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**Progetto IRIS - Interventi contro la violenza di genere verso  
le donne: ricerca e sperimentazione di sportelli specializzati**  
JLS/2008/DAP3/AG/1246 – 30CE03119160027

**Violenza contro le donne nei contesti migratori  
di Italia e Spagna: conoscenza e percezione  
delle pratiche tradizionali  
dannose nei sistemi socio-sanitari**

**Violencia contra las mujeres en los contextos  
migratorios de Italia y España: conocimiento y  
percepción de las prácticas tradicionales  
dañosas en los sistemas socio-sanitarios**

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## **SUMMARY REPORT**

This document summarizes the main results of the project “*Iris - Intervention sur les violences envers les femmes: recherche et de mise en service guichets specialises*”<sup>1</sup>. IRIS is a two-year project led by a transnational multi-professional team in Italy and Spain, initiated at the end of 2009, it is focused on the issue of *Violence and abuse committed against women and young girls, related to violence and harmful traditional practices*.

In order to deal with the project issues, a methodology of action-research has been adopted to carry out a strategy based on:

- different approaches according to skills, experience and local contexts;
- quali-quantitative surveys, information collection and development of activities
- experimenting with pilot projects in health and social services in Sicily and Abruzzo;
- internal and external indicators assessments with periodic team monitoring meetings, independent evaluation.

The performance of the different systems of intervention supporting victims of gender violence was examined, and qualitative-quantitative surveys were carried out in two Italian regions: Abruzzo (provinces of Pescara and Teramo) and Sicily (Palermo and province of Trapani and Mazara del Vallo as a pilot area). In the Autonomous Community of Catalonia was realized a systematic review of the studies related to violence against women instead.

The project partnership was based on the conviction of the importance of interconnecting different "professional overall views" and varied levels of analysis, in order to connect the approach of the local experience (regulations, investigation, intervention protocols, network protocols and activities) with the national and international frameworks (surveys, regulations and projects).

The issues presented above are intended to set up a process of gender mainstreaming. In this framework some recommendations have been produced to be initiated by the public authorities and organizations who envisage activating participatory processes, as well as exchange and improvement of good-practices between European regions. For this purpose, critical points of policies and practices aimed at combating violence were analyzed too, insofar as these points risk determining a set back of the political perspective from women's empowerment.

The Italian partnership made up of the non-profit organization Le Onde and the Ananke Association arose through the collaboration between these partners due to the comparison of past experiences in previous projects<sup>2</sup>. With the IRPPS - National Research Council, which coordinated the research, the collaboration initiated with the surveys of the Urban Project - Anti-Violence Network. The Antigona Study Group of the Autonomous University of Barcelona had collaborated

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<sup>1</sup> Project n. JLS/2008/DAP3/AG/1246-30CE03119160027 co-funded by the European Commission under the Daphne III Programme

<sup>2</sup> Daphne V.eR.S.O. JAI/DAP/2004-2/054/WY; L.eA. - regional survey on the phenomenon of violence funded by the Region of Abruzzo.

with Le Onde on the scientific support to the project called Fare Rete<sup>3</sup>. The project was aimed at gathering information in the Region of Sicily, regarding the possibility of formulating a regional action plan against violence to women. The collaboration with health centres and local authorities came about with the project Daphne "V.eR.SO"<sup>4</sup>. That past experiences have enabled the planning and development of actions to prevent and combat violence against foreign women, giving attention on the most "invisible" forms of violence as they occur in the family or community which the women belong to. Practices that refer to some traditions, such as forced marriages, widespread also in some European immigrant communities, which recall old memories, yet not so distant, even for Spanish and Italian women.

The laws that explicitly prohibit female genital mutilation (FGM)<sup>5</sup> are in force in both countries and are subject to preventive interventions and investments of economic resources. But in both countries, equal attention is not paid to other forms of violence, among which forced marriages stand out as the most significant, that has not yet become the subject of intervention by national or local governments, even if this work shows how forced marriages are the most insidious and widespread. This form of violence is recognizable when expressed through coercion and violence, but difficult to penetrate due to inherent cultural roots and its use in response to regulations governing migratory flows in Italy and Spain.

According with WHO<sup>6</sup> hospitals and health clinics are the best places for possible detection of these kind of violence and may become the first area of contact for the most appropriate intervention of social assistance, even in case of illegal immigrant status, which may impede the access to services for fear of being reported and repatriated. In fact, considering violence against women a priority for safeguarding health - in its holistic view - enables us to carry out a multidimensional analysis of the phenomenon, allowing provide multi-sectoral responses.

The research activities began by reconstructing local scenarios and national contexts, through a desk-survey that gathered social-demographic data, legislation, programs, projects on the selected issues, which was followed by the quantitative and qualitative surveys and a systematic review of the literature. The surveys investigated on the approaches of health-care and social workers in the cities of Palermo, Mazara del Vallo (Trapani), Pescara, Teramo and Barcelona. In Italy, 250 health and social workers, both male and female, were provided with a questionnaire, and 45 qualitative interviews were carried out. In Catalunya the systematic review of the recent studies on VAW and an analysis of the results of intervention protocols in use was made by means of interviews with stakeholders and key informants.

Four research reports were produced and in addition to this final report three local reports were published on the project website: the Regions of Sicily, Abruzzo, and Catalonia. The above mentioned reports analyze the local contexts where the project was carried out, illustrating the *highlights* that emerged from the investigations at local level, thus, offering informative guidelines gauged for those working in the areas of intervention.

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<sup>3</sup>Funded by the Department for Equal Opportunities of the Presidency of the Council of Ministers

<sup>4</sup>Realized with the same partnership in Abruzzo (Pescara) and Sicily (Palermo)

<sup>6</sup> See Chapter I of this volume

A bilingual project website [www.irisagainstviolence.it](http://www.irisagainstviolence.it) is available on the net, and is structured not only as an informative guideline for the professional's community involved with violence against women, both native and foreign, but also as an area of in-depth study and communication as to the phenomenology related to harmful traditional practices.

Ten days of training courses were organized in each of the region which involved operators of local health-care systems. Training courses were structured according to the needs which emerged in the research and were planned in collaboration with anti-violence networks. The meetings were attended by a considerable number of doctors, nurses, social workers, non-profit operators, police and university students. The following topics were discussed: the phenomenology of gender-based violence with an in-depth study on FGM, forced marriages, harassment and violence against foreign women in their workplace (specially the carers), medical-legal aspects and regulations.

The launch of pilot interventions based on cross-professional collaboration was one of the most significant activities of the project, through the experimentation of "First Contact Helpdesk", planned in conjunction with the extended partnership:

- in Sicily in the following hospitals: Villa Sofia – Cervello, Policlinico, Buccheri La Ferla Fatebenefratelli, ARNAS Civico a Palermo; Abele Ajello ASP Trapani a Mazara del Vallo;
- in the Abruzzo region at the AUSL Teramo and the "Melting Point" the Multipurpose Center for Immigrants in the Province of Teramo, the AUSL of Pescara (Emergency Medicine, outpatient clinics for immigrants and guidance counseling centers for immigrants).

The "First Contact Helpdesks" were set up with the participation of the operators specialized in the reception of women victims of violence and health-care workers of the facilities involved (the operators located in the outpatients' clinics and casualty areas in the above mentioned health-care facilities). In addition, assisted by the activities of anti-violence centers, Ananke in Pescara, the non-profit organization Le Onde in Palermo and La Fenice in the Province of Teramo were implemented in order to provide specialized care for foreign women as well as the ordinary activities already carried out. All these services were interconnected and elaborated with the local anti-violence network services.

This experience of integrated collaboration and reception of victims, is still in progress, by gathering the information produced, monitoring the requests for help, and the level of connection to local networks. The trial experiment has enabled the access to the internal organization of hospitals or local health facilities, boosting information and staff awareness on the topic, so as to improve access to the services by foreign women and facilitate the emergence of the phenomenon of gender-based violence suffered both by native and immigrant women.

The experience and information gathered through the project suggest some key issues concerning not only the access of migrant women to the services and the possibility for help requests, but also the necessity to review how to receive the women, in order to avoid risking secondary victimization due to stereotypes and difficulties in relationships with foreign women. This problem refers back to a

philosophical reflection, in particular that of the feminists', regarding the disputes on the actual and symbolic significance of the female body. In fact, the female body, seen particularly from a sexuality and reproduction aspects, points to a more general question related to the citizenship of women - equal rights and opportunities, which however, cannot disregard recognizing the differences. In the framework of this project the topics subject of debate, both in Italy and Spain, in the feminist movements, as well as on a regulation and public investment level (projects and services), just there where they match up with the condition of the female migrant population, were analyzed. The debate is polarized, on the one hand, on the issues of cultural relativism, focusing on the problem of respect for cultural differences even in the transformations that they undergo in the process of integration. On the other hand, it indicates the issues based on the universality of rights as an inevitable instrument for the emancipation of women from coercive traditions inherent in some societies and cultures. This polarization risks being transformed into abstract dogmatism, if the diversity and complexity of values and codes inherent in "other" cultures (different to Western ones) and of the profound processes of transformation occurring, especially during migration routes, are not taken into consideration.

This report presents additional material for reflection on the above mentioned topic and proposes as a new issue forced marriages. A phenomenon for possible prevention which becomes visible in relation to the present forms of associated manifest violence, and for which an intervention aimed at contrasting violence focusing on the necessary support for immigrant women. Hence, they have to face the difficulties in getting away from violence, which is often accompanied by being stigmatized by the community of origin. The entire research can be considered more as an initial path of an research-action, than as a ready-made data, which is based on key issues related to fundamental human rights, in this case women rights, within a universe inevitably marked by intercultural relationships.

Below, are reported the main issues which emerged, in the hope that they become useful to the institutional stakeholders and to the operators involved in the process of improving the system to help women victims of violence, with particular attention being placed on women of other cultures. The analysis of the results and the relative indications which emerged, must be considered with regard to the attitudes and experience of the social and health operators on gender-based violence and harmful traditional practices.

### **1.The Italian research**

The main goal of the quantitative survey, in both regions, was understanding how health and social care workers intervene and cooperate when coming into contact with native or migrant women who have been subjected to violence.

In particular, the focus is not only on the health and social care of the different forms of violence, object of the project, but also on the assessment of the operators' knowledge regarding any protocols, guidelines, and legislative aspects related to this topic. Moreover, the study aims to evaluate the perception and knowledge of different forms of violence by health workers, as well as any existing stereotypes.

For this survey we chose to provide a questionnaire prepared ad hoc for health and social care workers who operate in the services coming (or who may potentially come) into contact with migrant women.

The questionnaire is divided into the following sections: general information, vocational training, gender violence, the characteristics of immigrant users of health and social services, female genital mutilation. The area of interest is in Abruzzo and Sicily, respectively, Pescara, Teramo, Mazara del Vallo and Palermo.

The survey involved 253 health and social practitioners of whom 60% work in Sicily, and the remaining 40% in Abruzzo.

### *Perception and knowledge*

Interpretation of the factors related to the spread of violence, in most cases, is framed within the context of the family, while increased attention of the media regarding the phenomenon is identified as the factor responsible for the rise in public visibility in both regions. An interpretation of a close link between violence and deprived urban areas is highlighted in clinics for foreigners and casualty departments. More than a third of the sample attributes a great importance of women's ability to react. In the process of violence risk identification, the majority indicate the phenomenon to be pervasive, widespread and rooted in the patriarchal culture, independent of the behavior of women. Although some stereotypes which identify risk factors for showy and attractive women must especially be taken into account. The role of vocational training is of great importance in guiding one's interpretations, as the appropriate training enables greater awareness and accurate recognition and interpretation of gender violence. Awareness concerning Female Genital Mutilation (FGM) is widespread and only a small minority does not recognize the phenomenon, while the majority (53%) declare to be well-informed, the other half (43%) admit to having only a superficial knowledge. In fact, such information is learned in a random and unstructured way and is not tied to specific training and much less to direct experience. A further element to be considered is the lack of knowledge of Italian law on FGM and Guidelines issued by the Ministry of Health, essential tools designed to support health and social operators to manage the cases of women and girls that were subjected or are at risk of undergoing FGM. In short, social and health professionals, of both Italian regions, have a good level of knowledge and skills to deal with the phenomenological and interpretive aspects of gender violence; knowledge of FGM and harmful traditional practices is less satisfactory, as such difficult relations with migrant women occur frequently.

### *Reception policy and care*

The intersection between reception policy and support to migrant women and men and policies aimed at combating violence against women is an opportunity for reflection that could boost the promotion of empowerment for those people with multiple frailties.

The lack of specialized services in the structures where the investigation took place is the first element that emerges from the results: limited resources for assistance to the victims of violence, both in terms of help desks (15%) and the operating protocols (29%). The situation seems to be more critical in the region of Abruzzo, where only 9% of interviewees indicate the existence of help desks in the facilities they work in (versus 19% in Sicily). Services for migrants are more widespread: 42% of the facilities have help-desks, and about 30% a protocol. The theme regarding

migrants' health involves half the facilities surveyed in Sicily<sup>7</sup>, while in the Abruzzo region, the situation appears much less developed. A further element for attention is the inadequate interconnection between services within the same hospital or with/ between different institutions, indicated by the fact that many operators are not aware of the specialized services and procedures existing in the same facilities. In general, what is evident was that the specialists in social care are scarcely present in the health structures.

The health care system in the Sicily and Abruzzo regions is not always adequately set up (neither in cultural, nor in technical terms) to meet the specific needs of women. Attention to issues of women's health, in general, either in terms of the health concept proposed by the WHO seems to be a far cry from health services in these regions. The pathology is associated with difficulty to the gender of the patient, either male or female, as such the body is treated by doctors as an asexual object.

It is of great significance to note that the health operators interviewed in Sicily show scarce attention to the effects of violence on the health of women victims of violence, considering it irrelevant in diagnostic terms, although the incidence of violence on women's health, both in short and long terms, is scientifically ascertained and confirmed by the WHO. In this sense, the culture of "reception" should be integrated as an essential component in the diagnosis and treatment process, and be more than a generic "humanitarian" approach. It must be considered a real methodological approach to the care of patients in social-health structures. The other important point is the operators' scarce awareness of thematic networks, which indicates the inadequate integration between social and health-care, both in terms of roles/functions and an efficient cooperation between services, as the division of the health and social care, in practice, has remained basically unchanged. Moreover, in addition to the difficulties of the health facilities to interact, there are organizational problems in health services: the time and spaces devoted to a "person" are restricted to mere medical services.

The relationship between doctors and patients is a more complex issue. The persistence of power disparity in favor of physicians, makes the process of treatment more problematic, as immigrants' civil rights are not fully applied, whereas their full application would be an advantage both for patients (especially when it comes to particularly "vulnerable" people) and to the system of intervention. From this point of view the full recognition of civil rights, in particular for women, as taking a gender sensitive approach, as well as promoting women-friendly services, would improve their quality, and relationships with the users. Even in Abruzzo research revealed poor professional training on health problems related to the phenomenon of violence and immigration in all its aspects. The services handle 'here' and 'now' problematic situations; there seems to be a lack of specific procedures and integrated interventions in dealing with problems related to migrants' health and violence. There are no specialized services aimed at providing assistance to victims of violence in the hospitals of Pescara and Teramo and as for the migrants, there is the Clinic for Immigrants only in Pescara. In any case, the interviews with key informants show that hospital staff strives to cope with the problems related to situations of violence in the best way possible, but the method of

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<sup>7</sup> It should be noted that in Sicily there is a regional provision (Decree of July 4, 2003 Department of Health) establishing active reception services for the foreigners and migrants.

intervention depends on the operators' personal attention and preparation. It is also confirmed by the key informants of public services, such as police stations and public prosecutors', which on the whole just indicate the need for 'physical' treatment and the practical needs of migrants, which are sojourn and work permits. Many facilities that provide reception services for migrants in Abruzzo have to deal with problems related to their traditions. The associations of non-profit sector interviewed, provide reception to women in well-defined situations, such as prostitution, or political refugees. The operators turned out to be well prepared on these topics, although their activity does not follow any guidelines in cooperation with other services. The interviews with the cultural mediators show the different approach to the reception of immigrant women, even of different nationality from their own. Most of the mediators represent their own communities, often managing associations of immigrants, that gives them the opportunity to receive their demands. The need to survive, obtain work and sojourn permits are a fundamental priority from their point of view, but at the same time, these operators attach great importance to the emotional and family problems, as well as to situations of violence.

Overall, the necessary awareness to adapt healthcare and social services to the new demands (growing presence of migrants and proper support to victims of violence) is widespread among the interviewees, but in their opinion implementing it foresees diverse formulas:

- *by means of introducing new professional specialized figures or by providing new additional services (according to the majority);*
  - *by means of greater collaboration (internal/external) and the definition of protocols (according to a smaller group of operators);*
  - *by means of more specialized training (according to the minority of respondents)*

Concerning vocational training, it must be pointed out that only a small percentage of respondents has never participated in any vocational training in the last three years, more than one third has attended approximately from one to five courses and 60% has attended more than five courses or continued vocational training. However, among those who have attended at least one course in the last three years, only a minority (approximately 30%) has dealt with issues related to migrants' health and violence against women.

#### *Immigrants and harmful traditional practices*

The analysis of the direct experience of assistance to patients of different cultures was preceded by a brief exploration of the perception of gender relations between/within migrant and native communities, which made it possible to ascertain the perception of risks of violence for Italian and migrant women.

Generally, violence against migrant women by Italians is underestimated, while the relationship between the cultural differences and the risk of violence is expressed by the perception of some immigrant communities, which are considered more vulnerable to violence, pinpointing that Eastern European women in particular are those more at risk.

What resulted, especially in Sicily, was the lack of knowledge of the rules



concerning access to health services by foreigners, as well as FGM training courses with national funds seems to be unsatisfactory.

The experience with migrants who avail of health services is well established in both regions (as the majority of operators testify), although most of the services are rarely attended by migrants users (in the majority of cases their presence not exceed 25% of total users).

A greater number of migrants that use the services is reported by operators in Abruzzo (98%) compared to those in Sicily (88%), but this can be explained by the presence of more immigrants in Abruzzo than in Sicily. These users are mainly from young to middle-aged with the prevalence placed on women. It is reported that the specific demands of migrants are better received where the service is more specialized and equipped. The combination of different forms of violence appears to be of relevant importance in assisting migrant women and in most cases, the services response indicates the need to maximize the collaboration between the various wards and the service network, this is attested by the plurality of exchanges between internal and external services which emerged from the interviews. Medical reports and certificates of the violence diagnose is practically non-existent. There are few services which have a FGM treatment protocol, especially in Sicily. The cases verified are 41, or 17.3% of the total respondents. But a broader estimate is emphasized in the forms of violence incurred by women migrants, about 21%. The percentage is higher than the assessments found in other surveys on Italian territory. The cases of possible risk of mutilation are numerically insignificant, but important, because more than half of the findings are reported by pediatric wards, which act as the main centers of prevention. These cases are far too few to analyze operators' intervention, however, the fact that a good part of them took no action whatsoever, emphasizes the concrete difficulty and lack of means to intervene, especially in the case of prevention.

The relationships between operators and women or young girls with FGM are, in most cases, complicated and characterized by various difficulties: first of all, communication, due to linguistic reasons or because of an attitude of distrust towards doctors. These elements reveal the need to develop methods of greater awareness adapted to the specific needs of migrant women. The structural and organizational problems, such as the lack of appropriate space and sufficient time to conduct an interview, seem to affect the above mentioned hardships.

Evidently, however, despite the capacity of the operators to correctly recognize the theoretical terms of the phenomenon, direct experience reveals difficulties and gaps in the approach and practice of treatment, both in terms of individual skills and in services and collaboration within the system of taking into care. However, it seems to be a positive correlation between the implementation of the gender sensitive approach and in general the attention placed on the relationship with patients, and the emergence of violence.

The issue of the forced marriages was barely touched in the survey, also due to the lack of studies and estimates, as well as the possible ambiguity of its identification. However, the responses indicate a surfacing of the hidden phenomenon, as about one third of the operators met foreign patients who were probably forced to marry against their will. In this case the possibility to implement measures and take actions clashed with the absence of adequate legislation or regulations. The lack of social

support to potential victims of forced marriages, or targeted interventions in communities "at risk" are exposed. Moreover, the "social" aspect of interventions provided by local services is very poor, as much these services are unable to render qualified assistance to victims or monitor situations at risk.

Violence against domestic carers, such as labor exploitation, as well as psychological abuse and sexual harassment, emerge in the region of Abruzzo. The importance of the role played by cultural mediators and their absence even in specialized services for migrants comes to light from the interviews in both territories.

## **2. Research in Spain: the case of Catalonia**

The activities carried out in Catalonia were aimed at gathering the information on research related to the following issues: FGM, forced marriages and other forms of violence based on cultural traditions. At the same time a qualitative survey was conducted in order to verify perception and evaluation of the application of current regional policies and protocols.

The privileged witnesses report the need to activate improvements of intervention protocols in some areas, a factor, which so far has depended on the frequency of demands presented by the resident population at risk and the motivation of the operators involved. It was found, based on some testimonies, that many operators lack sufficient knowledge on protocols and the phenomenon, largely in those regions where the protocols have not been adequately developed. In addition to the distribution of information, the creation of elaborated specific materials and training. The personal motivation and involvement of operators should be considered the main factor for efficiency in prevention work.

Among the most frequent demands is the need to improve information, the spreading of it, awareness greater and training oriented both at families and operators. The specific demands are as follows: better data collection and registration of cases as well as establishing support services for women who have undergone FGM. As for the demands expressed by various health workers is the inclusion of some regulations that would improve prevention, in their protocols and medical reports. The practice of forced marriages (FM) persists in many communities in Catalonia, although less intense compared with their society of origin. The research revealed the cases of the FM amongst the communities of Senegal, Nigeria, Pakistan, Morocco and in the gypsy community of Rumania located in the territory of Catalonia.

The family relationships of some communities are interwoven with the requirements of immigration policy and lead to the creation of very complex situations. One consequence is the exploitation of marriages, and in particular women, as a device to ensure the continuity of the transnational migration of some families. The Catalan government dealt with the issue of forced marriages in reference to the current legislation on violence. The Department of the Interior of the Generalitat of Catalonia, and specifically the operators of the now non-existent "Safety Program against male violence" created a means aimed at preventing forced marriages and assisting persons at risk, that is: The Procedure of Attention and Prevention by the Police of Forced Marriages, enforced in 2009. This procedure established strategic

activities aimed at dealing with male violence, in order to guarantee public safety to deal with chauvinist violence, binding in particular, the Autonomous Community, the Mossos d'Esquadra. This experimental protocol is still in the evaluation phase. Besides, this instrument served Police Force to detect the existence of cases that had not been revealed before. The police compiled reports of seventeen cases of MF, in the period from 2007 to 2009, that came to light as being related to other cases of violence, mainly within the family. Police intervention was triggered off principally by social services, but also by educational structures or the victims themselves. When the services are fore warned of the risk of a forced marriage celebration, proceeded by the pressure and mistreatment of women and young girls to consent to the marriage, the Mossos d'Esquadra tries to activate and maintain contact with the victim, in order to establish a bond of trust that can be useful in case of emergency. It is important to distinguish whether it is a minor or an adult woman involved in the forced marriage. In the case of minors, cooperation with the Department of Child and Adolescent of the Government of Catalonia (DGAIA) assumes central importance. While, in the case of adult women, the question is more complicated and usually requires a criminal complaint by the woman. Although, in practice complaint reports are rare, as they can implicate a severing of ties not only with the family, but also with the entire community.

All respondents acknowledged the lack of means to deal with this type of violence. Except for the Department of Interior, there are no protocols or instruments to combat the phenomenon in possession of Administration, as there is no specific legislation on the subject. The operators are unaware of the problem and are often unable to identify such cases.

Some respondents state that there is the need for a special standardization of crime, as well as the proclamation of the extraterritoriality principle to persecute such penal crimes.

Moreover, it would be necessary to establish support services for women who escape from the situations of violence linked to forced marriages.

### **3. Recommendations**

How would it be possible to act in order to improve the access of the women to care services? The recommendations stated below are destined to policy decision makers and key actors belonging to national, regional and local level and are aimed to initiate the process of awareness raising, as well as evaluation of the tools applied to prevent and combat these types of violence:

1. Implementation of research on diffusion and phenomenology of forced marriages.
2. Promotion of system actions throughout the country.
3. Promote and initiate regional action planning on the violence against women including violence related to harmful traditional practices, and that analyze the strengths of the past experience and action planning carried out in many regions of Europe; foreseeing regional monitoring centres.
4. Adaptation to the legislation, paying attention to forced marriage.

5. Distribution of extensive information on both phenomenology and services for the victims, both in Italian and in the languages of the communities that adopt such practices.
6. Guarantee to the access to the services and the possibility to foreign women to express themselves with the help of the cultural mediators, in case they do not speak Italian, during the medical care or other requests such as anti-violence centers as well as social services or associations that assist the migrant population.
7. Appropriate training of staff (health, social, educational) that receives and assists the women and young girls at risk of the FGM, by means of widespread distribution of the ministerial guidelines for Italy and the application of the protocols for Catalonia.
8. Training of health workers about the importance of certification of violence against women, applying procedures and instruments already in use in some hospitals, which are diversified by type of violence.
9. To raise awareness, inform and update the staff of public and private services, that deal with the phenomenon of violence against foreign or Italian women, paying attention on the phenomenology of the case.
10. To find and invest economic resources (ordinary and European) to ensure the creation of social-health pilot centers as well as for expansion of the activities of anti-violence centers for the care of Italian and foreign women who are victims of violence.
11. To develop the specific guidelines and protocols, providing also the application of specific standards that relate to the care of victims (as required by Minimum Standards of the Council of Europe).
12. To strengthen the networking between those subjects which, by competence, is concerned with the phenomenon, borrowing the best practices found at the regional or European level, providing them with adequate resources that will allow them to develop the procedures in addition to the systematic collection of data and information on the phenomenon, and collaborate with anti-violence networks, taking into consideration the regulations on the privacy.
13. To promote the gender-sensitive standards, a culture of reception and orientation also in the facilities offering the services, using the experience of the anti-violence centers which give the opportunity to reflect on the concept of the multicultural society.
14. To provide an adequate system of evaluation of the activities, defining a period of trial of the protocols and procedures that will be implemented.

Besides the above mentioned elements related to the specific work of the services, the cultural aspects should, simultaneously, be examined. In this matter the considerations of social science and social psychology about women freedom and intercultural relationships can be of substantial contribution. The creation of the opportunity of the awareness raising of the foreign women on the decision making and tracking the "personal" path to escape the conditions of the violence is of great importance.

#### **4. Beyond the action-research**

The issue of the violence against foreign women and the violence itself should be

viewed taking into consideration the more general and universal problem of male violence against women and the disparity of sexes. The difference of the cultural, traditional and historical background requires a special attention and approach, but it should not create a "world apart", rather, it should promote the professional improvement and enrichment of the public and private organizations and those entities devoted to combat against the abuse and mistreatment, so that they will be able to recognize and respond efficiently to the new specific needs. It is known that the issue of the female genital mutilation is considered as a kind of indicator, therefore, on the epistemological level, (despite the capacity to create or less an efficient dialog between cultures) the female body should not be used as an object of measurement of "modernity" from one point of view, and the application of fundamental human rights exclusively in terms of Western history, from another. The question of the forced marriage, which has been the second important point of this report, also leads to the handling of customs and traditions, that cannot be abolished by a simple moral condemnation or even be solved by the contraposition of tradition-backwardness versus modernity.

This is a totality of issues that inevitably opens the discussion, today more than ever, between two poles: the universalism of rights, on the one hand, and cultural relativism, on the other. Referring in this regard to the vast literature on the subject and bearing in mind the feminist's interventions on both fronts, it must be mentioned that this report has just taken into in consideration the above mentioned questions combining with the results of the research conducted in different regions for which the Project was designed, including also the first results of ongoing trials. It is worth to reiterate that the operators themselves are keen to discover the new realities related to different cultures and to understand, making it intelligible, the system of symbols and values of certain practices as well as the transformations that the countries considered "backward" go through their way of modernization, albeit this transformations are not always culturally comprehended by the Western countries. The necessity to know and understand has nothing to do with the logic of acquittal, and even less of the sharing of practices that violate the body, sexuality and woman's freedom.

In order to really combat the old/new forms of violence it becomes indispensable to go beyond the merely repressive perspective of condemnation, instead, the primarily tools to escape from the painful situation of humiliation should be provided to the "victims". This can be achieved trough the process of self-awareness and self-enhancement as well as by the esteem of their life strategies. This process should involve also the community the women belong to, where mutual understanding and alliance can be found.

Therefore, even in the case of the violence linked to the "traditional" practices, the need to restore the primacy of the process of empowerment and promotion of the freedom of women arises. The same process that is in the forefront on the way out of the native and foreign women from all forms of violence, committed in the name of both modernity and tradition.

Perhaps it is too ambitious and it goes beyond the specific issues taken into consideration in this project, while implying, we can say that addressing the issue of violence on foreign women, it should be made a further contribution to the complex balance in our society between universalism and differences (of gender, culture and religion), where, without renunciation of democratic and universalism premises, the

result is the need to build new forms of citizenship, that are able to go beyond the opposition "us/them", to give life to a complex and plural society projected toward an inevitable cross-cultural future.