



Report :

Preliminary in-depth interviews with service providers

Activity 2.3 - Questionnaires elaboration

Activity 2.4 – Preliminary in-depth interviews with service providers

<b>Introduction.....</b>	<b>3</b>
<b>1. Organizations/Services and operators who participated in the survey.....</b>	<b>3</b>
1.1 The system of services involved in the investigation.....	5
1.2 The interviewees: profiles and roles.....	9
<b>2. Services provided to migrants .....</b>	<b>11</b>
2.1 The type of services provided.....	11
2.2 Accessing services.....	13
2.3 The access' barriers .....	17
<b>3. Abuse, Violence and Exploitation of migrant minors and migrants .....</b>	<b>19</b>
3.1 Detected phenomena.....	19
<b>4. Indicators for victims' early detection .....</b>	<b>21</b>
4.1 The use of indicators.....	21
4.2 Understanding level of phenomena and training needs..	23
<b>5. Standard Operating Procedures (SOPs) .....</b>	<b>24</b>
5.1 The use of SOPs .....	24
<b>6. Activated procedures and dynamics of referral/cooperation .....</b>	<b>25</b>
6.1 Intervention sets.....	25
6.2 Dynamics of referral and cooperation .....	26
<b>7. Protocols and Agreements at Local Level.....</b>	<b>28</b>
<b>8. Focus Roma Population .....</b>	<b>29</b>

## Introduction

This report presents the results of the work of Preliminary in-depth interviews with service providers foreseen in task 2.4 of the REST project. This Activity was aimed at collecting information about the services active in the field of protection and support to UAMs and young adults who are SGBV victims, in terms of who, how, with which resources the services is delivered, and their attitudes towards victims.

Subject of the survey: the description of the services provided and their level of accessibility, the analysis of existing networks at city level and the presence of access' barriers to the services.

The investigation started from INTERSOS operators and included key actors of the territorial network of public and private social-health services with a specific focus on service providers for young migrants. A total of 30 interviews were carried out.

The general project's aim is to implement a strategy to reach out to migrant unaccompanied minors (UAMs) and young men who are victims of sexual violence and/or exploitation or are exposed to it, providing them with tailored support. The interviews, which explored the level of implementation of services for abused young migrants, were intended to provide an informative background for setting up standard operative procedures (SOPs) for professionals.

The interviews were conducted between February and April 2021. In this period Italy was in a complete lock down phase with many offices operational only in smart working. The structured questionnaire interviews (see Annex 1) were therefore carried out using all possible survey techniques: face-to-face, video call and in CAWI mode with subsequent telephone call.

### 1. Organizations/Services and operators who participated in the survey.

There were a total of 30 participants in the survey who answered the questions. The distinct services interviewed were in total 26, while the public and private organizations involved 15. All the participants were administered the questionnaire "Interview with operators who deal with of Young Migrants at GBV risk", consisting of 75 questions ( Annex 1 ).

The organizations and services to which the interviewees belong are distinguished between public subjects and private social-health subjects.

## List of Participating Organizations and Subjects and Services Analyzed

N° ORGANISATION	N°SERVICE	NAME OF THE ORGANISATION/SERVICE	INTERVIEWEES
<b>PUBLIC BODY/LOCAL AGENCIES</b>			
<b>I</b>		<b>DPS</b>	<b>5</b>
	1	- <i>Technical and administrative coordination of educational services</i>	1
	2	- <i>Roxanne public branch e Pro. Ins</i>	1
	3	- <i>Roxanne Mobile Unit</i>	1
	4	- <i>SOS Sala Operativa Sociale</i>	1
	5	- <i>Ufficio Operativo Contrasto Esclusione Sociale</i>	1
<b>II</b>		<b>Polizia Locale</b>	<b>4</b>
	6	- <i>P.L.R.C. U.O. GSSU Reparto Disagio sociale</i>	1
	7	- <i>Local Police</i>	2
	8	- <i>Local Police SPE</i>	1
<b>III</b>		<b>Roma Capitale</b>	<b>1</b>
	9	- <i>Ufficio Speciale RSC</i>	
<b>IV</b>		<b>ASL RM1</b>	<b>1</b>
	10	- <i>ICARE in ASL Rm1- Branch PSI</i>	
<b>V</b>		<b>Autorità Garante Infanzia</b>	<b>1</b>
	11	- <i>Legal guardian</i>	
<b>PRIVATE ORGANISATION</b>			
<b>VI</b>		<b>Intersos24</b>	<b>2</b>
	12	- <i>Intersos daytime laboratory activities support</i>	1
	13	- <i>Mobile medical unit</i>	1
<b>VII</b>		<b>Medihospes Onlus S.C.S.</b>	<b>8</b>
	14	- <i>Reception center Passolombardo</i>	1
	15	- <i>Center SAI Gerano</i>	1
	16	- <i>Rete SAI Sistema Accoglienza Integrazione</i>	3
	17	- <i>Sai Pantano</i>	2
	18	- <i>Cooperativa sociale_ Ente gestore servizi alla pers...</i>	1
<b>VIII</b>		<b>Associazione di Promozione Sociale "Il Fiore del D...</b>	<b>1</b>
	19	- <i>Gruppo appartamento "Il Fiore del Deserto" e Strut...</i>	
<b>IX</b>		<b>ASSOCIAZIONE NATURALMENTE ONLUS</b>	<b>1</b>
	20	- <i>Social mediation</i>	
<b>X</b>		<b>CivicoZero Onlus</b>	<b>1</b>
	21	- <i>Outreach activities and Psychological Support Service</i>	
<b>XI</b>		<b>Cooperativa Parsec (ati APS CDS_Focus e Coop. Magl...</b>	<b>1</b>
	22	<i>Roxanne</i>	
<b>XII</b>		<b>Cooperativa Programma Integra</b>	<b>1</b>
	23	- <i>PROGETTO DI INCLUSIONE SOCIALE PER LE PERSONE ROM,...</i>	
<b>XIII</b>		<b>Cooperativa sociale Medihospes onlus</b>	<b>1</b>
	24	- <i>Cooperativa sociale_ Ente gestore servizi alla pers...</i>	
<b>XIV</b>		<b>Differenza Donna Onlus</b>	<b>1</b>
	25	- <i>Anti-violence centerComune di Roma</i>	
<b>XV</b>		<b>Sanità di frontiera</b>	<b>1</b>
	26	<i>Polo Psi</i>	
		<b>Total Interviewees</b>	<b>30</b>

## 1.1 The system of services involved in the investigation

### 1.1.1 Public sector organizations:

The **Dipartimento Politiche Sociali (DPS) di Roma Capitale** (Department of Social Policies), which takes care of the planning, coordination and monitoring of social services provided by the municipality of Rome, in order to guarantee well-being, the possibility of integration and social protection for each individual in the city community. The DPS works in synergy with the ASLs, the Municipalities and the other Departments of Roma Capitale, enhancing the actions of third sector and voluntary organizations. The interviewees are distributed among different services of the DPS:

- The Roxanne service, which carries out activities for people on the road (prevention and reduction of damage, counseling) and for victims of trafficking (help, reintegration and accompaniment to repatriation, if expressly requested). The work of Roxanne's operators is divided between two mobile contact units, a daytime desk, four structures built under public tender and eight private social communities, affiliated with the municipal administration for the reception of women who have left the exploitation circuits. The service is also associated with a job placement action called Pro.Ins.
- The Sala Operativa Sociale, which deals 24/7 with social emergencies that occur in the city, intercepting the conditions of hardship and activating individualized paths. The service is aimed at helping people in difficulty, who are unable to get out of critical situations, by intervening if family problems or domestic violence occur. The interventions are arranged both following a telephone notification received by the call center (where over one hundred social operators work) and by means of street units, which carry out a constant monitoring of the city.
- The Ufficio Operativo Contrasto Esclusione Sociale coordinates all social emergency and social inclusion activities by working in contact with all the organizations of the third sector and voluntary structures.

### **Local Police Force of Roma Capitale:**

- **The Local Police** operates in the municipal area to guarantee urban safety and civil coexistence by preventing and repressing behaviors that violate laws and regulations. Help the city to preserve its artistic heritage; protects the urban decor and the safety of public spaces; works for road safety with checks on driving behavior and traffic conditions; protects consumers by checking that the rules on commercial activities in private and public areas are respected; ensures compliance with the town planning and building regulations of the city; counteracts the phenomena of urban and social decay by offering a protection service to minors and the weakest.
- **Local Police special group SPE (Public security and emergency)** performs functions of operational coordination of actions to protect urban, social and emergency security. This unit manages the interventions aimed at the application of the Trade Union Ordinances and deals with the repression of unauthorized buildings and the environment. In addition, it carries out continuous monitoring of authorized Roma camps.
- **The GSSU (Social and urban security group)** carries out specialized emergency response activities throughout the city, contrasting and controlling situations of urban decay, protecting minors and fragile subjects.

**Ufficio Speciale Rom, Sinti e Caminanti reporting directly to the Mayor.** Among the objectives of this body there is the strategic coordination of the interventions envisaged under the "Roma

Capitale Plan for the inclusion of Roma, Sinti and Caminanti people", as well as all activities (including interdisciplinary ones) connected and functional to the pursuit of the objectives of social inclusion of these populations.

**ASL (Azienda Sanitaria Locale) Roma1**, is the reference point of the national public health system for the health needs of a large part of the citizens inhabitants in the territory of Roma. The tasks of the ASL are the promotion and protection of individual and collective health, as well as the provision of essential levels of assistance defined by the National and Regional Health Service. In 2019, some of the services provided by **ICARE**, a European project promoted by the **Emilia Romagna Region**, in collaboration with **Lazio, Sicily and Tuscany Regions**, were launched at the ASL Roma1. This project was born with the aim of improving the phase of access to the Territorial Health Services for Holders or Applicants of International Protection and Special Cases, focusing on the phase following the migration project and acting on the emergency situation often typical of the second reception. In Rome, integrated, interdepartmental, multidisciplinary paths are being implemented, including the "Percorsi di Salute Mentale in Rifugiati Vittime di Violenza Traumatica" (Mental Health Pathways in Refugees Victims of Traumatic Violence) for the recognition of risk factors and vulnerabilities in applicants and holders of protection, through the early and selective identification of pathologies and adequate treatments.

**Autorità garante per l'infanzia e l'adolescenza** (Guarantor authority for children and adolescents), established by law no.112 of 12 July 2011, in order to protect and promote the rights of minors, proclaimed in the "Convention on the rights of childhood and adolescence". This organization has launched numerous projects aimed at ensuring that children and young people are aware of their rights, it also collaborates with the international, regional and autonomous province of the guarantors of the youngest, and with non-profit organizations. The Authority also has the task of reporting to the Government, the Regions, or other interested entities, the appropriate initiatives to ensure full protection of the rights of children and adolescents. The legislative decree no.220/2017 attributed to the Guarantor Authority the competence in monitoring the state of implementation of the provisions contained in Article 11 of Law 47/2017 "Disposizioni in materia di misure di protezione dei minori stranieri non accompagnati" (Provisions on the protection of migrant unaccompanied minors), which foresaw the creation of lists of voluntary guardians. These are private citizens, who are required to possess the minimum requirements set by the guidelines of the Authority itself and adequate training. In the Italian reception system, the guardians work in synergy with the other actors in the system, supporting the integration process of minors in Italy; this aspect represents an essential part of the Italian reception system.

#### *1.1.2 Third sector organizations:*

**INTERSOS**, leader of REST project, is an independent humanitarian organization founded in 1992, partner of the main international European institutions and agencies. In Italy (where it has been operating since 2011) it guarantees assistance in the context of migration, focusing on health, safeguard and protection of children, especially addressing migrant unaccompanied minors UAMs, young adults no longer humanitarian protection holders, survivors human trafficking and gender-based violence. In collaboration with Unicef, INTERSOS carries out monitoring activities in Rome of the main informal settlement and of the UAMs shelter, ensuring assistance through the work of mobile teams. In addition to the commitment on the road, INTERSOS24 Center is a humanitarian space that provides refuge and beds for 20 unaccompanied minors, ensuring sanitary facilitations, food, laundry, internet access, cultural mediation and other services. In addition, since 2019, the

Center also offers psychosocial support, taking care of particularly vulnerable cases, education and professional training.

**Ambulatorio Popolare** is inside the **INTERSOS Center**, available to both guests and the entire local population, offers support and guidance to public health services in Italy and provides medical assistance in the field of general and specialist medicine. In the Ambulatorio Popolare there is also a listening desk, with psychotherapists able to guarantee psychological support, especially for women and children.

**Medihospes** is a social cooperative that has over 1500 operators active in Italy, and offers almost 2 million hours of hospitality, assistance and care to 7,500 people a day every year. Among the main activities of the organization is the protection of minors and the reception of migrants. In fact, Medihospes provides forms of assistance aimed at minors at risk of abandonment or social exclusion, providing the experience of psychologists and professional educators who accompany the development of children in the most delicate stages of growth. Through the network of relationships with companies that offer training internships and work placements, the service aims to create autonomy paths for young people close to reaching the age of majority. Medihospes also participates **in the activities of the network of local authorities that make up the Sistema di accoglienza e integrazione SIA** (Reception and integration system), with the aim of promoting a real integration of migrants, asylum seekers and beneficiaries of international protection. Through its know-how, it intervenes in the management of rehabilitation and initial reception centers, linguistic-cultural mediation services, guidance desks and legal advice for immigrants. At the beginning of 2021 the cooperative was the protagonist of a network agreement for Covid-19 containment measures in favor of asylum seekers and refugees, receiving the task of managing two "bridge" reception centers in Rome: Barzilai and Bakhita. The first has 21 places distributed in as many single rooms with bathroom, and between August 2020 and January 2021 it has welcomed 135 people; the second (more recently created) has 6 apartments available and is intended for the quarantine of families. These centers therefore deal with the prudential isolation of asylum seekers and refugees and are geared towards safe insertion into the SAI reception network of Rome.

**Rete SAI – Reception and Integration System** (Decree-Law no.130 of 21 October 2020, enacted as Law no.173 of 18 December 2020) is the public system aimed at providing assistance to refugees, asylum seekers, migrant unaccompanied minors, foreigners entrusted to the social services on reaching majority age. SAI can also accommodate victims of disasters, migrants whose special civil value is recognized, holders of a residence permit for medical treatment, holders of a special-protection residence permit (recipients of social protection, victims of domestic violence, victims of labour exploitation).

**CivicoZero** is a non-profit organization founded in 2009 in Rome with the aim of creating a Center (always active) that could respond effectively to all the needs of children alone in Italy. The methodology adopted is that of the "low threshold", based on the removal of obstacles limiting access. CivicoZero has developed a precise operating protocol: the interception of young people takes place through intervention on the road (outreach). The goal is to reach all minors who are in conditions of vulnerability, at risk of deviance, exposed or subjected to various forms of exploitation, be it work, sexual, or placed in diversified illegal activities. The intervention of street workers is carried out in synergy with that of the actual Center, creating a constant presence in the life and in the places frequented by young people. The young people intercepted are mainly positioned in the age group between 12 and 18: they receive basic services, protection and guidance on their rights,

favoring a reshaping of their life paths. Over the span of 9 years, the non-profit organization has intercepted over 10,000 young people.

**Associazione Naturalmente Onlus** since 2004 deals with the rights of minors and new adults in situations of social hardship, promoting their social and work reintegration. The Association's activities are based on the methodology of social mediation, operating within the juvenile justice services and, specifically, with the Juvenile Justice Center of Rome and with the Prosecutor's Office at the Rome Juvenile Court.

The **Associazione di Promozione Sociale Il Fiore del Deserto**, founded in 2001, manages residential and semi-autonomous structures for minors and young people with psycho-social discomfort in the area of Roma Capitale. These structures guarantee the care of minors and young people, Italians and foreigners, ensuring a protected living environment characterized by a family dimension. The Community and the "apartment groups" offer young guests training workshops with specific therapeutic purposes, stimulating their psychological growth and promoting social inclusion.

The **Cooperativa Sociale Parsec**, founded in 1996, works to promote interventions and services capable of responding to the complexities of emerging social needs, both locally and nationally. In terms of specific projects and the management of local services, the interest of the Cooperative is aimed at preventing and reducing the risks associated with the use and abuse of substances, at promoting the well-being and protagonism of minors and young people, support for parenting, overcoming the various forms of hardship and marginalization (linked to drug addiction, trafficking, etc.), training, social mediation and conflicts, and participatory territorial security. Parsec's membership in local, national and international networks allows the development of operational and strategic reflections characterized by contents related to public social and health policies.

**Differenza Donna**, Association founded in Rome in 1989 with the aim of fighting, preventing and overcoming gender-based violence. There are many activities carried out by the Association in the reference area. In particular, the Anti-violence Centers are the priority tool used by Differenza Donna to provide hospitality to women from every country, culture and religion. These structures offer, free of charge: telephone listening 24 hours a day, placement in the Casa Rifugio (Home refuge), welcome for young children, support for parenting, *antistalking* branches, legal, social and psychological advice. Beyond this, the operators are responsible for creating self-help groups and initiating procedures with local services and institutions.

**Programma Integra**, a social enterprise founded in 2005, whose purpose is to contribute to the well-being and development of an inclusive community through the activation of services in the social, educational and psychological fields. It develops and carries out interventions in favor of people in conditions of social vulnerability such as migrants, seekers and holders of international protection, homeless or Roma citizens, offering reception services, socio-legal assistance, job orientation, counseling and psychological support. The social enterprise also offers support to children, adolescents and families through the management of educational and care spaces. On 15 December 2020, the Programma Integra became the implementing organization of the project "Progetto Superamento Campo Rom Via Cesare Lombroso" (a project aimed to overcome Roma camps), funded by the Ufficio Speciale Rom, Sinti e Caminanti (Roma, Sinti and Caminanti Special Office). Among the planned activities: structuring and implementation of individualized and group projects for job inclusion, organization of training courses and identification of training internships for the first entry into the world of work.



**Sanità di Frontiera** is a non-profit association that carries out interventions in the field of inequalities, psychophysical well-being, social inclusion and respect for human rights. On the national territory it deals with health assistance projects, orientation to social assistance services and fight against educational poverty. Starting from May 2020, in collaboration with CivicoZero, it coordinates the activities of the Polo Psichiatrico-Psicologico in Rome (Psychiatric-Psychological Pole), an easy-to-access center dedicated to children, where to give space for listening, support and help.

## 1.2 The interviewees: profiles and roles

**Table 1** shows the information regarding the qualification achieved by the interviewees. As can be seen, 25 individuals (equal to 83.3% of the total) were found to have at least a tertiary qualification. Of these, 8 (26.7% of the total) declared having obtained a qualification higher than the graduation: post-graduate Master, Doctorate or Post-graduate specialization. This data suggests that in the context of the services offered for assistance, care and taking charge of fragile individuals, there is a need for specific and decidedly qualified skills. Only 5 interviewees (equal to 13.8% of the total) were in possession of a high school diploma: however, they are almost exclusively staff of the Local Police.

**Tab. 1: Qualification of the interwees**

Qualification		
Answer	Tally	Overall percentage
High school diploma	5	16,7
Graduation	17	56,6
Post-graduate Master	3	10,0
Doctorate	2	6,7
Other (Post-graduate specialization)	3	10,0
- <i>Four-year specialization</i>		
- <i>Specialization in Gestalt Psychotherapy</i>		
- <i>Specialization</i>		
Total	30	100,0

With regard to the role of the interviewees in the services in which they operate, also for the choice of interviewing the responsible figures, there is a large presence of contact person/service coordinator or director/manager with 12 individuals (equal to 40.0% of the total). Subsequently, 7 interviewees declare that they carry out the role of operator of reception structures and branches (23.4% of the total). The data reflect the heterogeneous nature of the survey participants who, also considering the item "other", are distributed among 16 different roles, ranging from direct contact at the counter or through streets units to roles also of a specialist health or psychosocial type, up to the roles of the Local Police divided between instructor/operator and official.

**Tab. 2: Role of the interviewees**

Role	Tally	Val. %
Branch operator	2	6,7
Reception facilities operator	5	16,7
Trainer, educator, counselor	0	0,0
Intercultural mediator	1	3,3
Facilitator/linguistic mediator	0	0,0
Professional legal consultant	0	0,0
Professional counselor in the psychological field	1	3,3
Professional health consultant	1	3,3
Professional consultant in the didactic field	0	0,0
Contact person/coordinator of the service	9	30,0
Service manager-director	3	10,0
Other :	8	26,7
- <i>Legal guardian of unaccompanied foreign minors</i>		
- <i>Local Police Instructor/Operator</i>		
- <i>Psychotherapist</i>		
- <i>Local Police Official (3)</i>		
- <i>Social mediation</i>		
- <i>Professional consultant RSC</i>		
Total	30	100,0

Finally, the data contained in **Table 3** refer to the professional profile of the interviewees. The social worker is the most widespread professional profile, with 8 interviewees (equal to 26.7% of the total); followed by Sociologist/psychologist with 6 (20.0% of the total) and Educator with 5 (16.7% of the total). As before, this figure is also consistent with the heterogeneity of the sample, given the distribution of survey participants among 13 different professional profiles.

The large presence of professional figures belonging to regulated professional orders (according to Italian law) with Social Assistants, Psychologists, legal and medical figures, highlights and confirms the high level of specialization and professionalization achieved overall by the system of provision of assistance and inclusion services of the public/private network present today in Rome.

**Tab.3: Professional profile of the interviewees**

Professional profile	Tally	Val. %
Educator	5	16,7
Social assistant	8	26,7
Instructor/employed	2	6,7
Mediator	0	0,0
Sociologist/ psychologist	6	20,0
Legal	1	3,3
Administrative official	0	0,0
Technical official	0	0,0
Executive	2	6,7
Other:	6	20,0
- <i>Legal guardian UAMs</i>		
- <i>Social operator (2)</i>		
- <i>Local Police Official</i>		
- <i>Coordinator of the Mobile Health Unit</i>		
Total	30	100,0

## 2. Services provided to migrants

### 2.1 The type of services provided

In the following section of the questionnaire the interviewees have been questioned about which of the 12 (plus the item “other”) migrant services are offered by their respective work facilities, and their main targets. The services’ potential targets were divided into 5 different categories: adult men and women, minors, young adults (18-24 years old) and families. Each interviewee had the possibility to provide more than one answer.<sup>1</sup> The results are displayed in **tab.4**.

Overall, adult men and young adults are the most frequent targets for the majority of the services, followed by adult women, families and minors. On the other hand, “Information, orientation and access to territorial services” is the most widespread service among all categories with 15 answers referring to both adult men and 18-24 year olds youngster and 13 answers referring to services activated for adult women. The awareness of the territorial services (for example: health services and schools, but postal and banking systems as well) represents a strategic point towards the integration of immigrants and their quest for autonomy. Also, this kind of service was found to be useful for the strengthening of networks within the Italian Reception System, which year after year is more capable to meet the public’s needs in an increasingly functional way. In line with this last statement, one of the interviewees stated: “there was a strong connection with the sanitary

<sup>1</sup> Please note: some of the interviewees work for the same facility.

facilities during the Covid-19 health crisis, and those collaborations are the result of protocols implemented within a structured network.” Some of the interviewees working in facilities that offer such services are the operators of the S.A.I. Network, ASL Roma1, Roxanne, Sala Operativa Sociale and INTERSOS LAB.

“Housing and primary needs services” are also quite popular at the interviewees’ work facilities. With 10 answers each, young adults and adult men are the most common targets for this kind of service. Such a number is not surprising given that it concerns key activities of the Italian Reception System which sees a predominance of male users. Actually these services are often specific to the first reception phase. However, they might be needed at any time since they are of central importance for the near future of every migrant. The satisfaction of primary needs requires a high degree of attention from the designated operator: the early detection of a migrant’s specific issue can help prevent its reoccurrence, directing him/her to the most appropriate facility afterward. In addition, housing services are a fundamental step along the integration process.

Three more types of services have a cross-cutting relevance, i.e. common to all types of users: “Education, learning and teaching of the Italian language”, “Social policies, assistance” and “Healthcare” although the main target for all of them are adult men (10 answers each).

Lastly, the services which have registered the lowest amount of answers are “Anti-violence centers” (10 total answers distributed among the target groups: adult men, women, young people and minors); while a higher number of interviewees emerged referring to “Anti-trafficking service network” (19 answers relating to services targeted mainly at women, young people and minors). The most frequent targets for the first one are adult men and woman (3 each), while it’s young adults for the second one (7 answers).

This latter figures are linked with the characteristics of the services themselves, which require high degrees of specialization and field experience. Some of the facilities operating as Anti-violence centers frequently receive migrants who have been victims of multiple violence in their country of origin or in Italy. Therefore, these people need to be accompanied along a difficult rehabilitation path. Similarly, trafficking is an extremely complex phenomenon. This makes it necessary to operate with adequate observation and monitoring tools, that can provide an up-to-date and in-depth reading for a wide variety of situations. Among the facilities offering this types of services: the operators of the S.A.I. network, Sala Operativa Sociale, Centro Antiviolenza Comune di Roma, Differenza Donna and the Ufficio Operativo Contrasto Esclusione Sociale.

Minors are the least represented group in the answers on services activated. This is expected since not all operators are qualified to deal with minors and therefore cannot manage services aimed at this category. In any case, less specialised services, such as those of Information, orientation and access to territorial services are explicitly aimed at minors, as shown by the 7 responses collected. These are followed by housing and basic needs services, legal and trade union protection and socialisation and leisure management services, reported by 5 interviewees. Same number of responses for anti-trafficking services although the actual target group is mainly underage women. The answers concerning the services for minors, which concern social policies and assistance, pedagogical-educational services, health and health promotion and the services of anti-violence centres, are also at the lowest levels. In this last case there is only one interviewee (an operator of the Differenza Donna Anti-Violence Centre) belonging to a service addressed only to girls.

**Tab. 4: Migrant services offered by the interviewees work facilities, division by target.**

Servizi offerti per i migranti nella struttura in cui lei opera	Adulti uomini	Adulti donne	Minori	Giovani 18-24	Famiglie
Informazione, orientamento e l'accesso ai servizi del territorio	14	13	7	15	9
Interpretariato	5	3	3	4	4
Mediazione linguistico-culturale	7	5	4	7	5
Servizi di accoglienza abitativa e necessità primarie	10	8	5	10	8
Tutela giuridica e sindacale	6	4	5	6	4
Istruzione, formazione, insegnamento della lingua italiana	10	5	4	8	3
Socializzazione, gestione del tempo libero	9	4	5	7	4
Politiche sociali, assistenza	10	6	3	7	4
Servizi pedagogico-educativi	6	2	3	5	4
Sanità e promozione della salute	10	5	3	7	6
Centri anti violenza	3	3	1	2	1
Rete di Servizi antitratta	2	5	5	7	0
Altro	5	3	5	5	5

## 2.2 Accessing services

After providing information about the services offered by the facilities in which they operate, the interviewees were questioned about how migrants can access these services. In addition, attention was also directed towards some particular features of the modes of access, such as the timings and the documents required. **Tab. 5** displays the results of the first question in this group, concerning the modes of access themselves. As it is possible to see, there were three different response options: "Free and spontaneous access by the user"; "Access by appointment"; "Transfer from other services".

**Tab. 5: “What are the modes of access?”**

<b>Answer</b>	<b>Count*</b>	<b>Overall Percentage</b>
Free and spontaneous access for the user	15	68,2
Access by appointment	6	27,3
Transfer from other services (es: DPS, Forze di Polizia, Asl etc.)	16	72,7

\* The total exceeds 100 since it was possible to provide more than one answer.

The user’s free access and the transfer from other services appear to be the most common modes of access, with 15 (68,2% overall) and 16 (72,7% overall) as response counts respectively. Every interviewee indicating the transfer from other services as an access mode has been also questioned about what those services are. Among the answers given to this sub-question: the Dipartimento Politiche Sociali of Comune di Roma, the Roxanne’s help desk, the ASLs, the network of voluntary tutors, local and state police, third-sector’s organizations. The least common mode of access is the one involving an appointment, considering that only 6 interviewees (27,3% overall) indicated it. Although access modes may differ from one service to another, no payment is required for any of them. In fact, all the interviewees stated that the services offered are completely free of charge.

Afterwards, interviewees answered about the access timings’ characteristics. In particular, it was asked whether access is immediate or whether there are waiting lists (involving the organization of appointments). Results are shown in **tab. 6**. Among those who responded, 7 (35% of total) stated that the access is immediate. The immediacy of the service’s provision is particularly important for the operators working directly on the road. An interviewee who works for the Ufficio per il Contrasto all’Esclusione Sociale said that: “the early detection of cases, sometimes, is made possible thanks to the report of a person -called “the intermediary”- who’s often not the one needing the service itself. In that case, a mobile monitoring unit can be sent to the site immediately (this always happens when the report concerns a minor). The “intermediary” often disappears after the report has been sent. This could happen, for example, if he’s the persecutor of a pregnant woman who’s not needed anymore for his illegal business. That is another reason why it’s important to take action quickly, as soon as the mobile unit is ready (...)”.

On the other hand, 5 interviewees (25% of total) declared that the access is not immediate and that an appointment must be scheduled within seven days. This may be the case of facilities offering basic medical services and general orientation. In no case the users are received after a period of more than seven days. Lastly, 2 interviewees (10% of total) stated that there are no waiting lists and that the user is advised to refer to another service, while 6 interviewees (30% of total) have chosen the item “Other”.

**Tab.6: "Is the access to services immediate or are there waiting lists?"**

Answer	Count	Overall Percentage
The access is immediate	7	35,0
Access is not immediate, an appointment is scheduled within 7 days	5	25,0
Access is not immediate, an appointment is scheduled after 7 days	0	0,0
There are no waiting lists and the user is advised to go to another service	2	10,0
Other (es: through telephon o through the Ufficio Immigrazione)	6	30,0
Total	20	100,0

Subsequently, the questionnaire included a question concerning the documents needed in order to access the services. All the answers are listed in **tab. 7**. A large proportion of the interviewees said that one or more documents are required. However, 9 of them (the 36% of total) stated that the access to the services is not foreclosed to those without them, while only 3 (12% of total) have confirmed that the presentation of documents is mandatory for using the services. There are even 8 interviewees (32% of total) who declared that no kind of document is required for the access.

The fact of not requiring documents is not surprising at all when it comes to certain types of service. For example, it is common for the operators working with victims of trafficking and violence to not decline potential users because of a lack of documents. In fact, as confirmed by some of those interviewed, one common reason why a migrant ends up in illegal circuits is the hope to get back their documents from traffickers/exploiters, who often take on the role of blackmailers. Furthermore, documents are more likely to be requested by facilities offering services such job placement or housing support.

**Tab. 7: "Are documents required to access the services?"**

Answer	Count	Overall Percentage
No document required	8	32,0
One or more mandatory documents	3	12,0
One or more documents required, but access to services not precluded	9	36,0
No answer	5	20,0
Total	25	100,0

**Tab.8** shows the different types of documents that are often requested by the facilities or the services' operators. The most requested is the Residence Permit with a count of 7 answers (35% overall), followed by the ID Card (6 answers, 30% overall) and the Passport (5 answers, 25% overall). A smaller number of facilities requires the Health Care Card and the Residence certificate (2 answers each). The item "Other" has been selected by 7 interviewees (35% overall). It includes different types of documents, such as the Application for International Protection, the Fiscal Code or the Electronic Residence Permit.

**Tab. 8: "Which documents are required?"**

Answer	Count*	Overall Percentage
Health care card	2	10,0
Residence permit	7	35,0
Residence certificate	2	10,0
ID Card	6	30,0
Passport	5	25,0
Other (es: application for international protection, fiscal code etc.)	7	35,0

\* The total exceeds 100 since it was possible to provide more than one answer.

**Tab. 9** displays the answers the interviewees gave when questioned about their services' ability to provide written material on support programs for people in vulnerable situations. The majority of interviewees said that such material is actually offered by their service (or available in their work facility), with a count of 12 answers (60% of total). Contrary, 8 interviewees gave the opposite answer. The material offered includes brochures concerning health, anti-violence and anti-trafficking services. One of the interviewees even said that special brochures had been made to help Covid-19's prevention during the health crisis. Also, in order to maximize the usefulness of such material, the facilities often make it available in several languages.

**Tab. 9: "Does your service offer written material on support programs for people in vulnerable situations?"**

Answer	Count	Overall Percentage
Yes	12	60,0
No	8	40,0
Total	20	100,0

The interviewees were then asked to give an assessment of their services' efficiency, by choosing one out of four different levels. **Tab. 10** shows all the opinions. The most widespread assessment is "enough efficient", with a count of 14 answers (the 53,8% of total), followed by "not much efficient"



(4 answers, 15,4% of total) and “very efficient” (3 answers, 11,5% of total). It is also reported that 5 interviewees (19,2% of total) didn’t provide an answer.

**Tab. 10: “Do you think that the service is able to respond to all requests for assistance (spontaneous or not) that come in?”**

Answer	Count	Overall Percentage
Very efficient	3	11,5
Enough efficient	14	53,8
Not much efficient	4	15,4
Not efficient at all	0	0,0
Doesn't know/ Doesn't provide an answer	5	19,2
Total	26	100,0

### 2.3 The access’ barriers

**Tab.11** includes information from the interviewees’ work experiences. They have been asked about the barriers between the protection services against forms of abuse and the foreign users (particularly the younger people). The interviewees had the possibility to choose between thirteen items (including “Other”).

Six different types of barrier have registered a count of more than 10 answers. On top of this group there are “Fear” (20 answers, 74,1% overall) and “Mistrust” (17 answers, 63% overall), followed by “Ignorance of the existence of the service” (16 answers, 59,3% overall), “Cultural obstacles” (15 answers, 55,6% overall), “Lack of the awareness of the service’s usefulness” (14 answers, 51,9% overall) and “Language barriers” (13 answers, 48,1% overall). None of the remaining items shows a count of answers higher than 10, even though there’s at least one answer for all of them.

In general, the main barriers seem to be related with the users’ feelings about what they find hard to trust (or what they are not informed about). This fact could be partly determined by some of the migration processes’ dynamics. On the one hand, potential users might distrust territorial services only because of the awareness of being illegal immigrants. On the other hand, traffickers and exploiters highly discourage the approach to such services, even through “direct threats or to family members”.<sup>2</sup> Some of the interviewees are constantly working to remove these barriers. For example, an operator working for the “Roxanne” service said that they aim to: “ensure a very careful protection, by implementing very stringent access filters which can protect the victims by removing them from the illegal channels. It is important to create a bond of trust, gradually providing health assistance, cultural mediation, legal assistance and ongoing presence. Every user must be accompanied towards the awareness that those who enter the program must accept the limitations it imposes, since they all imply self and home protection”.

<sup>2</sup> Direct quotation from one of the questionnaires.

**Tab.11: “In your opinion, what are the barriers to accessing protection services for foreign users (especially young people)?”**

<b>Answer</b>	<b>Count*</b>	<b>Overall Percentage</b>
Fear	20	74,1
Mistrust	17	63
Ignorance of the existence of the service	16	59,3
Cultural obstacles	15	55,6
Lack of the awareness of the service’s usefulness	14	51,9
Language barriers	13	48,1
Lack of freedom of movement	7	25,9
Economic barriers (including fear of having to pay for the service, even if it is free)	5	18,5
Religious reasons	5	18,5
Administrative barriers	4	14,8
Logistical barriers (opening hours and location)	2	7,4
Lack of free time from family burdens	1	3,7
Other (es: documents issues or threats)	2	7,4

\*The total exceeds 100 since it was possible to provide more than one answer.

### 3. Abuse, Violence and Exploitation of migrant minors and migrants

#### 3.1 Detected phenomena

Almost all interviewees (88,5%) stressed that their facilities encounter all forms of serious exploitation, abuse and violence (**Tab.12**).

**Tab. 12: “Does your facility encounter cases of violence and abuse, or sexual/labour exploitation?”**

Answer	Count	Overall percentage
Yes	23	88,5
No, we have never dealt with cases of abuse and/or severe exploitation	3	11,5
Total	26	100,0

The most widespread phenomena concern victims of sexual exploitation and labour exploitation, with three quarters of interviewees reporting the presence of these forms of severe exploitation. Professionals have a clear perception of the extent of the most degrading phenomena that accompany the migration experience, affecting above all the most fragile people, the same ones who present themselves to the aid services or who are intercepted on the street. Similarly, victims of sexual abuse and violence are numerous and clearly distinguishable. Fewer interviewees (also because the majority of participants deal with adult or youth care services) reported having met underage victims of violence and abuse. These phenomena are more hidden and separate.

Finally, the few interviewees who declared not to have encountered the phenomena of severe exploitation abuse and violence actually belong to services that are directly less involved in outreach services. One interviewee also referred to a phenomenon of absolute economic subjugation to which some migrants are allegedly subjected: a kind of slavery system exercised through the theft of identity documents and residence permits perpetrated by individuals and criminal organisations from the same countries.

**Tab. 13: “As part of the service, your facility encounters potential or actual cases of:”**

Phenomenon	Count*	Overall percentage
Abuse and violence	18	69,2
Paedophilia	8	30,8
(Trafficking with the purpose of) Labour/Economic exploitation	20	76,9
(Trafficking with the purpose of) Sexual exploitation	20	76,9
We have never dealt with cases of abuse and/or severe exploitation	3	11,5
Other (es: other forms of exploitation.)	2	7,7

\*The total exceeds 100 since it was possible to provide more than one answer.

The phenomena described also concern minor migrants (**Tab.14**) . Boys and girls who are victims of labour exploitation are intercepted by those working in shelters, outreach equipe, proximity services and territorial control. The phenomena of abuse and trafficking and sexual exploitation of young girls are detected by a higher number of service providers operators interviewed (11 in the case of abuse and 10 in the case of trafficking for the purpose of sexual exploitation. The number of those who encounter phenomena related to the sexual exploitation and/or trafficking of underage males is also high (7).

Although Child-sexual exploitation takes many forms: the operators were asked to describe in particular the presence of prostitution phenomena differentiating it from sexual abuse and violence. This is a difficult phenomenon to highlight: Prostitution of children emerges only partially on the streets. The dynamics and the restrictions on movement, especially in the night, imposed by Covid have led this type of activity to feed through online circuits and to be exercised mainly in 'in door' forms. For many young men, prostitution is also only an occasional activity for food, shelter or money (survival sex).

Roxanne's street unit has tried to census the most visible phenomena in the city, consistently identifying around 15-20 very young or underage boys on the street in Rome.

**Tab. 14: Presence of minors or very young people among the victims**

Phenomenon	Gender	
	M	F
Abuse	8	11
Paedophilia	3	2
(Trafficking with the purpose of) Labour exploitation	10	10
(Trafficking with the purpose of) Sexual exploitation	7	10

This is the most exposed component. The phenomena are much more extensive overall. Data from the city's judicial authorities show a much more articulated and widespread picture of crimes of abuse and exploitation committed against minors **Tab. 15**.

**Tab. 15: Criminal phenomena against minors: proceedings involving children and minors in general, judicial year 2019, Rome, Italy.**

<b>Crimes</b>	<b>Victims</b>
Family ill-treatment	1.788
Crimes involving minors as victims	1.300
<i>in detail</i>	
Minor pornography crimes	262
Juvenile prostitution	31
Sexual acts and corruption of minors	117
Abuse of the means of discipling	91
Use of minors for begging	20
Minor abduction	215
Obscene acts committed near places frequented by minors	50
Minor kidnapping	7
Minor solicitation	132

Source: Digivis elaboration on the hearing of the Deputy Prosecutor of the Procura della Repubblica at the Tribunale di Roma, dr. Maria Monteleone, 19/02/2020, Commissione Parlamentare per l'infanzia e l'adolescenza.

## 4. Indicators for victims' early detection

### 4.1 The use of indicators

Identification is the first and most important step in an operational procedure aimed at the emersion from exploitation and abuse.

The main reason why victims fail to seek help relates to the control, coercion and violence they experience from traffickers and exploiters or abusers.. Early detection is therefore synonymous with

effectiveness: early intervention can prevent the victim from actually being brought into the exploitative situation. In addition, rapid identification makes it possible to offer appropriate and timely assistance measures to support people in escaping the illegal circuit.

Identification refers to the observation and collection of all the elements that can be used to recognise situations of trafficking or serious exploitation (even before arriving in Italy) in migrants, especially in young people.

It is not a question of creating definitive and absolutely valid checklists, but of providing the structure with shared control tools and with the capacity to exchange targeted information with the network of cooperating organisations: the aim is to enable everyone to recognise and report potential risk situations in order to ensure the rapid identification of the victim.

An in-depth analysis should be carried out first of all on the migrant's history (minor or in a condition of fragility). It is necessary to take into consideration the migrant's nationality, age, socio-anagraphic profile and level of education, level of knowledge of Italian, time spent in Italy and his movements in Italy over time. The aspects of his/her daily life should be deepened, including the contents of his/her conversations with family members and especially with other reference persons. It is the interviewer's task to get information on the migrant's entourage, including the standard of living, to detect signs of dependence or psychological subjection (or even through rituals) to the only person of reference, especially if it is not a family member, to identify if the migrant is subjected to control mechanisms (by telephone or on sight). It will then be necessary to check the quality of the answers and try to understand if they are prepared and if the answers themselves are conditioned by concern for oneself and one's family. Signs on the body should be identified and then assessed as possible consequences of physical violence; signs of fatigue and poor personal hygiene, sexualised behaviour.

Identification of victims of trafficking, exploitation or abuse requires specialised training to ensure (especially if minors involved are under fear or threat of persecution, that such conditions are promptly recognised, and protection provided without delay.

The operators interviewed confirmed that they all use different sets of indicators according to the different types of abuse and exploitation, and that they rarely ever referred to models, guidelines, operational manuals or check lists. The indicators therefore respond to internal procedures and practices that are almost never formalised and therefore not even shared with the network of structures with which they work.

The area with the greatest use of operational practices underlying the use of indicators is sexual exploitation with 10 operators using them, followed by abuse and violence with 6 operators and labour exploitation with 5 (**Tab.16**).

Roxanne provides the most analytical approach to identifying victims. The street unit continuously roams the territory trying to identify cases of sexual exploitation, in particular prostitution phenomena linked to criminal phenomena. The persons encountered (mainly women) are sent or invited to come to the desk to be followed up and to collect the elements that identify trafficking phenomena according to European protocols. The basic socio-anagraphic aspects are highlighted, minimum education or illiteracy and the economic conditions - almost always of extreme indigence - the type of journey, towards Italy and the movements within Italy with respect to which it is already possible to outline the presence of criminal exploitation. Typically, the travel route for victims of

trafficking in Italy is: Palermo-Naples-Rome-Turin. In the case of trafficking, the presence of "friends" who accompany the victims is always noted.

More than half of the interviewees (52%), including therefore also many operators who stated that they intercept potential victims, do not actually use any indicators in the detection procedure, relying only and exclusively on their own experience in user profiling.

It should be pointed out that the lack of use of indicators concerns almost exclusively the operators belonging to the public sector, starting with the Department of Social Policies of Roma Capitale (DPS). This gap is likely to have serious effects on the overall capacity of the public-private network to offer early detection and rapid intervention. Among the private social actors, only two (MediHospes and Programma Integra) declared that they do not use indicators.

The operators of the latter two institutions point out that the diagnosis of exploitative and abusive conditions, regardless of whether indicators are used or not, is difficult to make for those in the reception system, unless there is someone closer who can observe the migrants themselves in detail.

**Tab. 16: Use of indicators or standard criteria by the interviewees' organizations/institutions in order to identify probable cases of violence/abuse/exploitation**

Phenomena	Count*	Overall percentage
Abuse	6	26,1
Paedophilia	3	13,0
Labour exploitation	5	21,7
Sexual exploitation	10	43,5
We do not use indicators	12	52,2
Other	1	4,3

\*The total exceeds 100 since it was possible to provide more than one answer

#### 4.2 Understanding level of phenomena and training needs

interviewees then answered about the education/information they feel they have regarding the early detection of signs of sexual and gender-based violence. They had the opportunity to choose between four levels of self-assessment. The results are listed in **tab.17**. Most of the interviewees placed themselves in the middle groups, being 9 the count of answers for "Enough Informed" (33,3% of total) and 8 the count of answers for "not much informed" (29,6% of total). Only 3 interviewees (11,1% of total) rated themselves as "Very informed", while only 1 stated to be "Not informed at all". It is also reported that 6 interviewees didn't respond.

Eventually, interviewees were asked whether they would find it useful to receive more information or specific train. Among those who provided an answer, everyone said "Yes". In fact, although many declared themselves to be very knowledgeable about some of the topics covered, the same is not true for other topics they would like to explore more fully. This result partly confirms the interviewees' awareness of the continuous evolution of the phenomena covered inside the questionnaire, and therefore the need for self-updating and self-improvement.

**Tab. 17: “Do you feel informed/trained on early detection of signs of sexual and gender-based violence?”**

<b>Answer</b>	<b>Count</b>	<b>Overall Percentage</b>
Very informed	3	11,1
Enough informed	9	33,3
Not much informed	8	29,6
Not informed at all	1	3,7
Doesn't know/doesn't answer	6	22,2

## 5. Standard Operating Procedures (SOPs)

### 5.1 The use of SOPs

Identification, emersion, care and exit from exploitation and abuse represent the typical operational path that needs to be implemented, also with the collaboration of several actors, in order to offer protection and solutions for migrants and in particular for young or underage migrants who are victims (or presumed victims) of abuse, trafficking and exploitation.

The adoption of Standard Operating Procedures (SOPs) through which to define the actual characteristics of the work, the timing, the modalities, the place and the actors involved should inform the action of each institution in order to standardise the processes adopted by each structure but also to facilitate the paths and operational steps for the taking into care and the subsequent exit of the victim or fragile person from the exploitative or abusive situation, especially when it is necessary to involve operators of different services.

The 60% of the interviewed operators do not use guidelines which set out the protocol to be followed by social workers when there is a suspicion of trafficking or other crimes against migrants and in particular against minors or very young migrants. The standardisation of procedures is, after all, an even more complex process than the collection and use of indicators and it is not surprising that there is an even higher level of non-adoption with SOPs than with indicators.

Once again, the area with the lowest use of SOPs is that of municipal public service workers, who should offer standards to the overall public-private system, also in order to guarantee minimum levels of service to migrants for whom conditions of serious exploitation have been detected.

The interviewees who declare to use standard operating procedures do not indicate, as for the indicators, specific formalised protocols but rather consolidated practices and modus operandi. For some, the element that unites the interventions is represented by the informality of the setting and the relationship within which all this takes place. A fundamental assumption is the gradual acquisition of credibility and authority in the eyes of the victim, as well as the consolidation of a full alliance with the victim, so as to ensure absolute compliance with the undertaken pathway. This is the fundamental step that determines, in terms of time and method, the passage towards taking charge, referral or reporting.



**Tab. 18: Use of SOP's**

Phenomena	Count*	Overall percentage
Abuse	3	13,0
Paedophilia	2	8,7
Labour exploitation	3	13,0
Sexual exploitation	7	30,4
We do not use standard operating procedures (SOP)	14	60,9
Other	1	4,3

\*The total exceeds 100 since it was possible to provide more than one answer

## 6. Activated procedures and dynamics of referral/cooperation

### 6.1 Intervention sets

The chain of interventions for the identification and care of migrant victims of abuse and exploitation is complex and the specific activities depend on the type of organisation involved.

As a whole, the 30 interviewees cover 26 services that intervene in all the phases of activity: from the informal/formal identification of the condition of exploitation, violence, abuse, to the taking in charge and rehabilitation or exit from the condition of exploitation and fragility (**Tab.19**).

As noted above, several operators are involved in services that deal with young people, both male and female, or minors, who are victims of trafficking, exploitation or abuse. Once the victim's condition has been ascertained, a complex procedural process is triggered, which involves reporting the case to the judicial authorities and then taking charge of it. The latter activity can be carried out directly by the body that profiles the victims or through associated services to which the persons to be helped are referred (referral). In the case of underage males, only two operators indicate to take charge directly of minors, while 4 indicate to take charge directly of very young people aged 18 to 24. For many organisations, after identification, the search for a specialised service to which they can send the young people starts, as indicated by 10 operators in the case of males between 18 and 24 years old and 6 operators for underage boys. For women, direct care is more widespread and without any particular differentiation between the different age components, as attested by the 8 operators who carry out the direct care of adult women and young people and the 7 who take care of underage girls.

**Tab. 19: “what procedures are activated?”**

Procedure	Targets					
	Adult men	Adult women	Male minors	Female Minors	Males 18-24 y.o.	Females 18-24 y.o.
We transfer the user to another service without carrying out any intervention	5	2	3	2	4	1
We only carry out preliminary identification services (trafficking/abuse/violence)	4	2	0	0	2	2
We provide for a formal identification after a preliminary screening (trafficking/abuse/violence)	2	4	2	5	3	5
We offer support, charge taking and rehabilitation to victims	3	8	2	7	4	8
We transfer the user to a specialised service after performing identification tasks	8	10	6	8	10	10

## 6.2 Dynamics of referral and cooperation

Two-thirds of the interviewees who stated that they encountered abuse and exploitation also stated that they had a more or less continuous relationship with other agencies and services, especially when an early detection of the potential victim is needed or for the care of fragile victims of abuse and exploitation (**Tab. 20**).

The hospital emergency department is the service to which the interviewees refer most for early detection (12). Only one facility, among all those surveyed, has a doctor with an operating clinic.

The health function prevails in the field of early detection. After hospital emergency rooms, the interviewees refer to private social health facilities for early detection

The health problems seen in victims of violence, sexual exploitation, labour exploitation depend on several factors: deprivation of food and sleep, extreme stress, hazards of travel, violence (physical and sexual), and hazardous work. Physical abuse and torture, fractures, bruises, dental problems (e.g. loss of teeth), and/or cigarette burns and other signs should be recognised by a medical examiner. Women are at high risk of acquiring multiple sexually transmitted infections and suffer the consequences of multiple forced and unsafe abortions.

Medical literature reports that Psychological violence results in high rates of posttraumatic stress disorder, depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms, these

victims are less stable, more isolated, have higher levels of fear, more severe trauma, and greater mental health needs than other victims of crime.

In addition to medical services, mental health centres and social services are therefore largely mentioned by interviewees, who underline their importance for the early detection of victims as well as for treatment and social reintegration.

Fewer (7) interviewees refer to the anti-trafficking service and the anti-violence centre for the early detection of victims. Both structures operate on the basis of consolidated intervention models and, within limits of what has been described in the previous pages, following national protocols for detection and treatment.

It should be underlined that the two centres are also considered as important reference points for the treatment of victims. The interviewees also pointed out the public advisory centres that are considered above all as assistance hubs, useful for those who, after having identified the victim of exploitation and abuse, look for services that can help the victims themselves and can offer support for their social reintegration.

A dense network of relations and interdependencies emerges between public and private services to assist migrants in cases of abuse, violence and serious forms of exploitation: from the prompt identification of victims, to the first assistance and care necessary to treat extreme fragility, to the activation of rehabilitation measures and of reintegration into work, society and family life.

Each structure refers to a system of services in the territory and each institution is aware of the importance of having an effective network for the referral of victims or potential victims to the most appropriate services.

**Tab. 20 Which other services does your organization interface with for the recognition of abuse and/or the charge taking of vulnerable victims of abuse and exploitation?**

Services	Early Detection	Charge Taking
First aid and hospitals	12	6
Social services	7	12
Mental health centres	7	10
Anti-trafficking centres	6	10
Anti-violence centres	4	8
Specific support services for LGBTQ people	4	5
Public counseling centres	7	10
Associations/social private centres with a socio-medical and psycho-social profile	8	8
Other types of associations / organizations	7	5
Private specialists (lawyers, psychologists etc.)	3	3
Other	2	1

## 7. Protocols and Agreements at Local Level

Only 8 interviewees reported that their facilities or services have adhered to bilateral territorial protocols aimed at recognising and taking care of specific vulnerabilities.

In the past, some bodies have adhered to territorial agreements. CivicoZero, for example, was part of a territorial coordination committee that created a protocol for the protection and care of migrants in transit and in vulnerable conditions, but this committee is no longer operational.

Some agreements were signed between the survey participants themselves to enhance and utilise specific functions in a process of mutual exchange. Victims of trafficking are referred to Roxanne, while Differenza Donna and Be free accept cases of gender-based violence. With regard to men in cases of violence and abuse, the mental health department of the San Gallicano Hospital and also SAMIFO – “Salute per Migranti Forzati” (a health facility for the assistance and care of asylum seekers and holders of international protection) are involved. These last two health facilities represent two absolute reference points for the reception of victims of abuse and exploitation, also because they experience a close collaboration between doctors and health workers of the public service and private social workers and mediators specialised in listening to and welcoming migrants

Some associations and organisations have signed a protocol with the immigration office of the municipality of Rome but with limited operativeness.

Rather than formalised protocols and agreements, some interviewees indicated 'close links' with the social services and other services of the DPS of Rome with whom a fruitful operation has been achieved. The lack of formalised agreements leads to variable relationships that are not standardised or predefined and collaborations are extremely 'agile' and informal and can also, in the opinion of the interviewees, take on the characteristics of real good practices .

Other interviewees report informal agreements (and an excellent level of operability) with the already mentioned Roxanne services or anti-violence centres, or with associations such as Telefono Rosa, Be Free, Differenza Donna or with services such as the Health Centre Catone-CARMI (ASL RM 1) or the Help Centre at Termini station managed by Europe Consulting or with projects such as Vie d'Uscita by StC.

In the absence of formalised agreements, procedures are necessarily agile. But in the same way this lack makes impossible to organise activities systematically . While, giving a central role to the personal dynamics between the operators of the different services involved risks creating bottlenecks when these individual relationships cease for whatever reason.

The lack of intervention protocols, for example, greatly affects operations with the police: every time there is a need to interact with both central and district police offices, the ability to respond to the service provider's requests (administrative, or security or support) depends on the police officer one meets. There is a lack of a proactive role of both ASL and DPS, which should create and support processes and links among institutions themselves operating on the territory and between institutions and private social bodies.

With regard to the overall capacity of the public and private system to provide care and welcome services, especially to those who have experienced abuse and violence, opinions are unanimous that the system can and should grow by improving the overall quality of service provision

interviewees emphasised the need for an overall plan to help service providers overcome the personalisation of relationships and self-referentiality and to encourage them to cooperate more and in a more structured way, especially in the relationship between public and private services.

Stimulation from the Rome municipality is essential to activate a more effective public/private system. Some interviewees pointed out, however, that the different offices of Roma Capitale themselves find it difficult to dialogue and connect efficiently to provide services, especially when it is necessary to coordinate interventions for migrants in extremely fragile conditions.

For example in the case of victims of trafficking or abuse, the 'family houses' to which the public services of the Social Operational Room of the Municipality of Rome (SOS) turn to find accommodation for victims, are not always able to assess the risks and problems associated with trafficking. These structures can thus perpetuate the phenomenon of prostitution by offering a kind of involuntary protection to women who continue to maintain close links with exploitative circuits while residing in the structure.

A network of service providers led by the Municipal Public System for Social Policy should impose standards of operation and should promote homogeneous service levels and procedures tailored to the specific needs of different target groups of migrants with fragility and/or victims of abuse, of sexual exploitation or labour exploitation. The training of all operators should also be geared to this specific purpose. In order to achieve this goal, a necessary step, for many interviewees, could be to realise inter-service focus groups to compare experiences and specific needs. For the drafting of guidelines, Sop's and indicators this is an indication that the REST project intends to take up.

## 8. Focus Roma Population

The last group of questions concerned the issue of Roma minors.

In this population and in particular in its large segments living below poverty levels and with a very low level of schooling (in Rome there are about 4,500 people), the phenomena of deviance and marginality are quite common, especially among the large group of young and very young people where phenomena of abuse, violence and exploitation constantly emerge.

Only seven interviewees stated that they (or their facilities) had opportunities for interaction with this type of "at-risk" individuals, while the frequency of meetings appears to be very variable. For some of them, the percentage of RSC minors encountered compared to those of other nationalities is medium-low, with values from 5% to 30%. The opposite applies for others who declared high percentage values (over 50%).<sup>3</sup>

The types of interventions targeting the RSC minors are very variable as well. Some of the intervention plans provide for direct actions, such as outreach activities and targeted support in the context of the Roma camps. However, measures may also include the preventive placement in facilities and the building of networks around families. Indirect interventions can also be used, although their effectiveness is not assured. One interviewee said that: "neglect and abuse conditions are usually reported to the judicial authorities but this often leads nowhere. Schools don't even report long absences until the end of the year".

---

<sup>3</sup> The reference period was one month or one year.

It is important to underline that minors from the RSC group are those who interact the most with the penal circuit's juvenile facilities. In Italy, the Uffici di Servizio Sociale per i minorenni (USSM) have the task of collecting information about the individuals involved, defining the characteristics of the educational pathway that will involve the minors inside the facilities. The interviewees' opinion regarding the success rate of such programs is not very positive. For most of them the chances of success are very low, or even close to zero. In line with expectations, they also stated that the failure and/or recidivism rate is very high. Interviewees were then questioned about the measures implemented by their facilities in order to resolve such critical issue. On the one hand, they concern the construction of medium and long-term pathways, also involving the users' families in the elaboration of individual projects. On the other hand, interviewees explained the reasons behind the lack of adequate measures. In particular, one interviewee said that: "there is no measure to mention, but the cause is not a lack of willpower. Nothing really relevant has been done even after many meetings with public institutions. This is a very problematic and complex issue, so dedicated actions and projects are often useless." In addition, the lack of funding is another important reason to be mentioned. It was also pointed out that very few RSC minors are actually retained by the system after being sent to a facility.

Lastly, interviewees were asked to give their opinion (based on their work experience) on strategies that should be implemented in order to minimize failures. The direct involvement of families is considered important here as well. The building of a network around them is a fundamental step towards the overcoming of situations of deviance involving the RSC minors. Increasing street services is crucial, as through them it is possible to intercept risk situations before the danger becomes too great. The improvement of reception services is also desirable, including the planning of various levels within them. One interviewee drew attention to monitoring processes too, saying that: "there is a need for strict control in schools and camps. Third sector operators must report any irregularities, reversing the trend concerning the omission practices that have been seen for many years".

#### **Annex : Questionnaire (In Italian)**