your perspective, what is a good practice in the assistance and intervention with migrant women suffering from S/GBV?

11. Do you know about any good practice bank of sources about this issue? By what way did you know about it?

12. As a professional in this service, do you follow a systematic protocol or a working guide to assist migrant Women victims of S/GBV? Could you describe it?

13. Do you consider useful an Exchange of successful practices among institutions, communities or autonomies? / Do you think that it could be transferable, at least partially, the same experience in several context with a wide range of variables?

14. Is there any specific method or questionnaire to assess the impact of actions on clients? (e.g.: Is there any mechanism for Women to assess the service or their actions? / How the monitoring is registered / In case of personal observation, which differences are there between the starting point and final of the intervention? / In what aspects do you think that women's position after the intervention?

15. In general, how do you mark the success of actions with migrant women victims of S/GBV? (0-10)

16. Do you know which work are done by other professionals/institutions that are involved in supporting migrant/refugee women suffering from violence?

- i) ¿ How much collaboration and coordination do you think there was between the various professionals involved?
- ii) Could you rate the degree of general coordination between professionals from 0 (absolute lack of coordination) to 10 (maximum coordination)?
- iii) Do you think that greater collaboration and coordination is necessary? If yes, let us know what the guidelines will be.

17. Does it exists or do you know about videos/visual materials which show migrant women stories about violence they have experienced?

18. Is there anything we have not asked you about and what you would like to add?



Appendix 3 Mapping tool for GBV services with special support for migrant women

- Name of Service
- Location / Country
- Geographical region served
- Estimated population served
- Number of service users per year (latest available data)
- % of clients who are from migrant communities?
- What are the main countries of origin for migrant clients?
- Type of service (e.g forensic, medical, psychosocial/practical, police or legal)
- Specialist services for migrant women victims of domestic violence and abuse

About the service	Comment		
What does this service do, and how does it work with other agencies?			
Activity	Yes	No	Comment
Staff are specifically trained on issues facing migrant clients?			
Staff are specifically trained on issues facing sexual and gender based violence?			
Staff are specifically trained on gender perspective?			
Inter-agency/multi-agency training is available focusing on issues facing migrant women DVA/sexual assault victims?			
Training is repeated periodically?			
Is it offered multi-agency and interagency training focused on the problems faced by migrant women victims of S/GBV?			



Services provided are fee-free or free at the point of delivery			
The service shares information with other agencies when necessary			

- How do migrant women access the service? Describe referral routes to the service)
- What tasks does the service undertake when responding to migrant women who have experienced sexual assault/DVA? How does the service work from the first point of contact with a victim?
- How does the service meet the needs of migrant women specifically? Have processes/procedures been changed? Are translators/interpreters used?
- Can migrant Women ask for being attended by a woman? (Question for every service)
- Are there needs that migrant women have that are different to those of non-migrant women?
- How does the service need to change to improve its response to migrant women?
- What changes have been planned in order to meet these needs?
- Which aspects of the service have a good functioning meeting the needs of migrant women?
- Does the service have sufficient funding to be able to support the needs of migrant women?
- What are the greatest challenges or barriers for the service in meeting the needs of migrant women?