

SEXUAL VIOLENCE AGAINST REFUGEE WOMEN ON THE MOVE TO AND WITHIN EUROPE

The refugee crisis

Europe has encountered a refugee crisis in recent years due to continuing conflicts and human rights violations in many countries. This has led to the displacement of millions of people, who seek refuge in Europe (1). The majority of these refugees arrive in Greece or Italy and mainly originate from Syria, Afghanistan and Iraq (2). Since January 2016 women and children account for more than 55% of people travelling on the migration route, attempting to reunite with their families in Europe (2, 3).

The objective of this overview is to present the issue of sexual violence (SV) against refugee women and girls and to discuss countermeasures that have been suggested or initiated by the Member States of the WHO European Region and national nongovernmental organizations (NGOs) between January 2015 and May 2016. A literature review was undertaken using Google scholar, the WHO publication database and a cross-search of journal databases.

The issue of SV for refugee women

The refugee crisis is particularly challenging for women and girls and becomes increasingly difficult as tightened immigration policies and border controls in Europe and along the western Balkan route, overcrowded reception centres, delayed processing times for asylum applications and restricted family reunifications further increase their vulnerability to SV. Men and boys can also be subjected to SV (2-3, 7-8). However, vulnerability differs between men and women due to gender inequality, which usually stems from traditional gender roles and behaviour expectations of men and women in societies, disadvantaging one gender over the other. For instance, women often have a lower status than men in many societies (7). Therefore, a gender-sensitive response by European Member States and NGOs is needed (3).

Burden of Sexual Violence

Women living and fleeing from conflict areas require targeted intervention

Image 1. The western Balkan Migration Route (18).



measures due to their increased vulnerability. Women are particularly vulnerable in camps, when shelters are not secure and when they have to walk long distances to find basic items like firewood (9). Moreover, economic insecurity and lack of male protection increases the risk for SV (10). A study in 2014 estimated that around 21% of women in 14 conflict countries reported SV (11). Refugee women are affected by SV not only in areas of conflict but also on their journey to and once they arrive in Europe. While various reports call for action to address SV against refugee women, no comprehensive data on prevalence is available as much abuse is not reported by women or recognized by aid workers (12). SV against refugees often occurs in combination with physical, emotional or socio-economic violence. Both men and women seeking refuge in Europe are susceptible to different kinds of violence. Nevertheless, women are more likely to be subjected to SV compared to men (13). According to a study conducted in 2012, 69.3% of female migrants, including refugees, have experienced SV since they have entered Europe and acts were often perpetrated by European professionals or citizens. This is in stark contrast to the 11% lifetime prevalence of SV in European girls and women aged over 15 and indicates the possible magnitude of the issue of SV against refugee women in Europe (14, 15).

Risks on the journey to Europe

In 2015 and early 2016, most refugees have travelled by sea from Turkey to Greece and then continued overland through the western Balkans into their destination countries, particularly Germany and Sweden (see Image 1). Women and girls, travelling alone or female headed households with children are particularly vulnerable to SV (3, 12).

According to reports, women and girls have been forced to marry to obtain male protection or to engage in 'survival' sex in exchange for documents or transport. However, humanitarian and government interventions often did not adequately focus efforts against SV as it was not perceived as a priority due to lack of data (12). In transit countries like the former Yugoslav Republic (FYR) of Macedonia and Serbia, the registration system for refugees has been found to be inadequate in identifying vulnerable women and girls. Moreover, weak coordination between government and humanitarian actors challenge a comprehensive and gender-sensitive response and referral system (16). Lack of information and unnecessary detention also puts women at increased risk for SV during their entire journey (8).

Since the border closure in March 2016, over 45 000 refugees remain stranded in Greece without adequate accommodation, facilities, medical care and information about their rights. Moreover,



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Text Box 1. Key Facts about refugees in Europe.

KEY FACTS

- 55% of refugees on the move are female.
- Women and girls are at increased risk of SV.
- The border closure of countries along the western Balkan route has further put female refugees at risk of SV.
- Denying female refugees protection against SV is a human rights violation.
- More data and research is needed to estimate SV prevalence.

the identification and referral of vulnerable refugees remains problematic due to a lack of guidelines and operating procedures (17). Consequently, many women and girls are unable to find protection, a safe passage to Europe and cannot reunite with families. This further increases their risk to SV as they become vulnerable to exploitation by traffickers and smugglers as they try to reach Europe by other routes illegally (8, 17) (see Text Box 1).

Risks within Europe

Sweden and Germany have been accepting most refugees. However, the incoming refugee population has overwhelmed both countries and accommodation and support services are inadequately equipped to respond to gender-sensitive issues. Moreover, essential European Union Directives for the protection of vulnerable people have been hard to implement in Germany to date. There are also no standardized procedures present to identify and support victims of SV. Therefore, support and help is only provided according to the judgment of the individual aid care worker. Although Sweden and Germany have ratified the Istanbul Convention, which provides details on how to protect refugees, accommodation centres have often failed to provide basic security measures like separate lockable rooms. The large influx of new arrivals has further led to overcrowded reception centres, which challenges the ability to provide safe, private and separate spaces for female refugees, increasing the risk for violence. Perpetration of SV has been reported, not only by fellow refugees but also by security guards and

volunteers, complicating the situation. This has been documented at various accommodation centres. The language barriers also contribute to a lack of information on basic rights, available services and support (3). Therefore, multiple risks are present and increase the likelihood of women and girls to be subjected to SV (13).

Consequences

SV can result in unintended pregnancy and sexually transmitted infections (STIs) including HIV. In addition, it can adversely affect the mental health of women and lead to post-traumatic stress disorder, anxiety and depression (4). Moreover, stigma and shame associated with rape in many cultures can lead to underreporting of cases, social rejection, suicide or murder of women and girls by family or community members (9). Women and girls who have been subjected to SV in their lives are also prone to subsequent exposure to SV, which further aggravates health outcomes for women and girls long-term (14).

Best Practice and Recommendations

Response

General guidelines against SV

1. The WHO clinical and policy guidelines: “*Responding to intimate partner violence and sexual violence against women*” recommends (19):

- A comprehensive medical examination;
- First-line support;

- Protection from further harm;
- Timely referral to appropriate services like psychosocial support;
- Provision of emergency contraception and STI prevention e.g. HIV post-exposure prophylaxis;
- Follow-up care and support plan;
- Confidential, supportive and non-judgmental services;
- A gender-sensitive sexual assault care training for health care providers; and
- Sexual assault care service provision integrated with other health care services.

Women subjected to SV require immediate emotional and physical health services and ongoing support in regard to safety and mental health. Health care providers have a vital role in the recognition, treatment and referral of SV victims.

SV guidelines specific for refugees

According to the guidelines on prevention and response to SV against refugees provided by the UN Refugee Agency (20), confidentiality, providing safety and protection from further suffering, as well as, acting in the best interest and according to the wishes of the victim are crucial.

Further recommendations include:

- Private consultations with vulnerable refugee women by a social or health workers if SV is suspected;
- Creation and facilitation of women’s groups and associations as an effective and safe channel for women to report SV cases;
- Provision of same gender medical staff;
- Ensuring a gender and cultural sensitive conduct with SV victims; and
- Informing refugee women about their rights.

The WHO document, “*Preventing and addressing intimate partner violence against migrant and ethnic minority women*” (21) also recommends:

- A multi-level and multi-sectoral approach to address the inequities in access to care and services in relation to SV;

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(CONTINUED)

- Policies affecting refugee women require a gender perspective;
- Involvement of stakeholders, funding and a reduction of barriers to health care and service access;
- Involvement of migrant communities to allow for empowerment;
- Cooperation and network building between health sector, NGOs and the civil society to allow for stronger coordination;
- Targeting the socioeconomic, cultural and environmental determinants of the health of refugees;
- More investment in research due to a limited evidence base; and
- Removal of institutional discrimination and barriers to access of services (21).

Prevention

To avert SV, health care providers could also play an important part in the coordination and implementation of SV prevention measures against refugee women. Nevertheless, effective prevention will also require the involvement of different stakeholders including legal, social, health organizations and civil society (21). Guidelines for the prevention and response of gender-based violence (GBV) can also be useful for the prevention of SV against refugee women.

Creating Safe Environments

Current recommendations for the primary prevention of GBV and SV include measures that address the causes and contributing factors of GBV and SV in refugee settings, aim to transform sociocultural norms through the creation of employment opportunities for refugee women and rebuild family and community structures. In addition, provision of safe and effective services and facilities like creating safe and well lit accommodation centres and the cooperation with the legal system to prosecute perpetrators are crucial and mentioned in most guidelines of international organizations. Moreover, monitoring, proper documentation of incidents and education campaigns raising

Text Box 2. Key actions to prevent SV against refugees.

KEY ACTIONS

- Implement relevant Directives and apply best practice guidelines.
- The European Member States, NGOs and women's organizations need to cooperate more to protect female refugees as best as possible.
- Create legal passages and safe environments.
- Collect more specific data and invest in research to investigate SV against female refugees.

awareness about GBV and SV have been suggested (22).

The risk of SV increases with large accommodation centres. Therefore, prevention measures need to include smaller accommodation centres with lockable rooms and separate sanitary facilities and a gender balanced staff team, which should be trained in culture and gender-sensitivity and violence prevention and response. Moreover, information sessions to refugees that support integration and the provision of women-only spaces in reception centres have further been recommended (23).

Legal Passage

Ensuring greater access to legal passage into Europe is a crucial step to prevent refugee women from being exploited by smuggling networks. It also aids to secure the fundamental rights of refugee women. The following options could be used to create legal passage:

- Granting temporary protection;
- Support resettlement or humanitarian aid programmes;
- Find alternative channels to speed up family reunification i.e. humanitarian visa;
- Granting a labour or study visa; and
- Offer medical evacuation programmes (24).

Refugees' engagement

Last but not least, a greater engagement and participation of refugee women in any decisions or activities that aim to protect them against SV is encouraged to better address concerns and improve protection. Activities, campaigns and programmes against GBV, including SV also

benefit from the engagement of men and boys as gender inequality cannot be addressed without their participation (25).

Relevant Policy Frameworks

- European parliament resolution calls for a gender-sensitive adoption of asylum policies and procedures (26).
- The draft *Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region 2016–2022* addresses the vulnerability of refugees to violence (27).
- The *Global plan of action to strengthen the role of the health system to address interpersonal violence, in particular against women, girls and children* advocates for a multi-sectoral, evidence-based and comprehensive response and prevention strategy (28).
- The draft *Action Plan for Sexual and Reproductive Health for the fulfillment of the 2030 Agenda for Sustainable Development in Europe* will protect against SV with a rights-based and life-course approach (29).

Several NGOs are also committed to providing appropriate response measures. Medica Mondiale for example, has established vast partnerships with other grassroots organizations in several countries and provides protective services in response to SV victims across the Syrian-Turkish border. Women in Exile, another NGO in Germany, supports asylum seeking women, living in social housing by engaging and empowering them in the struggle against SV. Consequently, a stronger cooperation with NGOs has been suggested to respond to the needs of

vulnerable female refugees more comprehensively (8).

Conclusion

Refugee women and girls are always at risk of SV on the entire journey to find refuge. Many European countries have been overwhelmed by the refugee influx. Furthermore, prevention and response measures for SV against refugee women have been insufficiently implemented. Additionally, the closure of the western Balkan migration route has further increased the risk of SV for female refugees. Greater efforts are still needed to ensure that the human right to safety and protection is provided to female refugees. This requires political will, a shared responsibility as well as a stronger cooperation of the European countries and other stakeholders, and the implementation of essential Directives and guidelines of best practice. Greater attention to surveillance of SV in refugees, to research and evaluation of services is also required (see Text Box 2).

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