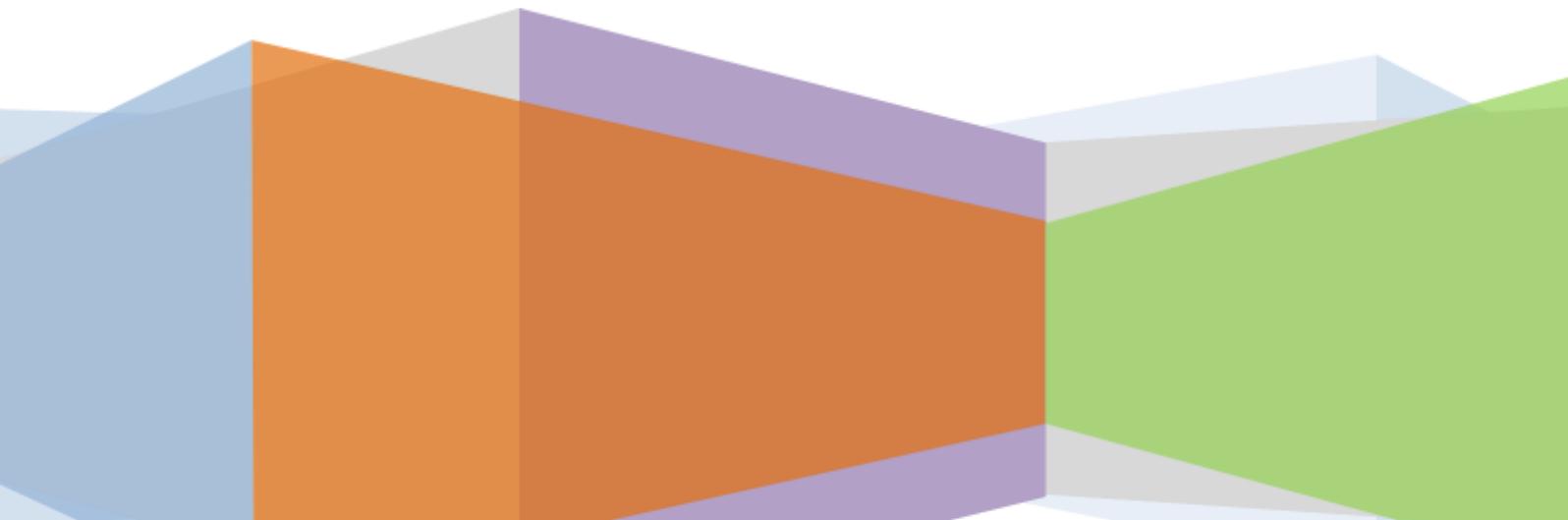




EMMW

EMOTIONAL MANAGEMENT FOR MIGRANT WOMEN

Task 1.1 Common Report about the State of the Art



INDEX

1. Introduction	3
2. Situation of migration in each country	4
3. Double discrimination faced by migrant women	6
4. Health problems suffered as a result of the adaptation process	14
5. Emotional intelligence in the immigration field	21
6. Selected good practices	25
7. Personal reflection on the topic	27
8. Conclusions	30
8.1 National Conclusions	30
8.2. Conclusions of the Common Report	34
9. References	35

1. Introduction

According to the UN High Commissioner for Refugees (UNHCR), the current population of refugees and internally displaced individuals exceeds 65 million, the largest total ever recorded. Moreover, one in every 122 individuals has been or is a refugee, internally displaced person, or asylum seeker. Never before has such a large number of individuals been forced to relocate for causes beyond their control.

Traditionally, Europe has been a major destination for immigration, mainly due to its relative economic prosperity and political stability. This fact has been accentuated in recent years, and the number of immigrants arriving on the old continent has increased, including especially women.

In addition to the difficulties inherent to migrating to a country with a different language and/or culture, the fact of being a woman increases the problems and dangers they may face. The possibility of suffering sexual abuse in any area of daily life (at work, on public transport, in medical services, etc.), exploitation, lack of access to reproductive and health services or mental problems such as depression or schizophrenia.

This is why, particularly at this time, emotional management is one of the keys not only to underpin the mental health of this group, but also to strengthen their interpersonal area and facilitate their social inclusion. In this sense, when analysing emotions and their regulation, one of the most relevant variables currently researched is the study of Emotional Intelligence.

EMMW (Emotional Management for Migrant Women) is a training plan for the purpose of developing and managing emotional skills in the frame of the immigration, reaching both female migrants and social workers and NGO with the aim of improving their risk situation in the adaptation and integration to a different country from that of their origin and, at the end, psychological well-being and the inclusion in the host country.

The project consortium is composed of six organizations from six different countries: Migrafrica (Germany), Indepcie (Spain), Learning for Integration (Finland), Puhu (Turkey), WHI (Belgium) and E-School (Greece).

This report is based on the analysis of the national reports from the partners that are part of this project. They have done research in the recent literature written in their countries on the topic of work pace.

2. Situation of migration in each country

Although we sometimes speak of Europe or the European Union as a whole, each country has its own idiosyncrasies and particularities that must be taken into account when dealing with any issue.

When it comes to immigration, for example, the data ranges from 46% of immigrants residing in Luxembourg to 1.73% residing in Poland, according to 2019 data. The same is true for the countries that are part of the consortium of this project, and here we will compare the characteristics of each of them.

In the case of the countries belonging to the European Union, the immigration data are quite similar. Germany is the country with the highest percentage of immigrants in its population (15.70%), while that of Spain and Greece is somewhat lower (12.90% and 11.30%, respectively). Turkey, on the other hand, is home to some 6 million migrants, representing 7 percent of the population.

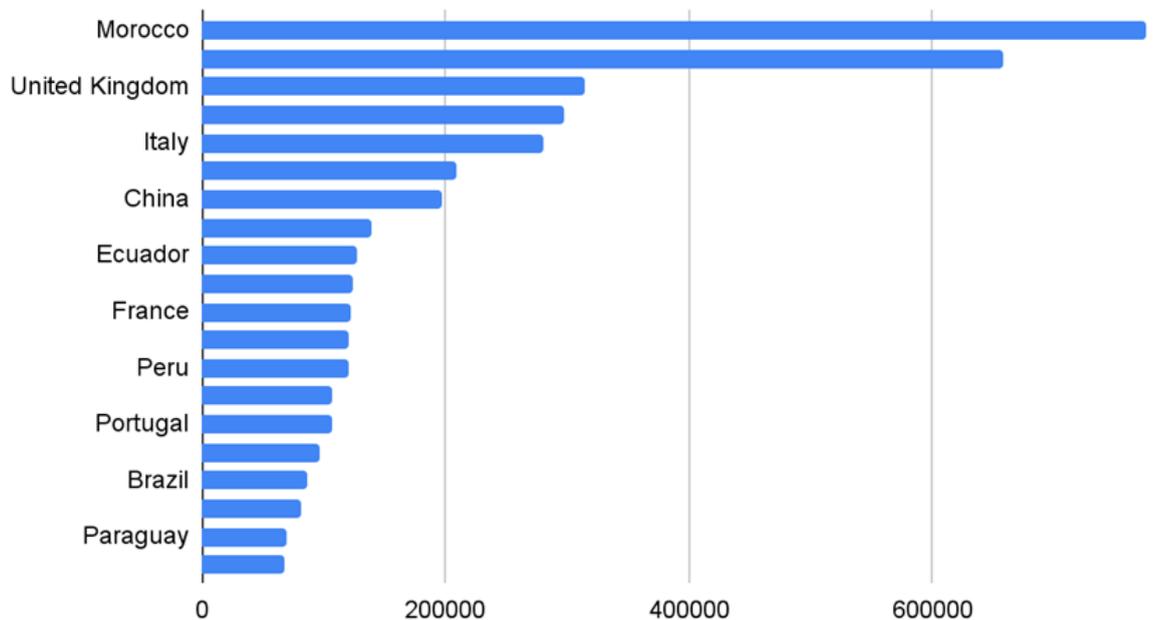
BY ORIGIN

Each country's specific characteristics also include the origin of its immigration. Due to historical events, cultural relations or geographical location, migrations have certain trends or specific destinations.

In the case of **Germany**, Europe is particularly important for migration in Germany: 34.2 percent of the 21.9 million people with a migration background in 2020 came from one of the other 27 EU Member States, and another 28.9 per cent from another European country. The largest share of the 21.9 million people with a migration background in 2020 came from Turkey (12.6%), followed by Poland (9.4%), Russia (5.6%), Romania and Italy (4.3% and 4.2%). With shares of 5.2 per cent and 4.6 per cent respectively, Kazakhstan and Syria are the most important non-European countries of origin - according to country of birth or parents' country of origin.

On the other hand, we can see that the origin of immigration in **Spain** is varied. Morocco is the country with the largest group of immigrants, with 775,917 people, followed by Romania (665,905) and the United Kingdom (300,640). In relative terms, the highest population growth during 2020 was among residents from Colombia (14.1%), Honduras (12.6%), Venezuela (11.8%) and Peru (11.2%), confirming the importance of the connection between Spain and Latin America and its influence on migration.

Foreign population residing in Spain in 2021, by nationality



In the case of **Greece**, the Hellenic country has always received large flows of refugees in the last 100 years, since the destruction of Izmir in 1922, after the Second World War and the fall of the communist regimes and the disintegration of the USSR. In its recent history, Greece has received large influxes of refugees. Since the beginning of 2015, close to one million migrants have crossed the Turkish border to one of the Greek islands, trying to reach one of the prosperous northern European nations. This is the largest mass population migration in recent history and one of the most serious humanitarian catastrophes Europe has faced in the post-war period, and it just happens to be passing through this country's shores.

Due to its geopolitical location, **Turkey** is the host and transit country for many refugees from different countries. Also, because of increased migration flows, mainly the conflict in Syria, Turkey is home to the world's largest refugee population: almost 4 million. There are about 3.5 million Syrians, 94% of whom live outside refugee camps. Since the beginning of the crisis, Turkey has provided significant and ongoing support to refugees. According to the reports, refugees mostly came from Syria, Afghanistan, Iran and Iraq.

BY GENDER

For a long time, migration was considered a male phenomenon. Today, in most regions of the world, women account for the largest proportion of migration. The reasons why women migrate are diverse; their motives for migrating are generally not different from those of men: some go to another country in search of work or better career opportunities; others follow their (marriage) partners or other family members who have already migrated. Some do an internship there or do voluntary service. A short-term stay abroad can result in a permanent relocation of the centre of life to another country. They remain abroad for personal reasons (e.g. starting a family) or because the chances of participation in central social areas such as the labour market prove to be more favourable. Migration is therefore always an open-ended process that is influenced by many different factors.

Around 21.9 million foreign nationals live in **Germany**, 46.1 percent of whom are women. However, not all foreign residents of Germany are migrants: every eighth person with foreign nationality (12.6 percent) was born in Germany. Meanwhile, in **Spain** female immigration is slightly higher than male immigration, with 2,660,468 women, accounting for 50.82% of the total number of immigrants, compared to 2,574,906 male immigrants. In relation to the total number of inhabitants by gender, immigrant women account for 11.17% of women living in Spain. According to data shared by the Directorate General of Migration Management in **Turkey**, the proportion of women among Syrian refugees is 46,2% of the total.

3. Double discrimination faced by migrant women

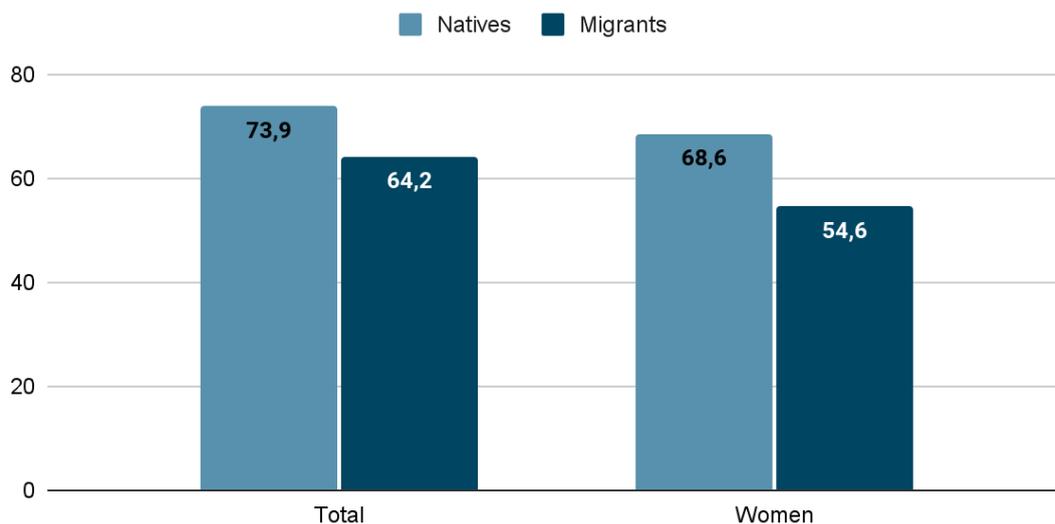
In general, it should be noted that refugee women represent an extremely heterogeneous group and therefore not all are confronted with the same challenges simply because of their migration background. For example, women who live in their country of origin and have worked as an engineer and would like to do this again in Germany, would need to overcome other hurdles than women who have not yet worked at all or those who only have attended primary school and would like to learn new jobs. Women with small children face different challenges than single women without children. Other relevant factors are the residence status, age and place of residence (urban vs. rural) of the respective person. Also the success of migrant women in labour market varies depending on the type and length of work experience from the country of origin, access to language and integration offers, the process of recognizing professional qualifications from the country of origin, insufficient knowledge of

the structures and functionality of the labour market, an uncertain perspective in terms of residence law or family obligations.

In addition, there is often the aspect of multiple discrimination, which particularly affects refugee women in most of European countries, e.g. discrimination as a woman, which is additionally reinforced by discrimination as a migrant and/or refugee. This chain of various challenges means that refugee women represent a particularly vulnerable group on the labour market.

Beyond that in everyday and labour market discourses, a rather one-sided and deficit-oriented image of women with a migration background still prevails. They are often perceived as "appendages" of their husbands. There are still barriers to access and mechanisms of exclusion as well as structural disadvantages for young women with a migrant background in the school system and in the vocational training system. There is a visible lack of intercultural openness of schools and some of the labour market institutions and employers as barriers to entry. The situation has improved somewhat in the last 20 years, but there are still considerable social imbalances in this respect. Moreover, for those of them who have children, the question of reconciling work and family life arises just as it does for women without a migration background.

Share of population in employment among those of working-age (20-64) - European Commission



Girls and women with a migration background face discrimination in various fields of the education and employment system (e.g. "advising away" from higher degrees, advising into jobs that are far below the women's qualification level, partly open racism). In the following, we will go into some factors in more detail.

First there are hurdles in residence and labour law. In some cases residence titles are dependent on the husband's residence title and thus the women have no independent residence titles. Second migrant women face poorer chances of finding an apprenticeship - even with the same school-leaving qualifications as, for example, women without a migration background. Third, they have to deal with a lack of intercultural openness among parts of the groups of actors relevant to the labour market. Fourthly they are often affected by conflicts within the family, e.g. little time for their own education and career paths due to a variety of tasks within the home, in part also culturally determined positioning within the family to the disadvantage of women.

Furthermore we need to address violence against women which is a global problem. Through patriarchal power structures, the rights of women and girls are systematically violated worldwide. Women who are in the process of migration are even more frequently exposed to situations of violence and often have fewer possibilities to defend themselves against it. This increased vulnerability is due, among other things, to the fact that many are not aware of their rights, cannot inform themselves or are socially isolated. Every fourth woman is affected by domestic violence. This can be physical and/or sexual violence. The term domestic violence also includes verbal abuse, humiliation and threats, as well as isolation and economic violence by the partner. The possibilities for protection against domestic violence for refugee women remain limited: A separation/divorce would endanger the right of residence for women with a marriage-dependent right of residence. For refugee women living in violent relationships, the residence obligation is a significant obstacle to safe accommodation, e.g. in a women's shelter. Illegalised women are particularly at risk because they cannot easily turn to the police or authorities when they need protection from violence.

Another danger is the trafficking of women. Trafficked women are women who entered in a new country with false promises of work and good pay and are forced into exploitative working conditions, e.g. in sex work or informal work, e.g. domestic work or care.

With regard to visibility of discrimination in **Germany**, there is no uniform recording of discrimination cases - there are no comprehensive statistics. We therefore know little about the extent of disadvantages due to ethnic origin or racist attributions. Nevertheless, some studies allow us to make statements about this

The General Equal Treatment Act (AGG), which has been in force since 2006, lists six "reasons" for which no one may be "discriminated", including his/her gender.

The AGG applies in working life and in so-called everyday business. It regulates the relationship between citizens and not between the state and citizens (here the Basic Law applies). The situation is different with the Berlin Anti-Discrimination Act, which was passed in June 2020: It goes beyond the AGG and makes it possible to also take action against state discrimination - for example, against racist police checks. Berlin is the first federal state to pass its own anti-discrimination law.

There are five state anti-discrimination offices in Germany: the "Federal Anti-Discrimination Office" and the anti-discrimination offices of the federal states of Berlin, Hesse, Rhineland-Palatinate and Schleswig-Holstein. Among other things, they are responsible for providing information on the contents of the AGG and for arranging counselling services.

People from immigrant families are particularly often affected by discrimination - this is shown by a representative study conducted by the Federal Anti-Discrimination Agency in 2016. According to this study, every second respondent with an immigrant background had experienced discrimination in the last two years. The most important results of the study are people whose migration background is outwardly recognisable - for example by the colour of their skin - feel discriminated against more often (48 per cent) than people without a "visible" migration background (17 per cent). People who have an accent in addition to a recognisable migration background are particularly affected: Here, 59 percent said they had experienced discrimination.

A recently published important study in Germany in this field is the #Afrozensus. It is the first comprehensive study to look at the realities of life, perspectives and experiences of discrimination of Black, African and Afrodiasporic people in Germany. The education and empowerment project Each One Teach One (EOTO), together with Citizens For Europe (CFE) and funded by the Federal Anti-Discrimination Agency, surveyed almost 6,000 thousand Black, African and Afro-diasporic people in Germany and conducted interviews and focus groups with experts from the health and education sectors.

Work life (e.g. job search, training, workplace) is one of the areas directly protected by the - the General Equal Treatment Act (AGG). Despite this legal regulation, working life is the area in which respondents state fourth most frequent that they have experienced discrimination in the last two years. 8 out of 10 respondents report having experienced discrimination in the area of "working life". 8 out of 10 (80.5 %) of the interviewees estimate that they are discriminated against on "racist grounds" and/or their "ethnic origin". Over a third (36.7%) of respondents say that they have been discriminated against in their "work life" with regard to their "gender", among other things. Almost half of

both cis-women (49.1%) and TIN (trans, inter and non-binary) respondents (48.9%) say they have been discriminated in relation to their "gender". And only 2.7% of the cis-men indicate that gender was a reason for discrimination.

In the living area "housing market" the largest significant difference of 19.6 percentage points between respondents who are single parents and those who are not. 9 out of 10 respondents (91.9 %) who are single parents state that they have been discriminated against in the last two years in contact with the housing - market, compared to 7 out of 10 respondents (72.3%) who are not single parents. This could be related to the fact that single parents are statistically at a higher risk of poverty and have a lower income than people who are not single parents. On the basis that most single parent families are women, there is a particular vulnerability here.

The area of life "public and leisure" (e.g. public transport, associations) is the one in which the Afro-Census respondents state that they have most frequently experienced discrimination in the last two years. These can be both verbal attacks, as well as, for example, unequal treatment in comparison to other passengers in public transport. The subgroup analysis with regard to the respondents' feeling of safety in public spaces in Germany shows that there are particularly differences in relation to gender identity. Cis women (35.9%) feel significantly less safe in public spaces in Germany than cis men (27%). Cis women and TIN respondents in the Afro Census were significantly more likely than cis-men to report fearing of being sexually harassed when they are in public spaces.

In summary, it can be seen that the majority of the respondents, after experiencing a discriminatory situation, deal with it with the help of their private environment. Only a few respondents try to file a complaint or seek advice from official bodies or seek professional help. The experiences that respondents have had with reporting incidents suggest that this experiential knowledge could be a relevant reason for the overall rather low number of reports. Many of those affected are generally not believed when they report a discriminatory incident.

The studies show that migrant women in Germany have to face double discrimination both because of their migrant status and their gender and are therefore in comparison to migrant men a particularly vulnerable group to multiple experiences of discrimination.

If we turn to the situation in **Spain**, we find that immigrant women face the same problems. For example, the labour insertion of immigrant women in Spain is reduced to domestic service, family care and the hotel and catering industry, jobs that are normally poorly paid and with little social value; the figures for

immigrant women in an irregular situation are as follows: 89% in the service sector (72% in domestic service, 12% in catering and 16% others); 5% in the agricultural sector and 3% in industry, niches in which it is easier for the employer to maintain the irregular situation of the workers, creating sub-registers and working conditions far below what is legally established, with a greater degree of dependence on the employer, increasing the risk of being exposed to situations of abuse, labour exploitation and discrimination. In the case of women in irregular status, the fear of being expelled from the country makes them more vulnerable to mistreatment and violation of their human rights.

Moreover, immigrant women in Spain who have suffered gender-based violence face barriers in accessing financial aid or work authorization; those in an irregular situation risk being sanctioned or even expelled if they report being victims of abuse. In 2007, the rate per million of foreign women murdered by their partners or ex-partners was almost six times higher than the rate for Spanish women. In Spain, as in other countries, gender-based violence takes advantage of the vulnerability, lack of protection and defencelessness of its victims.

In the case of Latin American immigrant women in Spain, an imaginary is created which tends, on the one hand, to perceive them as women fleeing from conditions of widespread poverty in their respective countries and, on the other hand, they are perceived as the main victims of mafia networks that traffic in people, who are tricked into prostitution. Sometimes, both visions are combined.

In this way, immigrant women are seen as victims of possible abuse by third parties, as in need of help or even as the object of gender discrimination from which Spanish women escape. By presenting immigrant women as paradigmatic victims of gender domination, this discourse hides and makes invisible the fact that part of the conditions of subordination to which they are subjected are the product of power and subordination relations prevailing in Spain, ignoring "the existence of patriarchal power relations in Spanish society" and hiding the mechanisms of widespread and instituted discrimination.

There is a consensus that female migration in Spain is closely linked to the need for foreign labor to fill traditionally feminized jobs related to reproductive work: domestic service and childcare, which are usually low-skilled, poorly paid and socially devalued jobs that do not depend on women's professional training. Migratory literature analyses this reality by emphasising the triple discrimination to which Latin American immigrants are subjected: because they are women, because of their social class and because of their race.

In terms of other gender-related elements, we must highlight Sexual and Reproductive Health, in association with budget cuts in Health; due to these cuts many women no longer have control over their fertility. Family planning resources, access to assisted human reproduction techniques or the voluntary interruption of pregnancy within the circumstances indicated in the law are also unavailable to all women.

The law is not available to all migrants either, making their use conditional on the administrative situation they have and leaving them in a situation where they have no control over them and leaving them in a situation of extreme vulnerability. Related to lower access to contraceptive methods, and especially condoms, the report Deficiencies and inequity in sexual and reproductive health services in Spain produced by various social organisations, highlights that, among women diagnosed with HIV in 2014 (15.2% of all cases), more than half were migrants.

The situation of women and girls refugees in **Greece** is not better, especially if we look at Human Rights Watch report in 2017, where they denounced that migrant women in the camps of Moria were at high risk of widespread gender-based harassment and abuse, as well as a pervasive sense of insecurity in the camp. The majority of women and girls interviewed stated that they were restricted in their movement within the camp owing to fear of harassment. Many stated that they were afraid to leave their tent alone and were apprehensive about using the restroom or showers without someone accompanying them. Additionally, it was stated that security is poor at the camp, and when security personnel were there, they did not act to safeguard the residents. Given reports of the new site's inferior living circumstances, it's fair to presume that women and girls continue to face gender-based violence.

These stressful circumstances have a detrimental effect on not only the physical safety of women in camps, but also on their mental health. At the end of December 2020, the International Rescue Committee released a study highlighting the severe psychological consequences of confinement tactics, aggravated by the epidemic, on refugees in Greece. The study discovered that up to one in three persons living in RICs have experienced suicidal thoughts, in addition to high rates of despair, anxiety, and PTSD. Previously, women and individuals with severe mental health problems might be classed as "vulnerable" in order to be transported to the smaller municipal camp "Kara Tepe" or an independent shelter "PIKPA." However, by the end of 2020, the Government would have closed both of these camps, leaving vulnerable inhabitants without an alternate choice.

Although in **Turkey** women refugees' rights, including Syrian women under temporary protection are protected by governmental regulations (Turkish civil code, Turkish punitive law), and international covenants, women refugees are being exposed to discrimination in camps, houses, streets, offices, and different spheres of public life.

Immigrant women face double discrimination compared to men. Before, during and after the migration, in the country of asylum, during the return and the reintegration process, women migrants are exposed to many difficulties. In addition to the trauma of displacement, women suffer from physical violence, sexual violence, forced prostitution, sexual assault, forced marriage, psychological or emotional violence, abuse, economic violence, discrimination at work, low wages, exploitation of invisible domestic labour, inequality in benefiting from education and social services

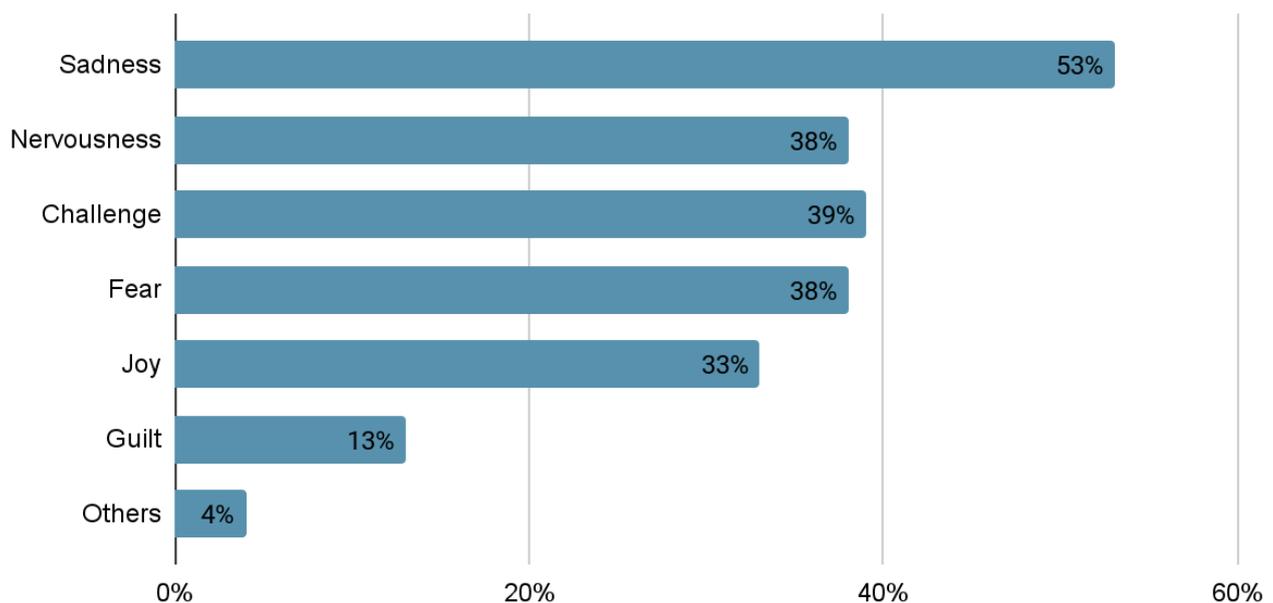
The Government has further marginalized women by criminalizing NGOs, limiting women and girls' access to psychosocial help through grassroots organizations. This criminalization arose as a result of the establishment of onerous registration requirements for refugee relief organizations that are near-impossible to comply. While there are state-run public shelters for female survivors of gender-based violence, refugee women face barriers to access, including language interpretation and obtaining necessary health certifications to establish their status as victims of abuse. Thus, grassroots NGOs serve as a critical safety net for women refugees, providing some sort of psychosocial treatment. By tightening limitations on non-governmental organizations that serve refugees, the Government is directly attacking a critical component of refugee women's health and well-being services.

Immigrants cannot show their presence in the public sphere because the public sphere is categorized by its nature, it is designed to exclude those who are not wanted to be included in it. Based on the "exclusionary" feature of the normative public sphere, it would not be wrong to comment that the public sphere shaped by the "majority" excludes the other. With its exclusionary feature, the public sphere has pushed migrants out of the public sphere. An important point that draws attention is that female immigrants are represented in the non-public "home" space, not in the public sphere compared to male immigrants. The concept of home varies for people of different social classes, genders, or races. If we consider it in the context of gender; for men, the home is a place to get rid of the responsibilities of being in the public space or to rest, while for women it is a workspace woven with obligations. The home is not a woman's paradise in terms of the spatial practices it offers. Migrant women are mostly abused in their homes, workplaces, and transportation.

4. Health problems suffered as a result of the adaptation process

People with a migration background are expected to be more vulnerable to physical and mental illnesses. First because the majority of them live in disadvantageous social conditions and secondly because they are exposed to certain migration-specific stressors, such as language problems, the need to adapt to several cultures (multiple acculturation stress), xenophobia and experiences of discrimination.

Feelings experienced by migrant women on arrival in Spain - Red Acoge



Three major groups of stressors can be distinguished:

1. Migration-related and migration-specific stressors: Stressors that have arisen due to the act of migration and the migration process, e.g. lack of knowledge about the country, customs, traditions and language, destruction of traditional relationships in the family, losses of social relationships, losses of social roles and status, interruptions in one's own development (career, education, etc.), more difficult access to resources in the host country

2. Migration-unspecific stressors: Migration-unspecific stressors include stressful events and living conditions that have little or only indirectly to do with migration, such as e.g. events affecting society (e.g. financial crisis) or low or inadequate resources as well as other critical life events that can affect anyone

(e.g. divorce, unemployment, etc.). The risk of poverty is higher among migrant women and also migrants than among the population without a migration background. 4% of women without a migrant background, but 67% of migrant women earn incomes below 1,100 euros. In the case of migrant women migrant women are also more frequently affected by violence.

3. Culture-specific stressors: The cultural background can more often lead to conflicts among people with a migration background. Culture-related educational ideas of the grandparents and parents can often lead to crises/stress and are not necessarily migration-specific.

For people with a migrant background, and especially refugees, traumatic events must also be taken into account, as a significant number of asylum seekers and refugees have experienced many traumatic events at home, while on the way and in the host country. Migrant women are more likely than non-migrant women to live in disadvantageous social living conditions. Women with a migrant background may suffer greater losses after migration than men which may lead to a complex trauma response. Migrant women may have more difficulties than men in accessing health services. Certain offers are unknown to migrant women, are highly accessible and inaccessible to them or are not visible for cultural, social or other reasons.

Escape from a country and displacement are often accompanied by traumatic experiences that have an impact on later life. Many of the people seeking asylum in **Germany** have experienced traumatic events in their home country and during their escape. According to study findings, the most common traumatic experiences among adult refugees in Germany are witnessing violence against others (70 per cent), seeing dead bodies (58 per cent), being a victim of violence (55 per cent) or being tortured (43 per cent). Traumatic experiences can lead to the development of post-traumatic stress disorder (PTSD). In this mental illness, those affected suffer from recurring memories, especially as nightmares at night or during the day as flashes or film-like scenes (flashbacks). 70 percent of adult refugees have involuntary thoughts of the trauma, more than 40 percent suffer from nightmares and about 50 percent from flashbacks. Anxiety and depression are often associated with the above symptoms and suicidal thoughts are not uncommon.

It is estimated that half of the refugees in Germany suffer from mental illness, and many need therapy. However, only a minority is treated. At least 40,000 asylum seekers and recognised refugees in Germany need therapy, estimates the Federal Chamber of Psychotherapists (BPtK). Every second adult refugee suffers from post-traumatic stress disorder (PTSD) or depression. In the first 15 months of residence in Germany, the Asylum Seekers Benefits Act (AsylbLG)

regulates asylum seekers' access to medical care. During this time, they can only see a doctor for acute illnesses. In exceptional cases, such as unaccompanied minors or victims of violence, the social welfare offices approve additional treatments, such as psychotherapy.

The Federal Association of Psychosocial Centers for Refugees and Torture Victims. (BAfF) is the umbrella organization of psychosocial centers, facilities and initiatives dedicated to the psychosocial and therapeutic care of refugees in Germany and comprises 47 psychosocial treatment centers, initiatives and facilities for the medical, psychotherapeutic and psychosocial care and rehabilitation of victims of torture and other serious human rights violations. In addition to membership fees, BAfF is mainly financed by project funds and donations. The BAfF is working to expand the care situation for traumatised refugees. With the help of various projects, in exchange with member centres and international partner organisations, the BAfF promotes the professional exchange of experience and knowledge among the centres, represents common concerns in terms of improving the living situation of survivors of politically motivated violence and develops quality standards for appropriate treatment of traumatised refugees. In addition, it promotes awareness of the consequences of organised violence and life in exile among the general public and the relevant professional circles. The BAfF is an important link between professional and voluntary work and helps to expand and strengthen the range of psychosocial services for refugees in Germany.

Regarding the help systems and health services and their accessibility, unfortunately we have to note that psychiatric and psychotherapeutic treatment services are underused and referrals to psychiatry or psychosocial care are - if at all - too late in the case of already existing chronification.

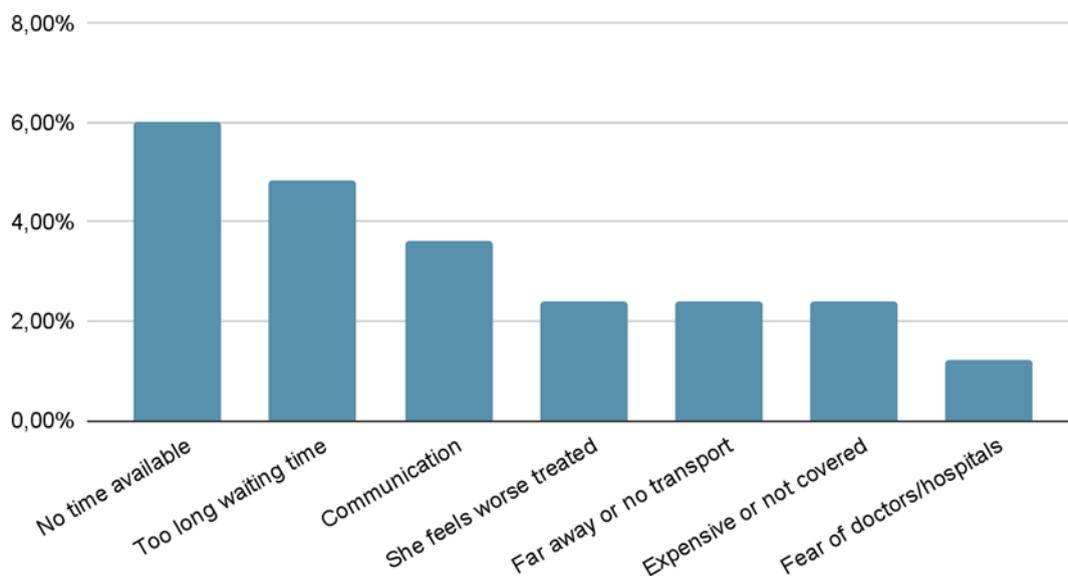
In the case of **Spain**, and according to the answers provided by the women participating in a study by "Red Acoge", when they are asked about the changes in their health after migrating to the country, 36% migrant women say that their health has worsened a little, and 7.50% consider that it has worsened a lot.

Cross-referencing these data by origin, it can be seen that women from the Maghreb perceive that their health has worsened a lot after migration (12.73%) to a greater extent than other groups, such as Latin American women, whose percentage of this type of assessment is half that of Latin American women (6.31%). Attendance at medical appointments is also affected by social factors: 26% do report having difficulty in attending medical appointments. The main reason is time, as stated by 14.22% of women. This lack of time is reflected in not being able to cope with long waiting times (7.35%), or not having time to go

because of prioritizing other responsibilities (6.86%). In addition, reasons directly related to the fact that they are foreigners are reflected, on the one hand, because of difficulties with communication due to language issues, or because they feel less well treated due to the fact that they are foreigners, which is stated by 4.41% of the women.

On the other hand, 9.80% of the women in the sample self-medicate when faced with illnesses, partly related to the lack of time to go to the doctor, and also to the feeling that they are able to identify symptoms and choose medication based on previous experience. As can be seen in the following graph, despite the fact that self-medication is not a general practice, 22.05% of respondents stated that they choose their medication on the basis of their own criteria, without consulting a specialist. Pending exploration of the reasons for this attitude, it is important to inform about the dangers of this practice, and to analyse whether it is more frequent among women of foreign origin. In 2016, 2.53% reported never having gone to the doctor, almost one percentage point higher than in the previous year.

Difficulties encountered when going to the doctor



Regarding migrant bereavement and the approach to the mental health of immigrants in the primary care consultation in Spain, immigrant patients have to adapt to many different situations to those they experienced in their country of origin, and are therefore more likely to present higher rates of depression and anxiety disorders than groups with identical socio-demographic characteristics from their country of origin or host culture. In some cases, in addition to the above difficulties, the conditions of displacement from their country of origin,

and other events that may have happened to the immigrant, as well as environmental difficulties linked to immigration, make post-traumatic stress disorder more prevalent among the immigrant group of patients, especially those who have suffered repression and political refugees.

Most of the mental health pathology that we observe in primary care consultations in the care of immigrant patients are adjustment disorders, somatisation and those related to migratory mourning.

Immigrants need to mourn, because they have left an important part of their life in their country of origin. We can differentiate between two types of migratory mourning: simple mourning, which occurs when the subject emigrates in good personal conditions and the environment in which they find themselves allows them to successfully develop the migratory project, and complicated mourning in which, due to multiple circumstances, there are difficulties in the elaboration of migratory mourning and alterations may appear in the psychic balance of the subject.

The external forms in which the mourning manifests itself are channeled by the culture and it is therefore decisive to know how the immigrant's culture of origin marks the mourning process. Emotional expressions that seem strange to the doctor may be manifestations of the mourning that the patient is going through, based on his or her cultural idiosyncrasies.

We will also mention the so-called syndrome of the immigrant with chronic and multiple stress (Ulysses Syndrome) described by Achotegui and which is characterized by the fact that the immigrant suffers from certain stressors or mourning and on the other hand because a series of psychiatric symptoms appear related above all to loneliness and forced separation from loved ones, with the feeling of hopelessness and failure that arises when the immigrant does not achieve even the minimum conditions to get ahead and with the physical dangers related to the migratory journey. This stress is characterized as chronic and multiple. It is a stress that the immigrant cannot control and that is experienced with very little social support. The family doctor should suspect this pathology and refer the patient to a mental health specialist if he/she considers it appropriate. Also in some autonomous communities such as Navarra, in some health centers, in collaboration with the Red Cross, the approach to Ulysses syndrome has been considered from the perspective of prevention and group therapy with immigrants who have been in Spain for some time.

The large influx of migrants and refugees to the **Greek islands**, their challenging living conditions, and the epidemiological statistics from their

countries of origin make it critical to maintain public health and develop efficient strategies for primary health care supply during the admission of migrants.

According to Articles 2, 5 and 21 of the Greek Constitution, the State's fundamental responsibility is to defend the dignity and life of every human being, regardless of race or nationality. The Law 4386/2016 reformed the system to make it comparable to that of Greeks in terms of providing primary health care to refugees, which is offered free of charge to the most vulnerable among them. In comparison, migrants who do not have legal residence documents in Greece receive free health treatment only in emergency situations, while the right to medical care upon admission has been established in Reception Centers since 2013.

Shortages of nursing personnel, decreases in public health expenditure, and increasing demand for public health services by residents as a result of income loss have made it more difficult for the national health system's institutions to offer adequate primary health care (NHS). Additionally, long-standing infrastructural gaps and a lack of understanding on the special rights of each category of foreigners for NHS employees, combined with the difficulties of communication in the absence of intercultural mediators, create barriers to migrants' access to basic health care.

Provision of primary health care by non-state entities such as polyclinics and non-governmental organization mobile units, with proper planning and collaboration with public health units, may have a beneficial effect on health care quality and can contribute positively to reducing the challenges caused by the increased number of migrants, their difficulty accessing existing services, and access to existing public services, as well as the NHS's funding shortage.

A sizable portion of the refugee and migrant population suffers from infectious illnesses as a result of their lengthy trips and substandard living conditions in their countries of origin. The increased disease incidence among migrants underscores the critical need for universal and equitable primary health care, which contributes to the protection of fundamental human rights to health and to adequate living conditions, as outlined in the Universal Declaration of Human Rights and the 1948 United Nations Declaration of Human Rights.

Due to the terrible living circumstances in Greece, migrants are more prone to get these diseases than permanent inhabitants. For example, HIV infection rates are significantly higher among recent immigrants in Greece than they are among the general population. Additionally, multiple cases of polio were reported in Syria in 2013, prompting the European Centre for Disease

Prevention and Control to alert European Union Member States about the danger of disease transmission in Europe.

Due to the fact that the majority of refugees come from Syria, but also from Afghanistan, which is one of the two countries - on a global scale - where polio remains endemic, according to World Health Organization (WHO) figures, providing primary health care to all migrants and refugees is critical to ensuring the country's public health.

To conclude, a significant number of migrants feel greater stress and depression as a result of the social environment and cultural differences between their home country and the host nation. Additionally, a percentage of refugees suffer from mental problems as a result of their personal experiences with war and violent conflict. Provision of primary mental health treatments to refugees and migrants boosts their self-esteem and helps avoid the formation of marginalized groups in society. Thus, by safeguarding public health and minimizing marginalization of migrants, primary health care assists in lowering local responses and preserving social cohesiveness.

In the case of migrants arriving in **Turkey**, they confront physical and psychological issues due to their mode of displacement. Unwilling/involuntary or forced displacement, and/or the previous traumas accompanying the departure are among the main obstacles in the process of social integration (UNHCR, 2013). Women migrants suffer from psychological traumas such as torture, sexual violence, gang rape, domestic violence, and psychological, physical and emotional abuse. As psychological problems, they suffer from post-traumatic stress disorder (PTSD), clinical depression, anxiety disorders, panic attacks, phobias, cognitive impairments, depersonalization and so on.

In the Constitution of the Republic of Turkey, it is stated that the right to life will be ensured by material and moral integrity, and the right to life of individuals is directly related to the right to benefit from health services. Migrants, people who are in stateless status and refugees from Syria in Turkey are under temporary protection. In public health institutions, persons covered by temporary protection by registering with the competent authorities have the right to benefit from the health services provided free of charge. Besides public hospitals, some special hospitals, United Nations services, Turkish Red Crescents and several NGOs working with refugees provide health and psychological services. These services mostly cover maternal and child health, family planning, fertility and reproduction health and gynecological diseases. Psychological counselling is mostly provided in the field of trauma, sexual abuse and coping with stress.

5. Emotional intelligence in the immigration field

Daniel Goleman popularised emotional Intelligence in the 1990s. For him, it is "the ability to recognise our own feelings and those of others, to motivate ourselves and to deal well with emotions in ourselves and in our relationships". The model is based on the five stages: Self-awareness, self-regulation, motivation, empathy and social competence.

New technologies are automating more and more traditional activities and routine tasks. As a result, there is a growing realisation among executives and affected employees alike that emotional intelligence is a core competency for success in the digital age. According to the Capgemini Research Institute, which surveyed 750 executives of large companies and 1,500 employees from 11 countries in August and September 2019, the demand for emotional intelligence will increase sixfold internationally in the next three to five years - and fivefold in **Germany**. About three quarters of managers (76 per cent globally and 72 per cent in Germany) believe that employees need to develop their emotional skills so that they are also suitable for customer and people-related roles.

Despite the importance of emotional intelligence, it is quite known in German society. Emotional intelligence is largely taught by academies that offer courses for companies. Emotional intelligence is often thought together with social intelligence and resilience.

On the level of social work some organisations include emotional intelligence or related concepts like social intelligence, empowerment and resilience in their consulting structures. But it is still not well known and thus the promotion of these concepts is important and needed.

Migrafrica also works with concepts of emotional intelligence, social intelligence, empowerment and resilience in our projects and consultations to enable people to experience their own efficacy and live a self-determined life.

The consulting concept of agisra e.V. (Cologne) shows in different ways how to use the emotional intelligence of the consultants to support and empower migrant women in varying conflict situations of discrimination and racism. The self-solution approach contains multiple ways to gain access to the emotional state of help seeking women. In one way they speak to them under a migrant-sensitive aspect with a focus on the migration background of the client. And in the other way as feminists, who have a clear position to gender-based discrimination. Additionally a constant debate and development of anti-racism skills is a requirement for every consultant. "The consultant uses her knowledge

of laws and her experience with their interpretation. Therefore the qualification of the consultant is important. A low qualified counsellor cannot not be able to present solutions or procedures appropriately for the client."

The combination of emotional intelligence (based on the individual migration history) and hard-skills lead to successful and empowering results of the consultation and may lead to further access to professional psycho-social advisory services.

In **Spain**, several studies and experiments have been carried out on the relationship between emotional intelligence and the migrant group, especially focused on the student environment, such as the one conducted by Soriano and Franco of the University of Almeria, to analyze the impact of a mindfulness programme on the levels of self-esteem and emotional competence of a group of adolescent immigrants of South American origin, demonstrating a significant increase in the values of both fields in the experimental group compared to the control group. Thus, the results of the research confirm the usefulness of mindfulness techniques as useful and effective strategies to improve self-esteem and emotional competence, and provide empirical support for their incorporation and use in the educational environment in order to improve the psychological and emotional well-being of immigrant adolescents.

Another interesting study is the one carried out by Ceballos and Trujillo, from the University of La Laguna in a secondary school characterized by its high multiculturalism. In order to explore the difficulties and emotional support of migrant students, interviews were conducted with the educational community and key documents were analyzed. The main difficulties perceived were the migration experience, conflicts with the gender role of Western women and belonging to segregated groups, followed by the lack of knowledge of the language, the lack of involvement in the school-family relationship and the neglect of families towards their children and, to a lesser extent, social discrimination. Likewise, the centre's intercultural and emotional education, school reception of migrant pupils and, to a lesser extent, school supervision and support for the family, as well as the promotion of the school-family relationship, were also found to provide support. The relevance of the school culture of care for pupils and their families is highlighted, pointing out the need for teacher training in intercultural and emotional competences and in the relationship with migrant families.

<i>AVERAGES AND STANDARD DEVIATIONS FOR CONTROL AND EXPERIMENTAL GROUPS</i>									
	<i>PRETEST</i>					<i>POSTTEST</i>			
	<i>Control</i>		<i>Experimental</i>			<i>Control</i>		<i>Experimental</i>	
<i>Variable</i>	<i>A</i>	<i>SD</i>	<i>A</i>	<i>SD</i>		<i>A</i>	<i>SD</i>	<i>A</i>	<i>SD</i>
<i>Self-esteem</i>	27,32	8,37	26,81	7,44		27,81	9,76	36,43	8,71
<i>Attention</i>	22,64	6,31	24,03	8,93		24,16	7,38	27,16	7,32
<i>Clarity</i>	19,36	5,46	20,19	6,14		20,93	6,76	26,92	6,29
<i>Repair</i>	16,29	4,29	15,05	5,92		17,28	4,83	24,53	6,23

Among the emotional support highlighted by migrant pupils at the school to facilitate their integration (such as intercultural actions or family support), teachers are aware of the need to work on pupils' emotional skills in these contexts.

"I always talk to my students about empathy. There was a boy who was from China... he was very good, but he spoke very badly. So I used to tell the children to imagine going to China and they put you in a school where they only speak Chinese, nobody speaks Spanish..."

However, it should be pointed out that there is no evidence that the teachers at the school have been trained in emotional education, confirming these training deficiencies. This underlines the importance of improving their intercultural competences in order to show sensitivity and tolerance towards both migrant pupils' difficulties and those of their families.

Greece has shifted in the past decade from an emigration to an immigration country. The country has been experiencing a severe humanitarian crisis since 2015, when it absorbed around one million migrants and refugees. Since then, each year has seen a continuation of this tremendous migratory surge.

On a daily basis, a huge number of health and other professionals, as well as volunteers, who work in camps or other associated institutions, provide continued support and care. According to a study of Greek and foreign professional and volunteer rescue workers, Greek professional rescue personnel had the highest risk of post-traumatic stress compared to other groups, most likely due to the physically demanding work environment and lack of regular psychological care.

The study's primary objective was to ascertain the professional quality of life of health care providers who engage with migrants and refugees. Concerning the good outcomes of working with refugees and immigrants, more than three-quarters of participants expressed moderate to high levels of compassion satisfaction. The researchers discovered that the good feelings experienced by professionals who work with trauma patients were connected to the thanks they got from the patients and their improvement, as well as to their own personal growth as a result of the experience. Working with this demographic seems to inspire optimism, inspire change in one's life philosophy, self-perception, and social interaction. On the other side, the experience of working with migrants was shown to have a detrimental effect on the professional quality of life of nearly a quarter of the participants in the current study. A plausible explanation is that organizational characteristics significantly impact the burn-out component of compassion fatigue/secondary trauma.

Additionally, years of job experience, physical health, and a lack of self-motivation are risk factors associated with working with immigrants and refugees. Employment duration was shown to be adversely linked with compassion fatigue/secondary trauma.

Although emotional intelligence can be employed in diverse fields, in **Turkey** this kind of education or services are used to develop the corporate skills of employees. Even though there are many organizations and NGOs that provide psychosocial support for both migrants and social workers, there are no programs that offer emotional intelligence courses in the field of migration.

Special education centres are mostly providing emotional intelligence courses for corporate life. The general content of the education is emotional awareness, expression, self-expression, independence, self-esteem, social responsibility, social relations, problem-solving, realism, flexibility, withstand stress, happiness, superior performance, emotional intelligence and business success. The institutions offering courses related to emotional intelligence are mostly special education centers consisting of a team of coaches or mentors.

6. Selected good practices

All members of the consortium agreed on the difficulty of finding good examples of associations or institutions using emotional intelligence in the field of immigration in their respective countries, which points to the need to develop this area of knowledge in those organisations dealing directly with migrants. However, we can show some cases that can serve as examples of good practices.

Concepts of emotional intelligence are used in **Germany** in some organisations, church associations and welfare organisations in project and advisory work and especially in the context of migration. They are often used in the context of empowerment approaches.

The work of welfare established organisations with many years of experience such as Caritas, AWO and Diakonie should be mentioned as examples of good practice. In the area of migration and integration, particularly vulnerable groups such as women, young girls and LGBTI+ refugees, who are often exposed to particular experiences of violence, discrimination and severe physical and psychological stress, are strengthened through empowerment projects. The focus here is often on strengthening the women's self-help potential and enabling them to participate in society in a self-determined manner.

In addition to the already mentioned valuable work of Agisra e.V., which uses emotional intelligence effectively in their work, other non-governmental organisations should also be mentioned, which in their project and consulting work in the areas of empowerment of women, migration and integration concepts of empowerment and emotional intelligence use.

For example, Holla e.V. (Cologne) focused on promoting and maintaining the mental and physical health of women. The main emphasis include empowerment spaces and safer spaces for MIRE (self-designation for people with experience of intersectionality and racism) and BPoC (Black People of colour) and projects by MIRE/BPoC for MIRE/BPoC for more visibility, e.g. through films, joint positioning and others.

As another example of good practice, we would like to present the LOBBY FÜR MÄDCHEN e.V. (Cologne), an association which specialises in working with girls and young women with and without a migration biography and with and without disabilities. The association supports girls in difficult life situations and in overcoming problems. The aim of the counselling is to expand the girls' own individual possibilities so that they can shape their lives actively and independently. In addition to the counselling work, the topics gender roles,

friendship, love and desire, exclusion and attacks in digital media are contents of their workshops. In addition, the prevention of sexualized violence is particularly present in many of their offers.

Finally, we would also like to mention the Federal Association of Emotional Intelligence (Bundesverband der emotionalen Intelligenz e.V. in Adelsried, short BVEI), which is active in Germany and internationally. A major mission of the BVEI is to support the introduction of emotional intelligence in schools - as a subject for students and as a practice for teachers to reduce stress and get closer to their students. They make this possible by conducting their own research, creating course content, promoting the application of neuroscience practices, and offering continuing education courses for educators.

For example, the BVEI carries out interventions in 40 institutions with 2,600 students in cooperation with local teachers throughout Germany. The goals include reducing stress and burnout risks, reducing the negative consequences of critical incidents and promoting individual and community resilience in the digital age. The BVEI thus starts with the youngest in society and imparts knowledge that can otherwise often be neglected due to the already extensive curricula.

We find the approach in early years to be quite positive, since the chance of good learning success in the educational discourse is seen as promising, especially at an early age. In addition, in the context of school, children with refugee and migration experiences can also be reached with the offers and thus positive effects on their integration/inclusion process can be assumed.

In **Spain**, a notable case of good practice in the field of immigration and emotional intelligence is the "Emilia Project", which examines the expression of emotion in Spanish as the language of migration, migrants' self-perception when expressing emotions, working memory, emotional intelligence and acculturation in relation to communicative competence in Spanish and the degree of identification with the new language. According to this project, funded by the Ministry of Science, Innovation and Universities and carried out by the Universities of Nebrija and Alcalá, the process of social integration and acculturation of the migrant population is one of the main European challenges. Sociolinguistic integration culminates in the identity integration stage. The experience of the migration process crystallizes in migrants' discourses when it comes to representing themselves, conceiving the process and valuing the society where they settle, and has as its natural response various culturally mediated, dynamic and unstable emotions that emerge from social interactions.

Becoming a member of a different culture can cause an emotional imbalance between how the migrant wants to feel and how he/she feels in the new culture, as well as in his/her self-perception. It is from this scenario that the concept of emotional integration emerges as a further phase of the inclusion process.

The emotional dimension, in its influence on language learning and use, is a key element for the integration of immigrants and the construction of their linguistic self in Spanish. Given that language is an element intimately linked to the (re)definition of oneself and in relation to others, it is relevant to study the construction of identities both to favor the integration of new citizens and to cushion the possible negative impact on the interpretation of what belongs to each particular group.

Emotional patterns are culturally shared, reflect particular practices and beliefs, and influence the psyche of the individual. The degree to which immigrants internalise the new culture is manifested in their emotional concordance, i.e. the adoption of the emotional patterns of the host society, which is speculated to contribute to an increase in their degree of social wellbeing

In the **Greek** case, A good example is a [guide for teachers](#) working with refugee children facing problems of anxiety and trauma in school education. This report was published by UNCHR in 2017. This paper suggests ways in which children with immigration and refugee backgrounds must be faced in the classroom and ways in which education can help them overcome their trauma.

Unfortunately, there is no program combining emotional intelligence and the field of migration in **Turkey**. Otherwise, there are diverse adult education centres and companies that provide emotional intelligence courses for people who want to upskill themselves in order to adapt to business life.

7. Personal reflection on the topic

Germany: Emotional intelligence seems to be a known concept since the 1990s in Germany, but is still not used extensively in daily life and work context. Despite the supposedly low attention this competence receives in society, it can be assumed that it will become increasingly important in the IT age, as this competence can only be served by human thought and action and not by digital automation or AI. On this basis, it is important to anchor emotional competence more firmly in society and to teach it more widely. We could not find evidence that emotional intelligence is embedded in school curricula. In academia, emotional intelligence is partially applied in some courses, such as social work, educational studies and psychology.

We therefore see an urgent need to consider emotional intelligence more in the context of work and to impart the knowledge of emotional intelligence to employees working in social work, pedagogical and educational professions. This knowledge is just as important for the employees' own psychological hygiene as it is for the clients. On the part of the staff, it leads to a better understanding and increased empathy for the clients and thus to more qualified counselling work. In addition, emotional intelligence as a competence also helps the staff members themselves to adequately process the emotions that arise in the counselling context (e.g. when coming into contact with stories of traumatic experiences, experiences of violence, flight experiences, domestic violence, rape, etc.) and to react in a professional and supportive manner. Learning to control one's own emotions and the competence to take care of one's own mental and physical health helps to carry out one's work successfully in the long term and not to fall ill with overwork or burnout, for example.

For those who are healthy themselves and have a certain degree of resilience are better able to support other people in difficult life situations and with certain support needs in an appropriate and goal-oriented manner. One's own empowerment and the acquired competence of emotional intelligence can thus be passed on to the clients. If staff members in the social and educational sector as well as in the field of education get to know concepts of emotional competence and are given tools for acquiring and strengthening emotional intelligence, they can also apply these concepts and strategies in their daily counselling work and in their projects.

Emotional intelligence can help migrant women to deal with trauma (e.g. during the flight) and related fears as well as experiences of racism and discrimination (e.g. on the labour market or in the social life of the host country) and to develop self-protection and coping strategies. On the other hand, emotional intelligence can increase resilience to stress factors (integration/inclusion in the society of the host country, language acquisition, housing search, job search, identity crisis, and negative experiences (e.g. discrimination, unequal treatment, experiences of violence, sexism, etc.) and thus promote self-efficacy towards an empowered self and self-determined life of migrant women.

Since concepts of emotional competence are sometimes only taught and applied in isolated cases in Germany, we see an urgent need to expand these offers and make them more accessible to actors in social and educational work. It is precisely this need that we want to meet and satisfy with the EMMW project.

We are convinced that emotional intelligence should be given more attention in society and the economy, as it contributes decisively to strengthening the social

fabric in interpersonal relationships and can create a healthy basis in the world of work, both between managers and professionals and within the team, as well as in the relationship with customers, clients and partners, and thus also increase productivity. Due to the increasing automation and digitalisation of the working world, we assume that the importance of emotional intelligence will increase in the future.

Based on the fact that emotional intelligence is not sufficiently taught in the school and education system as well as in studies and that people often have a knowledge gap in relation to this competence in their professional life, the promotion of this competence by organisations and educational stakeholders is particularly important. Social workers and workers in the field of education and pedagogy can clearly benefit from it due to the increased emotional load in the field of counselling and support and in the work with clients, as well as the clients themselves.

Spain: In today's interconnected world, where it is relatively easy to travel anywhere in the world in a short period of time, migratory movements are more abundant than ever. The widening economic gap between developed, developing and underdeveloped countries is also an important factor in the increase of people leaving their borders in search of a better future, not to mention the conflicts that surround the world.

Therefore, the large number of people arriving annually in Europe deserves special attention, as the journey and the process of adaptation can lead to problems, both personal and social. In particular, migrant women are the group that suffers most from the consequences, as in addition to suffering the effects of being a migrant, they also suffer from the effects of being a woman in a context where it is easier to become a victim of sexism, from sexual abuse to discrimination.

One of the ways in which this group at risk of social exclusion can and should be helped is through emotional intelligence, which is a basic tool for improving the mood and self-esteem of migrants, in order to gain the necessary confidence to overcome, at least in part, the difficulties and complications they face in the process of adaptation and change in a new country.

Greece: Until 2010, Greece had been mainly an emigration country, since thousands of inhabitants chose to immigrate to other countries or even continents due to political, social, financial and other reasons. The past decade, this phenomenon has changed Greece and has become a host or a crossing country for millions of refugees and migrants coming from the East, mainly Syria and Afghanistan, due to the vast immigration flow.

Greece, particularly in the aftermath of the economic crisis at the end of the decade of the 2000s, was unprepared to receive, host, and care for these immigrants and refugees. This is valid not only financially, but also psychologically. The occupants were physically derived and so incapable of actively supporting those with trauma histories.

Turkey: Humans move. Human movement has always been an inseparable part of human nature. People have changed the places they lived, and they will. People may be voluntary or involuntary move due to circumstances. The motivation to move may be driven by a variety of factors such as economic, political, educational and environmental. Therefore, migration is not a human tragedy. It is a human condition. What makes it a tragedy is the borders, boundaries and lack of social policies of governments. Practical solutions for migration deal with the policy, law and administrative issues. They aim for the basic needs (physiological and safety needs) in Maslow's hierarchy of needs approach. The locus of these solutions is the present. Solutions regarding psychological support and consultancy deal with the collective as well as the individual traumas. They aim to serve a portion of psychological needs (esteem, belongingness, and love needs) in Maslow's hierarchy of needs approach. The focus of these solutions is mostly about the past.

Both the practical and the psychological solutions are crucial, yet they may not guarantee social integration. As seen in the previous sections, migrant women have been facing severe difficulties related to migration and the adaptation process. Although there are many supporting facilities for women migrants' emotional intelligence is such an innovative approach in Turkey. The EMMW will be the pioneer project for social workers since it offers to equip social workers with EI trainings.

8. Conclusions

8.1. National conclusions

GERMANY

The Research on the state of the art in Germany in relation to the situation of women with a migration background, double discrimination of women with a migration background and the concept of emotional intelligence as a tool to cope with experiences of discrimination and other negative experiences as well as to strengthen a resilient and self-determined personality among women with

a migration background as well as among social workers and actors in social work and in the education sector allows the following conclusions.

- Around half of the migrants in Germany are women. The large proportion of women among the migrants establishes that it is important to take a closer look at the needs of women with a migration background and to adapt support and advice services to the needs of women. The heterogeneity of the women should be taken into account and their individual realities of life should be addressed.
- Migrant women have to face double discrimination on the one hand due to their migrant status and on the other due to their gender. They are therefore a particularly vulnerable group and special support services are required.
- There are still barriers to access and mechanisms of exclusion as well as structural disadvantages for young migrant women in the school system and in the vocational training system in Germany. Therefore, empowerment and special support for this group is particularly important so that they can deal with this disadvantage and ideally overcome it.
- Moreover migrant women with children has to face the problem of reconciling work and family life just as women without a migration background do, however, access to childcare options is particularly difficult for them due to language barriers and a lack of knowledge about support structures, among other things.
- Women who are in the process of migration are even more frequently exposed to situations of violence and often have fewer possibilities to defend themselves against it. It is therefore particularly important that women with a migration background become aware of their rights, find access to support and advice services and are taught methods of how to defend themselves against violence and how to protect themselves from violence.
- In the area of "working life" migrant women are discriminated against much more with regard to their "gender" than migrant men. Sexism plays a major role here, which is why learning self-protection and coping strategies against sexism is valuable.
- Furthermore, migrant women are affected by a significantly higher risk of (sexual) harassment and abuse in public space than migrant men. Therefore, this group requires special training in the field of self-defence (both verbal and physical).

- People with a migration background are expected to be more vulnerable to physical and mental illnesses. First because the majority of them live in disadvantageous social conditions and secondly because they are exposed to certain migration-specific stressors, xenophobia and experiences of discrimination. Migrant women additionally have to face discrimination due to the fact of being a women which which leads to multiple further burdens. On this basis, empowerment strategies and concepts of emotional intelligence can be particularly valuable and helpful for this group.
- On the level of social work and migration/integration some organisations in Germany include emotional intelligence or related concepts like social intelligence, empowerment and resilience in their consulting structures and projects. But it is still not well known and thus the promotion of these concepts is important and necessary.
- Emotional intelligence is not embedded in school curricula. In academics it is partially applied in some courses, such as social work, educational studies and psychology. We therefore see an urgent need to consider emotional intelligence more in the context of work and to impart the knowledge of emotional intelligence to employees working in social work, pedagogical and educational professions. This knowledge is just as important for the employees' own psychological hygiene as it is for the clients.

SPAIN

- The continuous increase in the number of migrants arriving year after year to the European continent, as well as to Spanish territory, makes it increasingly important to dedicate efforts in this area.
- Migrating to another country entails a series of consequences that affect both the physical and mental health of the person.
- The situation of migrant women entails more risk due to their gender, as they suffer other types of discrimination and/or dangers, in addition to those related to migration.
- Thanks to studies carried out in various educational centers, the effectiveness of emotional intelligence in improving the migrant's self-esteem and confidence has been proven.

- It is necessary to train social educators working with migrants in emotional intelligence, as the references found so far in this area are rather scarce.

GREECE

- Following one of the most important humanitarian catastrophes modern Europe has seen since WWII, Greece has received an unprecedented number of immigrants and refugees in the country's borders.
- Refugee and migrant women suffer from discrimination incidents, especially inside their hosting camps. Moreover, they receive limited access to female health care and suffer from gender-based violence.
- A sizable portion of the refugee and migrant population suffers from infectious illnesses because of their lengthy trips and substandard living conditions in their countries of origin. Moreover, due to the terrible living circumstances in Greece, migrants are more prone to get these diseases than permanent inhabitants.
- Shortages of nursing personnel, decreases in public health expenditure, and increasing demand for public health services by residents because of income loss have made it more difficult for the national health system's institutions to offer adequate primary health care (NHS).
- The study shows clearly that professionals working with immigrants and refugees obtain both negative and positive outcomes. Nevertheless, it is important to outline the negative outcomes, in order to overcome them. A major parameter is the fact that personal trauma may interfere with professional cases and in this case compassion fatigue and other negative aspects may arise.
- The field of Emotional Intelligence amongst social workers working with refugees and migrants in Greece is still in a very early stage and it is not yet to be set in practice.

TURKEY

As discussed in the previous section, as a country Turkey has a critical role in migration routes. Since Turkey has historically been a country of origin, transit, and destination for migrants. With its geopolitical location on the route from the Middle East to Europe, Turkey is mostly the first destination for migrants who seek a new country to live in or move to European countries. According to statistics nearly half of the migrant population is women. Women migrants suffer from severe psychological problems caused by traumas related to both

migration and adaptation to a new culture. Although NGOs and governmental bodies produce legal, psychological, and physiological solutions for migrant women's needs, social workers need support in the field to protect themselves from empathy fatigue and be able to identify migrant women's emotional needs. As a tool emotional intelligence is employed in the field of migration however in Turkey, it is used to upskill employees' adaptation to business life. In this context, EMMW project will be the pioneer and create an intersectional working space between emotional intelligence.

8.2. Conclusions of the common report

- A conclusion reached by all countries in the consortium is that, across the continent, the number of migrants and refugees is steadily increasing, which makes any improvement in the treatment of new arrivals by these countries, as well as by the institutions and professionals working with migrants, directly or indirectly, all the more important.
- Another point on which there is general agreement is the importance of treating migrants with a gender perspective, as the problems and difficulties faced by men and women are not always the same. In the case of women, they face double discrimination; in addition to the barriers inherent to being a migrant, they must also deal with discrimination for being a woman. For example, immigrant women are at a higher risk of suffering any kind of sexual violence or trafficking.
- In terms of the labour market, immigrant women suffer greater discrimination than men, as is the case with national women themselves. They have less chance of getting a job and, when they do get one, they tend to do so with poorer working conditions.
- Because of the trauma and suffering that the process of migrating to another country entails, and the difficulties and increased dangers they face, women are more likely to suffer from psychological sequelae or mental illnesses such as depression. This is why the use of emotional intelligence in the migrant population is so important, as it is an area, that of mental health, that does not receive all the importance it deserves.
- Another problem that is inherently female due to a patriarchal society is childcare. Because of this family responsibility, it is even more difficult for migrant women to combine work and personal life. In addition, access to some form of childcare assistance is a major obstacle for migrant women.

- The use of emotional intelligence in helping migrants and refugees is far from widespread in any of the countries involved in the project, as it is likely to be in other European countries, despite its proven effectiveness in other fields such as education. For this reason, we call for the use of this type of resources, both in independent and governmental institutions, to improve the treatment migrants receive by educators and social workers, who can sometimes be overwhelmed by the workload they face and the lack of resources available to them.
- In specific countries, such as Greece, there are also complaints about the shortage of staff and resources in the national health system, which hampers the proper treatment of illnesses in the migrant population, as well as in the national population.

9. References

GERMANY

- Aikins, Muna AnNisa; Bremberger, Teresa; Aikins, Joshua Kwesi; Gyamerah, Daniel; Yıldırım-Caliman, Deniz (2021): Afrozensus 2020: Perspektiven, Anti-Schwarze Rassismuserfahrungen und Engagement Schwarzer, afrikanischer und afrodiasporischer Menschen in Deutschland, Berlin. Online available: www.afrozensus.de
- Antidiskriminierungsstelle des Bundes, „#Afrozensus – Diskriminierungserfahrungen, Perspektiven und Engagement Schwarzer Menschen in Deutschland“, state: 30.11.2021, https://www.antidiskriminierungsstelle.de/SharedDocs/aktuelles/DE/2021/2021_1130_Afrozensus.html (cited: 20.04.2022)
- Bundesamt für Migration und Flüchtlinge (2018): Das Bundesamt in Zahlen 2017. Nürnberg, state: 31. März 2018, <http://www.bamf.de/SharedDocs/Anlagen/DE/Publikationen/Broschueren/bundesamt-in-zahlen-2017.html> (cited: 10.10.2018)
- Consulting Concept of asigra e.V., <https://agisra.org/wp-content/uploads/2017/12/Beratungskonzept-04-08.pdf>
- Dr. Phil. Maria Gavranidou, Psychische Gesundheit und Armut von Frauen mit Migrationshintergrund, AKF-Tagung Frauengesundheit in sozialer Ungleichheit, Kassel, 2009,

https://www.arbeitskreis-frauengesundheit.de/wp-content/uploads/2015/07/Ga_vranidou_AKF-Beitrag_2009_02.pdf (cited: 21.04.2022)

- Deutscher Caritasverband e.V., Referat Migration und Integration, Dr. Gesine Schiller, „Gemeinsam für Empowerment: Angebote zur Stärkung von geflüchteten Mädchen, Frauen und Familien sowie anderen besonders schutzbedürftigen Personen“, <https://www.caritas.de/fuerprofis/fachthemen/migration/empowerment-von-gefluechteten-frauen/empowerment-von-gefluechteten-frauen>, state: 20.01.2022 (cited: 21.04.2022)
- Emotionale Intelligenz: die neue Kernkompetenz, state: 30.10.2019, Personalentwicklung, Haufe Online Redaktion, https://www.haufe.de/personal/hr-management/emotionale-intelligenz-wird-durch-automatisierung-wichtiger_80_502778.html (cited: 21.04.2022)
- Federal Statistical Office: microcensus – population with a migration background
- Mediendienst Integration, Desintegration, Diskriminierung, <https://mediendienst-integration.de/desintegration/diskriminierung.html>, state January 2022 (cited: 20.04.2022)
- Mediendienst Integration, Wie werden Geflüchtete psychotherapeutisch versorgt?, state: 02.08.2016, <https://mediendienst-integration.de/artikel/wie-funktioniert-die-psychologische-versorgung-von-asylbewerbern.html> (cited: 20.04.2022)
- M 02.15 Psychische Erkrankungen bei Flüchtlingen, Bundeszentrale für politische Bildung, <https://www.bpb.de/lernen/angebote/grafstat/krise-und-sozialisierung/221932/m-02-15-psychische-erkrankungen-bei-fluechtlingen/>, state: 25.02.2016 (cited: 21.04.2022)
- Prof. Dr. Schahrzad Farrokhzad, Potenziale erkennen, Hürden abbauen – Situation von Frauen mit Migrationshintergrund in Bildung und Beschäftigung, IQ Netzwerk, https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/IQ_Publikationen/IQ_konkret_Artikel/2017_03_IQ_konkret_Farrokhzad_Potentiale_erkennen_Huerden_abbauen.pdf (cited: 20.04.2022)
- Statistisches Bundesamt, Bevölkerung, Migration und Integration, Bevölkerung nach Migrationshintergrund und Geschlecht, <https://www.destatis.de/DE/ZahlenFakten/GesellschaftStaat/Bevoelkerung/MigrationIntegration/Migrationshintergrund/Tabellen/TabellenMigrationshintergrund>

[Geschlecht.html;jsessionid=DD3D11A24F607720B8C39EAFD9AB6568.InternetLive1](https://www.geschlecht.de/Geschlecht.html;jsessionid=DD3D11A24F607720B8C39EAFD9AB6568.InternetLive1) (cited: 10.10.2018)

- United Nations/Department of Economic and Social Affairs/Population Division (2017): International Migration Report 2017, <http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017.pdf> (state: 10.10.2018)
- Website of Agisra e.V., <https://agisra.org/themen/gewalt-an-frauen-im-migrationsprozess/> (cited: 21.04.2022)
- Website of Bundesweite Arbeitsgemeinschaft der Psychosozialen Zentren für Flüchtlinge und Folteropfer e.V. (BAFF), <https://www.baff-zentren.org/baff/ueber-die-baff/> (cited: 21.04.2022)
- Website of Bundesverband der emotionalen Intelligenz e.V., <https://www.bvei.org/> (cited: 21.04.2022)
- Website of HOLLA e.V., <https://holla-ev.de/holla-der-verein/> (cited: 21.04.2022)
- Website of LOBBY FÜR MÄDCHEN e.V., <https://lobby-fuer-maedchen.de/die-idee> (cited: 21.04.2022)

SPAIN

- Fernández, R (2021). Emigrants with legal residence by nationality in Spain 2020-2021. <https://es.statista.com/estadisticas/472512/poblacion-extranjera-de-espana-por-nacionalidad/>
- INE (2021). Population Figures (PC) as of 1 January 2021 - Migration Statistics. https://www.ine.es/prensa/cp_e2021_p.pdf
- Red Acoge (2017). III Report on psychosocial care for immigrant women in the Red Acoge network. https://redacoge.org/wp-content/uploads/2020/11/Atencio%CC%81n-Psicosocial-a-Mujeres-Inmigrantes_v05.pdf
- Spanish Commission for Refugee Aid (2016): Report on discrimination of migrants and refugees in Spain. <https://www.cear.es/wp-content/uploads/2017/02/Informe-discriminaci%C3%B3n.pdf>

- Fernández Matos, D.C. (2006) Latin American immigrant women in Spain. A complex reality. <https://www.redalyc.org/pdf/183/18360203.pdf>
- Fuertes, C; Martín Laso, M.A. (2006). The immigrant in primary care consultations. http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1137-6627200600020002&lng=es.
- Pereda Sagredo, E. (2006). Resilience and migration. <https://www.avntf-evntf.com/wp-content/uploads/2016/11/Pereda-E.-Tbjo.-3%C2%BA-BI-05-06.pdf>
- Ceballos Vacas, E. M. Trujillo González, E (2021). Emotional difficulties and support of migrant students: a case study in a multicultural secondary school. <https://reunido.uniovi.es/index.php/AA/article/view/16792/14510>
- Soriano Ayala, E. Franco Justo, C. (2010). Improvement of self-esteem and emotional competence in South American immigrant adolescents living in Spain through a psychoeducational mindfulness programme. <https://redined.educacion.gob.es/xmlui/bitstream/handle/11162/14820/00720113000649.pdf?sequence=1>
- Montenegro Martínez, M (2009). Immigrant women and the education system in the receiving society. <https://www.inmujeres.gob.es/areasTematicas/estudios/estudioslinea2010/docs/mujeresInmigrantesSistemaEducativo.pdf>
- Emilia Project: <https://www.proyectoemilia.es/>

GREECE

- Denny, E. (2021). *Contained and Targeted: The effects of Greek migration policy on refugee women*. Paris: New Developments Team, GLOBAL POLICY REVIEW.
- Iliana, S. (2019). *The migration and refugee crisis in Greece and Europe*. Rhodes : University of Aegean .
- Nastouli, O. (2017). *THE MIGRATION PROBLEM IN GREECE TODAY* . Messologi : University of Western Greece .
- Theokliti Mavratza, T. A. (2021, June). Professional Quality of Life in Greek Health Professionals Working with Refugees and Migrants. *Mater Sociomed*, σσ. 94-99.

TURKEY

- Bařterzi, A. D. (2017). Mülteci, Sığınmacı ve Göçmen Kadınların Ruh Sağlığı. *Psikiyatride Guncel Yaklasimler - Current Approaches in Psychiatry*, 9(4), 1-1. <https://doi.org/10.18863/pgy.280392>
- Hanbay Çakır, E., & Karabacak, H. (2009). MÜLTECİ KADINLARA YÖNELİK TOPLUMSAL CİNSİYET TEMELLİ AYRIMCILIK VE ŞİDDETLE MÜCADELE . Kadın Dayanışma Vakfı.
- Kaya, İ. (2013). Coğrafi düşüncede mekan tartışmaları. *Düşünme Dergisi*, 4, 1-13.
- Kaya, M., & Ören, B. (2020). Türkiye’de Mültecilere Sunulan Sağlık Hizmetleri’nin Hukuksal Zeminini. *Journal of Health Professions Research*, 3(1), 88-93.
- Moses, J. W. (2006). Some historical Perspective. In *International Migration: Globalization's Last Frontier* (pp. 35-56). Zed Books.
- Tüm mültecilerin yaşadığı koruma sorunları kadınlar tarafından Da paylaşılır. (n.d.). UNHCR Türkiye. <https://www.unhcr.org/tr/tum-multecilerin-yasadigi-koruma-sorunlari-kadınlar-tarafından-da-paylasilir>
- UNHCR Türkiye İstatistikleri. (n.d.). UNHCR. <https://www.unhcr.org/tr/unhcr-turkiye-istatistikleri>

OTHERS

- European Commission (2020). Action plan on Integration and Inclusion 2021-2027. https://ec.europa.eu/home-affairs/system/files_en?file=2020-11/action_plan_on_integration_and_inclusion_2021-2027.pdf