



Survivors of Gender-based Violence Navigating the EU Asylum System

CARE Analysis and Recommendations



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Introduction & Summary

Migration is a gendered experience: Women, men, and gender-diverse people experience mobility across borders differently, shaped by gender norms, power relations, and unequal access to protection. These differences are evident at every stage of the migration process: in the reasons that compel people to leave their countries of origin, in their experiences during their journey, and in the conditions, the level of protection, and the dangers they encounter upon arrival in their destination.

Gender-based violence (GBV) is a common element of migration experiences. In contexts of conflict and crisis, various forms of gender-based violence increase significantly, with women and girls often targeted through sexual violence, forced marriage, trafficking, and other forms of persecution. During migration journeys, violence experienced by migrants, too, is gendered: men are more likely to experience detention-related abuse or torture, while women face a heightened risk of GBV, including sexual exploitation. In countries of destination, these risks frequently persist, with migrant women experiencing increased risks of intimate partner violence, sexual exploitation, as well as violence in reception and accommodation facilities.

Despite these realities, the asylum system has long struggled to adequately reflect and respond to gender-based violence. Protection on the grounds of gender-related persecution remains limited, and survivors often do not receive sufficient support — for example, through access to healthcare and psychosocial services, or through proper identification and referral mechanisms for GBV cases. This policy paper¹ combines legal analysis of international and EU frameworks with research findings and lived experiences from the ground. Based on this evidence, it provides concrete recommendations for EU policymakers to address both legal gaps and persistent implementation failures in the protection of people fleeing gender-based violence.

Recommendations include:

- Strengthening early identification of special reception and procedural needs through standardised, gender-sensitive vulnerability assessments;
- Ensuring effective referral mechanisms and access to tailored reception conditions, including specialised accommodation and timely psychosocial care; and
- Improving procedural safeguards in the personal interview, including confidentiality and access to same-sex interviewers/interpreters upon request.

The reach.out plus Project

To address these shortcomings, Médecins du Monde (MdM), CARE Deutschland, and CARE International have launched the reach.out plus project, a consortium initiative implemented by MdM in Germany, the Netherlands, and Greece and by CARE International in Brussels. Depending on national contexts, the project supports asylum-seekers and refugees in accessing healthcare and psychosocial services while strengthening their capacity to understand and exercise their rights throughout the asylum procedure.

Within this framework, the project aims to:

- Empower affected and vulnerable individuals through community-based information and training
- Improve first response and support through targeted training for professionals on gender-based violence
- Promote systemic change by strengthening the implementation and monitoring of EU-wide GBV guidelines

¹ Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Commission. Neither the European Union nor the granting authority can be held responsible for them.

Legal Overview

The primary international legal framework governing access to international protection is the 1951 Convention relating to the Status of Refugees, as complemented by its 1967 Protocol. The Convention defines a refugee as a person who, owing to a *well-founded fear of being persecuted* for reasons of race, religion, nationality, political opinion, or *membership of a particular social group*, is outside their country of nationality and is unable or unwilling to avail themselves of the protection of that country².

A refugee is someone who:

1. is outside their country of origin;
2. has a well-founded fear of persecution; and
3. is unable or unwilling to obtain protection from their state of origin.

While the Refugee Convention does not explicitly refer to gender as a ground of persecution, international and regional practice has progressively clarified that gender-related persecution, including GBV, may fall within the scope of the Convention. Such claims are most commonly assessed under the ground of *membership of a particular social group*,³ although other Convention grounds may also be relevant depending on the circumstances.

Within the European context, this interpretative development has been reinforced by the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention), to which the European Union is a Party and thus bound by. The Istanbul Convention stipulates that gender-based violence be recognised as a form of persecution within the meaning of the Refugee Convention and that asylum procedures be gender-sensitive⁴ (Articles 60–61). These obligations are also reflected in a number of directives that further govern the EU’s asylum system.

Qualification Directive (2011/95/EU): stipulates that gender-based persecution and persecution by non-state actors are valid grounds for refugee status. Gender, including gender identity and sexual orientation, must be considered when defining a particular social group (Recital 30; Articles 9–10).

Asylum Procedures Directive (2013/32/EU): establishes procedural safeguards for vulnerable applicants, including survivors of gender-based violence. It requires Member States to identify vulnerabilities early and provide appropriate procedural adaptations, such as additional time or alternative interview arrangements.

Reception Conditions Directive (2013/33/EU): sets minimum standards for reception, including housing, healthcare, and material support, and requires additional or adapted support for applicants with special reception needs, such as victims of torture or gender-based violence.

Persistent Gaps between Law and Practice

While EU asylum law recognises gender-based persecution and establishes safeguards for applicants with special needs, these protections frequently fail to translate into practice. Survivors of gender-based violence continue to face barriers in accessing asylum, stemming less from gaps in the legal framework than from shortcomings in implementation. Based on field observations from reach.out plus teams in Germany, Greece and the Netherlands, as well as evaluation reports and research, the following section highlights key issues that undermine effective protection.

² UNHCR, *Convention relating to the Status of Refugees and its Protocol*, art. 1, <https://www.unhcr.org/sites/default/files/2025-02/1951-refugee-convention-1967-protocol.pdf>

³ UNHCR, *Guidelines on International Protection No. 1: Gender-Related Persecution within the Context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees*, HCR/GIP/02/01 (May 7, 2002), <https://www.unhcr.org/publications/legal/3d58ddef4/guidelines-international-protection-1-gender-related-persecution-within.html>.

⁴ Council of Europe, *Convention on preventing and combating violence against women and domestic violence* (Istanbul Convention) (CETS No. 210), May 11, 2011, <https://rm.coe.int/168008482e>.

Key Issues

Right to Information

A key barrier preventing women from realizing their right to asylum based on gender-based persecution or violence is a lack of information. The APD requires Member States to provide information on the possibility of applying for international protection and on interpretation services for asylum-seekers in detention facilities and at border crossing points (Article 8). It also mandates that applicants receive clear information about the procedure, their rights, and obligations in a language they understand (Article 12).

Key Challenges: Current EU law does not explicitly require that information be delivered in a gender-sensitive manner. As a result, women and LGBTI applicants may not be adequately informed of their rights. MdM teams in Germany, the Netherlands, and Greece, as well as national evaluation reports, indicate that women and girls are often unaware that gender-based violence can constitute grounds for asylum⁵.

Recommendations:

To the European Union:

- Ensure that EU legislation mandates the provision of gender-sensitive information. The European Union Agency for Asylum (EUAA) should develop informative materials and leaflets that take into account age, gender, and diversity, integrating gender-sensitive perspectives and addressing the specific needs of different groups.
- Ensure that EUAA information materials are accessible to applicants with limited literacy, recognising that many GBV survivors come from patriarchal contexts where they may have had no access to formal education. Information should therefore not be provided only in written form, but also through non-written formats, such as videos, audio materials, and in-person, mother-tongue information sessions.

To Member States:

- Ensure that asylum-seekers clearly understand that gender-based violence can constitute grounds for asylum and that women can apply independently of their partners.
- Guarantee gender-sensitive interpretation services for asylum-seekers in detention facilities and at border crossing points.

Individual Vulnerability Assessments

Applicants for international protection are, by definition, considered vulnerable. However, certain applicants require additional and tailored support, as well as procedural adjustments, in order to fully benefit from the rights and guarantees provided under EU asylum law. The RCD and the APD require that applicants be individually assessed to identify special reception needs and the need for procedural adjustments, and that Member States ensure a standardised mechanism for such assessments is in place.

A Change: The Recast Reception Conditions Regulation (EU) 2024/1346 (applicable from June 2026) provides a non-exhaustive list of applicants whom Member States should consider more likely to have special reception needs, such as pregnant women, LGBTI persons, and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, for example victims of gender-based violence. It also requires that the assessment of special reception needs be initiated within 30 days of the lodging of an application for international protection.

⁵ European Council on Refugees and Exiles (ECRE), *Rights of Women and Girls in the Asylum Procedure: ECRE's Analysis of the Main Challenges to Women and Girls' Access to a Fair Asylum Procedure and Implementation Considerations for the Asylum Procedures Regulation*, Policy Paper No. 14 (December 11, 2024), <https://ecre.org/ecre-policy-paper-rights-of-women-and-girls-in-the-asylum-procedure/>

Key Challenges: In reality, applicants with special reception needs are frequently not identified. Evaluation reports and interviews with teams on the ground indicate that vulnerability assessments are often not systematically undertaken. Where identification does occur, it is frequently the result of time-limited initiatives by the government or non-governmental organisations, rather than the operation of a formalised and predictable state mechanism. In many cases, vulnerabilities are only identified incidentally during medical consultations, or at a late stage, when an applicant's situation has deteriorated to the point that it can no longer be ignored.

Country Examples:

Germany: There is no legal requirement or systematic mechanism to identify vulnerable persons in the asylum procedure, with the exception of unaccompanied children⁶. As noted in national evaluation reports, whether an applicant is assessed often depends on chance factors, such as the presence of an NGO in the initial reception centre.

The Netherlands: Medical screening has not been consistently or adequately offered at the asylum registration centre in Ter Apel⁷, a central reception location where asylum-seekers are registered before being sent to other locations across the Netherlands. The lack of consistent medical or psychological screening in that centre translates in reduced chances for vulnerable applicants to be transferred to appropriate locations compatible with their vulnerability at a later stage.

Greece: Severe delays, the frequent absence of psychosocial assessments, and low-quality medical screening mean that vulnerabilities are frequently missed⁸. MdM teams report that when GBV is identified, this is often not the result of a systematic vulnerability assessment, but rather due to a chance encounter such as a gynaecologist identifying physical indicators such as pregnancy or signs of assault.

The case of Mariama* - Falling through the cracks of the Greek and German asylum systems

Mariama, a woman from Sierra Leone, was subjected to female genital cutting/mutilation (FGCM) as a toddler. Following the death of her mother, who had served as the community's cutter, Mariama was expected to assume this role and perform FGM on others. Following her refusal, she received death threats and was severely beaten, forcing her to flee her community.

During her journey, Mariama was trafficked to Turkey under false promises of employment and subsequently forced into prostitution, during which she experienced severe abuse and contracted Hepatitis B. After six months, she was able to escape and crossed by boat to Greece. Despite her experiences of gender-based violence and trafficking, her asylum application was rejected.

Mariama later travelled to Germany, where she was placed in asylum reception facilities without being identified as a person with special reception or procedural needs. Lacking access to specialised psychosocial support and appropriate accommodation, her mental health deteriorated, culminating in a suicide attempt. Only after hospitalisation, her vulnerabilities were identified and MdM Germany was able to facilitate her transfer to specialised accommodation for vulnerable persons. Her asylum application in Germany is currently pending.

* Name changed

⁶ Lena Riemer, Lea Rau and Ronith Schalast (authors), *Country Report: Germany — Update on 2024* (AIDA), edited by the European Council on Refugees and Exiles (ECRE), June 2025, p. 109, https://asylumineurope.org/wp-content/uploads/2025/06/AIDA-DE_2024-Update.pdf

⁷ Dutch Council for Refugees, *Country Report: Netherlands — Update on 2024*, Asylum Information Database (AIDA), edited by the European Council on Refugees and Exiles (ECRE), May 22, 2025, p. 162, https://asylumineurope.org/wp-content/uploads/2025/05/AIDA-NL_2024Update.pdf

⁸ Greek Council for Refugees (GCR), *Country Report: Greece — Update on 2024*, Asylum Information Database (AIDA), edited by the European Council on Refugees and Exiles (ECRE), September 18, 2025, p. 135, https://asylumineurope.org/wp-content/uploads/2025/09/AIDA_GR_2024-update.pdf

Recommendations:

To the European Union:

- Strengthen guidance and oversight to ensure the effective implementation of vulnerability assessments under the RCD and APD, as well as its recast versions.
- Support Member States through EUAA guidance and training to promote consistent, gender-sensitive, and trauma-informed assessment practices.
- Provide funding to ensure an increased presence of independent civil society actors specialised on individual vulnerability assessments to guarantee better accompaniment to vulnerable asylum-seekers.

To Member States:

- Establish a systematic and formalised screening mechanism to identify vulnerabilities, ensuring assessments are completed within the first 30 days by qualified, gender-sensitive, and trauma-informed staff, with applicants able to request same-sex personnel.
- Ensure that assessments go beyond a purely medical focus and adopt a holistic approach, taking into account psychological, social, and protection-related needs.
- Monitor vulnerabilities over time and allow applicants to disclose vulnerabilities at later stages of the procedure.
- Adopt policies guaranteeing access of independent civil society actors to detention facilities and at border crossing points to guarantee better accompaniment to vulnerable asylum-seekers.

Tailored Reception Conditions and Referral to Relevant Services and Support

Where special reception needs are identified, the RCD requires that these be recorded without delay and communicated to the relevant authorities and service providers, in order to ensure that appropriate safeguards and support measures are put in place. This includes both access to tailored support services and, where relevant, procedural adaptations. Such measures may include access to psychosocial support for survivors of gender-based violence or placement in accommodation specifically designed for vulnerable applicants.

Key Challenges: In practice, even where applicants are identified as particularly vulnerable, the support that should follow frequently does not materialise. Field observations indicate significant shortcomings in referral processes: identified special reception needs are not consistently or effectively communicated to the relevant actors, resulting in gaps between assessment and support. MdM teams report that, even when vulnerabilities are formally identified, this information is often not passed on in a way that enables timely and appropriate follow-up. These challenges are compounded by overcrowded reception facilities, insufficient specialised accommodation for vulnerable applicants, and generally overstretched national healthcare systems. As a result, applicants who are recognised as having special reception needs are often unable to access the support to which they are entitled. Bureaucratic obstacles further delay or prevent access to services, particularly for psychosocial and mental health.

Country Example – The Netherlands: More than half of asylum applicants in the Netherlands are currently accommodated in so-called (crisis) emergency locations. Conditions in these facilities frequently fall short of the reception standards that the State is obliged to uphold under EU law, with healthcare provision often limited to emergency care only. They do not provide separate reception facilities for women or LGBTI persons, and there have been several reported incidents of homophobic and gender-based violence. In 2024, research conducted by the Dutch Council for Refugees (VWN) across 20 (crisis) emergency locations found that in eleven vulnerable applicants were present whose special reception needs could not be adequately addressed.⁹

⁹ Dutch Council for Refugees, *Country Report: Netherlands – Update on 2024 (AIDA)*, p. 163.

Recommendations:

To the European Union:

- The EUAA should develop operational standards and guidelines to guarantee asylum-seekers' rights to tailored reception conditions and referral to relevant services and support that must be properly resourced.
- Strengthen monitoring and accountability for implementation of tailored reception obligations under the RCD, including targeted reporting on access to specialised accommodation and psychosocial support for survivors of GBV.

To Member States:

- Provide targeted support to help asylum-seekers, in particular survivors of gender-based violence, navigate complex and heavily bureaucratic administrative systems, including healthcare and social services.
- Ensure that national reception and healthcare systems are sufficiently funded to provide timely and adequate services to citizens and asylum applicants, without discrimination or undue delay.
- Establish and maintain effective referral systems, ensuring that information on identified special needs — particularly when noted by first-contact officials such as border guards — is promptly and securely communicated to reception authorities so that appropriate safeguards and support can be put in place as early as possible.

The Personal Interview

Certain procedural safeguards are essential to ensure that applicants feel safe and able to disclose experiences of persecution, particularly survivors of gender-based violence. The APD (Article 15) requires that personal interviews take place under conditions ensuring appropriate confidentiality. It further provides that interviewers must be competent to take account of the applicant's cultural origin, gender, sexual orientation, gender identity, and vulnerability, and that interpreters facilitate effective communication in a language the applicant understands. Article 15 APD also stipulates that, upon request and where possible, applicants should be provided with a same-sex interviewer and interpreter. These safeguards are essential for building trust and enabling the disclosure of traumatic experiences.

Key Challenges: In practice, these guarantees are frequently not implemented or are applied inconsistently. Overcrowded reception and interview facilities often mean that confidentiality and privacy cannot be ensured. Requests for same-sex interviewers or interpreters are frequently not accommodated, due to shortages of trained female staff or interpreters, or because applicants are not adequately informed of this possibility.

- **Germany:** MdM teams report that even when applicants explicitly request a female interviewer or interpreter, this is often refused due to unavailability of female staff.
- **Greece:** Country evaluation reports and MdM staff observations indicate that interviews frequently take place in containers or other unsuitable settings¹⁰, where others are waiting outside open doors and conversations are not soundproof, undermining confidentiality.

Recommendations:

To the European Union:

- Develop and support specialised training modules on gender-sensitive interviewing and procedural guarantees, including through the EUAA.
- Strengthen monitoring of Member States' compliance with Article 15 APD.
- Clarify the interpretation of the qualifier "where possible" in Article 15 APD to reduce overly broad interpretation and ensure more consistent application across Member States.

¹⁰ GCR, *Country Report: Greece — Update on 2024* (AIDA), p. 145.

To Member States:

- Monitor whether personal interviews are systematically conducted in a gender-sensitive manner, complying with the obligations set out in Article 15 APD.
- Provide mandatory and regular training for caseworkers, decision-makers, and interpreters on gender-based violence, trauma, and vulnerability.
- Systematically inform applicants, at the earliest possible stage, of their right to request same-sex interviewers and interpreters, including during appeal procedures.