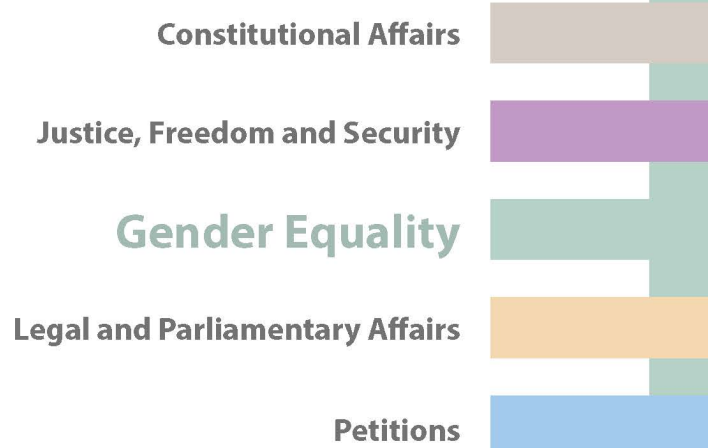


DIRECTORATE-GENERAL FOR INTERNAL POLICIES

POLICY DEPARTMENT **C**
CITIZENS' RIGHTS AND CONSTITUTIONAL AFFAIRS



Female refugees and asylum seekers: the issue of integration

STUDY



DIRECTORATE-GENERAL FOR INTERNAL POLICIES
POLICY DEPARTMENT C: CITIZENS' RIGHTS AND
CONSTITUTIONAL AFFAIRS

WOMEN'S RIGHTS & GENDER EQUALITY

**Female refugees and asylum seekers:
the issue of integration**

STUDY

Abstract

Upon request by the FEMM Committee, the study presents an overview of the most important issues faced by refugees and asylum seeking women in their host country regarding access to appropriate housing, including privacy and shelter in case of domestic violence, training and language courses, the labour market, and the health systems, including psychological support and trauma healing. A summary of international standards and of applicable European laws, as well as details on available funding from the European level are provided. International promising projects illustrate the way forward.

This study was commissioned by the Policy Department for Citizen's Rights and Constitutional Affairs at the request of the FEMM Committee

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LIST OF ABBREVIATIONS

- CEDAW** Convention on the Elimination of All Forms of Discrimination against Women
- COI** Country of Origin Information
- CPC** Child Protection in Crisis Network
- CRC** Convention on the Rights of the Child
- DEVAW** Declaration on the Elimination of Violence against Women
- ECRE** European Council on Refugees and Exiles
- EU** European Union
- FGM** Female Genital Mutilation
- GBV** Gender-based violence
- IASC** Inter-Agency Standing Committee
- ICCPR** International Covenant on Civil and Political Rights
- ICESCR** International Covenant on Economic, Social and Cultural Rights
- ICRH** International Centre for Reproductive Health
- IOM** International Organization for Migration
- NGO** Non-Governmental Organization
- UNFPA** United Nations Population Fund
- UNHCR** United Nations High Commissioner for Refugees
- UNICEF** United Nations Children’s Emergency Fund
- UNSW** University of New South Wales
- WRC** Women’s Refugee Commission

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EXECUTIVE SUMMARY

Background

Europe is experiencing a **massive movement of incoming refugees and asylum-seekers** fleeing from war, conflicts, and persecutions in their country of origin. According to existing studies and research, women do not make up the majority of these flows; however, as they find themselves in a very vulnerable condition just because of their gender, there is a need for a prompt and concrete intervention to support them.

Exactly for this reason, **gender is essential** in developing and implementing measures and policies aimed at protecting and empowering women refugees and asylum seekers in order to allow them to become active contributors to the host society.

To this aim, their **needs have to be recognised and fulfilled** with reference to their background conditions, the situation they are escaping from, and what happened to them during their journey towards the host country.

More recently UNHCR has again underlined that the most **vulnerable groups** requiring a prompt, coordinated, and effective protection response (UNHCR, UNFPA and WRC, 2016) are constituted by: all women (including single women travelling alone or with children, pregnant and lactating women, adolescent girls, unaccompanied children, early-married girl children – sometimes themselves with new-born babies), persons with disabilities, and elderly men. Single adult refugee women constitute one of the most vulnerable groups of the whole refugee population because of the common lack of financial means, professional qualification, and family support (Chung, Hong and Newbold, 2013).

One of the reasons for the vulnerability of women refugees and asylum seekers is related to the difficulties they often encounter in proving their claim for asylum since they generally can exhibit less evidence for their application in comparison to men¹ (Bonewit and Shreeves, 2016), or they choose deliberately to do so because female victims of sexual torture or gender persecution may be reluctant to report their stories even if these stories might constitute the legal basis for asylum application².

Another source of vulnerability for refugee and asylum-seeking women and girls is their exposure to **gender-based violence (GBV)**, which is, in turn, exacerbated by the frequent unequal gender relations within the community of origin; it is often used as a weapon to threat and humiliate populations at war; it also represents a cause of forced displacements and a consequence of the stress generated during and after forced displacements (Pittaway and Bartolomei, 2001).

Female refugees and asylum seekers are exposed to violence not only in their country of origin but throughout their **displacement experience**: during the journey (women who pay smugglers to take them out of their country can easily find themselves in dangerous or

¹ Men can, for instance, demonstrate to be members of a persecuted political party. Moreover, as for the asylum recognition procedure, refugee women might find it hard to tell their stories to men: for this reason, female mediators and interpreters should always be guaranteed.

² They might find difficult to tell their stories to a male interviewer and it goes without saying that in most cultures rape and sexual abuse are considered as a failure on the part of the woman to preserve her virginity and moral integrity. This consideration explains why sharing her story might be a further source of alienation and isolation from the community of origin (Martin, 2011).

degrading situations and they might fall victims of women traffickers³, especially if they are travelling alone and are solely responsible for the family burden); in detention or reception centres; and in the host country because of the changing family relationships, lack of basic services and healthcare assistance, economic dependency, and limited access to employment (UNHCR, 2014, 3).

GBV may be even perpetrated by those who have been trusted for protecting refugees and displaced persons – being them influential community members, security forces, peacekeepers, or humanitarian aid workers (UNHCR, 2003). In the latter case, a code of conduct has been drafted by the United Nation High Commissioner for Refugees⁴.

Women's exposure to risk of violence is exacerbated by the increasing difficulty of entering a host country territory to apply for protection as they might be left in precarious and dangerous conditions. To control irregular incoming migration, potentially host countries impose strict border controls on individuals who do not have proper documentation. If this situation damages both men and women, nevertheless, due to the weaker position of women and girls in society, they **frequently lack means** to travel and/or knowledge about their rights and the particular risks they face during the journey (UNHCR, 2008).

Adolescent girls constitute a particularly vulnerable group among female refugees and asylum seekers. During wars and displacements, girls are more exposed to GBV, including early and forced marriage: approximately 20% of women report being victims of some forms of sexual violence as children, with prevalence rates over 35% reported in some parts of the world; more than 60 million 'child brides' are forced to marry before the age of 18; married girls are at risk of intimate partner violence, the most common form of gender-based violence, which affects almost one third of women worldwide. Furthermore, today, up to 140 million women and girls have experienced some forms of female genital mutilation/cutting (FGM/C), with many undergoing FGM/C between infancy and age 15 (CPC, UNICEF, 2014). Moreover, displacement interrupts school attendance, contributing to the increase of vulnerability to exploitation and abuse, exposure to unwanted pregnancy, and subsequent unsafe abortion. It has been suggested that, to contrast the phenomenon, the communities of asylum seekers and refugees should be actively involved to contribute to change attitudes and values that are deeply rooted in all cultures and that constitute the cultural basis of GBV (UNHCR, 2003).

Host countries have to consider the needs and be aware of the vulnerabilities of refugee and asylum-seeking women because female refugees in host countries are expected by their communities to **embody all the reminiscences of the country of origin** as care for children, household care, language, and food: this role attributed to them by men in their families (husbands, fathers, brothers) has a severe impact on the integration process, fostering isolation and social, economic, and cultural dependency. This role partly explains why young girls and female adolescents are generally treated differently than their male counterparts in the household: young boys are more often encouraged to integrate in the host society whereas the pressure on girls to maintain their original cultural identity can be immense (Sharma, 2011). Isolation is also due to the fact that these **women have lost all**

³ A modern form of slavery where victims are given false promises of a new and better life, but can end up in highly exploitative and hazardous situations, including prostitution, domestic service, begging, and other forms of forced labour, such as child labour. Traffickers use fear of deportation, seizure of papers, and incarceration to keep their victims under their control. Women who are poor, have disabilities, have been subject to other forms of gender-based violence, are separated from their family or other support networks, are part of a single-headed household, and/or because they are stateless or of a particular religion, caste, or ethnicity (UNHCR, 2008) are especially at risk.

⁴ In Annex to UNHCR Report, 2003.

the support they used to receive from other family members in the country of origin. This is the main reason why refugee and asylum-seeking women might become far less visible than their male counterparts and find it harder to have access to services, job opportunities, training, and language courses in the host country. **Preventing isolation** of refugee women is a precondition to allow them enjoying policies and measures that the host country implements and which are proven to have a relevant positive impact on these women's wellbeing and life conditions (Spitzer, 2006) as well as more generally on their communities.

The important role of refugee and asylum-seeking women has been recognised by UNHCR at the heart of the solutions to the crisis around the world today, as women are not passive recipients of assistance but **productive and resilient subjects** if they receive the support they need and are treated as active and dynamic participants (UNHCR, 2001).

NGOs may play a central role in fostering refugee and asylum-seeking women's integration, especially in the present period, which is characterised by the rolling back of welfare states, privatisation of public services, and restrictive immigration policies and controls on incoming flows. However, NGOs have often indulged in crystallising and essentialising the identity of female refugees and asylum seekers into the stereotyped image of fragile, needing, and not independent subjects (Szczepanikova, 2009). However, the needs of female refugees and asylum seekers based on their individual life paths could be developed by **directly involving refugee and asylum-seeking women** in the planning, implementing, and monitoring phases (Smith, 2009).

Moreover, it has to be considered that negative experiences or hostile encounters with public officials, the service sector, housing providers, and other service providers strongly impact on the propensity of refugees and asylum seekers to trust the new environment. The level of discrimination, the possibility to have access to sufficiently paid jobs, and the ability to participate in society are all factors that influence **trust in the system and self-confidence** (Hynes, 2003). That is why it is crucial that public institutions and NGOs develop integration measures that take strongly into account the needs expressed directly by refugees and asylum seekers, and women in particular, who are the best experts on their own story and experience. This participatory method fosters refugee and asylum-seeking women's empowerment and participation in the host society.

Considering this background, policies to be implemented in the host countries towards women refugees and asylum seekers – developed both by national bodies and institutions, and by NGOs and charity organisations – have to take into account their specific needs (health, psychological support, proper housing, etc.) to properly foster their socio-economic inclusion.

Aim

- Understanding of the basic needs expressed by female refugees and asylum seekers in relation to: housing and living conditions both in encampments and reception centres, and in long-term housing solutions; training and language courses and all the initiatives aimed at enhancing refugee women's skills and at facilitating their integration into society; labour inclusion measures; and healthcare services and psychological support.
- Analysis of the international and European legislation and funding programmes in place to protect and guarantee decent life conditions to female refugees and asylum seekers, with particular regard to the four above mentioned fields of intervention:

housing and living conditions; training and language courses; labour inclusion measures; and healthcare services and psychological support.

- Analysis of the policies and measures that could be adopted and implemented in order to better respond to refugee women's basic needs in the four above mentioned fields of intervention: housing and living conditions; training and language courses; labour inclusion measures; and healthcare services and psychological support.

Main conclusions

Policies aimed at **guaranteeing asylum seekers and refugees' rights and wellbeing cannot be gender-neutral**, because **women** have to face gender-specific challenges in the host country, as a consequence, **reception and integration policies that are not gender-sensitive** are destined to fail.

Asylum seeking and refugee women, because of their reduced access to learning the host country's language have a limited possibility of integration, their sense of belonging is reduced as well as their independence, and they have to rely on other family members for translation and communication. This may also hinder their access to labour market opportunities, too, as they cannot participate in training courses or other active labour market policy measures.

They are also exposed to a **double discrimination** in the host country labour markets. Their specific condition of women who are responsible for the children and family care is not always taken into account and gender neutral active labour market measures therefore are likely to be not effective. Moreover, due to the gender segregation of the labour market, they are often employed in low-paid jobs in the domestic labour sector also because in many cases their previous professional career and education might not be properly recognised by the host country.

As for healthcare assistance, asylum seeking and refugee women find it difficult to access the necessary information and have to face cultural barriers when accessing health care services.

Nonetheless, female refugees and asylum seekers should not be considered as passive victims and inert recipients of assistance. Integration policies should aim at their **empowerment and independence**, tailoring services and integration measures on their specific needs including that of not living in isolation. In this respect, gender-sensitive policies would include, among others:

- information dissemination concerning services and healthcare assistance;
- training of female cultural mediators who could assist refugee women in accessing services; and
- proper training aimed at enhancing refugee women's skills and education.

For the implementation of these measures, Member States should not hesitate to avail themselves of the possibilities provided by the European funds described in chapter 1.3.

Some promising practices which could serve as concrete examples of policy measures to be implemented for Member States are presented. They meet the basic criteria of empowerment, coordination, integrated approach.

As a final remark, the **condition of women asylum seekers** as distinct from that of women refugees has to be recalled. Women asylum seekers have not obtained the refugee status and therefore live in uncertainty in the host country. This condition hinders, from the very beginning, their integration into the host country and may, in specific cases, lead to particular problems in relation to the nationality of their children who might be **stateless children** in case these kids were born outside the country of origin.

The European institutions, including the European Parliament should continue to raise awareness for the specific needs of asylum seeking and refugee women. Furthermore, they should continue to promote the exchange of promising practices for the integration of this vulnerable group, for example in the framework of the Open Method for Coordination.

INTRODUCTION

Nowadays Europe is experiencing a massive movement of displaced people fleeing armed conflicts, mass killings, persecution, and gender-based violence.⁵ For instance, in 2015 from January to November 950,469 have been the arrivals of displaced people and migrants in Europe through the Mediterranean routes, escaping from Syria (49%), Afghanistan (20%), Iraq (8%), Eritrea (4%), Nigeria (2%), Pakistan (2%), Somalia (2%), Sudan (1%), Gambia (1%), and Mali (1%). Approximately, 24% of the people who arrived in 2015 are children and 16% are women.⁶

Forced migrations have traditionally been associated with men, who are often more active in the public sphere in their countries of origin, and are more exposed to public persecution and political repression. Nonetheless, the consequences of political instability and civil wars are heavily borne by women as well, who are often subject to violence and persecution due to their or their family members' political, ethnic, and religious belonging. Furthermore, women can be persecuted due to their gender and to their failure to conform to gender-discriminating religious or customary laws or practices: in all these cases, they might not be offered adequate protection in their country of origin (MacIntosh, 2009).

Approaching the forced migrations issue through the gender lens allows to integrate the standard definition of refugee, given by the 1951 Refugee Convention, with the **complexities of refugee experiences** often negotiated through and shaped by the intersections of race, class, gender, age, ethnicity, and professional identity (Ratković, 2013). Traditional categories used to analyse the situation and reality of refugees and asylum seekers in the host country, although useful, are incomplete as they continue to ignore other differences among asylum seekers and refugees, which are based on their social location – such as race, gender, and class. Activities, measures, and policies that are developed within a gender-neutral framework are destined to fail in meeting the needs of female refugees (Olsson, 2002) and asylum seeking women.

Nonetheless, the special needs of women experiencing forced migration have been acknowledged in the UN system in recent years: in 1985 this issue was included as a separate agenda item at the annual Executive Committee meeting of the United Nations High Commissioner for Refugees (UNHCR). In 2002, finally, UNHCR issued two crucial guidelines - The Guidelines on Gender-Related Persecution and the Guidelines on Membership of a Particular Social Group within the Context of Article 1A(2) of the 1951 Convention and its 1967 Protocol relating to the Status of Refugees – in order to provide a legal framework to the gender-sensitive interpretation of the convention and of the Refugee Status Determination procedures and in order not to marginalize or exclude gender-based experiences of persecution (Martin, 2011). This **recognition is crucial** and its

⁵ Gender-based violence is an umbrella term that can be defined as violence directed against a person because of that person's gender (including gender identity/expression) or as violence that affects persons of a particular gender disproportionately. Women and girls, of all ages and backgrounds, are most affected by gender-based violence. It can be physical, sexual, and/or psychological (Art. 3a, Council of Europe Convention on preventing and combating violence against women and domestic violence – known as 'Istanbul Convention'), and includes:

- violence in close relationships;
- sexual violence (including rape, sexual assault, and harassment or stalking);
- slavery;
- harmful practices, such as forced marriages, FGM, and so-called 'honour crimes';
- cyberviolence and harassment using new technologies.

⁶ Data available at: UNHCR, 2016 and <http://data.unhcr.org/mediterranean/regional.php>. Visited on 2 February 2016.

development depends strongly on the political decisions of the State: in fact, it is necessary to recognise that refugee women suffer from multiple and intersectional discrimination due to the fact of being a foreign-born in the host country, a woman, and a member of a specific ethnic minority.

An obstacle that needs to be considered at the moment of approaching the integration of refugee and asylum-seeking women is the **general lack of data** concerning the issue. Once women are granted the status of refugee and their legal situation in the host country is stabilised, they tend to be considered as part of the general group composed of immigrant women. Nonetheless, this approach, besides being the main cause for the lack of data, does not allow for the possibility to specifically address the needs expressed by this particular group of non-native women (Freedman, 2009).

The integration in a host society for refugee and asylum-seeking women is not the same as for immigrant women since the former are **persons fleeing from persecution and war** in their home country, generally do not have enough time to plan their journey to the host country, are subject to the abrupt interruption of family and community bonds, and are more likely to be subjected to trauma and psychological scars due to their sudden escape.

It is important to remember that integration is a **dynamic and multifaceted process** that requires a serious commitment both on the side of refugees – who have to be ready to adapt to the host society without necessarily giving up their culture of origin – and on the side of the host country's institutions and community, who have to be prepared to welcome the refugees and meet their needs. The integration issue has to be carefully considered since inadequate reception and integration policies can exacerbate or perpetuate the effects of traumatic episodes that most refugees, and especially refugee women, have experienced in their life path (UNHCR, 2007).

The integration process implies multiple dimensions – legal, economic, social, linguistic, etc. – which have to be considered simultaneously: this paper tries to offer an overall view of the main challenges posed by integration in some of the more crucial domains, i.e. housing, training, healthcare assistance, and employment.

1. INTERNATIONAL STANDARDS, EU LEGISLATION, AND EU FUNDING PROGRAMMES ON FEMALE REFUGEES

KEY FINDINGS

- Definitions, guidelines, standards, conventions, and protocols aimed at guaranteeing proper protection to refugee and asylum-seeking women on UN and Council of Europe level.
- EU legislation and other measures that apply to refugee women to provide them protection and to guarantee their integration into the host society.
- EU funding programmes that may be considered to design and implement measures to improve living conditions of female refugees in EU Member States and Third Countries.

1.1 Definitions

Before discussing international standards, EU legislation and EU funding Programmes on female refugees the field of application needs to be clearly outlined by indicating the definitions adopted in this study.

- Forced migration: a migratory movement in which an element of coercion exists, including threats to life and livelihood, whether arising from natural or man-made causes⁷. Forced migrants are also defined as displaced persons.
- Asylum seeker: a person claiming international protection due to the risk of persecution in his/her home country⁸.
- Refugee: a person that receives protection under the 1951 Refugee Convention in a Member State, following a defined legal procedure (Bonewit and Shreeves, 2016).
- Stateless person: someone "who is not considered as a national by any State under the operation of its law"⁹. Persons under the stateless conditions encounter many difficulties in accessing rights in the host country and this might be the conditions of children born from women who are displaced at the moment of giving birth¹⁰.

1.2 International standards

Several instruments, guidelines, standards, conventions, and protocols have been issued under international law in order to guarantee proper protection to refugee and

⁷ Definition elaborated by the International Migration Organization (IOM), available at: <https://www.iom.int/key-migration-terms>.

⁸ Article 1A(2) of the UN Convention relating to the Status of Refugees – known as '1951 Refugee Convention'. The 1951 Refugee Convention is available at: <http://www.unhcr.org/4ec262df9.html>

⁹ The United Nations Convention Relating to the Status of Stateless Persons adopted 28 September 1954. Article 1, paragraph 1.

¹⁰ Recently, it has been highlighted that children of women asylum seekers in Europe may risk to become stateless children. The phenomenon is related to gender-biased nationality laws in force in the country of origin combined with ineffective legal safeguards for children in EU Member States (Bianchini, 2015). The issue is particularly relevant for Syrians refugees (Osborne and Russell, 2015). An international campaign on the issue has been organised by NGOs in Europe. On 16 February 2016 the Committee on Migration, Refugees and Displaced Person of the Council of Europe presented the report on « The need to eradicate statelessness of children », Rapporteur: Mr Manlio Di Stefano.

asylum-seeking women. Some of them are specifically destined to the situation of forcedly displaced women; others are aimed at the general protection of women, at fostering gender equality, and at eradicating gender-based violence. An attempt to provide a list of the most recent and well-known material is provided below:

- 1951 Refugee Convention and UN Protocol Relating to the Status of Refugees (1967)¹¹;
- UN General Assembly International Covenant on Civil and Political Rights (1966), known as 'ICCPR'¹²;
- UN General Assembly International Covenant on Economic, Social and Cultural Rights (1966), known as 'ICESCR'¹³;
- UN General Assembly International Convention on the Elimination of All Forms of Racial Discrimination (1969)¹⁴;
- UN Convention on the elimination of All Forms of Discrimination against Women (1979)¹⁵, known as 'CEDAW';
- UNHCR Policy on Refugee Women (1990)¹⁶, whose aim is to integrate resources and needs of refugee women into all aspects of programme planning and implementation;
- UN Convention on the Rights of the Child, known as 'CRC' (1990)¹⁷;
- UNHCR Guidelines on the Protection of Refugee Women (1991)¹⁸;
- UN Declaration on the Elimination of Violence against Women, known as 'DEVAW' (1993)¹⁹;
- UN Beijing Declaration and Platform of Action, Fourth World Conference on Women (1995)²⁰;
- UNHCR Policy on Harmful Traditional Practices (1997)²¹; within the 'Harmful Traditional Practices' category this document includes: FGM, early childhood marriage, son preference, and dowry;
- UN Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (1999)²²;
- UNHCR Policy on Older Refugees (2000)²³;
- UN Security Council Resolution No. 1325/2000 on Women and Peace and Security²⁴;

¹¹ Both are available at: <http://www.unhcr.org/3b66c2aa10.html>.

¹² Available at: <https://treaties.un.org/doc/Publication/UNTS/Volume%20999/volume-999-I-14668-English.pdf>.

¹³ Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.

¹⁴ Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx>.

¹⁵ Available at: <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>.

¹⁶ Available at: <http://www.refworld.org/docid/3bf1338f4.html>.

¹⁷ Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>.

¹⁸ Available at: <http://www.unhcr.org/3d4f915e4.html>.

¹⁹ Available at: <http://www.refworld.org/docid/3b00f25d2c.html>.

²⁰ Available at: <http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf>.

²¹ Available at: <http://www.refworld.org/docid/3efc79f34.html>.

²² Available at: <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N99/774/73/PDF/N9977473.pdf?OpenElement>.

²³ Available at: <http://www.unhcr.org/4e857c279.html>.

²⁴ Available at: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2f%2fEP%2f%2fNONSGML%2bCOMPARL%2bPE-571.702%2b01%2bDOC%2bPDF%2bV0%2f%2fEN>.

- UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the UN Convention against Transnational Organized Crime, known as 'Palermo Trafficking Protocol' (2000)²⁵;
- UNHCR Five Commitments to Refugee Women (2001)²⁶; these commitments are of absolute relevance and include: meaningful participation of women in all management and leadership committees of refugees in urban, rural, and camp settings, including return areas; individual registration and documentation; access to and control over food and non-food items management and distribution; economic empowerment; and prevention and response to gender-based violence;
- UNHCR Guidelines on International Protection: Gender-related Persecution within the Context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees (2002)²⁷; these guidelines are particularly relevant because they are aimed at introducing a gender-sensitive interpretation of the 1951 Refugee Convention, which did not originally include a specific provision of persecution based on gender discrimination;
- UNHCR Sexual and Gender-based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response (2003)²⁸;
- UN Economic and Social Council (ECOSOC) Resolution No. 31/2005 on Mainstreaming a Gender Perspective into All Policies and Programmes in the United Nations System²⁹;
- United Nations Convention relating to the Status of Stateless Persons of 1954 aims at protecting the status of someone who does not have the nationality of any country, it also establishes minimum standards of treatment for stateless people in respect to a number of rights. These include, but are not limited to, the right to education, employment and housing.
- Council of Europe Convention on Action against Trafficking in Human Beings, 2005)³⁰ aiming at: preventing and combating trafficking in human beings, while guaranteeing gender equality, protecting the human rights of the victims of trafficking, designing a comprehensive framework for the protection and assistance of victims and witnesses, guaranteeing gender equality, as well as ensuring effective investigation and prosecution, promoting international cooperation on action against trafficking in human beings;
- UNHCR Guidelines on International Protection: the Application of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees to Victims of Trafficking and Persons at Risk of Being Trafficked (2006)³¹; these guidelines are intended to provide guidance on the application of the 1951 Refugee Convention to victims or potential victims of trafficking who are often displaced vulnerable women;
- UN General Assembly In-depth Study on All Forms of Violence against Women (2006)³²;

²⁵ Available at: <http://www.refworld.org/docid/4720706c0.html>.

²⁶ Available at: <http://www.refworld.org/docid/479f3b2a2.html>.

²⁷ Available at: <http://www.refworld.org/pdfid/3d36f1c64.pdf>.

²⁸ Available at: <http://www.refworld.org/docid/3edcd0661.html>.

²⁹ Available at: <http://www.refworld.org/docid/463b3d652.html>.

³⁰ Available at: https://www.coe.int/t/dqhl/monitoring/trafficking/Source/PDF_Conv_197_Trafficking_Erev.pdf .

³¹ Available at: <http://www.refworld.org/pdfid/443679fa4.pdf>.

³² Available at: <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N06/419/74/PDF/N0641974.pdf?OpenElement>.

- UN Security Council Resolution No. 1820/2008 on Acts of Sexual Violence against Civilians in Armed Conflicts (2008)³³;
- UNHCR Handbook for the Protection of Women and Girls (2008)³⁴;
- Council of Europe Convention on preventing and combating violence against women and domestic violence (so called Istanbul Convention, 2011)³⁵;
- UN General Recommendation No. 32/2014 of the Committee on the Elimination of Discrimination against Women on the Gender-related Dimensions of Refugee Status, Asylum, Nationality and Statelessness of Women³⁶;
- UN Sustainable Development Goal (SDG) No. 5: Achieve Gender Equality and Empower All Women and Girls (2015).³⁷

1.3 EU legislation and other measures

The EU does not have specific competence in the area of integration of immigrants. Consequently, no EU legislation protecting refugee women and guaranteeing their integration into the host society could be identified. Nonetheless, female refugees and asylum seekers' protection can effectively descend from the synergic effect of EU legislation and other measures in the framework of:

- international protection;
- tackling discrimination based on race and gender; and
- gender equality measures in particular those contrasting gender-based violence, FGM, and trafficking in and exploitation of human beings.

The main legislative instruments and other measures relating to these fields are the following (in chronological order):

- Charter of Fundamental Rights of the European Union³⁸, specifically: Article 2 protects the right to integrity; Article 5 prohibits trafficking in human beings; Article 23 enshrines the gender equality principle, which must be respected in all areas without preventing the adoption of measures providing specific advantages in favour of the more vulnerable sex;
- European Parliament Report on **women's immigration**: the role and place of immigrant women in the European Union (2006/2010(INI))³⁹. This report calls for the creation of a consistent European framework on female immigrants considering their vulnerability and difficulties in integrating host societies through: the application of a gender-sensitive approach for the assessment and review of policies implemented; the training of immigrants; the design and implementation of integration policies; the implementation of awareness raising campaigns; the exchange of good practices;

³³ Available at: <http://www.refworld.org/docid/485bbca72.html>.

³⁴ Available at: <http://www.refworld.org/docid/47cfc2962.html>.

³⁵ Available at: https://www.coe.int/t/DGHL/STANDARDSETTING/EQUALITY/03themes/violence-against-women/Conv_VAW_en.pdf.

³⁶ Available at:

<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N14/627/90/PDF/N1462790.pdf?OpenElement>.

³⁷ SDGs have been adopted through a UN General Assembly resolution in 2015, available at:

http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E.

³⁸ Available at: http://www.europarl.europa.eu/charter/pdf/text_en.pdf.

³⁹ Available at:

<http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A6-2006-0307+0+DOC+PDF+V0//EN>.

- European Parliament Resolution of 24 March 2009 on **combating female genital mutilation in the EU** (2008/2071(INI))⁴⁰. This resolution, besides firmly condemning FGM as a violation of fundamental human rights, calls on the EU and the Member States to elaborate a strategy and action plans aimed at banishing FGM from the EU and at providing efficacious measures to assure victims' protection and healing;
- Directive 2011/36/EU of the European Parliament and of the Council of 5 April 2011 on **preventing and combating trafficking** in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/JHA⁴¹. The Directive states that victims should be provided of thorough information concerning: their rights including the possibility to apply for international protection⁴² and the services they can have access to;
- Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the **qualification of third-country nationals or stateless persons as beneficiaries of international protection**, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted⁴³. This Directive explicitly obliges Member States, at the moment of implementation, to take into account the specific situation and needs of vulnerable groups, such as pregnant women, victims of trafficking and persons who have undergone torture, rape, GBV. Moreover, as for health assistance, Member States have to provide specific assistance to female pregnant refugees and GBV survivors;
- Directive 2012/92/EU of the European Parliament and of the Council of 25 October 2012 establishing **minimum standards on the rights, support and protection of victims of crime**⁴⁴; this directive can be considered to be applicable to female refugees and asylum seekers since it applies without considering the residence status: Member States are compelled to inform and protect victims of crimes committed in the EU and this can include trauma support and counselling, too;
- Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on **common procedures for granting and withdrawing international protection**⁴⁵;
- Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down **standards for the reception of applicants for international protection**⁴⁶. This Directive calls on the necessity to take seriously into account the needs expressed by vulnerable groups such as female refugees and FGM and GBV victims. Moreover, asylum seeking women cannot be detained together with men but separate facilities have to be arranged. Eventually, staff professionals working with refugees have to be properly trained on female refugees and asylum seeking women's needs;

⁴⁰ Available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1453892541233&uri=CELEX:52009IP0161>.

⁴¹ Available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1453892541233&uri=CELEX:32011L0036>.

⁴² Article 11, paragraph 6.

⁴³ Available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1453893411147&uri=CELEX:32011L0095>.

⁴⁴ Available at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:315:0057:0073:EN:PDF>.

⁴⁵ Available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1453892541233&uri=CELEX:32013L0032>.

⁴⁶ Available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1453892541233&uri=CELEX:32013L0033>.

- EU Commission Communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on '**A European Agenda for Migration**' (COM(2015)0240)⁴⁷. This Communication does not mention women's issues; nonetheless it calls for a strengthening of the measures aimed at contrasting trafficking;
- EU Council Conclusions on the 'Gender Action Plan 2016–2020' (2015)⁴⁸ for EU external relations. These Conclusions include, among the goals, the **need to protect all women and men from GBV in crisis situations** through EU supported operations, community cultural training, health and psychological assistance;
- EU Parliament Draft Report on the situation of women refugees and asylum seekers in the EU (2015/0000(INI))⁴⁹. This report calls for a **new gender-sensitive EU guidelines** to be implemented as part of wider reform of the migration and asylum EU system. Specific guidelines on FGM are also solicited. Moreover, the Report thoroughly exposes specific needs of female refugees and asylum applicants put forward as for asylum procedures and integration challenges.

1.4 EU funding programmes

As for EU legislation, EU funding programmes as well do not include specific financial measures destined to the integration of female refugees and asylum seekers. However, policies, actions, and measures destined to improve living conditions of female refugees hosted in EU Member States can benefit from the synergic effects of different funding programmes concerning integration, social cohesion, immigration and asylum policies, and gender equality. The main funding programmes and their legislative references are listed below:

- Within the European Multiannual Financial Framework the European Structural and Investment (ESI) Funds Regulations 2014-2020 (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013 lay down common provisions on: the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund; the regulations also lay down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund⁵⁰; besides the common ESI Funds Regulations each EU specific Fund is governed by a specific regulation.
- European Regional Development Fund (ERDF)⁵¹, governed by the regulation (EU) No 1301/2013 of the European Parliament and of the Council of 17 December 2013 on the European Regional Development Fund and on specific provisions concerning the Investment for growth and jobs goal and repealing Regulation (EC) No 1080/2006⁵². It might be considered for funding interventions for female refugees and women asylum seekers under the ninth priority for promoting social inclusion, combating poverty and any discrimination. Nonetheless, anything specifically concerning the above mentioned vulnerable group is foreseen;

⁴⁷ Available at: <http://www.ipex.eu/IPEXL-WEB/dossier/document/COM20150240.do>.

⁴⁸ Available at: http://www.consilium.europa.eu/en/meetings/fac/2015/10/st13201-en15_pdf/.

⁴⁹ Available at: http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2f%2fEP%2f%2fNONSGML%2bCOMPARL%2bPE-571_702%2b01%2bDOC%2bPDF%2bV0%2f%2fEN.

⁵⁰ Regulation available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32013R1303>

⁵¹ Information available at: http://ec.europa.eu/regional_policy/en/funding/erdf/.

⁵² Available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32013R1301>.

- European Social Fund⁵³, introduced with Regulation (EU) No. 1304/2013 of the European Parliament and of the Council of 17 December 2013 on the European Social Fund⁵⁴. This Regulation does not call for specific measures and programmes destined to refugee or women asylum seekers; nonetheless, it calls for measures aimed at addressing women's need and promoting gender equality between men and women, specifically for labour market access;
- The Rights, Equality and Citizenship Programme 2014-2020⁵⁵ aims at contributing to the further development of equality and the rights of persons and is structured in nine specific objectives: promote non-discrimination, combat racism, xenophobia, homophobia and other forms of intolerance, promote rights of persons with disabilities, promote equality between women and men and gender mainstreaming, prevent violence against children, young people, women and other groups at risk (Objectives of the former Daphne programme), promote the rights of the child, Ensure the highest level of data protection, promote the rights deriving from Union citizenship, enforce consumer rights;
- Development Cooperation Instrument⁵⁶, introduced with Regulation (EU) No. 233/2014 of the European Parliament and of the Council of 11 March 2014 establishing a financing instrument for development cooperation for the period 2014-2020⁵⁷. This instrument might be relevant as it includes, between its priorities, the promotion of gender equality and women empowerment, combining it with development measures and programmes in developing Third Countries;
- Fund for European Aid to the Most Deprived (FEAD)⁵⁸, introduced with Regulation (EU) No. 223/2014 of the European Parliament and of the Council of 11 March 2014 on the Fund for European Aid to the Most Deprived⁵⁹. This funding programme does not include, among its priorities, the promotion of refugees' integration but does include measures aimed at enhancing gender equality;
- Asylum, Migration and Integration Fund (AMIF)⁶⁰, introduced with Regulation (EU) No. 516/2014 of the European Parliament and of the Council establishing the Asylum, Migration and Integration Fund⁶¹. This Fund does not explicitly mention programmes or measures addressing refugee and asylum seeking women's needs; nonetheless, it has been created to take into account, among other priorities, the needs of vulnerable groups, such as women, and to foster gender mainstreaming.

⁵³ Information available at: <http://ec.europa.eu/esf/home.jsp?langId=en>.

⁵⁴ Available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1453892541233&uri=CELEX:32013R1304>.

⁵⁵ Regulation available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1397223391719&uri=CELEX:32013R1381>

⁵⁶ Information available at: https://ec.europa.eu/europeaid/how/finance/dci_en.htm.

⁵⁷ Available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1453892541233&uri=CELEX:32014R0233>.

⁵⁸ Information available at: <http://ec.europa.eu/social/main.jsp?catId=1089>.

⁵⁹ Available at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2014:072:0001:0041:EN:PDF>.

⁶⁰ Information available at: http://ec.europa.eu/dgs/home-affairs/financing/fundings/migration-asylum-borders/asylum-migration-integration-fund/index_en.htm.

⁶¹ Available at: http://ec.europa.eu/dgs/home-affairs/financing/fundings/pdf/overview/regulation_eu_no_5162014_of_the_european_parliament_and_of_the_council_en.pdf.

2. HOUSING

KEY FINDINGS

- Refugees have to face critical obstacles in the access to housing: reception system solutions are often insufficient to respond to their housing needs, especially in the long term. Moreover, landlords very often show strong prejudices based on race, ethnic origin, gender, and economic means. The consequence is that, in most host cities, refugees are subject to segregation in specific areas or neighbourhoods.
- Collective reception centres or encampments are useful to meet asylum seekers' immediate housing needs but, in the long term, they may have the effect of isolating them from the host society. In fact, access to permanent and adequate housing represents an important step in the integration of refugees into society.
- Lack of a proper accommodation can expose refugee and asylum-seeking women to the risk of gender-based violence either by those they are living with – including family or community members – or by landlords. Moreover, insufficient housing conditions have a severe impact on women's health conditions, especially if sanitation facilities and water are not easily accessible.
- Refugee women who have been exposed, in the country of origin or in the host country, to domestic violence should be guaranteed an alternative and safe housing solution in order to find immediate safety and start the recovery and trauma processing.

2.1 Living conditions in encampments and reception centres

Living conditions in refugee encampments and reception centres are often extremely precarious these camps are often located in remote and unsafe areas with a limited access to basic services, such as clean water, healthcare assistance, heating, and food supplies. In this context, there is a general lack of privacy and livelihood opportunities and a severe increase in violence and alcohol abuse: women are generally kept out of decision-making processes and suffer the most from the precarious living conditions (UNHCR, 2008). This latter consideration is particularly critical considering that the **involvement of refugee women in decision-making processes** is one of the five commitments issued by UNHCR in 2001.⁶²

When collective forms of housing for asylum seekers and refugees that are more protected than encampments or reception centres are made available, women (especially if they have children) may have greater access to them as they are more easily considered as a vulnerable group, rather than their male counterparts. Nonetheless, even when they are awarded full recognition of their status, they have greater **difficulty in accessing a proper and stable housing solution** if they are not in the host country with their husbands. For this reason, single female refugees are more likely to live in emergency housing for a long period rather than their male counterparts who have, among other factors, easier access to the labour market (see Chapter 7) (Freedman, 2009).

⁶² In 2001, UNHCR made five commitments to refugee women. The commitments relate to: women's and girls' membership and participation in decision-making; registration and documentation; tackling sexual and gender-based violence, including domestic violence; participation in food distribution; and providing sanitary materials to women and girls of concern (Martin, 2011).

In this context, a useful practice for NGOs and public institutions would imply separate **consultations** between and with refugee women in order to fully understand and comply with their specific needs concerning shelter, accommodation, and encampment/reception centre organisation. Moreover, other measures that could be usefully introduced would be: separate housing for men and women, with the exception of families; assuring women's access to basic commodities such as water, sanitary facilities, and food supplies, and guaranteeing that sanitary facilities are separated for men and women; preserving family and community unity if not otherwise requested; preserving the possibility for refugee single women to live separately from single men and with their children if they have any; guaranteeing proper lightening; and providing easy access to basic services such as schooling, public transport, and healthcare assistance facilities.

Separate housing for men and women could be a relevant tool to **prevent GBV**. Moreover, reception centre staff members should provide information about the criminal nature of GBV and raise awareness about the importance of respect towards women. Encampments and reception centres should create the right conditions in order to enable victims of sexual violence to report the crime. Complaints and reports about sexually oriented comments, assaults, and rape should be taken seriously by the reception staff, and the victim should receive support from them. This will increase the likelihood that other women as well will report these crimes (Bonewit and Shreeves, 2016).

Childcare facilities should also be set up in order to guarantee female refugees and asylum seekers the possibility to leave the reception centre and carry out their activities, like: interview with asylum authorities, job interviews, health service attendance, etc. (Bonewit and Shreeves, 2016).

2.2 Housing solutions

Forcibly displaced women and girls living in urban areas in host countries often experience **squalid living conditions and lack of basic services**. Since they are often unemployed and in shortage of economic means, women are at risk of sexual exploitation by landlords and others. Some of them are forced not to leave home in order to avoid police controls and to remain under the control of their husbands and/or other family members (UNHCR, 2008).

Female and male refugees often have to face discriminatory attitudes at the moment of looking for a proper and stable housing solution. Several studies and reports have shown that refugees often experience racism from landlords – telling them, for example, that they do not like renting out their flat to dark-skinned people – and from neighbours too – who, for instance, forbid their children to play with refugee children. This can be a cause of great stress for refugee families and affect the behaviour of children, who might feel unaccepted and develop aggressive and hostile attitudes. As for this problem, public authorities should promote community education campaigns in areas where refugees are settled in order to **foster more harmonious community relationships** (Pittaway and Van Genderen Stort, 2011).

Public institutions should improve measures aimed at providing **access to proper housing solutions**, which allow refugee women to be independent and to have access to basic social services and activities, such as public transport, children's schools, job opportunities, and healthcare facilities. Moreover, it would be useful to ensure a mediation service for refugees in order to provide them with information on housing issues as well as with legal advice. This kind of service would include: information about one's own legal status;

mediation in housing search; provision of interpreters; maintenance of a database containing landlords willing to renting out to refugees; mediation in conflicts between landlords and tenants or between tenants and their neighbours; etc. (ECRE, 1999, 4).

It is also very important to guarantee as well that urban accommodation solutions allow refugee women and asylum seekers not to live in isolation but rather to experience integration in the host society together in a 'peer' group, staying in touch and supporting each other. This may ease and speed up integration in the host society.

2.3 Shelter and housing assistance in case of domestic violence

UNHCR highlights the main risk factors for GBV against refugee and asylum-seeking women before, during, and after displacement. **Risk factors** concerning the country of origin include: discriminatory cultural and traditional beliefs and practices; lack of legal protection for women's and children's rights; lack of laws against sexual and gender-based violence; application of customary and traditional laws and practices that enforce gender discrimination; general insensitivity and lack of advocacy campaigns condemning and denouncing sexual and gender-based violence; discriminatory practices in justice administration and law enforcement; and under-reporting of incidents and lack of confidence in the administration of justice (UNHCR, 2003).

War conflicts have a fostering impact on gender-based violence since they produce the collapse of social structures, and intensify ethnic differences, conflicts, and socio-economic discrimination. Moreover, **forced displacements** represent a critical risk factor for women and girls on the move: these displacements cause the breakdown of social and family structures and the relocation in living situations that are generally overcrowded and male dominated. In this setting, refugees are exposed to food and water shortages, lack of protection, and the hostility of the local native population. Even when domestic violence is perceived as a problem by the refugee woman suffering it, she may feel obliged to stay in violent and abusive relationships for different reasons: either because she sees no other way of surviving independently, because there is social or religious pressure to remain in a family, or because divorce is not permitted under traditional justice systems (UNHCR, 2008).

As for housing and shelter, UNHCR suggests that, in order to prevent and avoid gender-based violence, **overcrowding and multi-household dwellings should be avoided**; unaccompanied children and households not including a man should benefit from a separate housing solution; in case of female refugees living in an encampment, the latter should be organised so as to provide basic services and goods directly to women, as well as to offer assistance and services that are easily accessible for all the members of the community, especially women, who should be fully included in the decision-making process (UNHCR, 2003).

If a refugee woman has faced domestic violence, it is essential to guarantee her an **alternative and safe housing** solution: only in this way abused women can find immediate safety and they can start to recover before any long-term solution can be implemented. Public institutions or NGOs that provide housing service for abused refugee women have to make sure that the solutions they propose are in a confidential and safe location, allow women and children to live together, and enable women and children to have access to basic services such as education, healthcare assistance, and employment (UNHCR, 2008).

Since GBV has a severe impact on a female survivor's life – on their health, psycho-social wellbeing, independence and feeling of safety, and self-confidence – it needs to be seriously addressed by host countries' institutions, policy-makers, and NGOs (UNHCR, 2003).

2.4 Promising practices

Several promising practices have been implemented in the area of housing, but only **some of them are specifically targeted at refugee and asylum-seeking women**: most of them address refugee people in general. The most interesting promising practices concerning housing assistance and are reported in the following Tables.

Table 1: First promising practice in housing

Name of the initiative	Domestic Violence Services
Country	United States of America
Organisation/Institution	ReWA
Type of organisation/institution	Non-profit, multi-ethnic organisation
Area	Housing
Location	Seattle
Reference	http://www.rewa.org/services/domestic-violence/
Objective of the initiative	Increase the safety and wellbeing of refugee and immigrant women by raising awareness about domestic violence, sexual assault, and human trafficking, and by providing support to survivors
Target group	Refugee and asylum-seeking women
Timeline	since 1985 (currently ongoing)
Description of the main activities and logic of the intervention	ReWA provides complete assistance to victims of gender-based violence who are refugees or asylum seekers living in Seattle. The organisation provides housing solutions and shelter accommodation. Moreover, women are guaranteed a range of services: legal counselling and assistance; a 24-hour cell phone helpline in seven different languages; assistance in understanding and navigating the legal system; support groups for survivors; educational training; and mental health counselling.
Involvement of refugee and asylum-seeking women in design, implementation, or evaluation of the initiative	No information available

Table 2: Second promising practice in housing

Name of the initiative	Housing Programme
Country	United States of America
Organisation/Institution	Asylee Women Enterprise (AWE)
Type of organisation/institution	Non-profit catholic organisation
Area	Housing
Location	Baltimore
Reference	http://www.asyleewomen.org/about-us
Objective of the initiative	AWE provides transitional housing, companionship, and community to asylum seekers by offering a safe and nurturing home, as well as opportunities to connect within the larger community and with each other.
Target group	Refugee and asylum-seeking women
Timeline	Since January 2011 (currently ongoing)
Description of the main activities and logic of the intervention	Considering that housing is one of the first and main critical issues refugee women have to face at their arrival in the host country, AWE seeks to provide a temporary housing accommodation to asylum-seeking women living in the Baltimore area who are still waiting for the final decision on their asylum application. The capacity of facilities is quite limited and, for this reason, only adult women (preferably without children) are received.
Involvement of refugee and asylum-seeking women in design, implementation, or evaluation of the initiative	The aim of the project is not simply to provide a temporary shelter but also to strengthen connections among refugee women and with the host society. For this reason, reception facilities guarantee activities, courses, and safe spaces to meet and share experiences.

Table 3: Third promising practice in housing

Name of the initiative	Comme à la Maison (CALM)
Country	France
Organisation/Institution	SINGA
Type of organisation/institution	Non-profit organisation
Area	Housing
Location	Île-de-France
Reference	http://singa.fr/la-communaute/calm-comme-a-la-maison/
Objective of the initiative	The aim of the initiative is to provide assistance to refugees and asylum seekers lacking accommodation and to foster their integration into the host society.
Target group	Refugees and asylum seekers living in the Île-de-France area
Timeline	Since January 2015 (currently ongoing)
Description of the main activities and logic of the intervention	The CALM project aims at matching refugees' demand for housing solutions and citizens' willingness to help refugees living in the Île-de-France area to integrate into society. For this reason, the SINGA association has created two different forms – one for refugees, the other for potential volunteers – which can be filled in online. In this way, refugees are provided with an accommodation solution for two weeks up to six months; moreover, since they are hosted in a family, they can get involved in French citizens everyday life and culture. Refugees hosted through the CALM project are constantly assisted by SINGA professionals as for training, language courses, and legal and health issues.
Involvement of refugee and asylum-seeking women in design, implementation, or evaluation of the initiative	Refugees are directly involved in the integration process and get directly in contact with the host family.

Table 4: Fourth promising practice in housing

Name of the initiative	Integrationshaus
Country	Austria
Organisation/Institution	Integrationshaus
Type of organisation/institution	Non-profit organisation
Area	Housing
Location	Vienna
Reference	http://www.integrationshaus.at/de/ih/index.shtml?23
Objective of the initiative	Integrationshaus provides an 'in-between' accommodation (between a reception centre and a permanent accommodation) for asylum seekers and refugees living in Vienna. The main aim is to provide them with a safe accommodation and to guide them towards a complete integration into the host society and a long-term housing solution.
Target group	Refugee and asylum seekers living in Vienna
Timeline	1995 (currently ongoing)
Description of the main activities and logic of the intervention	Integrationshaus shelters up to 110 persons in 38 residential units. They can stay in the facility for two years and they can leave earlier if they find a stable housing solution. Residential units are equipped with shared sanitary facilities and endowed with an advice and mediation team whose aim is to ease cohabitation. Moreover, this team helps guests face psychosocial, judicial, employment, and housing problems. Integrationshaus organises a multilingual kindergarten, after-school assistance for children, vocational training, and language courses. Neighbourhoods living nearby are involved in the centre's activities through different workshops and events.
Involvement of refugee and asylum-seeking women in design, implementation, or evaluation of the initiative	No information available.

3. TRAINING AND LANGUAGE COURSES

KEY FINDINGS

- The potential contribution of refugees to European society is substantial, but the majority of this potential remains unexpressed because of scarce access to information, advice, guidance, and training, thus leading to high rates of unemployment among refugees.
- Language is vital for refugee and asylum-seeking women's integration: it facilitates the active participation of children at school; it is crucial for accessing job opportunities; it reduces the burden on children who are often asked to serve as interpreters for adult family members; and it contrasts isolation and segregation.
- Fostering professional training and language education can improve significantly refugee and asylum-seeking women's quality of life and economic and cultural independence. Moreover, it is a relevant instrument to spread information about rights, health, and integration in the host society.
- Involving refugee and asylum-seeking women in training programmes can break isolation and foster acquaintance of these subjects with local daily life, thus restoring a sense of normality and self-esteem.

3.1 Training activities

Access to education and training courses is pivotal for refugee and asylum-seeking women's **integration and resilience to stress and trauma**. Education and training courses are important in case refugee women arrive in the host countries with their children: seeing their children's transition to life in the host country aided by the educational system gives women hope and motivates them to attain educational success as well given that a mutual positive reinforcement between the achievements of mothers and children in the host country's language and education exists.

Training activities, in order to be effective, should succeed in promoting, at the same time, social integration and labour market integration, and in combatting social exclusion (France Terre d'Asile, 2006). Moreover, they should **involve employers** in the development of vocational training programmes as they know better the skills needed in the job market. They could even provide job placements within the training scheme (ECRE, 1999, 5).

This kind of services, though, needs to consider that refugee women, and immigrant women in general, do not have much time to spend to re-educate themselves because of the time spent for family care duties (Olsson, 2002). For this reason, organisers of professional training and language courses should consider the best time schedule to adapt to these women's daily routine and provide child care facilities.

Training activities could be an effective tool to enhance refugee women's education and professional skills, which are frequently not recognised by the host country; nonetheless, these measures, in order to really make up for the lack of direct validity of refugees' academic and professional titles in the host country, should provide participants a certificate endowed with formal accreditation and recognition at national level, which is not always the case. This system might be an effective step towards professional integration (ECRE, 1999, 5). In addition, pursuing a training or education path can give hope to

refugee women who are usually employed in under-skilled jobs in the host country (Chung, Hong and Newbold, 2013).

3.2 Language courses

Language courses represent a relevant tool to promote integration and should be made available at a very early stage of the integration process (ECRE, 1999). Such service is rarely provided directly by public institutions: in most cases, **NGOs organise language courses** addressed to immigrants and refugees living in the host country. In doing so, these institutions provide refugees, and refugee women in particular, with a basic instrument to strengthen their sense of belonging to the community and their independence from the family background (Chung, Hong and Newbold, 2013). This is particularly true for those courses that include, beside the learning activity of the language of the host country, an overview of the local culture, practical skills, everyday problem-solving (i.e. residence permit procedure), knowledge of one's own rights, vocational training, and information on how to access services (ECRE, 1999).

This increased independence is due to the fact that women who receive a proper language course can more easily integrate into society, autonomously procure the goods they need, use public transportations with more self-confidence, obtain a driving licence, and get to understand their rights without men's mediation (Olsson, 2002). This **virtuous circle** can be incentivised if language courses are structured so as to meet female refugees' needs – i.e. they are illiterate or pre-literate in their own language – and aimed at job placement.

Nonetheless, some studies show that language courses are **not easily accessible** to refugee and asylum seekers as they are not always able to reconcile family care duties and language training: some of them have reported that they could not attend language classes since they had nobody to look after their children. This is due mainly to the fact that children day nurseries in most countries are difficult to access since priority is given to parents who are in employment. This choice obviously penalises refugee women who are unemployed and looking for a job (Freedman, 2009).

3.3 Promising practices

In the following tables the collected promising practices in the field of training and language courses are presented.

Table 5: First promising practice in training and language courses

Name of the initiative	Refugee Women's Association services
Country	United Kingdom
Organisation/Institution	Refugee Women's Association
Type of organisation/institution	Charity organisation
Area	Training and language courses
Location	London
Reference	http://www.refugeewomen.org.uk/edu/edum.htm
Objective of the initiative	Provide refugee women with information to integrate the British society and to benefit as much as possible from opportunities and services available to them
Target group	Refugee and asylum-seeking women
Timeline	Ongoing
Description of the main activities and logic of the intervention	The Refugee Women's Association provides counselling and advice to female refugees based in the United Kingdom, both as individuals and in groups, on services and opportunities available to them. In particular, they provide advice concerning: language courses; rights and entitlements; professional re-qualification; access to further and higher education; and educational grants and school access for children. In this way, refugee women can have a thorough view of the opportunities that the host society might offer.
Involvement of refugee and asylum-seeking women in design, implementation, or evaluation of the initiative	No information available

Table 6: Second promising practice in training and language courses

Name of the initiative	La Suisse...et moi!
Country	Switzerland
Organisation/Institution	RECIF – Rencontres Echanges Centre Interculturel Femmes
Type of organisation/institution	NGO
Area	Training and language courses
Location	Neuchâtel and Chaux-de-Fonds
Reference	http://recifne.ch/cours-formation/
Objective of the initiative	Provide female refugees and asylum seekers with necessary information about daily life, language and culture in order to foster their integration in Swiss society.
Target group	Refugee and Asylum seeker women
Timeline	September 2015 – June 2016
Description of the main activities and logic of the intervention	RECIF organizes a two-semester course on life and citizenship in Switzerland destined to refugee and immigrant women living in Neuchâtel and Chaux-de-Fonds. The course focuses on basic information about Switzerland, its legislation, culture and education system; job integration (job interviews, CV compilation etc.) ; skills empowerment; enhancement of previous education career and qualifications.
Involvement of refugee and asylum-seeking women in design, implementation, or evaluation of the initiative	The organization's website reports the opinions of female refugees who have attended the classes.

Table 7: Third promising practice in Training and language courses

Name of the initiative	Hopeland Torino
Country	Italy
Organisation/Institution	Sistema di protezione per richiedenti asilo e rifugiati (S.P.R.A.R.), Scuola Formazione Educazione Permanente (SFEP), and Centro Interculturale della Città di Torino
Type of organisation/institution	Government body and NGO
Area	Training and language courses
Location	Turin
Reference	http://www.comune.torino.it/sfep/sfep/documentazione/progetti/hopeland.shtml
Objective of the initiative	Foster the integration of refugees and asylum seekers into the host society
Target group	Refugees and asylum seekers
Timeline	February–December 2014
Description of the main activities and logic of the intervention	S.P.R.A.R., in cooperation with the NGO 'Centro Interculturale della Città di Torino' and SFEP, organised 36 training modules on the Italian language and the Italian society and culture. At the end of the course, the beneficiaries could obtain the middle-school degree.
Involvement of refugee and asylum-seeking women in design, implementation, or evaluation of the initiative	The website of the initiative displays the opinions of female refugees who have attended the classes.

4. LABOUR MARKET

KEY FINDINGS

- Access to the labour market is an essential component of integration in the host society.
- Employers' racism and prejudices as well as limited economic means, together with scarce knowledge of the host country's language, force female refugees and asylum seekers to accept low-paid jobs that might not reflect or enhance their professional experience and skills.
- Critical living conditions – such as poor housing arrangements, bad health conditions, and an excessive family care burden – can compromise refugee women's ability to access the labour market.
- Educational level and qualifications often do not determine wage levels since native women generally earn more than immigrant ones. Moreover, the educational career and previous professional experience are often not recognised by the legislation and in the labour market of the host country.
- Refugee and asylum-seeking women are often employed in the domestic services sector, and they consequently have to shoulder a double care burden: at home and at work. This is due to labour segregation penalising women far more than men, who can have access to a wider range of job opportunities.

4.1 Access to the labour market for refugee women

Being part of the workforce is considered to be one of the main tools to promote refugee women's integration in the host society (France Terre d'Asile, 2006): unemployment can provoke isolation, frustration, and a decrease in the sense of belonging to the host country (Chung, Hong and Newbold, 2013). Frustration is due to the fact that refugee and asylum-seeking women show a **huge professional and socio-economic gap** in their status between their pre-exile and post-exile situations: this deterioration in living conditions is very hard to overcome considering that women are often attributed several crucial roles regarding the care for the family (Ratković, 2013). Bad integration into the labour market can cause additional stress: the reasons for this **vicious circle** might be odd working hours (night shifts), uncertainties related to employment (part-time or temporary jobs), and problems at the workplace (language and discrimination) (Olsson, 2002).

Generally speaking, refugees are employed in the '**secondary labour market**' whose main features are precarious jobs, low wages, reduced support by trade unions, limited career opportunities, and difficult working conditions (France Terre d'Asile, 2006). As for refugee women's integration into the host country's labour market, they only have access to jobs within the domestic services sector, i.e. childcare, care for the elderly, and household cleaning. In most cases, they are employed at a level which is far below their qualifications and skills. This labour segregation seems to affect women more than men, who can have access to a wider range of job opportunities (Freedman, 2009).

When trying to integrate in the local labour market of the host country, refugee women have to face **several barriers**: their educational career is generally not valued and recognised; they are offered only underqualified and low-paid jobs, generally on a part-time basis; negative stereotyping and discrimination against refugee women; and limited knowledge of the language of the host country (France Terre d'Asile, 2006).

Lack of **recognition of refugees' education and career** may be due to: lack of necessary documentation; lack of appropriate provisions in the host country for assessing and recognising foreign (and refugees') qualifications; lack of appropriate financial resources required for recognition procedures; even when recognition is not required, or when a formal recognition procedure has been gone through, refugees still might find that their diplomas do not receive a *de facto* recognition by employers or education providers (ECRE, 1999).

Some studies report that one of the main obstacles to female refugees' integration into the labour market is internal to **family**: in some cultures women are not allowed to work, especially if their husbands cannot find employment (Pittaway and Van Genderen Stort, 2011).

On the whole, refugee women continue to be represented as an **economically, socially, and politically marginalised group**, independently of their individual life paths (Ratković, 2013). Moreover, female refugees are often forced to accept the first job opportunity they are offered in order, on the one hand, to comply with administrative and legal obligations connected with their status, and, on the other hand, to pay back the debts contracted with smugglers who helped them reach the host country. Single refugee women in particular have to face a sever challenge in trying to balance family care duties and integration into the labour market: these women may feel the need to find a job even more urgently than others because they have to support their families, but at the same time, the constraints of childcare may hamper their effort in finding a job (Freedman, 2009).

The Refugee Women's Association, based in the United Kingdom, has published a short report describing the major obstacles that refugee women have to face in order to integrate into the labour market. In this report (Ditscheid, 2003), the author demonstrates that there is implicit segregation in labour market access for refugees in the United Kingdom: 35% of the surveyed population has access to part-time jobs only. Moreover, the author notices that at national level the majority of refugees who are unemployed are women. According to this report refugee women's unemployment is due to **different obstacles** in the access to the labour market: lack of English skills due among the others ⁶³to the lack of political will to address their gender-specific needs; refugee women are still considered the family members responsible for the care of children and of the household, and they are expected to embody all that is left of the culture of origin – childcare, language, and food –, thus making the way towards integration into the host society harder; lack of work experience in the United Kingdom, which is a requirement often set out by employers; long and expensive re-qualification procedures in order to practise in the United Kingdom the professional activity they were qualified for in their country of origin, which generally leads to underqualified jobs; discrimination and prejudices at work against refugee or immigrant women, in general; finally, continuous changes in the legislative system as for the possibility for asylum seekers to work while waiting for the outcome of their asylum application. The author concludes the report by underlining the importance of volunteering for refugee women who are unemployed or not entitled to work, as such an activity helps them to overcome their isolation; moreover, she states that, no matter the several obstacles they have to face, refugee women are resilient and determined to work.

⁶³ Far more serious for women since they often do not receive a proper education in their country of origin (which is reserved to men) and encounter more difficulties in learning English; moreover, refugee women have to face unequal access to English classes.

4.2 Promising practice

In the following table one promising practice in the field of labour market inclusion is presented.

Table 8: Promising practice in labour market inclusion

Name of the initiative	Just Bread Project
Country	United Kingdom
Organisation/Institution	Refugee Council
Type of organisation/institution	Charity organisation
Area	Labour market inclusion
Location	London
Reference	http://justbreadlondon.com/
Objective of the initiative	Provide female refugees and immigrants with professional training and experience in the bakery field
Target group	Female refugees and asylum seekers
Timeline	2015
Description of the main activities and logic of the intervention	The Refugee Council organised a 10-week course to provide refugee women with professional training in the bakery field. Participants learnt about bread-making techniques existing in the host country, and explored the skills and experience they had gained in their home countries. All participants received ongoing professional support and were given a chance to visit various bakeries. During the programme, participants could benefit from employment advice and guidance by the Refugee Council staff.
Involvement of refugee and asylum-seeking women in design, implementation, or evaluation of the initiative	No information available

5. HEALTHCARE SYSTEM

KEY FINDINGS

- The impact of conflicts on health conditions is significant: many diseases become epidemic, and health and sanitation systems get destroyed. Female refugees face particular health risks because of their sex and of gender inequalities. Since they are often considered responsible for their family members' health and safety, they could suffer a feeling of frustration and helplessness and not be able to take care of their own health.
- Reproductive health conditions might be seriously damaged during conflicts in the country of origin as well as during the journey towards the host country, exposing refugee women to several health risks, such as undesired pregnancies, epidemic and sexually transmitted diseases, and absence of family planning practices.
- Refugee women are more affected by violence against women than any other female population in the world. Consequently, high exposure to gender-based violence and trafficking is one of the major issues to deal with: underreporting of episodes, victim shaming, limited access to services, and legal vulnerability are all factors that can worsen the psychological trauma and the health consequences of gender-based violence.
- The intersection of gender, disability, and displacement increases the risk of violence for women, girls, boys, and men with disabilities and for female caregivers.
- States are responsible for guaranteeing refugee and asylum-seeking women's full access to healthcare assistance, reproductive health services, and psychological assistance, considering their specific needs and eliminating the legal and practical barriers that prevent them from accessing the healthcare system.

5.1 Healthcare assistance

Health conditions of refugee women are often critical due to several reasons, some of them specific to the population considered, some others concerning the immigrant population in general. The first ones are connected to the life **experience of refugee women** fleeing from a context in the country of origin where wars, political instability, climate change, and persecutions due to political, racial, religious, and gender reasons undermine their life chances: malnutrition, psychological traumas, and the consequences of violence experienced in their country of origin or during the journey to the host country have a severe impact on these women's psychological and physical wellbeing, as well as FGM, which is an issue that concerns a considerable amount of refugee women. Moreover, armed conflicts make it impossible – sometimes even in the long term – to access healthcare basic services, as well as negatively affect measures such as family planning, disease prevention (including HIV), and sexual education (Samari, 2014).

The second group of problems relating to refugees' and asylum seekers' health concerns the immigrant population in general: **difficult access to healthcare services** and to complete and decent assistance through the public healthcare system. Some major problems challenge the access of refugees, and particularly of refugee women, to healthcare services in the host country: communication problems; language and cross-cultural barriers; lack of information on how healthcare assistance works; lack of training and awareness of health personnel about refugee issues and their specific needs and care

expectations; lack of understanding on both sides; and lack of trust on the part of refugees (ECRE, 1999, 3).

The lack of hygiene kits has a severe impact on refugee women's and girls' lives: it **undermines their opportunities** to participate in community activities, training programmes, and employment, and jeopardises girls' right to attend school because, without proper healthcare assistance, they are forced to stay home several days and their academic performance can dramatically worsen.

UNHCR underlines the central role the healthcare system plays in relation to **gender-based violence, in terms of both healing and prevention**. Healthcare assistance can prevent gender-based violence targeting refugee and asylum-seeking women. Not only can healthcare services help women in the psychological trauma processing, but they can also conduct a regular screening of patients to identify those who are more at risk of violence and abuse. Moreover, they can implement **reproductive health activities**, including discussions about gender, relationships, and sexual and gender-based violence, that target men and adolescents as well as women, and that engage traditional birth attendants as partners. As for the response to gender-based violence, healthcare assistance should: provide comprehensible healthcare that is easily accessible; ensure that medical examinations and treatments are provided by trained staff, preferably of the same sex as those in need of the service; provide follow-up care; set up collaboration patterns with traditional health practitioners with a view to identifying, reporting, referring, and providing adequate primary-level support to victims/survivors; ensure monitoring of the health needs of victims/survivors; carry out monitoring of healthcare services, including equal access for women, men, and adolescents, as well as of the quality of service provided; ensure collaboration with healthcare staff, traditional health practitioners, and the community on training and awareness-raising initiatives (UNHCR, 2003).

Considering this background, Florian (2010) has conducted an interesting analysis of health conditions of Somali refugee and asylum-seeking women living in the United States, through the investigation of the main academic literature published on this topic. Several aspects of healthcare assistance have been considered in order to identify basic needs of Somali women. One of the main issues emerged is **pregnancy care**. Medical staff needs to be properly trained in order to meet women's demands: Somali refugee women have shown to be scared of some medical procedures they are not acquainted with (caesarean section and epidural injections) and to need information to be clearly explained by medical staff; they are not keen on undergoing procedures aimed at disclosing the sex of the baby and they are not open to receive information on contraceptive systems. As for genital mutilation, the author underlines the crucial importance for doctors to be informed on this procedure and on its relevance in Somali culture in order to guarantee effective assistance, especially during child delivery.

More specifically, **FGM** is internationally recognised as a violation of the human rights of women and girls, being a practice that violates: a person's right to health, security, and personal integrity; the right to be free from torture and degrading treatments; and the right to life. This practice is considered a criminal offence in all EU Member States. FGM victims often have to bear the burden of this procedure throughout their lives in terms of chronic pain, repetitive trauma at delivery and obstetric complications, and infections and emotional and psychological trauma, such as the post-traumatic stress disorder (UNHCR, 2014). For this reason, being forced to undergo FGM can be a ground for the recognition of the international protection status. Being aware of the relevance of this issue is crucial for host countries' institutions as information on the spread of FGM practices has to be included

into the **Country of Origin Information** (COI) – needed at the moment of the decision about an international protection application – which would be in this way gender-oriented.

Public authorities can be considered as the main bodies responsible for the elimination of the obstacles that prevent refugee and asylum-seeking women from having access to healthcare services. In particular, UNHCR has outlined the **main responsibilities** States should comply with:

- ensure that adequate protection and healthcare services, including trauma treatment and counselling, are provided for women in especially difficult circumstances, such as those trapped in situations of armed conflict and women refugees;
- ensure, without prejudice or discrimination, the right to sexual health information, education, and services for all women and girls, including those who have been trafficked, even if they are not legally resident in the country;
- ensure women's right to safe motherhood and emergency obstetric services;
- enact and effectively implement laws that prohibit FGM and marriage of girl children.

5.2 Reproductive health

Reproductive health can be defined as a state of complete physical, mental, and social wellbeing – and not merely the absence of disease and infirmity – in all matters relating to the reproductive system and to its functions and processes (UNHCR, 2008). It constitutes a **significant public health need** in all communities, including those facing crisis and emergencies and those of host countries.

Reproductive health interventions include: family planning; safe abortion and post-abortion care; pregnancy care; childbirth care including emergency obstetric care; postnatal care; prevention and management of sexually transmitted infections and HIV, including mother-to-child transmission of HIV and syphilis; and prevention and management of gender-based violence.

Women and girls often do not have access to reproductive healthcare as a result of multiple factors: inadequate levels of knowledge about human sexuality; inappropriate or poor quality reproductive health information services; prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and limited power that women and girls have over their sexual lives. All these critical factors are always worsened by forced displacements (lack of access to emergency obstetric care, increase in malnutrition, stress, and epidemics, increase in sex and gender-based violence, and lack of access to family planning) exposing refugee and asylum-seeking women to the **risk of their reproductive health being seriously damaged**.

Considering the crucial importance of this issue, countries should make any effort to **coordinate** stakeholders, NGOs, local communities, and all public institutions in order to guarantee basic reproductive health services. In particular, working with men and women of the refugee community would be necessary in order to **raise awareness** on female and male reproductive health; **training** the healthcare staff seems to be necessary as well in order to meet and support the specific needs expressed by female refugees living in the territory.

An interesting practice would be to **actively involve refugee community members** who are skilled and trained in this field – midwives, nurses, doctors, etc. – in reproductive

health services in order to facilitate the participation of refugee and asylum-seeking women (UNHCR, 2008). This specific practice and/or the use of **interpreters** who are community members as well would have a huge impact since refugee women who speak only their language of origin are not always keen on using their children or other family members as interpreters when talking with specialists about their reproductive health or sexual life (Pittaway and Van Genderen Stort, 2011).

Some **recommendations** on reproductive health can be outlined: firstly, prevention should be developed in order to enhance general knowledge of sexual health and awareness of sexual and gender-based violence risk and prevention factors; secondly, the overall legislative framework should be adapted in order to be more effective in preventing this practices; thirdly, the system of residence status and rights should be changed in order to enhance the possibilities for refugees, asylum seekers, and undocumented migrants to enjoy rights and actively participate in the host society (Keygnaert et al., 2008).

5.3 Mental health and psychological support

It goes without saying that forced displacements, conflicts, human rights violations, and wars can have a severe impact on the mental health of people affected. **Post-traumatic stress disorders** are very frequent and so are depression and anxiety. Female refugees and asylum seekers experience all of this and, very often, GBV (both at home and during wars or displacement to the host country). For this reason, it is crucial to provide complete and sound psychological support at the moment of the integration of refugee women into the host society since, otherwise, trauma may never be completely healed, and could permanently destroy their quality of life.

Psychological support can encompass, on the one hand, providing support, counselling, and healthcare to individuals, helping them cope with their traumatic experience, and, on the other hand, working with refugee communities with a view to fostering and promoting their own coping mechanisms and helping rebuild community ties, which can be useful to support traumatised refugees.

Another central element in this field is the **promotion of awareness among refugee women** about the existence of this kind of health problems as well as about the importance of resorting to healthcare and psychological assistance. In fact, many female refugees might not know about the existing services or might refuse trauma healing therapies because of shame and their cultural background, i.e. if these services are used to tackle problems within the household, women might find it awkward to rely on the assistance of a stranger. For this reason, it is important to develop information campaigns able to raise awareness on this topic.

Psychological counselling should be provided from the moment of arrival in the host country, and should support these women along the integration process.

5.4 Disability

The UN Convention on the Rights of Persons with Disabilities (known as '**CRPD**')⁶⁴ requires States Parties to ensure that persons with disabilities are protected in situations of risk and humanitarian crisis and that protection services are age, gender, and disability-sensitive (WRC, 2015, 2).

⁶⁴ CRPD is available at: <http://www.un.org/disabilities/default.asp?navid=15&pid=150>.

Around the world, an estimated 7.6 million persons with disabilities are **forcibly displaced** as a result of persecution, conflict, generalised violence, and human rights violation (WRC, 2015). Some of these disabilities are due to the displacement process or are the result of injuries relating to conflicts or scarce access to healthcare services. These persons constitute one of the **most vulnerable and socially excluded group** in any displaced community. As for female refugees with disabilities, they can suffer from multidimensional discrimination and exclusion, as both women, refugees, and people with disabilities (WRC, 2014, 2). They are more likely to be excluded from shelter, education, and job and training opportunities. Even if they succeed in fleeing from persecution, wars, and conflicts in their country of origin, their reduced mobility limits their access to basic services (UNHCR, 2008).

Exclusion being a greater risk for female refugees with disabilities, they are **more exposed to violence**: there is growing evidence that rates of violence may be 4–10 times higher among persons with disabilities than their peers without disabilities (WRC, 2014, 2). Despite their vulnerability is well known, they are often excluded from programmes and services designed to prevent and respond to GBV in humanitarian and host country settings (WRC, 2015).

Considering this situation, it is of crucial relevance to properly train members of local institutions and humanitarian staff in order to **provide reflective learning on the intersections between gender and disability**, especially in relation with GBV. Staff should be provided with gender equality information and training concerning GBV risks faced by women and girls with disabilities. In addition, networking between refugees and displaced persons, on the one hand, and organisations of people with disabilities, on the other, should be fostered (WRC, 2015). This latter practice would be useful in order to let refugee women and girls with disabilities have full access to information concerning assistance and opportunities they could benefit from (WRC, 2014, 3).

Moreover, an interesting practice would be to **actively include women and girls with disabilities** as staff and volunteers in programmes dealing with GBV. They should be involved when designing, planning, and running projects and activities (WRC, 2014, 3). Refugee women with disabilities could be included in economic empowerment programmes as well, in order to further foster their integration (WRC, 2015).

5.5 Older refugee or asylum-seeking women

Older refugee women might have to face **specific challenges** at the moment of integrating into the host country's society: they are very often widows, their family support network might have been disappeared due to forced relocation, they might be left behind since younger members of their community succeed earlier in becoming active members of the host country's society, and they are often illiterate. For these reasons, they are unlikely to be independent, and often rely completely upon assistance: communicating with them, as well as their integration into the local culture, results to be very hard (UNHCR, 2008).

5.6 Promising practices

In the following table a promising practices in the field of healthcare is presented.

Table 9: Promising practice in Healthcare

Name of the initiative	Diagnóstico, detección, atención e integración social de mujeres víctimas de trata y/o explotación sexual en el medio rural
Country	Spain
Organisation/Institution	Accem
Type of organisation/institution	NGO
Area	Healthcare
Location	Castilla-La Mancha
Reference	http://www.accem.es/es/diagnostico-deteccion-atencion-e-integracion-social-de-mujeres-victimas-de-trata-yo-explotacion-sexual-en-el-p370
Objective of the initiative	Provide female victims of sexual exploitation with necessary assistance and psychological support
Target group	Female victims of sexual exploitation
Timeline	Currently ongoing
Description of the main activities and logic of the intervention	Accem is providing female victims of sexual exploitation living in Castilla-La Mancha with healthcare and psychological support in order to overcome their trauma. A huge amount of services are provided: judicial assistance; social integration; and healthcare and psychological support. Moreover, the NGO has developed several measures aimed at raising awareness of the inhabitants of the region on this major social issue.
Involvement of refugee and asylum-seeking women in design, implementation, or evaluation of the initiative	No information available

6. GENDER BASED VIOLENCE AND THE RISK OF BECOMING SUBJECT TO TRAFFICKING IN HUMAN BEINGS

KEY FINDINGS

- Refugee women are more affected by violence against women than any other female population in the world.
- Refugee women are highly exposed women's trafficking due to their vulnerable conditions: extreme poverty, personal histories of violence and abuse, lack of other work options, and responsibility for other family members' needs.
- Underreporting of episodes of GBV and women's trafficking are frequent due to victim shaming, limited access to services, and legal vulnerability.
- Underreporting may worsen the psychological trauma and the health consequences of GBV.

6.1 GBV: assistance and trauma healing

When dealing with the situation of refugee and asylum-seeking women's health conditions, one of the major issues to face is the case of women having experienced violence, sexual abuse, or rape, or having been victim of trafficking in human beings. Most experts, authorities, and humanitarian actors still do not consider it as a major issue also because of a **general lack of data** concerning GBV. This **distorted perception**, together with the fact that GBV victims are often not keen on reporting their experience of violence and abuse and on seeking for assistance, leads to an inefficacious response to this issue both in policies and in practical measures. Nonetheless, GBV has been estimated to be both a push factor for refugee women to flee from their countries of origin, and a severe risk during their journey towards host countries (UNHCR, UNFPA and WRC, 2016).

An interesting analysis was developed on the impact of sexual violence and abuse on the displacement experience of refugee and asylum-seeking women (Jenner, 2012). This subject is particularly relevant considering that **refugee women are more affected by violence against women than any other female population in the world**, and they are particularly exposed to the risk of rape and any other form of sexual abuse. Apart from domestic violence, refugee women are exposed to violence during wars and political instability in their country of origin, as well as during displacement towards the host country; they are moreover at risk of becoming victim of trafficking in human beings. For this reason, this paper aims at providing psychological experts with the necessary tools to manage this kind of traumatic situations.

Underreporting of GBV episodes is one of the main issues to deal with: survivors generally do not speak of the incident for many reasons, including self-blame, fear of reprisals, mistrust of authorities, and risk/fear of re-victimisation. GBV causes shaming, blaming, social stigma, and rejection from family and community especially when the victim decides to report the episodes. Moreover, most societies, including of the host country, tend to **blame the victim** in the case of sexual violence, and this can increase trauma and psychological harm. It may happen that women who have suffered rape and sexual abuse may not disclose their trauma to immigration officers for fear of being labelled as prostitutes and being denied the refugee status or visa on moral grounds (Pittaway and Bartolomei, 2001).

Therefore, on the whole, data concerning GBV represent only a small part of the actual number of GBV incidents (IASC, 2005).

When considering GBV, two main aspects need to be taken into account. On the one hand, the immigration policies in host countries can expose refugee women to **great economic and social vulnerability**, making them an easy target for sexual abuse and trafficking in human beings; on the other hand, they are exposed to **domestic violence**, too, as refugee men who are denied access to employment or decision-making in the host country can attempt to retain their personal autonomy and power through controlling their wives and children.

Services aimed at contrasting GBV and its consequences on women's physical and psychological health are limited. Most refugee and asylum-seeking women are unaware of the services available to face the trauma, or these services are not easily accessible. Moreover, public authorities do not always develop easy accessible and confidential mechanisms for reporting abuse (UNHCR, 2014, 3).

Nonetheless, an effort needs to be made by public authorities and humanitarian actors to develop **efficient measures** to contrast this phenomenon. First of all, staff working with refugee women needs to be properly trained, informed, and made aware of the issue and cultural differences in order not to exacerbate the impact on GBV on women. Secondly, it is crucial for relevant government agencies to deploy staff with **GBV expertise and capacity** along the refugee and migration route and in destination sites. Thirdly, NGOs are expected to improve GBV prevention and risk mitigation throughout the humanitarian response; others acting as field workers are expected to provide psychological first aid, to disseminate information about GBV prevention, and to develop case management and referral services. Moreover, it is crucial to allow full access to **female interpreters** who can facilitate conversations with GBV survivors, making them feel at ease while talking about their experience (UNHCR, UNFPA and WRC, 2016). Finally, it is crucial to inform women about the host country's legislation against GBV – which refugee men, too, should be aware of –, their rights, especially those concerning reproductive health, and what to do in case of violence perpetrated by their husbands or other members of their community (Pittaway and Van Genderen Stort, 2011). On the whole, programmes aimed at addressing GBV should adopt a **multidimensional approach**, taking simultaneously into account prevention of abuses, physical and psychological consequences of violence, the potential need of survivors for a safe shelter, the long-term economic vulnerability of victims, their legal rights, training of police officers and professionals who are in contact with the victims and other similar issues (Martin, 2011).

Obviously, there is no universally valid model to cope with GBV: an effective model has to be tailored on the **specific needs** expressed by GBV survivors who are members of the considered community or living in the territory of interest. For instance, in those areas where refugee women go through quickly or stay for a short time, **basic GBV assistance** should be provided and the staff working in that context should be trained in order to respond to emergencies and critical situations. On the other hand, in host countries, where refugee women arrive and plan to stay for a long time and integrate in the local population, public authorities and social entities should be able to set up a **comprehensive multi-sectoral GBV prevention and response service** capable of operating in the long term.

6.2 The risk of becoming subject to trafficking in human beings

As for the policies to be developed in order to fight trafficking in women, Thobani (2001) carried out an interesting analysis of the **impact of the Canadian immigration legislation** at the beginning of the last decade, pointing out, on the one hand, the main factors concerning the country of origin that leave women particularly vulnerable for trafficking in human beings (extreme poverty, personal histories of violence and abuse, lack of other work options, and responsibility for other family members' needs) and, on the other hand, those factors that lead to the same consequence but result from the host country's policies (extremely restrictive immigration policies, limited access to qualified job positions, which leads to economic vulnerability, and the difficulty to obtain long-term residence permits).

Measures and policies aimed at fighting trafficking in human beings should penalise the perpetrators and protect the victims by assuring that, for instance, they will not be expelled from the host country, or by granting them a residence permit. The preliminary focus on this issue should consider that trafficking is a gender-based phenomenon and is the expression of structural gender inequality in addition to a severe violation of human rights. Women and girls represent the vast majority of the victims, even though men and boys can be trafficked, too. At microlevel a number of reports have highlighted some of the measures that have to be necessarily adopted in order to contrast trafficking: implementation of **training on gender-sensitive victim identification** for healthcare workers, attorneys, social workers, teachers, and other professionals; promotion of gender-sensitive training for government and NGO professionals; and adoption of programmes to screen the vulnerable immigrant population (including refugees and asylum seekers) using indicators of human trafficking with a gender-sensitive approach (Genova, 2015). Moreover, direct active participation of refugee women in the development of protocols to deal with GBV, as well as in policy-making about GBV should be fostered (Keygnaert et al., 2008).

6.3 Promising practices

In the following tables the collected promising practices in the field of healthcare are presented.

Table 10: First promising practice in GBV

Name of the initiative	Nouvelle clinique de l'adolescence et soutien des femmes victimes de violence sexuelle
Country	Belgium
Organisation/Institution	Service de Santé Mentale Ulysse
Type of organisation/institution	NGO
Area	Healthcare
Location	Brussels
Reference	http://fedasil.be/sites/5042.fedimbo.belgium.be/files/explorer/Projets_soutenus_par_le_FER_en_2014.pdf
Objective of the initiative	Provide female victims of gender-based violence with healthcare and psychological support
Target group	Female refugees and asylum seekers
Timeline	1 July 2012–30 June 2015
Description of the main activities and logic of the intervention	Every year the NGO supported 25 female refugees who had survived GBV episodes. In the framework of the initiative, they were included in therapeutic groups aimed at healing their trauma, and were provided with individual socio-psychological assistance by NGO professionals.
Involvement of refugee and asylum-seeking women in design, implementation, or evaluation of the initiative	No information available

Table 11: Second promising practice in GBV

Name of the initiative	Femmes excisées et réfugiées, ma façon d'exister
Country	Belgium
Organisation/Institution	Group for the Abolition of Female Genital Mutilation (GAMS Belgique)
Type of organisation/institution	NGO
Area	Healthcare
Location	Belgium
Reference	http://gams.be/
Objective of the initiative	Provide women who had undergone FGM and GBV with healthcare and psychological support
Target group	Sub-Saharan female refugees and asylum seekers
Timeline	January 2012–December 2014
Description of the main activities and logic of the intervention	GAMS Belgique provided support to sub-Saharan female refugees who had fled from or undergone FGM, forced marriage, and other forms of GBV in their home country. A total of 250 women were assisted every year since 2012, and were provided with psychological support. Project activities were aimed at: social integration into the host society; self-esteem enhancement; and reproductive health assistance.
Involvement of refugee and asylum-seeking women in design, implementation, or evaluation of the initiative	No information available

7. CONCLUDING REMARKS AND RECOMMENDATIONS

According to UNHCR data, female refugees and asylum seekers make up 16%⁶⁵ of the arrivals of displaced people and immigrants who arrived in Europe between January 2015 and November 2015⁶⁶. They represent, consequently, a **minority**.

Refugee and asylum-seeking women are **highly vulnerable** as they are exposed to several risks in their country of origin, during their journey to the host country, and at the moment of integrating into the host society. They flee from persecution in their home country on the grounds of their own ethnic, political, and religious belonging or of their family members'. This persecution has to be regarded as multidimensional since, in many cases, women are additionally persecuted or have to face heavier oppression because of their gender.

During their journey towards the host country, women are generally exposed to **greater risks** than men due to gender-based violence, trafficking in human beings, scarce healthcare assistance, and lack of reproductive health services. They moreover have to carry the burden of care for other family members, especially if they are single mothers. They are more likely than men to have limited financial means.

Women have to face further challenges in the host country, where **integration policies are not always gender-sensitive**. Refugee women cannot always attend language classes and training courses because they do not succeed in reconciling family care and training. Their previous professional career and education might not be properly recognised by the host country, which traps them into underqualified jobs

In addition, they experience **double discrimination** as women and foreign-born in the host country labour markets. In this situation, so called gender neutral active labour market measures do not take into account that refugee women encounter more difficulties than their male counter parts in finding a job since they are responsible for the children and family care. Moreover, because of their difficulties with childcare, access to training and language courses and the lack of recognition of their qualifications, they are often employed in low-paid jobs in the domestic labour sector.

Furthermore, because of the reduced access to training opportunities, the poor knowledge of the host country's language limits their possibility of integration, their sense of belonging, and their independence, as they will have to rely on other family members for translation and communication.

As for healthcare assistance, refugee women find it difficult to access the necessary information and have to face cultural barriers when accessing health care services. Their experience of violence as women and refugees hampers overcoming the flight experiences and to take a fresh start in the host country.

Nonetheless, female refugees and asylum seekers should not be considered as passive victims and inert recipients of assistance. Integration policies should aim at their **empowerment and independence**, tailoring services and integration measures provided by public institutions and NGOs on their specific needs (see also UNHCR, 2001). Taking into

⁶⁵ Data available at: UNHCR, 2016 and <http://data.unhcr.org/mediterranean/regional.php>. Visited on 2 February 2016.

⁶⁶ In total in 2015 the UNHCR estimates that some 1,015,078 people had reached Europe across the Mediterranean, mainly to Greece and Italy. Between 1 January and 22 February 2016 the persons arrived in Europe by the Mediterranean route are 105,479. The 20% are women. Data are available at : <http://data.unhcr.org/mediterranean/regional.php> Website visited on 23 February 2016.

account their specific needs would allow them to become active contributors to the host society. In this respect, gender-sensitive policies would include, among others:

- information dissemination concerning services and healthcare assistance;
- training of female cultural mediators who could assist refugee women in accessing services; and
- proper training aimed at enhancing refugee women's skills and education.

For the implementation of these measures, Member States should not hesitate to avail themselves of the possibilities provided by the European funds described in chapter 1.3.

Considering the relevance of the issue concerning female refugees' integration, it should be noted that policies aimed at **guaranteeing refugees' rights and wellbeing cannot be gender-neutral**, otherwise they are destined to fail. Gender is not a neutral element that can be neglected, but it constitutes one of the main dimensions of discrimination and violence female refugees have to cope with in their life path.

Finally, it should be recalled that, in addition to all the issues dealt with in this report, there are several other aspects connected with the legislative and procedural framework on the recognition of refugee status that compound an asylum seekers' situation. **Asylum seekers**, in fact, have not obtained the refugee status and therefore live in uncertainty in the host country. This condition hinders, from the very beginning, the asylum seekers' integration into the host country. For example, for women in particular, all of this is even more difficult if we consider that they can be mothers of **stateless children** when their kids were born outside the country of origin and may not enjoy any status recognised by the host country.

The European institutions, including the European Parliament should continue to raise awareness for the specific needs of asylum seeking and refugee women. Furthermore, they should continue to promote the exchange of promising practices for the integration of this vulnerable group, for example in the framework of the Open Method for Coordination.

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