



**GENDER-BASED VIOLENCE PREVENTION, RISK MITIGATION
AND RESPONSE IN EUROPE: PROMISING PRACTICES AND
RECOMMENDATIONS FOR THE WAY FORWARD**

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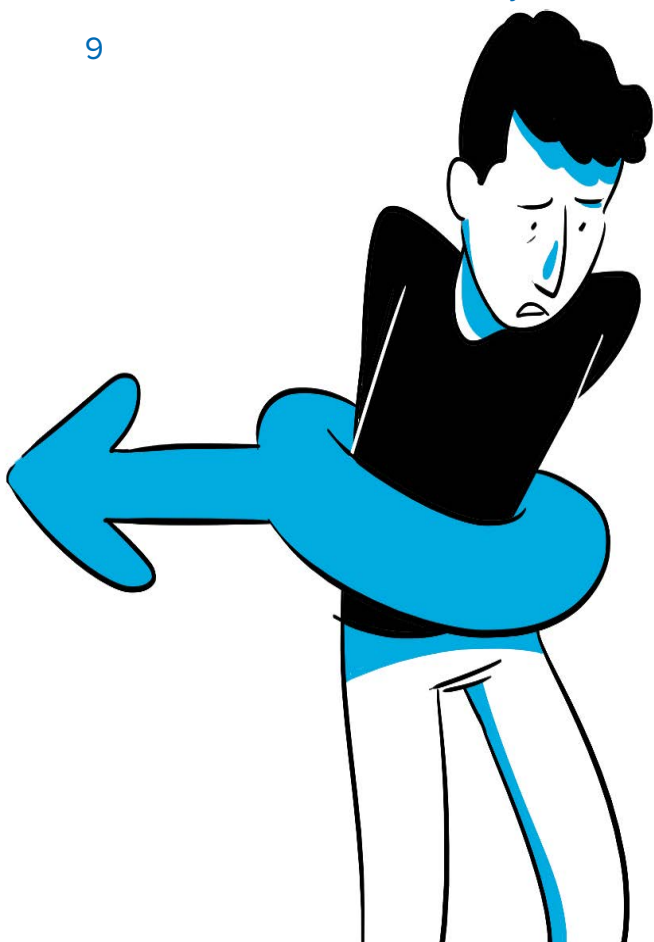
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Overview

The risks and experiences of gender-based violence (GBV) faced by asylum-seekers and refugees before, during and after their journeys to Europe have been widely acknowledged, reiterating the continued need to strengthen the capacity of States and other stakeholders to prevent, mitigate and respond to such risks.

Based on a survey conducted by UNHCR's Regional Bureau for Europe in 2021, challenges in addressing GBV against asylum-seekers and refugees in the European context include:

- the timely identification, support and referral of survivors of GBV;
- linguistical, practical, legal and administrative barriers to access services;
- deterrents to reporting GBV incidents, such as lack of confidence in reception authorities or service providers, fear of reprisals, or concerns about consequences for asylum processing;
- a heightened risk of GBV in reception centers and collective accommodation;
- lack of data on GBV incidents and trends affecting refugees and asylum-seekers.

Across the region, UNHCR partners with States, civil society, and national service providers in an effort to address these challenges. This paper seeks to showcase some of the promising practices related to GBV prevention, risk mitigation and response, and offer recommendations for the way forward.

ITALY

The **inclusion of refugee survivors in national GBV response systems** in Italy is done in partnership with the national anti-violence network D.i.Re (Donne in rete contro la violenza). Protocols and standards for intervention with refugee survivors have been developed, with accompanying training facilitated for 179 personnel in anti-violence centers, including 52 female cultural mediators working with the centers. The network provides and refers survivors to a range of specialized services including safe shelter, psycho-social support, health and legal support and counselling.

D.i.Re and UNHCR have also established a **system of disaggregated data collection** including residence status, age, and nationality which enabled the identification of GBV trends and permits analysis of the numbers of persons of concern accessing GBV services and information at anti-violence centers. As a result, the office is able to undertake evidence-based advocacy for timely access to services. This is a uniquely positive practice given extremely limited data related to incidents of GBV against persons of concern in the region.

In late 2020 UNHCR, UNICEF and IOM launched a **pocket guide for social workers on how to provide first line support to survivors of GBV**. The guide highlights the importance of ensuring the survivor's safety, confidentiality and dignity while prioritizing psychological first aid and links with locally available services. The guide was especially timely given the impact of COVID-19 on women and girls.

The office in Italy also developed a set of information tools for GBV survivors on

rights and entitlements to health care and launched an information campaign "**lo ho diritto alla salute**" (I have the right to Health) for men, boy and LGBTIQ+ GBV survivors with the aim of increasing access to basic and specialized health services in a gender-inclusive manner. The information package includes 3 videos (in five languages) and 3 comic strips, developed in collaboration with Il Grande Colibri', a Bologna based LGBTIQ+ organisations that provides support and help to the LGBTIQ+ community. Three refugees feature in the videos to raise awareness on the under-reported and stigmatized issue of GBV against men, boys and LGBTIQ+ persons. The information package is available on the UNHCR Italy website, **lo ho diritto alla salute** – and on UNHCR and partner social media platforms.



MALTA

In 2020, UNHCR in Malta supported an economic empowerment initiative through its partner the Jesuit Refugee Service (JRS) for women residing reception centers to produce 2,600 in reusable cloth face masks, which were then distributed in detention and open reception centres. Women who had been engaged felt empowered by being able to offer a service during the pandemic while also earning a small income.

In a partnership with Teatru Salesjan (community theatre group) and JRS, UNHCR organized a series of **workshops** for women in the reception centers **designed to strengthen their access to employment**, specifically through raising their awareness of the cultural and social context in Malta. Based on the women's direct feedback, the training helped participants to develop a sense of belonging; learn about culturally accepted ways of communicating in everyday life; and to have a safe space to share their views with the trainers and amongst each other.

In partnership with the Women's Rights Foundation (WRF), UNHCR in Malta also established **the first national free GBV helpline, with interpretation services** in the main languages spoken by asylum-seekers and refugees (Arabic, English, French and Maltese). UNHCR and WRF designed child-friendly visibility materials and translated them and disseminated across existing communication channels.

In response to the gap in knowledge on services and support in relation to **female genital mutilation (FGM) and sexual and reproductive health**, UNHCR partnered

with the Maltese reception authority, a women-led organization (Tama) and the genitourinary clinic of Malta's main public hospital to conduct **awareness sessions on rights and services with a focus on FGM and sexual health, for men and women**. Multi-media educational material including information videos and leaflets will be made available in different languages in reception centers as well as online to target a wider audience.



GREECE

In Greece, the GBVIMS (GBV information management system) has been used by UNHCR and GBV partners including DIOTIMA, PRAKSIS, Médecins du Monde, ARSIS and the Greek Refugee Council since 2018 to record GBV cases identified and supported in the Reception Identification Centers on the Aegean Islands and Evros, as well as urban Athens and Thessaloniki. The information on service provision and response is recorded, and further used for targeted advocacy to address service gaps in certain locations, as well as general advocacy for the need for continued and enhanced GBV programming and response.

Access to state run safe shelters in Greece is not immediate; and on some Aegean Islands, there are no safe shelters, requiring transfer to the mainland, which is not always permitted given the restrictions on movement applied to asylum-seekers. To mitigate potential continuing risks to safety to GBV survivors, UNHCR has established **Temporary Emergency Accommodation** implemented through its GBV partner DIOTIMA. The temporary emergency accommodation allows for immediate placement of the GBV survivor in a hotel in an undisclosed location, with a lobby to ensure security. The emergency accommodation may be provided from several days to several weeks, pending the transfer of the GBV survivor to longer-term safe accommodation.

Risk mitigation measures have been taken by the Reception Identification Service following targeted UNHCR advocacy and support with the installation of lighting, locks and provision of whistles in reception identification centers on the Aegean Islands, particularly Lesbos, Chios, and Kos.

UNHCR has established **SOPs for cash**

card separation with GBV risk mitigation safeguards, which have been adopted by the State to endorse cash and card separation allowing the GBV survivor (usually female) to have her cash card separate from the male head of household. **Risk mitigation measures are further adopted in the provision of accommodation** through the ESTIA accommodation program and stringent placement rules are in place to minimize the risk of GBV, for example, single women and men are placed separately.

UNHCR partnered with Positive Voice – a **Greek Association promoting the rights of people living with HIV and HIV-vulnerable populations** - to translate existing **communication material on sexual and reproductive health**, after adapting them in consultation with community members. Despite initial fears that the content may be sensitive, the information was received positively. Community members had access to this information in their countries of origin, and had expressed a need for it in Greece, in languages accessible to persons of concern, to raise awareness and share information about available services. Positive Voice and the UNHCR team worked together to produce the material in English, French, Arabic, Farsi, Urdu, Pashto and Bengali. In 2020, UNHCR in Greece provided materials requested to support the Women's Refugee Committee on the island to facilitate GBV prevention, response and empowerment activities, including computers, books, board games, sewing and knitting material. Community meetings took place to consult and discuss concerns with asylum-seeking women, for example on sexual and reproductive health. UNHCR and IRC in Greece also co-facilitated a 4-day training for members of the Women's Committee on GBV and Psychological First Aid, and the safe identification and referral of survivors.

Male engagement takes place through UNHCR partner DIOTIMA in urban Athens and Lesvos Reception and Identification Centers. Sessions are held with men to influence behavioural change and discuss attitudes around GBV. Male peer to peer GBV advocacy has proven an effective way to address GBV and sexual harassment in the these centers

CYPRUS

In 2020, the office in **Cyprus** conducted a survey on the extent of GBV taking place against persons of concern. As a result of information collected through the survey, **authorities were supported to implement a system of identification and referral for persons with specific needs** at the point of reception and arrival through the secondment of two staff (one male and one female) from the welfare services. Women at risk and GBV survivors are now prioritized within the registration process, for relocation and to access safer accommodation and services. At the same time, the survey also highlighted the sensitivity of the subject and challenges in obtaining information about GBV from communities.

In order to support survivors, the office has engaged the services of a **roving psychologist and interpreter** to conduct outreach as it was seen that women were reluctant to come forward to access psycho-social support services, even if identified. The psychologist facilitates a women's empowerment group as well as one-to-one sessions with survivors. This provision of psycho-social support and referral for services is supported by three psychologists and additional staff within UNHCR's partner in Cyprus.

UNHCR in Greece has also introduced a **Community Liaison** position requiring relevant language skills in order to directly engage with communities on GBV prevention and response, including escorting survivors to service providers at the request of the authorities.

In addition, **awareness raising sessions related to female genital mutilation** are facilitated, including by engaging 9 volunteers as ambassadors on the subject, particularly within the Somali community. Ambassador activities include training with men in reception centers, and training within shelters for unaccompanied girls.



BOSNIA AND HERZEGOVINA

In Una-Sana canton in Bosnia and Herzegovina, GBV survivors are supported through a **Safe House project** implemented by the project in partnership with NGOs Vasa Prava and Zene sa Une. The project provides a range of protection services in the community, including alternative care for unaccompanied children, accommodation facilities for adults, food, hygiene items, psychological support, legal aid services, educational support and primary health care.

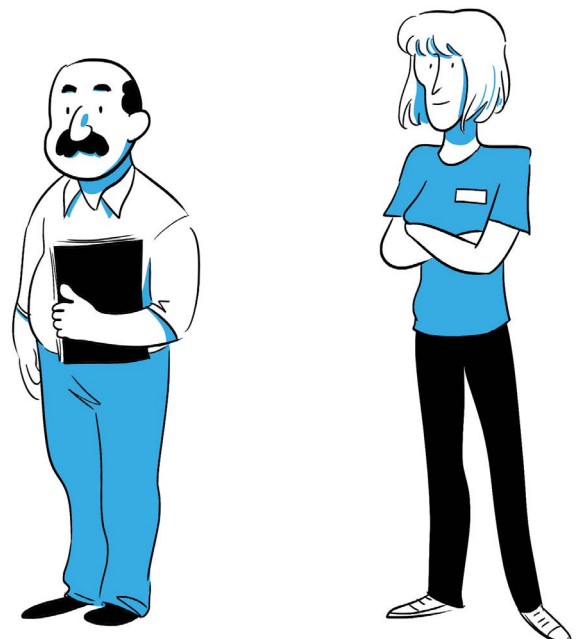
UNHCR, Vasa Prava and Zene sa Une have developed **Standard Operating Procedures** with referral pathways to standardize criteria and pathways for referrals of identified cases to the Safe House. The project engages a number of partners in Una-Sana canton, including local authorities, hospitals, local and international organisations such as the Red Cross, IOM, UNFPA, Médecins du Monde, the Danish Refugee Council, and Save the Children, ensuring the full range of multi-sectoral services for survivors.

SERBIA

A **peer educator project** has been introduced with unaccompanied children from Afghanistan, equipping them with skills and knowledge to raise awareness on GBV and related subjects, including gender norms, sexual orientation and gender identity and trafficking. Peer educators have organized events and activities with other children to share this information, including through social media.

The Danish Refugee Council also provides free legal aid and psychosocial support to GBV survivors. Free legal aid is provided by a DRC lawyer, and includes the provision of information, writing submissions, representation before mandatory institutions as well as representation in the court when applicable.

UNHCR's partner Danish Refugee Council trained asylum-seeking women from Afghanistan, Syria and Iran on human and women's rights, to support their role as entry points for identification, referral and peer support for women and girls accommodated in the Asylum Centre Krnjaca in Belgrade. **A safe space for women and girls** has also been established in the center to run thematic workshops, legal and psychosocial counseling, reproductive health education, and other related activities.



RECOMMENDATIONS FOR THE WAY FORWARD

To further strengthen prevention, response and risk mitigation on gender-based violence in Europe, UNHCR encourages States, service providers and other stakeholders to:

- 1. Collect and analyze disaggregated data** relating to incidents of GBV against refugees and asylum-seekers, including gender-related persecution within asylum systems, to better inform programming, services and safeguards within asylum systems for GBV survivors.
- 2. Regularly assess and enhance the safety of reception facilities and other collective accommodation hosting asylum-seekers and refugees.** GBV safety assessments can help to understand and mitigate the risks of gender-based violence in particular locations and to design mitigation measures.
- 3. Enable effective access to national systems of prevention and response** for asylum-seekers, refugees and stateless persons - including male and LGBTIQ+ survivors - and address practical barriers to such access (such as the lack of information and interpreters, confidence in national systems, fear of retaliation, knowledge, awareness and attitudes of reception staff and service providers, and transportation costs).
- 4. Ensure information provision on rights and services available to survivors of GBV** through multiple channels - including online platforms, social media channels, leaflets, posters, videos and outreach – in languages and formats which can be understood.

5. Consult asylum-seekers and refugees regarding the risks they face in relation to GBV and how to effectively mitigate and respond to these. Refugee-led organisations, including women-led organisations, and national LGBTIQ+ organisations can contribute to and support such efforts.

6. Integrate procedural and evidentiary safeguards within asylum systems for GBV survivors; with reference to Chapter VII of the [Istanbul Convention on preventing and combating violence against women and domestic violence](#), and the UNHCR Procedural Standards for Refugee Status Determination and [Guidelines on Gender-Related Persecution](#).

7. Integrate GBV considerations into broader systems of identification and referral for persons with specific needs to facilitate safe identification and referral to appropriate services.

8. Build the knowledge and capacity of frontline staff working with asylum-seekers and refugees, as well as refugee-led organisations and women-led organisations, to prevent and respond to gender-based violence through sensitization and training.

