

PROTECTING REFUGEE WOMEN AND GIRLS IN BULGARIA

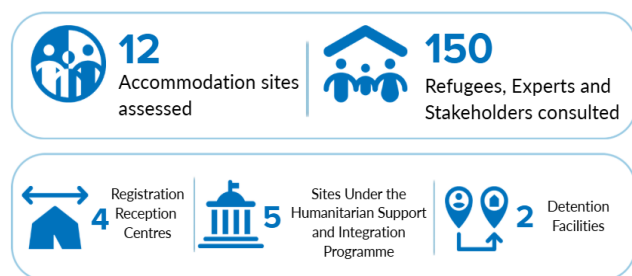
Safer reception systems, stronger communities, better protection outcomes

September 2026

Designed by UNHCR and implemented by Demetra Association and the Bulgarian Academy of Sciences, the Safety Audit: *Mapping Risks of Violence against Women and Intersectional Vulnerabilities*, examined safety risks in reception, accommodation and detention settings for displaced and refugee women and girls.

Women, girls, children, persons with disabilities, older persons and LGBTIQ+ individuals face specific protection risks during displacement. They found that while direct physical violence within accommodation facilities is generally reported as low, significant risks remain due to structural vulnerabilities, economic insecurity, barriers to services and limited awareness of protection mechanisms.

The assessment found that refugee women and girls are not seeking special treatment. They are seeking predictability, security, dignity and the opportunity to rebuild their lives. Risks increase when families experience economic insecurity, inadequate infrastructure, social isolation and uncertainty about their future.



The assessment found that risks are often compounded when gender intersects with disability, age, displacement history, legal status or sexual orientation. Examples identified during the assessment include women with disabilities relying on others for daily mobility, children lacking safe recreational spaces, and individuals with diverse sexual orientation, gender identity or expression and sex characteristics, concealing their identity due to fear of harassment and discrimination.

Many refugees are uncertain about where to seek help, how to report violence or who to contact in emergencies. Information is often provided passively and does not consistently reach those most at risk.

- LGBTIQ+ individuals avoid seeking information or reporting violence due to stigma.
- Older persons and persons with disabilities face increased dependency on others, and lack sufficient information in accessible formats.

Working with Partners

The assessment benefited from the collaboration of the State Agency for Refugees, Migration Directorate, IOM and civil society partners in the Bulgaria Network of Compass Protection and Inclusion Network. Their contributions were essential in identifying risks, validating findings and strengthening understanding of existing protection and referral mechanisms.

INTERSECTIONAL VULNERABILITIES

HIGHER-RISK GROUPS							
							
Women and girls	Single mothers	Survivors of violence and trafficking	Children and adolescents	Older persons	Persons with disabilities	Individuals with diverse SOGIESC	Persons with chronic health conditions

Risk Level	Type of Facility	Factors increasing risk	Factors reducing risk	Intersectional Vulnerabilities
<i>High to Medium</i>	Reception Centres	Legal uncertainty, economic dependency, overcrowding, limited privacy, confidentiality concerns, limited referral pathways, social exclusion, underreporting of violence.	Stronger staff capacity and support; presence of NGOs and service providers; available accommodation and basic support services.	Social exclusion and harassment; difficulties accessing confidential reporting and reduced ability to seek help due to stigma and confidentiality concerns; exposure to coercion, exploitation and abuse by others.
<i>High to Medium</i>	Detention Facilities	Prolonged detention, legal uncertainty, absence of GBV screening, and lack of referral pathways for complex medical and psycho-social cases.	Separate protected area for women and children acts as a significant protective factor. Staff support, interpretation and information services where available.	Dependency on authorities; difficulty reporting violence; increased risk of hidden abuse because of lack of privacy and confidential support; prolonged uncertainty may aggravate trauma and psychosocial distress.
<i>Medium to Low</i>	Humanitarian Accommodation Facilities	Economic insecurity, dependence on assistance, barriers to employment and services, social isolation, accessibility constraints, risks in surrounding public spaces.	Safe and stable accommodation, controlled access, functioning support services, stronger community environment and lower exposure to institutional risks.	Dependence on assistance programmes and intermediaries for access to employment, healthcare, transport and childcare; increased exposure to exploitation where economic alternatives are limited; accessibility barriers reducing independence.

RECOMMENDATIONS

Strengthen Safe, Dignified and Inclusive Accommodation	Ensure safe accommodation standards through adequate privacy, secure and gender-sensitive sanitary facilities, women- and child-friendly spaces, appropriate lighting, and access-control measures.
	Integrate accessibility and safety considerations for persons with disabilities and other individuals facing heightened vulnerability.
Enhance GBV Prevention, Early Identification and Survivor-Centred Response	Establish confidential and accessible reporting mechanisms, multilingual information provision, and trained GBV focal points in all facilities.
	Introduce systematic vulnerability and GBV risk screening, strengthen referral pathways, and update SOPs to support prevention, early identification and survivor-centred responses.
	Ensure access to specialised GBV, health, psychosocial, legal aid and child protection services irrespective of legal status.
Reduce Vulnerability to Exploitation and Social Exclusion	Promote access to legal employment, livelihoods, education, healthcare and social support services, including targeted support for people with intersectional needs.
	Strengthen awareness of rights, reporting mechanisms, and safeguards against labour exploitation, trafficking and other forms of abuse.
Strengthen Coordination, Accountability and Monitoring	Enhance coordination among institutions, municipalities, police, health and social services, and civil society organizations.
	Monitor protection, safety and prevention indicators, including risk factors and access to services, to support evidence-based action, and establish multidisciplinary case-management and referral mechanisms.