



# National Report

# On service provision

WP3\_D3.2\_ National Report on service provision\_Italy\_Differenza Donna APS ONG



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## 1. Introduction

This National Report is part of the EU funded project AMELIE - enhancing Mechanisms of identification, protection and multi-agency collaboration through transnational and multi-sectoral actors' Engagement. The document describes the support services Differenza Donna offered to the supported victims within the framework of the project Amelie.

The report offers quantitative and qualitative data and highlights the challenges and lessons learned related to the provision of services. The document concludes with the main policy recommendations for enhancing the Italian national referral mechanism in relation to victim support.

## 2. AMELIE Project

AMELIE is an AMIF (Asylum, Migration and Integration Fund) programme that aims to increase the capacity of health care and frontline service providers to identify, safely refer and provide gender- and trauma-sensitive services to trafficked persons - with a focus on adult women - in Belgium, Greece, Germany and Italy.

Trafficking in human beings is a serious crime and a fundamental violation of human rights. According to the EU's latest available data, between 2017 and 2018, there were more than 14,000 registered trafficked persons within the European Union – and the actual number is likely to be significantly higher as many cases remain undetected. Sexually exploited women and girls make up the majority of trafficked persons in the EU, according to the European Commission (EC, Communication on the EU Strategy on Combatting Trafficking in Human Beings, 2021-2025).

The violence that trafficked persons experience has severe consequences on victims' physical and psychological health, therefore also affecting the health system. Despite the impact of the forms of exploitation, to date, there has been limited engagement by the global health community in the dialogue or responses to trafficking, with the health needs of victims receiving insufficient attention.

More specifically, AMELIE aims at:

- empowering trafficking survivors and improving access to their rights and to healthcare services,

- enhancing the capacity of professionals working with trafficked persons, especially medical personnel, through trainings and e-learning tools, and
- improving detection and identification mechanisms by establishing better cooperation among anti-trafficking actors and health care systems.

To successfully achieve the set objectives in addressing the issue of human trafficking, it was necessary to involve a wide range of key stakeholders:

- Survivors of trafficking
- Professionals working in the health care/medical sector
- Stakeholders from anti-trafficking networks and mechanisms
- National and local administration, policy makers and migration authorities
- Civil society organizations

The involvement and synergistic collaboration of these actors, each with their own skills and perspectives, have been crucial in addressing the phenomenon of human trafficking comprehensively and effectively. Only through a multi-sectoral and cooperative approach can we hope to achieve significant results in the prevention and combatting of this serious crime against humanity.

Differenza Donna, an NGO based in Rome since 1989, offers assistance and support through a gender sensitive perspective and methodology to women survivors of SGBV and trafficking for sexual, labour exploitation, forced begging, illegal economies, forced marriages. Since 2010 Differenza Donna has been part of WAVE-Women Against Violence Europe, the European network of NGOs aiming to combat SGBV and to promote women's rights. Differenza Donna is also part, since 2015, of the Platform for Cooperation on Undocumented Migrants (PICUM) and in 2016 it was granted special consultative Status by ECOSOC. Since its foundation Differenza Donna has been assisting and supporting more than 40.000 women. Around 50% of the assisted women are migrants and asylum seekers and more than 1300 are survivors of human trafficking. Differenza Donna manages several shelters, refuges and help-desks dedicated to women survivors of SGBV and trafficking.

For over 30 years DD has been offering assistance and protection programmes to women and girls survivors of trafficking, although its primary focus has also been the prevention and fight of human trafficking, the advocacy for the rights of the victims on both national and international level and the underlining of the gender dimension of human trafficking. The identification of the victims has been a fundamental part of Differenza Donna's actions which aims to guarantee the protection of the women survivors of trafficking. Differenza

Donna manages two shelters which provides protection and integration programmes to the survivors and 4 helpdesks dedicated to the identification of the victims of human trafficking. Differenza Donna's methodology is grounded in the feminist perspective and developed from practices, insights and interventions based on its direct experience assisting women and girls survivors of trafficking. The cornerstone of DD's experience is that trafficking of human beings is a substantially gender-based structured phenomenon which constitutes a serious violation of human rights, perpetrated by gender specific forms of violence and gender based persecutions. Its magnitude and its consequences still remain underestimated both nationally and internationally. Data from national and international reports along with DD's experience in the field, show how women and girls remain the primary target of trafficking by the networks of organised crime. Public authorities globally urgently need to properly address all the economical, social, cultural and political factors that continue to relegate women and girls in subordinated and marginal positions, fueling the human trafficking crime industry.

### 3. Implementation of project activities of service provision

#### 3.1 Country

##### 3.1.1 Country specific situation in the pre-implementation phase of the project

In Italy, every form of human trafficking is prohibited and criminally punished. The crimes of human trafficking, slavery, and servitude are regulated by Articles 600, 601, and 602, respectively, introduced in the Italian Penal Code by Law 228/2003 "Measures against Human Trafficking", with the explicit aim of incorporating the principles contained in the UN Protocol signed in Palermo in 2000.

It established, at the Presidency of the Council of Ministers, the Fund for Anti-Trafficking Measures, intended to finance programs of assistance and social integration in favor of victims of crimes as well as other social protection purposes referred to in Article 18 of the Consolidated Act on Immigration.

The law created a special assistance program for victims of the crimes of reduction or maintenance in slavery or servitude (Art. 600 of the Penal Code) and human trafficking

(Art. 601), with the purpose of ensuring adequate housing, food, and healthcare during a transitional period.

From an immigration standpoint, the main provision regulating the right of stay for trafficking victims and introducing a specific residence permit in the Italian legal system is Article 18 of Legislative Decree 286/1998. This provision establishes the requirements and regulates the procedures for obtaining the so-called "special cases" residence permit.

The residence permit can be issued either following a victim's complaint (judicial pathway, upon the proposal or after the opinion of the Public Prosecutor) or in the absence of a complaint (social pathway). The "social pathway," is the most significant and peculiar aspect of the provision because it allows the exploited person to avoid the risk of retaliation following a complaint, thereby decoupling protection from criminal prosecution. The residence permit can be renewed and converted, thus allowing for subsequent integration independent of the Victim status.

According to data from the National Anti Trafficking toll-free number, the entity responsible for coordinating the national referral mechanism, the number of people who benefited from the program of regularisation, assistance, and social integration in the period January 1, 2022, to December 31, 2022, was 1,823, of which 1,224 were women (67.1%), 522 were men (28.6%), and 77 were transgender (4.2%).

The countries of origin of the survivors were Nigeria 1,047 (57.4%), Pakistan 118 (6.5%), Morocco 84 (4.6%), and Ivory Coast 50 (2.7%). The majority of victims were adults (97.5%), while minors accounted for 2.5%. The areas of exploitation were sexual (815 cases, 44.7%), intended for exploitation (433 cases, 23.8%), and labor exploitation (427 cases, 23.4%).

Article 32 of the Italian Constitution considers health as a fundamental right of the individual, as well as an interest of the community, and guarantees free medical care to the indigent. According to the Constitutional Court, health is a right that the Italian Republic "recognizes" to the individual as such, and does not "grant" in relation to specific conditions. This right must also be recognized for foreigners, regardless of their status in relation to immigration and residency regulations (Constitutional Court, July 17, 2001, No. 252).

With particular reference to the right to health of the migrant population, in 1998, following several legislative interventions that had only partially regulated the matter, the legislator enacted Law No. 40 of March 6, 1998, which was later incorporated into the Consolidated

Immigration Act (Testo Unico sull'immigrazione or TU) of July 25, 1998, No. 286. This law recognized the right to healthcare for all foreign citizens present in the territory, even if not in compliance with the regulations regarding entry and residency. It also definitively asserted the right to health and medical assistance for those who are legally present on the territory, under the same conditions as Italian citizens.

Specifically, the legislator regulated healthcare for foreign citizens in Articles 34 and 35 of the TU. These articles distinguish between citizens who, as holders of a residence permit, have the right to enroll in the National Health Service, and those who are not in compliance with entry and residency regulations but must still be provided with "urgent or otherwise essential outpatient and hospital care for illness and injury, even if continuous, as well as extended preventive medicine programs for individual and collective health." These provisions were further complemented with operational details in Articles 42, 43, and 44 of Presidential Decree No. 394 of August 31, 1999, containing the implementing regulations of the TU. Article 34 of the Consolidated Immigration Act (TU), in specifying the categories of foreign citizens who are obliged to enroll in the National Health Service, establishes parity of conditions with Italian citizens regarding access to and availability of healthcare, in terms of rights and duties. This marks the first-time assertion of an equity principle for the public healthcare system.

The Ministry of Health, through Circular No. 5 of March 24, 2000, in response to the initial interpretative issues that arose following the issuance of the TU, clarified what should be understood as "urgent and essential care" to be provided to foreign citizens not in a regular status. It defined urgent care as medical services that cannot be delayed without endangering the person's life or causing harm to their health. Essential care includes diagnostic and therapeutic medical services related to non-acute conditions that may not pose immediate risks but could lead to health damage or life-threatening situations over time.

The primary observation arising clearly from the combined examination of Italian legislation on the right to healthcare for foreign citizens and its practical applications is the difficulties that many foreign citizens encounter in accessing healthcare services. These challenges reflect the fragmented situations occurring in different regions and, in some cases, even within the same region.

According to Article 27 of Legislative Decree 251/07, refugees and subsidiary protection holders are entitled to the same treatment as Italian citizens in terms of social and healthcare assistance. Article 27, paragraph 1b is in force since March 22, 2014, provides for the

adoption by the Ministry of Health of guidelines for planning assistance and physical rehabilitation interventions for international protection holders who have suffered torture, rape, or other serious forms of psychological, physical, or sexual violence.

Holders of a residence permit for asylum applications, international protection, and humanitarian reasons are required to register with the National Health Service.

Significant measures have also been introduced into the Italian legal system with the enactment of Legislative Decree no. 24 of 2014, which implemented Directive 2011/36/EU concerning the prevention and suppression of trafficking in human beings and the protection of victims. This provision provided for the adoption of a single program for the regularisation, assistance, and integration of foreigners, including EU citizens, who are victims of trafficking and slavery or serious exploitation posing concrete risks to their safety. It also established a national plan against trafficking and serious exploitation of human beings aimed at defining long-term strategies for prevention and combating the phenomenon through the Department for Equal Opportunities of the Presidency of the Council of Ministers, responsible for coordinating, monitoring, and evaluating the outcomes of prevention, anti-trafficking, and social protection policies for victims, adopted the new National Action Plan against Trafficking and Serious Exploitation of Human Beings for the years 2022-2025 in October 2022.

## 3.2 Providing age and gender-specific support for Victims of Trafficking

### 3.2.1 Individual psycho-social counselling

During individual counseling with women victims of trafficking, DD shared a personalized project aimed at recovering their social and human rights: access to healthcare, protection, justice, education, employment, and physical and psychological well-being; and the acquisition of the corresponding tools: literacy, Italian language learning, and guidance to services and institutions.

#### - Support counselling

Women supported by DD within the Amelie project have shared and embarked on a psychosocial support journey.

During structured support meetings, women who are victims of trafficking have had the opportunity to recount and rework their traumatic experiences and the multiple layers of violence and discrimination they have endured.

Individual counseling sessions have been conducted in a welcoming and confidential

environment, where women find understanding and support to help them rebuild their lives independently, away from violence. These meetings have been facilitated by expert professionals with a gender and intersectional perspective, based on human rights and sensitivity to trauma, in order to establish a trusting, respectful, and non-judgmental relationship, including the use of language mediation (English, French, Spanish, Arabic, Georgian, Wolof, Pulaar, etc.).

Together, they have developed an individualized project through active and empathetic listening to address their needs and gain a careful understanding of their expectations and desires, providing the women with the tools to comprehend their current situation. The professionals have supported the women in identifying achievable gradual objectives, emphasizing their strengths and resources.

#### - **Territorial Commission**

Almost all the women supported by DD are international protection seekers, which implies that they are subject to the procedures for obtaining refugee status. Once the application for international protection is formalized, the women are summoned by the Territorial Commission (CT) for an interview aimed at evaluating their request. During the interview, if the CT identifies indicators that suggest the woman is a victim or at risk of trafficking, they activate a referral to qualified anti-trafficking operators. DD, upon receiving the referral, initiates individual meetings with the women.

During these meetings, DD has supported the victims in reconstructing their stories, starting from the conditions and violence endured in their home country, the recruitment methods, the journey to Europe, exploitation, and the risks they face in case of repatriation. At the end of this process of reconstruction and reworking, specialized operators have prepared gender-oriented reports for the Territorial Commission in support of the international protection request. This approach is aimed at reducing the risk of re-traumatizing the women. In fact, after receiving the report from the anti-trafficking center, the CT can assess the possibility of not requiring the woman to recount her story again in a formal institutional context.

#### - **Legal Assistance and Consultation**

Regarding legal assistance, it was first and foremost, in collaboration with Differenza Donna's legal office, ensured that a clear and adequate explanation of rights in Italian territory was provided. This involved guiding and supporting the women in the legal and administrative processes for obtaining, reviewing, or renewing their respective residence permits, especially for political asylum reasons.

This assistance included accompanying them to immigration offices, scheduling appointments and related summonses, preparing and accompanying them for interviews, facilitating the issuance of residence permits, requesting jurisdiction changes to extra-regional Territorial Commissions, making formal communications to the Questura, the Dublin Unit, and the Civil Court for recurring cases.

Several women were also informed about family reunification procedures they intended to pursue. Numerous contacts were made with the Carabinieri Station, where women were accompanied for mediation and support. Additionally, interactions were established with the Nigerian Ambassador for the protection of a minor in Nigeria, who is the child of a woman taken into care. Lastly, free legal consultation and assistance were offered to women involved in criminal cases, with a gender-sensitive and intersectional perspective, based on human rights and trauma sensitivity, including the use of language mediation.

For many women benefiting from specialized legal assistance, this constituted a fundamental step in an effective and successful protection and reintegration process.

#### **- Orientation to Education and Employment**

In order to achieve full socio-economic inclusion in Italian territory, DD has supported trafficking victims in the process of enrolling in free literacy and Italian language and culture courses at the CPIA (Provincial Centers for Adult Education). The courses at CPIA are structured in various levels, allowing students to follow a gradual learning path based on their linguistic skills and needs. Access to education and language courses constitutes a fundamental right that prevents further marginalization and promotes access to rights such as legal assistance, healthcare services, vocational training courses, and employment.

- Another significant practice implemented by DD is to support trafficking victims in the recognition of their educational qualifications obtained in their home country through the CIMEA digital platform (Academic Equivalence Mobility Information Center). Furthermore, DD has initiated the referral process to anti-trafficking organizations managing government-funded programs designed to place women in professional courses or training internships and has supported them in the registration process at Employment Centers (CPI), which offer employment support services, including the opportunity to participate in placement programs.

DD has provided victims with the skills necessary to successfully navigate the job search process and improve their understanding of labor rights. The vocational orientation process has included curriculum development and the provision of information on digital platforms dedicated to job listings, explaining how to use

them for job hunting and how to respond to job offers. At the same time, specialized operators have provided clear information to trafficking victims regarding their workers' rights, including knowledge of labor contracts, minimum wage, working hours, workplace safety, and other relevant aspects to ensure decent working conditions. The objective has been to provide them with the necessary tools to defend their rights and address any situation of exploitation or abuse.

### 3.2.2 Group counselling

During the two years of the project, quarterly groups counselling were held with a maximum of 8 participants. The aim was to create spaces for mutual exchange and understanding of each other's experiences, as well as to provide women with the tools to achieve autonomy and independence.

#### - Soft skills

To promote the autonomy and independence of trafficking victims, DD shared soft skills competencies with the women during counseling sessions. Life skills cover a wide range of areas, including self-care and self-awareness, understanding one's needs and desires; personal financial management, which includes budgeting, expenses, and savings planning; time management to efficiently organize daily activities; social skills such as effective communication, active listening, conflict management, and the ability to collaborate with others; cognitive skills, including problem-solving and critical thinking; and finally, digital skills, which have become increasingly essential due to the digitalization of services following the Covid-19 pandemic. These skills have provided survivors with the necessary tools to make informed decisions, pursue personal goals, and build an independent and fulfilling life.

#### - Rights Literacy

During group meetings, women were provided with information about the rights guaranteed by the Italian legal, healthcare, and social system.

From a legal perspective, victims were informed about their rights and the protections recognized within the Italian territory. Informing victims about these aspects helps them understand the legal options available to them and make informed decisions about their situation.

From a healthcare perspective, victims were informed about the available healthcare services, including those addressing mental and reproductive health. Victims have

experienced physical and psychological trauma, and they need to be aware of the resources they can access for their recovery and well-being.

Lastly, from a social perspective, victims were informed about the resources available to support them and facilitate their inclusion within the Italian territory.

### 3.2.3 The right to health

The core of this work package consists of the actions taken to ensure and facilitate access for trafficking victims to medical care and the national healthcare system. This objective has been achieved through the following initiatives:

#### - Referral and Accompaniment to Healthcare Facilities

For the supported women, activities of accompaniment or guidance to healthcare services and institutions in their respective residential areas have been ensured to facilitate access to their rights and to expand their social networks for potential reference in times of need.

The women have been provided with information on procedural aspects of both basic and specialist medical care in Italy, as well as assistance in scheduling specialist appointments and tests.

Operators have engaged in accompanying and mediating within the National Healthcare System, making referrals and accompanying them to specialized services at the following facilities: family planning centers, local health authorities (ASL), SAMIFO (a medical facility in Italy), INMP (National Institute for Health, Migration, and Poverty), Serd (a specialized drug addiction service), general practitioners, and public hospitals. The healthcare services and tests received by the women have included blood and urine tests; infectious disease screening (HIV, hepatitis, tuberculosis); gynecological examinations and tests (Pap smears, breast ultrasounds, transvaginal ultrasounds), removal of uterine fibroids, insertion of intrauterine contraceptive devices, voluntary termination of pregnancy; dermatological consultations; ophthalmic consultations and tests, purchase of prescription eyeglasses; ear, nose, and throat consultations and tests; dental consultations and exams (orthopantomography) and dental extractions; endocrinological consultations; cardiological consultations and tests (electrocardiogram); and podiatry consultations.

#### - Mental Health

If, during interviews and other activities, women have reported or exhibited one or

more symptoms of psychological and emotional distress, the anti-trafficking center has initiated a referral for psychological and psychiatric care to specialized healthcare services. This is done after providing the women with the necessary information to enable them to make an informed choice regarding embarking on a therapeutic path. The organization has also provided administrative support for the women in requesting care from mental health professionals who adopt a multicultural approach and ensure the presence of a language mediator, which is essential for establishing a good doctor-patient relationship. The reference facilities in the area are SaMiFo (Forced Migrant Health Center) and INMP (National Institute for the Promotion of the Health of Migrant Populations and the Fight against Poverty-Related Diseases). Through access to qualified professionals, personalized therapies, and a multidisciplinary approach, an effort has been made to provide victims with the tools and support needed to overcome trauma, rebuild their lives, and achieve optimal mental and emotional health.

#### - Health Documents

Obtaining health documents is a key component of the support provided by DD to women victims of trafficking. This process has involved bureaucratic and administrative support to ensure victims have easy access to the healthcare services they need for their well-being. Here's how DD has carried out this important task.

**Bureaucratic and Administrative Assistance:** DD has provided victims with comprehensive support in navigating the complex bureaucratic and administrative procedures required to obtain health documents. This includes filling out necessary forms, gathering required documentation, and submitting requests to the relevant authorities.

**Network Contacts:** DD has leveraged its network of contacts and partnerships with healthcare facilities and local authorities to streamline the process of obtaining documents. These contacts can expedite request processing times and ensure that victims receive timely assistance.

**Accompaniment to Healthcare Facilities:** DD has accompanied victims to healthcare facilities, ensuring they are supported during the process of requesting health documents. This can help reduce the anxiety and uncertainty associated with such procedures.

**Ensuring Access to Healthcare Services:** The primary goal is to ensure victims have access to the healthcare services they need. This may include obtaining the STP (straniero temporaneamente presente) document, the health card, enrollment in the national healthcare service, assignment of a general practitioner, and exemption from

healthcare fees.

Promoting Well-Being: DD's support in obtaining health documents is an integral part of the well-being promotion process for victims. Once they have obtained the documents, women victims of trafficking can access the necessary medical care to address any health issues stemming from their traumatic experiences.

- **FGM Certification and Forensic Medical Evaluation**

Women assisted by DD who have applied for international protection have been supported, through referrals and accompaniments to healthcare facilities with specially trained personnel, in submitting gynecological medical certificates to the Territorial Commission for the Recognition of International Protection. These certificates confirm the type of FGM (Female Genital Mutilation) they have experienced, psychological certificates regarding trauma in which the damage suffered and/or the type of risk the woman would face if subjected to the practice again in the case of repatriation, and finally, a forensic medical certification regarding the outcomes of torture and intentional violence. This documentation is not mandatory but serves as useful corroboration in cases where the woman's credibility or risk assessment may be compromised by biases or judgments that do not consider the complexity of the woman's history, and which she may not be ready to present before the Territorial Commission, for example, due to modesty in disclosing facts, fears, or desires related to the reproductive system. The attachment of FGM certification is relevant for all forms of protection (refugee, subsidiary, and humanitarian), as it is a gender-based practice that represents an act of persecution and inhuman and degrading treatment for the person who undergoes it or is at risk of undergoing it.

The certifications are issued following a multidisciplinary process that takes into account the holistic approach to the health and needs of the asylum seeker.

- **Reproductive health and voluntary termination of pregnancy**

Reproductive health is defined by the World Health Organization (WHO) as a state of physical, mental, and social well-being related to the reproductive system and its functions.

Within urgent or essential care, Article 35 of the Unified Text (TU) also identifies specific types of care, including the protection of pregnancy and maternity under Law No. 405 of July 29, 1975, which also includes voluntary termination of pregnancy under Law No. 194/1978, services directly related to sexual and reproductive health.

During the implementation period, DD assisted two women in accessing their recognized right to voluntary termination of pregnancy. The women were supported by the operators with the assistance of mediators in making their choice, overcoming stigma, in a gender-oriented perspective focused on self-determination. They were also supported in orienting to the services provided for this procedure, handling bureaucratic procedures, and were accompanied to follow-up visits with the goal of minimizing linguistic and cultural barriers they encountered and the sense of disorientation they may experience.

Statistics show that migrant women have a high rate of voluntary termination of pregnancy (IVG) and low use of contraceptive practices. This limited ability to prevent unwanted pregnancies is associated with a lack of knowledge about contraceptive practices themselves, the services of the National Health System, and assistance pathways in the territory. Recognizing this, DD has supported numerous informative meetings regarding reproductive health so that migrant women can become more responsible, autonomous, and self-determined regarding their reproductive health.

### 3.2.4 Workshops on health-related issues based on victims' needs and desires

DD, through the AMELIE project, organized yoga and fitness workshops. Yoga was designed as a complementary and integral activity within a broader individualized project to help victims in processing their trauma. Yoga, by emphasizing awareness of breath and bodily sensations, helps reduce stress and promotes a greater awareness of the body. Furthermore, through the practice of postures and breathing techniques, it helps alleviate symptoms of anxiety and depression, providing a sense of calm and well-being. Yoga encourages a deep connection between the mind and body, promoting greater awareness of physical sensations and emotions. This can be beneficial for trafficking victims who may have experienced a dissociation between the body and mind due to trauma.

Physical exercise can also help create a healthy and structured routine in daily life and strengthen self-esteem and self-confidence. Achieving fitness goals has increased confidence in one's abilities, creating a sense of personal accomplishment and promoting a sense of stability and control over one's life, contributing to overall well-being. Additionally, it has helped reduce insomnia and improve the overall quality of sleep.

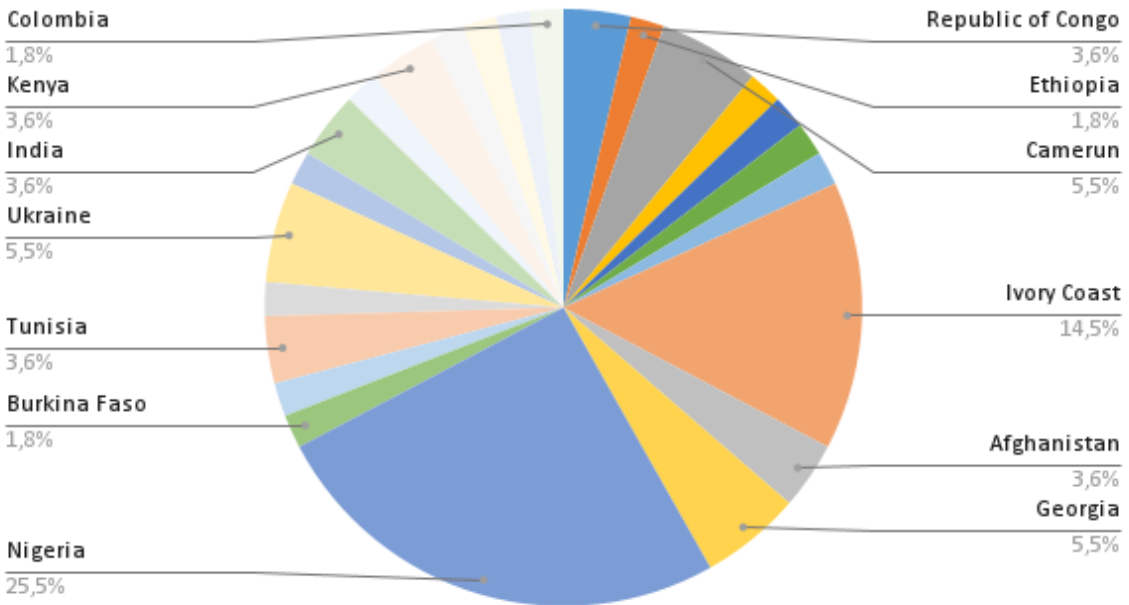
## 3.3 Qualitative and quantitative data

### 3.3.1 Collection of numerical data on beneficiaries

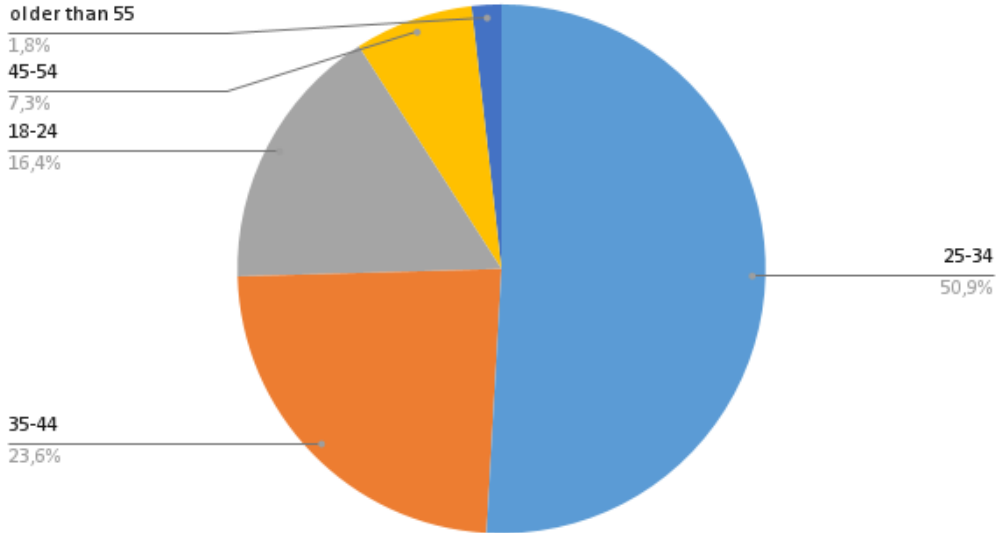


The total number of trafficking victims supported by DD is 55, and they come from 24 different countries. The predominant nationalities are Nigeria, Ivory Coast, Georgia, and Cameroon. The victims are all female.

### Country of origin

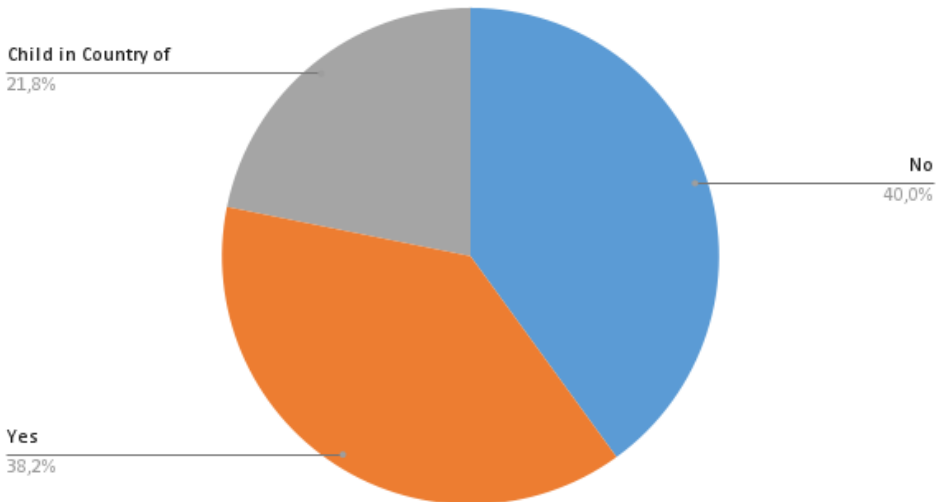


### Age



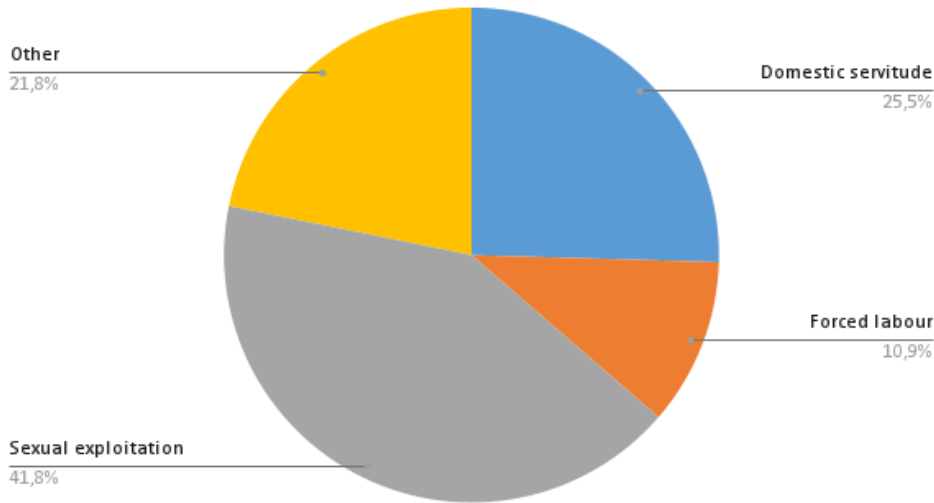
50% of the women are aged between 25-34 years, and 23.6% are between 35-44 years old.

### Children



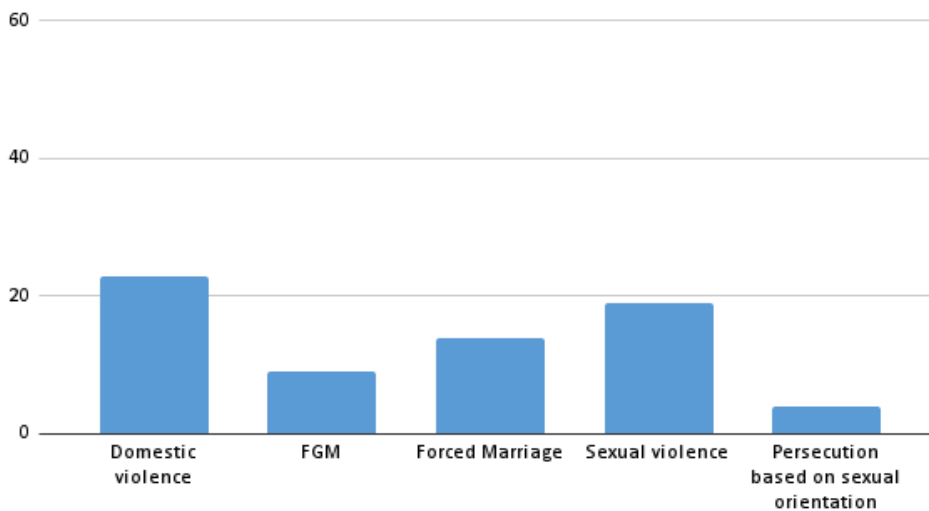
40% have no children, 38.2% have children in Italy, and 21.8% have children in their country of origin.

### Type of exploitation (main reason for contact)

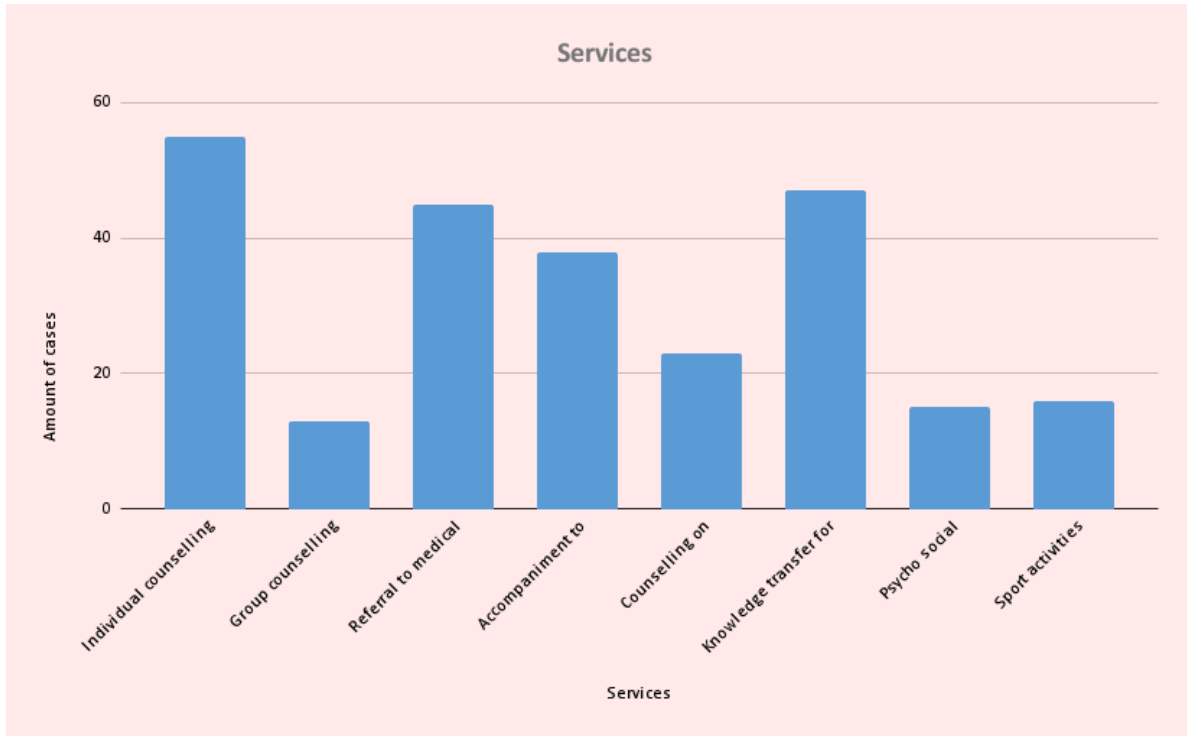


Out of 55 assisted women, 41.8% are victims of sexual exploitation, 25.5% of domestic servitude, and 10.9% of forced labor.

### Multiple victimization



The women have reported experiencing multiple forms of violence.



The data regarding the types of services provided to the victims:

SERVICE	N. WOMEN
1 - Individual counselling	50
2 - Group counselling	13
3 - Referral to medical services	45
4 - Accompaniment and support to get access to medical services (e.g. translation etc.)	38
5 - Counselling on reproductive health	23
6 - Knowledge transfer for medical topics	32
7 - Psycho social counselling	10
8 - Sport activities	10

## 4. Policy Recommendations

Considering the matters elucidated within the present document, the ensuing policy recommendations are proffered:

- 1) It is necessary to consider the gender dimension of human trafficking and recognize it as a form of gender-based violence and persecution affecting all women and girls who are victims of it. Gender and intersectional reception and support programs should be developed and implemented with a human rights-based and trauma-sensitive approach to assist survivors in their process of recovering from the multiple forms of violence and torture they have endured.
- 2) All professionals working in the field, especially healthcare personnel, should adopt a victim-centered and gender-sensitive approach to facilitate the establishment of a trust-based relationship that is respectful and non-judgmental. Such a relationship will enable the woman to recognize the support that the local network can offer and share an individualized plan to exit the violence.
- 3) Ensuring that victims are informed about their rights regarding health, legal, and social matters is essential. Government and non-government initiatives directed at survivors should be implemented to make them aware of their available options and enable them to make informed choices. Providing clear and accessible information about the possibilities available to them would empower survivors to take charge of their decisions concerning health, well-being, and justice.
- 4) It is necessary to reconsider information models and access procedures to healthcare after a careful analysis of the survivors' needs and the barriers they face in the national healthcare system. Many victims are limited and discriminated against in accessing care because they lack the language and digital skills to access healthcare services.
- 5) In a delicate context such as the healthcare field, the role of mediation plays a crucial role in bridging the different roles of the patient and the healthcare provider. It mediates concepts such as health and illness and transfers the cultural meaning of these concepts. Real understanding of the needs would not be possible through simple linguistic translation. In addition to the difficulties related to the heterogeneity of interpretations given to the norms governing the right to health, the lack of a structured mediation service in many areas further complicates the establishment of

the necessary linguistic and cultural bridge between doctors and individuals in need of care. This inevitably impacts the full and effective exercise of the right to health by foreign citizens. The absence of a structured mediation service, along with differences in application resulting in denials or difficulties in exercising the right to health, has more significant consequences for women's access to maternal and child health services, especially given the particular vulnerability in which many women find themselves during pregnancy or when opting for a voluntary pregnancy termination.

- 6) It is of fundamental importance to avoid medicalizing victims of trafficking and instead initiate psychological therapeutic pathways. This approach is essential because women involved in trafficking situations can manifest a range of symptoms of psychological and emotional distress (such as post-traumatic stress disorder, depression, anxiety disorders, self-blame, suicidal thoughts and attempts, paranoia, substance abuse problems, alcohol abuse, eating disorders, dissociative disorders, and more). Medicalization can involve the excessive use of often inappropriate medications to address these issues.

To ensure timely and adequate access to mental health services, it is important to increase the number of specialized and trained personnel within healthcare facilities. This would help reduce long waiting lists and provide more continuous and consistent therapy over time. Often, victims of trafficking require constant support, and fragmented therapies due to the healthcare system's inability to respond efficiently can hinder their recovery process. Additionally, it is essential to consider ethnopsychology in the provision of mental health services. This means recognizing and respecting cultural differences in the experiences and needs of victims. Healthcare professionals must be adequately trained to understand and address these challenges, adopting a gender-sensitive perspective and a victim-centered approach.

- 7) It is necessary to delve into and develop specific issues for the proper functioning of services related to the healthcare rights of migrant women, including the integration of gender determinants in the analysis of the healthcare needs of foreign citizens, the development of structured cross-cultural mediation to facilitate an adequate response to care needs, and an analysis of the application of Law 194/78 on voluntary pregnancy termination. Additionally, specific policies related to maternal and child healthcare for third-country women should be introduced, including access to parental care, assistance during childbirth and postpartum care, basic medical and pediatric care for children, culturally sensitive and linguistically accessible healthcare, and psychological support.

- 8) There is a need to promote mandatory and periodic training for healthcare professionals by specialized anti-trafficking operators. The topics that should be covered are numerous: tools for early identification of trafficking victims or those at risk of trafficking, approaches to welcoming survivors, the specificities of violence suffered by women such as female genital mutilation, immigration rights legislation, and local and national referral mechanisms. Training should aim to increase the understanding of trafficking as a crime and a violation of human rights. This will help ensure that all involved actors have an in-depth knowledge of trafficking and its implications.
- 9) The improvement and expansion of the local network are of paramount importance. Supporting the path to autonomy for survivors should be the result of a synergistic collaboration among all stakeholders to effectively address challenges and ensure comprehensive and holistic care. This local network should involve healthcare professionals, social workers, non-governmental organizations, legal services, psychosocial workers, and other key individuals. Cooperation among these parties is essential to provide survivors with comprehensive and coordinated support. This holistic approach would allow addressing not only medical issues but also the social, legal, and psychological challenges that survivors may face. In this way, an environment is created where survivors can feel supported and encouraged on their path to autonomy, with all stakeholders working together to ensure their well-being and success.
- 10) To ensure a synergistic multi-agency collaboration and an efficient national referral mechanism, a standardized procedure for sharing best practices, procedures, and protocols among the actors of the involved agencies is necessary. This is essential to ensure that all actors are coordinated in providing support to survivors. Clarity in procedures reduces the risk of errors and ensures an effective and timely response.
- 11) Accelerating the procedures for requesting international protection and obtaining residence permits is crucial, as they often constitute a significant source of stress and anxiety for victims of violence and can hinder their path to empowerment and autonomy.  
These prolonged bureaucratic processes can expose victims to the risk of re-trafficking and delay their access to essential services, including those related to health and well-being. Speeding up these procedures is essential to reduce the stress and uncertainty experienced by victims, allowing them to focus on their path to recovery and building an independent and secure life. Simplifying and expediting the procedures for international protection and residence permit issuance should be a

priority to ensure that victims of violence have timely access to the services and support they need to overcome challenges and build a better future. This will contribute to strengthening their journey towards autonomy and well-being.

12) There is a need to increase adequate financial resources to support training, awareness-raising, data collection activities and ensure that procedures and protocols are implemented effectively. The allocation of sufficient state funds also allows for the availability of qualified healthcare personnel, resources for victim assistance, and means for prevention and combating. Moreover, funds are necessary to promote research and the development of new approaches to address an ever-evolving phenomenon. The increase in funding by state entities is a key element for an effective and sustainable response to human trafficking.

13) It is important to recognize sports as a powerful psychophysical tool that facilitates a dialogue with one's body and self-care. It is a form of asserting and reclaiming one's body, promoting physical and mental well-being. Sports activities should be included in the individual plans of each woman as a tool for self-determination. For these reasons, it is necessary to allocate sufficient funding to initiate specially designed sports programs, and offer them free of charge through collaboration with local sports organizations.

## 5. Conclusion

The National Report provides an overview of DD's work within the AMELIE project, specifically for Work Package 3 of the project - Specific Age and Gender-Based Support for Victims of Human Trafficking.

Through a gender perspective and a human rights-based approach, women have participated in empowerment processes that have involved them in all aspects of their individual projects, focusing on awareness of their healthcare rights and access to healthcare. During the project, women have been able to acquire the tools to self-determine and make informed and independent decisions.

The central action has been individual meetings, during which, thanks to a trustful relationship established with specialized operators, women have expressed their needs and desires. Through active and empathetic listening, operators have analyzed these needs to share the next steps to be taken with the women.

The purpose of the various actions implemented was to empower women to take charge of their own future and provide them with tools to care for their well-being and navigate the Italian healthcare system. Furthermore, the activities carried out have allowed DD to strengthen collaboration with healthcare facilities to which medical referrals and

accompaniments have been made. This ongoing contact has raised awareness among medical staff about the issue of trafficking, leading them to express the need and desire for specific training days and organizing discussion forums with facility managers to outline guidelines and protocols.

The women assisted by DD have been very motivated and satisfied with participating in the projects. They have reported reaching a high level of awareness and have recognized the importance of the self-determination tools they have gained.



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