Reception of female refugees and asylum seekers in the EU
Case study Belgium and Germany

STUDY FOR THE FEMM COMMITTEE
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Abstract
Commissioned by the European Parliament’s Policy Department for Citizens’ Rights and Constitutional Affairs at the request of the Committee on Women’s Rights and Gender Equality, this study provides an overview of the implementation of Directive 2013/33/EU laying down standards for the reception of applicants for international protection. It outlines the legal framework and examines how gender related aspects and the reception needs of vulnerable groups are considered in practice in Munich (Germany) and Brussels (Belgium).
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To contact the Policy Department for Citizen's Rights and Constitutional Affairs or to subscribe to its newsletter please write to: poldep-citizens@europarl.europa.eu

RESEARCH ADMINISTRATOR RESPONSIBLE

Ms Eeva ERIKSSON
Policy Department C: Citizens' Rights and Constitutional Affairs
European Parliament
B-1047 Brussels
E-mail: poldep-citizens@europarl.europa.eu

AUTHORS

Yasemin BEKYOL
Prof. Dr. Petra BENDEL
Friedrich-Alexander-University Erlangen-Nuremberg, Germany

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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AIDA</td>
<td>Asylum Information Database</td>
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<tr>
<td>ARE</td>
<td>Reception and Return Centre; Ankunfts- und Rückführungseinrichtung (Germany)</td>
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<td>AsylbLG</td>
<td>Asylum Act; Asylbewerberleistungsgesetz (Germany)</td>
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<tr>
<td>BAMF</td>
<td>Federal Office for Migration and Refugees (Germany)</td>
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<td>CGRS</td>
<td>Commissioner General for Refugees and Stateless Persons (Belgium)</td>
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<td>COM</td>
<td>European Commission</td>
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<td>CEAS</td>
<td>Common European Asylum System</td>
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<td>EASY</td>
<td>Registration and Allocation Software; Erstverteilung von Asylsuchenden (Germany)</td>
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<td>ECRE</td>
<td>European Council on Refugees and Exiles</td>
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<td>EU</td>
<td>European Union</td>
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<td>EURODAC</td>
<td>European Dactyloscopy</td>
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<td>EPRS</td>
<td>European Parliament Research Service</td>
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<td>EMN</td>
<td>European Migration Network</td>
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<td>FEDASIL</td>
<td>Federal Agency for the Reception of Asylum Seekers (Belgium)</td>
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<td>FGM</td>
<td>Female Genital Mutilation</td>
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<tr>
<td>FRONTEX</td>
<td>European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union</td>
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<td>IOM</td>
<td>International Organisation for Migration</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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EXECUTIVE SUMMARY

- Whereas in 2015 the majority of refugees were men, nearly 60 per cent of arrivals from January 2016 onwards were children and women. During their journey, refugees are often exposed to human rights violations. Female refugees, in particular, are exposed to multiple forms of gender-based violence. This places women in a situation of greater vulnerability.

- The Reception Conditions Directive (2013/33/EU)\(^1\) introduces better and harmonised standards in respect of persons seeking international protection in the European Union (EU) and obliges Member States to take into account the specific needs of vulnerable persons, including (unaccompanied) minors, pregnant women, single parents with minor children, victims of human trafficking, and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation (Articles 21 and 22). However, the increase of applicants for international protection in the EU in 2015 has made it difficult for Member States to implement these safeguards.

- Isolated and overcrowded reception centres as well as the lack of autonomy and forced passivity of tenants for an uncertain period cause frustration, boredom and are a breeding ground for tensions that encourage violence. Separate rooms with lockable doors as well as separate, easily accessible and well-lit, lockable sanitary facilities are essential to establish a sense of safety in mass accommodation. In addition, psychological as well as health care and one-on-one legal and social counselling by sympathetic, trained personnel should be enhanced.

- The personnel at reception hubs should be heterogeneous with both male and female staff, especially when it comes to security staff. Knowledge and sensitivity – including gender sensitivity – should be enhanced by specific training seminars for all staff. In addition, a generally applicable and transparent procedure for dealing with cases of assault should be introduced, and so-called “safe-rooms” should be mandatory in every reception centre to isolate the victim or perpetrator during this procedure.

- Experts in Munich and Brussels have recommended a European Tracing System in combination with a legal service for families that have been separated along the way so as to foster stability.

- Moreover, experts have asked for a bottom-up approach to enhance trust and confidence in the transposition of safeguards. Greater coordination and dialogue among Member States are central to the implementation of the Common European Asylum System (CEAS). This includes monitoring the implementation, encouraging and supporting cooperation as well as best practices.

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1. RECEPTION OF WOMEN AND GIRLS: BACKGROUND INFORMATION

**KEY FINDINGS**

- In contrast to previous years, the number of applicants seeking international protection in the EU Member States as well as in Schengen Associated States has risen exponentially to over 1.3 million asylum claims in 2015. In 2016, in spite of rough seas during the winter months, the number of refugees decreased less than expected.

- The Reception Conditions Directive (2013/33/EU) aims to ensure asylum applicants harmonised access to housing, food, healthcare and employment, as well as medical and psychological care across the EU. The transposition and implementation of the Directive as well as other relevant Directives must be ensured in order to guarantee adequate minimum standards and to reduce divergences between Member States.

- The Istanbul Convention asks the States to address the issue of gender-based violence against women, to protect victims and to prosecute perpetrators, covering a broad range of instruments from awareness-rising to legal measures, protection measures and the provision of support services. The Convention has been signed by 42 states; Belgium has ratified it in March 2016 whereas Germany plans to ratify it during the current legislative period.

1.1. Introduction

In 2015, approximately one million refugees, asylum seekers and migrants reached the European Union (EU), mostly from Syria, Afghanistan and Iraq. Whereas in 2015 the vast majority of immigrants were men, this tendency has recently changed. From January 2016

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2 The authors would like to thank Saba Alshamari, Lina Bali, Yilmaz Bekyol, Francis Henry, Veronika Hölker, Christine Scharf, Katherine Wassmer and Lilyana Vlaeva for their support and assistance with this study.


7 Refugee: A person who “owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country.” (ibid)

8 Migrant: “any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.” (ibid)

9 For more information see UNHCR data on refugees & migrants in the Mediterranean. Available at: http://data.unhcr.org/mediterranean/regional.php. The UNHCR updates the numbers regularly.
onwards, nearly 60 per cent of arrivals have been children and women. Women’s rights are a consideration at every stage of flight: root causes, transit routes, conditions of admission and accommodation, asylum procedures and, finally, integration opportunities.

People flee from conflicts, regional instability and human rights violations which include gender-specific violence and structural violence against women and children as a weapon of war. Gender discrimination and culturally accepted forms of violence against women are root causes against which home countries often do not guarantee sufficient protection.10

Persons from Libya and Turkey in search of protection have so far reached EU Member States via Greece, Macedonia, Serbia, Croatia, Slovenia and Austria en route to Germany and Sweden. Even though precise data is often lacking for a number of reasons, the following three tendencies can be distinguished:

Firstly, in spite of rough seas during the winter months in 2015 and 2016, the number of refugees decreased less than expected. In 2015, 1,015,078 refugees arrived in the EU by sea from Turkey. In January 2016 alone, 138,208 persons arrived in Greece. After the EU’s negotiations with Turkey, this figure decreased in March 2016.

Secondly, 38 per cent of those arriving were children and 20 per cent were women.11 Refugees are concerned about the Member States closing their borders and regulations for family reunification becoming more and more restrictive. They also hope for better access to services and asylum procedures. Among those who disappeared or died on their journey, one third were women and children.

Thirdly, during their journeys, refugees in general and female refugees in particular are often exposed to multiple forms of violence: extortion, exploitation, sexual and gender-related violence. Data is lacking here, too, since victims of violence often find it hard to report their experiences. Amnesty International12 has reported of exploitation of Syrian women in Libya; the United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNFPA) and the Women’s Refugee Commission have also published reports on the protection gaps concerning women and children on their voyages to and arrival in Greece. According to these reports, actors are smugglers, traffickers and criminal gangs, but also guards in refugee camps. Women run the risk of becoming victims of trafficking and prostitution. Moreover, practices of forced marriage, in order to profit from later family reunification, have been reported.13 The lack of secure and legal channels for refugees to arrive in the EU and the lack of efficient relocation within the EU especially affects women and makes them particularly vulnerable to exploitation and violence.

Since women are more often exposed to discriminatory experiences than men and it is more difficult for them to exercise their human rights, they need particular attention and

11 For more information, see UNHCR data on refugees & migrants in the Mediterranean. Available at: http://data.unhcr.org/mediterranean/regional.php. The UNHCR updates the numbers regularly.
protection. Both international law and European law do, in principle, guarantee such protection. While the Geneva Refugee Convention does not explicitly provide for gender-specific grounds, according to the current interpretation, gender-specific violence, domestic violence and genital mutilation are grounds for asylum.

This approach has been confirmed by the Council of Europe's Istanbul Convention claiming the principle of non-refoulement particularly for victims of gender-based violence. The Council of Europe has also published a resolution and recommendations with regard to gender-specific asylum procedures. Germany plans to ratify the Istanbul Convention during the current legislative period. Belgium ratified it in March 2016.

1.2. Legal framework

At the EU level, the Directive 2013/33/EU of the European Parliament and of the Council from 26 June 2013 laying down standards for the reception of applicants for international protection forms part of thereshaping of the Common European Asylum System (CEAS) adopted in mid-2013, comprising two Regulations and five Directives:

- Dublin III – Regulation: Regulation (EU) No 604/2013 of the European Parliament and of the Council of 26 June 2013 establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person.
- EURODAC Regulation: Regulation (EU) No 603/2013 of the European Parliament and of the Council of 26 June 2013 on the establishment of 'Eurodac' for the comparison of fingerprints for the effective application of Regulation (EU) No 604/2013 establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person and on requests for the comparison with Eurodac data by Member States' law enforcement authorities and Europol for law enforcement purposes, and amending Regulation (EU) No

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14 ibid
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1077/2011 establishing a European Agency for the operational management of large-scale IT systems in the area of freedom, security and justice.\(^{22}\)

- Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted.\(^{24}\)
- Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on common procedures for granting and withdrawing international protection.\(^{26}\)
- Directive 2013/33/EU laying down standards for the reception of applicants for international protection.\(^{27}\)

In the original Reception Conditions Directive (2003/9/EC)\(^{28}\), only few standards for the reception of asylum seekers had been set out. In its report on the application of Directive 2003/9/EC,\(^{29}\) the Commission stated that the Directive left the Member States a broad margin for manoeuvre, especially when it came to the provision of resources for asylum seekers in comparison with their own citizens and access to the labour market. Detention procedures, too, differed significantly between the Member States which, in some cases, resulted in persons leaving seeking international protection without legal assistance or information on their concrete legal situation. This was particularly critical in the case of vulnerable persons. With reference to the “Detention Guidelines”,\(^{30}\) referring to Article 5 of the European Convention on Human Rights\(^{31}\) the UNHCR as well as the European Court for Human Rights had repeatedly recalled the provision that persons in need of international

Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A2013R0603

Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A2008L0115

Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A2011L0095


Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A2013L0032

Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A2013L0033


Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A2007DC0745

Available at: http://www.unhcr.org/publications/legal/505b10ee9/unhcr-detention-guidelines.html

protection were not to be considered criminals. The situation was even aggravated by the fact that conditions in detention centres in some Member States were often considered inhumane and degrading. In addition, most of the Member States did not dispose of clearing centres or treatment facilities for particularly vulnerable persons such as victims of torture or traumatised persons.

Directive 2013/33/EU aims to provide applicants for international protection with better and harmonised standards throughout the EU, irrespective of the Member State in which the application has been made. It aims to ensure that applicants have access to housing, food, healthcare and employment, as well as medical and psychological care. Directive 2013/33/EU also sets out new rules concerning detention and better standards for vulnerable persons, including (unaccompanied) minors. However, the adoption of Directive 2013/33/EU was highly debated in the European Parliament, as many argued that it would only partially overcome the deficiencies of the previous one. For instance, material support for asylum seekers, as set out in Article 17(2), is regulated very broadly: “Member States shall ensure that material reception conditions provide an adequate standard of living for applicants, which guarantees their subsistence and protects their physical and mental health.” In addition, “Member States shall ensure that that standard of living is met in the specific situation of vulnerable persons, in accordance with Article 21, as well as in relation to the situation of persons who are in detention.” Nevertheless, Article 17(5) allows Member States room for manoeuvre to subject asylum seekers to less favourable conditions than those prescribed for their own citizens: “Where Member States provide material reception conditions in the form of financial allowances or vouchers, the amount thereof shall be determined on the basis of the level(s) established by the Member State concerned either by law or by the practice to ensure adequate standards of living for nationals. Member States may grant less favourable treatment to applicants compared with nationals in this respect, in particular where material support is partially provided in kind or where those level(s), applied for nationals, aim to ensure a standard of living higher than that prescribed for applicants under this Directive.” One of the politically most contested provisions of the Directive is the possibility of detention, including detention of minors, and the conditions of detention in Articles 8 and 10. In contrast to previous legislation, detention is now explicitly regulated, thus preventing ambiguous or regular detention. Six possible reasons for detention are set out in Article 8(2). Article 11 takes into account special obligations in respect of vulnerable persons and applicants with special reception needs. This also refers to detained female applicants who shall be accommodated separately from male applicants, “unless the latter are family members and all individuals concerned consent thereto” (Article 11(2)).

Articles 21 and 22 of Directive 2013/33/EU oblige Member States to “take into account the specific situation of vulnerable persons such as minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children, victims of human trafficking, persons with serious illnesses, persons with mental disorders and persons who have been subjected to torture, rape or other serious forms of psychological, physical

or sexual violence, such as victims of female genital mutilation.” However, Article 21 leaves open how exactly such a condition may be assessed: “In order to effectively implement Article 21, Member States shall assess whether the applicant is an applicant with special reception needs. Member States shall also indicate the nature of such needs.” Nevertheless, it guarantees that this assessment “shall be initiated within a reasonable period of time after an application for international protection is made and may be integrated into existing national procedures. Member States shall ensure that those special reception needs are also addressed, in accordance with the provisions of this Directive, if they become apparent at a later stage in the asylum procedure.”

The question of assessment, therefore, still leaves room for interpretation in the Member States, as this assessment does not need to take the form of an administrative procedure and may be integrated into existing national procedures. However, gender and age-specific material conditions have to be taken into account as regards material reception conditions both on premises and in reception centres.

At the level of the Council of Europe, the Istanbul Convention came into force in August 2014. The Convention refers particularly to violence against women. As mentioned above, the Convention asks the States to address the issue of gender-based violence against women, to protect victims and to prosecute perpetrators, covering a broad range of instruments from awareness-rising to legal measures, protection measures and the provision of support services. More important, particularly for our study, are the measures that address migration and cross-border dimensions of gender-based violence.

So far, the Convention has been signed by 42 states; Belgium has ratified the Convention whereas Germany has not. The document concerns both Member States' and EU competences, and it enables EU Member States and the EU to become parties jointly. The Commission has suggested that a coherent EU framework for combating violence against women would contribute towards the Commission’s commitment to gender equality as expressed in President Juncker’s guidelines. It has also proposed a roadmap on the topic.

Although the Council of Europe insists that the majority of victims of (domestic) violence are women and girls and that violence against them is part of a wider problem of discrimination and inequality, it also recognises that not only women and girls suffer from violence. Therefore, it also encourages parties to apply the protective framework enshrined in the Convention to men who are exposed to violence.


1.3. Empirical background

“As a defender of the European Union it pains me to see that sentences like ‘Europe is not able to respond’ are partially true,” Iratxe García-Pérez, Chair of the Committee on Women's Rights and Gender Equality (FEMM) of the European Parliament, said in the context of the International Women’s Day 2016 in Brussels, which focused on female refugees and asylum seekers in the EU. “We need to stop talking and start acting,” she emphasised in her introductory remarks.38

Although many politicians have voiced the urgency to start acting against Europe’s seeming inability to find adequate solutions to the predicament of refugees, common ground has still not been found. The aim of this chapter is to provide a first analysis of the implementation of Directive 2013/33/EU and to give a broad overview of those prevailing differences in Member States that may prove to be obstacles on the way to finding common ground in practice.

As far back as in the 1980s, the UNHCR Executive Committee called for the international protection of female refugees, taking into consideration issues such as violence, physical safety, and exposure to sexual abuse or harassment.39 In 1990, the UNHCR established a policy on female refugees and highlighted the fact that the experiences of female refugees differed from those of men and, therefore, particular protection strategies should be developed. Even today, the need for statistical data to tailor programs has not been emphasised strongly enough, which is why the Member States have been encouraged to focus on collecting data on both women asylum seekers and on vulnerable groups of refugees.40

As Eva Cossé, Human Rights Watch researcher, puts it, “while the conditions in the (...) reception centres are better, vulnerable migrants are still falling through the cracks of the protection system.”41 Although the CEAS has, especially with regard to Directive 2013/33/EU, incorporated the protection of vulnerable groups in theory, implementation is still insufficient. Reception systems are the most challenging and expensive component of the asylum system and reliant on efficient management of resources, flexibility and quality of standards being adhered to throughout the EU. The lack of implementation of these standards became most evident in 2015. In September 2015, the Commission sent out letters of formal notice and adopted infringement procedures against 19 Member States which had failed to transpose Directive 2013/33/EU into national law, and against 18 Member States which had failed to transpose Directive 2013/32/EU into national law by July 2015. In both cases, Germany and

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40 ibid
42 These are Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Germany, Estonia, Greece, Spain, France, Hungary, Lithuania, Luxembourg, Latvia, Malta, Poland, Romania, Sweden and Slovenia.
Belgium were involved. As mentioned above, in early 2016, Reasoned Opinions were issued against nine Member States, including Germany.

The transposition and implementation of Directive 2013/33/EU and Directive 2013/32/EU must be ensured in order to guarantee adequate minimum standards and to reduce divergences between Member States. The CEAS, and Directive 2013/33/EU in particular, improve minimum standards, raise awareness of adequate housing standards and vulnerable groups. Nevertheless, as mentioned in the previous chapter, many of the provisions concerning standards are open to interpretation. Accommodation, in particular, differs not only from Member State to Member State, but also from region to region and from town to town.

Whereas in Belgium, France, Italy and Germany the accommodation provided to applicants depends on the status of the application process, accommodation in Malta, Poland, Ireland and the United Kingdom is more dependent on the availability of accommodation as a whole, on the vulnerability of the applicant as well as on the duration of stay. In addition, accommodation standards vary: Poland, for instance, mainly offers asylum seekers accommodation in reception centres, whereas in the United Kingdom most asylum seekers are placed in reception centres only for a short term of up to three weeks. In Germany, accommodation and reception of applicants are the responsibility of the Länder and of local authorities. These are responsible for the execution of federal legal provisions.

Overcrowding has been an important issue in most EU countries in 2015, although its effects were considerably greater in Bulgaria and Malta since recognised refugees continued to live in reception centres but did not receive sufficient integration support throughout the country. Belgium, too, experienced a serious accommodation crisis in 2012 and 2015, which left thousands of refugees homeless. Homelessness could only be overcome by utilising emergency accommodation in the form of tents and by engaging volunteers who housed refugees privately before they were able to register in Brussels. Meanwhile, Germany introduced temporary emergency housing in mobile containers, school gyms, warehouses or so-called air halls for hundreds of refugees who arrived at the end of 2015.


45 ECRE, Reception and Detention Conditions of applications for international protection in light of the Charter of Fundamental Rights of the EU, 2015, p. 24f. Available at: [http://www.refworld.org/pdfid/5506a3d44.pdf](http://www.refworld.org/pdfid/5506a3d44.pdf)


47 ECRE, Reception and Detention Conditions of applications for international protection in light of the Charter of Fundamental Rights of the EU, 2015, p.25f. Available at: [http://www.refworld.org/pdfid/5506a3d44.pdf](http://www.refworld.org/pdfid/5506a3d44.pdf)

As for the quality of reception centres within the EU, the increase in the number of asylum applicants in 2015 led to inadequate housing. A lack of heating, electricity and access to sanitary facilities as well as a lack of privacy in emergency accommodation such as sport halls and former office buildings are shortcomings suffered by asylum seekers in many Member States. Thus, in a reception hall in 2014 in Bulgaria, namely Voenna Rampa, only six showers were available for 600 residents, whereas in Calabria, Italy, one reception centre had no bathroom facilities at all for 500 asylum seekers living in containers.\(^\text{49}\) It has been argued that the lack of adequate housing standards, privacy and a sense of stability in most centres across Europe causes stress and further trauma. According to Kegels,\(^\text{50}\) secondary movement to other Member States is likely. However, even within the EU this secondary movement results in a loss of trust between Member States and therefore erodes solidarity on a European level.

Astonishingly enough – given the urgency of the situation – the vulnerability of refugees has often not been taken into account. According to Articles 21 and 22 of Directive 2013/33/EU,\(^\text{51}\) vulnerable persons should be offered adequate housing standards. However, the definition of a “vulnerable person” varies across Europe. Bulgaria, for instance, only identifies unaccompanied children, pregnant women, elderly people, single parents with minor children, individuals with disabilities and victims of psychological, physical or sexual abuse as vulnerable under national law. Belgium considers only victims of human trafficking as vulnerable in its legislation whereas Slovakia does not name vulnerable persons, but persons in need of specific care, namely pregnant women, minors, persons with disabilities and victims of torture, physical or sexual violence.\(^\text{52}\) Hence, due to these variations, vulnerable asylum seekers are still dependent on the possible constraints of national or regional legislation and on the situation in the respective accommodation centres. In Austria, for instance, vulnerabilities are determined on a regional rather than on a national basis. Whereas some federal provinces aim to identify vulnerable groups, others do not mention vulnerabilities in their legislation at all. As for identifying mechanisms for groups of vulnerable persons, these vary accordingly. Austria, Bulgaria, Cyprus, Ireland, Germany, Hungary and Italy fail to implement legal mechanisms to identify vulnerable asylum seekers. Belgium does have a legal mechanism for monitoring asylum seekers, with social assistants conducting interviews every thirty days for a maximum of six months during their stay at a reception centre. Bulgaria is one of the few Member States that actually do legally require vulnerability to be taken into account. Nevertheless, the lack of accommodation provision makes it difficult to implement measures to arrange specific housing.\(^\text{53}\)

According to a report issued by Amnesty International in 2016, women throughout Europe have reported physical abuse. They report having been groped or pressured into having sex

\(^{49}\) ECRE, *Reception and Detention Conditions of applications for international protection in light of the Charter of Fundamental Rights of the EU*, 2015, p. 27. Available at: [http://www.refworld.org/pdfid/5506a3d44.pdf](http://www.refworld.org/pdfid/5506a3d44.pdf)


\(^{51}\) Article 21 of Directive 2013/33/EU: "Member States shall take into account the specific situation of vulnerable persons such as minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children, victims of human trafficking, persons with serious illnesses, persons with mental disorders and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation, in the national law implementing this Directive."

\(^{52}\) ECRE, *Reception and Detention Conditions of applications for international protection in light of the Charter of Fundamental Rights of the EU*, p. 46ff. Available at: [http://www.refworld.org/pdfid/5506a3d44.pdf](http://www.refworld.org/pdfid/5506a3d44.pdf)

\(^{53}\) ibid, p. 47ff.
by smugglers, security staff or other refugees. Especially in Hungary, Croatia and Greece, women travelling alone with and without children have expressed discomfort when sleeping alongside hundreds of refugee men. Throughout the EU, it has been reported that women and men have to share the same bathroom and shower facilities in overcrowded reception and transit centres. This has resulted in women taking extreme measures to achieve safety, for example by not eating or drinking to avoid using the sanitary facilities. According to Amnesty International, most female refugees have also voiced their fear of complaining as it might disrupt their journey or compromise their asylum application.\(^\text{54}\)

Due to the raised awareness of vulnerabilities, thanks to Directive 2013/33/EU, efforts have been made in several Member States, including those two selected for this study. Even though national legislation varies in Belgium and Germany, both countries do have specialised centres for families, women and vulnerable persons, such as unaccompanied minors, single women with children and victims of human trafficking. Poland, too, offers special accommodation for single women and mothers at risk, and so do Hungary, Romania and Slovakia, where additionally medical treatment is offered to female asylum seekers.\(^\text{55}\)

Greater coordination and dialogue amongst Member States are crucial for the CEAS to remedy shortcomings suffered by vulnerable groups that – as Cossé puts it – still fall through the cracks of the protection system. While official reports by EU Agencies are of significance, an integrated approach proves to be more flexible in dealing with asylum seeker flows as well as reception standards throughout the EU.\(^\text{56}\) Long-term and flexible safeguards that move beyond temporary responses to reception need to be accomplished since the right to adequate housing is a basic and international human right.\(^\text{57}\) Thus, encouraging and supporting cooperation, exchanging best practices throughout the EU and taking a bottom-up approach are fundamental to enhancing trust and confidence to enable the implementation of the CEAS as its cost is much lower than the financial costs of the current European reception lottery and its consequential obstacles to integration efforts.\(^\text{58}\)

The following chapter will explore the specific protection gaps of implementation and policy recommendations when it comes to the reception of female asylum seekers.

### 1.4. Key issues

As previously mentioned, not enough attention has been paid to the quality of reception within the EU due to the sudden increase in the necessity for the reception of refugees. The lack of basic safety measures for women in reception centres has proven to place them at a high risk of violence.\(^\text{59}\) However, this is not caused by a lack of policies for vulnerable groups

\(^\text{54}\) ibid  
\(^\text{55}\) ibid, p. 50f.  
but a failure to implement existing safeguards. This chapter will focus on specific protection gaps and highlight existing policy recommendations.

Most of the female refugees coming to Europe have witnessed and experienced violence, either before or during their forced displacement. Women find themselves in a situation of greater vulnerability by being dependent on family members or by travelling alone, away from familiar support networks. Thus, not only domestic violence and gender-based violence at the hands of their families or communities, such as female genital mutilation, forced marriages or crimes of ‘honour’, but also forms of violence by strangers, e.g. smugglers, detention facility personnel, border guards, asylum officials and reception centre staff become present risks for women. This burden and previous exposure to physical and emotional abuse as well as financial exploitation needs to be taken into account when providing shelter for female refugees in reception centres in the EU. So far, however, these measures to provide security and offer a place of rest have only been considered on paper and have been insufficient in practice. Even today, the debate on reception with adequate measures to ensure the safety of traumatised and vulnerable asylum seekers is perceived as a special request that can be dealt with in the future rather than a necessity. Even though the current situation has shifted the focus to accommodation quantity rather than quality, it has been argued that this crisis mode is not to become normality and the focus must remain on maintaining humane standards.

Nonetheless, the isolated and overcrowded spaces in collective reception centres as well as the lack of autonomy and forced passivity of tenants for an uncertain period of time causes frustration and boredom and makes them a breeding ground for tensions that encourage violence. Due to the absence of privacy and close proximity to strangers, women are not only directly put at risk of violence, but also indirectly by invoking fear and memories of persecution. Thus, previous traumatisation, the greater numbers of male asylum seekers in reception centres as well as incidents of harassment by staff or strangers and the lack of protected areas create constant fear and lead to increased stress and further traumatisation signalised by symptoms such as insomnia, nightmares and dissociation.

In order to fully implement Directive 2013/33/EU, the Charter of Fundamental Rights of the European Union and the Istanbul Convention, and to establish a place of stability and safety, collective reception facilities should at least provide separate rooms with lockable doors as well as separate, easily accessible and well-lit, lockable sanitary facilities for women travelling alone and mothers with children. Moreover, so-called “safe-rooms” for women only should be available at every reception centre offering specific and private counselling services and

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64 ibid


workshops on rights, healthcare and career opportunities, as well as courses on self-defence. These should go hand-in-hand with psychological help and one-on-one legal and social counselling by sympathetic trained staff. Taking into account the Istanbul Convention, these information measures should be accessible and in language understandable to those concerned, and in order for these measures to be successful, childcare should also be arranged. Separate rooms for families with play areas for children as well as communication or information rooms as meeting points for exchange and information in different languages should be incorporated. Moreover, non-discriminatory systems for information distribution, such as avoiding distribution only via the male heads of families, should be introduced. Last but not least, education campaigns on women’s rights, recreational activities and sports activities should be made available to all asylum seekers and refugees in reception centres. Autonomy and education should be a means to be pre-emptive against violence.

Once a violent or sexual assault has taken place, the obligation of asylum seekers to remain at the allocated residence and the lack of mobility during the asylum application process further erodes the possibility to seek safety. So far, the bureaucracy of relocating victims and perpetrators after an attack has been time consuming. Therefore, there have been calls to establish a generally applicable and transparent procedure in cases of assault. Moreover, “safe-rooms” should be mandatory in every reception centre to isolate the victim or perpetrator during this procedure. Furthermore, the UNHCR urges reception centres to introduce monthly incident report forms to enable an enhanced insight into the factors that perpetuate acts of violence and to track changes.

With regard to the personnel at reception hubs, these should be heterogeneous with female as well as male staff, especially when it comes to security staff. Moreover, their attitudes towards refugees should be screened. Knowledge and sensibility should be enhanced by specific training seminars for all staff consisting of asylum policies as well as gender-

67 Specifically with regard to violent and sexual assault and asylum procedures
sensibility, including sexual violence, trafficking, female genital mutilation, and intercultural competence. Long-term cooperation between reception centres and experts on violent and sexual assault should be envisaged. Additionally, a complaints management system to enable asylum seekers and refugees to report staff should be established. Most importantly, these existing safeguards should be extended to incorporate specific acts of protection against gender-based violence and implementation of these safeguards should be monitored more frequently on a European level. Since traumatisation often causes a loss of the feeling of safety and presence of the feeling of threat, it is even more important to provide a maximum of objective security for these women and families.

2. RECEPTION CONDITIONS IN MUNICH AND BRUSSELS

KEY FINDINGS

- A significant gap is evident when considering asylum applications by country. Whereas 35,476 persons applied for asylum in Belgium, 476,469 asylum seekers applied for asylum in Germany.

- Although Belgium and Germany differ both with regard to legislation and with regard to practices in respect of reception and accommodation, grievances as well as recommendations of experts and asylum seekers proved to be similar.

This chapter contains empirically-based research focused on the cases of Munich (Germany) and Brussels (Belgium) to provide an insight into possible protection gaps in practice and to determine potential good practices. It concludes with recommendations to the Parliament.

In contrast to previous years, the number of applicants seeking international protection in Member States as well as in Schengen Associated States has risen exponentially to over 1.3 million asylum claims in 2015. Nevertheless, a significant gap is evident when considering asylum applications by country. In contrast to Belgium with 35,476 asylum claims in 2015, in Germany 476,649 asylum seekers applied for asylum. This discrepancy becomes even more apparent in the case of unaccompanied minor refugees. In 2015, 35,369 unaccompanied minors in Sweden, 11,440 unaccompanied minors in Germany and 3,099 unaccompanied minors in Belgium applied for asylum. Despite the large discrepancy in the number of applications in Member States, the sudden increase in the number of asylum applications all across the EU made it difficult for Member States to provide applicants with adequate shelter and protection.

Although Brussels and Munich differ from each other with regard to legislation and practices in respect of reception and accommodation, grievances as well as recommendations of experts and asylum seekers proved to be surprisingly similar. This will be developed further in the following chapters.

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76 It should be borne in mind that Belgium is a much smaller country with a population of approximately 11.4 million compared to Germany with a population of approximately 81.3 million. Nevertheless, taking into account the ratio of asylum seekers per citizen, Belgium’s reception capacity for asylum seekers remain lower than that of Germany. However, according to the distribution key suggested by the European Commission in October 2015, the reception capacity should be lower in both countries. (European Commission, Proposal for a Regulation of the European Parliament and of the Council establishing a crisis relocation mechanism and amending Regulation (EU) and amending Regulation (EU) No 604/2013 of the European Parliament and of the Council of 26 June 2013 establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third country national or a stateless person, COM/2015/0450 final - 2015/0208 (COD). Available at: http://eur-lex.europa.eu/legal-content/en/ALL/?uri=CELEX%3A52015PC0450)

2.1. Asylum procedure

Both Belgium and Germany have a federal system. Whereas the asylum procedure and allocation of asylum seekers are federal responsibilities, reception is divided into federal as well as regional and municipal responsibilities in both cases.78

In Belgium, the initial registration and asylum application of every asylum seeker is conducted by the Immigration Department in Brussels. Thus, every asylum seeker has to register in Brussels within eight working days of their arrival in Belgium. This led to a housing crisis in late summer 2015, as the increase in the number of applicants and limited capacities of the Immigration Office to process more than 250 applications a day caused a waiting period of more than two weeks and insufficient shelter for asylum seekers was provided. Similar to what happened in Munich, the population got involved and started to provide asylum applicants with shelter. In addition, an emergency pre-reception shelter was installed at the municipal level by the Flemish Red Cross offering accommodation for up to a thousand asylum seekers.79

In Belgium, after the registration and application at the Immigrations Office, the Offices of the Commissioner-General for Refugees and Stateless Persons (CGRS) are responsible for processing the asylum application. Moreover, a first medical screening takes place. Afterwards, the federal dispatching service, run by the Federal Agency for the Reception of Asylum Seekers (Fedasil) in the same building, allocates the asylum seeker to a reception centre, which provides the applicant with material assistance.80

In Germany, border authorities are responsible for the initial registration of an asylum seeker. Afterwards, the asylum seeker is allocated to an initial reception facility by means of the EASY system, software which records those who intend to apply for asylum in Germany and distributes them according to the Königssteiner Schlüssel, a distribution key that is calculated every year on the basis of the tax revenue and population numbers of each Land and assigns reception capacities accordingly. After being allocated to an initial reception centre, asylum seekers are given an appointment for an interview to apply personally at the branch office of the Federal Office for Migration and Refugees (BAMF) with jurisdiction for that district. Afterwards, the asylum procedure is initiated, reviewed, and a second interview with the asylum seeker is arranged, which will be followed shortly afterwards by a decision.81

As mentioned in the previous chapter, the Commission has sent letters of formal notice to both Germany and Belgium for having failed to transpose the Asylum Procedures Directive (2013/32/EU).82 Both countries have exceeded the deadline provided for in the Directive. Whereas Brussels has experienced a delay of ten days for registration, Germany has seen a

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Significant gap between the number of asylum applicants and the number of asylum seekers residing in the country; only 476,649 asylum applications were initiated in 2015 out of approximately one million asylum seekers.\textsuperscript{83} As a result, both countries introduced measures providing for the differential treatment of specific nationalities, namely categorising asylum seekers according to the prospects they have of remaining in the country. In Germany, accelerated asylum procedures without personal interviews were introduced for refugees from Eritrea and Syria and minorities from Iraq. Moreover, special centres were introduced for asylum seekers from so-called “safe countries of origin”\textsuperscript{84} as applications were processed more quickly.\textsuperscript{85} In Belgium, it has been claimed that unofficial deterrence tactics were practised, involving “written communications discouraging potential applicants from entering the procedure.”\textsuperscript{86}

As for the asylum procedure, the interviews have highlighted that the personal interviews are taking place, there is an effective legal remedy in place, and the personnel are adequately trained. With regard to gender aspects and vulnerability, all the women interviewed in Belgium and Germany confirmed that a female interviewer was offered for the personal interview. However, awareness of the sensitivity and complexity of gender-related claims was questioned by experts since detailed information on traumatic experiences has to be recounted. Moreover, women should have the possibility to complete their asylum procedure separately from their husbands. Furthermore, it was emphasised that a gender-sensitive approach should also be taken into account in accelerated procedures, especially in cases of safe third countries, safe countries of origin or subsequent applications.

2.2. Reception

The inability of Member States to adapt to the large number of persons seeking protection becomes most evident in the analysis of reception practices. Substandard living conditions and destitution are shortcomings that are prevalent and prove to be most harmful when it comes to the protection of vulnerable asylum seekers.

In Belgium, reception of applicants, apart from centres run by Fedasil, as well as education and employment, is the responsibility of the regions, namely the Flemish region, the Francophone region and the Brussels capital region.\textsuperscript{87} In Germany, the accommodation and reception of applicants and the execution of federal legal provisions are responsibilities of the Länder and of local authorities.\textsuperscript{88} Even within one Land, this leads to quite a heterogeneous system of accommodation and reception, and, therefore, to notable room for manoeuvre and


\textsuperscript{84} These are Ghana, Senegal, Serbia, FYROM, Bosnia-Herzegovina, Albania, Kosovo and Montenegro.


\textsuperscript{87} EMN, Annual Report on Asylum and Migration Policy in Belgium, EMN Annual Policy Reports, 2015, p. 11. Available at: http://www.emnbelgium.be/publication-type/emn-reports-studies/annual-policy-reports

challenges within each community. Only some Länder, for instance Bavaria, have a three-tier administrative system, in which applicants must be accommodated in collective accommodation centres and cannot be transferred to apartments of their own unless they claim a particular vulnerability, such as illness or pregnancy. Thus Bavaria – where our case study Munich is located – is a special case from the point of view of reception.

In contrast to other Länder in Germany, Bavaria has an additional administrative level, namely districts (Bezirke). Applicants are distributed among its seven districts and are not allowed to move to another city or to a private apartment during the asylum procedure in order to receive material assistance, which also includes a weekly allowance, food, clothing as well as medical, legal and administrative guidance. According to interviewed experts, this residence obligation should be re-evaluated in order to avoid time-consuming bureaucracy to separate victims from aggressors in cases of emergency. Similarly, every asylum seeker in Belgium can choose to stay at a private address, however in this case loses material benefits apart from medical care which will still be reimbursed. Nevertheless, asylum seekers can apply to be transferred to individual accommodation after spending four months in a collective reception centre. This is subject to availability and a choice of municipality is not offered.

In Germany, some Länder offer a health insurance card for all asylum seekers independent of their residency status. However, prior to receiving a residence permit, asylum seekers allocated to Bavaria have to be referred to a doctor by personnel in the initial reception centres or at the social welfare office. Only in cases of acute illness or pain do they obtain a health insurance voucher. Many actors have argued that administrative staff with no medical background should not decide upon the medical fate of asylum seekers. In Belgium, in contrast, each reception centre employs medical personnel who refer the asylum seeker to specialists if necessary.

Munich, including the greater Munich area, has more than 50 reception centres. Belgium, on the other hand, has 65 reception centres in total. Thus, there are significant discrepancies between our selected cases. As of December 2015, Munich was allocated 7,303 asylum seekers, 1,765 of whom were provided shelter in collective reception centres by the Länder and 3,610 of whom were housed in decentralised collective reception centres of municipal responsibility. It is assumed that 20–25 per cent of these asylum seekers are women. In

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90 ibid, p. 11.

91 In cases of emergency, female asylum seekers may move to women’s shelters without losing material benefits. However, practices have revealed difficulties in declaring of expenditures for financial compensation. (Möhring, Hupack, Birkwald, weitere Abgeordnete, & Fraktion DIE LINKE, Situation von geflüchteten Frauen in Deutschland 18/6693, Antwort der Bundesregierung, 2015, p. 12. Available at: http://dip21.bundestag.de/dip21/btd/18/066/1806693.pdf)


spite of a generally good information policy, with information on reception centres and the number of tenants available for everyone to access online and information events being held on a regular basis, statistical data on the gender of asylum seekers is not yet provided. Nevertheless, it should be provided in the future. In April 2016, 2,214 asylum seekers were provided with shelter in Brussels, 408 of whom were adult women.96

During our interviews with asylum seekers it was particularly striking that the standard and quality of the reception facility was underlined as the most salient topic. In both Brussels and Munich, the women interviewed who were housed in separate accommodation for vulnerable asylum seekers did, in spite of their traumatic experiences, aspire to participation in society and empowerment. In contrast, the female asylum seekers in emergency or collective accommodation were mainly concerned with basic needs, such as the lack of privacy and the lack of sanitary facilities. Overall, separate sleeping areas for women and families and separate, accessible sanitary facilities should be the norm in all initial, collective or emergency reception centres. However, rather than standardising separate accommodation centres, all female asylum seekers with and without children should be given the choice of separate and mixed accommodation as not all female asylum seekers wish to stay in separate accommodation – or as some of them put it, “men are not the problem; no privacy is the problem.” Thus, smaller accommodation should be contemplated, emergency accommodation should be avoided (where possible) and common rooms, places of retreat for families, women and men as well as childcare should be introduced to all reception centres. Moreover, the asylum seekers who received catering described it as frustrating because they had to eat similar and unfamiliar food for months. The rejection of unfamiliar food by their children constituted an additional burden. While it was recognised that the possibility to cook is not essential, this should be provided where possible to enhance self-determination and reduce anxiety.

Most reception centres in Belgium provide separate areas for female asylum seekers and families. Exceptions were made during the housing crisis at the end of 2015, but according to experts, separate reception is slowly turning back to normal. In Munich, efforts to enforce separate areas have been increased but are not sufficient with more than 20 emergency accommodation centres in sports halls, former office buildings and air-halls.97

Nevertheless, special accommodation is offered for unaccompanied minors in both cities. Experts in both cities emphasised that this vulnerable group is specifically identified and cared for very well as housing, health care and integration are transparent and well-structured, and this should be an objective to achieve similar standards for all asylum seekers.

2.3. Vulnerability

As highlighted in the previous chapter, the Commission has initiated infringement procedures against Belgium and Germany since both countries had not communicated their transposition measures of Directive 2013/33/EU by 20 July 2015.98 This has led to an increased awareness in politics, the media as well as in executive areas especially regarding the identification and

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96 Hendrickx, M., EU-Study 'Reception of Female Refugees'/Interviewer: Yasemin Bekyol, Fedasil, 2016.
97 Sozialreferat, Flüchtlingsunterkünfte in München, Landeshauptstadt München, 2016. Available at: http://www.muenchen.de/rathaus/Stadtverwaltung/Sozialreferat/Fluechtlinge/Unterkuenfte.html
evaluation of vulnerabilities. Whereas the Istanbul Convention was ratified by Belgium in March 2016, it will be ratified in the course of the current legislative period in Germany.\textsuperscript{99}

The opinion regarding screening and clearing methods as a means to assess vulnerability varies. Both in Brussels and in Munich it was emphasised that the identification and adaptation of measures for dealing with vulnerable groups is the responsibility of the federal state. Despite the failure to implement Directive 2013/33/EU in both Member States, the Directive was appreciated as an instrument to foster awareness. However, an introduction of quick screening methods was called into question. Identifying vulnerabilities was described as a process that requires time and trust. Quick screening methods might cause an under-referral of vulnerable asylum seekers by only determining evident vulnerabilities, e.g. disabilities, or an over-referral as symptoms might be based on traumatic circumstances rather than trauma.\textsuperscript{100}

In Belgium, Fedasil established a “Vulnerability Unit” in the Immigration Office in 2014 in order to screen and monitor vulnerable applicants and to adopt measures accordingly. Nevertheless, only visible and clearly stated vulnerabilities can be considered due to the limited time available during the appointment. During the regular accommodation in a collective reception centre, social workers are responsible for monitoring asylum seekers every 30 days for six months in order to identify vulnerabilities. So far, no data is available with regard to this method’s efficiency. In Germany, the screening of vulnerabilities remains the responsibility of individuals who are engaged to work with or are in contact with asylum seekers.

Standardised identification of vulnerable asylum seekers should be transposed into national and regional legislation and transparent measures for specified protection should be introduced. Training and education of all staff working with asylum seekers and volunteers enhancing gender-specific and intercultural sensitivity should be fostered in the future. Additionally, a concept for the protection of asylum seekers against violence should be developed and clearly structured complaints management and monitoring systems for the prevention of and protection from violence should be introduced in all reception centres. In Belgium, a complaints management system is already available at reception halls. However, complaints are to be addressed to the centre’s director.\textsuperscript{101} Thus, in Germany as well as in Brussels, an independent and clearly structured complaints management and monitoring system should be introduced for refugees to be able to report eventual harassment or attempted blackmail by fellow asylum seekers and staff. This should include accessible Ombudsmen and Ombudswomen in each municipality or region.

In Munich and Brussels efforts to facilitate networking by means of online platforms and social media in various languages with associations, organisations as well as volunteers have

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\textsuperscript{100} Serneels, G., \textit{EU-Study 'Reception of Female Refugees'}/Interviewer: Yasemin Bekyol, Solentra, 2016.

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been made. However, experts have called for a platform with associations and organisations specialised in the rights or women and needs of female asylum seekers.\textsuperscript{102}

2.4. Recommendations

Most importantly, the implementation of both Directive 2013/33/EU and Directive 2013/32/EU needs to be assured. Efforts to achieve the transposition should be undertaken.

Actors in both Munich and Brussels have called for a bottom-up approach. Thus, better financial support, more dialogue and a network between best practice organisations all around Europe should be established. Focus groups in different countries should be installed in order to gather expertise and lobby for the implementation of Directive 2013/33/EU.

In addition, a European Tracing System in combination with a legal service should be established for families that have been separated along the way. This is a necessity for the integration, stability and the healing of vulnerabilities of individuals.

\textsuperscript{102} In Germany, the online platform \url{https://superheldin-gegen-gewalt.de/en} of the federal association of rape crisis centres and women’s counselling centres provides a good basis. The recommended online platform should further incorporate NGOs and associations beyond women’s houses and crisis support.
3. CONCLUSIONS

The year 2015 has marked a crisis of solidarity of Member States and their struggle to find common responses to the large numbers of refugees and asylum seekers arriving in Europe. This is also true for the consolidation of the CEAS. The Commission initiated a series of infringement procedures in 2015 because several Member States failed to transpose Directive 2013/33/EU and Directive 2013/32/EU which contain important provisions on vulnerable persons in general and on female asylum seekers in particular.

Whereas in 2015 the majority of refugees were men, nearly 60 per cent of the arrivals from January 2016 onwards have been women and children. Female and male refugees face different obstacles during every stage of flight. Reports have shown that – although men do certainly also face human rights violations during armed conflicts and flight – female refugees can be exposed to multiple forms of gender-based violence at every stage of flight, such as violence at the hands of family or the community (e.g. female genital mutilation or forced marriage); and violence executed by strangers (e.g. smugglers, detention facility personnel, border guards, asylum officials or reception centre staff) that place women in a situation of greater vulnerability.

Directive 2013/33/EU has introduced better and harmonised standards in respect of persons seeking international protection. Moreover, it obliges Member States to take into account specific needs of vulnerable persons, such as (unaccompanied) minors, pregnant women, single parents with minor children, victims of human trafficking, persons with serious illnesses, persons with mental disorders and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation (Articles 21 and 22).

The large influx of asylum seekers has made it difficult for Member States to implement these safeguards. However, Member States should not lose sight of obligations once these “emergency situations” end. Although Directive 2013/33/EU has raised awareness of adequate housing standards and consideration of vulnerable groups, the implementation is insufficient and needs to be assured. Our study has revealed that even though national legislation and practices in Belgium and Germany differed, grievances as well as recommendations voiced in our empirical research were surprisingly similar.

Especially regarding the reception of vulnerable asylum seekers, we can conclude that smaller accommodation should be prioritised in order to overcome the risk of refugees experiencing violence or reliving traumatic experiences in collective reception centres. Since the lack of privacy is present at all stages of flight, all reception and transit centres should offer separate rooms with lockable doors and ensure separate, well-lit, and lockable sanitary facilities for families, men and women. In addition, female asylum seekers should be given the choice to decide between gender-separated and gender-mixed accommodation centres. All reception and transit centres should also establish safe spaces to isolate victims or perpetrators in cases of emergency. In general, kitchen facilities should be prioritised over catering. Furthermore, recreational activities and information events in reception centres should be enhanced.

A lack of autonomy and forced passivity for an indefinite period cause frustration and boredom and therefore serve as a breeding ground for tensions that encourage violence. In
addition, transparent measures should be established in all reception centres for refugees to be able to report any harassment or attempted blackmail or violence by fellow asylum seekers and staff. There should also be accessible Ombudsmen and Ombudswomen in each municipality or region.

With regard to the personnel at reception hubs, these should include female as well as male staff, especially when it comes to security staff. Knowledge and sensibility should be enhanced, providing specific training seminars for all staff consisting of asylum policies and gender-sensibility, including sexual violence, trafficking, female genital mutilation, and intercultural competence. Thus, long-term cooperation between reception halls and experts on violent and sexual assault should be fostered. Additionally, support should be strengthened for those NGOs and associations that provide specific and private counselling services and workshops on rights, health, career opportunities as well as courses in self-defence, especially as long as Articles 21 and 22 of Directive 2013/33/EU are not properly implemented by the Member State.

In order to foster integration, stability and the healing process of individuals, a European Tracing System in combination with a legal service should be established for families that have been separated along the way.

As for the asylum procedure, our interviews have revealed that a female interviewer was offered to asylum seekers for their asylum application interview. Nevertheless, a lack of female translators has been criticised. In addition, female asylum seekers should be given the possibility to conduct their asylum procedure separately from their husbands.

In order to achieve these recommendations and the full implementation of Directive 2013/33/EU, a bottom-up approach should be taken to enhance trust and confidence in the implementation of safeguards. Greater coordination and dialogue amongst Member States are crucial for the implementation of the CEAS. This includes monitoring implementation, encouraging and supporting cooperation and exchanging best practices. Overall, a discourse of opportunity rather than crisis and risk about refugees and asylum seekers should be maintained by political decision makers.
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ANNEX I: CASE STUDY MUNICH

1. Introduction

Right after the German central government’s decision to take on responsibility in the so-called “refugee crisis” in 2015, on 5 and 6 September 2015 alone, 18,400 asylum-seekers and refugees arrived at Munich Central Station. Munich was one of the key arrival and distribution points in Germany. In the same month, it represented the manifestation of the so-called “welcome-culture” of volunteers and the organisational talent of police officers and administrative staff broadcasted by media all over the world.

As one of the border states of Germany, Bavaria has always been a key arrival area for refugees. Nevertheless, it was overwhelmed by the influx of refugees and asylum seekers that arrived by the end of the year. In 2015, 759,054 refugees were counted in Bavaria and 399,969 asylum seekers were distributed to other regions within Germany in accordance with the inner German distribution key, the “Königssteiner Schlüssel.” As of December 2015, approximately 1.1 million refugees had arrived in Germany, some of whom might have been miscounted or merely have travelled through Germany in order to reach another country. Hence, it is no surprise that Germany was not able to fulfil basic requirements for the adequate reception of asylum seekers, since reception merely focused on preventing homelessness. In the long run, these shortcomings are, of course, intolerable for the protection of vulnerable asylum seekers.

2. Framework

Germany is a federal state. Thus, the reception system is divided into federal, regional and municipal levels. Whereas the reception capacity and number of asylum seekers that have to be provided with shelter is calculated and determined by the Königssteiner Schlüssel on a federal level, the Länder are responsible for integration, education and employment as well as housing. Special software, EASY (an acronym for the German term Erstverteilung von Asylsuchenden) allocates where an applicant has to make his or her asylum claim in Germany, according to the respective capacity of the Länder.

Once allocated, asylum-seekers are distributed to municipal areas which have centralised and decentralised reception capacities. Central reception consists of so-called initial reception centres (Erstaufnahmeeinrichtungen) that provide the first accommodation for all asylum seekers. According to current legislation, applicants may be obliged to remain there for up to six months. These are the responsibilities of the federal state as well as of some collective

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104 The Königssteiner Schlüssel is a quota system in Germany that takes into account the tax revenue (2/3 of the quota) and number of inhabitants (1/3 of the quota) of each Land and thus determines reception capacities in each Land. Asylum-seekers and refugees are then distributed to these Länder on a federal level. With an allocation quota of 15,52 per cent asylum seekers, Bavaria comes second after North Rhine-Westphalia in Germany.
reception centres. Decentralised accommodation consists of collective reception centres which are the sole responsibility of the municipality but financed by the respective Land.\(^\text{107}\)

The asylum procedure in Germany is administered exclusively by the Federal Office for Migration and Refugees (BAMF) with 60 branches in regional centres of first reception. After being allocated to an initial reception centre using the Königsheimer Schlüssel, asylum seekers are registered in the initial reception centre. They then have to apply personally to the BAMF authorities with jurisdiction over the respective district. Afterwards, the asylum procedure is initiated and a second interview with the asylum seeker is arranged in order to decide individually on each application.\(^\text{108}\)

The asylum procedure in Germany is currently strongly criticised by many stakeholders as it takes more time on average than provided for in Directive 2013/32/EU.\(^\text{109}\) According to the national legislation, as of September 2015, the procedure should only take three months. However, in 2015 only 467,649 asylum procedures were started despite 1.1 million asylum seekers having arrived in the country. The wide gap between the number of refugees registered in the EASY software system and the number of asylum claims actually submitted (the so-called “EASY gap”) still has to be closed. Efforts are being made by introducing accelerated asylum procedures without personal interviews for refugees from Eritrea and Syria and for minorities from Iraq. Moreover, special centres, the so-called Ankunfts- und Rückführungseinrichtungen (ARE), were introduced in Bamberg and Manching for asylum seekers from so-called “safe countries of origin.”\(^\text{110}\) Alternatively, asylum seekers from safe countries of origin have to remain in initial reception centres for the duration of their procedure as applications are processed more quickly.\(^\text{111}\)

In general, Germany distinguishes between four kinds of accommodation for asylum applicants: reception centres for first reception (Aufnahmeeinrichtungen), collective reception centres (Gemeinschaftsunterkünfte), decentralised reception centres plus special centres for particularly vulnerable persons. Administrative structures and legislative provisions vary according to the Länder. Status and duration of stay of the individual applicant also determine his or her accommodation standard.\(^\text{112}\) Standards in the reception centres and the material assistance provided for asylum seekers during their procedure depend on regional legislation of the Länder.\(^\text{113}\) Most of the Länder have their own reception statutes and, in part, also their own integration laws. Practical execution of these tasks is, in the last instance, delegated to municipalities which are financially compensated by their

\(^{107}\) Kalkmann, M., Country Report: Germany, Asylum Information Database, ECRE, 2015, p. 51ff. Available at: [http://www.asylumineurope.org/reports/country/germany](http://www.asylumineurope.org/reports/country/germany)

\(^{108}\) BAMF, Asylverfahren: Verteilung der Asylbewerber und Ablauf eines Asylverfahrens, 2016. Available at: [http://www.bamf.de/DE/Migration/AsylFuechtlinge/Asylverfahren/Verteilung/verteilung-node.html](http://www.bamf.de/DE/Migration/AsylFuechtlinge/Asylverfahren/Verteilung/verteilung-node.html)


\(^{110}\) Ghana and also the Western Balkans were declared safe countries of origin in late 2015 as well as Algeria, Tunisia and Morocco which were declared safe countries of origin in early 2016 by law.


\(^{113}\) Kalkmann, M., Country Report: Germany, Asylum Information Database, ECRE, 2015, p. 51. Available at: [http://www.asylumineurope.org/reports/country/germany](http://www.asylumineurope.org/reports/country/germany)
Reception of female refugees and asylum seekers in the EU – Case study Belgium and Germany

This practice results in a highly heterogeneous system of reception and accommodation throughout the country and, therefore, in differences in the room for manoeuvre available to the involved actors. The kind of reception, minimum standards, supervision and care differ widely from centre to centre. In October 2015, the Federation established so-called "waiting centres" in order to disburden Bavaria as the final stop on the Western Balkan route with its registration of applicants. These centres, in Feldkirchen and Erding, could receive up to 5,000 applicants each for a maximum of three days, before they were assigned to one of the centres of first reception throughout the country.

Furthermore, asylum seekers are not allowed to leave their allocated district and Land without official permission during their asylum procedure and for up to three months after receiving a residence permit. Further restrictions apply in Bavaria, where asylum seekers are obliged to reside at the collective reception centres in order to receive material assistance. This Bavarian regulation and the long bureaucratic procedure involved in moving out of a particular centre in crisis situations is highly debated. Another concern voiced by asylum seekers, volunteers and social service staff is related to the issue of catering. Since a lot of emergency accommodations had to be established throughout Germany during the second half of 2015, for instance housing in former office buildings, school gyms or so-called air-halls, catering was introduced as a means of material assistance. This has turned out to be particularly difficult for pregnant women and mothers who were unable to care for their children by means of cooking. Moreover, interviewed applicants staying in emergency accommodation missed curtains, separate and lockable rooms as well as access to sanitary facilities.

Furthermore, variation in practices of the Länder is evident when it comes to healthcare systems. In Germany in general, recognised refugees receive healthcare benefits that correspond to the level of social health insurance. However, applicants with a limited residence status and subsidiary protection are subject to a differentiation stipulated in the Asylum Act (AsylbLG). Within the first 15 months, only medical and dental treatment in cases of acute illnesses and pain is guaranteed. Regular healthcare provisions are guaranteed during pregnancy and when giving birth as well as for protective vaccinations and preventive examinations. In practice, however, access to healthcare varies from Land to Land: Whereas Hamburg and Bremen offer a health insurance card for all asylum seekers independent of their residency status, in Bavaria and most other Länder, prior to receiving a residence permit, asylum seekers first have to be referred to a doctor and obtain a health insurance voucher from medical personnel at initial reception centres or by application to the social welfare office of their municipality. This issue is highly debated and many NGOs, such as the Bavarian Refugee Council (Bayrischer Flüchtlingsrat), argue that administrative staff with no medical background should not decide upon the medical fate of asylum seekers.

117 Kalkmann, M., Country Report: Germany, Asylum Information Database, ECRE, 2015, p. 47. Available at: http://www.asylumineurope.org/reports/country/germany
118 Ibid, p. 63.
On a municipal level, similar variations in practice can be identified. Although the city of Munich, for instance, is perceived as being one of the better practice examples in terms of the reception and accommodation of asylum seekers, a wide range of different reception standards can be observed: Munich, including the greater Munich area, operates more than 50 reception centres. The city itself was allocated 7,303 asylum seekers by December 2015, 1,928 of whom were housed in initial reception centres by the federal state, 1,765 were provided shelter in collective reception centres by the Land and 3,610 were housed in decentralised collective reception centres of municipal responsibility. It is assumed that 20–25 per cent of these refugees are women. There are several accommodation units for unaccompanied minors, some reception centres that offer separate areas for women and families, two apartments with approximately thirty places and one reception centre for approximately sixty female asylum seekers that are reserved for women only. Nonetheless, these ninety places have already been occupied and a lack of capacity prevails. There have been incidents of single women sharing rooms with several men in collective reception centres. Most prevalent is the lack of accessibility and separation of sanitary facilities in practice. Due to the obligation to stay at the assigned reception centre during the asylum procedure, there is no possibility for women with a sense of unease or stress to move out of a collective reception centre except in cases of emergency in which they can seek shelter in so-called women’s centres. However, practices have revealed difficulties in declaring expenses for financial reimbursement.

Differences in accommodation, difficult access to healthcare and the lack of privacy in the emergency centres were highlighted by experts and female asylum seekers who provided us with an insight into the situation of female refugees in Munich during our field study.

### 3. Methods

Our study relies on qualitative research methods. After an analysis of prior research in this field, we undertook participatory field research by conducting qualitative in-depth interviews with key players working in the field of asylum. Moreover, we carried out exemplary interviews with female asylum seekers in one emergency accommodation unit – a former office building housing 500 refugees – and in one apartment for 24 vulnerable female

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121 Interviews were carried out with:
- the Bavarian Refugee Council, an independent umbrella organisation of Bavarian associations concerned with asylum;
- Caritas Alveni, subsidiary body of Caritas solely concerned with social services for asylum seekers;
- Cartias Munich, a welfare organisation which is largely concerned with social counselling for asylum seekers;
- Co-founders of the refugee placement for women in Munich from Condrobs e.V., a provider of social support in Bavaria.
- the Department for migration, integration and European affairs of the Bavarian Ministry for Social Affairs;
- IMMA e.V., an association for women’s and girl’s rights and gender equality;
- JADWIGA e.V., an association for victims of human trafficking in women and labour exploitation;
- Refugio Munich e.V., a psycho-social advice and treatment centre for refugees and victims of torture
- SOLWODI Munich e.V., Solidarity for Women in Distress is an association for migrant women who are victims of sex tourism, human trafficking or arranged marriage.
- Terre des Femmes Munich e.V., a human rights organisation for women’s rights including raising awareness of female genital mutilation.
122 At the beginning of the year 2016, 800 asylum seekers were housed in this reception centre.
refugees. As most women did not feel comfortable giving individual interviews, working groups were established and questions explained one by one. Questions could then be responded to either orally or in written form. Since all interviews were carried out in the presence of fellow asylum seekers and some were carried out in the presence of social service staff, some of the answers may contain socially desirable responses.

4. Findings

All of the actors interviewed for the purposes of this study emphasised that a good network and cooperation of city officials, volunteers and organisations has been established. Experts and key players agreed that the City of Munich, its administrative staff, police and volunteers, had performed well at the end of the year 2015 in providing shelter and preventing the homelessness of refugees.

Also, interviewees pointed to a high level of awareness of the need for education and of the specific needs of vulnerable groups as well as to an open dialogue with authorities of the City of Munich. It is particularly appreciated by the NGOs and associations interviewed that Munich enhanced funding even despite more restrictive circumstances on the federal and Land level.

Screening methods in order to assess possible vulnerabilities in asylum applicants have been described as controversial by our interviewees, since the identification and determination of vulnerabilities is a process that involves trust rather than quick measures. In our case study, standardised clearing or screening procedures of vulnerabilities could not be identified. Instead, according to our interviewees, only occasionally were vulnerabilities being assessed by social service staff specifically engaged to do so. Directive 2013/33/EU, however, attributes the identification of vulnerable persons to the state, which is also responsible for adopting measures for the protection of vulnerable groups. Identification and treatment should not depend on individual social workers. In contrast, all actors agreed that the particular group of unaccompanied minors is identified and very well cared for as housing, health care and integration are transparent and well structured.

With more than 50 reception centres in and around Munich, 26 of which are emergency accommodation, a wide array of different standards becomes apparent. As previously mentioned, while efforts to prevent homelessness in the crisis phase from September to December 2015 were acknowledged, it was highlighted that this emergency accommodation should not become common practice. Criticism of mass accommodation, a lack of common rooms, a lack of separate rooms for women and families and a lack of privacy was voiced by experts and asylum seekers alike. Moreover, the permanent noise levels at collective reception centres as well as the lack of accessible and lockable sanitary facilities and catering in most accommodation were identified as grievances of Munich’s reception system. All female asylum seekers with and without children should be given the possibility to choose between gender-based separate and mixed accommodation. Contrary to common opinion, not all female asylum seekers wished to stay in separate accommodation. Some of them stated, “Men are not the problem” but “‘no privacy’ is the problem.”

Apart from that, training to raise gender-specific awareness of all employees, including security personnel, should be mandatory in all reception centres according to the experts.

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123 These two accommodation units may be regarded as representative for the different housing situations of women. In further studies, the number of cases should be extended.

124 Sozialreferat, Flüchtlingsunterkünfte in München, Landeshauptstadt München, 2016. Available at: http://www.muenchen.de/rathaus/Stadtverwaltung/Sozialreferat/Fluechtlinge/Unterkuenfte.html
interviewed. In general, all the reception halls should employ more female security staff and be equipped with gender-sensitive security staff at all times, especially during night hours. Furthermore, an independent and clearly structured complaints management and monitoring system should be introduced for refugees to be able to report any harassment or attempted blackmail by fellow asylum seekers or staff. This should include accessible Ombudsmen and Ombudswomen in each municipality. In addition, the residence obligation should be re-evaluated in order to avoid the time-consuming bureaucracy necessary to separate victims from aggressors in cases of emergency. According to experts, many citizens of Munich have offered to house asylum seekers in their apartments, but, during the asylum procedure, solely highly traumatised asylum seekers are allowed to move out of assigned reception centres after a psychological report has been issued.

In all of our interviews with asylum seekers, standard and quality of the reception facility was underlined as the most important topic. In spite of their traumatic experiences, women interviewed in the specialist reception centres for vulnerable asylum seekers most of all aspired to self-realisation in society and to their own empowerment. Female asylum seekers in the emergency accommodation were, in contrast, mainly concerned with basic needs, such as the rejection of the catered food and the lack of sanitary facilities. Especially mothers recounted the problem of getting their children ready for school without easily accessible and sufficient sanitary facilities. They also emphasised the difficulty of preparing soups for sick family members or simply getting their children to eat the catered food. According to our interviews, catering is not only frustrating for asylum seekers because they are always forced to eat the same and often unfamiliar food for months, but it is also a medium to voice frustration and anxiety in general. Cooking facilities, therefore, not only contribute towards fostering the identity and self-determination of asylum seekers but also provide a sense of home and belonging and thus can contribute towards reducing stress.

Access to healthcare, a topical debate in Germany in general and in Bavaria in particular, was also a recurring topic in our interviews. Experts argued that the healthcare system is unacceptable without a health insurance card. Apart from the initial screening of infectious sicknesses upon registration, healthcare is mostly provided by volunteers. For other experts, in contrast, access to healthcare was sufficient, since Munich provides a large number of doctors, midwives and nurses, many of whom volunteer. Furthermore, it has been pointed out that birth control is included in healthcare assistance and that the healthcare provision for pregnant women functions particularly well in Munich. Female genital mutilation as a topic is slowly gaining awareness. However, awareness and education campaigns are only carried out by volunteers and non-governmental organisations.

General feedback from asylum seekers themselves varied depending on the accommodation. Applicants in the specialist reception centre for vulnerable female asylum seekers are provided with a health insurance card and all our interviewees agreed that access to medical care was easy and adequate. Many of the asylum seekers interviewed in the emergency accommodation argued that medical care is accessible, but insufficient. This was attributed to a lack of language skills and translations. More than 20 per cent of the interviewees emphasised that doctors in Germany are particularly nice and caring. In addition, whereas all of the refugees in the specialist accommodation for vulnerable women receive psychological therapy, many of the female asylum seekers in the non-specialist reception centre voiced their urgent wish for therapy or group activities for women only in order to reduce stress.
It has been criticised that social services as well as psychological therapy is mainly sustained by charity organisations or by welfare associations with only a limited sphere of influence on policy-making. Although psychological therapy may be provided by the state, a large amount of bureaucracy has a deterrent effect on asylum seekers. In Munich, psychological therapy is mainly carried out by the non-governmental organisation Refugio e.V., which is notably overburdened with long waiting lists. Nonetheless, it was emphasised by experts that individual psychological therapy should only become relevant once a refugee finds him- or herself in a stable situation. Therapy is particularly difficult in mass accommodation or in the case of pending family reunifications. More recreational group activities should therefore be fostered and supported to reduce anxiety.

Our study confirms that integration efforts are most successful if the standard of reception is adequate. According to the interviewed experts, efforts to improve access to language courses and education are evident, but are still mostly realised by voluntary courses in reception centres. The shortage of language courses and the consequential granting of places to asylum seekers with prospects of staying in Germany are conceived as highly problematic. A lack of access to language courses leads to demotivation and frustration, and causes envy and tensions between residents in reception centres. Asylum seekers have claimed that the lack of childcare (an issue for asylum seekers as well as German citizens) further restricts them in their ability to participate in language courses.

These women could further be empowered with the provision of common rooms for women only that offer general information evenings including information on women’s rights and self-determination. Most interviewed experts agreed that it is important to offer recreational activities, information and counselling in reception centres. They also encouraged social workers to ‘pick women up in their rooms,’ since previous experiences might cause them to feel intimidated and to refrain from taking part in educational activities.

Similar to other European countries, the recognition of educational and professional qualifications also proves to be difficult in Germany. Thus, partial qualifications are being offered in Bavaria in order to facilitate access to work. While these offers might foster women’s participation in the labour market, their efficiency is still to be determined. Due to the lack of access to language courses and the inability of many asylum seekers to speak German, access to work is one of the most challenging topics for the years to come.

5. Recommendations

The city of Munich has a well-developed information network. Information on reception centres and the number of tenants is made available online for everyone to access. Moreover, information events for citizens are offered on a regular basis in order to strengthen local support. In spite of a generally good information policy, however, statistical data on the gender of asylum seekers is not yet provided, but should be incorporated in the future. In addition, there have been efforts to simplify networking with the help of online platforms in various languages. Networks exist between the local administration and associations, non-governmental organisations as well as individual volunteers in Munich. One of the
recommendations voiced by our interviewees consisted in establishing an online platform which concentrates on the needs of female asylum seekers.\textsuperscript{125}

Moreover, smaller accommodation units with a higher level of privacy would reduce stress and conflicts for vulnerable persons who should be able to choose between gender-specific accommodation and “mixed” reception centres. Even in gender-mixed, initial and collective accommodation centres separate sleeping areas for women and families should be the norm as should be separate, accessible sanitary facilities. Standardised identification of vulnerable asylum seekers should be transposed into national and regional legislation and transparent measures for specific protection should be introduced. Training and education of all staff and volunteers enhancing gender-specific and intercultural sensitivity can be offered in the future. Psychological and psychosocial therapy and care should be expanded. Additionally, a concept for the protection of asylum seekers against violence should be initiated and clearly structured complaints management and a system for monitoring it should be introduced in all reception centres.\textsuperscript{126}

Many female asylum seekers can certainly be identified as vulnerable and in need of special protection. Thus, education, especially on women’s rights, is particularly important in order to prevent further vulnerability. This also includes recreational activities to reduce stress for all asylum seekers, since insecurity and passivity ultimately may lead to tensions and aggression.

As for the EU level, the implementation of Directive 2013/33/EU needs to be assured. Further efforts to achieve the transposition and implementation of all relevant Directives should be taken. Rather than desiring new policies, key players in Munich called for a bottom-up approach, better support, dialogue and a network of best practice organisations all around the EU. Moreover, funding should be simplified, as bureaucracy restricts best practices.

\textsuperscript{125} The online platform https://superheldin-gegen-gewalt.de/en provides a good basis as it concentrates on organisations for women’s rights but it does not incorporate associations and the information should be provided in more languages.

\textsuperscript{126} Münchner Aktionsbündnis für Flüchtlingsfrauen, Besonderer Schutz für geflüchtete Frauen und ihre Kinder, Positionspapier, 2015. Available at: http://www.frauenhilfe-muenchen.de/pdf/aktuelles/Aktionsbuendnis_Fluechtlingsfrauen.pdf
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ANNEX II: CASE STUDY BRUSSELS

1. Introduction

Like many other EU Member States, Belgium has witnessed an exponential increase in the number of asylum seekers. Whereas in 2013 the number of asylum applications was 15,840 and rose to 17,213 in 2014, as of October 2015 27,076 asylum seekers had applied for asylum in Belgium since January 2015. Thus, instead of shutting down capacities as initially planned for 2015, the Federal Agency for the Reception of Asylum Seekers (Fedasil) – a management and coordination organisation which was established in 2001 and has fallen under the competence of the Secretary of State for Migration and Integration since 2011 – had to double reception capacities in Belgium. Hence, even though legislation in Belgium provides for adequate standards of living for asylum seekers on paper, the sudden increase in the number of applications has led to difficulties in offering adequate accommodation, especially those that consider special reception needs of vulnerable asylum seekers.

2. Framework

The reception of asylum seekers in Belgium is divided into federal and regional (territorial and municipal) responsibilities. The asylum procedures, reception and allocation, as well as voluntary and forced return, are concerns of the federal level whereas integration, education, employment and housing are regional responsibilities, namely in the Flemish region, the Francophone region and the Brussels capital region.

The initial registration and asylum application of every asylum seeker in Belgium is carried out by the Immigration Department in Brussels and has to be completed within eight working days of arrival in Belgium. In late summer 2015, the increase in the number of applicants and the limited capacities of the Immigration Office to process more than 250 applications a day led to a waiting period of more than two weeks, exceeding a maximum delay of ten days as set out in Directive 2013/32/EU, in obtaining a registration appointment. This situation consequently led to insufficient shelter. Thus, the population took on the responsibility to find emergency shelter for asylum seekers in Brussels. Nevertheless, the continuous increase in the number of asylum applicants and the housing crisis led to a situation in which hundreds of applicants slept in tents, parks or were even without any shelter at all. Therefore, an emergency pre-reception shelter was installed at the municipal level by the Flemish Red Cross aiming to offer shelter for up to a thousand asylum seekers.

Once the asylum application has been registered with the Immigration Office, the Offices of the Commissioner-General for Refugees and Stateless Persons (CGRS) are responsible for processing the asylum application. After registration, the first medical screening takes place and then the federal dispatching service, with Fedasil in the same building, allocates the asylum seeker to a reception centre which provides the applicant with material assistance.

Although Fedasil is the main allocation organisation, most reception centres are also managed by Fedasil itself. Additional accommodation is offered by the Flemish and Francophone Red Cross. Moreover, various cooperation partners supply small housing units or social housing. Every asylum seeker in Belgium can choose to stay at a private address, however in this case loses material benefits apart from medical care which will still be reimbursed. Nevertheless, access to medical care is easiest in a reception centre since every centre works together with doctors and employs nurses and therefore asylum seekers do not have to pay in advance themselves. Since the adoption of the 2007 Reception Act\textsuperscript{130}, instead of financial aid solely material assistance is provided. Thus, accommodation, food (catering or groceries, restaurant vouchers) and clothing as well as medical, legal and administrative guidance are part of material programmes. Nevertheless, a weekly allowance is provided. In addition, asylum seekers can decide to accept community work in the centre, such as washing dishes or serving meals, in order to earn extra money. A work permit is granted four months after submitting the request if no decision has been made. In this case material aid is still provided, but a financial contribution to the reception centre has to be made if the asylum seeker decides to stay in the accommodation.\textsuperscript{131}

After having spent four months in a collective reception centre, asylum seekers can apply to be transferred to individual accommodation without losing material assistance. This is granted subject to availability. Asylum seekers cannot choose their preferred municipality although they are allowed to refuse to relocate to the place offered. In addition, once they have been granted asylum, recognised refugees get two months to look for their own accommodation and they have the right to receive assistance from the Public Social Welfare Centre. In the case that asylum is rejected, material assistance is restricted and counselling on voluntary return is initiated. In the case that the asylum seeker does not appeal, the person is transferred into a so-called “return place” in the reception centre. The right to stay at the reception centre despite a rejection can be upheld for the following reasons: medical reasons, until a child ends a school year, the last two months of pregnancy and up to two months after birth, or during a family reunification case.\textsuperscript{132}

As previously mentioned, the Commission has initiated an infringement procedure against Belgium due to the fact that Directive 2013/33/EU,\textsuperscript{133} particularly regarding the maximum detention period as well as the identification and evaluation of vulnerabilities, have not been fully transposed into national legislation. Although the maximum detention periods are also not implemented in practice, families and children are not detained but rather accommodated in housing units. After a maximum period of two months, they are transferred to regular reception facilities. As for the identification and evaluation of vulnerabilities, in 2014, Fedasil

\textsuperscript{130} The Reception Act 2007 regulates the identification of special needs, accommodation (incl. meals, clothing and sanitary products), access to information, medical and psychological care, social and legal support, interpretation services, pocket money and community services as well as the right to work four months after registration. Moreover, it provides internal rules for reception and sanctions as well as a complaints procedure. (Wissing, R., \textit{Country Report: Belgium}, Asylum Information Database, ECRE, 2015, p. 58. Available at: \url{http://www.asylumineurope.org/reports/country/belgium})


\textsuperscript{132} ibid and Wissing, R., \textit{Country Report: Belgium}, Asylum Information Database, ECRE, 2015. Available at: \url{http://www.asylumineurope.org/reports/country/belgium}

established a “Vulnerability Unit” in the Immigration Office in order to screen vulnerabilities and to register them in the database “Evibel” which can be accessed solely by immigration officers and Fedasil. However, due to the short amount of time available during the appointment, only visible and clearly stated vulnerabilities are considered. Sensitive and specialist officials from this unit carry out the asylum application interviews. Moreover, a “Gender Unit” and a “Psy-Unit” were introduced by the Office of the CGRS to incorporate gender-specific and psychological issues in the processing and assessment of the applications. During the regular accommodation in a collective reception centre, social workers are responsible for monitoring asylum seekers every 30 days for six months in order to identify vulnerabilities. So far, no data is available with regard to this method’s efficiency. Additionally, if identified, Fedasil has no authority to communicate potential vulnerabilities to the responsible immigration officers. A complaints management system is also available at reception halls. However, complaints are to be addressed to the centre’s director and are to be answered within seven calendar days. If this does not happen, a social worker assists in submitting the complaint centrally. No data is available on the efficiency and use of this method either.134

As of October 2015, there were approximately 65 reception centres in Belgium. According to Fedasil, 83 per cent of the 35,537 places in these reception centres were occupied by 29,625 asylum seekers. Only a few of these reception facilities are located in and around Brussels. As mentioned above, allocation as well as material assistance are managed by Fedasil. Moreover, most reception centres across Belgium are run by Fedasil (19). Nevertheless, additional reception centres are managed by the Francophone Red Cross (22), the Flemish Red Cross (18) and social or private companies. Individual accommodation is mainly run by initiatives of the Public Centre of Social Welfare or NGOs.135 Special accommodation is offered for unaccompanied minors (1,375), single mothers with children (about 70 places provided by Caritas), persons with specific medical needs, persons with psychological problems and victims of human trafficking all across Belgium. These reception centres, along with the integration, education and employment of asylum seekers are, however, under the responsibility of the regions and municipalities.

As of May 2016, 8,106 women are in the reception network of Fedasil, 5,157 of whom are adults. In Brussels, 623 female asylum seekers are being provided with shelter and 408 of those are adults.136 Due to the federal system, the differing regional responsibilities and the small number of asylum seekers in Brussels, the reception standards for female asylum seekers in Brussels with regard to the implementation of Directive 2013/33/EU and the Istanbul Convention137 ratified in March 2016 cannot be regarded as representative for Belgium.

Most reception centres provide separate areas for female asylum seekers and families. According to a study of 2010, not enough attention has been paid to female asylum seekers. This study points to unhygienic and outdated sanitary facilities that are separate on paper, however in reality have to be shared with men. Another criticism voiced in this study is the

135 ibid
absence of childcare, which proves to be an obstacle for participating in language and educational offers as well as offers to undertake community work in the centres to earn a bit more allowance. These are merely some of the issues that lead to a feeling of unease and a lack of opportunities for women. Although special activities for women and families are offered in some centres, such as cooking with and for other residents as a collective activity, these are not standardised but rather the result of the individual commitment of social workers. Hence, in talking to different actors and asylum seekers, we tried to gain an insight into the situation of female refugees in Brussels after the considerable influx of refugees in 2015 and the beginning of 2016.

### 3. Methods

Our study relies on qualitative research methods. After an analysis of prior research in this field, we conducted participatory field research. We interviewed key players working for the reception of female refugees and with female refugees located in Brussels. Moreover, we carried out exemplary interviews with female asylum seekers in the reception centres.

In our research we came to the conclusion that, due to the particular division of responsibilities in the Flemish and Francophone regions, Brussels is a specific case. Insights were provided by four female asylum seekers in the reception centre Petit-Château, who had been introduced to and selected for our study by social workers beforehand. Since the four interviews were carried out in the presence and with the assistance of Fedasil staff, and, in two cases, father and husband of the interviewed women, we cannot guarantee that some of the answers do not contain socially desirable responses.

Further interviews were conducted with one female asylum seeker from Asmodee Antwerpen and one female asylum seeker from Caritas Louvrange who were interviewed upon request of and in the presence of their coordinator. Moreover, in-depth qualitative interviews were carried out with key players, such as Fedasil, Vluechtingenwerk Vlaanderen, Ciré, Asmodee Antwerpen, Caritas Louvrange, Solentra and Gams.

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139 Flemish Refugee Action is a social non-profit organisation for Flanders which provides a networking platform, does lobbying with political actors, offers social and legal support for asylum seekers and refugees and raises awareness among citizens. Moreover, it is a partner of Fedasil and is responsible for the coordination of 700 accommodation places for asylum seekers.

140 Coordination et initiatives pour réfugiés et étrangers (Ciré) is an association for Wallonia which does lobbying with political actors, offers social, educational and legal support for asylum seekers and refugees and raises awareness among citizens. Moreover, it is responsible for 1,000 accommodation places for asylum seekers.

141 Asmodee Antwerpen was initially a social housing unit of Centrum Algemeen Welzijnswerk (CAW) in Antwerpen for victims of human trafficking. Now it is also used for the reception of female asylum seekers with and without children.

142 Caritas Louvrange is a specialist reception centre for female asylum seekers with and without children in the Francophone part of Belgium.

143 Solentra is a small non-profit organisation for child psychiatry specialised in helping children with a migrant background. Apart from providing therapy, it serves as a help-desk for staff at reception centres and schools and also offers seminars and training.

144 The Group for the Abolition of Female Genital Mutilation (GAMS) was founded in 1996. It is an association which raises awareness among communities, offers training courses and seminars for professionals, supports individual victims medically, psychologically and legally, and advocates at the national and international level for the abolition of sexual mutilation.
4. Findings

Due to the sudden increase of asylum seekers in 2015 and a lack of capacity, reception facilities were transitionally inadequate. Families were sharing rooms with single men in mobile units and tents were introduced as emergency reception centres. Long waiting times for food, allowances or access to doctors made it difficult to implement Directive 2013/33/EU, but according to actors, standards are slowly returning to a normal and adequate level.

Generally, actors and female asylum seekers in Brussels seemed to be content with the present situation. It is acknowledged that there is always room for improvement, but the general expectation is that families and women are living separated from single men and acting on their own autonomy, such as cooking for themselves whenever possible. The opportunity to earn extra allowances by working in community services in the reception centres is also appreciated by female asylum seekers, although incidents of a lack of equal pay have been reported. Additionally, according to most interviewees, recreational rooms exclusively for women are missing within standard reception centres and should be considered in the future.

The reception centre Petit-Château was originally used as a barracks. It is now the largest and oldest collective Fedasil reception centre with a capacity of 844 places. Whereas families and women are hosted in one building, men who have travelled alone stay in another building or in a separate area. There is one cafeteria, a room for medical staff, and three TV rooms which can be accessed during the evenings and offer different Belgian TV channels. Moreover, an internet room with computers is available during certain opening hours as well as a fitness and recreational room, which closes for men during midday hours so that women can train alone. Educational offers include language and integration courses, and information evenings are also organised, for instance by members of the local community.

There are many different accommodation types in this reception centre. Some asylum seekers sleep in shared areas with rooms for 4 to 8 persons, separated by curtains. The female asylum seekers we interviewed either lived in private, catered and lockable rooms with their families or in a lockable separate apartment shared by two families with one common kitchen. Sanitary facilities are not part of these apartments, but according to asylum seekers, are easily accessible. Recently an improvement has been made since previously keys to use the shower facilities had to be fetched from security personnel. Nevertheless, it has also been criticised that hygiene levels in these facilities are inadequate and some toilets are not separate in practice, although it is clear that they are women-only facilities. The location, the possibility to undertake community tasks and the chance to cook and obtain groceries with vouchers are greatly appreciated. Common complaints referred to a lack of privacy, lack of wireless internet and to catering. All of our interviewees had been in Belgium for between six months and two years, some were recognised refugees already and most of them were looking for individual apartments. Although none of the participants voiced a feeling of unease and appreciated living in separate areas, most of them recounted that they cannot evaluate any insecurity at the centre as they only leave their rooms during daylight. Moreover, three of four participants moved within the centre only in the company of their husbands, families or siblings, whereas two of them move freely outside of the centre in Brussels and they have also been on daytrips to other cities in Belgium. One participant solely leaves her room to use sanitary facilities and the cafeteria, but does not participate in the activities offered in the centre, although she wished that language courses were offered within the centre. Right after the conducted interview, the father of another participant voiced that they fled Islam and now live in a reception centre full of Muslims. Generally speaking, a
life on hold in a collective accommodation, yet isolated from the Belgian society was described in our interviews as a feeling of being in prison or hospital.

In contrast, individual accommodation for women only at Asmodee Antwerp and Caritas Louvrange is much appreciated by asylum seekers. Although the interviews were conducted independently of one another, similarities in the answers can be identified. Both women recounted that it was very difficult to live in collective accommodation and that living with women only in separate apartments or rooms with private bathrooms with the ability to cook and buy groceries has made life in Belgium less stressful for them and has helped them to find a “family” in Belgium. According to the coordinators, experience in accommodation specifically for women has resulted in a quicker integration and better motivation when it comes to learning languages. Although one of the female asylum seeker’s mother tongue is French, a fact that is usually considered by Fedasil staff when allocating asylum seekers, she was housed in the Flemish part of Belgium. Nevertheless, she is motivated to learn the language and work as soon as possible. Both women had a professional background but recognised that access to work and childcare is difficult and thus explained that they would like to contribute to society and work wherever possible.

As mentioned above, integration practices are competences of different regions, namely the Flemish region, the Francophone region and the Brussels capital region. According to the experts interviewed, integration efforts are most successful in Flanders, which is said to be the most experienced region. Thus, language and integration courses are combined and available for registered asylum seekers. Nevertheless, it was claimed that initiatives have been introduced in Wallonia to enable it to catch up. There is an effort to offer language and integration courses for women only with childcare in the same building or area. However, long waiting lists for all asylum seekers for language and integration courses can be seen across the country. Apart from integration and education, a translation network initiative was introduced in Flanders specialised in medical care since doctors all over the country have refused to allow translators access because of confidentiality issues.

5. Recommendations

On a local level, smaller accommodation units should be established in Belgium to enable quicker integration into society. In addition, improvements should be made in standardising the information and training of persons working with asylum seekers, especially administrative staff, to make sure that necessary information is passed on adequately. The cooperation of NGOs and referrals to activities offered for women highly depends on the empathy, expertise and engagement of individual staff members.

Opinion on the initial screening of vulnerabilities varies. While it is generally recognised that a questionnaire and screening method raises awareness, it is also argued that identifying vulnerabilities should rather be a process and that vulnerabilities cannot be determined within a few minutes. This becomes particularly evident in the case of Asmodee Antwerp, which was initially solely assigned to host pregnant women. Time is needed in order to understand whether symptoms which are not evident are based on a trauma or on traumatic circumstances that decline once a certain stability in the living circumstances is reached.145 The screening as it is done in the first two months by social workers with unaccompanied minors is recommended by experts as a better practice. Although relocation to different

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accommodation after two months always amounts to stress for the asylum seekers, it is appreciated that this allocation functions appropriately.

On a European level, many interviewed actors have emphasised that there should be a European Tracing System in combination with a legal service for families that have been separated along the way. This is a necessity for the integration, stability and the healing of vulnerabilities of individuals. Furthermore, collecting best practice examples of large and small actors all across Europe to learn from each other with regard to the treatment of vulnerable persons in reception centres was suggested. This research should also incorporate a working group on the education and integration of female migrants. Focus groups in different countries should be established to gather expertise and develop a bottom-up approach and lobby for the implementation of the Reception Condition Directive. As Fabienne Richard stated, "we already have the tools we need, now we need to learn to use the ones we have."146

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