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Research Article

Women Refugees: An Imbalance of Protecting and Being Protected

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Abstract: The recent refugee crisis in Europe has become a prominent human security issues that continues to receive international attention. The main debate has been on the accommodation of refugees in European countries and the issues that arise from the sudden influx of people into those countries. Camps were established with limited time and information to prepare, leading to issues within these temporary living arrangements. Conditions are worse for women refugees, who suffer similarly to the men but have higher rates of insecurity. This paper attempts to argue for greater protection for women refugees. To do so, it will describe women refugees' conditions and needs and relate them to an enforced moral responsibility. It argues for more attention to be given to women refugees with specific conditions, those who have been marginalized in most refugee policies. The main argument is that better protection for and empowerment of women refugees is urgently needed due to their own conditions and needs alongside the moral obligations to take care of children and the elderly. To do so, policies have to consult the specific needs of women. An important step towards this effort is to develop further and more detailed classification of women and their specific needs: women refugees' needs are not merely determined by their own conditions but also the conditions of those they are responsible for.

Keywords: moral obligations; policy; protection; specific needs; women refugees

1. Introduction

The current influx of refugees into Europe has been considered the worst refugee crisis since the Second World War [1]. Significant amounts of humanitarian assistance are needed to help the refugees. The worst conditions are experienced during their journey from their origin country to countries in Europe. Camp sites and hot spots have been established to accommodate and assist them. Nevertheless, even in these supposedly safer grounds, they have to face challenges. The challenges are even bigger for women refugees, who are considered to be more vulner-

able because they are prone to Sexual and Gender-Based Violence (SGBV), become trafficked or exploited, and moreover, they have an enforced moral responsibility to be the caregivers of their family members. It is reported by both Amnesty International [2] and CARE International [3] that women and girl refugees face sexual and gender-based violence including assault, exploitation and sexual harassment at every stage of their journey, from when they were still in their country of origin to arrival and settlement on European soil. It is even reported that they are forced to engage in "transactional sex to 'pay for' travel documents or their journey" [4].

There are initiatives from women refugees to organize themselves through informal community centers with the purpose of supporting the delivery of aid. Initiatives have been started by women refugees who formed groups “to support with the delivery of aid, such as establishing informal community centres for women and children”. As an example, women refugees in Athens established the ‘Melissa’ women’s centre that offers “a safe space for refugee women to socialize, learn languages and gain vocational training”. However, governments and UN agencies have failed to support those efforts [5]; and these initiatives are still limited and the majority of women are still in need of assistances.

The problems faced by women refugees are multi-layered based on their gender. The biological characteristics and role of women mean their needs differ from those of men. These are then related with their other needs such as social and psychological ones. Having a monthly period and being the gender partner that has to deal with pregnancy are already specific needs which have to be fulfilled regularly. Even more so, women refugees can be categorized further based on their conditions and the responsibilities they bear for being caregivers for their children and the elderly. An effort has been made by the European Union [6], to categorize women refugees by classifying them into: single mother traveling alone or with her children, pregnant women, teenager girls (with and without babies), unaccompanied children or even newly-married girls. As the issue develops, this categorization seems to be inadequate to identify their specific needs, which is crucial in the effort of determining suitable actions. Therefore, this paper aims to expand this categorization by taking into consideration the latest developments, particularly at the camp sites where assistance is usually concentrated.

Once problems and needs have been identified, the next concern is whether the policies adequately address the actual needs and conditions in the field. Institutions such as the European Union (EU), the United Nations High Commissioner for Refugees (UNHCR), Women’s Refugee Commission and a number of European countries have made efforts to assist the refugees through policies and guidelines. However, the recent conditions of women refugees, particularly in Europe, shows that there is still a lack of protection is still happening. In this context, this paper attempts to analyze the challenges to implementing refugee-related policies.

2. Discussing Women Refugees

Research on women refugees has extensively discussed the problems faced by women refugees. A number of studies have tried to identify and list those problems and the efforts made to address them in mostly ad verbatim reports. Langlois et al [7], for example, identified that refugees are likely to have health issues such as mental health illness, trauma, and physical problems like injuries, epilepsy, malnutrition, anemia, non-communicable diseases, infectious diseases (hepatitis A and B), and even parasitic diseases, which require better access to healthcare. Another analy-

sis argues that women refugees should not only be seen as victims because they have the potentials to be proactive actors. With regard to women refugees, the Women’s Refugee Commission [8] recently published a report on the condition of women and girl refugees en route to the destination country, which states that women refugees are often unable to get access to basic services in transit centers, particularly in terms of sexual and reproductive healthcare.

Another study conducted by the European Union [6] also identified issues faced by women refugees. For instance, the condition in shelters, training and language courses, labor market, healthcare system, gender-based violence and trafficking. This was also identified in the motion for a European Parliament Resolution on the situation of women refugees and asylum seekers in the EU, “more than a third of maternity-related deaths worldwide take place in crisis settings, such as refugee camps” which are caused by “lack of access to basic emergency obstetric care and skilled health personnel” [9]. It has also been reported that men and women refugees have to sleep in the same tents and have to use the same toilet and shower facilities [10]. Amnesty International also reported that many women refugees try to minimize the risk of being assaulted in the camps by not drinking or eating so they would not have to use the toilet, some others also left the camps and slept in the open because they felt safer there [10]. A worker at the aid station also mentioned that many women refugees suffer from urinary tract infections because “they drink too little, the toilets are not clean and they’re not used to the cold”. Pregnant women refugees also “exposed to a lot of stress, had to stand in lines for a long time and being crushed in crowds”.

A study of women refugees’ opportunities and constraints, particularly in the United Kingdom, by Hunt [11], has actually argued that women refugees are able to engage with the activities in the destination country, not only towards self-development but also to get involved in preparing future arrivals of other refugees. It is also argued that women did not categorize themselves as victims, but as agents who could offer improvements for refugees [11]. However, this more empowered role of women refugees is only partially achieved, depending on the cases, the locations and the policies implemented.

Even though studies from various perspectives focus on women refugees, there is still a lack of identification of the different needs of protection for women refugees. By identifying their specific needs of protection, a more effective level of support and assistance could be delivered to them as an effort towards protection and empowerment them. Therefore, this paper will take a look at the different statuses of women refugees and analyze the different needs of protection for each category. Using data from previous studies, this paper attempts to map the needs of women refugees based on their status and condition and analyze whether existing policies can be utilized to address the issues. This paper focuses on the imbalance in the condition of protecting and being protected for women refugees. It is assumed that women refugees’ needs and

protection cannot be optimally fulfilled because, as women, they also have to fulfil the needs and protect the individuals under their care.

As documented by CARE International in 2016, women refugees' burdens are heavier because of their increased responsibility, meaning that women refugees do not only have to take care of themselves, but also they have to shoulder the responsibility of taking care of the children they are travelling with [12]. Therefore, we argue that there should be special attention given to the identification and fulfilment of the needs and the protection of these individuals because they are considered as the extension of the woman's needs and protections. Identification of their needs will help or assist the women in fulfilling their obligations and allow them to take care of themselves. We also argue for more attention to be paid to women with certain physical and mental disabilities, mainly because they are not as capable in fulfilling their needs and protecting themselves.

3. Women Refugees in Europe

The number and gender of refugees entering Europe changed significantly over a single year. In 2015, 70% of the refugees were men, however in 2016, 60% of the refugees were women and children [13]. This data shows that there is a significant increase in the number of women and children among the refugees. However, it should be noted that they are taking the same journey as male refugees and experiencing similar challenges, especially during the journey to European soil. Women and children refugees together with men have to survive during a long journey over sea and land, day and night without proper equipment or survival kits, leaving them to survive on their own in order to arrive at their destination country. It is even worse for women and children because they are more vulnerable to be trafficked or exploited. As described by the Commissioner for Human Rights [13], the increasing number of women and children refugees also means that more women and children are risking their lives on the route to Europe, which makes them vulnerable to be trafficked, exploited, discriminated and abused.

Women refugees need more attention not only because of the past experiences that they have been through, but also because of the moral obligations that they carry. Women refugees who take the risk to travel with their family have to resume their 'natural' role within the family setting. As wives and mothers, besides taking care of themselves, they also need to take care of their husbands, children or the elderly who are travelling with them. Taking these responsibilities in a refugee situation increases their burden. Also, in many cases, women have to take the role as the head of the household [14]. Women refugees are also more vulnerable in the refugee camps, where harsh conditions are faced and there is a high risk of abuses, including rape.

The increasing number of women refugees means that more assistance is needed to fulfil their needs. However, the needs of women refugees from one to another based on

their conditions. The specific needs and conditions require particular responses. For instance, women who are pregnant need more medical assistance to ensure that they will be in a good physical condition before giving birth. On the other hand, women who experienced SGBV need specific psychological and medical assistance to heal their trauma. In order to overcome this problem, several efforts have been made to provide more assistance for women refugees, these include formulating more policies aiming at assisting women refugees and providing more medical assistance in the field. However, as stated in an assessment conducted by the United Nations High Commission of Refugees (UNHCR), United Nations Population Fund (UNFPA) and Women's Refugee Commission [15], responses from governments, humanitarian actors, EU institutions and agencies, and CSOs are inadequate.

The UNHCR also stated that effective protection responses are needed, particularly for vulnerable refugees [6]. This report has included women as vulnerable. However, as the situation develops, it becomes more obvious that there needs to be a greater spectrum in this classification to accommodate the various conditions faced by women. It is proposed that single adult refugee women are believed to be the most vulnerable among all refugees because of their lack of financial means, professional qualifications and family support [6]. Therefore, it is necessary to determine the specific needs of women refugees, in order to improve protection for them. This could be achieved by categorizing women refugees based on their conditions.

4. The Condition of Women Refugees in Camps

The discussion in this paper is focused on conditions in refugee camps. In many cases, refugees have to spend long periods of time living in camps until their refugee status is granted and their settlement is decided. This extended period of living in a temporary setting with limited facilities makes refugees, particularly the women, vulnerable.

The destination countries which the refugees try to reach are mostly located in the center of Europe. As a consequence, there are countries which are considered to be the front line [16–18] because geographically they are located on the route to the destination countries. Italy, Greece and Turkey, for example, are the entry points for refugees heading to Germany or other central European countries. Therefore, it is important to examine the conditions of women refugees in the camps provided in these countries. Whether the specific needs of women refugees are met and specific forms of protections offered remains to be analyzed.

It is reported that there is a lack of protection and assistance in regard to women refugees' physical safety, dignity and health [19]. For instance, in Germany, separate houses and medical care are provided for vulnerable groups which include pregnant women and traumatized women. However, due to the large number of these women, the facilities are not adequate to accommodate all of them. Another exam-

ple is the in refugee camp in Greece, where camp which was planned to host 2,500 people is actually inhabited by around 12,000 people, all living in inhumane conditions such as muddy tents that make them vulnerable to diseases and mental illness. As raised by the United Nations, the Red Cross, and Save the Children, there are also concerns about food shortages, shelter, sanitary, and water conditions in the refugee camps. Similar conditions occur in Italy, where men and women refugees, including single parents with children, and pregnant women and children both in good and poor health, are forced to live in the same building and given the same treatment [20].

Other reports from UNHCR, UNFPA and Women's Refugee Commission [21] also show that even though a number of protection officers are already deployed and trained to give psychological first aid by humanitarian agencies, they are still insufficient to meet the varied and frequent cases. In addition, UNHCR also reported that there is a lack of informal and formal referral mechanisms, standard operating procedures (SOP) and clinical management of rape (CMR) available for women refugees. More importantly, a lack of "uniformly applicable vulnerability criteria that all actors are aware of" hampers the process of screening, identification and prioritization of women with specific needs [21].

5. Women Refugees' Specific Needs

According to the Guidelines on the Protection of Refugee Women [22], refugees are entitled to protection because they are the victims of human rights abuses, conflicts or aggression and they are unable to receive protection from their own government. Therefore, international protection is needed to ensure their rights. The guideline also mentions that women share the needs for protection like other refugees, however women and girl refugees have "special protection needs that reflect their gender, inter alia, protection against manipulation, sexual and physical abuse and exploitation, and protection against sexual discrimination in the delivery of goods and services." The fulfillment of these special protection needs is considered here as women refugees' specific needs. Therefore, in order to actually address the problems faced by women refugees, it is important to determine what the specific needs are.

In general, the existing assistance for refugees are limited, including those for women refugees who have specific needs. As stated by UNHCR, UNFPA, and WRC [21] there is a lack of field research to determine what kind of assistance is needed by certain categories of women refugees. It is also argued that the term "one size fits all" should never be applied when it comes to determine what kind of specific needs and protection are required by women refugees. Since women refugees have different health conditions and recent traumatic life experiences, their needs for protection should not be generalized and simplified. Instead, needs should be differentiated based on their experience and their current conditions between one characteristic and another. It is believed that specific needs could be better fulfilled by

making the categorization of women refugees more specific. The categorization of women refugees is the first step in identifying the specific needs of women refugees and towards ensuring that their specific needs are being fulfilled.

Furthermore, the conditions of women are very much determined by important confounding factors other than their own person, which also vary greatly. As an example, a lot of women refugees are travelling with their children. Their needs are not solely be diapers and powdered milk. Children could further be categorized into babies, toddlers, preschoolers or even teenagers who obviously have different needs to fulfil. Women refugees who are travelling with babies may need diapers, milk, varied forms of foodstuffs and vaccines for their babies; while those who are travelling with preschoolers have different specific needs such as books, toys, and vitamins. Therefore, in order to provide appropriate assistance, the needs should be broken down to the maximum extent.

There are many ways of specifically categorizing women based on their needs and conditions. UNHCR, UNFPA and WRC [21], for example, argue that women refugees who are in need and required more coordinative and effective protection responses include single women travelling alone or with children, pregnant and lactating women, adolescent girls, unaccompanied children, newly wedded children with and without their babies, and elderly men and women. While the European Union [6] mentioned single mothers who travel alone or also with her children, pregnant women, teenage girls (with and without babies), unaccompanied children or even newly-married girls. This paper adds to the existing categorization of women refugees by assessing the specific needs and protections that need to be fulfilled. We are adding women refugees who experienced SGBV, elderly women, women refugees with disabilities, woman refugees with toddlers, women refugees with children, women refugees with teenagers and women refugees with mental illness to the existing list. The following discussion will further highlight the double role that most women refugees have to play and their obligations to protect those that they are responsible for.

5.1. Women Refugees with Older Children

First, we would like to highlight the needs of women refugees who are travelling with older children. Children in general need good nutrition to grow, which is a challenge to provide in a refugee situation. As reported by UNICEF (2014) [23], thousands of Syrian refugee children suffered severe acute malnutrition, which were linked to "poor hygiene, unsafe drinking water, the cold season, lack of immunization, diseases and improper infant and young child feeding practices". This issue of inadequate nutrition for refugees was still confirmed by CARE in 2016. According to the interviews with women refugees living in a refugee camp in Greece which is reported by CARE International [24], they live on lentil soup that leads to a lack of nutrition for women refugees travelling with babies and children.

These efforts to consult women refugees as a specific group need to be maintained and developed further so that their actual needs can be identified. The information will then be useful in the process of making specific aid policies.

As an international organization focusing on children, Save the Children [25] has conducted efforts to help women refugees who are travelling with their children. They have identified that women refugees who make the journey with babies need to have access to baby kits. They have identified the specific needs for the babies. We would suggest that the provision of needs and protection for babies and older children should be differentiated. Toddlers, for example, need open, child-friendly spaces that allow them to play and socialize safely. While for children in their teens, the prioritized needs may include access to education and learning equipment. As for the protection, the challenges are also different. Movement is limited for babies, while for toddlers and teenagers the risk of getting separated from the mother can be high. Therefore, there is a need for refugee camps to have safe spaces for children to play and socialize. Save the Children in Italy [25] has initiated the setting up of child-friendly spaces, not only for playing but also to release stress.

5.2. Elderly Women Refugees

Elderly women refugees are considered as vulnerable because of their physical condition, they need assistance in fulfilling their specific needs and protecting themselves. A number of reports have considered the elderly to be part of the vulnerable group. However, they tend to be invisible and left behind in the refugee assistance scheme, as compared to women and children. As written in older reports on refugees [26,27] elderly women tend to be left behind in the camps because of their limitations. They are not given priority thus their needs are not comprehensively identified. Physically they may need assistance similar to those with disabilities, such as walking sticks or wheelchairs. Mentally, they may need specific treatment because their age influences the way they experience the refugee condition. Older age and longer attachment to the country of origin may make it harder for elderly refugees to adjust to the living conditions in the camps. Thus, they need other individuals to accompany them through the process.

5.3. Women Refugees with Disabilities

Women refugees with disabilities need assistance and support equipment such as wheelchairs. However, their needs do not stop there. As argued by the Women's Refugee Commission [28], women refugees with disabilities tend to face high risk of sexual and gender-based violence because of three factors, which are: being female, disabled and displaced. Unfortunately, just like the elderly women refugees, women refugees with disabilities often become invisible because they tend to be kept inside. This condition makes them become more isolated. Furthermore, as

it is difficult for them to move around, they tend to be left by themselves, making them vulnerable to rape or acts of SGBV. Their physical limitations may prevent them from defending themselves or seeking help.

5.4. Pregnant Women Refugees with SGBV Experience

Specific attention should also be given to pregnant women refugees who experienced SGBV. It has been argued that pregnant women need special assistance. The urgency rises when we are talking about women refugees who have become pregnant as a result of SGBVs. Besides the standard medical assistance required by pregnant women, this group of women refugees need specific assistance such as psychologists or psychiatrists to help them through the pregnancy and labor process. As argued by UNHCR, UNFPA and WRC [29], more "comprehensive multi-sectoral SGBV prevention and response services are needed." It is highlighted that just like other SGBV victims, those who are raped or sexually abused in the refugee camps tend to choose not to report the cases, which makes it more difficult to calculate the exact number of victims and, more importantly, to determine the type of assistance they need. The decision to not report the rape is usually because victims feel too ashamed of the incidents and they tend to disclose their experience only to seek help and assistance after they have begun to suffer severe and visible health implications. As reported by UNHCR [21], one of the biggest challenges among women refugees' specific needs is the fact that SGBV is not considered as a major feature of the crisis due to the lack of data in SGBV incidents. UNHCR also reported that this fact means the number of actual survivors or victims remains hidden, which is a challenge for government and humanitarian agencies in addressing what kind of specific needs and assistance are required.

In addition, the language barrier is also one of the reasons why the victims are reluctant to report what happened to them. More female interpreters are needed in the refugee camps in order to approach women refugees and help in assessing their condition. Personal approaches, particularly by someone who can speak the same language, may make the victims more comfortable and more likely to report the crimes they have suffered. When the victims are open to share their experiences and their feelings, it will be easier for the humanitarian officers to determine what kind of medical or psychological assistance they need. In addition, by understanding the pattern, humanitarian assistance can be more specifically designed to provide preventive actions that could decrease potential SGBV cases in the refugee camps.

Protection from potential SGBV is also important because, due to the high number of people living in the camps, women refugees are at risk of being raped or sexually abused not only by other refugees but also from the humanitarian actors and guards [29,30]. The high risk of SGBV in refugee camps is also due to the insufficient number of beds, poor hygiene conditions, and poor shower installations without separation between men and women. Therefore, protection

needs to be increased by conducting more monitoring activity around the camp areas. Moreover, more SGBV coordinators are needed in refugee camps, especially those who are dedicated and skilled protection officers.

Another crucial condition that needs to be taken into account is the mental health of women refugees. It is commonly known that the pregnancy experience in a normal condition can already trigger mental health issues for women. As stated by WHO [31], “mental health problems such as depression and anxiety are very common during pregnancy and after childbirth in all parts of the world”. As argued by Zahira Latif [32], maternal mental health, if experienced in a situation where the women have to be on the move, will prevent them from seeking help due to practical barriers and cultural factors. Furthermore, women who are pregnant because of SGBV will eventually have to deal with her relationship with the child she is bearing. This is a type of issue which requires a rather extended treatment, something which may be rather difficult to provide in a refugee situation.

The discussion above has emphasized that women refugees are facing multi-dimensional problems. The problems include those they are facing as individuals and those which are actually the problems faced by their husbands, children and parents but are extended to women refugees because of their role as caregivers. This extension of problems is the aspect that needs to be considered to a greater degree in identifying the protection needed by women refugees and making the policies and actions to address them.

6. Regional and International Policies on Women Refugees

The effort to focus on women refugees was initiated by “United Nations High Commissioner for Refugees (UNHCR) Policy on Refugee Women” [33]. As mentioned by Buscher [34], Director of Protection, Women’s Refugee Commission, the three main objectives from the document are to provide protection appropriate to this group’s specific needs, to identify appropriate durable solutions, and to provide assistance which shall encourage the realization of their full potential and encourage their participation in preparing for a durable solution.” Another document titled “Guidelines on the Protection of Refugee Women” [22] was also produced in the following year to enhance the efforts to protect women refugees. The following picture listed the key efforts in protecting women refugees.

An observation of the content of the policies made by UNHCR above shows initiatives to provide a more detailed identification of women refugees’ classification, conditions, and needs. The First Policy on Refugee Women [33] UNHCR has highlighted the need to acknowledge that being a refugee affects men and women differently, thus programs designed to address their problems need to take the differences into consideration. This policy started to use the term “specific needs” for women refugees and emphasizes the need to ensure that women refugees’ needs are considered in all stages of planning, management and evaluation of

the refugee programs. The “Guidelines on the Protection of Refugee Women” [22] has identified more members of vulnerable groups to include “unaccompanied adolescent girls and women, elderly women and disabled women” and strongly suggested that a comprehensive effort to provide protections for women refugees will require active participation of the women refugees themselves in the planning and implementation of the programs.

In the years following this set of documents, the UNHCR has made various effort to implement the guidelines through activities such as needs assessment, creating manuals, and conducting dialogues. As reported in the assessment conducted by the Women’s Refugee Commission, titled “UNHCR Policy on Refugee Women and Guidelines on Their Protection: An Assessment of Ten Years of Implementation” [35] the efforts have succeeded in creating broad awareness on women refugees’ needs and interests and bringing improvements towards the provision of assistance for women refugees. However as observed by Buscher [34], in general, the implementation was still “uneven, incomplete, and occurring on an ad hoc basis”. While acknowledging the success in creating policies, guidelines and tools to protect women refugees, Buscher argued that it was challenging for the UNHCR to set the practical measures for implementation. To date, this issue of challenges in translating policies into implementation measures remains and becomes more urgent since the issues faced by women refugees in the field become more complex. As also identified by Buscher, the unpredictable practical measures in the field can hamper the efforts to produce policies and guidelines [34].

- 1990 United Nations High Commissioner for Refugees (UNHCR) releases its first *Policy on Refugee Women*.
- 1991 UNHCR releases its *Guidelines on the Protection of Refugee Women*.
- 1994 First full assessment of refugee women’s reproductive health care needs.
- 1999 An inter-agency field manual on refugees’ reproductive health is published.
- 2001 UNHCR holds the Global Dialogue with Refugee Women resulting in the High Commissioner’s Five Commitments to Refugee Women.
- 2002 The Women’s Refugee Commission* completes an assessment of UNHCR’s implementation of its guidelines on refugee women.
- 2003 UNHCR releases Sexual and Gender-based Violence (SGBV) Guidelines.
- 2004 The Minimum Initial Services Package (MISP) for reproductive health care included in Sphere as a minimum standard.
- 2004–2006 UNHCR rolls out its Age, Gender and Diversity Mainstreaming Initiative partially as a response to the assessment conducted in 2002.
- 2006 UNHCR’s Executive Committee (EXCOM) adopts a *Conclusion on Women and Girls at Risk*.
- 2008 UNHCR releases its *Handbook for the Protection of Women and Girls*.
- 2008 Evaluation undertaken and completed on UNHCR’s efforts to prevent and respond to gender-based violence (GBV).

* Until 2009, the Women’s Refugee Commission was known as the Women’s Commission for Refugee Women and Children.

Figure 1. Key benchmark in policy and protection developments for refugee women, 1990-2010. Source: [34].

UNHCR has tried to accommodate this rising complexity in its policies and documents. In 2003, for example, UNHCR published “Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response” [36] which goes into more detail in identifying the needs of women refugees with SGBV issues and how to respond to those needs. By 2008, UNHCR published the “Handbook for the Protection of Women and Girls” that focuses on women and girls who are asylum-seekers, refugees, internally displaced, returnees, stateless or who have integrated into new communities [29]. The highlight of this handbook is its emphasis on the importance of empowerment of women refugees.

The challenges in implementation are confirmed by the various reports on the conditions experienced during their journey and in the camps. Even though there are some initiatives that have been conducted by the European Union in the efforts to assist refugees, there are still a number of particular needs that are yet to be fulfilled, even the provision of basic facilities such as secure and separate toilets and bed rooms. According to a report from the European Parliament, the key findings include the conditions which make it more difficult for women to obtain asylum status and the reception conditions. It is also suggested that the housing of asylum seekers should be organized in a gender-sensitive way, where men and women should live in separate houses (except for families who want to stay together), because lack of privacy could lead to more violence against women [37]. They also need to have access to private keys to their own rooms to increase security and prevent theft or sexual abuse. Moreover, private bathing and sanitation facilities, sufficient health-care and psychological aid for women who have had traumatic experiences should also be provided in the refugee camps [37]. These findings by the European Parliament indicate that there are still a significant number of protection related problems for women refugees on the ground.

Challenges also relate to the coordination among those involved in the entire effort of providing for needs and protection for women refugees. As assessed by Carrera et al [38], there is a lack of effective action with regard to sharing protection and human rights responsibilities among member states of the European Union. The Directive 2013/32/EU on granting and withdrawing international protection, has stated that all the member states should “identify vulnerable persons and provide special guarantees for these persons” [37]. Since this concerns people who are on the move, coordination of efforts between the countries involved becomes more crucial. Unfortunately, to date, the refugee crisis has led to critical debate on the political agendas among European Union member states. As argued by Heaven Crawley, Chair in International Migration for the Centre for Trust, Peace and Social Relations at Coventry University, in her piece on TheConversation.com [39], for example, the so-called migration crisis has been more about the geopolitics of the EU, not so much about the movement of people. Based on the research that she conducted with her team, Crawley argued that:

“... the countries of the EU have used the issue of migration

to consolidate their own political power and to challenge others. Fingers are being pointed precisely along the lines of decades-old geopolitical conflicts between European countries”.

If the countries of the EU continue to focus more on their political interests, the actual needs of the refugees, including those of women, will continue to be neglected. Thus, more efforts to identify and promote the specific needs of refugees, particularly those of women, are required.

7. Conclusion

The discussion in this paper has shown growing attention towards the condition and needs of women refugees and improved responses made at the international, regional and national level. However, a number of issues remain. First, the speed of the growth and spread of the issues that need to be addressed on the field is much higher than the ability to make and implement policies. A closer look at the findings show that the implemented policies tend to provide generalized assistance which do not consider the specific needs of women refugees, let alone women refugees with more specific needs as discussed in this paper. Moreover, while the existing issues are yet to be addressed comprehensively, more issues continue to arise. Second, the ability to accommodate all needs comprehensively is limited and is hampered by the lack of coordination among actors involved. Policies made at international level tend to provide general guidelines, while in the field, initiatives and actions tend to be less coordinated and conducted with different standards. Third, in line with the main argument of this paper, when women refugees are discussed, the issue is that existing policies and initiatives tend to consider each category of women refugees in isolation, while in reality, women refugees usually have multiple roles and responsibilities. Instead of looking at them as pregnant women refugees, or women who have suffered SGBV experience, or women refugees with disabilities, they should be portrayed as pregnant women who still have to take care of other children, their husband and the elderly or pregnant women with SGBV experience who eventually have to deal with their past and the responsibility to take care of their children. In other words, the classification has to be enriched with more dimensions and a greater spectrum of types of women refugees.

In creating a greater level of protection for women refugees, greater consideration must be given to their obligation they have to protect the other refugees for whom they are morally responsible.

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