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Double Jeopardy: The European Refugee and Migrant Crisis and COVID-19: Insights into the Emerging Impacts on Women and Girls

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Introduction

This briefing note provides insights into the GBV-related experiences of refugee and migrant women and girls in the context of the on-going COVID-19 pandemic in Italy, Serbia, Greece and Bulgaria. It is not a comprehensive research study but instead provides a snapshot of emerging GBV-related vulnerabilities and needs of refugee women and girls in Europe, as well as availability of GBV support services. The information for this report was gathered from a desk review of relevant literature as well as key informant interviews with a number of service providers from the countries of focus.

At the time of writing, COVID-19 restrictions across much of Europe are beginning to lift. Given the likelihood of cyclical quarantines and other measures to stem the pandemic until a cure or vaccine can be found, practitioners will need to undertake real-time, iterative learning on how best to address heightened GBV risks that may result. This report aims to contribute to that effort.

GBV-Related Vulnerabilities and Needs of Refugee and Migrant Women in Europe

Pre-Covid-19 Vulnerabilities

Before the advent of the COVID-19 pandemic, refugee and migrant women and girls faced a number of pre-existing GBV-related vulnerabilities that marked their whole migration journey – pre-, during and post-departure from their homes. Several of these are highlighted below.

Vulnerability to rape and sex trafficking: Practitioners have documented a persistent fear of rape and sexual assault by women and girls during their migration journey to Europe. Sexual violence is a common experience for many refugee and migrant women and girls during transit from their countries of origin to Europe. Refugees and migrants from sub-Saharan Africa are particularly vulnerable: they are estimated to be four times at risk of sexual assault than migrants and refugees from elsewhere (Council of Europe, 2019). This is in part due to racism and stereotyping which feed into the objectification of migrant women, as well as the fact that trafficking routes commonly used by migrants and refugees from sub-Saharan Africa, include some of the most dangerous routes known for human trafficking (MSF,2010). Evidence suggests that some smugglers demand that women and girls take contraceptives at the beginning of their journeys to prevent pregnancies as a result of rape that may occur en route (Council of Europe, 2019). While systematic and accurate data on women and girls on the move is scarce, available data collated by the Council of Europe (2019) suggests a disparity in numbers of women and girls who arrive in destination countries, compared to those who were documented to have left origin and/or transit countries. This disparity may signal that some women and girls have been seized by trafficking networks while in transit (UNODOC, 2018). Even arrival at destination does not diminish the trafficking risk for some women and girls; on-going economic insecurities and lack of protective services make refugee and migrant women and girls prime targets of human traffickers in all the destination countries under review in this note.

Lack of GBV risk mitigation measures at transit sites and centers: Accommodation for women and girls—whether in or out of camp settings--is often unsafe. Crowded conditions, lack of safeguards such as lockable doors on showers, toilets/latrines, adequate lighting, lack of sanitary facilities etc., contribute to increased risk of exposure to GBV risks (Council of Europe, 2019). Migrant and refugee women and girls entrenched in the lengthy process of applying for asylum, and residing in asylum accommodation centers outside of camps, report similar weaknesses in gender-sensitive measures to address risk of violence (Council of Europe, 2019).

Lack of 'safe spaces' programming for women and girls: Designated safe spaces for women and girls to access GBV and other support services are not well funded, and as such are not present in all camps or other refugee shelter locations across Europe. Language barriers and poor literacy among refugee and migrant women and girls, as well as lack of female personnel working in camps and other refugee shelter locations (particularly where no GBV specialists services are available), further reduce the likelihood that refugee and migrant women and girls can communicate their concerns and have their protection rights and needs addressed (UNHCR, UNFPA, WRC, 2016; Council of Europe, 2019).

Limited access to GBV-related health treatment: A combination of fear of delays to their onward journeys, lack of understanding about legal rights to access health care and lack of knowledge about the process for accessing services inhibits survivors from accessing necessary medication and support for the treatment of rape, and also negatively impacts women and girls' access to sexual and reproductive health (SRH) services more generally (Council of Europe, 2019).

Emerging Vulnerabilities

Practitioners concur that existing GBV risks have become **more acute** following the introduction of measures to control the pandemic. Although there are contextual differences, national strategies to stem the virus undertaken by Greece, Italy, Serbia and Bulgaria have all been relatively restrictive:

- **Italy**, worst hit by the virus, instigated the first country-wide lockdown on 21 February 2020. Movement restrictions accompanied the suspension of asylum processes -- including the suspension of direct migration—and existing GBV support services to migrants and refugees (Deloitte, 2020; Wallis 2020). Alarmed by the rapid spread of the virus in Italy, Greece, Serbia and Bulgaria, soon followed suit.
- **Bulgaria** declared a State of Emergency, on 13 March 2020 and closed schools, severely restricted commercial activities and limited people's movement to only accessing essential services. The country's asylum process was also suspended, as were all face-to-face specialist services in immigration detention centers (Deloitte, 2020; Hristova, et al, 2019; State Agency for Refugees with the Council for Ministers, 2020).
- Similar measures were put in place in **Serbia** on 15 March 2020, and on March 23 2020 in **Greece**. Both governments imposed quarantine measures for all migrants and refugees residing in camps and asylum centers. Services and education activities were suspended, and humanitarian actors and other non-camp residents were not permitted to enter camps or centers (Marcou, 2020; Wallis, 2020).

The restrictive nature of these pandemic controls appears to have impacted refugee and migrant women and girls' vulnerabilities to GBV in some common ways. Service providers across all four countries who were interviewed for this report underscored the following issues:

The suspension of formal asylum processes has reduced referral for onward services for new arrivals, including referrals to GBV and SRH services: While the pandemic may have slowed irregular migration into Europe, it has not completely stopped. However, new arrivals are met with minimal registration services, and many other specialist services that might normally be referred to for onward support have been largely suspended. Providers report that even in cases where limited support

may be available, camps and centers are often overcrowded, such that new arrivals face being turned away (Human Rights 360, 2020). Some GBV services have been shut down. Even where health services are available, challenges in access—due not only to bureaucratic issues, but also to fears of contracting the virus in health centers—may undermine women and girls' access to essential health services.

Refugee and migrant women and girls face increased risk of sexual violence and exploitation related to economic hardship and homelessness: In Greece, Serbia and Bulgaria, rising economic hardship due to loss of informal work as a result of movement restrictions has led to challenges in finding and keeping safe accommodation for migrant and refugee women and/or their families who are not living in camp or asylum centers. There are emerging reports of exposure to sexual exploitation and abuse as a result of impoverishment brought on by the restrictions—with some landlords seeking to exploit female tenants by demanding sex in lieu of rent.

Homelessness is also on the rise among refugee and migrant women and girls as a result of COVID-19. In Greece, for example, new arrivals have added to numbers of pre-existing homeless refugee and migrant populations in parks and abandoned buildings. In some instances, even migrant women and their families who have financial resources may find themselves homeless on arrival to Europe because services to assist them to access shelter have been shut down.

Homeless refugee and migrant women and girls are at increased risk of sexual violence when sleeping in the streets. The lack of safe accommodation or general operational support services has had at least one reported fatal consequence—with a woman, a new arrival in Greece, committing suicide after an arduous migration journey and finding no support on arrival.

Strict pandemic controls have led to criminalization of refugees and migrants: National policies requiring a paper permit/ SMS message to justify movement in Greece has led to what some providers fear is indiscriminate criminalization of asylum seekers, including homeless women and girls. Language and literacy barriers, as well as social isolation, have meant a large number of refugees and migrants do not always understand the regulations and are repeatedly fined as a result, increasing their economic insecurities. For example, homeless refugee and migrant women and girls may be required to pay heavy pandemic control fines and penalties for 'loitering' in the streets-- against strict national 'stay at home' regulations, curfews and laws.

Evidence suggests women and girls may be more vulnerable to trafficking: There is rising concern that the economic insecurity will facilitate trafficking of women and girls in refugee and migrant communities. Already a risk, media reports in Southern Italy have outlined the increased anxieties of migrant women who have lost informal, non-registered work as nannies, or cleaners: these women express desperation at the prospect of not 'even' being able to beg due to restrictions on

movement (Palomo, 2020). Charitable contributions are insufficient for some women and girls to adequately feed themselves and their families (ANSA, 2020). While it is too early to quantify whether there has been an increase in human trafficking due to pandemic control measures to stem the virus, anti-human trafficking experts fear that traditional trafficking hot spots-- including Southern Italy--may see an increase in new trafficking cases, as well as re-trafficking of former survivors of trafficking (IOM, 2020).

The suspension of support services and the diversion of law enforcement to monitoring public compliance with stay-at-home regulations, may create a vacuum wherein traffickers can act with greater impunity in targeting economically vulnerable refugee and migrant women and girls. Increased economic hardship may also result in increased rates of debt bondage for refugee and migrant women and girls (IOM, 2020).

Some refugee and migrant women may face increases challenges in leaving a situation of intimate partner violence (IPV): All providers interviewed for this report noted concerns about a rise in IPV reports in their countries-- with one interviewee from Serbia noting that survivors who had been planning to leave situations of violence before the lockdown had postponed their plans, and continue to endure violent relationships due to uncertainty and lack of information about availability of services. Fearful that a surge in demand for safe shelter services means they will not be prioritised as 'foreigners', some refugee and migrant women in Serbia, for example, have chosen to live with violence at home until pandemic controls ease.

The Emerging Impacts of COVID_19 on Service Access and Quality

Service Provision during Lockdown

Service providers interviewed for this report noted they have been able to maintain some level of contact with existing survivors on their case load -- mainly through virtual or remote means. A number of **facilitating factors** have been necessary to enable such continued engagement:

- 1. *Ability to resource and adequately transition to remote service modalities:*** Interviewees reported having the requisite resources, policies and operational structures to enable them to transition to remote service delivery. It is not clear how widespread that ability would be for all service providers in each country hosting migrant and refugee women and girls. It is assumed that it would not be a possible avenue for all, and as such a reduction in service availability is assumed to have been inevitable.
- 2. *Maintaining contact through delivering permitted 'essential services':*** While some providers transitioned their case management and other face to face services online, they also engaged in local food distribution, community information dissemination activities about the virus and other 'permitted'

activities, which brought them into relatively regular contact with vulnerable refugee and migrant women and girls in the wider community. This was a feature of more generalist support organisations who provide an array of refugee and migrant support services (rather than only GBV support services and referrals).

- 3. *The type of pandemic control measures in place:*** In Serbia, one interviewee noted that the national curfew system in place made it possible to operate a GBV mobile outreach service in a number of communities. The mobile support service was able to access vulnerable refugee and migrant women residing 'under the radar' in the wider community, including some who were homeless. While many interviewees noted continuity of contact with those with whom they were already working, they expressed deep concern about not being able to support new cases, including new arrivals.

Impacts of COVID-19 on Service Quality

Despite the fact that a number of providers interviewed for this report managed to maintain some contact with women and girls on their caseload, a number of challenges were identified, including:

Reduced trust and bonding with survivors, as well as loss of clients: All practitioners reported concerns that a level of trust and hard-won bonding with their clients may have been compromised through the reliance on virtual/ remote modalities, which necessitate shorter session times and limited opportunities for communication particularly in situations of intimate partner violence, where the abuser may be living with the women or girl concerned and constantly monitoring movement and phone use, with a fear of being overheard by abusers, a key concern. There are also concerns that some clients are 'missing'-- perhaps due to resuming unsafe migrant journeys, homelessness, trafficking, etc.

Lost gains in empowerment programming: A provider from Greece noted that adolescent girls had conveyed fears that their extended stay at home, away from education centers and other programs, has resulted in an increase in home care duties, to which the girls' caregivers were becoming "re-addicted." The girls felt that regular access and exposure to GBV support services, alongside other activities and education, have had some positive effect on caregivers' perceptions about gender equality. These preliminary gains may be diminished in the absence of on-going services, and may therefore require reinforcing once services resume.

Continued lack of access to women and girls residing in refugee and migrant centers, despite easing of restrictions: In Serbia and Greece in particular, interviewees noted concerns about the lack of clarity on when services, including visits

to asylum centers and camps, will be allowed to resume. In Serbia, the military and the Commissariat for Refugees and Migration have taken control of asylum centers, severely restricting movement of refugees and migrants residing there, as well as providers' access. As restrictions begin to ease more generally across public life, there is some apprehension that restrictions on access to and movement in the centers will not be lifted at the same pace. For example, the Commissariat for Refugee and Migration issued a statement that it will 'consider' the continuation of services in the centers; the term 'consideration' (rather than a straightforward statement on resumption of services), has raised concerns that automatic reinstatement of all support services is not guaranteed in the asylum centers.

Increased economic needs: Providers interviewed for this report fear they will not be able to address a surge in demand for economic assistance from survivors without a commensurate increase in donor funding. Many providers also fear for their organization's financial forecast in the medium and long term, as donor resources may be reduced or diverted elsewhere as the economic impact of the pandemic unfolds globally.

Gender unequal impacts of proposed regularization of migrants and refugees: Italy is considering granting temporary visas to undocumented migrant farm workers in recognition of their contribution to 'feeding the nation' during the height of the pandemic (Associated Press, 2020). Although this plan will potentially have many positive impacts, including stemming labour exploitation and trafficking in the agriculture sector, most migrant and refugee workers in the agricultural sector are male. Similar recognition is not available for women's undocumented labour--including for an estimated 200,000 women in the domestic and home care sector in Italy.¹

Conclusions

Pre-existing vulnerabilities of women and girls have increased due to pandemic control measures. Economic insecurity is a driving factor of these vulnerabilities, and also a contributing factor to risk of exposure to GBV—particularly sexual violence and sexual exploitation and abuse. While access to survivors during lockdown was challenging, most providers in the countries reviewed for this report were able to keep contact with existing clients through a variety of remote means. Further studies will be needed to assess the impact on survivors who were not able to access GBV service provision online or by phone, or indeed the impact of the lockdowns on new arrivals who had limited knowledge of available services and no obvious referral links. Service providers are still working through the implications of the lockdown measures. This paper seeks

¹ See <https://www.infomigrants.net/en/post/24295/italy-minister-open-to-legalization-of-migrants-but-not-for-600-000>

to contribute to this ongoing reflection in the hope that lessons will be learnt, and that national strategies in future will take better account of the vulnerabilities of migrant and refugee women and girls.

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Additional Resources

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