



In partnership with

**Immigrant  
Council  
of Ireland**

and *Denise Charlton  
& Associates*

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# **HIDDEN STRUGGLES:**

## **FILLING INFORMATION GAPS REGARDING ADVERSITIES FACED BY REFUGEE WOMEN IN EUROPE**

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You remain in our minds and hearts, with sincere hopes for a future in dignity.

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W.C / SHOWERS  
بني المرافق والحمامات

← CHILD-FRIENDLY SPACE  
مكان خاص للأطفال

← BIG TENT  
الخيمة الكبيرة

← LEARNING CENTRE  
مركز تعليمي

RED CROSS CLINIC  
← العيادة الطبية

FEMALE-FRIENDLY SPACE  
← مكان خاص للنساء

↑ CAFE RITS  
المقهى

MOSQUE  
المسجد

**DISPLACED, STATELESS,  
ASYLUM-SEEKING AND  
REFUGEE WOMEN TYPICALLY  
FACE A NUMBER OF SPECIFIC  
ADVERSITIES. THESE INCLUDE  
GENDER-BASED VIOLENCE, A  
LACK OF ACCESS TO SEXUAL AND  
REPRODUCTIVE HEALTHCARE, AND  
AN ABSENCE OF ADEQUATE SAFETY  
AND SECURITY MEASURES,  
AMONGST OTHERS.**



While gender-based violence is an endemic problem affecting many millions of women and girls globally, occurring in many different forms across all societies and cultures around the world, the lack of protection mechanisms during conflicts and displacement mean that refugee women and girls become particularly vulnerable to this phenomenon and can face violence at any point throughout their journeys, as well as in their host/transit country, and both inside and outside of camps.

The European Commission's Anti-Trafficking Co-coordinator, Dr Myria Vassiliadou, recently stated that *"migration has become the new normal"* within global society.<sup>1</sup>

**IN 2015, THE WORLD SAW AN ESTIMATED 244 MILLION EXTERNALLY DISPLACED PERSONS.<sup>2</sup>**

Much of this movement is a direct response to abnormal conditions including instability, conflicts, violence, and mass human rights violations, with 65.3 million people having been displaced as a result of such circumstances in 2015.<sup>3</sup>

Such displacement has led to a perceived refugee crisis in Europe, as 2015 alone saw over 1.25 million asylum seekers register in EU Member States.<sup>4</sup> The scale of displaced persons seeking asylum in Europe has led to a response that, according to Oxfam, is characterised by a view of asylum seekers as an *"indistinguishable mass"*.<sup>5</sup> Such an approach, however, ignores the differentiated experiences and needs of displaced persons seeking asylum.

It is alarming that, excluding a few recent and notable examples, the overall situation for women and girls in camps and settlements in Europe is largely overlooked.

The specific rights violations, adversities and needs of women and girls tend to be underreported and undocumented, leaving this group at heightened risk and increasingly exposed to both long- and short-term repercussions.

Recognising that displacement and migration is increasingly becoming a gendered phenomenon (it is generally accepted that women make up around half of the total

number of displaced people globally, and that the majority

of refugees are made up of women and their dependents<sup>6</sup>), Oxfam's research seeks to establish the experiences and needs of displaced women, for the purpose of identifying an effective and gender-sensitive response to their particular situation. In order to achieve this, our research specifically focuses on the experiences of women in a number of Greek refugee settlements.

Within the European context, Greece has been at the centre of this mass displacement. Owing to its location, it represents a first entry point for most of those entering

Europe. While Greece originally acted as a transit country for asylum seekers hoping to access other Member States, the EU-Turkey Agreement and closure of Greece's northern border means it is now a country of reception for many.

**IN TERMS OF THEIR EXPERIENCES, IT IS RECOGNISED THAT WOMEN IN DISPLACEMENT TYPICALLY FACE A NUMBER OF SPECIFIC ADVERSITIES. THESE INCLUDE AN INCREASED RISK OF GENDER-BASED VIOLENCE (GBV), SUCH AS DOMESTIC VIOLENCE, SEXUAL VIOLENCE, FORCED PROSTITUTION AND TRAFFICKING.**

Such violence can occur in countries of origin, in transit, or upon arrival in refugee camps. According to a recent release of the European Union Agency for Fundamental Rights (FRA), for example, *"there is increasing evidence that gender-based violence is a major issue for migrant women and girls"* in Greek camps, arising from identified instances of sexual and gender-based violence, including early and forced marriage, transactional sex, domestic violence, rape, sexual harassment and physical assault.<sup>7</sup>

At the same time, there has recently been increased media coverage<sup>8</sup> which anecdotally highlights sexual and gender-based violence against women and girls in camps across Greece. These forms of violence took place both in the country of origin and during the journey to Europe, including at reception centres and other facilities once they arrived in the

<sup>1</sup> Myria Vassiliadou, 'Statement on behalf of the European Union and its Member States by Dr Myria Vassiliadou, EU Anti-Trafficking Coordinator, European Commission, at the Security Council Ministerial Open Debate on Trafficking in Persons in Conflict Situations' (New York, 20 December 2017) available at <<http://eu-un.europa.eu/eu-statement-united-nations-security-council-trafficking-persons-conflict-situations/>> accessed 06 January 2017.

<sup>2</sup> United Nations (Department of Economic and Social Affairs Population Division), 'International Migration Report 2015' (New York, 2016) available at <<http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2015.pdf>> accessed 06 January 2017.

<sup>3</sup> United Nations High Commissioner for Refugees, 'Global Trends Forced Displacement in 2015' (2016) available at <<http://www.unhcr.org/576408cd7.pdf>> accessed 06 January 2016.

<sup>4</sup> Eurostat, 'Record number of over 1.2 million first time asylum seekers registered in 2015' (March 2016) available at <<http://ec.europa.eu/eurostat/documents/2995521/7203832/3-04032016-AP-EN.pdf/>> accessed 06 January 2017.

<sup>5</sup> Oxfam, 'Gender Analysis: The Situation of Refugees and Migrants in Greece' (August 2016) available at <[https://www.oxfam.org/sites/www.oxfam.org/files/file\\_attachments/oxfam\\_gender\\_analysis\\_september2016\\_webpage.pdf](https://www.oxfam.org/sites/www.oxfam.org/files/file_attachments/oxfam_gender_analysis_september2016_webpage.pdf)> accessed 06 January 2017.

<sup>6</sup> Wazeha, 'Healing the Wounds of War: Narratives of Women from Armed Conflicts' (March 2016) available at <[http://wezeshadada.com/wp-content/uploads/2016/03/healing\\_the\\_wounds\\_of\\_war.pdf](http://wezeshadada.com/wp-content/uploads/2016/03/healing_the_wounds_of_war.pdf)> accessed 06 January 2017.

<sup>7</sup> European Union Agency for Fundamental Rights, 'Thematic focus: Gender-based violence' (2016) available at <<http://fra.europa.eu/en/theme/asylum-migration-borders/overviews/focus-gender-based-violence>> accessed 06 January 2017.

<sup>8</sup> Media coverage included pieces by the Guardian, e.g.: 'Greek Hospitals Deepen Trauma for Refugee Women Giving Birth' (19 December 2016) <<https://www.theguardian.com/global-development-professionals-network/2016/dec/19/greek-hospitals-deepen-trauma-for-refugee-women-giving-birth>> accessed 08 January 2016.

<sup>9</sup> Ibid.



Photo: Claire Veale

EU.<sup>9</sup> Similarly, the European Women's Lobby (EWL) published a report stating that "women and girls fleeing conflicts and travelling to or settling in Europe are at higher risk of suffering from male violence."<sup>10</sup> The group therefore calls for gender-sensitive asylum policies and procedures to help women and girls access their full human rights and escape gender-based violence.

The United Nations Refugee Agency (UNHCR), United Nations Population Fund (UNFPA) and the Women's Refugee Commission (WRC) produced an initial assessment report on the risks and responses for women and girls in Greece and Macedonia, concluding that there was "little evidence of SGBV prevention programming for refugees and migrants." The same report identified a "lack of

government-supported systems to identify and respond to SGBV concerns, and limited SGBV capacity and expertise among humanitarian actors."<sup>11</sup>

### IN ADDITION TO GENDER-BASED VIOLENCE, WOMEN IN DISPLACEMENT TEND TO FACE WOMEN-SPECIFIC ADVERSITIES IN THEIR DAILY LIVES.

Life in refugee camps and settlements is characterised by sub-par humanitarian standards and inadequate protection mechanisms and services. This aspect of displacement is seldom investigated or reported.

Noteworthy field research about reproductive rights of refugee women in Greece was carried out in September and October 2016 by Pleiades Law Group, Human Rights in Childbirth and the group Are You Syrious? This important research concluded that many refugee women suffer from life-threatening conditions and are denied assistance.

Similarly, Oxfam has highlighted difficulties in meeting the needs of women asylum seekers in Greek camps relating to inter alia their safety and security, access to general healthcare, issues surrounding their sexual and reproductive health, childcare, and access to education and information. Such reports, however, represents the few efforts to look at the complex dynamics impacting refugee women's lived realities. As a

result, women and girls often fall under the radar of advocacy and policy work aiming to resolve the humanitarian crisis unfolding in Europe.<sup>12</sup>

Yet, the need for a gender-sensitive approach to responding to the specific needs of women and girls seeking asylum has recently been recognised at European level. A motion of the European Parliament has urged that Member States implement measures that address this issue. In order to realise such an approach, it is vital that the actual experiences of women asylum seekers can be identified and addressed.

<sup>10</sup> European Women's Lobby, 'Time for EU action to implement gender-sensitive humanitarian response' (2016) available at <<http://www.womenlobby.org/Time-for-EU-action-to-implement-gender-sensitive-humanitarian-response-say?lang=en>> accessed 06 January 2017.

<sup>11</sup> UNHCR, UNFPA, Women's Refugee Commission, 'Protection Risk for Women and Girls in the European Refugee and Migrant Crisis' available at <<http://www.unhcr.org/protection/operations/569f8f419/initial-assessment-report-protection-risks-women-girls-european-refugee.html>> accessed 07 January 2017.

<sup>12</sup> After the completion of the Refugee Rights Europe field research study, we were made aware of the publication in December 2016 of an assessment by UNFPA, Women's Refugee Commission, International Medical Corps, Diotima and Oxfam which draws out important conclusions about the inadequacies of services and support provided for women; see: <[http://reliefweb.int/sites/reliefweb.int/files/resources/Women%27sRightsBriefingPaper\\_Greece2016.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/Women%27sRightsBriefingPaper_Greece2016.pdf)>



Focusing on the experiences of women in camps in Greece, this research seeks to unpack the lived realities of women asylum seekers and to further establish their needs so as to develop recommendations that can assist those responsible for providing services to that group.

In this context, Refugee Rights Data Project, in partnership with Immigrants Council of Ireland (ICI) and Denise Charlton & Associates, set out to conduct in-depth, first-hand research across refugee camps in mainland Greece.

**OVER THE COURSE OF A WEEK, FROM 7 TO 12 NOVEMBER 2016, A TEAM OF EXPERIENCED RESEARCHERS ALONGSIDE INTERPRETERS VISITED NINE DIFFERENT SETTLEMENTS AS WELL AS A NUMBER OF SQUATS AND COMMUNITY CENTRES IN GREECE, INVESTIGATING SPECIFIC ADVERSITIES FACED BY WOMEN IN DISPLACEMENT.**

It must be taken into account that this research focuses on a very specific context. At any given time, there are approximately 50 settlements in Greece, excluding a number of refugee-squats, which have emerged predominately in the Athens area. These settlements vary greatly in size, in the quality and extent of services provided, shelter type, and camp management arrangements.

Living conditions also vary dramatically between these sites. For instance, at the time of our research, Skaramagas Dock – a refugee settlement near Athens – was home to more than 3,000 refugees, while other camps housed less than 100. Moreover, while a few camps receive designated EU funding for a full range of services, others rely on smaller volunteer-led groups to fulfil basic needs such as healthcare or child protection. All these varied arrangements have a profound impact on the lives of refugee women, which became apparent in the accounts collected and subsequently shaped the resulting report narrative. It is also important to stress that the research does not cover the conditions on the islands and in additional areas of northern Greece – both of which fall outside the scope of our current research.

By the same token, the study provides a snapshot of a very specific period of time – a number of months after the EU-Turkey deal, the closure of the border with FYR Macedonia, and the eviction of the infamous Idomeni camp in northern Greece.

The situation for refugees in the country remains continually in flux, subject to change due not to the global political events but also local, organisational changes.

Nevertheless, the gender-specific adversities outlined in this report paint an alarming picture of the situation for women and girls in displacement in Europe, and call for firm and immediate policy action.



Photo: Claire Veale

**THE PURPOSE OF OUR  
FIRST-HAND DATA COLLECTION  
IS TO PROVIDE POLICY MAKERS,  
ADVOCACY GROUPS AND THE  
GENERAL PUBLIC WITH AN INSIGHT  
INTO THE CONDITIONS FACED  
BY DISPLACED WOMEN WITHIN  
EUROPEAN BORDERS BASED ON  
AUTHENTIC ACCOUNTS, SUCH AS  
PERSONAL STORIES AND OPINIONS  
OF THE FEMALE RESIDENTS IN A  
SELECTION OF CAMPS IN GREECE.**

Notwithstanding the important role played by United Nations Refugee Agency (UNHCR) and the International Organisation for Migration (IOM) with regard to data collection in many of the state-run camps in Greece, our independent study, which exclusively focuses on the female experiences, was conducted with the aim of informing public debate and contributing to a long-term resolution to the current humanitarian crisis affecting refugee women.

The study was coordinated by the Refugee Rights Europe Coordination Team, spearheaded by Marta Welander, with additional support from a field research coordinator from St Joseph University in Beirut who has led similar studies in Syrian refugee camps across Lebanon, and Denise Charlton, independent expert working on gender based violence and migration matters. Research trainers included social workers specialised in gender issues, trafficking, child protection and research methods. An external advisory committee with expert knowledge on violence against women, human trafficking, smuggling and migration was convened as a consultative resource to the study.

The study was undertaken in Greece from 7 to 12 of November 2016 and included three complementary research components:

## RESEARCH COMPONENT 1

38 direct interviews with female residents in three camps, which varied in depth and format due to the differing camp conditions.

## RESEARCH COMPONENT 2

Sex-disaggregated data from a survey conducted with 278 camp residents – 40.6% women – across the nine settlements (in English, Arabic, Dari (Farsi) or Kurdish).<sup>14</sup>

## RESEARCH COMPONENT 3

58 semi-structured interviews with service providers operating in camps and settlements, regarding both gender-specific issues and gender-sensitive services available. Interviewees included volunteers, entry-level staff, middle-management and top-level management.<sup>15</sup>



<sup>13</sup> In the course of the narrative, the terms 'displaced women', 'refugee women' and 'female residents in camps' will be interchangeably used with reference to women who are presently accommodated in the camps for refugees and there isn't a legal connotation linking these terms to international legal treaties etc.

<sup>14</sup> A detailed account of the methodology for Research Component 2 is available upon request.

<sup>15</sup> A detailed account of the methodology for Research Component 3 is available upon request.







The research team conducting the three Research Components included 25 academic researchers with relevant field experience and language proficiency in Arabic, Farsi, Dari and Kurdish, recruited from a pool of over 800 applicants.

**ALL THREE RESEARCH COMPONENTS WERE GUIDED BY ETHICAL CHECKLISTS THAT ARE UNDERPINNED BY DATA PROTECTION POLICIES, CHILD SAFEGUARDING POLICIES AND A ROBUST RISK REGISTER TO ENSURE THE SECURITY AND DIGNITY OF ALL PARTICIPANTS.**

All researchers attended a compulsory induction day in Greece to stress the importance of strict adherence to all Refugee Rights Europe policies.

All researchers were moreover required to adhere to Refugee Rights Europe's standard 'policy of referrals', meaning that each was carefully briefed about all available in-camp services in order to be able to refer interviewees to those who could provide assistance. Serious protection issues were reported to Refugee Rights Europe management and subsequently referred to camp management, service providers or UNHCR, as appropriate and required.

Importantly, the researchers conducting the main component of the women's study, Research Component 1, had extensive experience in working with vulnerable women – specifically in the areas of domestic and sexual violence and human trafficking. All were well aware of the World Health Organisation's ethical guidelines<sup>16</sup> for interviewing vulnerable women victims of trafficking. They were guided by the principle of “do no harm”, and the wellbeing of the respondents remained the paramount

consideration in their work, more important than the methodology itself. Researchers were also acutely aware of the limitations of such a data collection exercise under circumstances where basic needs are unmet, and were reminded to be mindful of Maslow's hierarchy of needs<sup>17</sup> in their pursuit of data throughout the process. This allowed researchers to amend the methodology with a view to ensuring the participation of women and their safety, while remaining ethical in their conduct as researchers.

The methodology for Research Component 1 had to be adapted in the course of the study. Due to the reality of

the camps, where suitable discrete settings for such interviews could not be achieved, it was necessary to be flexible and adapt the methodologies to allow also elements of a focus group. It must be acknowledged that there were significant limitations in applying both of these methods, and the eventual combined approach to data collection did not meet the original methodological requirements set out for the study. The research team nonetheless endeavoured to record individual women's stories and disclosures as truthfully and accurately as possible.

The contingent data collection strategy for Research Component 1 involved a combination of two approaches: in-depth interviews through an interpreter on a one-to-one basis, and semi-structured interviews conducted in the presence of other women from the camp who were trusted by the respondent. The latter format took place occasionally in certain camps, while in others interviews were partially conducted in the presence of family members. This group setting bore limited elements of a focus group which had a dual effect on the data collection. On the one hand, the presence

of female friends reassured respondents and encouraged open and assertive opinions but on the other, it would be safe to presume that women did not disclose their experiences to the fullest and kept some deeper issues to themselves. It became apparent from the outset that some women preferred to engage in the research while accompanied by their female friends. It was accepted that this choice not only offset possible apprehensions with regards the interview participation, but also decreased the risk in apparently walking to a designated area of the camp where research was conducted.

The study also needed to thematically adapt in order to accommodate the priority issues identified by the interviewees, which focused on the reality of life in the camp, whereby the problems with domestic and sexual violence assumed a secondary place. The varied arrangements in the camps and the harsh living conditions in some, had a profound impact on the lives of refugee women, which became apparent in the accounts collected and shaped the resulting report narrative. The research team identified and recorded a number of additional themes introduced by the respondents themselves and which were teased out in addition to the planned interview themes.

<sup>16</sup> See e.g.: <<http://apps.who.int/iris/bitstream/10665/42765/1/9241546255.pdf>>

<sup>17</sup> See e.g.: <<https://www.learning-theories.com/maslows-hierarchy-of-needs.html>>

**MANY WOMEN HAD  
EXPERIENCED WOMEN-SPECIFIC  
ADVERSITIES BEFORE EMBARKING  
ON THEIR JOURNEY TO EUROPE.  
HOWEVER, THE ONSET OF THE  
JOURNEY BROUGHT A WIDE ARRAY  
OF NEW DIFFICULTIES.**



## ABUSE BY SMUGGLERS

Echoing previous surveys, a number of women described “abuse by smugglers” during their journeys to Greece, for want of a safer, official route. Some reported experiencing violence and mistreatment, while others said they saw friends and family being hurt or killed. One respondent recalled:

**WHEN WE WERE LEAVING IRAQ TO TURKEY, THE SMUGGLERS PUT US IN A TRUCK THAT'S USUALLY USED TO CARRY ANIMALS WE WERE ALL SITTING ON TOP OF EACH OTHER BECAUSE THERE WAS SUCH LITTLE ROOM. IT FELT LIKE THERE WAS VERY LITTLE OXYGEN AND PEOPLE SEEMED TO BE CHOKING. FOR US THERE WAS A HAIRLINE BETWEEN LIVING AND DYING.<sup>18</sup>**

Another reported, “We came by dinghy boat. The boat was overcrowded – very dangerous – we were all hanging over the edge in danger of our lives. It collapsed and one of our friends drowned. We were rescued by Greece fishing boat.” A third woman revealed how smugglers stole all their money, and “seemed aggressive, threatening and dangerous”.<sup>19</sup>



Photo: Claire Veale

**WE WERE NOT DETAINED BUT THIS IS JUST LUCK. MANY PEOPLE DIED ON THE WAY – BUT WE DID NOT. MANY OF OUR FRIENDS WERE DETAINED AND BEATEN UP.**

<sup>18</sup> Research Component 1: Interviews with 38 refugee women.

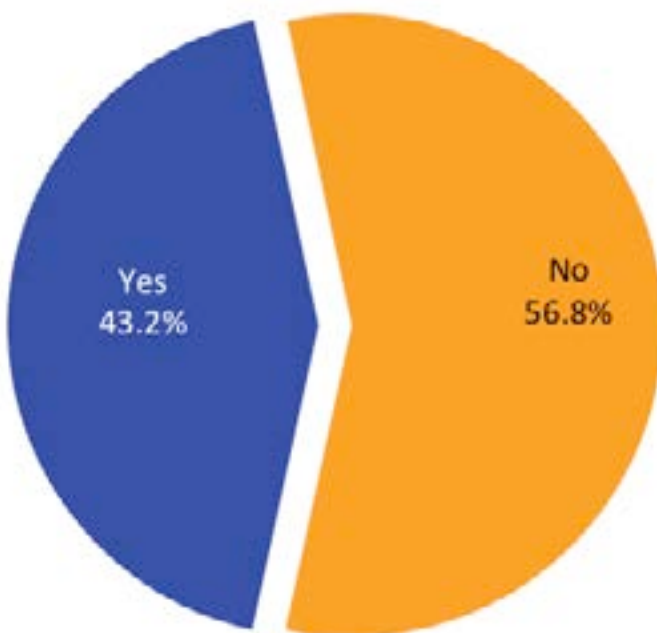
<sup>19</sup> Research Component 1: Interviews with 38 refugee women.

## DETENTION

43.2% of the women interviewed privately had been detained at some stage of their journey – some while they were pregnant – giving rise to a number of women-specific issues.

Women described the poor conditions that they had faced in Turkish prisons. One respondent, whose account was corroborated by several interviewees, and who was held for twelve days, explained how:

## WERE YOU DETAINED DURING YOUR JOURNEY?



**THERE WERE 2,000 PEOPLE TO ONE TOILET AND ALL THE MALE SECURITY GUARDS WOULD KEEP THE DOORS OPEN IN ORDER TO WATCH US AND LAUGH.**

Another respondent reported that she was held in jail for 15 days with her entire family. One bathroom was shared by about 300 families, and she was denied access to a shower. They were provided with basic food, but it was almost always infested with bugs.<sup>21</sup>

*"I was detained for 20 days and I was emotionally abused,"* reported one woman. *"We were not treated as humans. We were crying all the time. Our young children were crying. We were shouted at and abused by the prison guards and the police."*<sup>22</sup>

Equally alarming are reports of women being detained by smugglers or other armed groups at various stages of their journeys. *"I was detained once by robbers pretending to be police,"* said one woman. *"They brought us to a forest area and robbed us of all our money and valuables. Later we were kept in detention in Turkey."*<sup>23</sup>



<sup>20</sup> Research Component 1: Interviews with 38 refugee women.

<sup>21</sup> Research Component 1: Interviews with 38 refugee women.

<sup>22</sup> Research Component 1: Interviews with 38 refugee women.

<sup>23</sup> Research Component 1: Interviews with 38 refugee women.

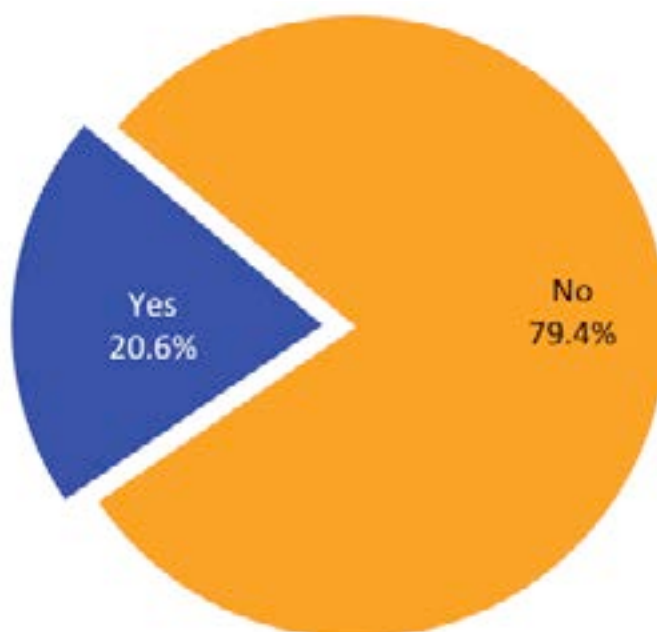
## PHYSICAL VIOLENCE

20.6% reported having personally experienced physical violence during the journey – the majority was committed by police or smugglers, but some were exposed to violence by men who they already knew.<sup>24</sup>

Some women reported to our researchers that they had witnessed Kurdish families in particular being mistreated in Turkey. One woman explained that her family had been treated relatively well in Turkey:

**IT WAS NOT AS BAD AS FOR THE KURDISH REFUGEES.<sup>25</sup>**

### DID YOU EXPERIENCE VIOLENCE DURING YOUR JOURNEY?



Across Europe, smugglers are known to target women who travel alone, and typically try to coerce women who lack financial resources into having sex<sup>26</sup> (sometimes referred to as 'survival sex'<sup>27</sup>). Service providers were aware of instances of trafficking and survival sex affecting women during their journeys. However, women themselves appeared unwilling to discuss in details these issues and the settings in the camps were often less than conducive for such disclosures.

## FORCED SEPARATION OF FAMILIES AND LACK OF TRANSPARENCY

Many women reported instances of arbitrary separation from their husband during the journey. This was generally described as a traumatic<sup>28</sup> experience because it was often executed in a non-transparent way, leaving them wondering whether they would ever be reunited. Describing her arrival in Greece, one woman explained:

**WHEN THEY ARRESTED US, THEY SEPARATED MEN FROM WOMEN AND CHILDREN. THEY WERE VERY ROUGH WITH THE MEN. I WAS TRYING TO PROTECT MY HUSBAND AS MUCH AS I COULD. THE KIDS WERE CRYING. IT WAS VERY TRAUMATIC.**

For some women, transportation to their first Greek camp from port of arrival was also experienced as a traumatic event. Women reported being loaded onto buses and driven for eight hours into the mountains without any explanation as to where they were going. On arrival, they were left to tender for themselves in cold, damp conditions.<sup>29</sup>

<sup>24</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>25</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>26</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>27</sup>. Research Component 1: Interviews with 38 refugee women.

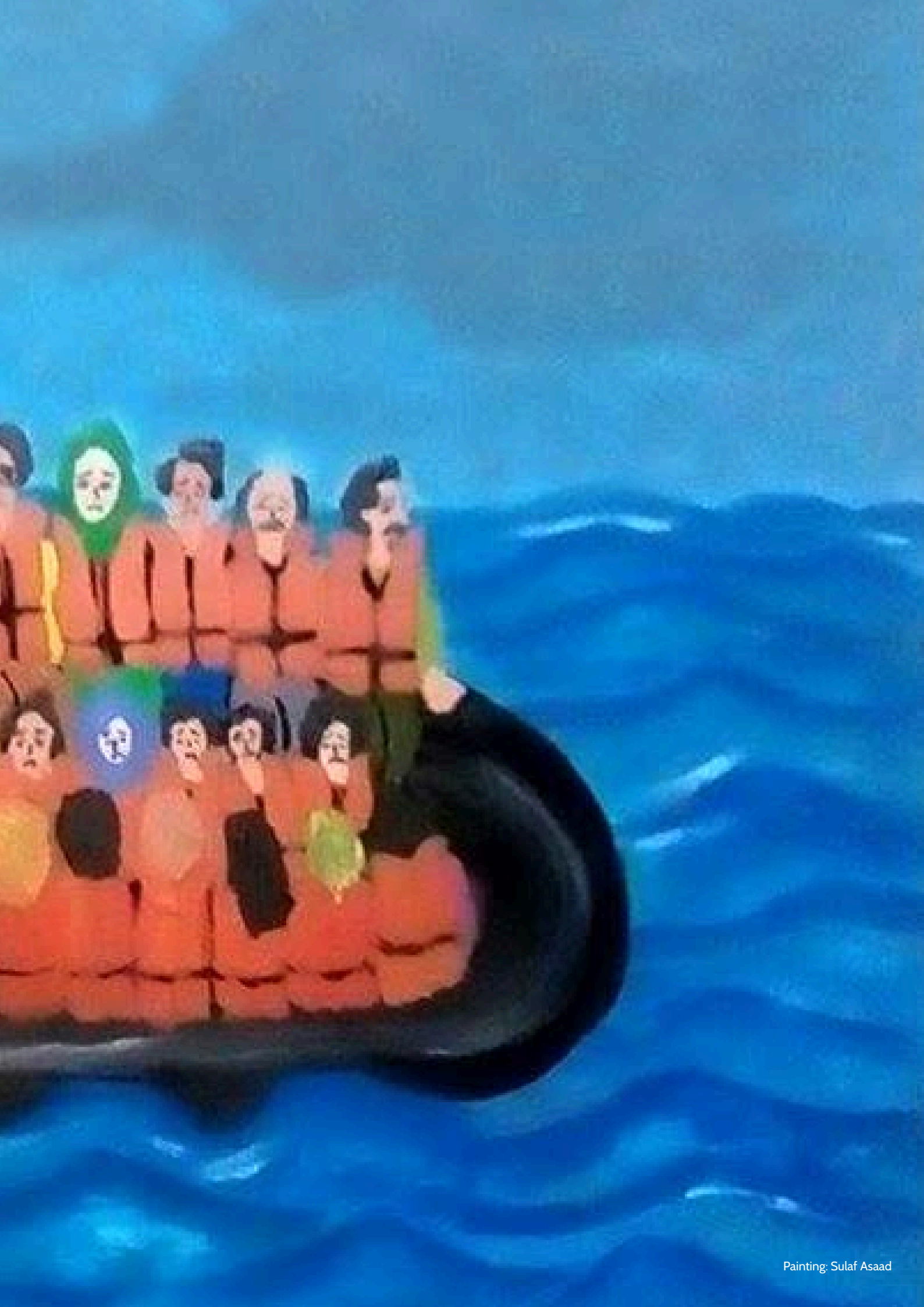
<sup>28</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>29</sup>. Research Component 1: Interviews with 38 refugee women.



THERE WAS A WOMEN ON OUR BOAT FROM TURKEY TO GREECE WITH FOUR KIDS, INCLUDING A NEW - BORN BABY. ABOUT THREE QUARTERS OF THE WAY THROUGH OUR BOAT BEGAN TO SINK AND WE STARTED TO SWIM. THE WOMAN TRIED TO GRAB THE KIDS TO STAY AFLOAT BUT COULDN'T MANAGE IN TIME SINCE SHE ALSO HAD THE BABY IN HER ARMS. THEY DROWNED. WHEN THE WORKERS FROM GREECE FINALLY ARRIVED TO PULL US OUT, SHE PUT THE BABY IN THE AIR UNTIL A WORKER TOOK HIM. THEN SHE DROWNED HERSELF. I CAN STILL REMEMBER HER FACE.





**LIVING CONDITIONS VARIED  
MARKEDLY BETWEEN – AND TO  
SOME DEGREE EVEN WITHIN – THE  
CAMPS STUDIED, WHICH RESULTED  
IN A WIDE RANGE OF DIFFICULTIES  
FOR THE WOMEN LIVING IN THEM.**



Some sites' rural, remote and unfavourable locations – such as those located in mountain or forest areas – led to additional adversities due to their harsh climates or the presence of wild animals.

The research findings in this section seek to paint an overall picture of the lived realities and daily experiences of refugee women in Greece; the majority of whom had been in the country for eight months or more following the closure of the FYR Macedonia border in early spring 2016.

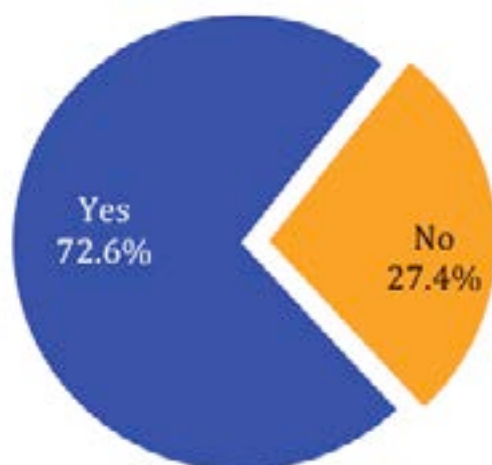


Photo: Claire Veale

### WATER, SANITATION AND LIVING CONDITIONS

Among the women surveyed as part of our general human rights survey targeting 278 individuals in total (48% of whom were women), 28.6% of women didn't have enough water to shower and wash themselves. 60.7% reported that they could not wash or shower anytime they wanted – primarily due to security concerns, camp rules (depending on the camp they resided in), and a lack of hot water. The majority said they were not able to wash with hot water.<sup>30</sup>

**DO YOU HAVE ENOUGH WATER TO SHOWER AND WASH?**



**CAN YOU SHOWER AND WASH ANYTIME YOU WANT?**

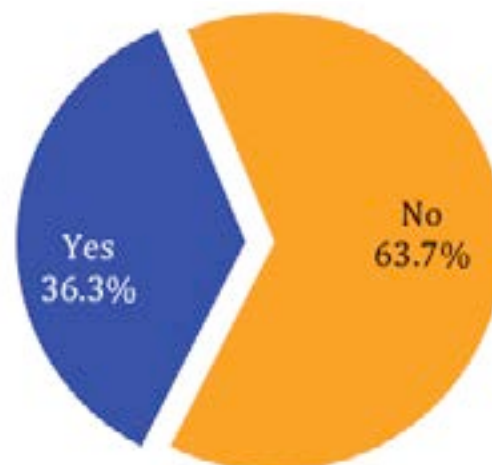
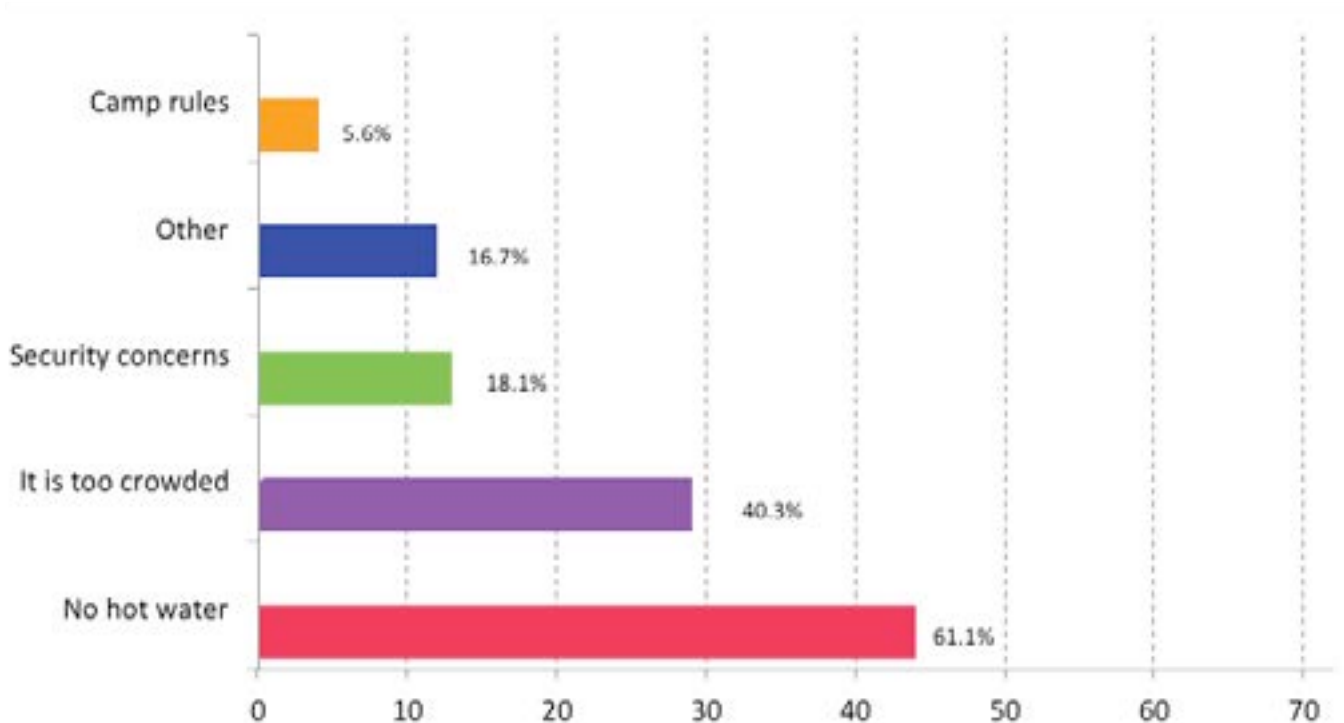


Photo: Claire Veale

30. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

### WHY CAN YOU NOT SHOWER ANYTIME YOU WANT?



39.3% of women said their shelter leaked water when it rains.<sup>31</sup> This issue is of particular concern for those living in mountainous areas in the north-western part of Greece, where the precipitation is high throughout the year. In this region adverse weather conditions and systemic rainfall make tents generally unsuitable and particularly inappropriate for use over extended periods of time.

**WOMEN REPORTED PARTICULAR DIFFICULTIES WITH THE DRYING OF THEIR HAND-WASHED CLOTHES IN THE MOUNTAIN CAMPS, WHICH PRESENTED A SIGNIFICANT CHALLENGE.<sup>32</sup>**

Moreover, 53.6% reported significant infestations of pests, such as rats, mice and bugs in their camp, making it a particularly inhospitable and unhealthy environment to live in with their families.<sup>33</sup> There was a situation reported in one of the rural camps, where wild boars and snakes made female residents fearful and concerned about attacks upon residents near the toilets areas at night.

(See Part Four on safety and security for more information).

<sup>31</sup> Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>32</sup> Research Component 1: Interviews with 38 refugee women.

<sup>33</sup> Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

## INADEQUATE FACILITIES MAKING DAILY LIFE A STRUGGLE

Our overall research findings indicate that daily life for women in the camps is a struggle in several respects. Many reported that life is different for men and women, and introduced topics that immediately struck the researchers as highly women-specific.

**IN SEVERAL OF THE CAMPS STUDIED, WOMEN APPEARED TO BE BEARING A DISPROPORTIONATE BURDEN OF FAMILY DUTIES – A DYNAMIC WHICH TENDS TO BECOME EXACERBATED IN IMPOVERISHED SITUATIONS.**

The living conditions of the camps in rural areas, both in southern Greece and in the north-western region of Greece, were so dire that everyday survival fully occupied women's attention.

Therefore, practical details of the life in the camp, such as food preparation, washing-up, and family healthcare appeared to be their main priorities.<sup>34</sup>

In many of the camps, women have no option but to wash clothes and dishes by hand. The

lack of designated spaces and facilities made this activity exceptionally time-consuming and tiring, with outdoor drying of clothes in camps located in wet mountain areas causing significant frustration. Across the country, the enormity of this task resulted in many

mothers refusing to allow their younger children to participate in outdoor activities because they get very dirty, which leads to yet more laundry. A large number of women expressed concerns and demonstrated various dermatological

conditions they have developed as a result of the hand washing labour.<sup>35</sup>

Along the same lines, women reported that food preparation is particularly burdensome because they did not have access to adequate facilities or an alternative supply of nutritious food. In some camps studied, women had set up improvised facilities for outdoors cooking near their shelters. For example, keeping a metal barrel underneath their caravans, which could be adapted into a makeshift wood-fired oven. However, many reported that they could rarely use these facilities –



Photo: Claire Veale

<sup>34</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>35</sup>. Research Component 1: Interviews with 38 refugee women.

firstly, because they had very little spare money for food and, secondly, because of the damp, rainy weather.<sup>36</sup>

As a result, many were forced to feed their families with food boxes provided three times each day by a caterer contracted by the Greek army, which was generally considered by camp residents to be unhealthy, tasteless and of poor quality. In one camp, women reported that residents had held several protests over the poor conditions of the army food distributed. In one of the camps, an independent volunteer had set up a café providing fresh food products for camp residents to cook with.<sup>37</sup> Many women cited this service as invaluable, while one woman said:

**I DON'T GO TO [THE CAFE].  
I THINK IT IS HUMILIATING  
TO BE GIVEN BAD FOOD BY  
EUROPE AND TO RELY ON THIS  
VOLUNTEER TO SURVIVE.  
IF MY CHILDREN WANT, THEY  
CAN GO THERE FOR A FRUIT  
OR SOMETHING.<sup>38</sup>**

Despite cooking outdoors in primitive conditions being tough, women considered the opportunity to cook healthy and nutritious food for their families very important. A heavy daily burden, the task came to consume much of their time and energy.<sup>39</sup>

## CAMP MANAGEMENT POLICIES REINFORCING GENDER INEQUALITIES

Pre-existing gendered power relations were observed among camp residents. These appeared to be reinforced by camp management decisions at certain sites and became obvious in relation to two particular issues as reported by women: differential payment and access to contraceptives.

As regards differential payment, camp management at some sites nominated a member of the family as its 'head'. Without reported

exceptions this was the male partner, according to the women interviewed.

**HE WAS GIVEN €90 PER MONTH,  
WHILE ALL OTHER FAMILY  
MEMBERS, INCLUDING WOMEN AND  
CHILDREN, WERE GIVEN €50 EACH.**

Women complained that this amount was not sufficient to secure the necessary food and other material subsistence for the family. Some also reported that the men did not contribute their €90 towards family costs, as this payment was interpreted as a personal reward for the role as 'head' of the family.<sup>40</sup>

Secondly, in some camps access to contraception was reportedly only made available to men. Condoms were offered only to the male partners to be used according to their own judgement, essentially putting them in charge of family reproduction decisions. Some women who wanted control – either by taking contraceptive pills or getting an IUD – had their requests to the health service providers in the camp declined, which they found frustrating.<sup>41</sup>

(Refer to Part Seven on sexual and reproductive health for more detailed research findings around this topic.)<sup>42</sup>

<sup>36</sup> Research Component 1: Interviews with 38 refugee women.

<sup>37</sup> Research Component 1: Interviews with 38 refugee women.

<sup>38</sup> Research Component 1: Interviews with 38 refugee women.

<sup>39</sup> Meanwhile, it should be noted that women in other camps had access to electrical cooking facilities in their more advanced container-like shelters (so-called Iso Boxes).

<sup>40</sup> Research Component 1: Interviews with 38 refugee women.

<sup>41</sup> Service providers did not corroborate the existence of such specific policy. Apparently according to the Sexual Health officers, the various contraceptives with the exception of condoms are very expensive and difficult to procure in Greece. In a separate round of interviews with service providers, our researchers were informed that a major healthcare provider was going to start offering coils in one of the rural camps, and that another camp already offered it.

<sup>42</sup> Research Component 1: Interviews with 38 refugee women.





PRESENTLY MY ARM IS SWOLLEN FROM THE HARD LABOUR IN THE CAMP – THE HAND WASHING, THE COOKING OUTSIDE AND THE CLEANING OF DISHES WITH COLD WATER. I AM NOT GETTING ANY MEDICATION FOR IT.

**WOMEN EXPERIENCED A RANGE OF HEALTH PROBLEMS DURING THEIR TIME IN GREECE, OFTEN DUE TO THE UNHYGIENIC CONDITIONS AND DEMANDING LIFESTYLES EXPERIENCED IN THE CAMPS.**

Based on survey findings, 76.1% of women respondents had experienced health problems during their time in the camps. Meanwhile, 88.4% said they had sought medical care. 29% described this medical care as 'bad' or 'very bad', while 47.4% said it as 'OK', and 23.7% either 'very good' or 'excellent' <sup>43</sup>.

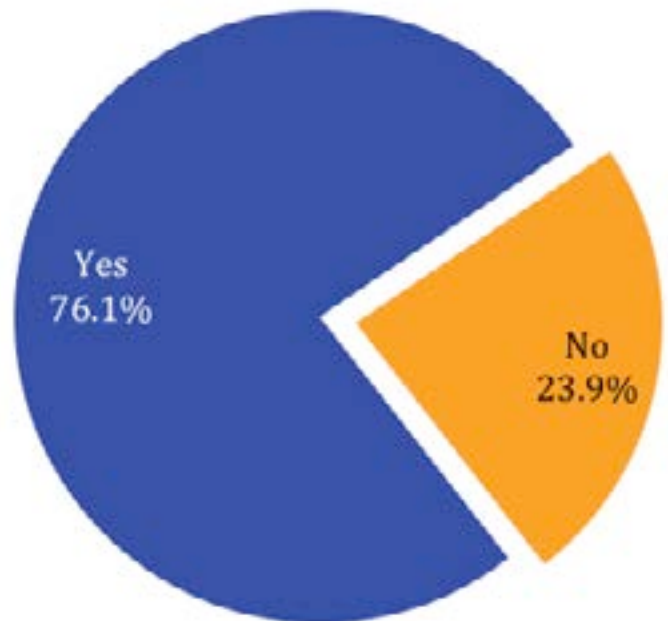
## A LACK OF MEDICAL SUPPLIES AND TREATMENT WAS THE BIGGEST CONCERN ABOUT HEALTHCARE IN THE CAMPS.

Many respondents reported that they had experienced long waiting times to see a provider, and that paracetamol was prescribed in relation to wide range of medical issues. A number of women said they were turned away when requesting other forms of medicine, and told that they would need to purchase these products using their own monthly financial support. One woman explained:

THEY SAID TO BUY [THE MEDICINE] OUT OF THE MONEY THAT WE GET. BUT I HAVE TO USE THIS MONEY FOR FOOD.<sup>44</sup>

26.7% of women survey respondents who had experienced health problems described these generally as mental health issues rather than physical ailments.<sup>45</sup> Among the women interviewed privately, 81.1% said they 'constantly feel depressed' or 'feel depressed most of the time'. Meanwhile, 89.2% of the women interviewed privately said they 'always feel anxious' or 'feel anxious most of the time' in the camp.<sup>46</sup>

## HAVE YOU EXPERIENCED ANY HEALTH PROBLEMS IN THE CAMP?



## WHAT HEALTH PROBLEMS HAVE YOU EXPERIENCED IN THE CAMP?

It is linked to sexual health

It is linked to pregnancy

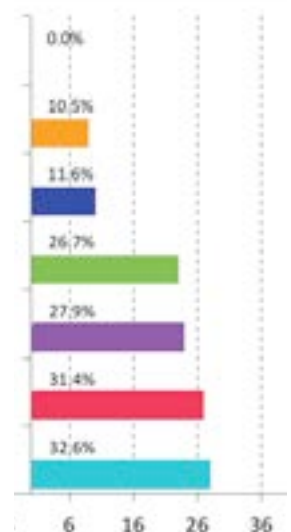
It is a disease spread inside the camp

It is not a physical health problem, it is about feeling extremely sad

Other

I think it started because of the unhealthy environment in the camp

It is a common health problem which could happen anywhere



<sup>43</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

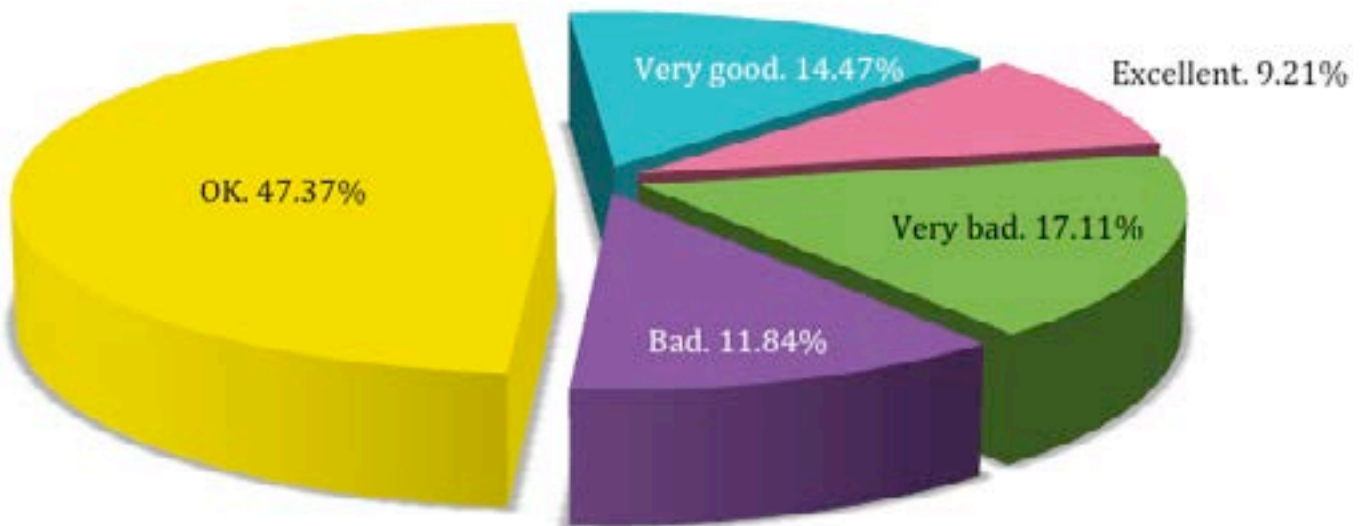
<sup>44</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>45</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

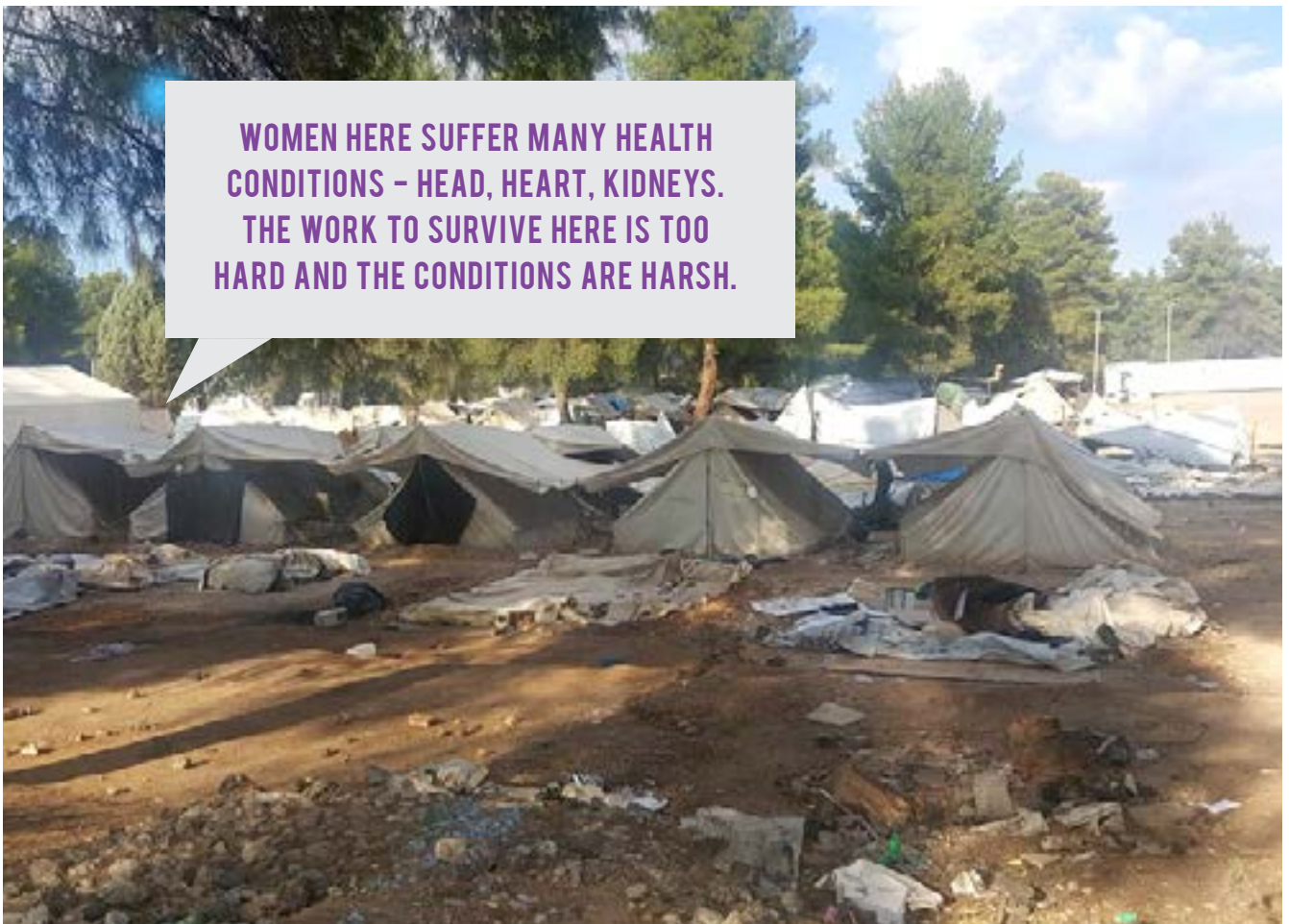
<sup>46</sup>. Research Component 1: Interviews with 38 refugee women.



HOW WOULD YOU DESCRIBE THE MEDICAL CARE YOU RECEIVED?



WOMEN HERE SUFFER MANY HEALTH CONDITIONS – HEAD, HEART, KIDNEYS. THE WORK TO SURVIVE HERE IS TOO HARD AND THE CONDITIONS ARE HARSH.



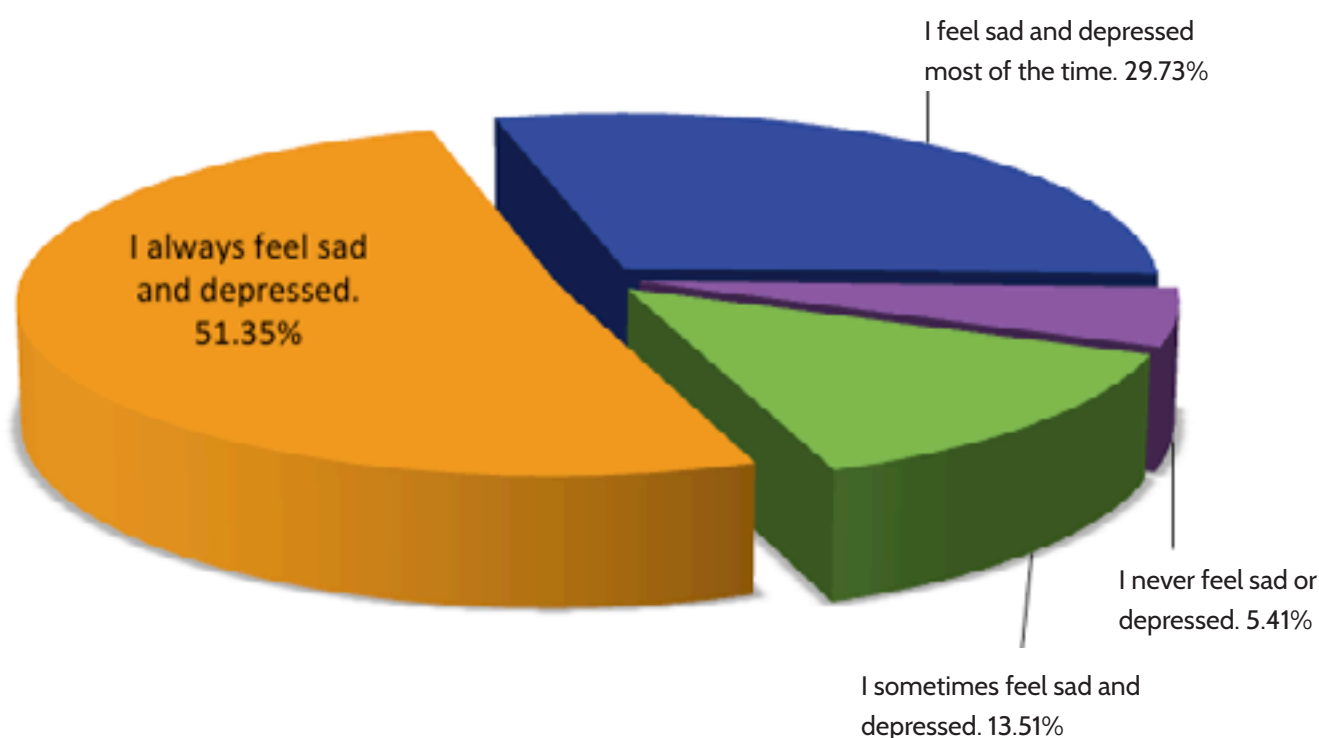


Alarming, several women interviewed specifically reported suffering from depression or severe depression. One of the women said that she had been having suicidal thoughts.<sup>47</sup> When she sought help from healthcare providers in the camp they merely offered a therapy session with poor interpretation which she said only made her feel worse.<sup>48</sup>

Another woman told us, “I am very depressed and fight with my children and husband. Others are the same. We don’t get enough support. I only get paracetamol, and I need emergency support. I want to be referred to a specialist who can help me.” During another interview, our researchers were told:

**I SHAKE SO MUCH AND WANT TO BREAK SOMETHING OR HURT MYSELF. THEY HOLD ME DOWN AND I AM SCARED IF I WILL HIT MY CHILDREN.<sup>49</sup>**

### DO YOU HAVE FEELINGS OF DEPRESSION?

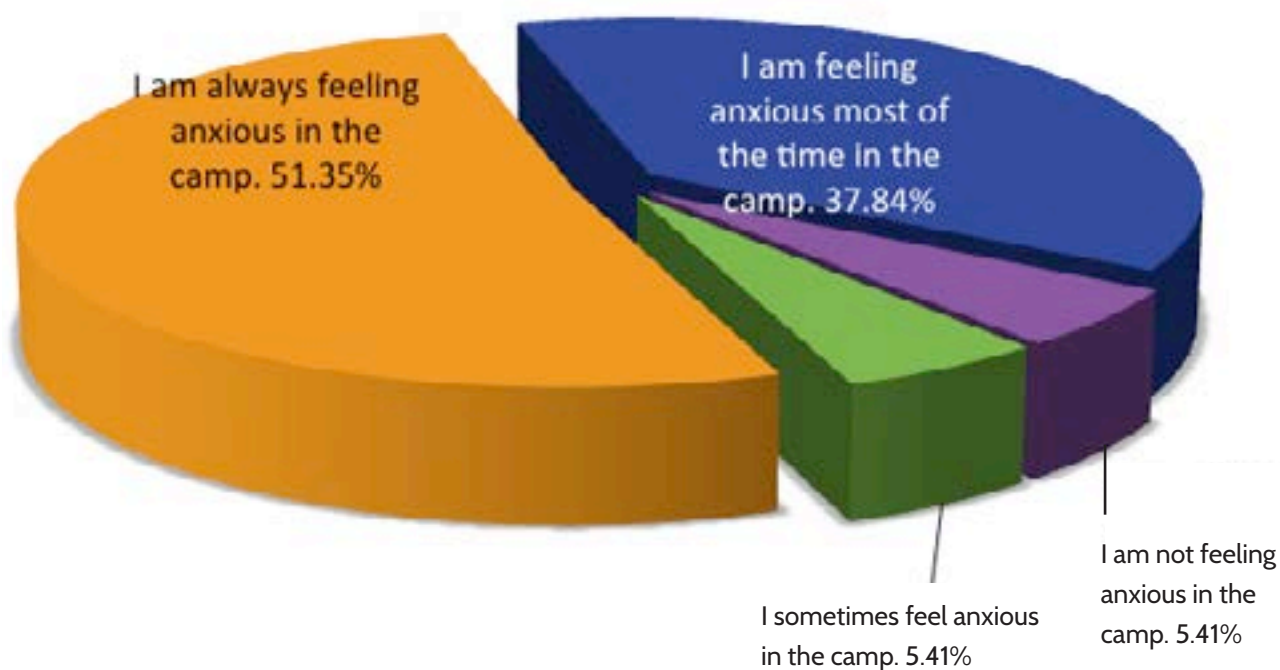


<sup>47</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>48</sup>. Refugee Rights Europe’s coordination team – upon request by the woman herself – referred this case to the camp management and UNHCR headquarters and urged them to take appropriate urgent action.

<sup>49</sup>. Research Component 1: Interviews with 38 refugee women.

## DO YOU HAVE FEELINGS OF ANXIETY?



Some women reported that they had been to hospital for their depression. They received a drip, but some did not know what this was and reported that it did not help their condition. One woman explained:

**I SEE THE PSYCHOLOGIST BUT IT IS NO GOOD, IT DOESN'T HELP THE DEPRESSION. I EXPERIENCED EPISODES AND WENT TO HOSPITAL AND GOT AN IV DRIP. I DON'T KNOW WHAT IT WAS.<sup>50</sup>**



Painting: Sulaf Asaad

<sup>50</sup>. Research Component 1: Interviews with 38 refugee women.



IT IS JUST HARD TO SURVIVE DUE TO THE HARD LIFE AND LACK OF MEDICAL CARE. ALL MY CHILDREN ARE SICK. WE ARE SICK. THE DOCTORS NEED TO PAY ATTENTION TO US AND HELP US WITH MEDICATION. NOT JUST TO LIST WHAT WE SHOULD AND SHOULD NOT DO. WE KNOW SMOKING IS BAD. WHAT ELSE IS THERE TO DO? ONE COULD GO CRAZY.

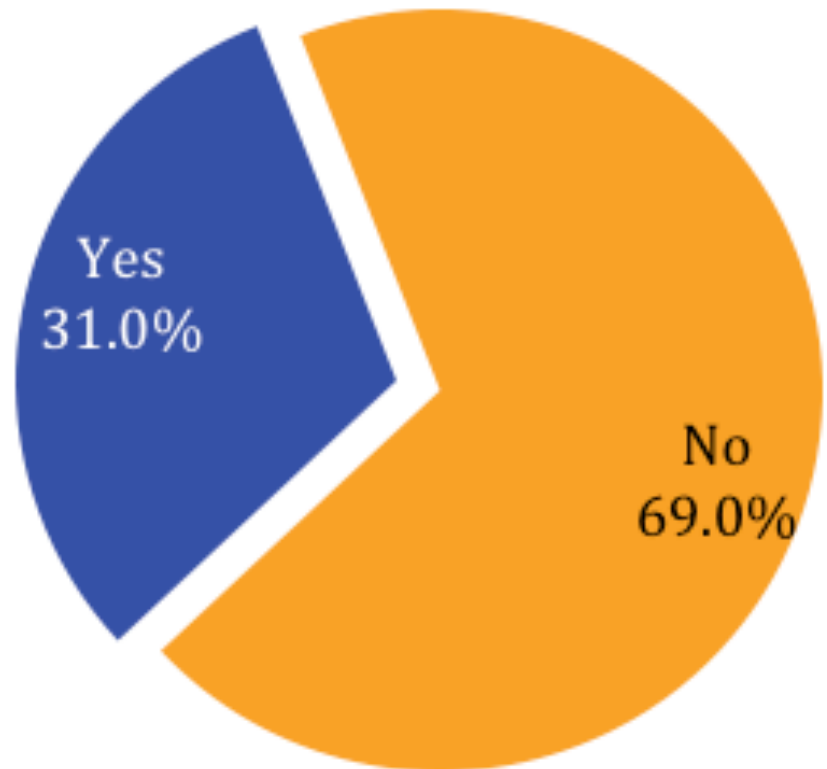
**SAFETY AND SECURITY  
TENDS TO BE A MAJOR  
CONCERN FOR WOMEN AND  
GIRLS IN DISPLACEMENT.**



46.4% of women surveyed reported that they 'don't feel safe at all' or 'don't feel very safe' in their camp.<sup>51</sup> One reason is that 69% of respondents didn't have a safe lock on their shelter<sup>52</sup>, and many camps were unprotected against external persons entering. Regarding the unmonitored entry, one woman told us:

**THERE WAS ONCE A CAR THAT WOULD JUST DRIVE AROUND THE CAMP FOR A FEW DAYS IN A ROW AND NO ONE HAD ANY IDEA WHO IT WAS. WE HEARD FROM GREEK LOCALS TO BE WARY BECAUSE THEY HEARD OF A SIMILAR CAR KIDNAPPING PEOPLE BUT THIS NEVER ENDED UP HAPPENING.<sup>53</sup>**

### DO YOU HAVE A SECURE LOCK ON YOUR SHELTER?



### DO YOU FEEL SAFE IN THE CAMP?



<sup>51</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>52</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>53</sup>. Research Component 1: Interviews with 38 refugee women.

37.8% of women interviewed privately said they didn't feel safe going to the toilet.<sup>54</sup>

Although many camps have installed women-only toilets and showers, these are seldom monitored and clustered in an area of the camp that is remote for some women.

They are often used randomly by men at night and are not able to guarantee women's safety. Those women who said they did feel safe going to the toilet tended to have toilets inside – or annexed to – their shelters. Others were afraid of going at night, and had to go in groups or accompanied by their husband, or would wait until the morning. The majority – 69.4% – reported that they were unable to go to the toilet at night. This included pregnant

women who needed to go to the toilet frequently.<sup>55</sup>

A large number of women reported safety issues relating to wild animals in the camps. In several camp settings, this included snakes and wild boars.<sup>56</sup>

Meanwhile, a number of women cited ethnic tensions inside the camp as a factor making them feel unsafe. *"There are fights between the different people – Afghan, Iraqi Kurds, Syrian Arabs,"* said one. *"The young men often get into arguments. This is dangerous when it happens."*<sup>57</sup>

In total, 48.6% of women we interviewed had seen someone being mistreated in the camp.<sup>58</sup>

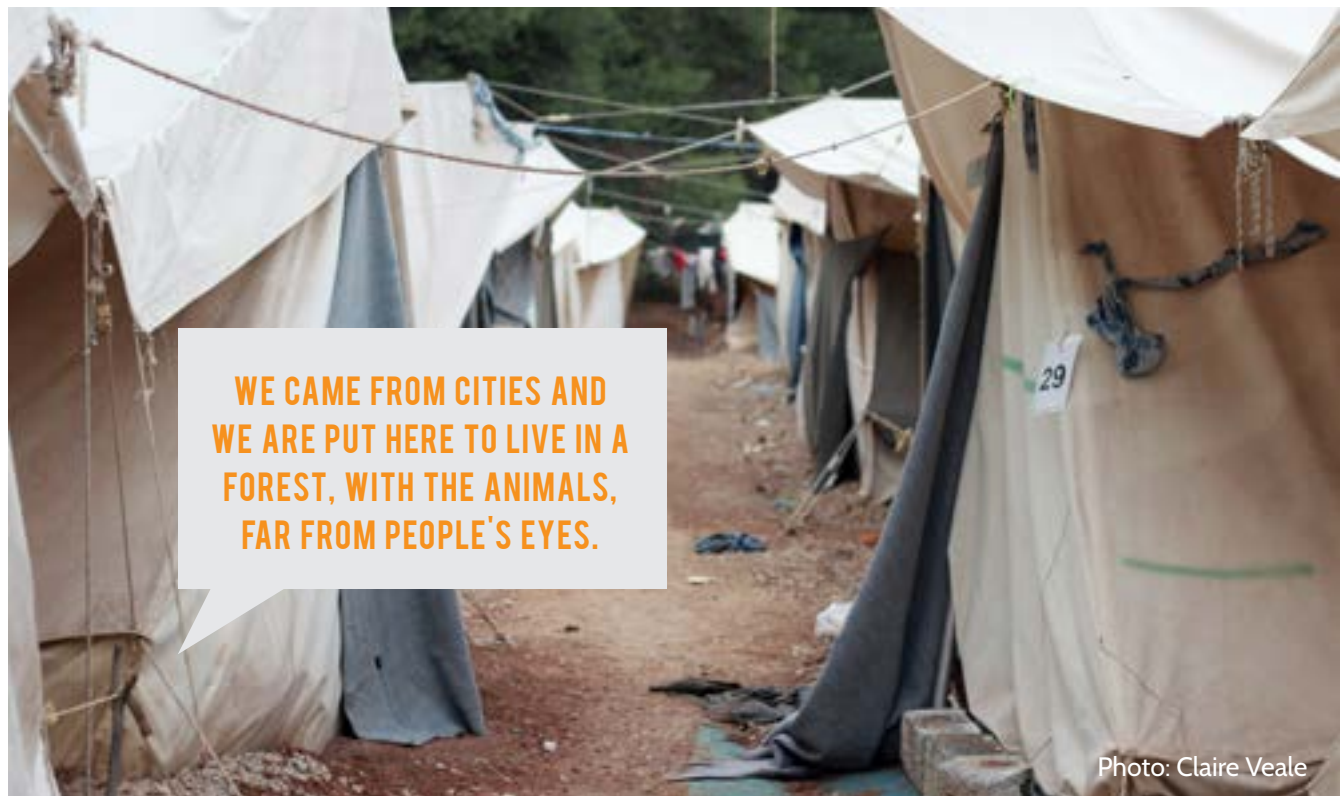


Photo: Claire Veale

<sup>54</sup>. Research Component 1: Interviews with 38 refugee women.

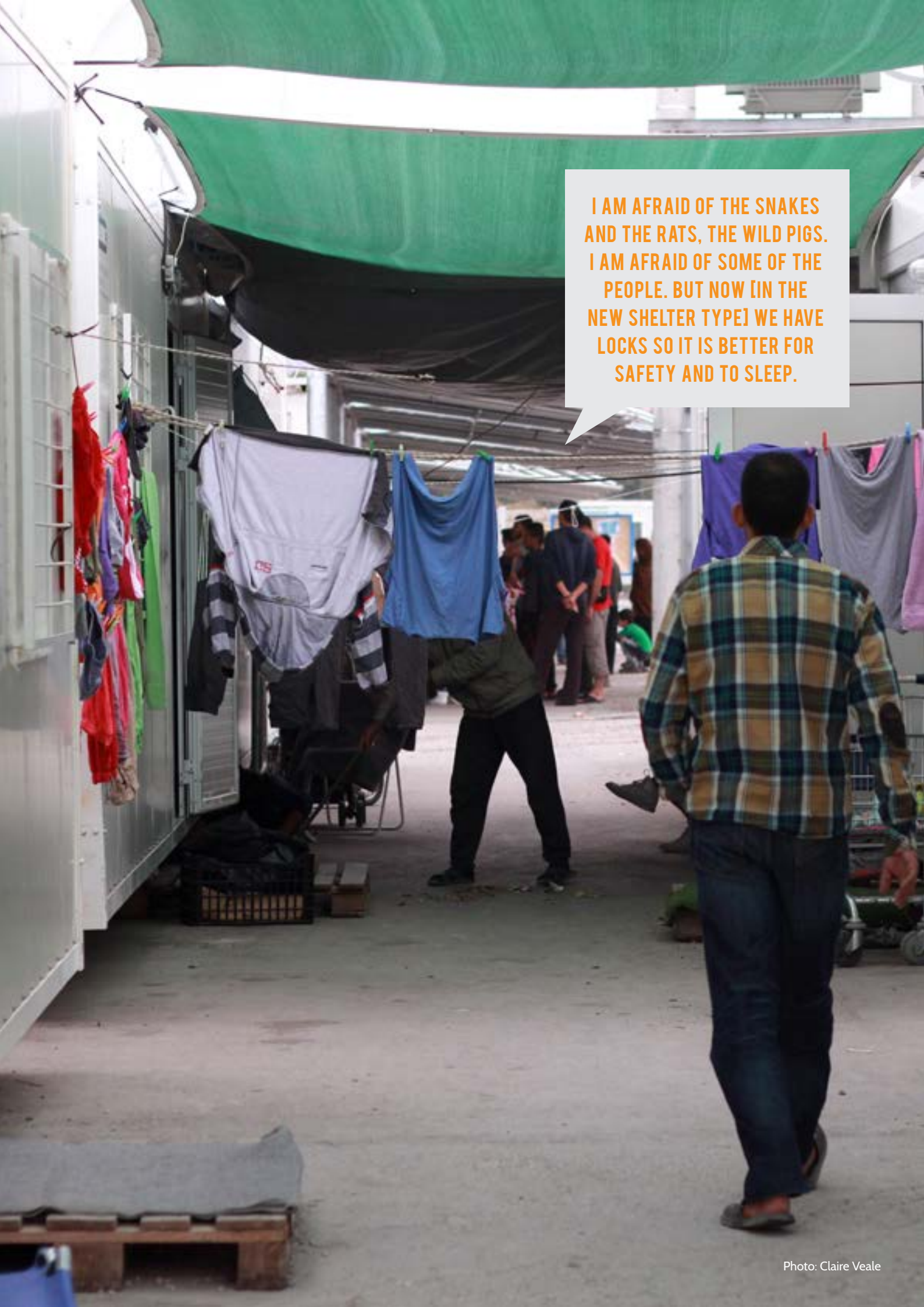
<sup>55</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>56</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>57</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>58</sup>. Research Component 1: Interviews with 38 refugee women.





I AM AFRAID OF THE SNAKES  
AND THE RATS, THE WILD PIGS.  
I AM AFRAID OF SOME OF THE  
PEOPLE. BUT NOW [IN THE  
NEW SHELTER TYPE] WE HAVE  
LOCKS SO IT IS BETTER FOR  
SAFETY AND TO SLEEP.

**THE MAJORITY OF WOMEN  
INTERVIEWED DURING THE  
RESEARCH STUDY WERE ALSO  
MOTHERS, WHICH ADDS TO THE  
COMPLEXITIES AND STRUGGLES  
OF CAMP LIFE.**



NGOs and volunteers have set up 'mother and child spaces' and 'female friendly spaces' in many camps, along with the opportunity for mothers to attend activities/classes of their own. However, some 'female friendly spaces' have a policy of only allowing access to mothers with babies younger than two years of age, which excludes many from using the facilities.



Photo: Claire Veale

## ISSUES WITH ACCESS TO EDUCATION FOR CHILDREN

The Greek government, in a positive move, aims to make schooling available for all refugee children in Greece – predominately in local schools, where they receive maths, arts, and English and Greek language classes from 2pm to 6pm. However, reactions from local schools varied widely.

**WHILE SOME CHILDREN WERE WELCOMED WITH WARM APPLAUSE AND CHEERS, OTHERS EXPERIENCED HARSH TREATMENTS FROM LOCALS.**

In one instance, parents locked the school gate and waved Greek flags in protest, stating that refugee children had not been vaccinated against infectious diseases.<sup>59</sup>

Some women reported that this unwelcoming environment discouraged them from sending their children to local schools. One respondent said that *"the parents did not want refugee children"* and *"children were fighting"*, so her children no longer participate in the programme.<sup>60</sup>

A number of mothers said they choose not to send their children to school because of the embarrassment of not being able to clothe them properly. One respondent explained:

**I DON'T KNOW HOW MUCH MORE HUMILIATION I CAN TAKE. I HAVE TO SEND MY KIDS TO SCHOOL EVERY DAY IN THEIR PYJAMAS. AS A MOTHER, THIS IS REAL PAIN.<sup>61</sup>**

Others reported long waiting periods, or transport issues interfering with schooling. One service provider said, *"All the children are registered for the local school. A bus was requested as it is a 30 minute walk along the highway. But no bus was sent, so the 60 children from the camp were unable to go to school."*<sup>62</sup>

Meanwhile, the amount and quality of education provided within camps varied widely between different sites. One respondent told us that there are few programmes for children around the camp. Her daughter is now nine-years-old and has *"never stepped foot in a classroom"*.<sup>63</sup>

In total, 40% of women interviewed privately did not feel safe sending their children to school or activities in the camp.<sup>64</sup> Poor hygiene levels within on-site facilities also put mothers off sending their children to classes. For instance, one woman reported that she didn't want to send her children to camp activities again because each time they return with lice.<sup>65</sup>

<sup>59</sup>. See e.g.: <<http://www.telegraph.co.uk/news/2016/10/11/greek-parents-padlock-school-against-refugee-children-as-educati/>>

<sup>60</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>61</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>62</sup>. Research Component 3: Interviews with 58 service providers.

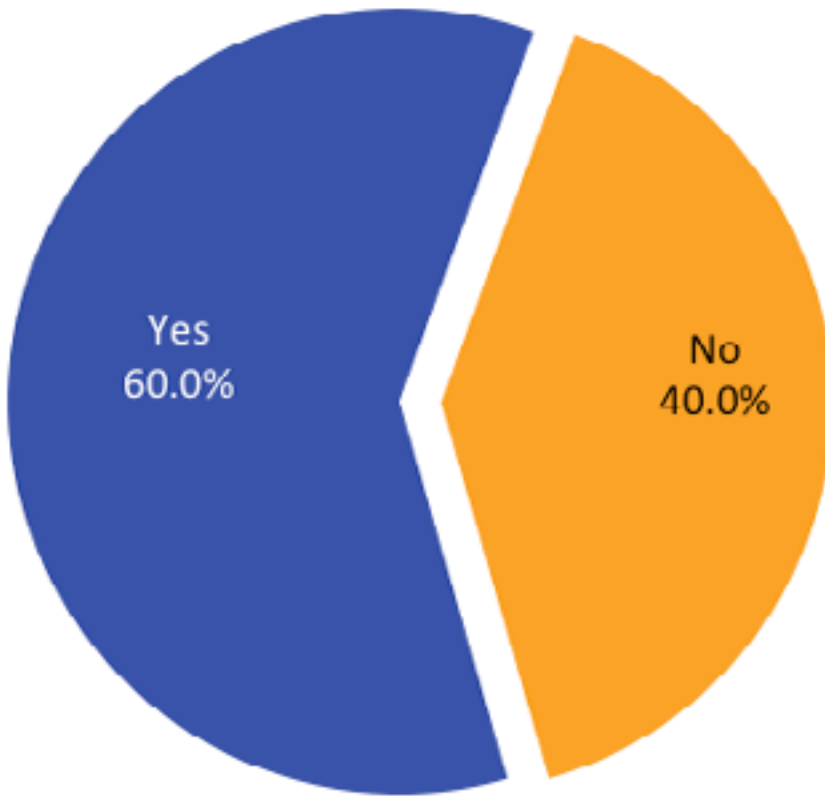
<sup>63</sup>. Research Component 1: Interviews with 38 women.

<sup>64</sup>. Research Component 1: Interviews with 38 women.

<sup>65</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

**DO YOU FEEL SAFE SENDING YOUR CHILDREN TO SCHOOL?**

Meanwhile, other women valued educational opportunities in the camp highly. One woman said:




**THERE IS A SCHOOL FOR THE CHILDREN. AT LEAST THIS. THEY LEARN ALMOST NOTHING, MAYBE FIVE GREEK WORDS A DAY. BUT I STILL INSIST THAT MY CHILDREN GO – FOR THE IDEA OF EDUCATION... THEY HAVEN'T HAD SCHOOL FOR NEARLY THREE YEARS.<sup>66</sup>**



Photo: Aoife Collins Boulton

<sup>66</sup>. Research Component 1: Interviews with 38 women.



EVERY DAY I CRY, BECAUSE  
I AM SO WORRIED ABOUT  
THE FUTURE OF MY CHILD.  
I WANT HER TO BE SAFE,  
THAT'S ALL I WANT. AND  
RIGHT NOW THERE IS NO  
CERTAINTY OF THAT.



## CONCERNS ABOUT CHILDREN'S HEALTHCARE

Many women interviewed expressed deep concerns about the health of their children, and felt that the authorities were not doing enough to redress the situation. "All my children got sick," said one woman, describing how one suffers from apnoea and asthma, another from calcium deficiency and kidney problems, and a third from skin problems and dermatitis – partly due to the poor living conditions in the camp.<sup>67</sup>

Some experienced issues accessing emergency healthcare for their children. Another woman explained, "*I demanded an ambulance because my baby couldn't breathe. This wasn't taken seriously enough. Eventually [the service provider] called the ambulance, and then I was kept with the baby for four days in hospital in Athens.*"<sup>68</sup>

Women also reported issues with securing basic needs, such as infant formula, for their children. One described how she was referred to a major healthcare service provider, but was forced to wait for two hours before being told to come back tomorrow, without any explanation for the delay.<sup>69</sup> She explained:

**I USED TO BE A DIGNIFIED WOMAN IN ALEPPO. I'M FROM A BIG FAMILY AND WE HAD MONEY. I DON'T KNOW HOW TO BEG. BUT MY BABY IS HUNGRY. WHAT AM I SUPPOSED TO DO?**

## INADEQUATE CARE FOR CHILDREN WITH DISABILITIES

A woman interviewed had a six-year-old son who was unable to speak amongst other disabilities. Life in camp with limited services is particularly challenging for mothers like her, and she reported being unable to provide adequate care for her child. Her asylum status should have been placed under the "special needs" category in order to be expedited swiftly. However, this appears to not have happened and she is reportedly now unable to access help to redress the situation.<sup>70</sup>



Photo: Claire Veale

<sup>67</sup>. Research Component 1: Interviews with 38 women.

<sup>68</sup>. Research Component 1: Interviews with 38 women.

<sup>69</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>70</sup>. Research Component 1: Interviews with 38 refugee women.



MY TEN-YEAR-OLD SON HAS AUTISM.  
I WANT HIM TO GET THE CARE THAT HE  
NEEDS – I HOPE MY VOICE GETS HEARD  
BY SOMEONE WHO CAN HELP. WE'VE  
BEEN HERE FOR EIGHT TO NINE MONTHS.  
WINTER IS COMING. WE HAVE NO  
HEATERS, NOTHING. WE ARE SUFFERING  
A PSYCHOLOGICAL CRISIS.



THE CAMPS WHERE THE STUDY WAS CONDUCTED APPEAR NOT TO HAVE BEEN DESIGNED AND STAFFED WITH A VIEW TO PREVENTING GENDER BASED VIOLENCE RISKS OR RESPONDING TO INCIDENTS OF THIS NATURE, WHEN THEY OCCUR.

## VIOLENCE BY AUTHORITIES AND CITIZENS

Many women perceived their treatment by the Greek authorities as generally acceptable or good. Nonetheless, 11.5% had experienced violence by police or security staff in Greece<sup>71</sup>, and others reported having seen violence against other women. A number of women reported having witnessed the mistreatment of Kurdish refugees in particular. One woman said in her interview:

**ONE TIME I SAW A KURDISH FAMILY BEING MISTREATED BY THE POLICE. THEY TORE THE WOMAN'S [HEADSCARF] OFF HER HEAD AND PULLED HER BY THE HAIR, PUSHED HER AROUND. IT HAPPENED HERE IN THE CAMP.<sup>72</sup>**

Of those women who had experienced violence by police, 92.3% described it as verbal abuse and 38.5% as physical abuse. 15.4% had been exposed to tear gas, most likely during their time on the islands or port of arrival in Greece.<sup>73</sup>



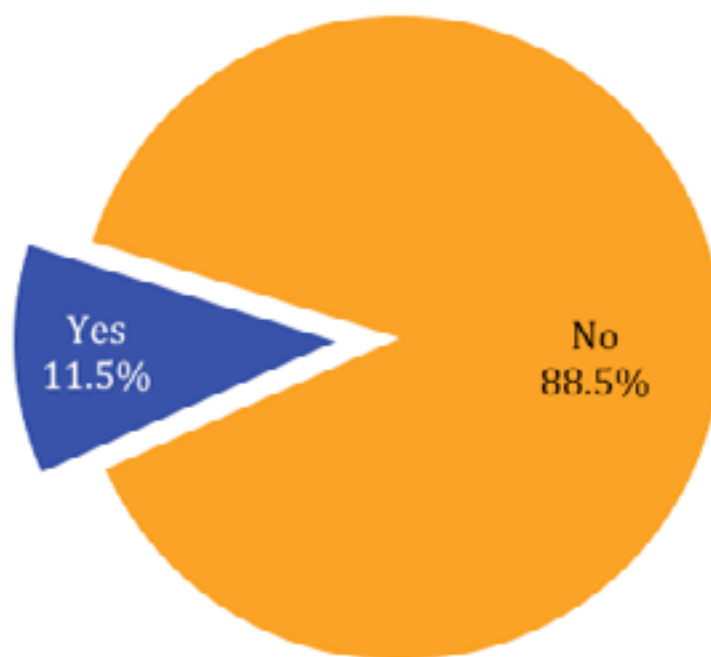
Photo: Claire Veale

<sup>71</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

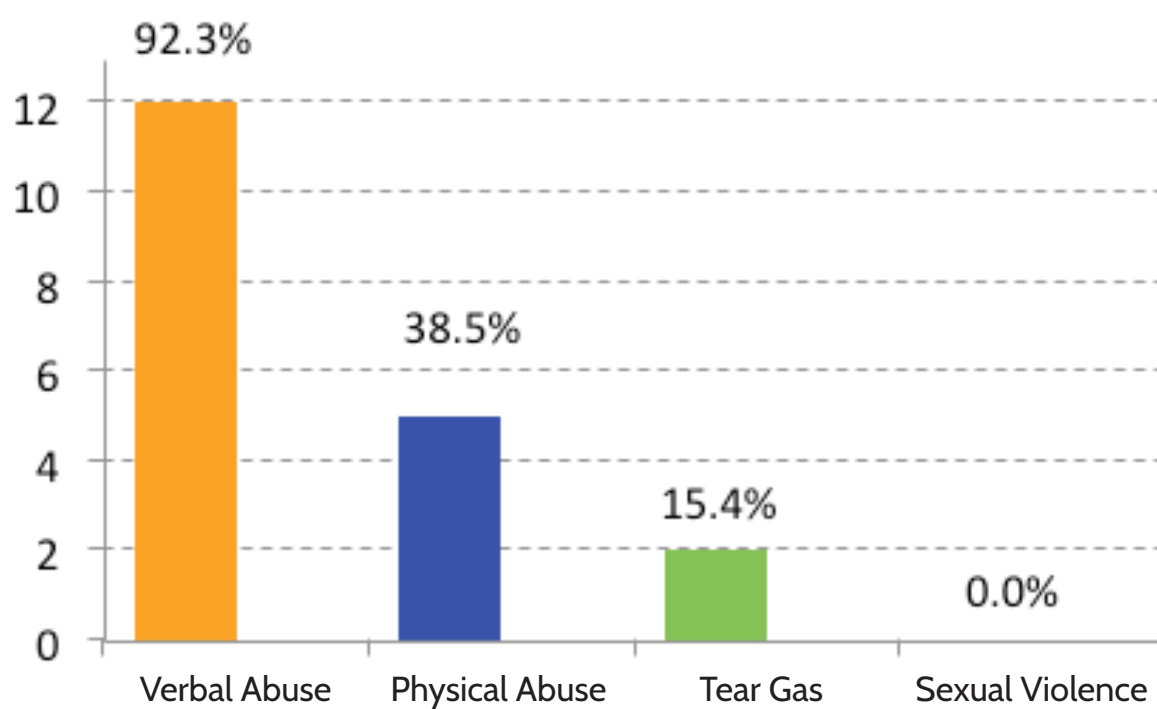
<sup>72</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>73</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

## HAVE YOU EXPERIENCED VIOLENCE BY POLICE OR MILITARY STAFF?



## WHAT TYPE OF VIOLENCE BY POLICE OR MILITARY STAFF?

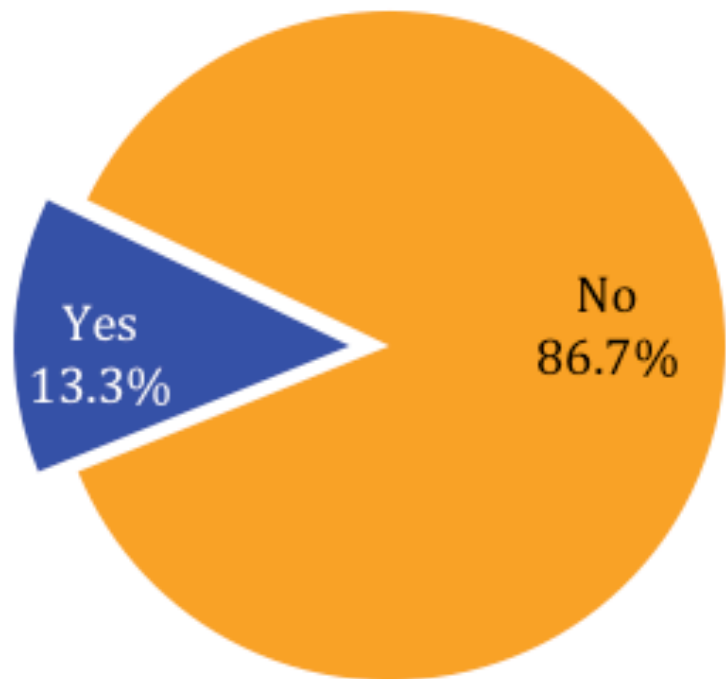


<sup>74</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

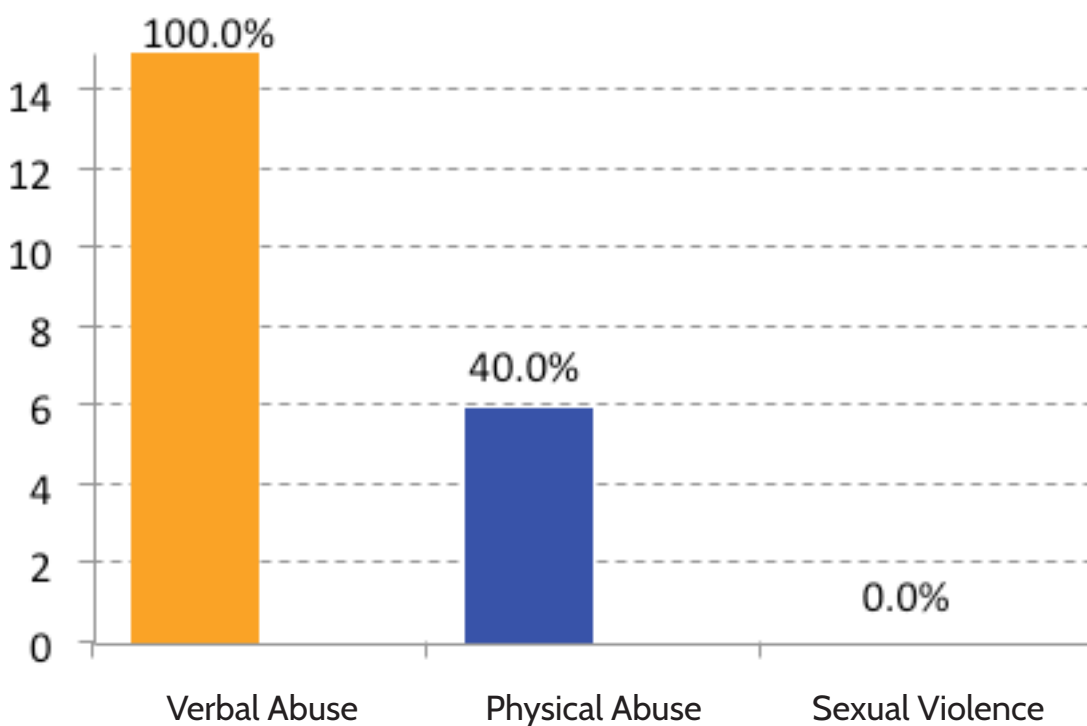


Meanwhile, 13.3% of women respondents had experienced violence by citizens. 100% of these instances featured verbal abuse, while in 40% of the same instances there was also physical violence involved. A number of women reported in their interviews that while they hadn't experienced citizen violence themselves, they had witnessed others being verbally abused by locals.<sup>74</sup>

#### HAVE YOU EXPERIENCED VIOLENCE BY CITIZENS?

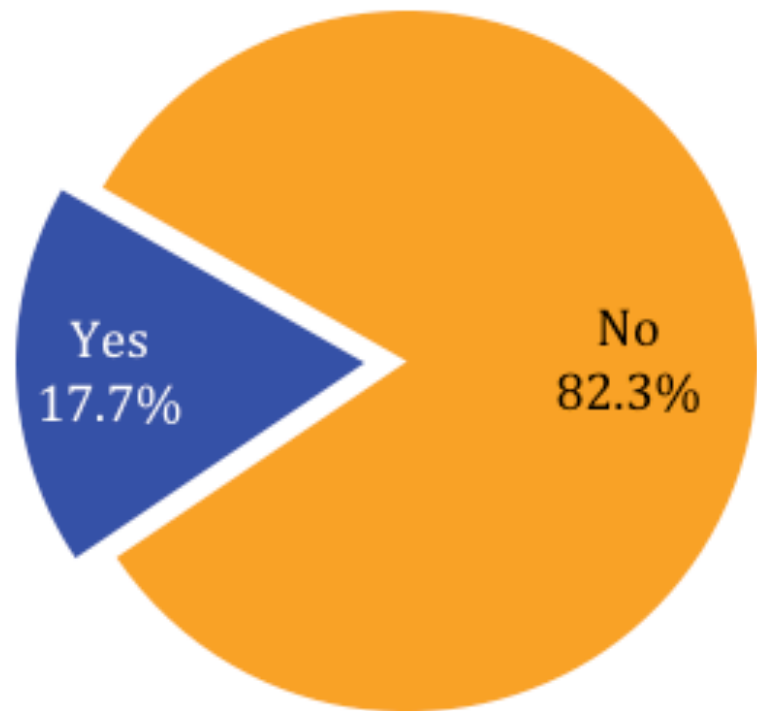


#### WHAT TYPE OF CITIZEN VIOLENCE?

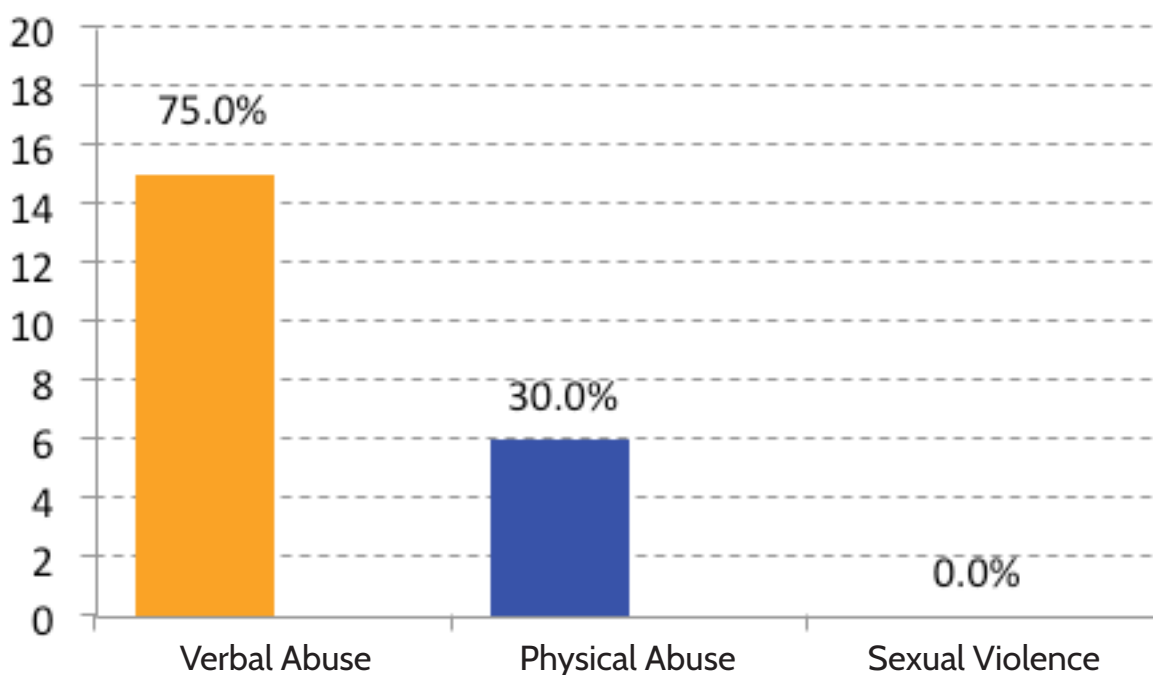


Women were generally hesitant to speak of gender-based violence, in particular violence taking place inside the camp – even whilst in a protected environment. However, many respondents were able to address violence that had been directed at others. While only 17.7% of women surveyed as part of our general survey said they had been subjected to violence inside the camp, 65.5% of women interviewed privately said they knew of other women who had suffered from this problem.<sup>76</sup>

### HAVE YOU EXPERIENCED VIOLENCE BY SOMEONE IN THE CAMP?



### WHAT TYPE OF VIOLENCE BY SOMEONE IN THE CAMP?



<sup>75</sup> Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>76</sup> Research Component 1: Interviews with 38 refugee women.

Among service providers, 74% of respondents had heard of sexual and/or gender-based violence taking place in the camp where they operated. 46.6% had heard about this first-hand from the women who had experienced the violence. 25.9% had heard of the violence from refugee women who reported violence against another woman.<sup>77</sup>

The violence taking place inside camps, according to service providers<sup>78</sup>, included various forms: domestic violence, harassment of women in the broader community, sexual violence including rape, and forced prostitution of younger women.<sup>79</sup>

**SERVICE PROVIDERS CITED DRUG ADDICTION AND ALCOHOLISM AS FACTORS EXACERBATING THE VIOLENCE. ANXIETY, DEPRESSION, POST-TRAUMATIC STRESS DISORDER (PTSD), PSYCHOSIS AND STRESS WERE ALSO IDENTIFIED AS FACTORS AGGRAVATING THE SITUATION.**

Some further service provision respondents indicated that they had heard of sexual and gender-based violence in camp, but did not want to talk about it.<sup>80</sup>

One service provider reported violence and abuse against lesbian and transgender refugees. Survivors of violence in this category reported to the service provider that major organisations were unable – or unwilling – to help them when they reported the violence.<sup>81</sup>

## DOMESTIC VIOLENCE

While domestic violence is a global phenomenon occurring across all societies and cultures in different forms, its occurrence during displacement can be particularly harmful due to the extreme difficulty for refugee women to break out of such cycles of violence and abuse – being both isolated and stuck in a lengthy and non-transparent asylum process.

Women interviewed during our research reported domestic violence taking place in households within the camp, but not in their own family. Referring to domestic violence, one woman reported, *“I see it in the families, it is due to the*

*tensions of the life here. It does not happen in my family but I am aware of it. En route it was happening too.”*<sup>82</sup> Some women searched for explanations in the pressures associated with the rough experiences:

**THE MEN DON'T MEAN IT – IT IS JUST HARD, LIFE IS FULL OF TENSION. WOMEN FIGHT SOMETIMES TOO. THE MEN ALSO FIGHT EACH OTHER.<sup>83</sup>**

Service providers interviewed suggested that many women are likely to *“bear it now and deal with it later”* – in other words, when they are permanently settled. Along the same lines, several service providers suggested that women refrain from reporting instances of violence as they fear this might affect their relocation process.<sup>84</sup>

In some cases, it was reported that women had moved to a particular camp with their children in effort to escape situations of abuse. In one such scenario, the spouse who had been perpetrating the abuse is understood to have subsequently found the woman and started residing with her in the new camp.<sup>85</sup>

We also found that some men<sup>86</sup> were aware of their violent behaviour and willing to seek help, but had no adequate recourse to such support. A psychologist operating in one of the camps reported that it was difficult to address domestic violence and sexual and gender-based violence matters directly with men. Instead, he would try to approach these issues by speaking about anxiety, which may lead into discussions of manifestations of aggression or verbal and physical violence.<sup>87</sup>

<sup>77</sup>. Research component 3: Interviews with 58 service providers.

<sup>78</sup>. Research component 3: Interviews with 58 service providers.

<sup>79</sup>. Sexual violence and forced prostitution appeared to also be affecting young men in some camps. A separate research study to investigate these matters would be required.

<sup>80</sup>. Research component 3: Interviews with 58 service providers.

<sup>81</sup>. Research component 3: Interviews with 58 service providers.

<sup>82</sup>. Research component 1: Interviews with 38 refugee women.

<sup>83</sup>. Research component 1: Interviews with 38 refugee women.

<sup>84</sup>. Research component 3: Interviews with 58 service providers.

<sup>85</sup>. Research component 3: Interviews with 58 service providers. This case has been reported to camp management by organisations operating in the camp.

<sup>86</sup>. Anecdotal findings from Research Component 2: Surveys with 278 refugees.

<sup>87</sup>. Research component 3: Interviews with 58 service providers.

## SEXUAL VIOLENCE

Forms of sexual violence taking place in the camps, as reported by service providers, included inappropriate sexual behaviour, attempted rape, rape, forced prostitution and trafficking. Service providers explained that sexual violence could be perpetrated by camp residents such as women's neighbours, but also by independent volunteers operating in the camps. Service providers and women alike reported that, due to poor lighting, sexual violence was more likely to take place at night.<sup>89</sup>

Some women interviewed implicitly alluded to violence against women within the camp, pointing out that younger women are at a greater risk:

**WOMEN IN THE CAMP ARE NOT VERY SAFE, PARTICULARLY THE YOUNG WOMEN.**

Another respondent added, “Young women do not feel safe in the camp. They are generally uncomfortable and need to be with others”.<sup>91</sup> A third reported, “It’s not as bad for us as for younger women and girls.”<sup>92</sup>

A service provider with access to squats in Athens reported that safety and security for women in certain squats – albeit not all – was very poor or not-existent, putting women at constant risk of sexual violence including rape. By the same token, a protection framework and demarcated pathway for survivors of violence appeared to be lacking entirely in the urban setting of these squats.<sup>93</sup>

Another form of sexual violence reported by service providers was prostitution.<sup>94</sup> In some cases, women and girls, as well as

men and boys, were said to have resorted to prostitution due to poverty. In view of their extreme vulnerability, it was unclear whether their exploitation through prostitution amounted to trafficking in human beings.

There is a high risk of becoming indebted and forced to resort to prostitution and/or so-called ‘survival sex’ when using smuggling services to continue onto other European countries from Greece, often with the aim of being reunited with family members. In one context in north-western Greece, our researchers were told that a known trafficker was parked outside a hotel for women, putting them at risk despite the hotel being a designated ‘safe space’.<sup>95</sup>



Photo: Claire Veale

88. Research component 3: Interviews with 58 service providers.

89. Research component 3: Interviews with 58 service providers.

90. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

91. Research Component 1: Interviews with 38 refugee women.

92. Research Component 1: Interviews with 38 refugee women.

93. Research component 3: Interviews with 58 service providers.

94. Research component 3: Interviews with 58 service providers.

95. This information was disclosed anecdotally by a service provider to our researchers during Research Component 3: Interviews with 58 service providers.





## EARLY AND FORCED MARRIAGE

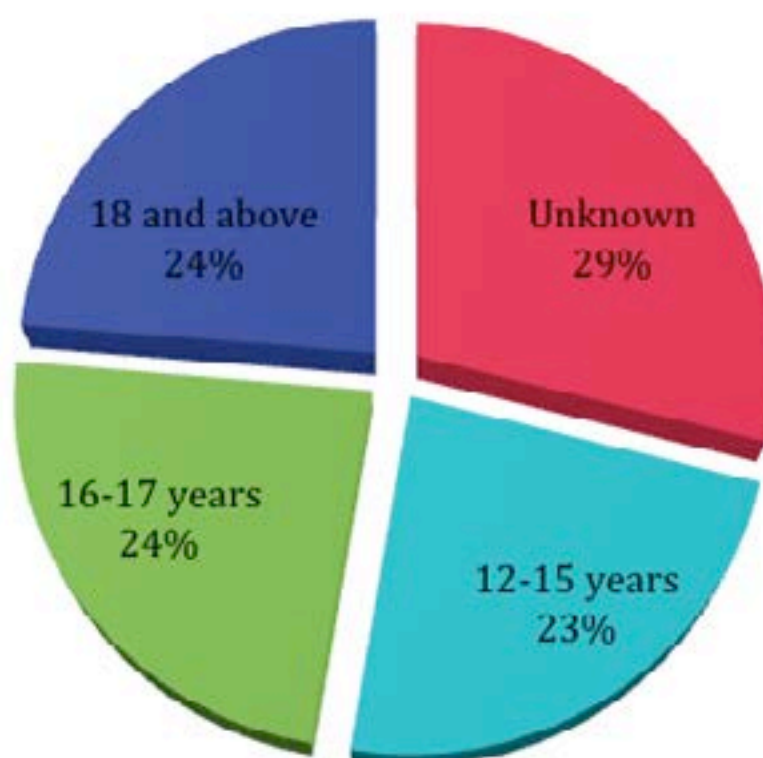
47 % of the 38 women interviewed privately had been married before the age of 18. 23% of the women were married before turning 16.<sup>96</sup> Many girls and women reportedly entered arranged marriages while in Turkey – their parents believing this would be a way to protect them from further dangers.<sup>97</sup>

### WOMEN AND SERVICE PROVIDERS ALSO REPORTED ARRANGED MARRIAGES, TAKING PLACE EITHER DURING OTHER PARTS OF THE JOURNEY OR IN GREECE.

Sometimes the arranged marriages took place without the consent of the woman, meaning it took the shape of a ‘forced marriage’. Service providers reported that a number of women said they wanted to leave their husbands, but were scared that if they separated during their time in camp it might affect their relocation.<sup>98</sup>

For instance, one service provider had spoken to a woman who wanted to divorce her husband, but she was not sure how this would affect her chances of receiving leave to remain in another European country. In the same camp, another woman – following arranged marriage<sup>99</sup> – said she did not want to stay with her husband but was under pressure from her family to stay with the man.<sup>100</sup>

### HOW OLD WERE YOU WHEN YOU GOT MARRIED?



<sup>96</sup>. Research component 1: Interviews with 38 refugee women.

<sup>97</sup>. Research component 3: Interviews with 58 service providers.

<sup>98</sup>. Research component 3: Interviews with 58 service providers.

<sup>99</sup>. It was unclear whether this marriage was arranged with initial consent, or whether it was a forced marriage from the outset. In any event, the woman now wanted to divorce her spouse but was pressured by family to stay with the man.

<sup>100</sup>. Research component 3: Interviews with 58 service providers.

## INADEQUATE RESPONSE TO VIOLENCE AGAINST WOMEN

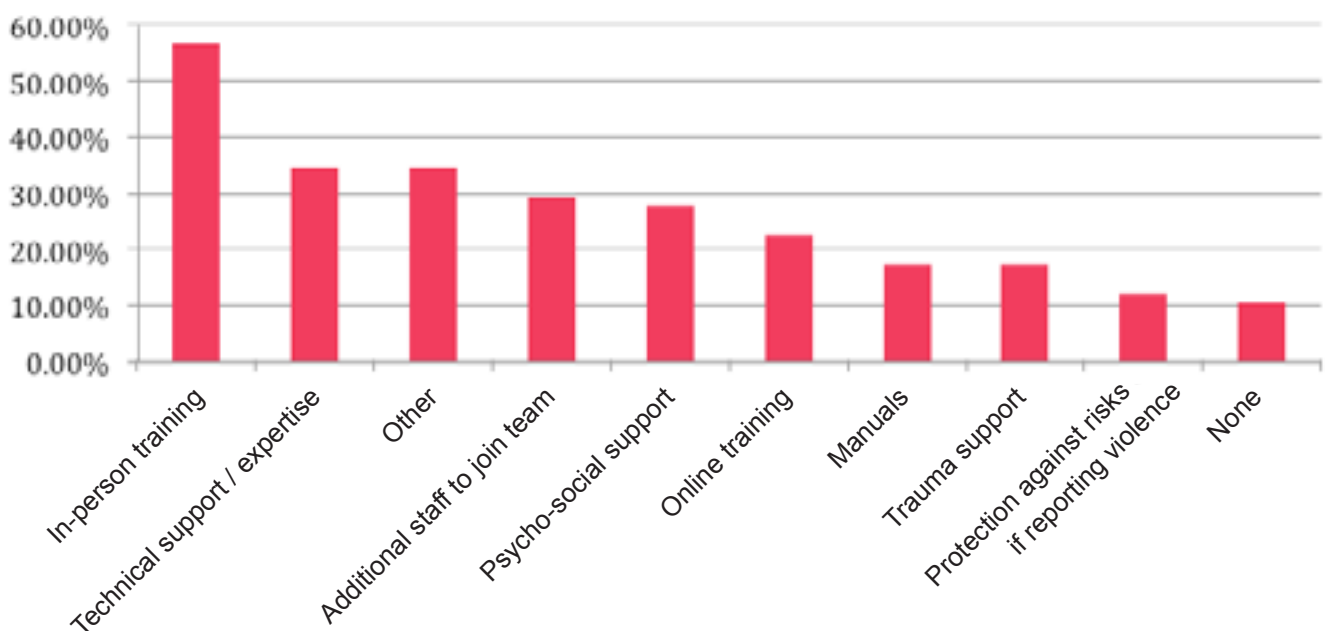
Given the general prevalence of violence against refugee women at all stages of displacement, a strong and well-coordinated response ought to be in place across all camps and relevant urban areas. The UNHCR together with the Greek Government, NGOs and other partners are taking measures to prevent and respond to sexual and gender based violence.<sup>101</sup> However, the extent to which this work is effective and whether it translates into meaningful change for displaced women and girls in camps and urban settings is highly questionable. Service providers – many of whom are working tirelessly to respond to sexual and gender-based violence matters – are often under-resourced, both in terms of financial and human resources, as well as technical expertise and know-how. All of these are crucial when faced by a large volume of cases, within which some women face multiple forms of violence at any one time. Lack of language support and interpretation also serve to keep many women isolated from the limited services available.

**IN OUR STUDY, 59% OF SERVICE PROVIDERS INTERVIEWED FELT THAT THEY PERSONALLY DIDN'T HAVE SUFFICIENT INFORMATION ABOUT SERVICES AND MECHANISMS IN PLACE TO DEAL WITH SEXUAL AND GENDER-BASED VIOLENCE AND/OR REPRODUCTIVE HEALTH IN THEIR RESPECTIVE CAMPS.**

33% said they were not sufficiently protected, or did not know if they were protected, if they reported suspected or actual sexual and/or gender-based violence taking place in the camp. 12% reported that they would like increased personal protection when dealing with these issues, and 29% said their organisation needed additional staff members to join their team.<sup>102</sup>

79% of service providers said they would like to receive in-person or online training. 45% wanted psycho-social support and/or therapy and/or trauma support. 34% would specifically like technical support and expertise, while 17% specifically wanted manuals on how to deal with sexual and gender-based violence. Only 10% of service provider interviewees said they didn't need any form of capacity building.<sup>103</sup>

## SERVICE PROVIDER NEEDS



<sup>101</sup> A statement on the UNHCR website claimed that in Idomeni, the UNHCR, Greek Government, Greek NGO's and other partners have been providing 'food, medical support, help for persons with specific needs, and prevention and response to sexual and gender based violence'. (UNHCR April, 2016)

<sup>102</sup> Research component 3: Interviews with 58 service providers.

<sup>103</sup> Research component 3: Interviews with 58 service providers.

Service provider respondents were particularly interested in training and manuals in the following areas: how to identify sexual and gender-based violence; how to make referrals; training relating to child protection; training relating to trafficking; training relating to refugee communities' cultural contexts, including cultural practices relating to sexual and gender-based violence; training relating to legislation relating to sexual and gender-based violence and an overview of relevant case law; terminology; and the difference between different types of violence. Service providers also cited specific training needs for male volunteers surrounding women's issues.<sup>104</sup>

**ACCORDING TO THE SERVICE PROVIDERS INTERVIEWED, ONE MAJOR OBSTACLE TO ADDRESSING SEXUAL AND GENDER-BASED VIOLENCE IN CAMP WAS THE LANGUAGE BARRIER.<sup>105</sup>**

Women and service providers alike reported that women interpreters were few and far between, and many of them were not professional or trained. This made it very difficult for women to speak to anyone about sensitive issues – either because of the absence of an interpreter altogether, or due to their allocated interpreter being a man.<sup>106</sup>

Some large agencies and organisations reportedly handed out leaflets to people who may have been illiterate but did not make this known at the time due to perceived shame. Moreover, many women also appear to find it difficult to speak about sexual and gender-based violence issues for the same reasons.<sup>107</sup>

Service providers reported that women subjected to violence are sometimes sent to a shelter outside the camp for a couple of weeks. However, upon return to the site, they tend to be stigmatised.<sup>108</sup> A group of Somali women reported

that, rather than receiving adequate protection, they were told by Greek authorities that they themselves presented a risk:

**THEY TOLD US WE ARE A SECURITY RISK BECAUSE WE ARE ALONE WITH NO MEN TO PROTECT US.<sup>109</sup>**

Both service providers and women reported a 'lack of technical expertise' as a barrier to dealing with sexual and gender-based violence in the camp setting, stating that most staff had a general background and were not qualified to address the problem in a humanitarian/emergency context. Meanwhile, service providers in some camps also cited the lack of coordination between organisations as a difficulty holding them back from adequately addressing these forms of violence effectively and in a timely and dignified manner.<sup>110</sup>



<sup>104</sup>. Research component 3: Interviews with 58 service providers.

<sup>105</sup>. Research component 3: Interviews with 58 service providers.

<sup>106</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>107</sup>. Research component 3: Interviews with 58 service providers.

<sup>108</sup>. Research component 3: Interviews with 58 service providers.

<sup>109</sup>. Research component 3: Interviews with 58 service providers.

<sup>110</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

**OUR RESEARCH  
INVESTIGATED WOMEN'S  
SITUATION RELATING  
TO SEXUAL AND  
REPRODUCTIVE HEALTH.**



In doing so, our research tools were guided by the so-called Minimum Initial Service Package (MISP), developed by the Inter-Agency Working Group on Reproductive Health in Crisis (IAWG). The MISP is a practical guide outlining the crucial actions and services required to respond to reproductive health needs in any humanitarian crisis. It guides humanitarian workers on how to address maternal and newborn health, respond to sexual violence, to reduce transmission of sexually transmitted infections, and so on.<sup>111</sup>

**OUR RESEARCH INVESTIGATED THE PRESENCE OF MISP ACROSS THE CAMPS IN GREECE, AND FOUND AN ALARMING ABSENCE OF CRUCIAL SEXUAL AND REPRODUCTIVE HEALTHCARE SERVICES.**

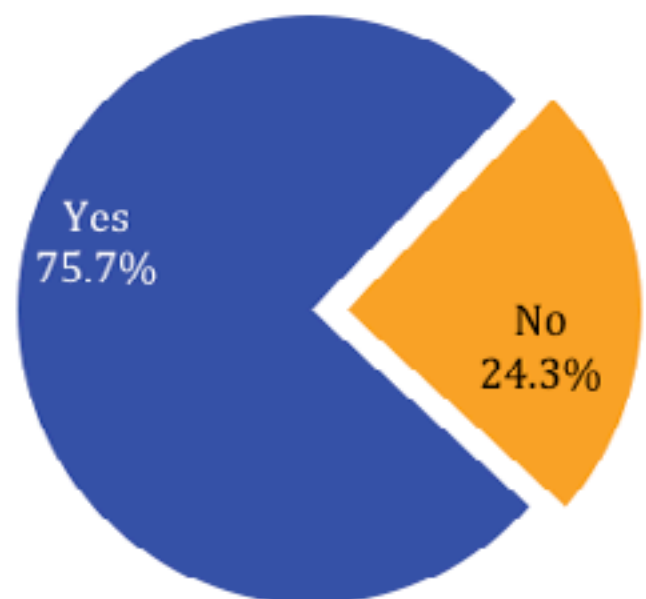
### HEALTHCARE PROVISION DURING PREGNANCY

In every camp studied, apart from a single exception, at least one service provider reported that they could give local access to 24-hour-a-day emergency maternal care. In all camps but two, service providers said they could give access to 24-hour-a-day emergency neonatal care.<sup>112</sup> However, 33.9% of general survey respondents (278 males and females) said they did not know where a woman could seek medical care if pregnant. Less than a quarter, 24.3%, of women did not know where they could seek this care.<sup>113</sup>

Meanwhile, 4.5% of respondents with health problems reported that these were linked to pregnancy.<sup>114</sup> One service provider reported, *“The services that are available for pregnant women are purely symbolic. In practice, they are entirely insufficient.”*<sup>115</sup> A camp resident outlined what had occurred when his wife experienced complications during her pregnancy:

**SHE COULD HAVE HAD A MISCARRIAGE, THEY WERE SO SLOW. WE TOLD THEM THAT SOMETHING WAS WRONG BUT NO ONE LISTENED TO US... IT TOOK SEVEN HOURS TO GET TO A HOSPITAL.<sup>116</sup>**

#### DO YOU KNOW WHERE A WOMAN CAN SEEK HEALTHCARE IF PREGNANT?



A service provider reported that refugee women are often forced into what she described as “unnecessary caesareans” and then sent back into the camps after a day or two, putting them at great health risks due to the unsuitable camp conditions and inadequate health care available. The same service provider explained: *“A woman actually died in [a mainland camp] in the summer because of this.”*<sup>117</sup>

<sup>111</sup> Full overview of the MISP available here: <http://www.unfpa.org/resources/what-minimum-initial-service-package#sthash.uGaa1Ny.dpuf>

<sup>112</sup> Research component 3: Interviews with 58 service providers.

<sup>113</sup> Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>114</sup> Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>115</sup> Research component 3: Interviews with 58 service providers.

<sup>116</sup> Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

Most service providers in the camps studied said they were able to refer women to clinics offering termination of unwanted pregnancies. However, a doctor working for a major health provider organisation reported:

**ABORTIONS ARE FREE IN GREECE UP UNTIL THE 21ST WEEK, BUT THE HOSPITALS RARELY GIVE YOU TIME FOR AN ABORTION THAT QUICKLY. I CAN'T SAY THIS FOR SURE, BUT I THINK THEY CONSCIOUSLY DELAY THE APPOINTMENT FOR REFUGEES. SO, AFTER THE 21ST WEEK THEY HAVE TO GO TO A PRIVATE CLINIC AND THERE IT'S NOT FREE.<sup>118</sup>**

Alarming, one protection officer of a major health care organisation incorrectly told our researchers that abortions are illegal in Greece, so they would not be able to refer women. Her team leader confirmed the same information, which is wholly inaccurate given that abortion has been legalised in Greece since the early 1980s (albeit with certain minor restrictions).<sup>119</sup>



Photo: Claire Veale

<sup>117</sup>. Research Component 3: Interviews with 58 service providers.

<sup>118</sup>. Research Component 3: Interviews with 58 service providers.

<sup>119</sup>. Research Component 3: Interviews with 58 service providers.

## ACCESS TO CONTRACEPTION

Information and education relating to the importance of contraception, not only as a prevention method against pregnancy but also against sexually transmitted infections (STIs), appeared to be inadequate in many of the camps studied. Only 12% of women interviewed privately knew where they could access contraceptives – one of the key components of the MISP guidelines.<sup>120</sup>

As mentioned in Part II of this report, some camps only made contraception in the form of condoms available to men. At other sites women could access condoms, but found it difficult to ask their husbands to use them as a birth control method. One woman said:

**THERE IS NO CONTRACEPTION IN THE CAMP EXCEPT CONDOMS, THEY GAVE US CONDOMS, BUT THE MEN DON'T WANT TO USE THEM. THEY SAY IT BOTHERS THEM.<sup>121</sup>**

**IN ACCORDANCE WITH THE MISP, BARRIER METHODS OF CONTRACEPTION SHOULD BE MALE AND FEMALE.**

Hence, female condoms should be available for women to use, both as a prevention method against pregnancy and sexually transmitted infections (STIs).

Some women had their requests for contraceptive pills or the coil declined by health service providers in the camp. An Intrauterine Device (IUD), i.e. the coil, is offered to women at some sites, although they may not be aware of this service, and the service may be temporary rather than a permanent feature.<sup>122</sup> According to sexual health officers in some camps visited, various methods of contraception – with the exception of condoms – are very expensive and difficult to procure in Greece.<sup>123</sup>

**DO YOU KNOW WHERE YOU CAN ACCESS CONTRACEPTIVES?**

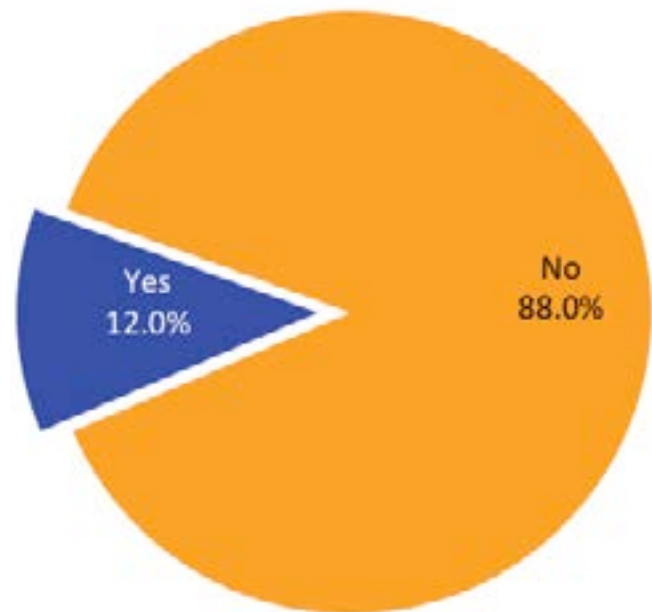


Photo: Claire Veale


<sup>120</sup> Research Component 1: Interviews with 38 refugee women.

<sup>121</sup> Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>122</sup> Research Component 3: Interviews with 58 service providers.

<sup>123</sup> Research Component 3: Interviews with 58 service providers.





WE DON'T GET  
CONTRACEPTION IN [OUR  
CAMP], ALTHOUGH WE HAVE  
ASKED FOR IT. WE NEED  
THIS. IT IS TOO HARD FOR  
A WOMAN TO GO THROUGH  
PREGNANCY IN THIS PLACE.



## RESPONSE TO SEXUAL VIOLENCE

In response to sexual violence, most components required by the MISP guidelines were lacking in the camps under study. At some sites emergency contraception was accessible in cases of rape – but, notably, not in case of marital rape. One staff member of a major international health service provider said:

**A HUSBAND FORCING HIMSELF UPON HIS WIFE WHEN SHE DOESN'T WANT TO HAVE SEX, THIS IS NOT CATEGORISED AS RAPE... WE ONLY GIVE OUT EMERGENCY CONTRACEPTION WHEN IT IS A REPORTED RAPE, OUTSIDE THE MARRIAGE AND THE POLICE IS INVOLVED.<sup>124</sup>**

**AS REGARDS MEDICAL SUPPORT TO SURVIVORS OF SEXUAL VIOLENCE, THE RESEARCH IDENTIFIED A NUMBER OF CRITICAL GAPS AND IN SOME CAMPS THESE SERVICES WERE ALTOGETHER LACKING.**

These findings are alarming, given that most women do not tend to report rape to the police, which is why the onus is on services to believe the women and provide basic post-assault care irrespective of police reporting and the identity of the perpetrator.

For instance, very few service providers could provide access to testing for sexually transmitted infections, with only one organisation offering swab tests and two organisations offering blood tests. Two of the organisations provided vaccination against hepatitis B and three organisations said they were able to provide post-exposure prophylaxis to HIV. Three could provide antibiotic prophylaxis to other sexually transmitted infections.<sup>125</sup>

Community awareness of services relating to sexual violence, and a well-demarcated pathway for care, are required in accordance with MISP. Several organisations across most camps said that they run community awareness programmes around sexual violence, and the majority of organisations reported that they provide information about referral pathways (external services) for care relating to sexual violence and/or sexual and reproductive health. Service providers interviewed in the larger camps said that they provide psycho-social support to survivors of sexual violence, and those in smaller camps they said they can refer to a service that does.<sup>126</sup> However, inadequate interpretation services were reported, and some camp residents noted that some sizeable organisations distribute information flyers which many residents are unable to read as they are not fully literate.<sup>127</sup>



Photo: Aoife Collins Boulton

<sup>124</sup>. Research Component 3: Interviews with 58 service providers.

<sup>125</sup>. Research Component 3: Interviews with 58 service providers.

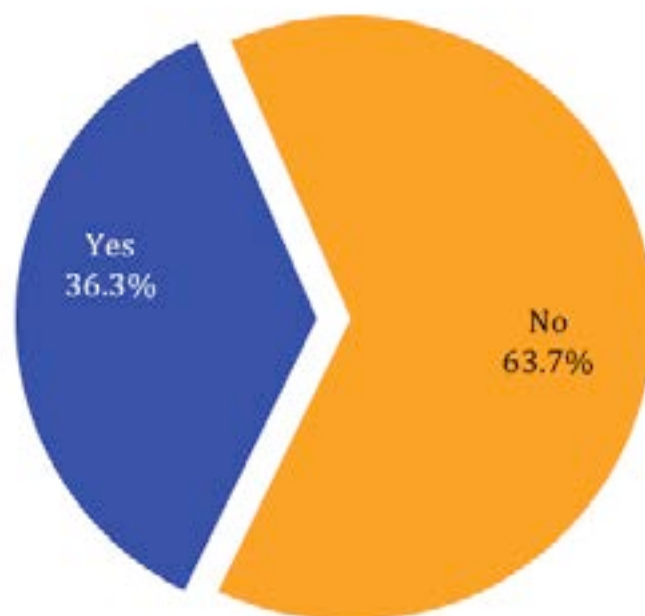
<sup>126</sup>. Research Component 3: Interviews with 58 service providers.

<sup>127</sup>. Reported anecdotally to our researchers as part of Research Component 2: survey with 278 refugees.

**ACCESS TO EDUCATION,  
INFORMATION AND ASYLUM  
IS NOT GUARANTEED FOR  
DISPLACED WOMEN RESIDING  
IN GREEK CAMPS.**

63.7% of women surveyed did not have access to any form of education at the time of the study.<sup>128</sup> Many reported that it was difficult for them to attend educational or recreational activities due to the lack of childcare in the camps.<sup>129</sup> As a result, 85.8% of respondents said they did not know any Greek language at all, despite some of them having resided in Greek camps for extended periods of time.<sup>130</sup>

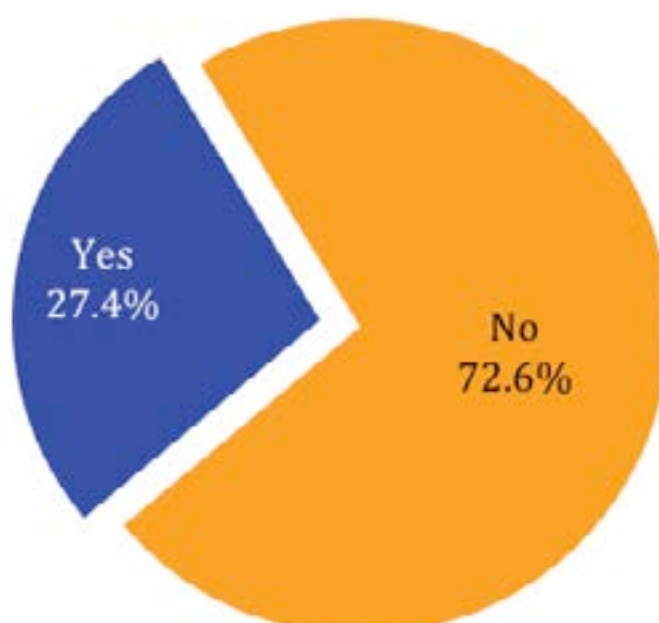
### DO YOU HAVE ACCESS TO ANY FORM OF EDUCATION?



## INFORMATION

72.6% did not have access to information about their rights and opportunities. Of those who said they did have access to such advice, many obtained this information from informal sources, such as other refugees, family members, volunteers in the camp, or similarly unofficial information channels. Approximately half of respondents obtained this information from official organisations in the camp, and less than 10% from the Greek government.<sup>131</sup>

### DO YOU HAVE ACCESS TO INFORMATION ABOUT RIGHTS AND OPPORTUNITIES?



<sup>128</sup> Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

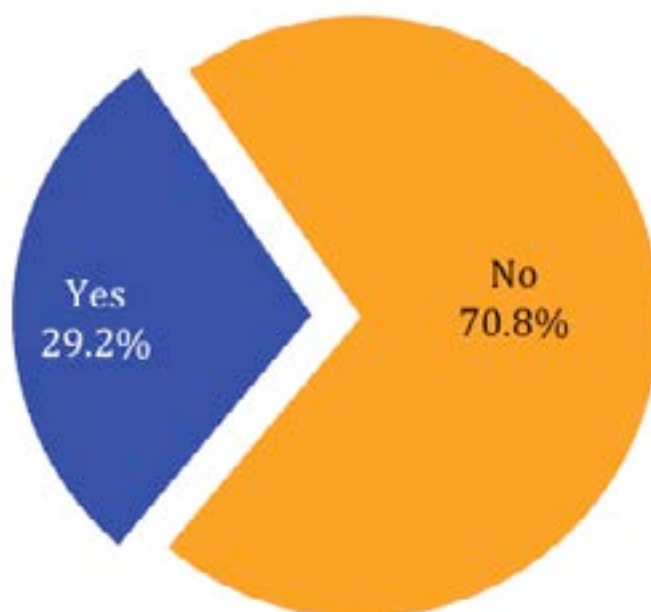
<sup>129</sup> Research Component 1: Interviews with 38 refugee women.

<sup>130</sup> Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>131</sup> Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

70.8% of women said they lacked access to information about European asylum law and immigration rules. Once again, those who did have access reported that they acquired this information from informal sources, such as other refugees, family members, or volunteers in the camp.<sup>132</sup>

### DO YOU HAVE ACCESS TO INFORMATION ABOUT EUROPEAN ASYLUM LAW AND IMMIGRATION RULES?



## ASYLUM INTERVIEW

Respondents based in remote areas found that complex logistics were needed for every remote appointment, meaning they relied heavily on camp management to reach their asylum interviews or similar meetings. Some reported a perceived lack of support by camp management which led to camp residents being late for – and therefore missing their chance to attend – asylum or relocation interviews. A respondent explained:

**ONE FRIEND MISSED HER INTERVIEW BECAUSE THE BUS WAS DELAYED. NOW SHE IS PUNISHED AND THEY DO NOT GIVE HER NEW DATE FOR INTERVIEW. SHE IS STUCK.<sup>133</sup>**

Along similar lines, a mother with her infant was reportedly forced to wait for twelve hours after her interview in Athens, without supplies for the baby, before finally being collected at around midnight.<sup>134</sup> One family told researchers that they did not trust the official bus service, so were planning on spending their monthly allowance on a night in a hostel in Athens to minimise the risk of missing their interview appointment. Meanwhile, a couple living in a different camp without access to a free bus service reported that each family member – including their five children – had been invited to interview in Athens, an hour's drive from the camp, on seven different dates. This made it very difficult for the family to afford transportation.<sup>135</sup>

Overall, the lack of access to education and language training, coupled with inadequate information and long waiting times to access the asylum or relocation system, were cited as particularly difficult factors for respondents.

<sup>132</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>133</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>134</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>135</sup>. Research Component 2: Sex-disaggregated data from surveys with 278 refugees.

<sup>136</sup>. Research Component 1: Interviews with 38 refugee women.



I JUST WANT US TO SURVIVE AND MOVE ON. WE HAVE NOT BEEN INTERVIEWED FOR ASYLUM YET – 8 MONTHS WE ARE WAITING. THE DATE IS COMING SOON, IN DECEMBER. I DON'T KNOW WHAT WILL HAPPEN. THE WAITING IN THIS CAMP DESTROYS ME.<sup>136</sup>



**96.5% OF FEMALE SURVEY  
RESPONDENTS SAID THAT GREECE  
WAS NOT THE COUNTRY THEY  
WANTED TO GO TO WHEN THEY  
LEFT THEIR COUNTRY OF ORIGIN**

69.4% of women said they felt 'very unhappy' or 'quite unhappy' about being in Greece. Despite these issues, some 86% of the women surveyed had been in Greece for a period of eight months to more than one year, and 56% of them had been living in their current camp for seven months to more than one year.<sup>137</sup>

The vast majority of women surveyed were hoping to move on to a different country. Many wanted to go to Germany (46%), followed by Netherlands (8.3%), Austria (7.9%), Sweden (6.3%), UK (5.9%) and Switzerland (3.9%).<sup>138</sup>

### WAS GREECE THE PLACE YOU WANTED TO GO TO WHEN YOU LEFT YOUR COUNTRY?

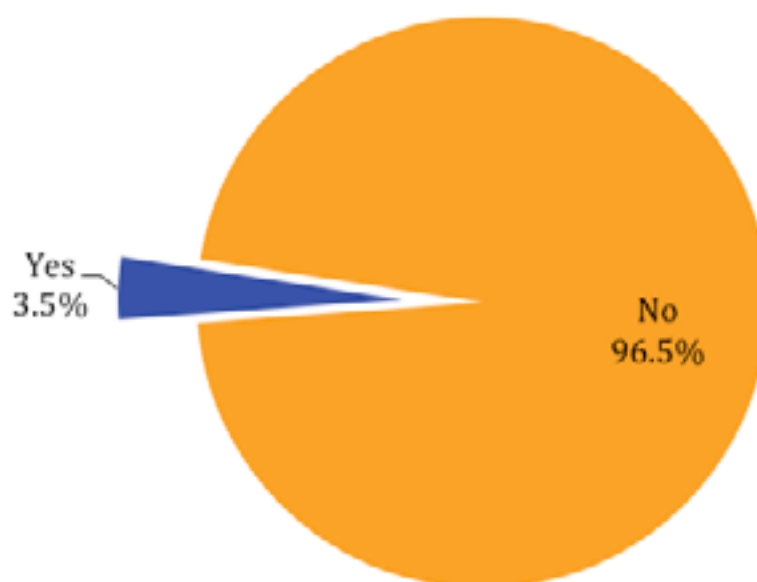
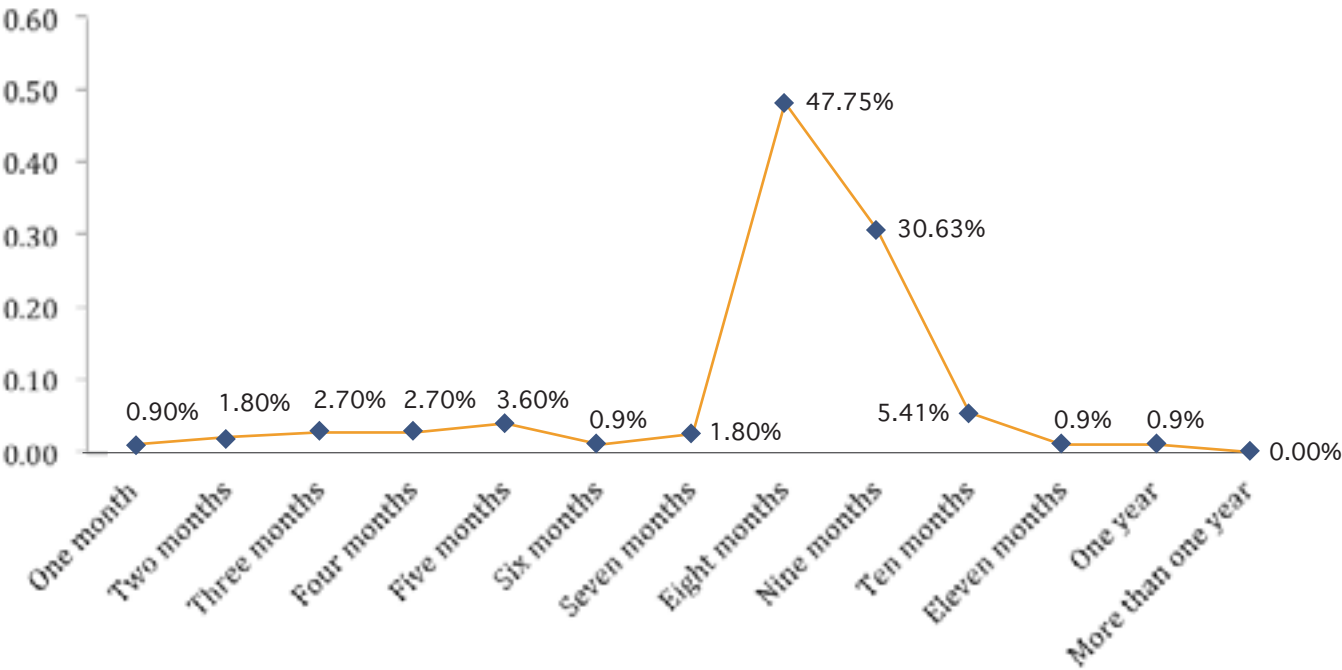


Photo: Claire Veale

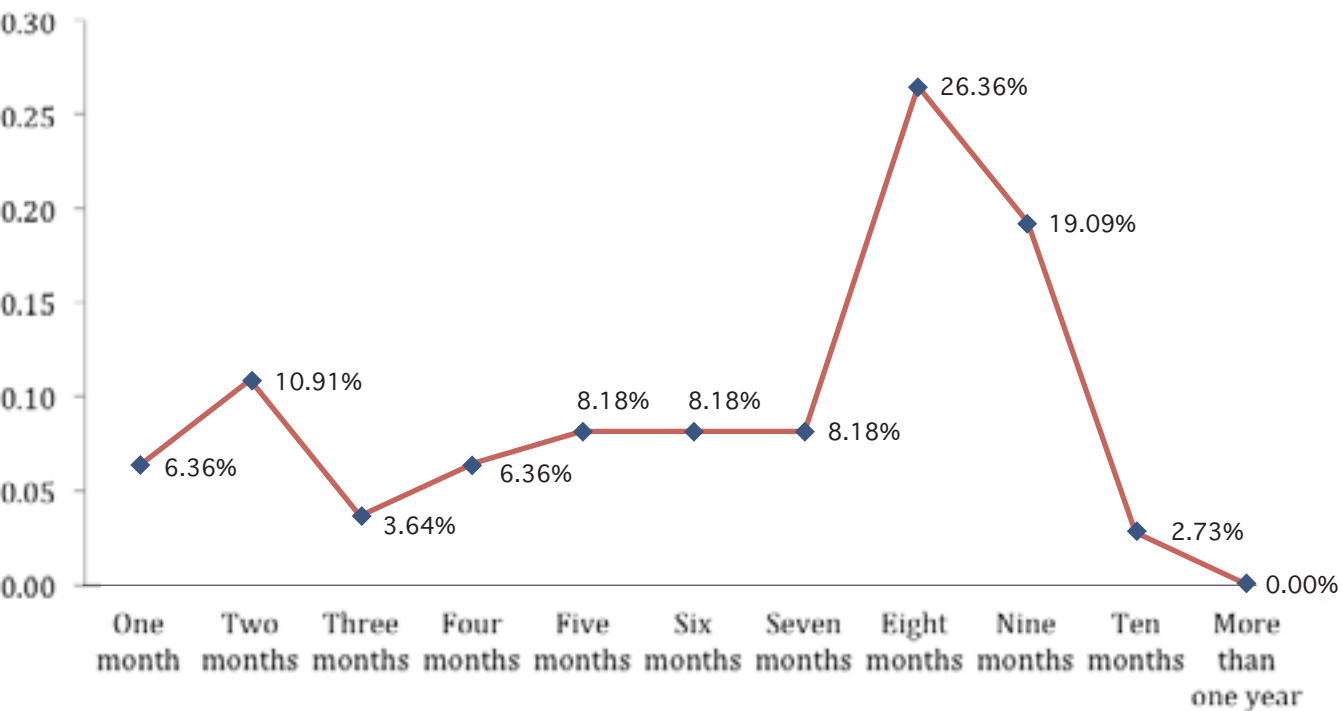
<sup>137</sup> Research Component 2: Sex-disaggregated data from survey with 278 refugees.

<sup>138</sup> Research Component 2: Sex-disaggregated data from survey with 278 refugees.

TIME SPENT IN GREECE

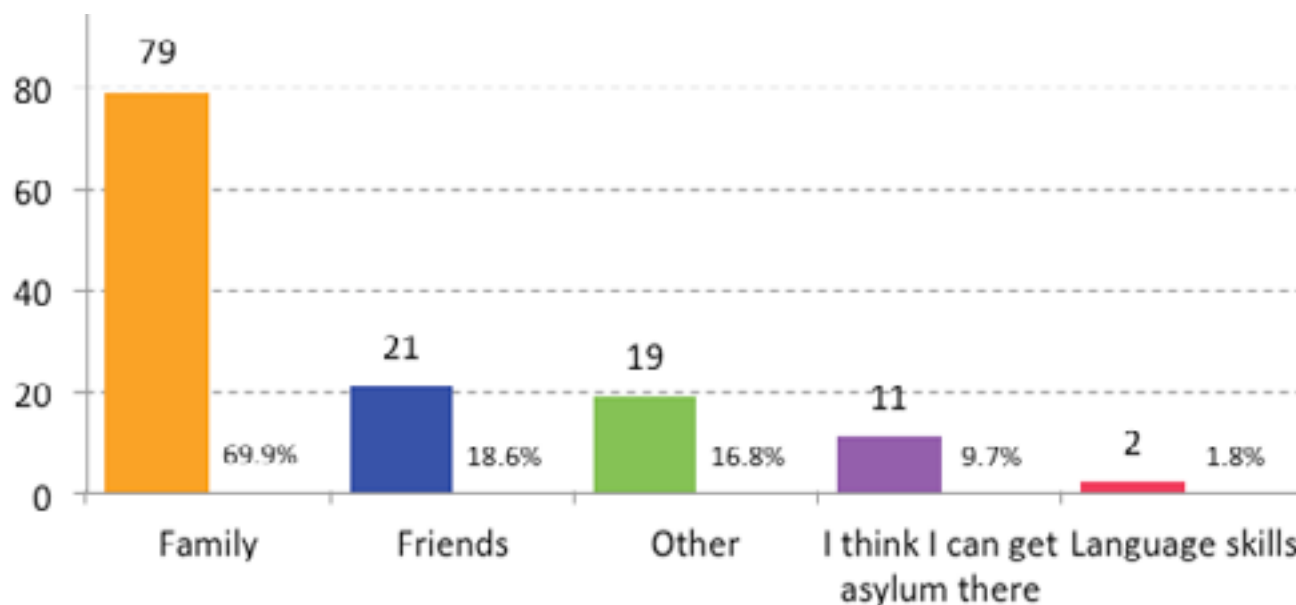


TIME SPENT IN THE CURRENT CAMP





## WHY DO YOU WANT TO GO THERE?



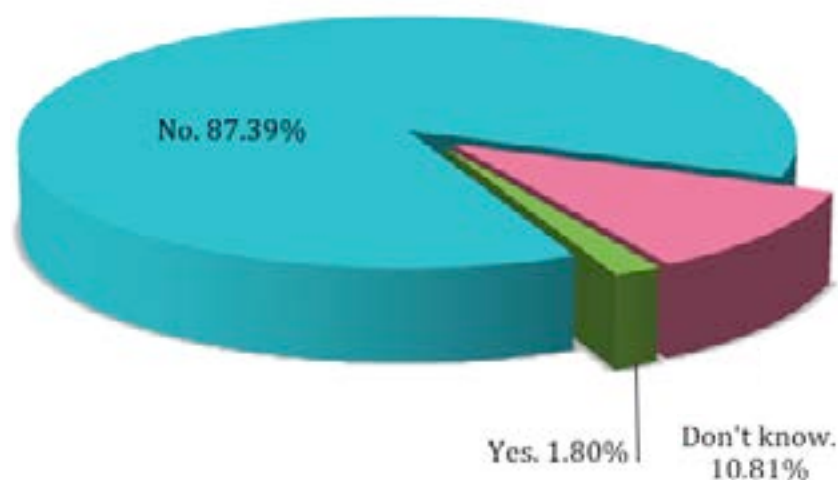
69.9% of women wanted to carry on to a different country in order to be reunited with family members, and 18.6% to join friends.<sup>139</sup>

A total of 73.2% of women were married, but only 46% of them were in Greece with their husband. This might suggest that they were hoping to be reunited with their spouse in another country. Nearly 10% of women surveyed were widowed.<sup>140</sup> One woman said:

**I NEED TO JOIN MY FAMILY, OTHERWISE I DON'T KNOW. I HAVE LOST MY HUSBAND IN SYRIA, HE WAS KILLED. I AM SAD AND LONELY AND SCARED HERE.<sup>141</sup>**

87.4% of women respondents said they could not go back to their country of origin, 10.8% didn't know, and only 1.8% said they would be able to return.<sup>142</sup>

## CAN YOU GO BACK TO YOUR COUNTRY OF ORIGIN?



<sup>139</sup>. Research Component 2: Sex-disaggregated data from survey with 278 refugees.

<sup>140</sup>. Research Component 2: Sex-disaggregated data from survey with 278 refugees.

<sup>141</sup>. Research Component 1: Interviews with 38 refugee women.

<sup>142</sup>. Research Component 2: Sex-disaggregated data from survey with 278 refugees.

**THE EU-TURKEY DEAL HAS FORCED A SITUATION IN WHICH TENS OF THOUSANDS OF REFUGEES ARE DETAINED OR TRAPPED IN DIFFICULT CONDITIONS IN GREECE – A COUNTRY THAT LACKS THE ASYLUM AND HUMANITARIAN INFRASTRUCTURE NECESSARY TO MANAGE SUCH A CASELOAD.**

## CONCLUSIONS

The research showed that the limited amenities in this EU border country cannot offer an adequate response to the enormous challenges associated with accommodation of displaced populations, which results in particular hardships for women and children.

Women appear now re-exposed to sexual and gender-based violence in sites lacking in the safety and services that are most necessary.

### POORLY DEVELOPED AND EXECUTED ASYLUM PROCEDURES ARE PERPETUATING FAMILY SEPARATION AND DESPERATION AND DELAYING LEGAL PROTECTION.

The research exposed the urgent need for enhanced collaboration between the Greek government and the national and international agencies with sexual and gender-based violence expertise to ensure there are dedicated and appropriately staffed safe spaces and shelters for sexual and gender-based violence victims at all sites (in all camps).

The research findings emphasise that refugee women seeking protection in Europe face a range of women-specific adversities as part of their camp life. They are typically subjected to multiple forms of sexual and/or gender-based violence at different stages of displacement.

The situation urgently necessitates a multi-faceted response and a complex protection framework. However, service providers in the camps – although working hard to respond to sexual and gender-based violence matters – are often under-resourced, both in terms of financial and human resources, as well as technical expertise and know-how. The lack of language support and interpretation further keep many women isolated from the limited services available.

Refugee women in Greece have typically spent extended lengths of time in camp environments that are unsuitable for women – in particular survivors of sexual and gender-based violence, pregnant women, mothers and those with disabilities or health problems. During this time, very few can access information or advice, and even fewer are able to speak the languages required to seek help or change their circumstances.

Unwilling to report or deal with sexual and gender-based violence during displacement, many women seem to be forced to delay the process of addressing these issues until they have settled in their destination country as they fear it might affect their asylum or relocation process. Being exposed to extended waiting times may prolong the period that women are put at risk of sexual and gender-based violence.

### THE RESEARCH STUDY IDENTIFIED SPECIFIC GAPS IN THE SEXUAL AND GENDER-BASED VIOLENCE / SEXUAL AND REPRODUCTIVE HEALTH RESPONSE.

These gaps range from the micro-level of individual service provision, to overall camp infrastructure, and higher policy-making level. The next section outlines recommendations aimed at strengthening the sexual and gender-based violence response at these multiple levels.



Photo: Claire Veale

## RECOMMENDATIONS

The research findings allow us to draw a number of top-line recommendations to address matters relating to sexual and gender-based violence among refugee women seeking protection in Europe.

At the micro-level, the sexual and gender-based violence and sexual health response could be strengthened on a day-to-day basis through capacity building support for staff members and volunteers operating in the camps.

This could include online or in-person training; sexual and gender-based violence manuals; psycho-social support, therapy and trauma support; technical support and expertise; more staff

members to join the team for these purposes; and increased protection for the staff reporting sexual and gender-based violence cases.

While a long-term vision and structural change are required in response to the gender-specific dangers experienced by women in displacement, we propose a number of short-term recommendations relating to camp infrastructure that could reduce the harmful impact of displacement. Through redesign of camp structure and services, and where necessary by increased and targeted funding, the following actions could help alleviate some of the adversities faced by refugee women in Europe:

### WOMEN – APPROPRIATE CAMPS

- Strengthen the framework for cross-agency collaboration around gender-issues.
- Ensure that women and girl friendly spaces with sufficient capacity are available as standard in every camp.
- Ensure that information about all available services is uniformly disseminated, available and accessible in English, Arabic and Farsi (at a minimum) through signs, leaflets, loudspeaker broadcasts and interactions with humanitarian actors.
- Ensuring that female interpreters are available across all services, specifically for medical and protection services.
- Provide women with responsibility for access to childcare facilities to allow them to access the services/language provision/education available.

### PRACTICAL IMPROVEMENTS BENEFITTING WOMEN

- Ensure that women-only shower facilities and toilets are monitored to guarantee that they are not accessible by men at any time. Effectively separating men's and women's latrines and showers is an easy and inexpensive intervention to reduce risks for women, particularly as latrines in most sites are portable, chemical toilets. Authorities should address this issue immediately.
- Upgrade where necessary the camps to facilitate women's struggle to maintain clean and healthy families, by supplying clothes washing/drying utilities and spaces, and safe food-warming and coffee/tea boiling facilities.
- Examine the living arrangements in every camp from a point of view of women caring for children and families, and make the necessary adjustments to discontinue the primitive household duty practices women are currently forced to undertake.



### WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

- Extend variety in the provision of contraception, with discrete and private access, with a view to empowering women to be in charge of their reproductive rights.
- Distribute culturally appropriate educational materials relating to pregnancy, including information on key symptoms and health complications.
- Ensure women have discreet and swift access to pregnancy tests and relevant referral pathways, including termination of pregnancy services.
- Distribute culturally appropriate educational materials relating to sexual health, including post-sexual assault care, effective contraception for prevention against STIs and pathways for help and advice.
- Train and sufficiently resource the lead service providers handling sexual and reproductive health (SRH) services in each camp to deliver the Minimum Initial Service Package (MISP) for Reproductive Health, ensuring strong SRH coordination with a designated lead organisation/staff member in each camp and streamlined services.

### VIOLENCE AGAINST WOMEN AND CHILDREN

- Ensure that all camps have a clearly demarcated protection mechanism for matters relating to sexual and gender-based violence and child protection.
- Position female point persons, trained in basic sexual and gender-based violence support and care who speak key languages of the refugee population, at sites.
- Put in place referral mechanisms aligning medical, psychological, legal and judicial response services.
- Proof existing policies to ensure that women are able to obtain lifesaving aid, regardless of their legal documentation and nationality.

### EFFECTIVE POLICY ACTION

In addition to the above recommendations relating to capacity building and strengthening of camp infrastructure, the research findings suggest that there is an urgent need for effective policy action aiming to:

- Increase the speed at which asylum claims are expedited in Greece. In doing so, the lengths of time during which women – many of whom have experienced various forms of sexual and gender-based violence – are trapped in unhealthy and harmful environments can be reduced.
- Ensure that the asylum process and relocation mechanisms are underpinned by clearly demarcated pathways, with adequate information and advice mechanisms in place.
- Ensure that sufficient statutory funding is made available to ensure adequate legal, medical and support services, and protection frameworks are in place across all camps.
- EU countries that are the destination of relocation procedures should build a specific strand into their reception system plans taking into account that many women and girls would have encountered sexual and gender-based violence while in transit to that destination and establishing supports such as counselling, referrals and gender specific health information in a language that women could understand.

**ABUSE**

Abuse, whether physical, sexual, emotional or economic, or a combination of these, which may cause death, or which causes or may cause serious physical or psychological harm, or significant harm to a person's property (WHO, 2012).<sup>143</sup>

**DOMESTIC VIOLENCE**

Domestic violence is the abuse of one partner within an intimate or family relationship. It is the repeated, random and habitual use of intimidation to control a partner. The abuse can be physical, emotional, psychological, financial or sexual.<sup>144</sup>

**FORCED MARRIAGE**

A forced marriage is where one or both people do not (or in cases of people with learning difficulties, cannot) consent to the marriage and where duress is used. 'Duress' includes psychological, sexual, financial or emotional pressure and physical violence.<sup>145</sup>

**GENDER**

'Gender', in accordance with article 7(3) of the Rome Statute of the ICC, refers to males and females, within the context of society. This definition acknowledges the social construction of gender, and the accompanying roles, behaviours, activities, and attributes assigned to women and men, and to girls and boys.<sup>146</sup>

**GENDER-BASED VIOLENCE (GBV):**

Any act of gender-based violence which leads to, or may lead to, physical, sexual or psychological harm against a person on the basis of gender or social role in a society or culture. This may include threats, beatings, violence related to dowry, non-marital violence, rape, sexual violence related to exploitation, sexual harassment and intimidation in the workplace or school, trafficking in women, sexual exploitation and forced prostitution. In many cases, the person does not have the choice to refuse or resort to other options without severe economic, physical, psychological or social repercussions ((UNICEF 2003)<sup>147</sup> Gender-based violence is not always manifested as a form of sexual violence. It may include non-sexual attacks on women and girls, and men and boys, because of their gender.

**GENDER-BASED VIOLENCE (FORMS):**

The Universal Declaration on the Elimination of Violence against Women (1993)<sup>148</sup> listed some forms of violence, as follows: Physical, sexual and psychological violence that takes place within the family including rape, harmful beatings, sexual assault against the family's children, male and female, non-marital violence, violence tied to exploitation, and other traditional practices that are harmful to women. Physical, sexual and psychological violence that takes place within the sphere of society including rape, sexual assault, sexual harassment (in the workplace, educational institutions, or any other place), trafficking in women and forced prostitution.<sup>149</sup>

**RAPE**

The process of imposing sexual acts on another against their will, through the use of violence, force, the threat of harm or other forms of coercion, or when the victim is unable to refuse due to the effects of drugs or alcohol.

**SEX**

'Sex' refers to the biological and physiological characteristics that define men and women.<sup>150</sup>

<sup>144</sup>. See e.g.: <<https://www.refuge.org.uk>>

<sup>145</sup>. See e.g.: <<https://www.refuge.org.uk>>

<sup>146</sup>. See e.g.: <[https://www.icc-cpi.int/nr/rdonlyres/ea9aeff7-5752-4f84-be94-0a655eb30e16/0/rome\\_statute\\_english.pdf](https://www.icc-cpi.int/nr/rdonlyres/ea9aeff7-5752-4f84-be94-0a655eb30e16/0/rome_statute_english.pdf)>

<sup>147</sup>. See e.g.: <[https://www.unicef.org/emerg/files/gl\\_sgbv03.pdf](https://www.unicef.org/emerg/files/gl_sgbv03.pdf)>

<sup>148</sup>. See e.g.: <<http://www.un.org/documents/ga/res/48/a48r104.htm>>

<sup>149</sup>. See e.g.: <<http://www.un.org/documents/ga/res/48/a48r104.htm>>

<sup>150</sup>. See e.g.: <<https://www.icc-cpi.int/iccdocs/otp/OTP-Policy-Paper-on-Sexual-and-Gender-Based-Crimes--June-2014.pdf>>

**SEXUAL VIOLENCE**

Acts of violence that are enacted, intended or experienced as 'sexual' either because they involve sexual or reproductive organs or otherwise relate to the victim or perpetrator as sexual agents.<sup>151</sup> This can include rape (sexual penetration), mutilation, torture, enforced pregnancy, sexual enslavement, forced marriage and so on.

**VIOLENCE**

The premeditated use of force or the threat of its use against the self, another person, a group of persons, or society as a whole, which may lead to serious injuries, death, harm, or growth problems. The definition is tied to premeditation upon the commission of the act, which differentiates it from injury or accidents. However, it is necessarily tied to causing harm. (UNWRA, 2012).<sup>152</sup>

**VIOLENCE AGAINST WOMEN**

Any act of violence directed at women, which leads or may lead to physical, sexual or psychological harm or pain. This includes the threat to commit such acts and arbitrary deprivation, whether in public or private life (Universal Declaration on the Elimination of Violence Against Women, 1993 [Article 1]).<sup>153</sup>

<sup>151</sup> See e.g.: <[http://samples.sainsburysebooks.co.uk/9781317679974\\_sample\\_645751.pdf](http://samples.sainsburysebooks.co.uk/9781317679974_sample_645751.pdf)>

<sup>152</sup> See e.g.: <<https://www.unrwa.org/userfiles/2012061162152.pdf>>

<sup>153</sup> See e.g.: <<http://www.un.org/documents/ga/res/48/a48r104.htm>>

