



nederlandstalige  
vrouwenraad vzw

**Final Report**

**June 2010**

## **Women in Asylum Reception Centres: Towards a Gender Sensitive Approach**

This publication is realised by the Nederlandstalige Vrouwenraad in collaboration with the Conseil des Femmes Francophones de Belgique and with the support of the Belgian Institute for the equality of women and men.

This report is published by:

**Nederlandstalige Vrouwenraad**  
**Middaglijnstraat 10**  
**1210 Brussels**  
**Phone 32 (0)2 229 38 19**  
**info@vrouwenraad.be**



The report can be downloaded at  
[www.vrouwenraad.be](http://www.vrouwenraad.be)

Research and manuscript  
**Fatma Arikoglu**



Photos  
**Margrit Coppé**

Lay out  
**Pascale Allard**



**Responsible editor: Nederlandstalige Vrouwenraad**

A printed version of this report in French can be obtained at the Nederlandstalige Vrouwenraad

<b>Section 1</b>	
<b>'Research objectives'</b>	<b>7</b>
Research objectives	9
Mehodological framework	10
General research method	16
Processing the data: qualitative part	21
Kwaliteitsbewaking	22
Monitoring quality	22
Notes on the literature related to the results of the resarch	23
<b>Section 2</b>	
<b>Theoretical part</b>	<b>25</b>
Introcuction	27
International legislation	30
European lagislation	35
Belgium	39
Initiatives in other European countries: bibliographical summary	50
<b>Section 3</b>	
<b>Participatory part</b>	<b>51</b>
Specific findings in relation to lif in the Belgian reception centres for asylum seekers	63
<b>Section 4</b>	
<b>Policy recommendations</b>	<b>93</b>
<b>Section 5</b>	
<b>Bibliography and additional literature</b>	<b>101</b>
<b>Annexes</b>	<b>115</b>

# Foreword

The Nederlandstalige Vrouwenraad (*NVR, National Council of Women of Belgium – Dutch-speaking*) has been focusing on the asylum issue from a gender perspective since the 1990s and has put the issue on the policy agenda. At that time no attention was paid to the gender dimension in refugee policy or to the specific needs and requirements of female asylum seekers and refugees. Fortunately this has now changed. However much still remains to be done.

In 2007 the NVR took part in the project 'Age, Gender and Diversity Mainstreaming' led by the United Nations High Commissioner for Refugees (UNHCR). Their observations made it clear that there is a need to improve the living conditions of women and girls in the reception centres for asylum seekers and certain other groups. However, these observations were not sufficient to use as a basis for formulating an informed opinion. The NVR therefore decided to conduct in-depth research into the living conditions of women in the Belgian reception centres. This project was given the title 'Women in Asylum Reception Centres: Towards a Gender Sensitive Approach.'

The Belgian reception facilities for asylum seekers have the objective of providing those applying for asylum with housing, food, medical care, recreation, social support and information about the asylum procedure. Asylum seekers and their lives in the reception centres are often in the news: the overcrowding in the centres, emergency reception in hotels, .... In public debate and in refugee policy, however, we note that the gender dimension is still underexposed. There is little concern for equality between women and men and gender mainstreaming is virtually non-existent.

Therefore this research project conducted by the NVR is a sensitizing exploratory and participatory investigation into the circumstances in which women are admitted or detained, the quality of the help that is offered to them, the respect for their fundamental rights, and the extent to which the reception they are given contributes to gender equality.

Through this research we not only seek to contribute to a better understanding of the living conditions and the needs and requirements of women in the reception centres for asylum seekers. We also aim to contribute to their empowerment through a process of participatory evaluation. This means that we listen to these people, to their opinions about their reception, and that we take their views into account. This report also contains a set of recommendations to improve the living conditions of the women in the centres, which is based on the information we obtained in this way.

The Gender Mainstreaming Act of 12 January 2007<sup>i</sup> offers new opportunities and creates new obligations for policy change and a solid embedding of a gender dimension in the reception policy for asylum seekers and refugees in Belgium, and for women in particular. Through this research we strive to promote the implementation of this act and to contribute to the gender equality and improved living conditions of women in the Belgian reception centres.

For the realisation of this research we were able to count on the support and cooperation of a steering committee (see below) and of the managers and staff of the reception centres involved in the field work. Without their cooperation this research could not have taken place, for which we offer our sincere thanks.

We would also like to take this opportunity to thank the participants in the group meetings for their commitment and openness during the focus groups.

To the many others, such as the notetakers in the focus groups, who assisted in bringing this project to a successful conclusion: thank you!

---

<sup>i</sup> Act of 12 January 2007 on monitoring the application of the resolutions of the world women's conference which took place in Beijing in September 1995 and integrating the gender dimension into overall federal policy lines (Belgian State Gazette, 13 February 2007).

This research was conducted by the Nederlandstalige Vrouwenraad (NVR, *National Council of Women of Belgium – Dutch-speaking*) in particular Fatma Arikoglu, assisted by Maggi Poppe, and was carried out in cooperation with the Conseil des Femmes Francophones de Belgique and with the support of the Institute for the equality of women and men<sup>i</sup>.

**Katlijn Malfliet**  
**Chairperson of the NVR**

---

<sup>i</sup> The Institute for the equality of women and men (IEWM) is the federal government institute that since 2002 guarantees and promotes equality between women and men and the combating of all forms of discrimination and inequality based on sex. The institute strives to make equality between women and men a normal concept both in terms of mentality and in practice. For more information: <http://igvm-iefh.belgium.be/>.

# Introduction

Just as “the citizen” is not without gender, neither do “the asylum seeker”, “the refugee” or “the migrant” form homogenous groups for which a comprehensive policy can be developed. Women and men sometimes migrate (although not always) for different reasons, use different channels to do so and often in different family compositions. Within the host countries women and men also face different opportunities and obstacles. Therefore, particularly in reception centres into which asylum seekers are admitted after their arrival in the host country, the specific living conditions, needs and requirements of both sexes should be taken into account.

This research report investigates the situation of women (and, correspondingly, men) in the Belgian reception centres. Within the context of the Act of 12 January on the integration of the gender dimension into overall federal policy (Belgian State Gazette, 13 February 2007) (the so called Act on Gender Mainstreaming) such research is of major importance. The strategy of gender mainstreaming aims to promote the equality of women and men within society by integrating the gender dimension into government policy. After all, policy choices that take no account of the socio-economic inequalities between women and men or which are based on stereotyped images regarding the expectations, abilities and roles of men and women can unwittingly serve to increase the inequality between men and women. However, to develop an effective policy, these inequalities must first be identified and that is exactly what this research conducted by the NVR, in cooperation with the Conseil des Femmes Francophones de Belgique (French-speaking Council of Women of Belgium), aims to do.

The Institute for the equality of women and men has also supported the project with great interest and we hope its findings can contribute to optimising the living conditions of women and men in the reception centres. After all, in the long term not only women but also men will reap the benefits of gender equality.

**Michel Pasteel**

**Director of the Institute for the equality of women and men**



# Section 1

## Research objectives



# Research objectives

This research has a number of objectives:

## to assemble information on:

- de the organisation of reception policy for (female) residents of Belgian and other European centres;
- the living conditions of women in the Belgian reception centres for asylum seekers (and certain other groups);
- the gender dimension in the organisation of reception policy, especially the reception centres for asylum seekers;
- the difficulties and obstacles for women in relation to life in the Belgian reception centres and in relation to the overall asylum policy;
- 'good practices' in reception policy for women in the reception centres with a view to the potential structural integration of these in the policy;
- 'bad practices' in reception policy for women with a view to the structural elimination of these practices.

## to contribute to:

- the 'empowerment' of woman in particular in the reception centres for asylum seekers as well as all the participants in general;
- support for and the implementation of the Act on Gender Mainstreaming of 12 January 2007.

## to formulate:

- recommendations for reception policy for women in the asylum centres with a view to improving the living conditions of women and girls and contributing to the integration of the gender perspective in the reception policy.

The target group for this project is women staying in open and closed reception centres for asylum seekers (and certain other groups), regardless of their (residence) status<sup>i</sup>.

It was initially intended to question both underage and adult female residents. On the advice of the steering committee however this idea was abandoned because the issue of underage girls requires a separate study in connection with the specificity of the problem.

---

<sup>i</sup> This target group is therefore not limited only to female asylum seekers awaiting a decision; it also includes women whose application for asylum has been processed but who have applied for or have been granted an extension of their residence permit and women whose application for asylum has been rejected but who are still entitled to reception during a transition period, including women who, in accordance with the Royal Decree of 24 June 2004 on 'the right to material assistance of undocumented children staying illegally in the country with their parents' (Belgian State Gazette, 1 June 2004), are entitled to assistance and are residing with their child or children in a collective open reception centre.

## Methodological framework

To realise the objectives stated above we applied different qualitative research methods: on the one hand we used desk research, involving the collection of information and preparatory analysis and interviews (theoretical part) and on the other hand the method of participatory evaluation in the form of focus groups and discussions/exploratory talks with those involved (participatory part).

The different methodologies are explained below.

### Theoretical part

In the theoretical part available information was collected on reception policy for (female) residents of the centres in Belgium and by extension in other countries was collected. Information was sought on legislation/directives related to reception and women, studies/surveys related to reception and gender, and models or examples of good and poor practices. To acquire this information publically accessible documents such as annual reports and information posted on the websites of institutions involved in the organisation of reception were consulted as well as research reports, committee reports and the most important national and international legislative provisions on the reception of refugees. In addition the members of the steering committee also provided interesting information on (inter)national regulations related to reception.

In this way we came to the conclusion that there is plenty of information available on procedural matters and specific topics such as expulsions or (unaccompanied) minors, but little information on women and reception in asylum centres and even less on reception policies that takes account of the specific needs and requirements and the vulnerabilities of women within the context of reception. As a result it was not possible to conduct a detailed comparative study based on research in the professional literature.

The collected information was analysed from a gender perspective by, inter alia, investigating the extent to which attention is given to the equality between women and men and to gender equality. These details were compiled to form a bibliographical list that may be relevant for organisations and individuals in the field.

The analysis and the processing of the information gave us a basis that provided the necessary knowledge to enable us to conduct the research in the best possible way and to compose the questionnaire for the focus groups as well as the lists of questions for the discussions/exploratory talks with the central administration of the Belgian reception centres, NGOs active in the field of asylum and the reception of candidate refugees. The objective was to gain a relatively complete picture of the research terrain and any related topics early on in the research through these interviews. Beforehand we visited a number of reception centres to gain an idea of the reception system.

The questionnaire for the interviews with managers/staff of the reception centres (participatory part: field work) was also composed on the basis of the professional literature and supplemented by the input from the exploratory talks/discussions with policy workers and NGOs.

By asking open questions we investigated, inter alia, what initiatives are being taken or have been taken in the past to integrate a gender dimension into policy, the existence and/or absence of a specific policy for women/girls, the methodologies used for setting up activities/discussions with women, their perception of the specific problems of women and suggestions for possible solutions... .

The questionnaire for the interviews with the policy makers in the reception centres, NGOs and the managers and staff of the reception centres is found in annexe 1 together with the dated list of the interviewees.

Below is a detailed description of the development of the questionnaire for the focus groups, which was essential for the further progress of this qualitative research project.

## The questionnaire for the focus groups

Based on the relevant information collected in the theoretical part: legislation, practical information, exploratory interviews with the central administration, policy workers at Belgian reception centres and NGOs active in the asylum and reception field, we selected a series of topics to be discussed in the focus groups. There were also intense exchanges of ideas regarding possible topics and questions with the steering committee (see below), for example, we brainstormed with the committee about potential topics and issues related to the aims of the research.

The selected subjects were first sorted into a topic list and then arranged according to the relevance of the subjects in relation to the research. In doing so we took into account the recommendations of the steering committee.

We selected four concrete key themes from this topic list related to ‘human dignity’ as defined in the Belgian Reception Act<sup>i</sup> and other legislation:

- daytime activities/daytime schedule;
- basic help/basic care;
- violence;
- self-image/empowerment.

These main themes were then supplemented with sub-themes or issues that could arise from them. Wherever possible the questions were stated in an open and neutral way in understandable language. In the questionnaire we also strove to uncover positive aspects in negative responses relating to the theme discussed. We translated the questionnaire beforehand into French and English in order to adhere as closely as possible to the Dutch standard version. These translations were also submitted to the steering committee. In this way we obtained a structured multilingual questionnaire/topic list which facilitated an open conversation and thus fulfilled one of the requirements of the methodology of focus groups as a method for gathering information.

Moreover, from the perspective of ‘empowerment’ in relation to each topic or problem discussed we explicitly asked all those interviewed, both in the exploratory talks/discussions and the focus groups, to formulate one or two proposals for improving life at the reception centres. The responses to this request were used when defining the recommendations on care for women in the asylum centres with a view to improving the living conditions of women and to integrating a gender perspective into the reception policy.

Annexe 2 contains the questionnaire for the focus groups in Dutch, French and English.

<sup>i</sup> The Act of 12 January 2007 on the reception of asylum seekers and of certain other categories of aliens (Belgian State Gazette, 7 May 2007), hereinafter ‘Reception Act’

## Participatory approach

In order to gather and organise the experiences of asylum seekers and refugees the UNHCR published *'The UNHCR Tool for Participatory Assessment in Operations'* (2006) in which diverse methods of participatory assessment are described. This participatory method is applied worldwide by the UNHCR to detect gaps in knowledge and management policy from a gender dimension<sup>i</sup>. We also applied this method in this research project for knowledge gathering, policy adjustments and empowerment.

On the basis of the information and knowledge obtained we wanted to achieve a better policy, based on an analysis of the gender dimension in reception policy and on a (better) understanding of the problems and obstacles women face in the centres. This would be a policy within which, in conformity with the Gender Mainstreaming Act of 12 January 2007, a gender dimension is integrated into the way female asylum seekers are treated and a policy that provides for the concrete needs and requirements of women and girls. This is why the emphasis in this research project is on participation: the participation of female refugees and asylum seekers (women and girls) and the participation of Belgian women from Brussels, Flanders and Wallonia, in particular delegates from the member organisations of the Women's Councils, with a view to raising the awareness of all participants by contributing to the skills, knowledge, and personality of those involved.<sup>ii</sup>

### Participation as a method for change by acquiring knowledge

The participatory method is a process of discussion in a structured dialogue that makes it possible to acquire knowledge from the experiences of all the participants, whereby also the knowledge, judgements and opinions of the weakest groups can also be discussed on an equal footing; in this case, women residing in the reception centres for asylum seekers. This method makes it possible to firstly to collect detailed information about the specific risks or needs for protection that participants experience and about their underlying causes, secondly to inventarise the existing skills and potential of the participants and thirdly to listen to the solutions that they suggest.

Participatory dialogue allows us to assemble the different views, knowledge and visions relating to the subject and thus to create a more complete and realistic picture of the circumstance or situation, which in turn makes it possible to adopt a more realistic policy that is better attuned to the needs and requirements of all those involved.

### Participation as a method for empowerment and change

Participation is a dynamic method of consultation that leads to the empowerment<sup>iii</sup> of all participants involved. It makes it possible to assist change processes at individual and collective level.

Empowerment is an individual process that contributes to the acquisition of greater independence, and self-determination and to acquire the resources that offer individuals the opportunity to expand their choices in life. However, it is also a collective process whereby a group can develop the ability to influence societal changes enabling a community to evolve based on justice and equality, particularly in the relationship between men and women. In brief, empowerment is a process that increases the ability of an individual and/or a community to act independently and to expand their choices.

In addition the term also refers to the process and the means for realising this goal: participation. Participation is a process and a means that leads to empowerment, to increasing the 'power', and expanding the opportunities of choice and action, at individual and collective level by acting on processes such as 'power over, power to, power with and inner power'.

i A detailed description of the participatory method 'UNHCR Tool for Participatory Assessment in Operations' can be found at <http://www.unhcr.org>

ii For a more detailed analysis of empowerment: see below.

iii The 'empowerment' topic is discussed in further detail in the participatory part.

Participation as a methodology for change allows people to gain more understanding of their own lives and situation and to act on active or passive resistance caused by power exerted over something or someone in a relationship of dominance and subordination. Dialogue and participation make it possible to undermine the negative impact of such power and to eliminate existing resistance.

We opted for the focus group method to carry out the participatory assessment of this topic in Belgium.

### Focus groups as a method for acquiring knowledge

Focus groups are a generally acknowledged method for collecting scientific information. The aim is to keep the influence of the researcher to a minimum and to allow the communication processes to run 'in a natural way'. 'In a natural way' because the interactions that take place within focus groups are more closely linked to everyday social processes than interactions in other research methods such as the written questionnaire or survey. We used focus groups to enable us to gain an understanding of the experiences and perceptions of those participating in the discussions in the reception centres.

The key issue of these focus groups was the personal perception of women residing in the centres of their living conditions and their specific needs and requirements.

However, focus groups differ from 'natural' spontaneous group talks: there is a trained moderator present who launches the discussion with prepared questions and the aim of the focus group is to discover the feelings, attitudes and perceptions of the participants relating to a specific subject. The manner of approach can vary according to the research or even with regard to the different groups within a research study.

The methodology of the focus groups requires that certain criteria be adhered to: there must be a structured topic list on the basis of which the moderator can steer the discussions towards the subject. The goal of focus groups is defined but there is still room for informality, allowing the researcher to observe initially non-perceived features or sides of a situation, circumstance or organisation. Focus groups bring to light collective meanings, processes and standards within a group or an organisation.

For other forms of 'societal' knowledge, for example historical or factual knowledge about organisations, other methods are more suitable. However according to, inter alia, Padilla (1993) this qualitative method generates knowledge that can be used as a means to 'empower' respondents to change their situation. Therefore the focus group method is ideally suited for this project because it is oriented to both knowledge and analysis as well as to process, change and policies aimed at change<sup>i</sup>. Participation is of course the central element in this.

### Focus groups and field visits

For the purpose of this research project we organised 12 focus groups composed of women residing in open and closed Belgian reception centres for asylum seekers (and certain other groups). The steering committee, and more specifically the reception operators (Fedasil, Rode Kruis, Croix-Rouge, Immigration Office), assisted us in our choice of centres and provided us with the contact details of the centres' management. For more information on the process by which the centres and focus group participants were selected (selection criteria) we refer readers to the description of the sampling method (see below). Hereunder we describe the practical organisation of the focus groups and the methodological aspects that were taken into account.

<sup>i</sup> A more detailed description of focus groups as a method for gathering scientific information can be found inter alia in: Scheepers S. et al., *Les trajectoires des femmes dans la politique belge / De trajecten van vrouwen in de Belgische politiek*, Brussels: Institute for the equality of women and men, 2006

After consulting the reception centre we sent the potential respondents a short invitation (see appendix 3) stating the objectives and the format of the interview. Where necessary the reception centre staff explained this invitation verbally.

Before the focus group commenced a meeting was arranged in most centres with the centre's management and/or staff. In some cases this meeting took place retrospectively, sometimes during the guided tour. In these cases, if so desired, feedback was also given about the focus group, with due account being taken of the confidentiality of what had been discussed in the focus group. In this way we also had the opportunity to confirm the initial general conclusions arising from the focus groups. During these meetings, also with empowerment in mind, we asked the centre's management and/or staff to tell us what they considered to be two main obstacles or difficulties faced by women in the reception centres and to propose two suggestions for improving the life of the women. With respect to the latter we emphasised that we were not only interested in what is possible but also in what is desirable. We were then able to assess the extent to which these obstacles and suggestions put forward by the management and/or staff supported the findings, suggestions and experiences of the women. This further substantiated the findings and recommendations of the research.

At the start of the focus groups we clearly stated to all the participants that their participation was confidential and anonymous and that no personal information would be disclosed to the Belgian authorities (respect for privacy). We also emphasised that participation would not affect their individual cases.

The focus groups were held in the centres throughout the day (between 6 and 7 hours incl. breaks) and were steered by a moderator using the structured questionnaire/topic list. The moderator, who has experience in questioning and listening to asylum seekers and refugees, was assisted by two notetakers. The latter made detailed notes to enable us to write up the interview afterwards (for the analysis of the discussions). A tape recording was also made. We opted to record the interview because the methodology requires that we are able to refer back to this recording when writing the report. The consent of each participant was requested for this beforehand and we made it clear to them that during the conversation they could at any time ask that no notes be made or that the recorder be turned off.

In addition, with a view to awareness raising and the participatory part of the research project, we invited the different Dutch-speaking and French-speaking women's organisations and the members of the steering committee to join one or more focus groups (incl. guided tour). Their role was mainly that of observers, but they could also ask questions if they wished clarification of a participant's response.

We acquired information about the respondent's profile by means of a short (anonymous) form stating the most important details: age, nationality or country of origin, native language, education, command of other languages, .... From the perspective of empowerment both during and after the focus groups the participants were asked whether they had proposals or suggestions related to the problems under discussion. The services of experienced interpreters were used.

At lunch time all participants, including the non-residents (the research team), sat down together to share a meal with the residents. At the end of the day all respondents were given a small gift as a token of thanks for their cooperation.

At the end of each group discussion a guided tour of the centre was arranged and (if so desired) a (feedback) meeting was held with the centre's management and/or staff. During the guided tour we focused especially on the elements that had emerged from the theoretical preparatory part, and from the focus groups, as being criteria for consideration.

# GENERAL RESEARCH METHOD

For this study of the living conditions of women in the Belgian reception centres, the reception centres and the participants were selected as a survey sample. Before selecting the centres to be visited and the participants in the focus groups we presented a number of criteria that were discussed extensively with the steering committee (see below).

By way of comparison we initially considered also visiting a number of local reception initiatives (LOIs) and interviewing their residents. After discussing this with the steering committee this idea was abandoned because at the time of the field work the majority of LOIs had very few or no female residents. Moreover, within the perspective of the field work it was not feasible to visit more than one LOI making the initially estimated reference value of this small. Thus the findings and recommendations below relate only to the collective reception facilities, which does not imply that some recommendations (for instance those related to gender mainstreaming) may also apply to the (more) individual reception structures.

There are currently 42 open collective centres and 6 closed centres responsible for 'providing reception for asylum seekers and certain other categories of aliens.'<sup>i</sup>

## Selection of the reception centres

When selecting the reception centres we sought to achieve as much balance as possible between the following criteria:

- collective systems of care;
- open and closed centres;
- equal distribution between Brussels, Flanders and Wallonia;
- operational distribution (Fedasil, DVZ, Rode Kruis, Croix-Rouge);
- capacity: small, large and medium centres;
- target groups in the centres;
- environment: rural versus (semi) urban.

<sup>i</sup> The Act of 12 January 2007 on the reception of asylum seekers and of certain other categories of aliens, hereinafter the 'Reception Act'.

Based on this the following 12 centres were ultimately selected:

Centre	location	Organiser	Capacity	Environment
<i>Open centres (OC(OC))</i>				
Broechem	Flanders	Fedasil	300	Rural
Jumet	Wallonia	Fedasil	149	Industrial
Klein Kasteeltje	Brussels	Fedasil	720	Urban
Rixensart	Wallonia	Fedasil	138	Semi-urban
Bruges	Flanders	Rode Kruis	60	Urban
Lanaken	Flanders	Rode Kruis	210	Semi-urban
Menen	Flanders	Rode Kruis	70	Semi-urban
Oignies	Wallonia	Croix-Rouge	140	Industrial
Yvoir	Wallonia	Croix-Rouge	375	Rural
<i>Closed centres (CC) (GC)</i>				
Centre for illegal immigrants, Bruges	not relevant	Immigration Office	112	not relevant
Repatriation centre 127bis	not relevant	Immigration Office	120	not relevant
Transit centre 127	not relevant	Immigration Office	60	not relevant

No reference is made in this report to individual centres. The findings are stated with no explicit reference to the centre or centres in which these findings were made.

The report should therefore be read in such a way as to understand that all identified potential problem areas occur in at least one centre and highlight a possible failure of the system.

For the selection of participants in the focus groups we brought together a number of criteria aimed at enabling us to converse with as diverse as possible group of respondents. With respect to this we share Bertaux's<sup>i</sup> opinion who stated that the value and quality of a sample is connected to the diversity of the respondents interviewed.

### Selection of the participants in the focus groups

The criteria for the selection of the participants in the focus groups were:

- gender and age: women, mixed according to age (+18)<sup>ii</sup>,
- marital status/family situation: (un)married, single, with partner, with or without children;
- variation according to country of origin;
- status: women in the asylum procedure, incl. persons whose application has been refused;
- length of residence in the centre at the time the focus group was held: between 2 and 18 months;
- language: women preferably sharing a common language;
- number of participants per focus group: between 4 and 10 women;
- preferably available for between 6 and 7 hours (incl. breaks).

i Bertaux, D. (2006), *L'enquête et ses méthodes. Les récits de vie*, Paris, Armand Collin, p. 30

ii On the advice of the steering committee only adults were interviewed because the issue of underage girls requires separate research.

The below below contains a list of the 12 focus groups, together with practical and organisational information.

	<b>Date in 2009</b>	<b>Nationality/ Country of origin</b>	<b>Number of participants</b>	<b>Location of interview</b>	<b>Language of interview</b>
1	4 March	Cameroon, DRC, Angola, Algeria, Sierra Leone	8	Transit centre 127 (CC)	French + English
2	20 March	Iraq, Morocco	4	Repatriation centre 127bis (CC)	Arabic - Dutch
3	24 March	DRC, Morocco	5	Centre for illegal immigrants Bruges (CC)	Arabic + French
4	30 March	Cameroon, Liberia, Afghanistan, Iran	4	OC Broechem	English
5	7 April	Gabon, Kosovo, China, Angola, Burundi	7	Oc Jumet	French
6	23 April	Serbia, Mauritania, Azerbaijan, Russian Federation (Chechnya), Kosovo, Czech Republic	7	OC Rixensart	Russian – Dutch + French + English
7	5 May	Russian Federation (Chechnya)	5	OC Klein Kasteeltje Brussels	Russian - Dutch
8	12 May	DRC, Cameroon, Russian Federation (Chechnya)	6	Oc Oignies	Russian + French
9	15 May	Rwanda, Romania, Guinea, Mauritania	5	OC Yvoir	French
10	25 May	Russia, Armenia, Iraq, China, Tanzania, Nigeria, Kenya	10	OC Bruges	Russian + English
11	27 May	Russian Federation (Chechnya)	9	OC Lanaken	Russian – Dutch
12	2 June	DRC, Sri Lanka, Serbia, Czech Republic	6	OC Menen	English + French

In the period between 4 March 2009 and 2 June 2009 a total of 12 focus groups were held. All the interviews took place in the centres: 9 focus groups in open centres (Fedasil, Rode Kruis, Croix-Rouge) and 3 in closed centres (Immigration Office). In total 76 people took part in the focus groups, 59 of which were women residing in open centres and 17 in the closed centres.

Of the 76 women who participated in the focus groups 31 were of African origin (Democratic Republic of Congo, Cameroon, Rwanda, Mauritania, Guinea, Nigeria, Kenya, Tanzania, Burundi, Gabon, Sierra Leone), 20 were of Russian nationality of which 19 were of Chechnyan origin. Six participants were of Moroccan nationality, 2 of Iraqi nationality, 2 of Iranian nationality, 2 of Chinese nationality, 2 of Czech nationality and 2 of Kosovan nationality. The other nationalities each of which was represented by one woman were Algerian, Liberian, Afghan, Serbian, Azerbaijani, Romanian, Armenian and Sri Lankan.

In 7 of the 12 centres the services of an interpreter were engaged. Fifty percent of the interviews were conducted in more than one language (for example: English – Russian or French – Arabic) taking account of the language knowledge of the participants so that everyone was able to understand most of what the other participants were saying. A number of women interested in joining in were unable to participate because they did not have command of the language(s) of the group or due to some other reason (such as childcare, see below).

The participants were requested to supply the following details through an anonymous form: age, nationality or country of origin, native language and command of other languages, education, occupation, length of residence in the centre, marital status, children/no children, number of children, experiences of other centres. On the basis of these forms we acquired more detailed information about the participants in the focus groups.

Below is a summary of the profile of these participants:

- Age

Leeftijd	< 20	20 – 29	30 – 39	40 – 49	≥ 50	N.N.
<i>Open centres</i>	2	21	26	8	3	-
<i>Closed centres</i>	-	6	9	1	-	-
<b>TOTAL</b>	<b>2</b>	<b>27</b>	<b>35</b>	<b>9</b>	<b>3</b>	<b>-</b>

Three women were over 50, nine between 40 and 50, 35 between 30 and 40, 27 between 20 and 30 and two women were under 20.

- Education in country of origin

Education	None	Primary	Secondary	Vocational	Higher	N.N.
<i>Open centres</i>	4	4	13	5	15	17
<i>Closed centres</i>	-	5	5	1	2	5
<b>TOTAL</b>	<b>4</b>	<b>9</b>	<b>18</b>	<b>6</b>	<b>17</b>	<b>22</b>

Four women had never attended school and were unable or virtually unable to read or write, nine had attended primary schooling and 18 had attended secondary school. Six women had followed vocational education and 17 had completed higher or university education. Twenty two women did not respond to this question.

- length of residence in the centre at the time of the interview

Length of residence in the centre	≤ 1 month	> 1 month and ≤ 4 months	> 4 months and ≤ 7 months	> 7 months and ≤ 10 months	> 10 months and ≤ 13 months	> 13 months	N.N.
<i>Open centres</i>	4	4	13	5	15	17	
<i>Gesloten centres</i>	-	5	5	1	2	5	
<b>TOTAL</b>	<b>4</b>	<b>9</b>	<b>18</b>	<b>6</b>	<b>17</b>	<b>22</b>	

At the time the interview took place 12 women had resided in the reception centre for longer than 13 months, two between 10 and 13 months, five between seven and ten months, and eight women between four and seven months. The largest group of interviewees, 39 women, had on the date the group discussion took place resided in the centre for between one and four months. Ten women had resided there for less than one month.

Thirteen of the 17 women detained in the closed centres had, at the time the interview took place, resided in the centre between one and four months. We examine this group (≤ 1 month and ≤ 4 months) in more detail below.

The length of residence of the 17 detainees interviewed who had resided in the centre for a maximum of four months is summarised in the table below<sup>i</sup>:

Length of residence in the closed centres visited	1 week to 4 weeks incl.	> 4 weeks, < 1.5 months	> 1.5 months, < 2 months	< 2 months, < 2.5 months	< 2,5 months, < 3 months	< 3 months, < 3.5 months	< 3.5 months, < 4 months
Number of participants	4	6	4	1	-	1	1

- Marital status

Marital status	Married	Unmarried	Cohabiting	Divorced	N.N.
Open centres	21	34	-	2	-
Closed centres	2	15	2	-	-
<b>TOTAL</b>	<b>23</b>	<b>49</b>	<b>2</b>	<b>2</b>	<b>-</b>

49 of the 76 participants in the focus groups were unmarried, two cohabiting and two divorced. The table below contains a summary of the family situation (with/without partner and/or children in the centre) of the participants.

- Family situation in the centre

Family situation in the centre	Married/cohabiting + partner + child(ren)	Married/cohabiting + partner with no child(ren)	Unmarried/divorced + child(ren)	Unmarried/divorced with no child(ren)	N.N.
Open centra	21	34	-	2	-
Gesloten centra	2	15	2	-	-
<b>TOTAAL</b>	<b>23</b>	<b>49</b>	<b>2</b>	<b>2</b>	<b>-</b>

Of the 27 married or cohabiting participants the great majority (20) resided together with their partner and children in the centre. Twenty two of the 49 unmarried participants in the open centres were single women with children.

The participants in the focus groups were generally positive with regard to the discussions. This was often confirmed spontaneously and directly to the researchers after the focus groups.

As stated above, with a view to awareness raising and the participatory part of this research project Dutch-speaking and French-speaking women's organisations and the members of the steering committee were invited to participate in one or more focus groups (incl. the guided tour).

Despite the large amount of interest shown by the women's organisations in the focus groups their actual participation in the conversations was lower than expected. The main reason given for this was the length of a focus group, namely the whole day, which is not easy for people working fulltime, and the short timeframe within which the focus groups had to be scheduled, making it difficult to coordinate diaries. In contrast to this, the majority of the members of the steering committee did participate in a focus group/guided tour.

<sup>i</sup> These details will be examined in more detail in the participatory part.

## Processing the data: Qualitative part

As explained above, all interviews (focus groups and interviews/exploratory interviews) were recorded in full and typed up with a view to facilitating an accurate qualitative analysis. Key findings from our own observations were also noted. On the basis of this an initial set of guidelines was identified related to the observed obstacles and problems.

Regarding the analysis of the focus groups, and thus the topics being researched, we took the structure of the questionnaire as a guide to identify one by one the difficulties and obstacles faced by women in relation to life in the Belgian reception centres and in relation to the overall asylum policy. Of course we always included the most explicit information in these findings: what the participants told us.

These findings were supplemented further with the input from the interviews with the centres' management and the additional information from our own observations, guided tours in the centres and interviews with management and/or staff at the centre. This allowed us to sketch an overall picture of the organisation of reception policy for (female) residents in the Belgian centres.

It should thus be understood from the report that all identified potential problem areas occur in at least one centre. In the findings (part 3) no explicit reference is made to individual centres but based on the findings from both the theoretical part and from the focus groups and other interviews an overall picture is sketched of the situation in the collective open reception centres and the closed centres.

Initially we reached general conclusions related to several topics as well as specific conclusions related to each individual topic. Of course we also examined the gender dimension in the policies for dealing with asylum seekers and refugees, in particular in the reception centres for asylum seekers.

The suggestions and solutions to problems that were suggested by both the respondents and by the management/staff of the centres were also grouped according to the topic under discussion. We also made a summary of 'good' and 'bad practices'. This allowed us to take the many different situations and practices that we were faced with into account.

Based on the research findings we compared the observed situations and practices related to the research topics and tested these against the applicable Belgian legislative provisions, such as the Federal Act on Reception Conditions (Opvangwet) and the international legal standards.

From this human rights context we formulated (policy) recommendations in relation to each topic discussed for the reception policy for women in the reception structures, with a view to improving the living conditions of women and integrating a gender perspective into reception policy.

Based on the research results and the (policy) recommendations, in the final phase a toolkit was developed that can contribute in a comprehensible and accessible way to the structural integration of the gender dimension into the policy for dealing with asylum seekers and refugees and to improvements in the living conditions of women residing in Belgian centres.

## Monitoring quality

The methodological framework of this research project was verified with the steering committee which also gave its opinion on the reports. This committee comprised representatives from various institutions and organisations involved in the reception of asylum seekers and other categories of persons and/or who carry out policy work on asylum and migration.

The job of the steering committee consisted of guiding and monitoring the research ensuring that the study is objective and rests on clear, complete and coherent foundations. The committee was consulted on decisions that embrace the whole research.

### The committee was comprised of:

- Ms Bieke Machiels, Head of Department for Policy Preparation at the Federal Agency for the Reception of Asylum Seekers (Fedasil);
- Ms Aintzane de Aguirre, Justice Department, United Nations High Commissioner for Refugees (UNHCR);
- Ms Barbara Janssens, Department for the Reception of Asylum Seekers, Belgian Red Cross Flanders;
- Ms Gerda Vanwaeyenberg, Immigration Office, Department for General Coordination and Control of Centres;
- Ms Mieke Van Looveren, member of Operational Staff, small scale reception, Refugee work Flanders;
- Ms Geraldine Reymenants, Research Coordinator at the Institute for the equality of women and men;
- Ms Julie Lejeune, Department for Migration and Fundamental Rights, Centre for Equal Opportunity and for Opposition to Racism;
- Ms Francine Dal, Director Carda, Red Cross Belgium;
- Ms Magdeleine Willame-Boonen, Conseil des Femmes Francophones de Belgique (French-speaking Council of Women of Belgium);
- Mr Mikaël Franssens, Coördination et initiatives pour réfugiés et étrangers (Cire, Coordination and Initiatives for Refugees and Aliens).

Each member of the committee contributed to the realisation of the research from their specific background in the form of suggestions and their own opinion on the approach of the research, the research method, the analysis of the information acquired, the development of the toolkit and on the wording of the report.

The final choices were made solely by the NVR researcher. The members of the steering committee bear no responsibility for this, nor are they considered to be spokespersons for their respective organisations.

The researcher of the NVR bears full responsibility for the content, conclusions and recommendations of this research report.

## Conduct of the research

Here we would like to draw attention to the positive cooperation of both the central services of the reception systems and the centres visited. We therefore wish to thank all management/ staff and others who participated in this study. Of course we also extend our warm thanks to the steering committee for its cooperation and for the interesting input from the members' own work experience.

## Notes on the literature related to the results of the research

The findings in this report do not refer to individual centres. Neither was this the intention. The object was to create a general picture of the living conditions of women in the reception centres and to identify the gender aspects of reception policy, in this case in the centres for collective reception, based on focus groups, interviews with the different actors involved and guided tours in the different centres.

In order to uncover these dimensions (women and gender) in the collective centres, using the methods described above we identified: which experiences women describe as being problematic, which situations are well organised, what the obstacles are, which situations are either not organised or are poorly organised and with respect to which there is therefore room for improvement. This allows us to make:

- policy recommendations to improve the living conditions of women in the reception centres;
- models of good practices;
- models of bad practices.

As a result some readers may be given the false impression that little or nothing is well organised in the reception centres or that virtually everything goes wrong in Belgian reception centres. This is not the case: this is a cumulative picture. There are numerous situations that are properly organised and in the great majority of the reception centres there is a clear desire to ensure that matters are arranged as well as possible.

The researcher wishes to explicitly emphasise this out of respect and appreciation for the good work being done. However this does not alter the conclusion that specific problems arise repeatedly, and almost systematically, suggesting a more overall, general problem. Nor does this alter the value of the general conclusions and recommendations.

This research gives policy workers and decision makers at political and organisational umbrella level as well as policy makers and staff at the individual centres the tools to:

- integrate a gender dimension into policy and into the way in which life in the centres is organised, and
- improve the quality of life of the women in the centres.

# **Section 2**

## **Theoretical part**



## Introduction

In world affairs women are still assigned a bit part. Throughout almost the entire world the social position of women differs from that of men and in many societies women have a lower social status. The woman is often the underdog socio-economically, politically, culturally and in matters pertaining to civil law<sup>i</sup>.

The refugee issue, which is a complex matter, also affects women in a special way. While the causes and circumstances of their flight are often similar for men and women, it is still the case that women are affected in a particular way. They may not only be victims of human rights violations such as political, ethnic or religious persecution, or persecution for reasons of nationality or membership of a particular social group, as stated in the Geneva Convention or the UN Refugee Convention<sup>ii</sup>. of a particular social group, as stated in the Geneva Convention or the UN Refugee Convention. They can also be discriminated against because they are female and if they knowingly violate or do not follow gender specific standards or laws, their very life may be in danger.<sup>iii</sup>

In this project it is not our intention to examine their motives for seeking asylum but rather the living conditions and the specific needs and requirements of women in the Belgian reception centres. In addition we also want to look into the extent to which a gender dimension influences the organisation of the reception policy. After all, a gender aware reception policy demands that account be taken of the specific needs and requirements of women and men with a view to achieving equality between women and men.

### What is gender?

Gender does not refer to the biological differences between men and women (sex) but to the social perception and the socio-cultural construction thereof.

In all societies male and female roles are created that categorise all human interaction. These (often implicit) norms influence how we think about ourselves and others. Furthermore, these roles vary according to time and place and include both men and women.

There is a power relationship between men and women (gender relations). Gender mainstreaming therefore also means taking into account the social position of men and women: their needs, priorities, resources and strategies, as well as the evolution of gender relations throughout the development process.

The Gender Mainstreaming Act of 12 January 2007<sup>iv</sup> offers new opportunities and obligations to adjust policy and to embed a gender dimension more firmly in the reception policy for asylum seekers and refugees in our country, and for women in particular. We want to use this research to assist in the implementation of this act and contribute to gender equality in the Belgian reception centres.

i Reports of the CEDAW Committee on banning all forms of discrimination against women (CEDAW stands for: Committee on the Elimination of Discrimination against Women). See further: the Beijing +10 evaluation process regarding the special sitting of the Commission on the Status of Women; Women into Politics: [www.womenintopolitics.org](http://www.womenintopolitics.org); Gender-related Development Index (GDI); Gender Empowerment Measure (GEM); de Gender gap index of the World Economic Forum; Gender, Institutions and Development Database GID-DB of the OESO e.a.

ii The Geneva Convention or the UN Convention on the status of refugees, signed at Geneva on 28 July 1951 (act of 26 June 1953 – Belgian State Gazette, 4 October 1953) and the New York Protocol of 31 January 1967 (Belgian State Gazette, 3 May 1969).

iii De asielpcedure vanuit genderperspectief. Richtlijnen en aanbevelingen voor de behandeling van de vrouwelijke asielzoeker. Nederlandstalige Vrouwenraad, 1997.

iv The act on monitoring the application of the resolutions of the World Women's Conference that took place in Beijing in September 1995 and on integrating the gender dimension into federal policy lines, 12 January 2007 (Belgian State Gazette, 13 February 2007).

What is **gender mainstreaming** (or the integration of the gender dimension)?

The *United Nations Economic and Social Council* defines gender mainstreaming as follows:

“Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality.”

The *Council of Europe* provides the following definition:

“Gender mainstreaming is the (re)organisation, improvement, development and evaluation of policy processes, so that a gender equality perspective is incorporated in all policies, at all levels and at all stages, by the actors normally involved in policymaking.”

Gender mainstreaming is by definition horizontal policy while simultaneously requiring the development of an independent vertical policy. It is a process that needs the support of a necessary will to bring about a necessary change in mentality to effectively oppose the continuing stereotypes and gender inequalities.

It is obvious that this will not happen automatically simply because it is included in policy plans. In fact it assumes that every measure taken and all policy that is introduced takes into account the potential consequences of this measure or policy for the equivalence and the equality of women and men. The success or failure of gender mainstreaming depends on the persons who at different levels apply themselves to converting the concept of gender mainstreaming into practice.

A twin track approach is needed to bring about the equality of men and women and gender equality: both a gender mainstreaming strategy and an equal opportunity policy, in view of the fact that these strategies complement each other.

**To summarise, gender mainstreaming is a strategy aimed at increasing the equality of women and men in society by ensuring that the gender dimension, the socio-economic differences between women and men, is taken into account at all stages in the policy process – development, implementation, follow-up and assessment.**

Although gender includes both women and men, in this research we have chosen explicitly to put the focus on women. This choice was made in conjunction with the specific mission of the NVR and from the observation that women are usually in a subordinate position and therefore require additional attention within the perspective of equality between women and men

Before defining current reception practices (in relation to women), we need to gain an understanding of the broader policy framework. In this section we assemble the available legal information on the organisation of reception policy for (female) asylum seekers and refugees at international, European and national level. We examine what the global policy framework has to offer in terms of the reception of women and whether there is specific/particular attention to gender and/or sex. For example we have sought out any specific guidelines for the reception of women in the asylum centres.

The frame of reference upon which this research project is based is respect for human rights and compliance with relevant international treaties and commitments that defend the rights and freedoms of women, especially women in the reception centres. It is also within this framework that we formulate (policy) recommendations for improving the living conditions of women in the reception centres.

It is not our intention to provide a technical legal review of treaties and case law. We restrict ourselves to a non-exhaustive summary of the key legal and normative provisions. From this we make a selection of articles or passages that are essential in our research field and we examine to what extent these encompass gender sensitive elements.<sup>i</sup>

Alongside these provisions we refer to the bibliographical list of literature consulted (Part 6: Bibliography) and additional literature on the subject of the collective reception of female asylum seekers and migrants.

---

<sup>i</sup> This of course does not imply that the articles or passages left out are not relevant. These can also undoubtedly apply to any individual in any specific situation.

# International legislation

## Binding legal norms at international level

At the basis of all UN human rights conventions is the **Universal Declaration of Human Rights, UDHR** (1948).<sup>i</sup> The UDHR contains several articles that are relevant to our research topic: the right to asylum, the right to work and to equal pay for equal work, the right to rest and leisure, the right to education, the right to liberty and security of person, the right to equal protection of the law, the right to social security, the right to an adequate standard of living, .... These rights apply to everybody regardless of origin, gender, religion, political opinion, ....

The principles of the UDHR are developed and refined in other conventions that reaffirm the principle of non-discrimination. Below is a non-exhaustive summary of the main conventions that are relevant in our research field.

- **The International Convention on the Elimination of All Forms of Racial Discrimination** (1965). This convention calls for an end to all forms of *discrimination, exclusion, restriction or preference based on race, colour, descent or national or ethnic origin*, including prejudice against foreigners who seek *asylum or citizenship*.
- **The International Covenant on Economic, Social and Cultural Rights** (1966) or the ICESCR This deals inter alia with the right to *work* and the right to *just and favourable working conditions* (article 7):

*The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure in particular:*

*a- Remuneration which provides all workers as a minimum with:*

*(i) Fair wages and equal remuneration for work of equal value without distinction of any kind in particular women being guaranteed conditions of work not inferior to those enjoyed by men with equal pay for equal work;*

*(ii) A decent living for themselves and their families in accordance with the provisions of the present Covenant;*

*b- Safe and healthy working conditions;*

*Article 13 provides for the right of everyone to education.*

- The **Conventions of the International Labour Organisation** (ILO) also apply with respect to *labour issues*. All (member) states, including Belgium, are required to respect ILO Conventions ratified by them in national practices.

For several years the ILO has been working on the development of (statistical) indicators on "Decent Work" which member states should work out in practice. They should do so on the basis of on the one hand statistical indicators and on the other information on the legal framework required to supplement and interpret this statistical information.

These indicators are divided into ten themes including 'Employment Opportunities', 'Adequate Earnings and Productive Work' and 'Economic and Social Context of Decent Work'. Thus under the theme 'Stability and Security in the Workplace' attention is also drawn to the indicators 'Gender Wage Gap' and 'Equal Opportunity and Treatment in the Workplace'<sup>ii</sup>

i The Declaration is not a convention and is therefore not enforceable. Member states cannot be bound to comply with its provisions. This is of course a weakness but on the other hand this Declaration does form the basis of many enforceable conventions on human rights such as the Convention relating to the Status of Refugees, the Convention on the Elimination of All Forms of Discrimination against Women, and the European Convention on Human Rights, ....

ii For further info: Indicatoren Waardig Werk, Federale Overheidsdienst Werkgelegenheid, Arbeid en Sociaal Overleg. Online at: <http://www.meta.fgov.be/moduleDefault.aspx?id=23882#AutoAncher5>

- The **Convention on the Elimination of All Forms of Discrimination Against Women** (1979) and the **Optional Protocol** (2000). This convention, referred to as the UN Women's Convention or CEDAW<sup>i</sup> emphasises that both discrimination against women and stereotype views of women violate the principle of equal rights and respect for human dignity.<sup>ii</sup>  
The Convention contains provisions on perceptions and beliefs about women, about work, family, education and upbringing, family, sexual and reproductive rights and health, .... The CEDAW-Convention seeks to ensure equal rights and opportunities for women and men by eliminating and combating discrimination against women and by adopting legislation to safeguard the equal rights of women in society and within the family.  
This convention is overseen by, among others, the CEDAW Committee which has already made critical remarks about Belgian policy concerning women refugees and asylum seekers.
- The **Convention against Torture, and other Cruel, Inhuman or Degrading Treatment or Punishment** (1984). This convention stresses that there can be no justification for torture and also prohibits other forms of degrading treatment or punishment.

Then there are the conventions which are directly related to the issue of asylum and migration. Below is a (non-exhaustive) list of these conventions.

The **Geneva Convention or the UN Refugee Convention** (1951) and the **Protocol** (New York, 1967) forms the cornerstone of the international legal regime for the protection of refugees, henceforth referred to as the Convention or the Refugee Convention.

According to this convention (article 1A(2)) a '*refugee*' is a person who '*owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country or if he has no nationality and is residing outside the country of his former habitual residence, is unable or owing to such a fear unwilling to go to this country*'<sup>iii</sup>

An '*asylum seeker*' is an individual who has applied for asylum in order to be officially recognised as a refugee. As long as the investigation into the application for asylum is running we refer to this individual as an asylum seeker. If the application is approved the individual concerned is no longer an asylum seeker but a recognised refugee.

The Convention contains provisions on the recognition of the refugee status of individuals and thus contains no specific provisions or articles on the care of non-recognised refugees or asylum seekers; the target group of this research project.

i Committee on the Elimination of Discrimination against Women

ii The states that ratify the Women's Convention have to report after one year to the CEDAW Committee on their progress and thereafter every four years. The reporting states are closely questioned about their emancipation policy, the Committee being especially interested in statistical data. It is interesting that the Committee does not assess the reports separately but evaluates them in conjunction with the emancipation policy applied in neighbouring countries. The Committee enters into a constructive dialogue with the delegation presenting the report. The Committee comments on the report and examines whether the measures taken by the government to implement the Convention have made any effective progress. The Committee also makes recommendations regarding other actions to be undertaken. Since October 2000 the CEDAW Committee can oversee the Convention through the Optional Protocol. The Committee can then receive complaints from individual women or from groups of women and deal with these.

iii Over the years the signatories to the Refugee Convention have interpreted and applied the criteria increasingly strictly. Europe understood that there was a need for an additional protective statute to supplement the existing protection provided by the Refugee Convention and by means of a directive prompted the member states to work on such additional protection. Belgium has now adjusted its law and since 10 October 2006 has applied the additional protection status in practice.

Nevertheless, the Convention does offer a premise that can be applied to the care and treatment of asylum seekers and 'other categories of aliens'. All the more so given that the refugee convention is founded on fundamental rights<sup>i</sup>. As with other human rights conventions an Executive Committee was also set up within the structures of the United Nations Refugee Agency (UNHCR) to oversee the Refugee Convention. This Committee formulates recommendations for the application of the Convention (see below).

Within this context we cannot ignore the **Convention of the Status of Stateless Persons** (1954). This convention defines a stateless person as 'a person who is not considered as a national by any State under the operation of its law'. This convention establishes the basic freedoms of the UDHR for stateless persons.

## Recommendations

As explained above, the CEDAW Committee, **the Committee for the Elimination of All Forms of Discrimination against Women**, oversees the application of the CEDAW Convention. One of the key tasks of this Committee is to formulate **general recommendations** on the interpretation of the convention.

General recommendations number 12, 19 and 26 of the CEDAW Committee<sup>ii</sup> are important to the research topic of this project. In the recommendations 12 and 19 on violence against women, the Committee states that the CEDAW Convention requires member states to undertake specific actions to protect women against all forms of violence wherever they may be. Member states are required to take the necessary and most effective measures to combat all forms of gender related violence.

In general recommendation 26 (2008)<sup>iii</sup> the Committee states explicitly that all the rights contained in the Convention apply to all women, regardless of their status in society, including those not in possession of a legal residence permit. The Committee suggests that the protection of undocumented women requires measures and an oriented policy, as well as improved access to assistance. Member states are required to ensure that undocumented women living in detention are not confronted with gender related violence. Thereby specific attention is requested for the situation of both pregnant and nursing mothers and for all dependent women.

This Convention is incorporated into Belgian law by the Act of 11 May 1983 Approving the Convention on the Elimination of All Forms of Discrimination Against Women, signed at New York on 18 December 1979, and by decrees of the Communities.

Belgium reports to the CEDAW Committee every four years on the progress made by it regarding the elimination of all forms of discrimination against women.

The most recent report containing conclusions on the Belgian situation dates from November 2008: *"Concluding observations of the Committee on the Elimination of Discrimination against Women: Belgium. CEDAW November 2008"*<sup>iv</sup>.

This report refers to the vulnerable position of *women refugees and asylum seekers and undocumented women*. The Committee is concerned about this group of women which is confronted with a dual form of discrimination based on gender, origin and religion. According to the Committee violence against these women must also be combated. Thereby the Committee requests the Belgian state to take effective

i European Commission, Reception of asylum-seekers, including standards of treatment, in the context of individual asylum systems, Global consultations on international protection. EC, 2001.

ii <http://www2.ohchr.org/english/bodies/cedaw/comments.htm>

iii <http://www2.ohchr.org/english/bodies/cedaw/comments.htm>

iv <http://www.mensenrechten.be/pdf/CEDAW-C-BE-CO-6.pdf>

"België is verdragspartij van het Verdrag inzake de Uitbanning van alle Vormen van Discriminatie van Vrouwen (CEDAW). Een comité van onafhankelijke experts gaat op geregelde tijdstippen na of de verdragspartijen de verplichtingen van het verdrag naleven. In de sessie van 20 oktober - 7 november 2008 nam het CEDAW-Comité het Belgische beleid inzake de strijd tegen alle vormen van discriminatie van vrouwen onder de loep."

measures against discrimination against women refugees and asylum seekers and undocumented women. It does so from the human rights perspective of equal rights and equal opportunities.

At the *UN World Population Conference in Cairo* (1994) the Declaration and Platform for Action on sexual and reproductive health rights was adopted. The Cairo platform states that the freedom for individuals to decide freely on matters relating to their sexuality is an inalienable individual human right, a matter of individual and human freedom and that states have the duty to ensure that individuals are able to exercise their sexual rights in full. The platform also formulates the following rights, among others: the right to information, access to safe and effective family planning methods, the right of access to health care services for a safe pregnancy and childbirth.

The principle of equal opportunities and gender mainstreaming is closely related to the Declaration and the Programme of Action of the **World Women's Conference in Beijing** (1995) and the evaluations thereof in 2000, 2005 and 2010 (New York). The Declaration reflects the commitment of the international community to promote women and the will to implement the recommendations of the Programme of Action.

The provisions of the **Beijing Platform for Action** apply to all women, worldwide. In addition in specific recommendations exceptionally vulnerable groups of women, such as female asylum seekers and refugees are referred to separately.

The Platform for Action stipulates 12 critical areas of concern that demand the special focus and action of the international community, governments and civil society. Each of these 12 areas contains concrete recommendations and objectives. On signing the Beijing Declaration and adopting this extensive programme of action the governments bind themselves to taking concrete action to improve the situation of women.

More than one hundred governments, including that of Belgium, officially committed themselves to take specific actions to achieve the objectives of the Beijing Platform for Action.<sup>i</sup>

The **United Nations Refugee Agency** (UNHCR)<sup>ii</sup> which can be considered as the international 'keeper' of the Refugee Convention, has for many years (1985) recognised the specific problems of women refugees and asylum seekers. One of the first recommendations of the Executive Committee of the UNHCR on the international protection of women refugees is **Conclusion 39 (XXXVI-1985)** that recognises that many women face specific problems in terms of international legal protection. Thus the Committee recommends that states focus on adopting measures to ensure the physical safety and personal integrity and equality (equal opportunities) of women.

In 2008 the same Committee published the **UNHCR handbook for the protection of women and girls**<sup>iii</sup> which calls on the national states and bodies of the UN to take measures aimed at optimising the protection of female refugees and asylum seekers. In this handbook the principles and practices related to achieving gender equality are extensively discussed.

'**The Handbook on a Community Based Approach in UNHCR operations**'<sup>iv</sup> is a practical guide intended primarily for individuals/organisations responsible for the protection, reception and assistance of refugees and asylum seekers. One of the main topics described in this by the UNHCR is the 'Age, gender and diversity analysis' which aims to promote gender equality and non-discrimination in all actions for refugees and asylum seekers: *age, gender and diversity mainstreaming* (AGDM).

i The integral text is available at <http://www.gelijkekansen.be/wetgeving.html#Peking>

ii The United Nations High Commissioner for Refugees

iii UNHCR Handbook for the Protection of Women and Girls, UNHCR, 2008.

iv UNHCR Manual on a Community Based Approach in UNHCR Operations, UNHCR, 2008.

Reference is also made to this AGDM project in the **thematic UNHCR report** (2008) of the Committee<sup>i</sup> which in recent years has placed a stronger emphasis on strengthening the position of refugee women through their participation in activities aimed at the prevention of exploitation and sexual violence. This is a concept which was shaped by the directives on the protection of women refugees and asylum seekers in the 1990s and where the emphasis was on the participation of women.

One of the results of the evaluations carried out by the UNHCR between 2001 and 2003 concerning its policy on women and children showed the need for an increased participation of women and children in the programmes and decisions that affect them and the need for better coordination among the actors who protect them. The Committee argues that it is shown to be important to involve these groups in the policy being implemented in respect of them.

---

i A Thematic compilation of executive committee conclusions UNHCR: [http:// www.unhcr.org/PUBL/3d4ab3ff2.pdf](http://www.unhcr.org/PUBL/3d4ab3ff2.pdf)

## European legislation

### Binding legal norms at European level: equality w/m ...

The European construction represents a major breakthrough for the gender mainstreaming principle in all policy areas and therefore also in reception policy.

The **European Convention for the Protection of Human Rights and Fundamental Freedoms** (ECHR), which was established within the Council of Europe, was drawn up in 1950 following the UDHR and guarantees human rights for all residents of the contracting states. The Convention has direct effect and monitors compliance therewith. The rights stated in the Convention apply to all residents of the member states of the Council of Europe, regardless of their nationality or residence status and therefore applies equally to (potential) refugees, asylum seekers and undocumented individuals.

The ECHR guarantees certain rights including the right to liberty and security, the right to respect for private and family life, the prohibition of discrimination, .... this last article for example states that discrimination on the grounds of an individual's status is prohibited.

Apart from the ECHR some EU legislation contains legislative provisions that are important for achieving equal rights between w/m, gender equality and gender mainstreaming policy.

Since the establishment of the European Community in 1957, legislation at European level concerning the equality of w/m has made tremendous progress, mainly in terms of labour legislation.

This began with the principle of *equal pay for men and women* inscribed in the **Treaty of Rome** (1957 article 119 which later became article 141)<sup>i</sup> and was gradually extended and supplemented by a number of *directives prohibiting discrimination on grounds of gender*.

In 2004 the first directive on *the equality of men and women outside the labour market* was adopted.

The **Treaty of Amsterdam** (1997)<sup>ii</sup> neemt is the first step towards an enlarged Union. In this treaty for the first time the *equality of women and men* is included as one of the tasks of the European Union. "The Community's task is [...] to promote [...] *equality between men and women*,...". Article 3, paragraph 2 states that in all the activities referred to in this article the Community shall aim to *eliminate inequalities* and to *promote equalities between men and women*. Articles 13, 137 and 141 also refer to suitable measures that must be taken to combat discrimination on the grounds of, for example gender, and to achieve the equal treatment of women and men.

This treaty also discusses the details of *immigration and asylum* and urges each state to take responsibility for handling asylum applications and to *establish minimum standards for eg the reception of asylum seekers*. The Treaty also promotes a balance of effort between member states in receiving and bearing the consequences of receiving refugees and displaced persons.

The rights described in the ECHR (see above) are also found in the **Charter of Fundamental Rights of the European Union**<sup>iii</sup> (2000). The Charter contains a chapter on "Equality", in which the principles of equality between men and women are included.

i <http://eur-lex.europa.eu/nl/treaties/index.htm#founding>

ii <http://eur-lex.europa.eu/nl/treaties/dat/11997D/htm/11997D.html>

iii Handvest van de Grondrechten van de Europese Unie (2000/C 364/01). In het publicatieblad van de Europese Gemeenschappen, 18.12.2000, NL.

Thus article 23 states that “Equality between men and women must be ensured in all areas, including employment, work and pay. The principle of equality shall not prevent the maintenance or adoption of specific advantages in favour of the underrepresented sex.”

In article 7 the Charter provides for *the right to respect for an individual's private life and family life and home and communications*.

The *right to asylum* based on the Geneva Convention is also included in the Charter.

In addition in June 2000 the European Commission adopted a Communication<sup>i</sup> on guidelines for a Community strategy on gender equality (2001-2005). It aims to establish a framework of actions within which all community activities can contribute to the objective to eliminate all inequality and to promote equality between women and men. This was the ‘*Roadmap for Equality*’ for 2006-2010 which also refers to the particularly vulnerable position of women who migrate or flee to a European country. They are often faced with dual discrimination where the gender issue intersects with origin.

The **Treaty of Lisbon** (2007), which entered into effect on 1 December 2009, boosted the social dimension of the EU by adding new elements both in terms of the rights and the objectives and the contents of the policy and the decision-making process. The EU was given new social objectives, including full employment and social progress, the fight against social exclusion and discrimination, the eradication of poverty, the protection of human rights, ....

Besides the emphasis on “*human dignity, freedom, democracy, equality, rule of law, and respect for human rights, including the rights of persons belonging to minorities*” the Treaty also aims at equality between men and women (articles 1a and 2).

In 2008 the European Commission proposed a plan for asylum entitled ‘An integrated approach to protection across the EU’ in which the measures are defined for the completion of the second phase of the common EU asylum policy. This plan refers repeatedly to the gender issue and to the need to take into account the special needs of vulnerable groups, including women.

## Binding legal standards at European level: reception of asylum seekers and refugees

More specifically for the *reception of asylum seekers* at European level there is the **European Directive on minimum standards for the reception of asylum seekers in the member states** (2003), hereinafter the EU Reception Directive.<sup>ii</sup>

This Directive aims to establish minimum standards for reception *facilities* for asylum seekers to guarantee them a decent life, to ensure them comparable living conditions in all member states. It is the first step in a process that got underway after the entry into force of the Treaty of Amsterdam and the Tampere European Council, which aims to achieve a common asylum system and a uniform status for refugees throughout the European Union.

This directive aims to ensure that human dignity is fully respected and promoted, but it never clearly defines what is meant by human dignity.

The main articles related to this research project are:

**Article 7:** Liberty and the freedom of movement suggests that the *private lives* of asylum seekers should not be affected and sufficient freedom of movement should be provided to ensure that all the provisions in this directive are accessible.

i [http://europa.eu/legislation\\_summaries/other/c10932\\_nl.htm](http://europa.eu/legislation_summaries/other/c10932_nl.htm)

ii <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:031:0018:0025:NL:PDF>

The right of access to labour is not included in this Directive but **Article 11** on *employment* states that if a decision at first instance has not been taken within a year of the presentation of an application for asylum and this delay cannot be attributed to the applicant, member states shall decide the conditions for granting access to the labour market for the applicant.

Regarding access to *vocational training* (**Article 12**) this Directive states that irrespective of whether the asylum seeker has access to the labour market, member states may allow asylum seekers access to vocational training.

**Article 13** contains *general rules on material reception conditions and healthcare*. For example, this article states that the member states shall make provisions on material reception conditions to ensure asylum seekers a standard of living adequate for the health of the asylum seekers and capable of ensuring their subsistence. '*Material reception conditions*' refers to: housing, food and clothing provided in kind or in the form of financial allowances or vouchers and a daily allowance.

The detailed rules on material reception conditions state that asylum seekers must be able to *communicate* with their relatives, legal advisers and representatives of the High Commissioner of the United Nations for Refugees (UNHCR) and non-governmental organisations (NGOs) recognised by the member states. Here it is also stated that member states shall pay particular attention to *the prevention of violence in the reception centres*. Article 16 establishes that the member states can impose penalties in the event of serious breaches of the rules regarding the reception centres and serious forms of assault.

A specific gender approach is lacking but some articles in this Directive pay special attention to female refugees and asylum seekers. Thus chapter four deals with the reception of persons with special needs which have to be provided for. These persons with special needs (article 17) are: *minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children, and persons who have been subjected to torture, rape, or other serious forms of psychological, physical, or sexual violence*. This principle, however, only applies to persons found to have special needs after an *individual evaluation* of their situation.

In chapter six member states are asked to regularly provide the Commission with *data* concerning the number of persons, *broken down* by sex and age covered by the reception conditions. In addition, member states must, with due respect for their constitutional structure, ensure that *appropriate guidance, monitoring and control of the level of reception conditions are established*.

Furthermore, member states are required to take appropriate measures to ensure that authorities and other organisations implementing this Directive have received the necessary basic training with respect to the *needs of both male and female asylum seekers*.

Since there are no international legal provisions specifically and directly regulating the reception of asylum seekers, the member states are free to choose the modalities of such reception in the transposition of this directive. Their freedom is however restricted by the international human rights and international refugee law, as well as by rules and principles of national law. There is therefore still much room for exceptions and interpretations on the part of the member states.

Belgium transposed this European Directive into national law on 7 May 2007 with regard to the open collective reception systems but not with regard to the closed reception centres.

## International and European Decision Rules

Each of these instruments contains provisions that are directly applicable to the situation of female asylum seekers. However, it is essential to remember that these are 'living' instruments that are interpreted and applied day-by-day by international and national institutions in concrete but always different situations.

The fundamental right to equality between women and men as a prerequisite for full democracy and basic rights such as the right to education, the right to work, and the right to social protection... are supported by the above legal and normative provisions. In the context of asylum and migration these fundamental instruments and rights are also of major importance.

This research project uses this legal and normative framework as a base from which (policy) recommendations can be formulated for improving the living conditions of women in the collective reception centres in Belgium.

# Belgium

Belgian legislation and practice in relation to the specific problems of female asylum seekers must comply fully with international and European legislation.

In what follows we outline the legal framework at national level and we give an overview of the main provisions concerning the reception of women in these centres.

## International treaties and European legislation

The normative and international framework for Belgian policy – in this case reception policy for asylum seekers and refugees - is in part determined by the international human rights treaties and commitments made by the Belgian state. Naturally the legislative provisions at international and European level also affect Belgian policy.

As regards the reception of female asylum seekers and refugees, the following treaties, declarations, recommendations and platforms for action which Belgium subscribes to are of particular importance:

- The Universal Declaration of Human Rights (UDHR, 1948), the UN Charter and relevant resolutions of UN bodies such as the Security Council, the General Assembly, the Commission on Human Rights, the Commission on the Status of Women;
- The International Convention on the Elimination of all Forms of Racial Discrimination (1966);
- The International Covenant on Social, Economic and Cultural Rights and the associated Protocol (1966);
- The Conventions of the International Labour Organisation ratified by Belgium;
- The Convention on the Elimination of all Forms of discrimination against Women and the Optional Protocol (CEDAW, 1979);
- The Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment (1984);
- The Geneva Convention or the Refugee Convention and the Protocol (1951);
- The Geneva Conventions on Human Rights and the Protocols;
- The Convention establishing the status of stateless persons (1954);
- The European Convention on Human Rights and Fundamental Freedoms (ECHR, 1950) and The Convention relating to the status of stateless persons and the associated Protocols;
- The Treaty of Rome (1957);
- The Treaty of Amsterdam (1997);
- The Charter of the Fundamental Rights of the European Union (2000);
- The Treaty of Lisbon (2007);
- The Declaration and the Cairo Platform for Action (1994);
- The Declaration and the Beijing Platform for Action (1995 and evaluations in New York in 2000, 2005 and 2010);
- Relevant directives and decisions of the institutions of the European Union for example the European Directive on the minimum standards for the reception of asylum seekers in the member states (2003), Conclusion 39 of the Executive Committee of the UNHCR, ....

## National legislation

### General legislation relating to (gender) equality w/m

Following the Constitutional Amendment of 21 February 2002 Article 10 paragraph 3 of the **Constitution** expressly states that the “*equality between men and women is guaranteed*”. The Belgian constitution has not only proclaimed the equality of the sexes, it has guaranteed this equality. Article 11 bis of the Constitution states that “*The laws, the decrees and the rules (...) guarantee to women and men equal exercise of their rights and freedoms (...)*”. Although not specified, in ‘principle’, this only applies to citizens and residents with an equivalent status but a breach of the equality w/m would in the case of non-citizens amount to a breach of the constitution. Indeed, in article 191 the Constitution states that “*all foreigners on Belgian territory benefit from that protection provided to persons and properties, save for those exceptions provided for by law.*”

With the Act of 10 May 2007 to **combat discrimination between women and men**<sup>i</sup> Belgium prohibits all incitement to discrimination, hate or violence against an individual, a group or a community on grounds of gender in relation to employment, social security, the supply of goods and services and access to economic, social and cultural activities. This act transposes several European Directives and also applies to all individuals residing in reception centres for asylum seekers (and ‘certain other categories’).

A few months earlier, on 12 January 2007 Belgium adopted a law aimed at ensuring the integration of the gender dimension in Belgian federal policy structures. This is the **Act of 12 January 2007 aimed at monitoring the implementation of the resolutions of the World Conference on Women which took place in Beijing in September 1995 and at integrating the gender dimension in all federal policies**<sup>ii</sup> (Belgian State Gazette, 13 February 2007), also referred to as the ‘*act on gender mainstreaming*’.

Gender mainstreaming is therefore no longer a voluntary commitment but a legal obligation imposed on the federal policy structures. The act reinforces the principle of gender mainstreaming, or the integration of equality between women and men in all policy lines<sup>iii</sup>.

Het It is on the basis of this act that an adjustment of the reception policy is required from the perspective of gender equality, to ensure that the equality policy w/m and gender equality is firmly embedded in the reception policy for asylum seekers and refugees, with special attention to the position of women who are often in a more vulnerable and disadvantaged position than men.

Although since the publication of the report ‘**The asylum process from a gender perspective. Guidelines and recommendations for the treatment of female asylum seekers**’ (1997) by the NVR (some) progress with regard to the gender dimension of the asylum policy has been made (procedure and reception), prior to the act on gender mainstreaming progress on gender awareness was not guaranteed in law. Today this policy is still insufficiently structurally embedded in daily practice.

Several actors, including the NVR, the Commission on Women and Development, and the Council of Equal Opportunities for Men and Women (Raad van de Gelijke Kansen voor Mannen en Vrouwen / Conseil de l’Égalité des Chances entre Hommes et Femmes) have repeatedly called for the integration of a gender dimension in the reception policy and have submitted concrete policy recommendations for this.

i Act of 10 May 2007 to combat discrimination between women and men (Belgian State Gazette, 30 May 2007, entered into force on 9 June). The acts of 25 February 2003 and 7 May 1999 which previously contained provisions to combat discrimination on the basis of sex at federal level were repealed by these new acts.

ii [http://igvm-iefh.belgium.be/nl/binaries/Wet%20gender%20mainstreaming\\_tcm336-35814.pdf](http://igvm-iefh.belgium.be/nl/binaries/Wet%20gender%20mainstreaming_tcm336-35814.pdf)

iii VPre-publication in the Acts of the seminar cycle “Gender mainstreaming: a new challenge for the federal government and the administrations” of the Institute for equality between women and men ([http://igvm-iefh.belgium.be/nl/binaries/actes-GENDER-E\\_tcm336-40557.pdf](http://igvm-iefh.belgium.be/nl/binaries/actes-GENDER-E_tcm336-40557.pdf)).

In its recommendation no. 57 “**Women and Asylum Law**”<sup>i</sup> (13 September 2002) the Raad van de gelijke kansen voor mannen en vrouwen (Committee on Equal Opportunities for Men and Women) states that special attention is needed with regard to the reception of women refugees and asylum seekers because of problems including the following:

- information on reception, medical care, education, language courses, integration and return is not always available;
- the situation in asylum centres and other institutions may compromise the physical integrity of women and girls;
- single female asylum seekers in particular, especially unaccompanied minors, are often lonely and it should be possible for them to be brought into contact with knowledgeable individuals and with professional and other support groups for assistance;
- with regard to healthcare sufficient attention is not always given to the health situation in the country of origin;
- female asylum seekers supporting a family do not always have access to the labour market or to relevant information on benefits, assistance etc.

With regard to the **reception and assistance of female asylum seekers**, the Committee (RGKMV) recommends the following:

- the government should support the important work done by non-governmental organisations for the reception and assistance of female asylum seekers and refugees;
- the authorities should give more uninterrupted attention to information, language courses, reception centres, and social and economic integration;
- the Committee is of the opinion that a reception system especially for single women is a minimum requirement;
- to make the female asylum seekers more self-reliant it is of crucial importance that they are offered vocational training and given access to the labour market (or at least information thereon). This is especially important for single women and women supporting a family.

### Legislation specifically concerning reception in the open centres

The reception of ‘asylum seekers and certain other categories of individuals’ in the Belgian **open centres** is regulated by the act of 12 January 2007 **on the reception of asylum seekers and of certain other categories of aliens**<sup>ii</sup>, hereafter referred to as the Reception Act.<sup>iii</sup> This act *partially* transposes the European Directive on the minimum standards for the reception of asylum seekers in the member states<sup>iv</sup> into Belgian law as regards open collective reception centres, but not as regards closed reception systems.

The implementation of this act occurred simultaneously with the reform of the asylum process and both have major consequences for the organisation of the reception of asylum seekers. The Federal *agency for the reception of asylum seekers* (Fedasil)<sup>v</sup> organises this reception and assistance directly or with partners and contributes to the devising, preparation and implementation of reception policy.

i <http://www.raadvandegelijkekansen.be/adviezen.htm>

The Raad van de gelijke kansen voor mannen en vrouwen is a federal advisory body established by Royal Decree of 15 February 1993. The Committee is a policy body for the realisation in practice of equality between men and women and the elimination of direct and indirect discrimination. Its authority to make recommendations is thus of undeniable importance. The Committee can, at the request of the government, organisations, or individuals, draw up reports, conduct research, propose measures, and provide explanations and information on equal opportunity policy.

ii Three categories of aliens have the right to reception: asylum seekers and their families, including the spouses or unmarried partners, unaccompanied minors (NBMV) and families with minor children who have no right of residence and who are illegally residing in Belgium.

iii Act of 12 January 2007 on the reception of asylum seekers and of certain other categories of aliens (Belgian State Gazette, 7 May 2007)

iv Directive 2003/9/EC of the Council of 27 January 2003 adopting minimum standards for the reception of asylum seekers in the member states. See above

v [www.fedasil.be](http://www.fedasil.be)

Reception should in principle enable the asylum seeker to lead a life of human dignity, as provided for in the Constitution.<sup>i</sup> Reception can take two forms: either material assistance pursuant to the Reception Act, or social assistance by the Open Centres for Social Welfare (OCMWs) in accordance with the act of 8 July 1976.<sup>ii</sup>

In conformity with the European Directive on minimum standards for the reception of asylum seekers the Belgian Reception Act provides that every asylum seeker has the right to reception that must enable him or her to lead a life of *human dignity* (Article 3). However, nowhere is there a description of what should be understood by the term 'human dignity'.

The two main changes introduced with the Reception Act are the implementation of reception in stages and the replacement of financial assistance by *material assistance* throughout the asylum process.

### Reception in stages

*Reception in stages* means that during the first four months asylum seekers reside in a collective reception system (an open reception centre). After this they can move on to an individual reception system. The objective is to prevent asylum seekers, particularly families with children from having to reside too long in a centre. The Reception Act strives to contribute to a reduction of the length of the decision making process for application for asylum to 1 year.

In accordance with the Reception Act, after a maximum period of four months an asylum seeker should be able to move on to an individual reception system. However, nowhere is it stated what should be done if this term is exceeded.

### From financial support to material assistance

*Material assistance* given to asylum seekers during the asylum process consists of:

- housing, meals, clothing;
- medical, social and psychological assistance;
- payment of a daily allowance<sup>iii</sup>;
- the right to do community work;
- access to legal assistance;
- access to specific services, such as interpreting services;
- access to education;
- access to a programme for voluntary return.

Financial support is only given in the form of an allowance paid to residents in the open reception centres. For example every asylum seeker accommodated in a centre or other reception system during the reception procedure is entitled to a weekly allowance of:

- 3.8 euro/week for each minor under the age of 12, not attending school;
- 5.0 euro/week for each unaccompanied minor detained during the observation and orientation phase;
- 6.5 euro/week for each school age minor aged 12 and above;
- 6.5 euro/week for each adult.

i Article 23 of the Constitution.

ii Act of 8 July 1976 on the Open Centres for Social Welfare (Belgian State Gazette, 5 August 1976)

iii Royal Decree of 1 April 2007 on allowances as provided for in article 62, § 2bis, of the Programme Act of 19 July 2001 (Belgian State Gazette, 18 April 2007)

Asylum seekers are never allowed to work during the reception procedure. In this case article 11 on *employment*<sup>i</sup> of the European Directive on minimum standards for the reception of asylum seekers is not adopted into Belgian policy. After all this article provides that “*if a decision at first instance has not been taken within one year of the presentation of an application for asylum and this delay cannot be attributed to the applicant, member states shall decide the conditions for granting access to the labour market for the applicant*”.

As provided for in the Coalition Agreement of 18/03/2008<sup>ii</sup> the Royal Decree of 22/12/2009 amending Royal Decree on work permits of 9/06/1999<sup>iii</sup> provides asylum seekers with the right to work after the asylum procedure has lasted 6 months unless the CGRS<sup>iv</sup> has already taken a decision at that time. However, there are as yet no arrangements regarding the combination of material assistance and pay. This will be the subject of a future Royal Decree elaborating on the consequences of the right to work on material assistance.

The right to work of asylum seekers should also give them access to *vocational training*, as provided for in article 35 of the Reception Act. According to this article courses and training are provided to asylum seekers by the reception system or by third parties, without prejudice to the rules on access to regular vocational training.

With the Act Containing Diverse Provisions of 30 December 2009 (Belgian State Gazette, 31 December 2009)<sup>v</sup> a number of *important amendments are made to the Reception Act*. Thus the act offers Fedasil the chance to exclude asylum seekers *who present a third or subsequent application for asylum*, from the right to material assistance (except for medical care).

### Information

Article 14 provides that each new applicant for asylum on being assigned to a reception centre is given an *information brochure*. This brochure is available in 10 languages and provides brief information on various issues such as the place of registration and the consequences thereof, housing, the protection of victims of human trafficking, medical and psychological counselling, social and legal assistance, education and schooling, and contact addresses of several specialised organisations.

### Assessment of individual needs

One of the innovations in the Reception Act is the *assessment of individual needs of asylum seekers in the reception centres*<sup>vi</sup>, which takes into account the asylum seeker's medical, social and psychological condition. In practice such an assessment was already made but this practice is now clearly defined and adopted in law. Thus article 22 of the Reception Act provides that the individual needs of the asylum seeker must be assessed. The specific needs of the asylum seeker must be examined to find out whether the assistance being given to him or her meets these needs. If this is not the case, measures can be proposed to improve this situation. In the last instance a request may be submitted for the asylum seeker to be assigned to another reception system that meets his or her needs more effectively.

The rules governing the assessment of the individual situation of the asylum seeker are set out in a Royal Decree (for more information: see the participatory part).<sup>vii</sup>

i European Directive 2003/9/EC of the Council of 27 January 2003 adopting minimum standards for the reception of asylum seekers in the member states (EU Reception Directive).

ii <http://premier.fgov.be/files/NVERKLARINGtien-zondervoettekst.pdf>

iii [http://www.ejustice.just.fgov.be/cgi/article\\_body.pl?language=nl&caller=summary&pub\\_date=2010-01-12&numac=2009205715](http://www.ejustice.just.fgov.be/cgi/article_body.pl?language=nl&caller=summary&pub_date=2010-01-12&numac=2009205715)

iv Commissioner General for Refugees and Stateless Persons

v <http://reflex.raadvst-consetat.be/reflex/pdf/Mbbs/2009/12/31/115232.pdf>

vi To enable the smooth reading of the report hereafter ‘the beneficiary of the reception’ will be replaced by asylum seeker or resident of the reception centre, except when quoting from articles and decrees.

vii Royal Decrees of 25 April 2007 determining further rules for the assessment of the individual situation of beneficiaries of reception (Belgian State Gazette, 10 May 2007)

## Specific provisions for vulnerable individuals

The 'specific provisions for *vulnerable individuals* and minors' are stipulated in a separate chapter. The following groups are recognised as being vulnerable: *minors, unaccompanied minors, single parents with minors, pregnant women, individuals with a handicap, victims of human trafficking, victims of assault or torture and elderly individuals*. Article 36 states that the reception centres shall conclude agreements with specialised institutions or organisations to meet the specific needs of these groups of individuals.

The Reception Act entrusts this duty to the *social services* – the *social workers* – at the reception centres who consequently have a major role to play. Article 31 states that the asylum seeker has the right to *individualised and permanent social assistance*, provided by the *social worker*. The social worker also keeps the resident's social file up to date. The Reception Act provides for a Royal Decree that shall set out more concrete rules regarding the qualifications of the social worker. This decree has not yet been adopted.

## Training cycle for staff

Article 51 of the Reception Act provides for the organisation of a multidisciplinary and continuous training cycle for reception system staff. This training cycle is elaborated upon in an explanatory note to the Reception Act made by Fedasil:

"The act provides that the Agency shall organise a multidisciplinary and continuous training cycle for the staff of the reception systems. This training shall focus particularly on several specific issues, such as alien law, pedagogy and psychology, multicultural reception, ethics, conflict management, **gender related issues and the reception of vulnerable groups**. Appropriate training is also provided for staff charged with the reception of unaccompanied minors. These provisions concerning permanent training are sufficiently clear but need to be worked out operationally by the Agency."

However practice shows that in centres where permanent training was provided to staff very little or no attention was directed to the issue of gender and the reception of vulnerable groups.

## The right to privacy

Article 20 of the act is also significant in that describes the resident's right to respect for *private life and family life*, as well as the right to respect for his or her beliefs, to participate in the organisation of community life in the reception system, to communicate with his or her family, counsellor, the representatives of the High Commissioner of the United Nations for Refugees and with organisations established to assist aliens and protect their rights.

## Evaluation of the Reception Act

As provided for in article 76 therein the Reception Act was evaluated by both Fedasil and several NGOs such as Refugee work Flanders and Ciré (reception partners of Fedasil)<sup>i</sup>. The most important conclusion of this evaluation was that the implementation of the act was hindered by the absence of necessary implementing decrees and by a shortage of resources needed to put the reception provided for in the act into practice.

In their report the NGOs also stated that they find 'reception in two phases' problematic. Reception in two phases means that after four months of collective reception the asylum seeker moves to individual housing. According to the NGOs from the date the act entered into force this four month term was

<sup>i</sup> Evaluation of the Reception Act. Senate Committee on Interior and Administrative Affairs. Hearing 3 March 2009. Note Refugee work Flanders and CIRE: <http://www.vluchtelingenwerk.be/bestanden/Nota-eval-opvang-maart-2009.doc>.

exceeded because there is not enough individual housing to guarantee a smooth turnover of asylum seekers. Fedasil also refers in its report<sup>i</sup> to a lack of reception places in the collective reception centres.

## Royal Decrees

In several places the Reception Act provides that more concrete rules will have to be established by Royal Decree for the implementation of the act. Almost two and a half years after the act came into force only 5 of the 27 Royal Decrees have been adopted and published. These are:

- Royal Decree of 1 April 2007 on allowances as provided for in article 62§2bis of the programme act of 19 July 2001 (Belgian State Gazette of 18 April 2007);
- Royal Decree of 9 April 2007 determining the effective date of the provisions of the act of 12 January 2007 on the reception of asylum seekers and of certain other categories of aliens (implementing article 74 of the act) (Belgian State Gazette, 7 May 2007);
- Royal Decree of 9 April 2007 determining the medical assistance and care which is not provided to the asylum seeker in the reception procedure because it is manifestly proven to be unnecessary, and also determining the medical assistance and care which is relevant to everyday life and is provided to the asylum seeker within the reception procedure (implementing article 24 of the act) (Belgian State Gazette, 7 May 2007);
- Royal Decree of 9 April 2007 setting out the system and the working rules for the centres for the observation and orientation of unaccompanied aliens who are minors (implementing the articles 19 and 40 of the act), (Belgian State Gazette, 7 May 2007).
- Royal Decree of 25 April 2007 determining further rules for the assessment of the individual situation of the asylum seeker in the asylum procedure (implementing article 22 of the act) (Belgian State Gazette, 10 May 2007).

In this latter Royal Decree the following articles are relevant within the context of our research topic:

Article 2 provides that the assessment must make it possible to establish whether the housing in the reception system indicated as being the mandatory place of registration and the assistance that is provided there, meets the individual needs of the beneficiary of the reception and more specifically in relation to his or her medical, social and psychological condition.

As stated above the social worker has a major role to play in the assessment of the individual situation of the asylum seeker.

This article 4 states that the assessment is made by the social worker as reference person. The social worker can request advice from the services and individuals that he deems necessary.

Article 5 determines that the assessment be formalised in an assessment report. To that end the Minister determines the type of form that shall include at least a section referring to each of the elements or criteria mentioned in articles 2 and 3 of this decree. The assessment report shall state where appropriate the measures that must be taken to meet the individual needs of the asylum seeker in the reception procedure.

The following Royal decrees are just some of the Royal Decrees provided for in the act that are relevant to our research project but that have not yet been adopted:

- normenstandards for quality and infrastructure and the monitoring thereof (article 17)
- the system and operating rules applying to the reception systems (article 19)
- the qualifications of the social worker (article 31)
- community work (article 34)
- the transition from material assistance to social service provision (article 43)

<sup>i</sup> [http://www.fedasil.be/home/nieuws\\_detail/i/16763](http://www.fedasil.be/home/nieuws_detail/i/16763)

- the procedure for disciplinary measures (article 44), penalties (article 45) and complaints (article 46)
- the code of ethics for reception system staff (article 50)

In the meantime, Fedasil has sent a set of instructions to the reception partners which explain specific aspects of these implementing decrees. However, these instructions cannot replace the required Royal Decrees and must be replaced by full Royal Decrees as soon as possible.

Pending the adoption of the **Royal Decree** determining the **quality standards** for the open centres, Fedasil applies the following standards as minimum standards for the material conditions in the reception centres:

- minimum sanitary facilities:
  - one toilet and one shower per eight residents
  - separate toilets and showers for men and women
- living area in the rooms for individual use (bedrooms):
  - at least 4 m<sup>2</sup> per person
  - no more than six persons in one room
  - the privacy of parents is safeguarded using permanent or removable partitions

### Legislation specifically concerning reception in the closed centres

In the evaluation report of the European Commission on the application of the EU Reception Directive<sup>i</sup> 7 member states are mentioned, including Belgium, in which the transposition of the directive does not apply to **closed centres**. The report therefore expresses serious concerns about the quality of the reception for asylum seekers in these closed centres.

The Royal Decree which determines the operation of the closed centres is the **Royal Decree establishing the regime and operating measures, applicable to the premises in Belgian territory, administered by the Immigration Office, where an alien is detained, at the pleasure of the government or held, in accordance with the provisions stated in article 74/8, § 1, of the act of 15 December 1980, on the access to Belgian territory, residence and establishment and the removal of aliens** (Belgian State Gazette, 12 Septembre 2002), hereafter referred to as Royal Decree on closed centres.<sup>ii</sup>

The objective of the closed centres is the holding or detaining of asylum seekers (and other categories of aliens)<sup>iii</sup> with a view to their *possible* removal from Belgian territory, which is to be done in a humane and respectful manner.

The decree is partly derived from the regulation on *correctional institutions* (search, limited right to walk outdoors, disciplinary regime, regulated correspondence and visits, ...). These are therefore high security locations. The rooms, dormitories and the residents themselves are regularly searched.

Despite the fact that they have the decree as their common legal basis, there are important differences between the closed centres in relation to their day-to-day operation. The *internal rules and regulations* regulate the daily operation of the centre and these may not include any provisions that are more restrictive than the Royal Decree.

i European Commission: 26.11.2007, COM(2007) 745 final, p.4

ii This Royal Decree was amended on 08/06/2009, see below.

iii To enable the smooth reading of the report the term 'residents' is henceforth used in the place of 'detainees'. By so doing we wish to emphasise that we are aware of the fact that the people residing in the closed centres feel unfairly treated and that they do not 'want' to 'reside' in these centres.

## Length of detention

The Act of 1980 states that residents may only be detained for the period that is strictly necessary to implement the exclusion order.

The act states further that aliens may be detained for no longer than 5 months. After this period, for reasons of public order the Ministry of the Interior may decide to extend this period to 8 months, but in no case may the detention last longer than that.

As a result of different administrative practices however the detention can be extended for an *indefinite period*. As soon as an attempt at repatriation has failed, the government can decide to proceed with detention once again, which is not regarded as an extension. The time limits for detention then start again. This means that in practice the detention duration is indefinite.<sup>i</sup>

## Provisions in the Royal Decree on closed centres

The following key provisions in the Royal Decree on closed centres are relevant to this research:

ArtikelArticle 7 of the decree provides that each resident must be treated equally, fairly and respectfully by the staff of the centre, with respect for privacy and *without any form of discrimination*.

The main difference from the Reception Act is that in its article 83 the Royal Decree on closed centres expressly states that the stay in a closed centre is characterised during the day by *communal living*. It is further stated that *single men and women always have separate sanitary and dormitory facilities* and that the director of the centre shall make available the necessary infrastructure to meet the *privacy needs* of the residents. However, how the privacy of the residents is protected is not stipulated.

As in the open centres the residents receive a *reception brochure* (article 17) describing the rights and duties relating to their stay in the centre and explaining the possibilities for medical, psycho-socio, moral, philosophical or religious assistance.

Each resident also receives an *information brochure* informing him or her about the possibility of appeal against detention, being placed at the pleasure of the government, application for assistance from a non-governmental organisation and/or requesting legal assistance. Both these brochures are available in at least the three national languages and in English.

*Communication with the outside world* is rather limited. There are no computers or internet access and private phones are prohibited. The use of the telephone in the centres is regulated in article 24 of the Royal Decree which states that residents have the right to telephone daily at their own expense between 8 am and 10 pm. The director of the centre ensures that each resident is able to exercise this right equally in practice. During the telephone conversations the supervisory staff shall respect the private character of these conversations.

*Visiting rights* are strictly defined: individual visits are reserved for relatives of the residents, for individuals who have the express permission of the director and for lawyers. For example article 34 of the Royal Decree on the closed centres provides that, under certain conditions, the resident may receive a visit every day and at the time stipulated in the internal rules, for at least one hour from his or her blood relatives or relatives in the direct line, his or her guardian, spouse or life partner, his or her brothers and sisters and his or her uncles and aunts. These individuals must submit evidence of either their relationship to or cohabitation with the resident. The director of the centre, his deputy or member of staff appointed for this purpose can grant exceptions to this.

<sup>i</sup> <http://www.cire.irisnet.be/ouvrons/nl/geslotencentra.htm>

The two Royal Decrees dated 08.06.09 on the regulation of the closed centres (Belgian State Gazette, 25 June 2009) introduce amendments to this. From now on intimate visits are allowed subject to strict conditions<sup>i</sup>, the confidentiality of correspondence is better safeguarded and visits by family are no longer always dependent on appointments made in advance.

The *director of the centre* must promote the general development of the residents. He may instruct staff to organise various activities to realise this goal (article 69).

Depending on the infrastructure and the capacities of each centre the social services or staff instructed to do so by the director of the centre shall organise *recreational, cultural and sporting activities for the residents* (article 70).

Article 73 on the *operation of non-governmental and other organisations inside the centre* states that the Minister can grant access to organisations or individuals to operate inside a centre subject to certain conditions.

Given that the residents are confined they are allowed outside in the courtyard for a few hours each day. This is stipulated in article 82 of the decree: Each resident is entitled to walk at *least two hours a day*.

## Decision

The European legislation and the international conventions and commitments endorsed by the Belgian state direct and determine Belgian legislation and policy. On the basis of the principles of legal certainty and conformity the implementation of reception policy must be measured against rights and legal principles. The Belgian state has a duty to all beneficiaries of the Reception Act and of the Royal Decree on closed centres, to ensure at all times, without discrimination and in all circumstances a reception that complies with rights and legal principles.

These rights and principles are established in the various international conventions signed and/or ratified by Belgium (see above), in the recommendations of the supervisory committees of the human rights conventions and in the recommendations of the platforms for action of the UN Women's Conference in Beijing and of the UN World Population Conference (Cairo).

For some years now, encouraged by the European Union, Belgium has a framework act, which regulates the reception of asylum seekers in the open centres. This 'ambitious' act provides real room for manoeuvre to allow better account to be taken of individual situations and the specific needs and requirements of asylum seekers and refugees. The implementation of the act, however, is progressing poorly because of the absence of a number of implementing decrees. In addition we note that the gender sensitivity of this act is also very limited. The Royal Decree on the closed centres also lacks a gender perspective.

To provide all beneficiaries of the Reception Act and the Royal Decree on closed centres with gender sensitive reception the act on gender mainstreaming provides new opportunities to improve the quality of reception, all the more so because this act makes the integration of a gender dimension in all policy areas mandatory.

<sup>i</sup> Article 36: Each resident who resides at least one month in a closed centre is entitled to an intimate visit lasting at least two hours at least once a month. The visiting right provided for in the first paragraph applies if the visitor submits proof that he or she is of age, is married, legally cohabiting or is in a long-term relationship of at least 6 months with the resident.. This proof can be submitted by any legal means. The intimate visit must be requested in accordance with the rules stipulated in the internal rules and regulations.

## Initiatives in other European countries: Bibliographical summary

Traditionally EU member states are inclined to put national interests first where subjects such as asylum and migration are concerned. But for some time now the European Union has been working on a common European asylum and migration policy in the form of legislative initiatives and practical collaboration between national administrations authorised in the field of asylum and migration policy. This common policy is intended to enable the member states to take on their responsibilities jointly and to maintain a high standard of protection through qualitatively high level procedures.

An initial implementing phase in the legislative collaboration within the European Union was the European Directive (2003/9/EC) on the minimum standards for the reception of asylum seekers. Each member state must transpose this directive into national legislation in order to grant asylum seekers in all the member states comparable minimum living conditions which are in line with the concept of human dignity. This does not prevent the member states from applying their own emphasis and instruments and from going even further.

For a useful guide or tool with relevant source material from Belgium and other EU member states we refer the reader to the *bibliography of literature consulted and additional sources* (see section 6: bibliography) regarding the subject of female asylum seekers and migrants and collective reception which may be useful for organisations in the field of reception of (female) asylum seekers.

The bibliographical list, supplemented with additional literature on female asylum seekers and migrants and collective reception, comprises the following parts:

- Documents and reports
  - Belgium
  - Other EU-countries
- Websites consulted
  - Belgium
  - Other EU-countries
- Legislative texts
  - International instruments
  - European instruments
  - Belgian legislation



# Section 3

## Participatory part



This section contains the thematic part of the research with observations from the focus groups, supplemented by observations from the interviews/discussions and by the researcher's own observations. As stated in the research objectives we focus mainly on identifying the *difficulties and obstacles faced by women in relation to life in the Belgian reception centres for asylum seekers (and some other groups of individuals) and in relation to the asylum policy in general*. It is these difficulties that form the basis on which our recommendations for improving the living conditions of women in these centres are formulated (see section 4: Policy recommendations). Of course we also present the positive aspects relating to specific issues in order to give a more nuanced picture of the life of women in the Belgian reception centres, but in a less comprehensive way, since our purpose is to concentrate on recommendations to change certain situations.

These observations are divided into **general** findings relating to several research topics and **specific** findings for each topic discussed. If relevant we also refer to the type of reception centre (open or closed) in which the findings were made. Furthermore, we aim to give maximum visibility to the 'invisible' standard or benchmark applied with references being made to specific articles, directives and rules.

Alongside the specific findings we include an overview of some 'good' and 'bad practices' observed by us, and supplemented by good practices in a few reception centres which were not visited, but about which we were informed by the management of the centres.<sup>i</sup>

## General findings in relation to life in the Belgian reception centres for asylum seekers

### General infrastructure and a decent life

Here we present some important findings from the field work relating to general infrastructure. For a more detailed analysis of the infrastructure of the open and closed reception systems we refer the reader to the critical research reports of the Federal ombudsman<sup>ii</sup>.

The policy of the centre has a lot to do with the goodwill of individuals and management. In most centres the staff wants what is best for the residents and there is a clear desire to introduce improvements. However there is sometimes a lack of insight concerning how to achieve this, although much more often a lack of resources and implementation policy.

The implementing decree for the Royal Decree on the standards for the quality and the infrastructure of the open centres and the monitoring of this (article 17 of the Reception Act) has not yet been adopted. There are however several non-binding minimum standards for the material conditions in the reception centres that are prioritised by Fedasil as targets:

- minimum sanitary facilities:
  - one toilet and one shower per eight residents
  - separate toilets and showers for men and women
- living area in the rooms for individual use (bedrooms):
  - at least 4 m<sup>2</sup> per person
  - no more than six persons in one room
  - the privacy of parents is safeguarded using permanent or removable partitions.

<sup>i</sup> Indicated as N.V.C.: non-visited centres. For more good practices, also abroad, we refer you to the bibliographic list and additional literature on the topic 'women asylum seekers and migrants and collective reception'.

<sup>ii</sup> Federal Ombudsman, Research into the operation of the open centres managed and recognised by Fedasil. Brussels, April 2009; Federal Ombudsman, Research into the operation of the closed centres managed and recognised by Fedasil. Brussels, April 2009

A first important observation is that *most of the buildings* are outdated and that the location, the environment and the organisation of the buildings are poorly adapted to their current function. What is striking and disturbing is the poor acoustics and the odour in most buildings. This odour is present both in the sanitary areas and in the common rooms/dormitories. In one closed centre smoking is permitted in the common recreation area. Participants in the group discussions said they found this very disturbing and damaging, especially since almost no women smoke in the centre. Therefore they do not visit the recreation area and remain in their bedrooms all day, meaning that they do not participate in activities and cannot watch television when they want to.

Only in a few of the centres visited did the infrastructure make it possible to organise positive living situations. A concrete example of a positive one is found in one centre where 4 residents share a room, toilet and shower and whereby a few rooms combine in a 'foyer' where it is possible to cook together and watch TV together if so desired. The atmosphere in these foyers is friendlier than in the centres where the living areas are limited and residents have no form of autonomy.

In some reception systems paintings and creative works made by the residents have been hung on the walls creating a pleasant atmosphere. Participants enjoy talking about the works they have created. *The organisation and use of the building* is however limited in most centres and not adjusted to the function. Thus in some centres there are underused areas and unused capacities, for example: a women's room that is only accessible a few hours a week or where children are not allowed and fitness areas primarily intended for male residents. This limitation is reinforced by the installation of fitness equipment intended mainly for men (power lifting).

The recreation areas or day areas in most reception centres have meagre furnishings; with attributes used primarily by men: table football table tennis, box ball, billiards,... occupying a central place. These areas are visited mainly by men and very infrequently by women. The respondents stated this as a reason for avoiding the areas.

The residents of a reception centre, just like any other person and especially given their situation as applicant refugees, *need peace and quiet*, but the centres offer little room to relax or to withdraw from the group activities and the noise. Residents of reception systems located in a rural or green environment do however have the opportunity to make use of this and to enjoy nature. The participants experience this as a good thing.

The blocks or corridors (dormitories) of single women, single men and families are separated in only a few centres; the rooms are of course separated. In centres where single men form the majority, some participants said that they sometimes feel these *common corridors* and blocks are disturbing and unsafe, especially at night when they need to visit the toilet. For this reason some women urinate in buckets in the room at night.

The quality of some of the buildings used for reception, as well as the organisation and use of these, is very sub standard in some centres. This is not in line with the standard of human dignity established in the Reception Act, a point which is also confirmed by the research reports of the Federal ombudsman.

In relation to the Reception Act which establishes the standard of human dignity for some aspects of the material reception, we observed that some centres do not meet this standard. Neither are the (non-binding) minimum standards for material conditions always met.

## The impact of long term residence in a collective reception system and group regime

Almost all participants said that living together with other residents in the reception centre leads to enriching *experiences and conversations*. If circumstances allow it and if they share a common language the women talk about everyday affairs. They also said they enjoy *learning* from what their roommate has to say. As an example of the enjoyment they get out of living together they cite the opportunity to *cook together*. The residents find *support* and *solidarity* in each other. They said they also seek comfort from each other when the uncertainty and long term residence begins to weigh upon them.

Despite the solidarity and support that women get from each other most participants complained about the *monotony* that governs their lives for weeks or months at a time, the *routine* character of the collective regime, the dependence and the *apathy* which overtakes them. These observations will be discussed further alongside the specific findings in relation to the organisation of daily life at the centres.

According to the management of the centres the collective regime in the reception centres is intended to create structure during the residents' stay. Yet we still observe that this collectivism is at the root of many obstacles and problems. For example most participants find it hard to fit the way they organize their day or rhythm into the time schedules and rules that apply in the reception centres: 'get up at a certain time', 'go shopping between the following hours', 'eat between the following hours', 'go to the assistant between the following hours'... this does not allow them to determine their own time schedule or to organise their own time and they have little or no opportunity to make independent decisions or appointments outside the centre. This restricts their autonomy and freedom in taking decisions regarding their own life about both minor daily matters (eating, drinking, relaxing...) and about the children and longer term decisions (training). This loss of autonomy leads to a certain degree of infantilisation of residents and generates an attitude of dependency. Even in centres with the most flexible group regime, mealtimes are fixed as are the times at which the washing machine can be used etc. These rules themselves are a source of tension.

Some participants also said that sharing a (bed)room with several other women (for example: more than 6) is not always easy: different sleeping patterns, mental state and uncertainty, the lack of infrastructure... So called 'ethnic' tensions were also mentioned: some women said they sometimes fear the escalation of tensions between groups of individuals from different countries staying in the reception centre. Some have the feeling that the staff is powerless here.

The *presence of a large number of young, single men* appears to be a structurally disturbing element in life in a collective reception centre in relation to several points: vandalism, violence, sexual intimidation, feeling unsafe, macho behaviour... For example reference was often made to the imbalance between *the number of women and men in some centres*. Young single women in particular complain that they are approached and harassed by men with disrespectful suggestions and unwanted attention<sup>i</sup>

The lack of autonomy and inability to take on responsibility make a long stay in a collective regime very harmful to the mental and physical health of the residents.<sup>ii</sup> Een A prolonged stay in a collective system, because for example the (individual) reception network is overpopulated, creates listlessness, depression, boredom, social maladjustment, and reduces the ability to take initiatives. The participants confirm these complaints which are also referred to in the reports of the Federal ombudsman on the operation of the open and closed centres in Belgium as "reception centre syndrome".<sup>iii</sup>

i We discuss this further alongside the specific findings, under the topic 'Violence'.

ii Also in local reception initiatives (LRIs) that have a 'more individual' structure this arises in the event of prolonged stay: this is connected to the dependent status of the residents.

iii Federal Ombudsman, Research into the operation of the open centres managed and recognised by Fedasil. Brussels, April 2009, p.84

A stay of between three and four months in an open collective reception centre is an absolute maximum; and this is only acceptable when reception takes place in the optimum circumstances. Based on the data regarding the length of residence of the participants in the focus groups we observe that the proposed maximum term of residence of four months in a collective open reception system (reception in phases as provided for in the Reception Act) is often exceeded. For example at the time the focus groups were held in total 29 of the 59 participants in open centres had resided in the centre longer than four months, and 12 of these had resided in the centre longer than 13 months.

The participants in the *closed reception centres*<sup>i</sup> consider the groups regime to be very far reaching for example in making it mandatory for them to go to the showers and the dormitories in groups (in one closed centre), in dictating when they get up in the mornings, in the (compulsory) walks that are organised in order to comply with the obligation to go outside for two hours a day, and in obliging them to stay indoors. These rules not only lead to the restriction of the residents' autonomy. One can and should always ask oneself here, just like the LIBE Committee<sup>ii</sup> (Committee on Civil Liberties, Justice and Home Affairs) of the European Parliament, to what extent this is a disproportionate and/or unwarranted restriction of freedom or whether this restriction of freedom is consistent with standards of reasonableness, proportionality and the law. Some of these rules appear to be neither warranted nor proportional in relation to the objectives of the detention of individuals as described in article 3 of the Royal Decree on closed centres.<sup>iii</sup>

According to some participants it is sometimes hard to live together with people from other countries. This is an issue in the closed centres in particular because residents are unable to go outside when they need peace and quiet, fresh air, and/or a 'free' environment. In one closed centre participants said that a total separation between women and men adds to the prison atmosphere and does nothing to improve the wellbeing of the residents. In the same centre some participants said they would also like to have collective activities with the male residents, subject to the condition that the number of men and women remains proportionate and that the activities are sufficiently supervised to ensure they run smoothly.

The statutory residence duration in the **open centres** (collective systems) as stipulated in the Federal Reception Act<sup>iv</sup> is four months, after which the resident or applicant refugee can move on to an individual reception system (private accommodation, sometimes shared with other individuals). Thus ideally the residents of the open centres would move to private accommodation after four months. This standard is however often not met. The systematic exceeding of this term is also confirmed in the interviews with policy workers.

Wat As regards the statutory duration of residence in the **closed centres** we can say that that provision is not based on an unambiguous measure. A different set of rules applies to individuals who enter the country and are detained at the border and for individuals who are deported back to their country of origin, in transit or have lodged their 'first asylum application'.

i The three closed centres visited within the context of this research differ as regards organisation and rules. For example access to the shower area is not arranged in the same way in all centres.

ii European Parliament, Report on a visit to closed detention centres for asylum seekers and immigrants in Belgium by a delegation from the Committee and Civil Liberties, Justice and Home Affairs (LIBE). 2008

iii Royal Decree of 02-08-02 determining the regime and operating measures,  
Article 3: The staff at the centre are instructed to:  
1° detain the aliens residing at the centre in anticipation of, as appropriate, a possible authorisation for them to enter or reside in the country or their expulsion from Belgian territory;  
2° to assist them psychologically and socially and to prepare them for their possible deportation;  
3° to urge them to comply with the decision to deport them which may be made in respect of them. The organisation and operation of the centre must be oriented towards this.

iv The act of 12 January 2007 on the reception of asylum seekers and certain other categories of aliens, partly entering into effect on 7 May 2007 and partly on 1 June 2007 (Belgian State Gazette, 7 May 2007)

While waiting for their asylum application to be processed the asylum seeker can in principle not be detained longer than one month, except when the file is a complex one. In that case the detention can be extended by one month. For individuals who are to be deported the maximum duration of the detention is in principle two months. Under certain conditions this duration can be extended to eight months.<sup>i</sup>

### Attunement to the needs of certain vulnerable groups

In article 36 the Reception Act contains specific provisions for certain vulnerable individuals such as minors, *unaccompanied minors, single parents with minor children, pregnant women, individuals with a handicap, victims of human trafficking, victims of assault or torture and elderly individuals*. This article states that the reception centres conclude agreements with specialised institutions or associations to meet the specific requirements of these groups of individuals. However, this practice does not seem to have taken root, which could indicate a need for a better framework. Some of the participants in the group discussions belong to the 'vulnerable' groups, but none of these women had had contact with a specialised institution. In the Walloon section of the Red Cross, during the period of the field work, a pilot project was being run for the most serious cases involving women and men who are highly traumatised and need special help (CARDA, Centre d'Accueil Rapproché pour Demandeurs d'Asile, see below).

In addition the Reception Act states (articles 22 and 31), in conformity with article 17 of the EU Reception Directive, that the reception shall take into account the specific needs and requirements of the residents. This implies that the situation of each asylum seeker should be systematically assessed. The rules regarding how this assessment should be carried out are set out in a Royal Decree.<sup>ii</sup>

*Pregnant women* are exceptionally vulnerable. Some pregnant participants and some who had recently given birth said that their specific needs were not always met. One participant said she needs *extra vitamins* during her pregnancy, but she had not yet received these at the time the focus groups took place. Most of the reception centres also failed to provide clothing and special food for pregnant women. In some centres pregnant women are taken good care of, with regular visits to the gynaecologist and other specialised medical practitioners.

During the focus groups it appeared that *single women with or without children* generally found life in a reception centre very hard because of specific reasons and vulnerabilities. For example they find there is *a lack of support for women with young children* and they *need time alone (personal freedom) and initiatives that can help them with parenting issues* (see below). A major failing, referred to in almost all focus groups, is the lack of *childcare facilities*. Many women said that this means they are unable to participate in activities, training, courses, community work, .... This also makes it impossible for them to escape the busy life in the reception centre. In some cases roommates try to look after each other's children, for example during interviews in the context of the asylum procedure, but this is not always easy and is by no means an obvious solution. The absence of organised child care (for both young and school aged children) hinders women, single women in particular, from participating in community life inside and outside the centre and prevents their emancipation, personal development and preparation for an independent future (in Belgium or in the country of origin). In practice this means that women are disadvantaged and discriminated against compared to men, given the existing gender patterns in which the care for children is almost exclusively the responsibility of women.

i Both European Human Rights Commissioner T. Hammarberg and the Federal ombudsman report that there is an absence of reliable data on, for example, the duration of the detention per resident in the closed centres (See: European Commission, Report by the Council of Europe Commissioner for Human Rights, Thomas Hammarberg, on his visit to Belgium 15-19 December 2008. Strasbourg, June 2009; Federal Ombudsman, Research into the operation of the closed centres managed and recognised by Fedasil. Brussels, April 2009). Different (human rights) organisations do not consider the (numerical) data to be sufficiently transparent. In the annual report (2008) of the Immigration Office which supports reception in closed centres, no distinction is made between data on male and female residents. As regards the open centres statistics relating to the sexes can be found in, for example, the annual report of Fedasil.

ii The Royal Decree of 25 April 2007 determining rules for the assessment of the individual situation of beneficiaries of the reception. (Belgian State Gazette, 7 May 2007)

Besides being *harassed by young, single men in particular* (see above) and the general *feeling of insecurity*, most participants find it difficult within the collective organisational system to *sit down for meals with their children* in groups in the dining room. Children are easily distracted by the crowd or feel uncomfortable making the time allocated for residents with children to eat seem too short. Moreover children do not always have an appetite at the obligatory 'mealtimes' and parents do not always have the option to give them a nutritious meal outside these times.

The position of women also appears to be precarious in the closed centres: their situation can deteriorate more rapidly than that of male detainees, according to an anonymous (credited) individual who visits several closed centres weekly to talk to detainees.<sup>i</sup> According to the same source female detainees can become much more apathetic because of the isolated life in these closed systems that is made worse by their shyness in seeking contact with fellow residents.

## Communication and information

On arrival in the centre all residents are given an information brochure and a copy of the internal rules and regulations.<sup>ii</sup> These documents are in several languages and where possible the staff answers any questions residents may have. Only in a few of the centres involved in the research was *clear information* visible in the form of posters, brochures etc on NGOs, aid agencies, asylum agencies, and complaints procedure.<sup>iii</sup>

When discussing specific issues most focus groups referred to the *inadequate transfer of information about activities and facilities in the centres*. This is also made clear in the interviews with staff and from our own observations during the guided tour. Some participants said that the exchange of information about the organisation of activities is not optimal. According to them the explanation for this lies in the language barriers between staff and residents, *a shortage of interpreters and a lack of personal communication and active information provision* instead of signs or posters. The shortage of interpreters is also reflected in other areas. For example, (multilingual) residents are asked (sometimes several times a day) to interpret for their fellow residents during visits to the doctor etc, which is not always easy given the difficult position of most asylum seekers. In some cases male residents are even asked to interpret for female residents in medical matters.

Some participants in the closed centres said they were given *little information* about the reason for *their detention*<sup>iv</sup> and that this increased their feeling of insecurity and fear in the centre. Here too, they see language as being the barrier, as well as the lack of effort and time given to providing additional explanations on this matter. Another thorny issue referred to several times in the closed centres is the *(im) possibility of making external telephone calls*. There is *no single rule for telephone calls*, not all centres offer the limited opportunity for residents to make short phone calls with their own mobile phone and phone cards are too expensive for most residents. Residents are able to telephone a lawyer at some centres. However in one specific closed centre there is a lack of privacy in which to do so because the telephone is in the staff office.

i Meeting Grand-Transit, Refugee work Flanders, JRS, Ciré, e.a. on 18 June 2009.

ii The Centre for Equal Opportunities and for Combating Racism and the NGOs that have a regular presence in the centres, point out that the residents are not given the brochure systematically in all centres. Centre for Equal Opportunities and for Combating Racism, Report 2007. Migratie, p. 152; Aide aux Personnes Déplacées en anderen, Recht op recht in de gesloten centra, p. 39.

iii Simply providing information and announcing activities using posters is however not an adequate means of communication because of several barriers: language, illiteracy, it not being customary to obtain information through notice boards, and/or the need for personal briefing and encouragement.

iv See also: Refugee work Flanders al., Recht op recht in de gesloten centra. De toegang tot de juridische bijstand in de gesloten centra voor vreemdelingen in België. November 2008; De Gryse P. (vu) et al., De situatie in de gesloten centra voor vreemdelingen, October 2006; European Commission, Report by the Council of Europe Commissioner for Human Rights, Thomas Hammarberg, on his visit to Belgium 15-19 December 2008. Strasbourg, June 2009.

### Respect for private life, family life and respect for freedom and autonomy

Respect for private life is expressly guaranteed in article 20 of the Reception Act and in article 8 of the ECHR. A *group regime*, flexible or not, undoubtedly has an impact on the *privacy* of a resident. Residents often live closely to each other, with the accompanying noise, odour and other nuisances, and sometimes this weighs heavily on the lives of the residents. The participants complained about this during the focus groups. In the (two) closed centres visited located at the airport, the participants said that the aircraft flying over made them restless and anxious. Of course work in such an environment is also unpleasant for staff at the centre.

Given the function of the closed centres, namely the confinement of certain 'categories' of individuals, and the former function of these buildings/premises, namely as prisons, boarding schools, military barracks, their infrastructure facilitates the organisation of separate blocks or wings for female and male detainees. This separation is obviously unconnected to the organisation of these areas. With regard to the open centres however, the (bed)rooms for single women, single men and families are rarely *grouped by corridor, floor, wing or by block*. The participants (especially single women) said they felt this mixing of men and women was unpleasant and unsafe, especially when (single) men form the majority or when there is strong group pressure in the centre due to the presence of (large numbers of) men and women from the same country or region and where the patriarch is still very dominant.

As mentioned, the operators of the open reception centres have drawn up (non-binding) minimum standards for material conditions. One of these is respect for the privacy of parents that should be safeguarded through the use of *permanent or removable partitions* in family rooms. Despite this minimum standard, in most of the centres we visited parents and children sleep in the same area with no separation using partitions or divisions into smaller rooms.

Other (non-binding) minimum standards relating to material reception are the maximum number of people per room (no more than 6) and the available space per resident (no less than 4 m<sup>2</sup> per person). However in some reception centres these standards are not met. For example residents often have to make do with 2m<sup>2</sup>. As discussed above most participants said that large numbers of people per bedroom (>6) is not good for privacy. Reference here was also made to bedrooms that cannot be locked (at night).

The *strict separation of sanitary facilities for women and men* (showers, toilets) is another (non-binding) standard for the material reception that is not always met. This often causes women stress, tension (a feeling of) insecurity, and a breach of their privacy (by men who peep or 'accidentally' hang around these areas). Similarly, a shower with no dry space in which to get dressed discreetly is not in conformity with the law.

According to the management, security requires that it is always possible to monitor areas and this is why curtains are not provided, residents are searched (in the closed centres) and the staff searches the rooms without notice. The already very limited privacy in the (bed)rooms is further limited for security reasons by these *room searches and/or roll calls*. Most participants said they find these room searches or roll calls annoying and perceive them to be a breach of privacy because they are *not always announced beforehand or do not take place with prior consent*. This strict system of roll calls was particularly an issue in the closed centres. In fact the resident's only private space is often no more than his or her own cupboard, which not all residents have and even these do not escape the unlawful viewing of outsiders. The Act Containing Diverse Provisions of 30 December 2009 (Belgian State Gazette, 31 December 2009) which amends certain articles in the Reception Act, provides further rules for the searching of the residents' rooms in open centres. A Royal Decree shall expressly determine who has the authority to carry out these searches and how often these searches may be carried out.

Some dormitories for women in the closed centres are also accessed by male staff/guards and this is also a thorny issue for some participants. This situation can lead to aggression between couples because the husband blames the wife (for indecent behaviour). Therefore these women never feel at rest or comfortable. Some participants said that this also leads to arguments between couples when the husband becomes jealous and accuses his wife of not making enough effort to cover herself up during room searches. Complaints were also made about the (heavy) presence of staff/guards in the visiting area during visiting hours.

Participants in the closed centres said repeatedly that the *prison atmosphere* in the centre makes them anxious. This is depriving individuals of their freedom and is a form of breach of privacy. We can conclude that there is little or no privacy policy.

Residents at the centres have the right to lodge an individual complaint. With regard to the closed centres there are two options for this: through the centre's director (internal right to lodge a complaint article 129 Royal Decree on closed centres) and through the *Complaints Commission* (external right to lodge a complaint article 130-134) which undertakes to deal with the individual complaints of residents about the application of the Royal Decree on closed centres and the internal rules and regulations that implement this. This handling of the complaint is also subjected, for example, to eligibility conditions that are controlled by a permanent secretariat, which in practice does not benefit the effectiveness of the right to lodge a complaint.<sup>i</sup> Moreover, few residents are aware of this right to lodge a complaint which should be communicated to all residents during the intake procedure. In the *open centres* (articles 46-48 of the Reception Act) a resident can address the director or management of the reception system if he or she has any complaints about the living conditions in the reception system or the application of internal rules and regulations referred to in article 19 of the Reception Act. If the complaint has not been dealt with within a term of 7 days the resident can address in writing the director general of Fedasil or the person authorised by the partner appointed by Fedasil. The Royal Decree setting out the procedural rules applying to the handling of the complaints (article 46 of the Reception Act) has however not yet been adopted. As a result some centres do not yet have a formal complaints procedure<sup>ii</sup>

## Integration of the gender dimension and the promotion of gender equality in the reception policy

Although the informative memoranda from Fedasil in relation to the Reception Act states that 'the multidisciplinary and continuous training cycle for staff at the reception centre (article 51) shall also include 'gender issues', the *training available to staff* contains no topics on gender analysis, the promotion of gender equality or the empowerment of women<sup>iii</sup>.

In the topics discussed specific *gender biases* arose that will be examined as part of the specific findings (see below). Gender bias means any act and or work method that reproduces incorrect assumptions about women and men, or implies a denial of the differences between the sexes.

i For more information about the right to lodge a complaint in the closed centres we refer you to the evaluation report of the Federal ombudsman 'Onderzoek naar de werking van de gesloten centra beheerd en erkend door Fedasil. Brussels, April 2009' and to a publication by the Centre for Equal Opportunities: 'De Klachtencommissie als verantwoordelijke instantie voor de behandeling van de klachten van de gedetineerden in de gesloten centra (2004-2007)'; [http://www.diversiteit.be/?action=publicatie\\_detail&id=58&thema=4](http://www.diversiteit.be/?action=publicatie_detail&id=58&thema=4)

ii For more info on the right to lodge a complaint in the open centres we refer you to the evaluation report of the Federal ombudsman 'Onderzoek naar de werking van de open centra beheerd en erkend door Fedasil. Brussels, April 2009', from p. 113

iii Empowerment means appealing to the individual capacity of individuals or groups, as a result of which this is strengthened. This increases self-confidence and self-reliance. Here the emphasis on strength and self-esteem serves as a common theme. Empowerment is on the one hand an individual process that contributes to the acquisition of a greater independence and an ability to self-determine, to acquire the resources that give all people the opportunity to have more choices in life. On the other hand empowerment is a collective process whereby a group can develop the ability to influence societal changes whereby a community becomes just and equal, especially in the relationships between men and women.

The policy at virtually every reception centre we visited lacks a gender perspective. None of the centres have an explicit, structured and systematic policy promoting equality between women and men and creating respect for human rights in the organisation. A *gender mainstreaming policy* is therefore nonexistent.

With a view to the '*uniformisation of the operations of the reception centres*' and to a '*more equal treatment of the residents*' the Reception Act provides that more concrete, *uniform rules* must be set out by Royal Decree for the implementation of the act. However, without questioning in principle the value and use of a uniformised policy, in most of the reception systems we visited it is clear that there is more *need for a diversified policy* to realise equal opportunities and equal rights for women and men than for a uniform policy. Policy that is *adjusted to the individual* (as stated in the Reception Act) is in all respects essential in order to provide female and male residents with equal opportunities. After all, treating all residents equally does not always lead to equal opportunities but excludes some groups (sometimes unintentionally). Moreover, gender equality can only be achieved by taking into account the specific needs and requirements of women and men.

In conversations with staff and managers at the centres it is striking that people have a number of *a priori*s which (often unconsciously) confine individuals in their supposed culture rather than emancipating and involving them. Some examples: 'They don't understand about separating the washing' or 'That's just what people from people from Chechnya are like, they have no respect for women'. It is clear that staff at the centres need training or a course on *image forming*<sup>i</sup> and *intercultural communication*. After all, staff at the centre and therefore those providing assistance should be or should become competent in recognising and taking advantage of different styles of communication and communication channels used by the residents.

Another example: to discover why 'some black English speaking Nigerian women in the centre' are reserved and detached and do not participate in activities, staff at the centre set up a work group to study the 'Nigerian culture of these women': 'history, demography, geography, major cities, film industry, politics, climate, economy, economic welfare, oil industry,...' Here it is assumed that there is such a thing as a 'Nigerian culture' that characterises all Nigerians, regardless, for example, of their level of education, their socio-economic circumstances and specific gender patterns. Moreover, it excludes the experiences and situation of these women within the context of the reception centre. In a nutshell, the actual situation of these women is excluded from the analysis and converted into problems inherent to their culture. With this focus the centre aims to better define and deal with the attitude and detachment of these 'black English speaking women'. They see certain problems as being culture bound, even though the 'detachment of these women' is structurally identical to the problems of other women seeking asylum. This is based on a type of determinism by stating that individuals carry a group label. This more or less incorrect assumption does however (unconsciously and with good intentions) inevitably lead to the enforcement of specific inequalities and stereotypes in relation to the residents of the centres. After all, the image forming of the staff regarding the residents at the centre affects the way in which they deal with the residents and consequently also the way in which and the extent to which residents participate in life in the centre, eg in the activities, how the residents feel in the centre and their trust in the staff.

<sup>i</sup> Image forming refers to the process whereby ideas and impressions about individuals, events or phenomena's are created. We give meaning to our surroundings; we form an 'image'. Images are generally the result of a combination of factors: personal experiences, living environment and acquired knowledge, opinions and the way in which social systems treat individuals or groups. These images determine not only what we think and feel but also how we treat individuals or groups in specific situations.

### **Bad practice in open and closed centres in relation to the integration of the gender dimension and the promotion of gender equality in the reception policy:**

No gender policy and no gender equality policy: little or no understanding of gender equality or even of equal opportunity policy w/m; thus in practice there is often no or only little attention to equality w/m and to gender equality and equal rights for women and men; no policy on the issue of equality w/m and respect for human rights within the organisation; no training of staff regarding gender analysis, or the promotion of gender equality and the empowerment of women. Absence of an emancipating effect on women and men.

## **Overcrowding in the reception network and emergency reception**

Due to the high occupancy rate of the Belgian reception systems, especially open centres, the reception centres are forced to organise emergency reception: additional tents, (sport) halls converted to large dormitories, reception arranged in hotels or motels, referral to institutions for homeless persons... This 'reception crisis' undoubtedly has a negative impact on the quality of life of the residents and these living situations run counter to one of the basic ideas of the Reception Act: material aid in a situation of human dignity.

In the period in which the field work was conducted (March 2009 June 2009: focus groups and visits to the centres) we visited a few centres where emergency reception was arranged. In one particular open centre single women and men and families lived in large areas where they also slept and occasionally ate. These residents do not have access to all the facilities. In another centre the women's room had to make way for other purposes due to lack of space, while the men's room remains open (and other options were also available). The overcrowding thus has devastating effects on the quality of life and safety of women and men.

As emergency reception is an exceptional and complex issue we will discuss it no further here, especially as the topic falls outside the scope of this research project. Obviously, the descriptions of the findings and our own observations will take into account the saturation of the reception network, in the sense that exceptional situations because of emergency reception are not understood to be and described as 'everyday situations'.

# Specific findings in relation to life in the Belgian reception centres for asylum seekers

## DAYTIME ACTIVITIES – DAYTIME SCHEDULE

### Participation in & organisation of activities and recreation facilities

All centres organise (recreational, cultural and sporting) activities, both within and outside the centre<sup>i</sup> such as board games, craft sessions, basketball, trips, cooking sessions... The participants view these initiatives *very favourably* and said they would like to do *more activities*. The favourite activities of the participants include group games such as Bingo, swimming with other female residents, cooking sessions, trips with the children, ....

One of the obstacles facing centres in organising activities specifically for women is a *shortage of staff* for the organisation, coordination of activities and initiatives. For this reason *volunteers and trainees* are often called upon to organise these activities, who are not always qualified for this. Whereas for the organisation of (sporting) activities for men the centres cooperate more often with (neighbourhood and sport) associations, external organisations are hardly ever called in to help organise activities for women. Women's activities<sup>ii</sup> are structurally embedded in the organisation in less than half of the centres we visited. The budget allocated for the (organisation of the) activities also varies from centre to centre and is sometimes insufficient. In some centres where a budget is allocated for activities for women, it is clear that this is not proportionate to the number of women in the centres.

The participants were asked to describe their weekdays, aspects they enjoy and aspects that are problematic for them. Most women said that they *sometimes join in activities* and that they often *don't have enough to do*. They describe their days as highly *monotonous* and *routine*. Participants are very *frustrated* about the fact that residents in the reception centres can do nothing but *wait*. The participants in the focus groups said after a prolonged stay in the reception centre their *independence* and the *will to undertake (something else) decreases rapidly*. Some women add that this passivity also causes major health problems, especially when their stay in the centre is prolonged.

However, the staff at most centres complains about the *low participation* rate of women in the activities. Some participants put this down to diverse reasons and obstacles.

i In accordance with article 69 of the Royal Decree on closed centres these centres must plan activities to promote the general development of the residents. 'He [director of the centre] may instruct staff to organise various activities to achieve this objective'. For example article 70 provides for 'recreational, cultural and sporting activities for the residents.'

The Reception Act makes no mention of the activities which should be planned, except that the social counsellors must inform the resident of these activities (article 31 § 2); that the resident can, in connection with the sanction policy, be temporarily excluded from participation in the activities (article 19 § 2) and that neighbourhood initiatives are activities aimed at integrating the collective reception system in the surrounding area and creating a positive image of reception policy for asylum seekers in the community (article 25).

More information about the activities is provided in the internal rules and regulations of the open centres and closed centres.

ii Further information: Tiebos K., *Ontspan maar, het is tijd om vrouw te zijn. De ontwikkeling van een methodisch verantwoorde vrouwenwerking in het Rode Kruis Opvangcentrum Antwerpen Linkeroever*. Dissertation, bachelor of social work, Karel De Grote Hogeschool, 2008.

For example single women with (young) children said that the *absence of childcare facilities* (see below) forms an obstacle to their joining in the activities. Other obstacles reducing the participation of women in the initiatives include the *language barrier*, and a *lack of 'courage'/emancipation/assertiveness* on the part of the women. Moreover, some women said that they deliberately refrain from participating and detach or distance themselves *to avoid problems with their partner or other residents*. They refer to their fear of *having arguments with their partner or fear of gossip spread by fellow residents* (from the same country or region). Other said they did not always enjoy participating in *mixed w/m activities* because they are afraid of (too many) unknown men. Others added that some activities are *difficult to fit into their time schedule* and that the initiatives are not properly announced or they are unsure what certain activities include (for example: what is yoga?). *Extra encouragement* given by responsible members of staff (such as verbal explanations) to participate in activities could help to remove specific obstacles. With respect to this the presence of interpreters is also useful. There is apparently a need for an efficient and explicit policy to ensure meaningful daytime activities for all residents.

In addition most women said that too few activities were arranged on an *irregular basis*. Neither is there sufficient *diversity in the activities arranged* (for women), for example there is a lack of cultural activities such as trips to cities, museums, parks, ....

Alongside the lack of cultural activities there are also *few emancipating activities and initiatives adapted to the women's educational level*: after all, highly educated women want to do more than knitting and sewing. There are also a striking number of activities confirming role patterns, stereotype activities (gender bias): 'gentler' activities, such as knitting for women and 'tougher' activities such as sport for men. Another example of gender bias in relation to the access to recreation facilities is (the control of) the use of the *TVs in the centres*. For example, in all the centres (except in one closed centre where w/m have separated recreation areas) it appears that male residents dominate the TV room, the recreation areas, computer or internet room causing women to consciously choose to avoid these areas.

*The methodology of 'empowerment is usually lacking* and few activities are planned that (can) benefit the community. An example: in most centres *support groups or discussion groups* are sporadically organised. After each focus group (within the context of this research project) participants clearly expressed their satisfaction with this initiative and said that they gain strength from it, for example because of the fact that someone listens to them. Such support groups are also a suitable instrument for evaluating and steering the operation of the centre. It would for instance enable women to explain what obstacles they face to participating in activities or what activities they would like to see arranged or would like to arrange themselves. This would serve to strengthen both the functioning of the centre itself and the capacity (for example the self-confidence or assertiveness) of the women.

### Good practices in relation to participation in & organisation of activities and recreation facilities:

- **Open and closed centres:**
  - Relaxation exercises for women.
- **Open centres:**
  - Cooking with and for other residents as a collective activity: traditional dishes from other countries.
  - Sewing lessons and other courses outside the centre.
  - A women's room where female residents can meet.
  - Support groups, group discussions with women about diverse topics of interest to everyone, sometimes in cooperation with an external organisation.
  - Swimming lessons for women.
  - Minimum three times a month: activities for women (N.V.C.)<sup>i</sup>
  - On certain days: women's evening with diverse activities such as hand and foot care, facial care, craft work, aerobics, fitness... (N.V.C.).
- **Closed centres:**
  - Visits from some NGOs for interviews with residents.

<sup>i</sup> Good practices in some non-visited reception centres

## Bad practices in relation to participation in & organisation of activities and recreation facilities:

- **Open and closed centres**
  - Under exploited areas and capacities, for example: a women's room that is only accessible a few hours a week or where children are not allowed and fitness areas equipped mainly with male residents in mind. This restriction is generally strengthened through the placing of fitness apparatus mainly intended for men (power lifting).
  - Unsuitable infrastructure: sometimes the areas are so small that people are crowded very closely together during the activities, which makes women less inclined to participate.
  - Recreation area(s) or daytime areas with 'male' furnishings, equipment: football table, table tennis, box ball, billiard table, ....
  - Few activities and distractions. Frequent responses regarding daytime activities: passivity, monotony, doing nothing or not being unable to do anything, boredom, few distractions, ....
  - Role confirming, stereotyped activities: 'gentler' activities for women such as sewing and 'tougher' activities for men such as sport.
  - Unorganised use of the TVs in the centres: TV is watched almost exclusively by men. Women don't dare or don't want to because of the large numbers of (single) men and because the men choose the programmes.
  - Women's organisations are not systematically and structurally embedded in the organisation; this is often dependent on the efforts of volunteers and trainees.
- **Open centres:**
  - In the event of shortage of space the first room to go is the women's room (even though there are other options).
  - Repairs take far too long, for example a kitchen (set up in a container) that has been out of use for five months due to a defective extractor hood. How much time or money is needed to repair this? Computers are available for computer science lessons but are out of use because of a shortage of staff/volunteers, sewing machines are defective and thus out of use, ....
- **Closed centres:**
  - Not all centres have a separate properly isolated smoking area. Smoking is sometimes permitted in the recreation room: smoking in the common areas is for many women a reason to stay away and/or not to participate in activities.

## Access to training and (vocational) education

Too provide meaningful daytime activities for the residents in the reception centres most of the **open centres** organise *internal training*, for example *language training and/or other classes given by volunteers*. Article 35 of the Reception Act provides for this possibility as well as for access to external training.

Most participants take – mainly – language and literacy lessons in the centre; a small minority take language classes outside the centre. They are *highly positive* about these initiatives and see these lessons as a challenge that creates *distraction*. The centre's management also believes that taking classes has a favourable effect on the quality of life in the centres.

The question of vocational training and education arose regularly during the focus groups. Article 12 of the EU reception directive foresees the possibility for member states to grant access to vocational training irrespective of access to the labour market. Belgium currently makes no use of this possibility. Although the residents of the reception centres do in principle have access to *vocational training*<sup>i</sup> provided by the Centra voor Volwassenonderwijs (CVO) and the Centres d'enseignement, not one of the participants was following vocational training. In one centre this was a customary practice until recently. It was stopped for financial reasons.<sup>ii</sup>

*The participants' desire to learn* is clear, regardless of the actual realisation of this desire but access to education is not always possible. Courses usually have a limited number of *entry dates* which results in *long waiting times*. The dependence on volunteers who give internal (language) lessons and the strict time schedules in the centres (see above) are also disadvantages in this context. Moreover, access to these lessons for many (single) women with (non-school aged) children is very restricted because, for example, of the lack of *childcare facilities*. In the remote centres<sup>iii</sup>, travel to external language courses often forms an obstacle because of the large distances between the centre and the location at which the lessons are provided.

In the **closed centres** the supply of training and education (mainly language and literacy courses) for adults is very limited because of a *shortage of teachers* and the priority given to detained minors. In the closed centres we visited residents were unable to follow *courses in Dutch* because the management does not want to give residents any false hopes through learning a national language; however they were able to follow a course in French, which is also a national language.

Article 71 of the Royal Decree on closed centres provides for a library in all the closed centres, where books are made available to all residents. The supply and quality of books or educational material in *several languages* and the *opening times* of the 'libraries' are however *limited*. To the question of whether they ever made use of this material some participants in the closed centres replied that they were unaware that there were books available. Most open reception centres also have a library. In both reception systems most of the books seem to be outdated and worn. There is no cooperation with existing libraries in the municipality or nearby city.

### Good practices in relation to access to (vocational) training and education:

- **Open centres:**
  - TaLanguage lessons in and outside the centre.
  - Sensoa training for women: by language group, subjects such as sex education, the anatomy, STDs prevention, and sexuality are dealt with using a visual and interactive methodology (N.V.C.)
  - Opportunity to follow computer lessons in the centre (N.V.C.)
  - An external education trajectory designed by the centre whereby residents are informed and assisted while following an external course. For example: some women have undergone training in 'multipurpose care' or 'nursing' (N.V.C.)

i Controlling access to vocational training is the responsibility of the organisations that link this access to the labour market (see below). Access to the labour market (article 11 of the European Reception Directive) for asylum seekers within the context of the 'new' asylum procedure (Reception Act 12 January 2007) is however not yet legally arranged for asylum seekers receiving material assistance. Therefore asylum seekers in the reception system within the framework of the new procedure currently have no access to vocational training.

They do however have access to the basic courses offered by the Centra voor Basiseducatie in de Vlaamse Gemeenschap (Centre for Basic Education in the Flemish

ii Some organisations already addressed these needs in partnership and called for more accessible and oriented education. For more info: Devisscher L., *Asielzoekers op de arbeidsmarkt? Een gemiste kans!* Vluchtelingenwerk Vlaanderen, Brussels, 2003; <http://www.vluchtelingenwerk.be/projecten/opleidingen.php>

iii Especially in the Walloon region where most open centres are located in a forested environment, far away from the centre of the city.

### Bad practices in relation to access to (vocational) training and forming:

- Lack of resources (money to pay for courses, travel expenses). Legal obstacles for adults wanting to follow a 'regular' form of education. Absence of childcare facilities which means that in reality many women are limited in their opportunities to follow courses.

## Community work and access to paid work

In the **open centres** most participants do community work<sup>i</sup> (as provided for in article 34 of the Reception Act): cleaning the common rooms, helping in the kitchen or in the dining room... Most participants are *positive* about this because it gives them something to do and they have a little bit of 'extra' income but they do complain about *how poorly paid these jobs are*. Some women said they are *underpaid* for the work they do (for example: about 1.80€ per hour for the cleaning of corridors). Here we comment that this involves work and tasks that would otherwise have to be performed by 'normal' employees for standard Belgian pay. Moreover, the work is often unpleasant, dirty and little appreciated. As stated and provided for in the Reception Act (see theoretical part), a Royal Decree is (still) awaited on the performance of and pay for community work. The legislative proposal of 17 November 2009<sup>ii</sup> on 'the access of aliens to voluntary work' was approved in the plenary Senate on 10 December 2009. This makes it possible for asylum seekers to perform voluntary work because the proposal determines that the performance of voluntary work does not form a basis for authorisation or access to residence.

Participants also perform tasks in the **closed centres** in return for a *small fee*: helping to clear up in the dining room, the living areas, .... In some centres residents are given vouchers (instead of money) with which they can purchase something in the centre's 'shop'. Participants are *positive* about this because it enables them to purchase 'extras' such as chocolate or phone cards.

The pay for community work differs from operator to operator: for example, the centres operated by Fedasil 'pay' more than those operated by the Red Cross or the Immigration Office. Under this umbrella there are also differences between centres and it is not always clear whether a uniform system of payment is applied. One might ask here whether it is justifiable for people to receive a wage that is dozens of times lower than the prevailing minimum wage. The response of the CEDAW Committee to this question is in all cases a clear no.

A participant in an open centre gave the example of the technical jobs that are 'better paid' and are mainly performed by men. The participants also repeatedly stated that it is not always clear how the jobs are allocated and according to what scale the pay for these jobs or tasks is determined. There is clear evidence of *stereotyping and unequal 'job classification'* with regard to community work. We had reports that when the jobs are assigned, some people are favoured/disadvantaged. We heard complaints that some residents get jobs 'more easily' or are even allowed to work more on a monthly or weekly basis than others. Generally there are too few jobs for the number of available candidates. Another example is the position of single mothers with young children who are unable to work because they have nowhere to leave their children

i Article 34 of the Reception Act provides for the performance of community work by residents of the collective reception systems. Community work refers to any work performed by the resident of the reception centre in the collective system for the community of asylum seekers residing in the relevant reception system or within the context of an activity that is arranged by or in cooperation with said system and that contributes to the integration of the reception system in the local neighbourhood and in respect of which the resident of the reception centre can be granted a higher daily allowance.

The performance of community work is not deemed to imply a contract of employment or employment and the pay is subject to a maximum sum that differs from centre to centre: some centres apply a basic pay of about 1.90€ or 2.00€ per hour, whereas other centres pay 1.25€, 1.30€ or 1.50€.

ii 4-840/5- 2009/2010, Legislative proposal to make voluntary work accessible to aliens, by Ms N. Lanjri

and who thus generate 'less' income. This *unequal access* to the community work in the open centres is contrary to article 34 of the Reception Act and the equality principle.

Some participants said that the quality of cleaning products is very poor so that the result of their work is not good. Not all centres monitor the community work carried out using a quality controlcheck list.

*The participants' desire to work outside the centre (in paid employment) is striking. This could provide a useful daytime activity for residents who have already had a prolonged stay in a collective centre. Moreover, this would better prepare the residents both for their integration into the Belgian community or for their return (see above). This is however not permitted in Belgium despite article 11 of the European Reception Directive that allows member states to grant asylum seekers access to the labour market after a certain period of time. The Belgian rules regarding access to the labour market were until recently contrary to article 11 of the EU Reception Directive. With effect from 12/1/2010<sup>i</sup> some asylum seekers are allowed to work after six months in the asylum procedure. They can be granted a type C employment permit which allows them to find employment with any employer as long as their asylum procedure continues. There are as yet no rules regarding the combination of material assistance and wages.*

### Good practices in relation to community work and access to paid employment:

- **Open centres:**
  - Bicycle hire: distribution of bikes as a community job

### Bad practices in relation to community work and access to paid employment:

- **Open and closed centres:**
  - Underpaid community work (less than local employment agency (PWA) cheques)..
- **Open centres:**
  - Unpaid work performed as punishment.
  - Reproduction of stereotypical sexist labour segregation: technical, better paid jobs mainly for men, cleaning work for women and unpaid care work (free childcare to be arranged by the women themselves).
  - Legal barriers denying access to paid employment.

## Contact with neighbourhood residents and organisations

As stated most **open centres** arrange (sports) activities (mainly for men) in cooperation with (neighbourhood) clubs regularly make their infrastructure (playing grounds) available for local youth organisations. This is in line with article 52 of the Reception Act that provides in article 52 for "the integration of collective reception

<sup>i</sup> Royal Decree 22/12/2009 amending the Royal Decree on employment permits 9/6/1999

systems in the local surroundings' *through the organisation of neighbourhood initiatives*.<sup>i</sup> A number of centres we visited also have their own neighbourhood association (*buurtwerking*) in order to get in touch with neighbourhood associations outside the centre with a view to arranging activities. From interviews with the management and/or staff of the centres it is clear that this cooperation with organisations or inhabitants of the neighbourhood is limited, because of for example, insufficient funds but also because of a lack of gender policy which could promote cooperation with women and women's organisations. In practice, cooperation seems to be restricted to cooperation with child and youth associations and 'male' sport clubs.

Contact with external organisations is also described in the Royal Decree on **closed centres** under '*The activities of nongovernmental and other organisations within the centre*' (Articles 69 through 74). Article 73 of this Royal Decree states that external organisations and individuals can start up operations, subject to the conditions provided for, inside a centre.<sup>ii</sup> Article 74 also provides that the director of the centre can call upon the services of specialised staff that do not work for the Immigration Office to arrange activities. To date *not a single NGO has proposed organising activities in the centres we visited*, on the basis of these articles. The management of one centre stated that some NGOs regularly visit the centres for interviews with the residents, but that this number is small. In one specific centre the management regretted that they have almost no visits from NGOs and that they would in fact welcome such visits. An NGO worker who visits the closed centre almost weekly, said that the number of interviews with the residents was dropping, despite the great satisfaction of the residents with these interviews. The NGO worker blamed this on inadequate publicity about the timing of their visits. Participants view these visits by the NGOs positively because it enables them to meet and talk to people from outside the centre. But they said they had little information about when and who or which organisation was coming.

---

i Article 52 provides that the collective reception systems shall organise neighbourhood initiatives using subsidies granted by the Agency.

A neighbourhood initiative is an activity with the objective of integrating the collective reception system in the neighbourhood and creating a positive image of the reception policy for asylum seekers within the society.

Objectives of a neighbourhood initiative:

- 1° integration of the collective reception system in its local environment;
- 2° provision of correct information on the operation of the collective reception system;
- 3° promotion of awareness regarding the reception of asylum seekers;

ii These conditions are:

- 1° activities means: the professional organisation of activities for residents on a regular basis;
- 2° the activities may not be developed contrary to the legislation on the closed centre and the legislation on aliens;
- 3° an annual plan of work must be submitted to the Minister;
- 4° the organisation must provide guarantees regarding the continuity of activities;
- 5° the activities must take place in consultation with the director of the centre;
- 6° the activities of the organisations involved must be evaluated annually.

**Good practices in relation to contacts with neighbourhood residents and organisations:**

- **Open centres:**
  - Cooperation with external organisations, neighbourhood, sport and women's associations to arrange various initiatives for women.
  - An external organisation arranges support groups with women and men in the centre.
- **Closed centres:**
  - Visitors (NGOs) for interviews with residents.

**Bad practices in relation to contacts with neighbourhood residents and organisations:**

- **Open centres:**
  - In some centres people coming to visit the residents are not allowed into the centre or are only allowed into the visitor's area.
- **Closed centres:**
  - Inadequate publicity about visitors (NGO or other organisations).

## BASIC AID – BASIC ASSISTANCE

### Basic needs: dormitories, sanitary facilities, food and clothing

As explained (in the theoretical part) the Reception Act provides for *material aid*<sup>i</sup> for residents in the collective reception centres throughout the asylum procedure. This aid is also stated in the Royal Decree on closed centres (articles 76, 79, 83). Material aid includes dormitories, sanitary facilities, food and clothing.

General findings regarding the quality, the furnishing and the use of the building in which this aid is provided have already been explained above under '*general infrastructure and a dignified life*'. These basic needs were also briefly discussed in relation to '*respect for private life*'. We conclude, inter alia, that the Royal Decree setting the standards for the quality and infrastructure and the monitoring thereof in open centres (article 17 of the Reception Act) has not yet been adopted and that the (non-binding) standards regarding material conditions are not always met. Below we give a more detailed overview of the findings in relation to the so called basic needs: dormitories, sanitary facilities, food and clothing for women in the reception centres for asylum seekers.

#### Dormitories

In most open and closed centres participants said that they share a bedroom/dormitory with many other residents. For example, in one closed centre there are 18 bunk beds in one dormitory without any form of privacy, a fact that is also pointed out by EU Human Right Commissioner Hammarberg in his report on closed centres.<sup>ii</sup> In addition the participants consider the bedrooms *too small* to accommodate the number of (bunk) beds placed there. According to the participants *no more than between four and six women* should be assigned to the smaller rooms, which is in line with the (non-binding) minimum standards set by Fedasil. Participants are not enthusiastic about having a room of their own. They like to have other women friends around them, unless they have a particular need to be alone. In most centres there are no individual rooms available, apart from the cheerless 'isolation' rooms in some centres.

Most dormitories contain small, outdated *bunk beds*, usually placed *too close together* (lack of privacy) with no form of partition. Some participants, who sleep in the lower bunk, therefore use sheets or blankets as a partition.

In addition to the question of the *available space*, the *number of residents* and the *organisation of the rooms* other elements also have a major impact on the quality of life in the dormitories. For example a number of participants said it annoys them that they are unable to lock the door and that the dormitories *can't be adequately ventilated*. Because they share a room with other residents they have to take into account different bedtimes etc.

- 
- i Material aid:
- accommodation, meals, food;
  - medical, social and psychological care;
  - daily allowance ;
  - performance of paid community work;
  - access to legal assistance;
  - access to certain services such as interpreting services;
  - access to training;
  - Access to a programme for voluntary return.

- ii European Commission, Report by the Council of Europe commissioner for Human Rights, Thomas Hammarberg, on his visit to Belgium 15-19 December 2008. Strasbourg, June 2009.

As stated above, the women's dormitories are *only grouped by corridor, floor, wing or block in a very few centres*. In family rooms where children and parents sleep in the same room little use is made of (permanent or removable) *partitions* to protect the family's privacy and/or to protect the child. Yet the concept of using partitions is mentioned in the (non-binding) standards set by Fedasil.

Residents can store personal possessions in their *own cupboard* but *not everyone has one*. In some centres participants said they regretted not being able to keep their own (electronic) items with them or even to use them in the room. Some participants in the closed centres also said they considered it to be unfair that they were not allowed to keep all their belongings (clothing and personal items) in the room. The management of the centre say this measure is to ensure the safety of the resident and fellow residents.

### Good practices in relation to dormitories:

- **Open centres:**
  - Individual room for single women with young children.
  - Rooms containing no more than 4 individuals.

### Bad practices in relation to dormitories:

- **Open en closed centres:**
  - Bedrooms shared by large numbers of women (for example: more than ten women) are sometimes problematic: different sleep rhythms, difficult psychological states and feelings of insecurity, poor infrastructure. Another example: 16 bunk beds per dormitory, with no form of partition. sometimes family rooms are also too small.
  - Room searches/role calls that are unannounced (by knocking on the door) or without prior consent.
- **Open centres:**
  - Mixed (w/m) corridors and blocks are sometimes disturbing and unsafe, especially at night. Dark, badly lit areas, walkways on the premises.
  - Parents and children sleeping in the same room with no dividing walls or partitions.

### Sanitary facilities

The *upkeep* of the sanitary facilities in frequent use is *not easy* because of the large number of residents using these facilities each day. In some of the centres we visited the sanitary facilities *are in good condition and are hygienic* but in most centres the showers and toilets are *very outdated, unhygienic and in poor condition*. In addition to the odour caused by, for example, poor drainage and ventilation, in some centres the sanitary facilities (including showers and baby tubs) are also *visibly affected* by mould, damp and vermin.

In some centres there are a *limited number of sanitary facilities* in proportion to the number of residents in the centre: not all the open centres we visited meet Fedasil's minimum standard of 'one toilet and one shower per eight residents'. The participants also complained about this too as well as about other shortcomings such as the *restricted opening times* of the showers, the fact that the door cannot be locked, *the poor distribution of showers* in the building, the impossibility of regulating the *temperature and strength of the shower for themselves*, .... In some centres the *separation of sanitary facilities* for women and men is not ideal. Positive responses were expressed about the presence of some sort of wash facilities for babies in most centres, however the quality and cleanliness of these leave a lot to be desired.

In one closed centre *daily access to the showers* (article 78 Royal Decree on closed centres) is not possible for reasons relating to infrastructure and organisation. Participants said they found this very annoying.

In all centres residents are given a *basic sanitary package* for their personal hygiene containing products such as a towel, a face flannel, shampoo, shower gel and/or soap, sanitary towels for women, .... The latter in particular causes dissatisfaction amongst most participants because they consider *the quality of the sanitary towels* to be extremely poor. Another negative issue here is the absence of products such as skin creams and lotions. They said that as women they need these products to make them feel good about themselves.

These *sanitary packages* are in principle provided and replenished free of charge because the contents are basic needs (see material aid). Some centres manage to make good arrangements for the replenishing and provision of certain products by taking into account the needs and requirements of the residents. In turn this causes satisfaction about the way the packages are organised, on the part of both the management of the centre and the residents. In one open centre however, residents are expected to pay a small amount of money to replenish their package, which is contrary to the basic principle of free material aid (as described in the Reception Act and the Royal Decree on the closed centres).

### Good practices in relation to sanitary facilities:

- **Open centres:**
  - The provision of products such as skin creams and lotions.
  - Good arrangements for replenishing and issuing certain products in the sanitary package by taking into account the needs and requests of the residents.
  - Per room (for four people) one shower and one toilet. These rooms are grouped per 'foyer' with a shared kitchen.

### Bad practices in relation to the sanitary facilities:

- **Open centres:**
  - Poor upkeep and/or poor quality, sanitary facilities in bad condition (showers, baby baths, toilets): outdated, mouldy, unhygienic facilities, smelly drainage, dangerous slippery floors.
- **Closed centres:**
  - No opportunity to wash every day, only 3 times a week, because of defects in infrastructure and organisation.

### Meals

During the field work all participants in the focus group, including the non-residents (from the research team) sat down to the same meal. In this way we were able to taste the midday meal served on that day for ourselves. Nearly all meals were generally of a reasonable standard. In one centre however the portions were visibly small. Most participants had comments to make about the daily meals served at the centre: *too much bread, too much rice/potatoes, portions are too small when the food is good and too big when the food is poor, too bland, too little fruit, too monotonous, not diversified enough, seldom takes needs of children and pregnant women into account, full vegetarian and/or kosher or halal meals not always available, ...* They are aware that it is impossible to cater to everyone's wishes or preferences given the diversity of the population in the centres. They do have suggestions to help solve this (see below).

In some centres there are very *poor acoustics* in the dining rooms, which are also used as day rooms with the television being permanently switched on. This in combination with an overcrowded dining room leads to extreme *noise nuisance*, making it especially difficult for families with children because the children are quickly distracted and do not always feel comfortable in their surroundings. Some participants with children complained about this and said that as a result they did not have enough time to eat.

Some centres try to listen to the opinions of the residents about the mealtime arrangements: in one particular open centre the centre's management investigated the residents' complaints about the food and changed caterers.

Participants see the *opportunity* to cook for themselves as one solution to the dissatisfaction with mealtimes. In centres where residents can do their own cooking the *satisfaction and enthusiasm deriving from this is genuine and visible*. They said it makes them feel much happier in the centre, especially because they have the feeling that they are able to take care of themselves or their family independently. Moreover cooking is one of the favourite pastimes of the participants, especially when they have the opportunity to prepare traditional dishes. Most managers at the centres also confirmed this positive impact but added that this is not always possible because of limitations *related to infrastructure*. One centre took creative advantage of this by giving residents the opportunity to prepare their own regional dishes once or twice a month. In one centre where *cookers* are available the *numbers are insufficient* leading to arguments (about who can cook first) and leading to considerable tension and stress among the residents. In another centre there is a prefab kitchen but this had been out of use for some time because of a defective extractor fan.

### Good practices in relation to meals

- **Open centres:**
  - Opportunity for residents to cook.
  - Presence of a small shop where residents can buy ingredients to cook themselves. Residents are given weekly credits to go shopping
  - Due to shortage of space in the building: a kitchen was installed in a container and fitted with the necessary equipment.
  - At the request of the residents caterers were changed: taking residents' opinions about the quality of the food into account.

### Bad practices in relation to food:

- **Open en closed centres:**
  - No opportunity to do own cooking, or too few sinks/cookers for a large group.

### Clothing

In nearly all the reception centres we visited there are 'vestiaires' where residents can buy their own clothing at a low price. The supply of clothing comes from donations and gifts: mainly used clothes for the whole family, except in a few centres where new underwear is purchased and usually distributed free of charge. Participants said most clothing is of poor quality. They consider the clothes to be too expensive in relation to their allowance (for example: 3 € for a jumper).

The system of 'vestiaires' varies from centre to centre: free/charged, limited/unlimited number of items each time, .... Some centres apply a credit system with which residents can collect a limited amount of clothing. As a result of this system some participants with school age children sometimes have too few clothes because of the restricted number of items they can obtain each month. There are no rules about the range of clothes that residents can acquire.

The interpretation of the concept 'underwear' is striking: In almost no centres are bras provided for the women, except in one centre that has some used bras in stock. The managers of the centre said there is no demand for them and so they never considered stocking them. In addition few centres have (used) maternity clothing because this is not often donated.

In most centres the laundry is a community job where residents wash fellow residents' clothing. In other centres residents can do their own washing in the laundry room. Most participants said that the *limited number of washing machines* often leads to *long queues*, and defective washing machines, (due to repeated use) and makes it *impossible to sort the laundry according to colour*. To the question of whether the residents might want to separate their washing and wash different colours separately one member of staff simply replied that the residents are not acquainted with this habit. Participants said there were also long queues for the iron, the cooker, the fridge...

Nearly all centres use a laundry service to wash sheets and blankets.

### Bad practices in relation to clothing:

- *Open en closed centres:*
  - No bras available. Few/no used maternity clothes.

### Medical, psychological and social aid

Article 17 of the European Reception Directive states that the individual needs of asylum seekers must be assessed. In practice this article means that an assessment should be made of what the special needs of the beneficiary of the reception are, in order to determine whether the assistance he or she is receiving meets these needs. The Royal Decree on this assessment<sup>i</sup> stipulates that during the first assessment questions must immediately be asked to determine whether there are any *specific vulnerabilities*, such as persons who are victims of torture or other forms of mental, sexual or physical violence. This provision is transposed into Belgian law (article 22 of the Reception Act) with regard to the open centres but not with regard to the closed centres.

On arriving at the centre the residents follow an *intake procedure*. The organisation of this (social intake, administrative intake, medical intake, ...) varies from centre to centre. For the *medical intake* residents have an appointment with the medical services department. *Both the participants and the management said that during this intake no questions are asked about their possible experiences of (sexual) violence in the country of origin or during the flight from that country.* For victims of violence it is certainly not easy to discuss this openly however in order to meet the specific needs of these vulnerable groups this information is essential.

According to some managers of the open centres this *individual assistance* as provided for in the Reception Act is not always possible because of *staff shortages*. It was also claimed that a detailed intake procedure during which the residents receive sufficient information regarding their rights and duties in the centre is also impossible because of *staff shortages* and *lack of time*. In addition, in most centres staff members are not only responsible for social counselling but also for other tasks such as animation, and distributing meals... Our survey shows that the *number of staff and the budget per resident differs according to the operator*. Most managers are aware of this and said that they do not decide these matters themselves. One manager commented that some centres with fewer staff achieve better results compared to centres with more staff.

The opinions of the participants about **medical care** in the reception systems are not positive, particularly in the closed centres.<sup>ii</sup> Frequently heard complaints concerned: *inadequate care, dissatisfaction with its nature and organisation, long waiting times, superficial checkups, lack of understanding of the reason when no medication is prescribed, absence of a relationship of trust with nurses...*

In the closed centres some participants said that they take medication but have no idea what it is for. They think they are being given antidepressants that make them sleepless and listless. The report by the Federal ombudsman on the operation of the centres and his assessment report on the medical care provided in

i The Royal Decree of 25 April 2007 laying down further rules for the assessment of the individual situation of the beneficiary of the reception. (Belgian State Gazette, 7 May 2007)

ii The same conclusion is given in the report by the European Commissioner for Human Rights, T. Hammarberg: European Commission, Report by the Council of Europe Commissioner for Human Rights, Thomas Hammarberg, on his visit to Belgium 15-19 December 2008. Strasbourg, June 2009. Hammarberg states that the living conditions and the access to medical aid in some closed centres is unacceptable and must be improved. In addition he recommends that the current practice of special rules in closed centres should be reformed. Here he referred to the strict group regimes in some closed centres.

the closed centres in Belgium confirms this *general dissatisfaction* with the nature of the medical care.<sup>i</sup> Some participants, especially in the open centres, said that they are very *satisfied* with the medical care provided.

Other barriers relating to medical care are, according to the participants, *language and communication problems* and the fact that they do not always have the *courage* to go to the doctor. In the event of language problems fellow residents are often asked to interpret. In some cases male residents are asked to interpret for female residents in medical matters.

#### Good practices in relation to medical care:

- *Open en closed centres:*
  - Collaboration with external organisations with regard to sexual and reproductive rights and health, for example: GAMS, Sensoa.

#### Bad practices in relation to medical care:

- *Closed centres:*
  - Great dissatisfaction and mistrust in relation to medical care: long waiting times, ....
  - Inefficient approach to language and communication problems and other barriers.

As stated (in the theoretical part), the Reception Act gives the **social services** and consequently the *social workers* wideranging and important role in the reception centres. Article 31 of the act states that asylum seekers have the right to *individualised and permanent social assistance* provided by the social worker. A *social dossier* is also kept up to date by the *social worker*.

The participants in the open centres attach great importance to the *assistance provided by the social workers or social workers*. Most are satisfied with this support. Some participants even have a good relationship of trust with these social workers who give them a certain degree of support. Some participants however believe that the social workers have *too many assignments* and as a result *do not have enough time* for them. The Reception Act provides for a Royal Decree on the qualifications of the social worker which would lay down more concrete rules and therefore provide a solution to these obstacles, but, for reasons unknown to us, this Royal Decree may be abandoned.

In some reception centres the participants receive *little or no information* about external (aid) organisations operating in the field of asylum and migration. Only a few participants were aware of the existence of NGOs that can help them with legal problems etc.

<sup>i</sup> With regard to the restrictions to access to health care for asylum seekers in the EU see a Danish study dating from 2004: M. Norredam, A. Mygind & A. Krasnik, 'Access to health care for asylum seekers in the European Union: a comparative study of country policies', *Eur J. Public Health*, 2005, 16: 285-289

With regard to the health of asylum seekers, see a recent Swiss epidemiological study: A. Bischof, M. Schneider, K. Denhaerynck & E. Battegay, 'Health and ill health of asylum seekers in Switzerland: an epidemiological study', *Eur J. Public Health*, 2009, 19: 59-64; N. Verbruggen (ed.), 'Health Care for Undocumented Migrants: Germany, Belgium, the Netherlands, United Kingdom. Brussel, Platform for International Cooperation Undocumented Migrants (PICUM), 2001

In the closed centres the social workers provide social support to the detainees. Most participants indicated that *the waiting time between the request and the actual interview with the social workers is sometimes very long and that their trust in the latter, as in the nurses, is low*. This might be due to the diverse roles and tasks performed by the social workers. For example, the social worker in the role of ‘return officer’ causes misunderstandings and leads to lack of trust. In addition participants said that they have lots of questions about their confinement. They know they are not allowed to reside in Belgian territory but do not understand why not. They consider the information and communication about this to be very poor and this causes them much frustration. This can also be blamed on, inter alia, the multitude of assignments of social workers and the difficulty providing objective advice. This is an observation that is also made by Hammarberg.<sup>i</sup>

### Good practices in relation to social assistance:

- **Open centres:**
  - Comprehensible and visible information provided about NGOs, aid organisations, asylum agencies, and complaints procedures, in the form of posters, brochures and verbal explanations. Simply posting up written information is not an adequate communication means because of a number of barriers: language problems, illiteracy, not being accustomed to acquiring information from notice boards, need for personal briefing and encouragement.

### Bad practices in relation to social assistance:

- **Open en closed centres:**
  - Inadequate attention or no attention to gender, image forming, intercultural communication in the social worker/social services study programme. The Royal Decree (Reception Act) on qualifications for social workers that will set out more practical rules has not yet been adopted.
  - In some centres: inadequate information or no information about external (aid) organisations in the field of asylum and migration.
- **Closed centres:**
  - Social workers’ multiplicity of assignments: their many roles, including that of return officer, lead to misunderstandings, lack of trust and difficulty in providing objective advice.

The centres provide **psychological support** to the residents (article 30 of the Reception Act, articles 3 and 6 of the Royal Decree on closed centres). The *need for psychological assistance is very high but the framework within which this is provided differs from centre to centre*. In all centres there are obvious signs of *psychological stress* amongst the participants. Only a few participants said they had already seen a psychologist. Some women have not taken this step because the psychologist is male and they are not accustomed to talking to men they do not know. The *language barrier* to individual psychological consultations is also huge. For some mental or psychiatric problems amongst the asylum seekers it is sometimes difficult or even impossible to find help.<sup>ii</sup> For this reason in recent years most centres have engaged external experts to assist residents with serious mental or psychiatric problems, such as the *Carda* project (Centre d’Accueil Rapproché pour Demandeurs d’Asile) and a recent initiative by the Immigration Office (DVZ) relating to the admission of illegal migrants and asylum seekers from closed centres to certain psychiatric hospitals.<sup>iii</sup>

i European Commission, Report by the Council of Europe commissioner for Human Rights, Thomas Hammarberg, on his visit to Belgium 15-19 December 2008. Strasbourg, June 2009

ii Rode Kruis Vlaanderen, Croix-Rouge de Belgique, Fedasil, Onderzoek naar psychosociale en therapeutische hulpverlening aan asielzoekers. March 2004

iii In: De Huisarts, Psychiatrie opent deuren voor asielzoekers, 15 October 2009

*Stress* connected to their *detention* and *deprivation of liberty* is especially evident among participants in the closed centres. They talked about this during the group discussions and explained the psychological difficulty of coping with their loss of liberty because they live in an atmosphere of continual uncertainty and anxiety in relation to their repatriation. This is also confirmed in the report by the ombudsman on the medical care provided in the closed centres in Belgium.<sup>i</sup> This report also states that more than fifty percent of the medical symptoms are of a *psychosomatic* nature and that there is a high level of self-mutilation, attempted suicide and aggression. The problem of psychological symptoms as a result of *the detention, the uncertainty about the future, the group and prison regime and the length of the detention, ...* is also confirmed by other studies.<sup>ii</sup>

Residents of the open centres hope in the course of time (four months, as stated in the Reception Act) to be able to leave the reception centre and move on to a (more) individual system. If this does not happen and the stay in the collective reception centre is prolonged, this begins to weigh upon them and residents show increasing signs of *psychosomatic symptoms*. Here too, *the length of the reception in the centre* plays a major role in the wellbeing of the residents in the open centre.

In addition to the presence of an (*external*) *psychologist* in all the centres to whom the residents can go for individual consultations some centres also arrange *joint activities such as group discussions* for residents (sometimes w/m separately) to talk about these (psychological) symptoms. However in the centres we visited these group discussions no longer take place because of a *shortage of staff and interpreters*. The managers said that they would like to arrange such activities but that they are unable to do so because of staff shortages and the *language barriers*. Amongst the participants the *desire to participate in these group discussions and the satisfaction at the end is very high*. All participants said they had been happy to take part in the focus group discussions and also communicated this to staff at the centre. The need to talk to other individuals and also to individuals outside the centre is huge amongst the participants.

#### Good practices in relation to psychological support:

- **Open and closed centres:**
  - Most centres engage external experts to help residents with serious mental or psychiatric problems, for example from the Carda project (Centre d'Accueil Rapproché pour Demandeurs d'Asile). Carda is an assistance project which, in collaboration with Fedasil, helps asylum seekers in the Federal centres and the centres operated by partners who suffer from psychological/mental problems that do not require admission to a psychiatric institution. Individuals recovering from a stay in a psychiatric department in a hospital are also treated here. Residents are given medical and psychological care. They can even opt for temporary admission in Carda, either at their own request or on the recommendation of the physician or the medical services department.

#### Bad practices in relation to psychological support:

- **Open and closed centres:**
  - A male psychologist presents an additional barrier to a consultation for some women.
  - Despite the great demand from residents group discussions are not organised to talk about (psychological) problems.

<sup>i</sup> DeDecat P., Evaluatierapport: medische zorgverlening in gesloten centra. Annex to the research report 2009/2 by the Federal Ombudsman: Onderzoek naar de werking van de gesloten centra beheerd door de DVZ. Brussels, 2009

<sup>ii</sup> Artsen zonder Grenzen, De menselijke kost van detentie. De gesloten centra voor vreemdelingen in België. 2007; UNHCR, Being a Refugee. Age, Gender and Diversity Mainstreaming Report 2007. How Refugees and Asylum Seekers Experience Life in Central Europe. UNHCR, Budapest, August 2008; UNHCR, Female Asylum-Seekers and Refugees in France. UNHCR, 2009; De Gryse P. (v.u.) et al., De situatie in de gesloten centra voor vreemdelingen. Vluchtelingenwerk Vlaanderen e.a., 2006

## Support in raising children, parenting, experiences with children and access to childcare<sup>i</sup>

As stated in most of the centres we visited there were initiatives for children living in the centre with their parents or parent. These are *recreational activities, homework classes supported by volunteers, a playroom, an outdoor and/or indoor playground, ...* Some centres also arrange parent's meetings during which certain situations regarding the help for families, and (single) parents with children are discussed.

We have also stated that single women *with children* sometimes find life in a reception centre very hard because of their particular vulnerabilities. To help parents all the centres collaborate with Kind en Gezin (Child and Family). Yet most participants still consider that not enough *support is provided to women with young children* and that there is a *need for initiatives to help them to bring up their children*. Problems related to infrastructure were also described: some centres lack the infrastructure required for the reception of families with children; parents and their children (not only young children, but also adolescents) sometimes have to *share a room with no partitions or divisions*.

A major failure (gender bias) that came up in almost all the focus groups is the absence of *childcare facilities*. Many women said that this means it is hard or impossible for them to join in activities (intended specifically for women), language lessons, other courses, visits to the doctor, community work... In one centre there are some childcare facilities for residents following a civil integration course. Sometimes roommates make an effort to look after each other's children especially in the event of interviews related to the asylum procedure, but it appears that this does not always work smoothly. In a centre located close to the city centre single parents can use the city's childcare services, which they view very favourably.

*Concern about their children is very high* amongst the participants and this has a major impact on most participants' satisfaction with life in the centre. They complain that it is very difficult to bring up their children in a setting such as the centre. For example they said that in time children start to *adopt the behaviour of the male residents* (smoking, rude language) and that they have *little* (financial) opportunity to plan their own activities with the children. The stricter the *collective regime*, the more normal family life is affected. If the centre dictates when and what is eaten, when children can wash, what is allowed and what is not... it is hard or even impossible for parents to take their own decisions and play their normal parental role.

Participants also consider that they have *insufficient or no opportunities to play a (positive) parental role*. In one centre this role is *interpreted negatively* by the centre's policy of putting parents in the role of controller and chastiser. In addition in another centre *parental authority is undermined* by reprimanding or punishing the parents in front of the children. One mother said they are judged and punished for the behaviour of their children and that they considered this to be highly degrading and discouraging. In two of the centres we visited *parents are considered responsible and are even punished for the negative behaviour of their children*. As a punishment the parent has to perform an unpaid community job, which is contrary to the Reception Act which states that the centres may only impose the penalties contained in article 45 of the act.

<sup>i</sup> These observations only apply to collective open reception centres. Families with minor children are no longer confined in the closed centres but are housed in open living units where they are given intensive support by so called return coaches. This prohibition on the confinement of children in the closed centres is not (as yet) embedded in legislation.

### Good practices in relation to support in raising children, parenting, experiences with children and access to childcare facilities:

- **Open centres:**
  - Collaboration with Kind en Gezin for parental support.
  - A small childcare centre run by other residents (N.V.C).
  - 'Women's talk' for women with young children (N.V.C.).
  - Course by Vormingplus on 'support in raising children' (N.N.C.).
  -

### Bad practices in relation to support in raising children, parenting, experiences with children and access to childcare facilities:

- **Open centres:**
  - The absence of organised childcare facilities (for both young infants and school aged children) hinders the participation of women, and especially single women, in the social life inside and outside the centre, as well as their emancipation, personal development and preparations for an independent future (here or in the country of origin). In reality this means women are disadvantaged and discriminated against compared to men, given that the existing gender pattern almost exclusively assumes women are responsible for looking after the children.
  - Reward and punishment system: Punishing parents (making them perform unpaid work) because of the negative behaviour of the children. Reprimanding and punishing parents in the presence of their children.

## Quiet space

Because of certain vulnerabilities, such as psychological symptoms and/or traumatic experiences before or during the flight, most residents in the reception centres feel the need for *relaxation or a quiet space where they can withdraw from group activities and the noise*. For this reason some centres arrange relaxation exercises to help residents cope with (post traumatic) stress. In reply to the question about what solutions participants turn to themselves when they feel this need, most participants said that at such times they often pray, which makes them feel stronger.

This need was particularly emphasised in the **closed centres**. This could explain why the Royal Decree on closed centres contains articles 46-51 on the *moral and religious life in the centre*. These articles provide that moral and religious support must be provided at their request to residents who have declared their wish to practice a recognised religion by ministers of that religion. Residents who desire moral support can call upon a non-denominational moral consultant. In addition the closed centres must, in accordance with article 50 of the same Royal Decrees, also make *a suitable room* available for these moral and religious activities. In some closed centres this room is made available (for example, the dining room that converts to a room for prayer for a few hours), only during organised prayer times, for example on Fridays only. In these centres participants said that they *rarely or never enter these rooms because there are usually men present who frighten them*. In one centre this room is unfortunately only open on specific days and at specific times, despite the fact that the need to pray in the room and the need for religious support is great amongst the majority of residents.

The participants also said that they do not understand why (*male*) *ministers* come for the men and nobody for the women. The managers responded to this that the ministers come for all the residents, women and men, who have need of them, but that women make much less use or no use at all of this. The centres' believe that this is because female residents prefer to stay in their rooms.

In the **open centres** some participants said that they go to the closest church or mosque when they want to pray. In most open centres, even in the remote centres, no quiet space is available for reflection, religion, quiet. Neither is a room provided for sexual relation, which, for example for single persons sharing a room, can be problematic.

In the period during which the field work was conducted it also became apparent that not a single closed centre had a room/space for sexual relations or intimacy. Following a decision of the Council of State (RvS no. 188.705)<sup>i</sup> the Royal Decree of 8 June 2009 on rules applying in closed centres (Belgian State Gazette, 25 June 2009) has introduced important changes, including, in particular, the right to be able to organise intimate visits in closed centres.

### Bad practices in relation to quiet space:

- **Open and closed centres:**
  - Hardly any quiet space where residents can relax or to which they can withdraw from group activities and noise.
- **Open and closed centres:**
  - The rooms suitable for religious and moral reflection are only open on certain days and at certain times and are hardly ever or never used by women because there are usually men present who frighten them.

## Mobility<sup>ii</sup>

Participants have to leave the centre for diverse and often unavoidable reasons: to attend an appointment with their lawyer or some other person in connection with their asylum procedure, to go to language lessons or other courses, to go to the shops, to meet friends, to see the doctor, to take or collect their children from school, .... Most usually travel *wherever possible by foot and when possible by public transport*. Most participants consider their allowance to be insufficient to cover public transport. Travel expenses (train, tram, bus) are in certain circumstances reimbursed in some centres but not at all in other centres. Some centres said they are slightly more flexible in the summer months because children do not attend school then and residents have more need of an environment outside the centre.

Most participants in the centres in the Flemish region have an *reduced price pass for De Lijn* (25 €/year) but this is not possible for participants from the Walloon and Brussels region because there is *no similar scheme available from TEC or STIB*. This forms an additional problem for residents of these centres because these centres (in the Walloon region) are in primarily rural locations and difficult to access. Negotiations have apparently been held with these transport companies in the past but without success. The managers regret these aborted negotiations and still hope to be able to arrange a scheme sometime in the future.

<sup>i</sup> [http://reflex.raadvst-consetat.be/reflex/index.reflex?page=cervs&c=detail\\_get&d=detail&docid=129153](http://reflex.raadvst-consetat.be/reflex/index.reflex?page=cervs&c=detail_get&d=detail&docid=129153)

<sup>ii</sup> Not applicable to closed centres.

In some centres there are *insufficient alternatives* for free travel. Some participants feel that the number of bikes and specially provided buses (for daily needs), and the number of places in these buses, is very limited, making them feel obliged to remain in the centre. In one particular centre a participant put forward the example of a bus service leaving from the centre at 6am, which she considered to be impossible for women with school aged children.

Some participants in centres in a rural location said that the *bus stop* is located very far away from the centre which is especially difficult for young school aged children. Some participants said that this meant their children were tired before even reaching school. The managers are aware of this problem and have begun talks with the transport company, but with no results. In one particular centre there is not even a *schoolbus* available. Both parents and children dislike this immensely during the winter months.

#### **Good practices in relation to mobility:**

- Reduced price bus pass from De Lijn (25 €/year).

#### **Bad practices in relation to mobility:**

- Few modes of transport for residents of centres located in rural lareas far from urbancentres.

# VIOLENCE

## Feeling (un)safe

A reception centre should be a safe place for all residents, but unfortunately this is not always the case. This is of course also connected to the lack of a specific safety standard for reception in general. To the question of whether the participants feel safe in and around the centre and when they do or don't feel safe, the majority of participants in the **open centres** responded that they *feel unsafe in the centre and this is because of a few concrete reasons* that jeopardise the quality of life there.<sup>i</sup> This is especially the case in the *open centres dominated numerically by groups of young men*. According to the participants this feeling is increased by the poor infrastructure of the centres: mixed corridors w/m, bedrooms and sanitary facilities that can't be locked, unlit corridors and passageways, little privacy, .... For this reason some women do not dare to go to the toilet alone at night out of fear of unknown men (and consequently they urinate in buckets or in the sinks in the room). For the same reason they (sometimes) refrain from joining in with activities arranged during the evening. These observations (above) have also been made and reported in reception centres outside Belgium.<sup>ii</sup>

*Single participants in particular* complained about the lack of security in and around the centre. They said they are often harassed by (young, single) men in the centre who make *disrespectful sexual proposals* to them and *try to attract attention* by approaching women and asking them questions. The participants residing in the centre *with a partner* said they were approached by men *less often or not at all*. Mothers with *young daughters* fear that their daughters will be harassed by fellow residents or might establish undesirable relationships with men. One mother said that she tries to protect her daughters from this by repeatedly warning them against attracting unwanted attention from men.

In response to the question about what they and others could do to feel more secure most women said that the presence of *fewer 'unknown' men in the centre* could prevent this problem. Another suggestion is that *men who harass women be reprimanded for their behaviour, that the rules be pointed out to them* and that they could be given a course on respect for women. Some women see no solution and said that they *keep away from other residents to avoid problems with fellow residents or with their partner*.

Some centres make an effort to discuss this subject with the women by arranging, for example, *women's meetings* where women can discuss their frustrations together. However the managers said that this was not always successful because women do not always dare to discuss this subject and/or defend themselves.

In the **closed centres** where security agents and guards are always present, participants do feel *secure, but still not at ease because of their lack of liberty*. All find the presence in the corridors of guards jangling bunches of keys disturbing because it reminds them of negative experiences in relation to their flight or their fear of repatriation. The fact that in most closed centres women and men are separated makes the chances of coming into contact with men small and this increases the feeling of security amongst the residents. However in one closed centre where women and men stay in communal rooms, participants said that there are men who come to sleep with their girlfriend in the women's dormitory at night and that this situation makes them very anxious.

i Questions were aimed at establishing both the objective security situation and participants' subjective sense (in)security.

ii Brouns M. et al., Het lange wachten op een veilige toekomst. : onderzoek naar veiligheid van vrouwen en meisjes in asielzoekersopvang. Rijswijk: Centraal Orgaan opvang Asielzoekers (COA), the Netherlands, 2003  
- Centraal Orgaan opvang asielzoekers (COA) & Movisie, Eindrapport: Verbeteren Veiligheid Vrouwen en Meisjes in de opvang. Rijswijk, the Netherlands, 2005

### Good practices in relation to feeling (un)safe:

- *Open centres:*
- Meetings with women to discuss feeling (un)safe.

### Bad practices in relation to feeling (un)safe:

- *Open centres:*
  - The presence of a large number of young single men (in proportion to the number of women and girls present).
  - Sanction policy to 'enforce' certain forms of behaviour with a number of negative interventions and no opportunity for the residents to defend themselves.
- *Open and closed centres:*
  - No policy with regard to the prevention of violence and respect for women's rights

## Confrontation with and/or witness of physical, verbal, sexual violence

In most of the centres we visited managers said that there is tension between residents and between residents and staff on a regular basis. Violence is present in the centres in all its forms: *physical, verbal, psychological<sup>i</sup>, sexual violence, intimidation, wilful damage and vandalism, self-harm*. This is inevitable given that different people have to live together 'under one roof', within a strict group regime in an unfamiliar environment, with occasionally only scanty infrastructure and often with the stress caused by uncertainty about their futures.

The fact that *violence* is unacceptable in the centre is stated in the *internal rules and regulations* given to residents on their arrival. However, some rules do not explicitly include *sexual and/or domestic violence* in their description of what constitutes violence. The broad definition of some aspects such as 'it is forbidden to cause nuisance' offers too much room for interpretation.

As stated above it is single participants in particular who complain of being *harassed* in the centre by mainly young, single men. Examples of such behaviour include *sexual comments, suggestions and approaches, dressing (too) scantily, displaying sexually suggestive pictures, playing porn films, intrusive behaviour, ...* the participants said that men often *gossip* about the behaviour and possible (sexual) intentions of female residents. These rumours make women stay in their room and not join in activities. Other concrete examples given by participants are the *lack of respect shown by men for women* and serious incidents of women *prostituting* themselves in the centre for money or cigarettes.

Other incidents that occur very frequently in the centres concern *domestic violence or violence within the family*. Some participants said that the *pressure on women within the family is extremely high*, especially when there are children. They blame partner violence on stress, boredom and uncertainty. Both the participants and the managers said that there are several cases a week of violence within the family, some very serious. A few centres have a concrete policy that can serve as guidelines or rules when dealing with

<sup>i</sup> The same finding is contained in the research conducted by Keygnaert I., Wilson R., Dedoncker K. et al., *Hidden violence is a silent rape: prevention of sexual and gender-based violence against refugees and asylum seekers in Europe*, a participatory approach report, Ghent, International Centre for Reproductive Health, Universiteit Gent, 2008.

this sort of violence, or suspected violence. Some participants said that they do not always know what incidents they can report to staff at the centre and that they do not lodge complaints because 'nothing will be done about them anyway'. In connection with the complaints procedure EU Commissioner for Human Rights Hammarberg recommended that the complaints should be dealt with by independent bodies if they are to be handled objectively and impartially.

To combat violence in all its forms and/or to prevent it most centres have already taken various *initiatives: aggression management schemes, a workshop given by staff dealing with aggression in the context of policy on aggression, discussion groups, residents' councils or meetings, ....* This latter form of residents' participation is hard to arrange successfully in most centres because the expectations of residents and staff during such discussions are different. For example one participant said that she attended a residents' consultation meeting once and this consisted of the reading aloud of a list of rules and that there was very little dialogue. The staff at the centre also indicated that the participation of women in these residents' meetings is very limited. For this reason they are considering the idea of arranging meetings intended solely for women, which has already been done in the past in a few centres.

Most internal rule and regulations include *diverse rules* aimed at maintaining the quality of life within the reception centre but in practice these are not easily enforced or some staff members are not aware of them. In most centres there was *little or no proactive policy on (the prevention of) violence*. A protocol<sup>i</sup> of 'roadmap' on dealing with and preventing aggression was virtually non-existent. In addition it is also clear that *staff do not always have insight into the insecurity of women*. And when they do, they do not always know how to act. They often referred to the internal rules and regulations, but were unable to describe exactly how they would react in a specific situation, apart from reporting unsafe situations or arguments to colleagues and/or managers.

As regards *disciplinary measures and penalties* in the open centres, there is urgent need for the Royal Decrees (provided for in the Reception Act) to lay down the disciplinary measures and the procedure to be followed for imposing penalties. These decrees should put an end to some current practices that violate the Reception Act. Indeed in some centres measures are taken or penalties are imposed that are unreasonable and even represent a rudimentary form of violence, such as for example, the punishment of parents for the behaviour of their children by making them do community work or the 'withdrawal' of trips with the children. In this respect a diversified and balanced policy that takes into account the different (starting) positions of individuals is clearly lacking. For example x number of hours of community work is in reality much harder for a single mother than for a person who is part of a family.

But even if policy is drawn up with respect to this and if there is an awareness of this policy, there are major barriers to lodging complaints about violence: ranging from despondency (it won't achieve anything anyway) and distrust (nothing will be done about it) to fear (we will still have to live with that person afterwards). This is closely intertwined with the issue of the *'in' crowd* or the lack of trust to report violence because an individual does not wish to be seen as a traitor or because afterwards they will still have to stay in contact with the person. The domination of certain (often macho) 'majority groups' sometimes causes arguments between groups of residents, which may be racist. Another example is arguments that arise mainly between female residents because of the shortage of infrastructure: residents often share a cooker with 4 or even more other families, which can cause problems. Arguments because of children are also specific to women.

<sup>i</sup> A protocol provides a guideline for the way in which individuals should act in the event of an incident and what they should bear in mind. Such a guideline can provide staff with more clarity about what steps they should take in the event of an incident.

### Good practices in relation to confrontation with and/or witnessing physical/verbal/sexual violence:

- **Open and closed centres:**
  - Different initiatives to combat violence and/or to prevent it and manage it: aggression management schemes, a workshop given by staff dealing with the subject of violence in the context of the policy on aggression, discussion groups, residents' councils or meetings.

### Bad practices in relation to confrontation with and/or witnessing physical/verbal/sexual violence:

- **Open centres:**
  - Royal Decree on the rules of procedure for imposing penalties and handling complaints has not yet been adopted.
  - Punishing parents with community work because of their children's' behaviour or the 'withdrawal' of trips with children.
- **Open and closed centres:**
  - Sexual and/or domestic violence is not explicitly named in the internal rules and regulations describing the different kinds of violence.
  - Few centres have a concrete policy for dealing with violence within the family or suspected violence within the family.
  - Complaints lodged by individual residents are not dealt with by an independent external body.
  - Little or no proactive policy on (the prevention of) violence: no protocol or 'road map' or guideline.

## SELF IMAGE – EMPOWERMENT

### Risk of isolation, empowerment<sup>i</sup>

When we discussed the various subjects in the focus group interviews it became clear that most participants are in a very precarious situation. Most women have *little power of expression and empowerment* to, for example, raise the question of their needs and requirements. Some participants said that they close themselves off to avoid problems with their partner or fellow residents. Because of the loss of their own social and/or familial networks, the (over-long) stay in an unfamiliar environment, the generally traditional division of roles between women and men, the high degree of dependence on others and the passivity of the life of many women in the reception centres, *(physical and psychological) space for women is an absolute necessity*.

<sup>i</sup> For a detailed analysis of empowerment we refer you to the following publications: Commission on Women and Development, *Empowerment van vrouwen: een methodologische gids*, Brussels, June 2007; Kabeer N., *Resources, Agency Achievements, Reflections on the Measurement of Women's Empowerment*, in SIDA/Swedish International Development Cooperation Agency, *Discussion Women's Empowerment*. 2001, Theory and Practice, Sida Studies nr. 3, pp. 17-57; Charlier S., *L'économie solidaire au féminin: quel apport spécifique pour l'empoderamiento des femmes? Une étude de cas dans les Andes Boliviennes*; Petronilia S. (ed.), *Een heleboel mensen, een zee van vuurlichtjes: empowermentstrategieën van zwarte, migranten- en vluchtelingenvrouwen*, Utrecht, 1997.

Women in a reception centre live in a situation that demands a lot of them both psychologically and physically. Their situation is characterised by *fear and uncertainty*: 'What will the future bring? What if no one in Belgium can help us? How can I escape, at least for a while, from the frustrations and the hopelessness caused by my feeling that no one cares about my capacities and wishes?'

Social contacts with individuals and organisations from outside the centre, knowledge about the new society and skills needed to be able to function within it, learning to cope with the stress that goes with a new situation, recognising, acknowledging and experiencing solidarity, breaking through social isolation are a few examples of props that can strengthen women. Here the concept of *empowerment* is of crucial importance.<sup>i</sup>

As stated, the range of *activities* usually lacks the *methodology of 'empowerment'* and few activities are planned that could strengthen the position of women. For example: *support groups or discussion groups* are rarely organised in most centres. After every group discussion (in the context of this research project) participants made their satisfaction about this initiative clear and said it gave them strength, even if only because of the fact that someone listened to them.

In non-visited centres there are already small scale initiatives applying the methodology of empowerment in the reception of asylum seekers, especially in the form of *group work* whereby participants learn from one another and become aware of their own abilities.<sup>ii</sup>

Another example of empowerment that is only operational in a small number of the centres (we visited), is a *women's association*. Most managers indicated that they are not fully successful in starting or maintaining a women's association. Sometimes this is not an option because of a shortage of staff, funding and/or infrastructure. This is why some centres engage the services of volunteers or trainees who sometimes have to leave after a specific period of time. Structural efforts to set up a women's association are seen in only a few centres and in some cases the desire and/or the insight to invest in such an association is lacking. The participation of and consultation with women when preparing these activities is the key to success here. Reception centres need women's associations to be established within them in a methodical and responsible manner.

i Commission on Women and Development, *Empowerment van vrouwen: een methodologische gids*, Brussels, June 2007, p. 6. The concept 'empowerment' contains four elements linked to 4 levels of power:

- o *having* (having the power of)  
This element refers to a stronger economic power in the form of material advantages such as income, land, tools or techniques. This economic power is not limited to the possession of tools and wealth. It is also about better health, gaining time, access to certain services such as credit, information and training, health centres, the market etc.
- o *knowing and knowhow* (having the power of)  
Knowing is greater practical and intellectual knowledge or skills that make it possible to make optimum use of opportunities that arise for an individual or for a community. This is about leadership, the application of methods, training (literacy etc) and the development of the capacities to make critical analysis and to reason. Knowhow refers to the importance of the application of knowledge or the ability to convert knowledge into actions or means.
- o *wanting* (inner power)  
This is about inner power, psychological power or spiritual power: an individual's values, fears, his or her self confidence, his or her self image. The ability and the desire of an individual to make choices about his or her future; an individual's awareness of his or her own life project and of the challenges that arise for his or her own community. The concept of 'wanting' also contains another two elements: the spiritual condition (being) and the ability to use this vis-à-vis others (being able to be).
- o *Being able* (inner power and having the power to)  
This element relates to the possibility of taking decisions, of taking on responsibility for oneself, of being free in one's own actions and of using one's own means (having, knowing, wanting)  
Taking decision involves different aspects:
  - the possibility of taking one's own decisions; the possibility of participating in the decision making process; the possibility of exerting influence on the decision making process or of controlling those taking decisions in someone else's name. In this sense it can also refer to organising oneself so that one can have more influence on the decision making process;
  - the possibility of taking decisions for others, of exercising authority (because in certain situation somebody has to take the decision)

ii Van den Buys E., Vanbilsen S., Cupers M. and Clijsters K., *Empowerend groepswork met asielzoekers. Ervaringen van het OCMW Heusden-Zolder*. Heusden-Zolder, 2007

### Good practices in relation to isolation, empowerment:

- **Open and closed centres:**
  - Extra encouragement for women to join in activities: for example, knocking on the door of as many women as possible to invite them

### Bad practices in relation to isolation, empowerment:

- **Open and closed centres:**
  - Length of stay in the centre: months, sometimes years in open centres.
  - No women's association that is structurally embedded in the organisation.
  - the range of available activities usually lacks the methodology of empowerment. Few activities that can strengthen the position of women.
- **Closed centre:**
  - Extreme form of group regime, for example, going to the showers in groups, residents are allocated to different living units that are hermetically sealed off from each other and within each living unit there is a strict group regime. For example all residents have to get up, take a shower, eat, stay in the recreation room, walk outdoors and go to bed in groups at fixed times. Every group movement takes place under the supervision of security officers who are under the instruction to lock the doors of the room being used by the group. This also applies in relation to the time schedule in some open centres.

## Participation, involvement and consultation

Article 14 § 6 of the European Directive (2003/9/EC) laying down minimum standards for the reception of asylum seekers<sup>i</sup> provides for *an advisory board or council representing residents to involve applicants in managing the material resources and non-material aspects of life in the centre*. However when this directive was transposed into Belgium law this article was not adopted. Despite the absence of this article in the Reception Act, in practice some centres do organise *residents' councils* and *parents' councils*. Some centres also run *suggestion schemes*.

However, the survey shows that it is *mainly men* who attend these meetings because women generally have *other duties (of care)* and/or do not dare to attend or are not allowed to by their partner or are *not interested*. But lack of knowledge and language barriers also form a barrier for the participation of women in these meetings. Some centre managers complained about the poor attendance at such meetings. As already stated it is clear that the participants' expectations of these meetings differ from those of the staff: some participants said that during these meetings there is little opportunity for dialogue but only announcements about the rules and agreements. Several single women gave this as the reason for not attending these meetings anymore.

As has already been mentioned with regard to several other topics, there are *too few support groups or group discussions* organised at the centres for a number of reasons (see above). These discussion times could, according to some staff members and the participants, be ideal moments to discuss life in the centre

i <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:031:0018:0025:NL:PDF>

and allow residents to make suggestions and feel involved. There is currently no form of involvement at all in the organisation of life in the centre and residents have the feeling that no one listens to the aspirations and/or wishes of the residents.

However, the involvement of residents in operations and in the decisions that affect them can be very *empowering* (see above). Discussing the operation and organisation of life in the centre with residents is an important sign of an empowering approach. Consider here the evaluation of organised activities, a practice applied in few centres. The opportunity to make *choices* is a common starting point for bringing empowerment into the picture. The opportunity to choose embraces both the choice between concrete possibilities and the subjective estimation of what these choices are. Therefore this is not simply about observable behaviour and an expressed preference. It also implies the degree to which individuals believe they have a choice. The organisation of group discussions by 'outsiders' and/or participation in group discussions outside the centre, which are not necessarily about practical organisational matters in connection with life in the centre, also has a supportive and strengthening affect on residents.

### Good practices in relation to participation, involvement and consultation:

- **Open centres:**
  - Change of catering company at the request of residents. Taking the opinions of residents into account with regard to the quality of the meals.
  - Asking residents about their preferred activities.
  - Women are regularly asked to make their needs known in order to improve their life in the centre (N.V.C)
- **Closed centres:**
  - Involve residents in the furnishing/decoration of the rooms and in putting these into practice. Art project in the centre.

### Bad practices in relation to participation, involvement and consultation:

- **Open and closed centres:**
  - Few or no support groups or group discussions for suggestions or other forms of involvement, consultations and participation.



# **Section 4**

## **Policy recommendations**



## Policy recommendations

The law provides for high-quality care for all beneficiaries of collective reception. From this perspective three priorities stand out:

- working on a *better and adapted infrastructure* for the collective reception of asylum seekers
- taking measures that better respect the *freedom and independence* of asylum seekers and that promote their *self-reliance/autonomy*
- introducing a *gender mainstreaming and gender equality policy* in the reception, ranging from government to individual reception centre.

There is a need for a *gender mainstreaming policy* at all policy levels (state, organising authority, reception centre). The integration of a *gender dimension* in the collective reception policy and the *empowerment* of women in the open and closed collective reception centres are necessary to achieve equal rights and opportunities for women and men and to promote *gender equality*. As a consequence there is a need for a more *diversified* and *flexible* policy that takes into account the *specific needs and requirements* of women, the socio-economic position of women and men in society and of the power relationship between women and men.

The recommendations are divided into *two* sections: *general recommendations* for a dignified, high-quality reception of women and men and *specific recommendations* in relation to women in the reception centres.

To achieve a **dignified and high-quality reception** for women and men we recommend:

### GENDER & POLICY PLAN

- the drawing up of a general (policy) plan in relation to gender equality that provides guidance for both the umbrella organisations and the reception centres for the integration of a gender dimension in all phases of the reception policy, and also contains a summary of measures, instruments and concrete actions. To this end use can be made of the brochure "Asile et migration: l'accueil des femmes dans les centres. Trucs et astuces pour une approche 'genre'" / "Vrouwen en collectieve opvang bij asiel en migratie. Tips & trics voor een gendergevoelige aanpak" ("Female asylum seekers and migrants and collective reception. Tips&Tricks for a gender sensitive approach") and publications by the Institute for equality of women and men, such as "Manuel pour la mise en oeuvre du gender mainstreaming au sein de l'administration fédérale belge" / "Handleiding voor de toepassing van gender mainstreaming binnen de Belgische federale overheid" ("Handbook for the application of gender mainstreaming within the Belgian Federal Government").
- the drawing up of instructions or guidelines with all partners involved in the reception of asylum seekers in order to integrate the gender dimension into their policy.
- the introduction of a policy adapted to the reception of especially vulnerable groups, in particular (heavily) traumatised persons, pregnant women, single women with or without children. This requires a multitude of measures including, as provided for in the Reception Act, an individual assessment within one month of the reception commencing, an adequate number of reception places and funding, adapted infrastructure and activities, extra and adapted internal counselling and aid if needed, as well as close collaboration with specialised institutions if needed such as Centres for mental health care, Centre d'Accueil Rapproché pour Demandeurs d'Asile (Carda, Residential Reception Centre for Asylum Seekers with Serious Mental and Psychological Problems), ....

- prioritising the adoption of the Royal Decrees, as provided for in the Reception Act, on quality standards relating to the infrastructure, the performance and payment of community work, the rules of procedure for imposing penalties and for the handling of complaints. The drawing up of these Royal Decrees should be preceded by a gender screening with a view to achieving equality w/m.

## TRAINING

---

- the organisation of gender training for managers and staff in the centres, as well as training with regard to the methodology of empowerment, gender budgeting, intercultural communication, image building in relation to asylum seekers, and the detection of insecurity amongst women and children.
- organising (introductory) training for volunteers who help at the reception centre in relation to life in the reception centre and gender equality.

## INFRASTRUCTURE

---

- respect for the necessary *privacy* and *safety* of residents when organising common *dormitories* and *sanitary facilities*.
  - Dormitories:
    - separate corridors and/or blocks for single w/m
    - fewer people per room: maximum 4 persons per room
    - permanent or removable partitions between the beds
    - bunk beds for children only
    - opportunity to have an individual room
  - Sanitary facilities:
    - lockable showers and toilets
    - sufficient number of showers and toilets: 1 per room (max. 4 persons) or per family
- creation of positive forms of living situations allowing more autonomy and privacy such as a 'foyer' or living unit composed of between 3 and 4 rooms, whereby each room (with max. 4 people or per family) has its own sanitary facilities and a common kitchen.
- the availability of a quiet room for residents wishing to escape from the crowd and group activities, and measures against excessive noise nuisance in the common areas such as the dining room.

## CHILDCARE FACILITIES

---

- childcare initiatives to provide childcare or to facilitate access to childcare facilities so that (single) women/men with (young) children can participate sufficiently in the social life in and outside the centre: activities to which children are not admitted are (language) lessons, courses, community work, sport, ... and/or investigate whether the partner can help out because the responsibility should not lie with the women only. Activities for children could be organised at the same time as initiatives for adults.

- in expanding initiatives to provide parenting support, such as support groups dealing with relevant parenting topics. More opportunities are also needed to encourage positive parenting such as shared recreation opportunities for parents and children.
- not punishing parents for the (negative or bad) behaviour of children.
- not reprimanding or punishing parents in the presence of their children.

## PARTICIPATION, INVOLVEMENT AND CONSULTATION

---

- that all residents w/m be systematically involved in the policy in the centre. This can be achieved through support groups, group discussions, representative advisory councils or residents' councils taking into account proportionate quotas w/m (according to the number of w/m in the centre). Measures, for example to ensure that everyone has a say, can be recorded in a protocol that clearly states the substantive and financial framework: objectives, expectations, .... There must be assurance that the content of the consultation is relevant (in other words not only about catering or the opening times of the vestiaire, ...).

## COMMUNICATION AND INFORMATION

---

- that information about life in the reception centre be provided to men and women in a more active and interactive manner: More personal, oral explanations and briefings rather than simply providing information 'passively' via signs, posters, messages on noticeboards, .... To facilitate this access to and collaboration with (social) interpreting services must be made possible to achieve quick and efficient communication with all residents.
- That all measures be regularly evaluated for their comprehensibility and the need for translations and that the residents be actively involved in this.
- That account be taken of the basic starting position, and the diversity within the groups when providing and receiving information (language, age, educational level, family situation, socio-economic situation of women and men in the country of origin, ...).
- the provision of clear and visible information about NGOs, women's associations, relief organisations, asylum agencies, ....
- not using male residents as interpreters for women in medical, social and legal matters. Always avoid using children as interpreters.

## ACCESS TO (VOCATIONAL) TRAINING, EDUCATION AND THE LABOUR MARKET

---

- in providing an adjusted supply of training and education opportunities and tailor-made learning plans in relation to educational level, interests, mobility, family composition, ... where women as well as men are informed, counselled and supported during their learning plan. This implies that residents should be adequately informed about the existing availability of (external) courses and that the necessary facilities should be provided for this such as childcare.
- disconnecting access to regular vocational courses (through VDAB, Forem, Actiris, ...) from access to the labour market (in line with article 12 EU Reception Directive) and making access to the labour market possible after 4 months in the asylum procedure.

## LENGTH OF RESIDENCE IN OPEN COLLECTIVE RECEPTION SYSTEMS

---

- taking measures that limit, in practice, the length of residence in the open collective reception centres to 4 months, as provided for in the Reception Act. After this term in a collective reception system residents should be given the opportunity to move on to a small scale reception system or

to live independently on an individual basis (living and working). This requires measures for, inter alia, expanding the capacity of the individual reception systems to facilitate a smooth transition to individual reception initiatives and to give more independence to residents preparing to enter the labour market. The Reception Act must thereby be revised to make the right to an independent life possible.

## PREVENTION OF VIOLENCE

---

- implementing a proactive and participatory policy on (the prevention of) violence and safety, to draw up a protocol or roadmap for this with the assistance of specialised institutions, organisations, experts. This protocol must focus specifically on:
  - how to deal with (suspected) violence within the family
  - a systematic and uniform recording of incidents
  - tightening the internal rules and regulations with
    - the prohibition of all forms of discrimination and verbal and non verbal violence, and the prohibition of sexual violence.
    - information about the individual right to complain and the right to object to punishments
- adoption of infrastructural and physical adjustments and standards to ensure safety:
  - proper lighting in the buildings, corridors, also during the night
  - separate corridors and/or blocks w/m
  - strictly separate sanitary facilities w/m (location, organisation, size, accessibility)
  - removal of peeping opportunities in sanitary facilities and dormitories

Deze normen op te nemen als minimale eisen ten aanzien van de infrastructuur.

- for all residents: information sessions about the prohibition of violence and discrimination.

## MOBILITY

---

- concluding an agreement at government level (in cooperation with the regions) with the transport companies TEC and STIB in the Walloon and Brussels region for inexpensive bus passes similar to the pass issued by De Lijn for 30€/year in the Flemish region, to enable women and men to participate in the community. In addition more flexible rules are needed for the reimbursement of travel expenses by train during for example holidays or for the duration of a course. This could lead to the right to a minimum budget for travel expenses per month.
- providing sufficient numbers of bicycles for residents and bicycle lessons. Men and boys should not be permitted to monopolise the use of bikes.

specifically for women we recommend that:

## WOMEN'S ASSOCIATIONS & COLLABORATION WITH WOMEN'S ORGANISATIONS AND THIRD PARTIES

---

- the women's associations be structurally embedded and expanded in all collective reception systems, for example by organising activities such as support groups for women, educational sessions for the residents w/m dealing with human rights, equality w/m and other topics.
- structural partnerships and projects with (local) women's organisations be set up to, inter alia, organise educational, (re)creative, sporting, ... activities for women and for other (collective) initiatives for women within the context of reception. This opportunity should be encouraged and publicised as widely as possible in both the (umbrellas of the) women's organisations and at the (umbrellas of the) reception centres.

## ACTIVITIES & EMPOWERMENT

---

- both inside and outside the centre and in consultation with the residents w/m emancipatory and diverse activities be arranged (recreational, cultural, educational, sporting, creative, ...) on a regular basis that contribute to the empowerment of residents w/m such as the organisation of group discussions on topics such as life in the reception centre, human rights, equality w/m, ....
- women and men be made aware of the equality of women and men and of gender equality.

## AUTONOMY & GROUP REGIME

---

- measures be taken that enable women and men to take responsibility for their own lives wherever possible and to take independent decisions. From this perspective all measures and organisational aspects within the collective reception systems must be screened and adjusted. For example: from the point of view of maximum independence and autonomy all residents should have the opportunity to do their own cooking and should be able to purchase good-quality products for this.
- the organisation of the (extended) group life and of the collective daily schedules be evaluated in terms of time limitation in order to facilitate maximum freedom and the possibility of independent time management.

## INFRASTRUCTURE ADAPTED FOR WOMEN

---

- in the organisation and use of the recreational areas or day rooms account should also be taken of the needs and requirements of women: for example fitness centres should not only be equipped with men in mind but equipment more suited to women should also be provided.
- a women's room should be made available which is reserved for women (and perhaps children) only and if possible that is always freely accessible: for reading, relaxing, watching TV, listening to music, for activities for women, ....
- measures should be taken such as different schedules for women and men so that women can make free use of 'common areas and facilities' in the centres such as TVs, computers, internet facilities, fitness centres, ....

## PHYSICAL, VERBAL, SEXUAL VIOLENCE & FEELING (UN)SAFE

---

- constant attention should be given to the security and feelings of (in)security of women and girls and support groups, meetings and get togethers with women should be organised on this issue. The measures introduced in relation to the safety of women should be continuously evaluated in consultation with the women.
- where the groups (single men, single women, families) in the centres are mixed, the numbers of w/m should be proportionate and at least separate wings should be provided for w/m and couple and families.
- men and women should be made more aware of issues relating to unwanted attention and undesirable approaches. Men who harass women should be reprimanded about their behaviour and this should also be discussed with the women.
- for centre staff:
  - policy measures, methodologies, educational material, info packets, and codes of conduct should be developed in relation to prevention and assistance in order to give staff more support in performing their work, for example a protocol or guideline 'dealing with violence', 'parenting without violence'.
  - training should be arranged on the detection of unsafe situations and violence, for example a 'train the trainer' course on detecting unsafe situations for women and girls, assertiveness training, information sessions on the subject of feeling (un)safe.
- for women and girls
  - organising self-defence training and information sessions
- men should be actively involved in the prevention of violence, and made aware and informed about intrafamily violence.

## INVOLVEMENT OF WOMEN IN PARTICIPATION, CONSULTATION AND EDUCATION

---

- collective and individual interviews and meetings should be organised with women and girls to draw up a diversified and flexible policy that takes the specific needs and requirements of women and girls into account. For example to enquire, in a participatory way, about satisfaction with the meals provided and then adapt them if necessary, supply bras and maternity clothes if necessary.
- invite women who need additional encouragement to participate actively in initiatives (such as activities, parent's meetings, resident's councils...) by providing verbal and personal explanations about these.
- exceptional efforts should be made for women who are alone and single mothers including providing the facilities they need, for example childcare facilities.

## COMMUNITY WORK

---

- women and men be given equal opportunities to take on technical jobs and domestic jobs: technical jobs should not only be performed by men and cleaning jobs should not be performed predominantly by mainly women (gender neutral and sex neutral job classification).
- fair pay for the jobs that would otherwise be performed by professional workers or maintenance staff, such as upkeep of the sanitary facilities and the corridors.
- elimination of wage discrimination (and thus also the wage gap) between 'more technical jobs and cleaning jobs': avoid the unequal weighting of these job characteristics.

## SPECIFICALLY FOR THE CLOSED RECEPTION SYSTEMS

---

*the above recommendations also apply to the closed centres, with the exception of recommendations that cannot be implemented within the context of detention.*

- the transposition of the European Reception Directive into Belgian law in relation to the closed centres.
- measures should be taken at the Immigration Office level to keep the group regime to a minimum and to ensure maximum freedom, independence and quality of life for confined women. For example: confined individuals should be given the opportunity to decide for themselves when and for how long they go 'outdoors' for fresh air.
- detention should be limited to cases where it is absolutely necessary and reliable (numerical) data be made available regarding, for example, the duration of the detention of each resident, with a clear categorisation according to sex (sex statistics).
- daily access to showers should be made possible.
- structural partnerships should be formed with (accredited) visitor's organisations and women's organisations for, inter alia, the organisation of activities and in order to better publicise the visiting times of (accredited) associations and visitors among the female detainees and to give these visitors free access to the (common) day areas.
- security staff and management should be made aware of the impact on the residents of wearing police uniforms and the carrying of highly visible bunches of keys.
- the privacy of residents should be guaranteed when entering the rooms (eg. during room searches) by knocking before entering.
- measures should be taken to facilitate free communication with the outside world (by telephone, mail, internet,...).
- the role of return officer should be given to specific staff appointed for this purpose (and should not be combined with the role of social worker).

## BUDGET

---

- the implementation of these recommendations and compliance with them requires extra effort and additional funding. We therefore recommend that the government should make additional funds available to facilitate high-quality and dignified reception and the integration of a gender perspective in reception policy.
- the reception crisis should not be seen as an obstacle to taking or implementing a number of essential policy measures. Most of the above recommendations do require efforts to be made but the budgetary impact of them is small.



# **Section 5**

## **Bibliography and additional literature**



# Bibliography and additional literature in relation to the topic 'Women in asylum reception centres: towards a gender sensitive approach'

## DOCUMENTS AND REPORTS

### Belgium

- Antwerps Minderhedencentrum De ACHT, *Sociale kaart vluchtelingen*. De Acht, Antwerp, 2008
- Basic S., Van Hespen D. & Poppe I., *Handboek voor begeleiders bij de asielprocedure*. Flemish Refugee Action, 2008
- Bertaux D., *L'enquête et ses méthodes. Les récits de vie*. Paris, Armand Collin, 2006
- Beys M., *Vluchtschrift. Feiten en signalen*. Three-monthly journal. January-june 2008. File 'Praktische vragen rond de wet betreffende de opvang van asielzoekers.' Caritas international, June 2008 (<http://www.caritas-int.be/nl/publicaties/vluchtschrift.html>, consulted on 25 November 2008)
- Bulcaen C. & Blommaert J., Final report *V.F.I.K-Project 307: Begeleiding van migrantenvrouwen en – meisjes in centra voor residentieel welzijnswerk*. 1997
- CARDA, *Centre d'Accueil Rapproché pour Demandeurs d'Asile (CARDA): brochure*. Yvoire, 2008
- Coene G., Final Report *De realisatie van een studie met het oog op het bepalen van actielijnen inzake gender en migratie in het kader van de projecten van het Instituut voor de Gelijkheid van Vrouwen en Mannen*. Research conducted for the Institute for the equality of women and men. Ghent, Centre for Intercultural Communication and Interaction & Centre for Gender Studies, University Ghent, 2005
- Committee against torture, *Examen des rapports présentés par les états parties en application de l'article 19 de la Convention. Observations finales du Comité contre la torture: la Belgique*. November, 2008 (<http://www2.ohchr.org/english/bodies/cat/cats41.htm>, consulted on 26 February 2009)
- Commission of the European Communities, *Een routekaart voor de gelijkheid van vrouwen en mannen 2006-2010*. EC, Brussel, 2006 (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2006:0092:FIN:NL:PDF>, consulted on 2 February 2009)
- Commission on Women and Development, *Empowerment van vrouwen: een methodologische handleiding*. Brussels, June 2007 ([http://www.dgci.be/documents/nl/cvo/CFD\\_empowerment\\_vrouwen.pdf](http://www.dgci.be/documents/nl/cvo/CFD_empowerment_vrouwen.pdf), consulted on 14 November 2008)
- Committee on the Elimination of Discrimination against Women, *Concluding observations of the Committee on the Elimination of Discrimination against Women: Belgium*. CEDAW, November 2008 (<http://www.mensenrechten.be/pdf/CEDAW-C-BEL-CO-6.pdf>, consulted on 9 December 2008)
- Decat P., *Evaluationreport: medische zorgverlening in gesloten centra. Annex to the researchreport 2009/2 van de federale Ombudsman: Onderzoek naar de werking van de gesloten centra beheerd door de DVZ*. Brussels, 2009
- De Gryse P. (vu) et al., *De situatie in de gesloten centra voor vreemdelingen*, Flemish Refugee Action, Aide aux Personnes Déplacées, Caritas International Belgium, CIRE, Jesuit Refugee Service Belgium, Ligue des Droits de l'homme asbl, MRAX, Point d'Appui, Protestants Sociaal Centrum, Sociale Dienst Socialistische Solidariteit, October 2006 ([http://www.vluchtelingenwerk.be/pdf/RAPPORT\\_GESLOTEN\\_CENTRA.pdf](http://www.vluchtelingenwerk.be/pdf/RAPPORT_GESLOTEN_CENTRA.pdf), consulted on 14 November 2008)
- Devillé A., *Schuilen in de schaduw. Mensen zonder wettig verblijf in de Belgische samenleving. Een kwalitatieve 'multi-method' benadering*. Wolters Kluwer Belgium NV, 2008
- Devisscher L., *Asielzoekers op de arbeidsmarkt? Een gemiste kans! Vluchtelingenwerk Vlaanderen*, Brussels, 2003, (<http://www.vluchtelingenwerk.be/pdf/samira.pdf>, consulted on 12 March 2009)
- European Parliament, *Report on a visit to closed detention centers for asylum seekers and immigrants in Belgium by a delegation from the Committee on Civil Liberties, Justice and Home Affairs (LIBE)*. EC, 2008

- European Commission, *Report by the Council of Europe commissioner for Human Rights, Thomas Hammarberg, on his visit to Belgium 15-19 December 2008*. Strasbourg, June 2009 (<https://wcd.coe.int/ViewDoc.jsp?id=1458603&Site=CommDH&BackColorInternet=FEC65B&BackColorIntranet=FE65B&BackColorLogged=FFC679>, consulted on 22 June 2009)
- Fedasil, *De opvang van asielzoekers in België: praktijk en wetgeving. Vergelijkende juridische studie ten aanzien van de richtlijn van 27 januari 2003 tot vaststelling van minimumnormen voor de opvang van asielzoekers in de Lidstaten*. Fedasil, 2004
- Fedasil, *Informatieve nota bij de wet van 12 januari 2007 betreffende de opvang van asielzoekers en van bepaalde andere categorieën van vreemdelingen en de Koninklijke uitvoeringsbesluiten*. Brussels, January 2007 (<http://www.fedasil.be/home/attachment/i/13557>, consulted on 7 November 2008)
- Fedasil, *Annual report 2007*. May 2008.
- Fedasil, *Responsabilisering van asielzoekers. Een aangepast doelgroepenbeleid in het opvangcentrum Broechem: brochure*. Brussels, 2007
- Federal Ombudsman, *Onderzoek naar de werking van de open centra beheerd en erkend door Fedasil*. Brussels, April 2009
- Federal Ombudsman, *Onderzoek naar de werking van de gesloten centra beheerd en erkend door Fedasil*. Brussels, April 2009
- Foblets M.C. & Vanbeselaere N., *Asielzoekers en terugkeer. Een kwalitatief en kwantitatief onderzoek*. Centre for equal opportunities and opposition to racism, April 2006
- Gevaert J. & Rydberg E., *Meer dan een bed. Twintig jaar opvang van asielzoekers*. Fedasil and Publisher Epo vzw, 2007
- Henkens N., *Verslag bezoek repatriëringcentrum 127bis 01/04/08*. Brussels, 2008
- Institute for the equality of women and men, *Handleiding voor de toepassing van gender mainstreaming binnen de Belgische federale overheid*. Brussels, 2009
- International Centre for Reproductive Health (ICRH), *Workshop recommendations: Hidden violence is a Silent Rape: Prevention of Sexual & Gender-based violence against Refugees & Asylum Seekers in Europe: a Participatory Approach Report*. ICHR-Ghent University, 2008
- Janssens K. et al., *Sexual reproductive health and rights of refugee women in Europe. Workshop Proceedings*. International Centre for Reproductive Health (ICRH), June 2005
- Janssens K. et al., *Sexual reproductive health and rights of refugee women in Europe. Rights, Policies status and Needs*. International Centre for Reproductive Health (ICRH), June 2005
- Janssens K. et al., *Sexual reproductive health and rights of refugee women in Europe. Survey analysis*. International Centre for Reproductive Health (ICRH), June 2005
- Kabeer N., *Women's development: to what end? Conferentie van de Commission on Women and Development. Investeren in Gelijke Rechten en kansen voor vrouwen en mannen is investeren in ontwikkeling*. Brussels, 16 December 2008
- Kabeer N., *Empowerment van vrouwen: met welke doel? Lezing van Prof. Dr. Naila Kabeer*. In: Rol en Samenleving vzw (RoSa), jrg.15, nr.3, pp. 2-6, 2009
- Keygnaert I. et al., *Hidden Violence is a Silent Rape: Prevention of Sexual & Gender-based Violence against Refugees & Asylum Seekers in Europe: a Participatory Approach Report*. ICHR-Ghent University, 2008
- Kohlman C., *Leven in niemandsland. De positie van vrouwen en meiden in de asielopvang*. In: Kohlman et al., *Vrouwen in het migratiebeleid*. The Hague: E-Quality, 2003, p. 75-92
- Kormoss S., *Het asielbeleid op EU-vlak sedert het verdrag van Amsterdam en de wisselwerking met het Belgische asielbeleid*. Ministerie van Binnenlandse Zaken, Brussels, January, 2001
- Maly I., *De Parasiet van de Taal. Over beeldvorming en hulpverlening*. Tolk- en vertaalservice Gent, 2005 (<http://www.flwi.ugent.be/cie/CIE2/maly7.htm>, consulted on 9 February 2009)
- Marx I. & Verbist G., Rea A, V. Corluy, M. Godin, *Before & After. De sociale en economische positie van personen die geregulariseerd werden in de uitvoering van de wet van 22/12/1999*. Centrum voor Sociaal Beleid (UA) and GERME (ULB) on the initiative of the Centre for equal opportunities and opposition to racism, Brussels, 2008 ([http://www.diversite.be/?action=publicatie\\_detail&id=47&thema=4](http://www.diversite.be/?action=publicatie_detail&id=47&thema=4), consulted on 9 February 2009)

- Meurs P. & Gailly A., *Wortelen in andere aarde. Migrantengezinnen en hulpverleners ontmoeten cultuurverschillen*. Leuven/Amersfoort, Acco, 1998
- Nederlandstalige Vrouwenraad, *De asielprocedure vanuit genderperspectief. Richtlijnen en aanbevelingen voor de behandeling van de vrouwelijke asielzoeker*. NVR werkgroep vrouwelijke vluchtelingen, Brussels, 1997
- Nederlandstalige Vrouwenraad, *Infodossier gender en diversiteit*. NVR, Brussels, december 2006 ([http://www.vrouwenraad.be/dossiers/2006/gender\\_diversiteit/gender\\_diversiteit.pdf](http://www.vrouwenraad.be/dossiers/2006/gender_diversiteit/gender_diversiteit.pdf), consulted on 1 December 2008)
- Nederlandstalige Vrouwenraad, *Krachtlijnen voor een emancipatorisch beleid. Aanbevelingen n.a.v. de Peking+5-conferentie*. NVR, Brussels, 2000
- NVR, HOM, UNHCR, *Toward a gender-sensitive Asylum Policy in Europe*. Conference Report. Brussels, 1999
- Raad van de Gelijke Kansen voor Mannen en Vrouwen, *Advies nr 57 van 13 september 2002 van de Raad van de Gelijke Kansen voor Mannen en Vrouwen betreffende 'Vrouwen en het asielrecht'*. Brussel, 2002 (<http://www.raadvandegelijkekansen.be/navigatieframesetcontact.htm>, consulted on 7 January 2009)
- Ravesloot S. et al., *Charter van de politieke partijen in België. Gelijkheid van vrouwen en mannen als permanente doelstelling van de politieke partijen in België*. Brussels, January 2007
- Rode Kruis Vlaanderen, Croix-Rouge de Belgique, Fedasil, *Onderzoek naar psychosociale en therapeutische hulpverlening aan asielzoekers*. March 2004 (<http://www.fedasil.be/home/attachment/i/2690>, consulted on 19 February 2009)
- Scheepers S. et al., *De trajecten van vrouwen in de Belgische politiek / Les trajectoires des femmes dans la politique belge*. Brussels: Institute for the equality of women and men, 2007
- Sensoa, *Verslag Netwerkdag Seksuele Gezondheid en Culturele Diversiteit*. Brussels, 23 oktober 2007
- Tiebos K., *Ontspan maar, het is tijd om vrouw te zijn. De ontwikkeling van een methodisch verantwoorde vrouwenwerking in het Rode Kruis Opvangcentrum Antwerpen Linkeroever*. Graduate Paper, Karel De Grote Hogeschool, 2008 (<http://www.fondspascaldecroos.org/EN/index.php?page=44&cat=16&id=1025>, consulted on 8 February 2009).
- Van den Buys E., Vanbilsen S., Cupers M. and Clijsters K., *Empowerend groepswerk met asielzoekers. Ervaringen van het OCMW Heusden-Zolder*. Heusden-Zolder, 2007
- Verstraete G. & Pinxten R., *Het oude slot en zijn nieuwe bewakers*. Gent, 1999 (<http://www.acsim.be/images/stories/Documents/Vrije%20woord.pdf>, consulted on 16 February 2009)
- Vink J., *De leefsituatie en maatschappelijke positie van vrouwelijke vluchtelingen in België*. YWCA-Antwerp, November 2001
- Flemish Refugee Action et al., *Recht op recht in de gesloten centra. De toegang tot de juridische bijstand in de gesloten centra voor vreemdelingen in België*. november 2008 (<http://www.vluchtelingenwerk.be/bestanden/recht-op-recht.pdf>, consulted on 16 December 2008)
- Flemish Refugee Action, *Een integrale omkadering in de asielopvang. Opvang, terugkeer en integratie van asielzoekers vakkundig op elkaar afgestemd via een systeem van trajectbegeleiding*. Brussel, 2008 (<http://www.vluchtelingenwerk.be/bestanden/EEN-INTEGRALE-OMKADERING-IN-DE-ASIELOPVANG.pdf>, consulted on 29 January 2009)
- Flemish Refugee Action et al., *Right 2 Learn-project: opleidingsproject*, 2007 (<http://www.vluchtelingenwerk.be/projecten/opleidingen.php>, consulted on 18 March 2009)
- Young Women's Christian Association-Antwerpen (YWCA) & Nederlandstalige Vrouwenraad, *Opvang en begeleiding van vrouwelijke vluchtelingen: nood aan een genderbenadering. Besluiten en aanbevelingen uit het onderzoek 'De leefsituatie en maatschappelijke positie van vrouwelijke vluchtelingen in België'*. YWCA and NVR, June 2003 (<http://www.vrouwenraad.be/pdf/ywca.pdf>, consulted on 18 November 2008)
- Young Women's Christian Association-Antwerpen (YWCA), *Verslag studiedag 30/11/2001: De leefsituatie en maatschappelijke positie van vrouwelijke vluchtelingen in België*. YWCA-Antwerp, 2001

## Other countries

- Asylum Aid, *The Rights of Women Seeking Asylum: A Charter*. Asylum Aid, 2008 (<http://www.asylumaid.org.uk/data/files/charter.pdf>, consulted on 16 February 2009)
- Berkowitz N. & Jarvis C., *Asylum Gender Guidelines*. The Immigration Appellate Authority, 2000 (<http://refugeestudies.org/UNHCR/64%20-%20Asylum%20Gender%20Guidelines.pdf>, consulted on 12 January 2009)
- Brouns M. et al., *Het lange wachten op een veilige toekomst. : onderzoek naar veiligheid van vrouwen en meisjes in asielzoekersopvang*. Rijswijk: Centraal Orgaan opvang Asielzoekers (COA), 2003
- Centraal Orgaan opvang asielzoekers (COA) & Movisie, *Eindrapport: Verbeteren Veiligheid Vrouwen en meisjes in de opvang 2004 - 2005*. CAO, Rijswijk, Netherlands 2005
- Cross-Border Asylum Action, *Reception Conditions and the Impact of the EU Directive in Slovenia*. Ljubljana, May 2007
- De Ruuk N. et al., *Good practices in mental health and social care for asylum seekers and refugees. Identification study report on the Netherlands*. European Refugee Fund Nederland, 2003 ([http://mighealth.net/nl/index.php/Geestelijke gezondheid van vluchtelingen en asielzoekers](http://mighealth.net/nl/index.php/Geestelijke_gezondheid_van_vluchtelingen_en_asielzoekers), consulted on 16 February 2009)
- De Zulueta A., et al. (eds.), *The image of migrants, refugees and asylum seekers in the media*. Council of Europe, 2004 (<http://assembly.coe.int/mainf.asp?Link=/documents/workingdocs/doc04/edoc10280.htm>, consulted on 2 February 2009)
- Emancipatieraad, *Deskundigheidsbevordering bij IND: naar een 'genderinclusieve' benadering*. The Hague, 1996
- European Commission, *Community framework strategy on gender equality (2001-2005)*. EC, 2000 ([http://europa.eu/legislation\\_summaries/other/c10932\\_en.htm](http://europa.eu/legislation_summaries/other/c10932_en.htm), consulted on 2 December 2008)
- European Commission, *Manual for gender mainstreaming. Employment, social inclusion and social protection*. EC, Brussels, 2008
- European Commission, *Policy plan on asylum. An integrated approach to protection across the EU*. EC, 2008 (<http://www.detention-in-europe.org/images/stories/eu-com-asylum-communication-jun-08.pdf>, consulted on 27 January 2009)
- European Commission, *Report on the implementation in the European Union of Directive 2003/9/EC laying down minimum standards for the reception of asylum seekers and refugees: visits by the Committee on Civil Liberties 2005-2008*. EC, January 2009
- European Commission, *Survey on Detention of Asylum Seekers in EU Member States*. Brussels, 2006 (<http://alternatives-to-detention.org/wp-content/uploads/2007/02/Survey%20on%20Alternatives%20to%20Detention%20of%20Asylum%20Seekers%20in%20EU%20Member%20States.pdf>, consulted on 5 December 2008)
- European Observatory, *Tweederapport van de EU Observatory, Dokters van de Wereld*. EU Observatory, 2009 ([http://www.doktersvandewereld.be/IMG/pdf/Rapport\\_NL\\_final.pdf](http://www.doktersvandewereld.be/IMG/pdf/Rapport_NL_final.pdf), consulted on 30 September 2009)
- European Social Forum, *Refugee Women: Rights & Wrongs. Report of seminar 15/10/2004*. ESH, 2004
- European Women Lobby & Refugee Women's Resource Project at Asylum Aid UK, *Asylum is not gender neutral – Protecting women seeking asylum. The need for gender guidelines to implement the EU qualification directive and the asylum procedures directive*. A practical advocacy guide, november 2007 ([http://www.womenlobby.org/SiteResources/data/MediaArchive/Publications/migrant-final\\_en.pdf](http://www.womenlobby.org/SiteResources/data/MediaArchive/Publications/migrant-final_en.pdf), consulted on 3 November 2008)
- Felten H. et al., *Methodieken seksueel geweld hulpverlening en preventie*. Movisie, Utrecht, February 2007
- Freedman J., *Women's Right to Asylum: Protecting the Rights of Female Asylum Seekers in Europe?* Human Rights Review, 2008, 9(4):413-433 (<http://www.springerlink.com/content/e6021uq3287j8424/>, consulted on 9 January 2009)
- Glastra F., *Diversiteit en organisaties. Naar een contextuele benadering van intercultureel management*. Lemma, Utrecht, 2002

- Gower M. and Liisananti A., *Asylum Rights Watch. Summary of responses June - September 2007*. Asylum Aid Protection from Persecution, October 2007 ([http://www.asylumaid.org.uk/data/files/publications/67/AsylumRightsWatch\\_summary\\_report\\_Oct\\_07.pdf](http://www.asylumaid.org.uk/data/files/publications/67/AsylumRightsWatch_summary_report_Oct_07.pdf), consulted on 1 December 2008)
- Huma Network, *Access to health care for undocumented migrants and asylum seekers in ten EU countries. Law and Practice*. Huma Network, 2009 (<http://www.huma-network.org/content/view/full/501>, consulted on 30 September 2009)
- Immigration Appellate Authority, *Asylum Gender Guidelines*. Groot-Brittannië, november 2005 (<http://refugeestudies.org/UNHCR/64%20-%20Asylum%20Gender%20Guidelines.pdf>, consulted on 12 November 2008)
- Jak L., *Goede zorg begint bij heldere registratie: soa bij asielzoekers*, Phaxx, 2003, 4:16-18 ([http://www.pharos.nl/uploads/site\\_1/Pdf/Phaxxarchief/2003\\_4\\_Soa.pdf](http://www.pharos.nl/uploads/site_1/Pdf/Phaxxarchief/2003_4_Soa.pdf), consulted on 21 November 2008)
- Jesuit Refugee Service, *Detention in the 10 New Member States. A Study of Administrative Detention of Asylum Seekers and Irregularly Staying Third Country Nationals in the 10 New Member States of the EU*. Jesuit Refugee Service, 2007 (<http://www.detention-in-europe.org/images/stories/10%20nms%20report%20summary.pdf>, consulted on 2 February 2009)
- Jesuit Refugee Service, *Detention in the European Union*. JRS, 2007 (<http://www.detention-in-europe.org/images/stories/10%20nms%20report%20final.pdf>, consulted on 9 January 2009)
- Keefe A. & Hage E., *Vulnerable Women's Project Good Practice Guide: Assisting Refugee and Asylum Seeking Women affected by Rape or Sexual Violence*. Refugee Council United Kingdom, 2009 (<http://www.refugeecouncil.org.uk/Resources/Refugee%20Council/downloads/researchreports/RC%20Vulnerable%20Women%20GPG%20%20v2b.pdf>, consulted on 11 February 2009)
- Kennedy P. & Murphy-Lawless J., *The Maternity Care Needs of Refugee and Asylum-seeking Women. A summary of research by Patricia Kannedy and Jo Murphy-Lawless*. Social science Research Centre. University College Dublin, Ireland, 2002
- Kennedy P. & Murphy-Lawless J., *The Maternity Care Needs of Refugee and Asylum-seeking Women*. Social science Research Centre. University College Dublin, Ireland, March 2002
- Kramer S., & Cense M., *Overleven op de m2. Veiligheidsbeleving en strategieën van vrouwen in de centrale opvang voor asielzoekers*. Pharos/Transact, Utrecht, 2004
- Kramer, S. (2003). *Binnen de grenzen van het (on)mogelijke: patronen in betekenisverlening en coping van asielzoekers*. Phaxx, 2003, 10:12-15 ([http://www.pharos.nl/uploads/site\\_1/Pdf/Phaxxarchief/2003\\_3\\_betekenisgeving\\_coping\\_asielzoekers.pdf](http://www.pharos.nl/uploads/site_1/Pdf/Phaxxarchief/2003_3_betekenisgeving_coping_asielzoekers.pdf), consulted on 13 January 2009)
- Leiss A. & Boesjes R., *Female asylum seekers: a comparative study concerning policy and jurisprudence in the Netherlands, Germany, France, the United Kingdom, also dealing summarily with Belgium and Canada*, Dutch Refugee Council. Amsterdam, 1994
- Mitchell G., *Asylum Seekers in Sweden. An integrated approach to reception, detention, determination, integration and return*. Sweden, 2001
- Movisie, *Weerbaarheidstraining in asielzoekerscentra heeft effect*. Amsterdam, 2008. ([http://www.weerbaarheid.nu/trainingen/movisie\\_en\\_weerbaarheidstrainingen/weerbaarheidstrainingen\\_in\\_azc\\_s](http://www.weerbaarheid.nu/trainingen/movisie_en_weerbaarheidstrainingen/weerbaarheidstrainingen_in_azc_s), consulted on 16 June 2009)
- Muus P., *Migration and Asylum in Europe*. International Migration and Ethic Relations (IMER), Malmö/Sweden, 2001
- National Development Plan Gender Equality Unit, *Gender equality and work with refugees*. Ireland/Dublin, 2003
- National Thematic Network on Asylum & Integration in Sweden, *National policy proposal 2007*. Zweden, 2006 (<http://www.temaasyl.se/Templates/Page.aspx?id=63>, consulted on 9 January 2009)
- Odysseus, *Academic Network for Legal Studies on Immigration, Comparative Overview of the Implementation of the Directive 2003/9 of 27 January 2003 Laying Down Minimum Standards for the Reception of Asylum Seekers in the EU Member States*. 2007. (<http://www.unhcr.org/refworld/docid/484009fc2.html>, consulted on 2 February 2009)
- Petronilia S. (eds.), *Een heleboel mensen, een zee van vuurlichtjes: empowermentstrategieën van zwarte, migranten- en vluchtelingenvrouwen*, Utrecht, 1997.

- Platform for European Red Cross Cooperation, *Guidelines on the reception of asylum seekers for National Red Cross and Red Crescent Societies*. International Federation of Red Cross and Red Crescent Societies, Sweden 2001 ([http://www.ifrc.org/cgi/pdf\\_perco.pl?perco-asylum-en.pdf](http://www.ifrc.org/cgi/pdf_perco.pl?perco-asylum-en.pdf), consulted on 9 January 2009)
- Platform for European Red Cross Cooperation on Refugees (PERCO), *Asylum Seekers and Migrants, Guidelines on the reception of asylum seekers for National Red Cross and Red Crescent Societies*. Geneva, 2001
- Refugee Council Policy & Research, *Refugee and Asylum Seeking Women Affected by Rape or Sexual Violence: a Literature Review*. United Kingdom, 2009
- Refugee Women's Resource Project & Asylum Aid, *Women asylum seekers in the UK: A gender perspective. Some facts and figures*. United Kingdom, february 2003 (<http://www.asylumaid.org.uk/data/files/publications/29/Women%20asylum%20seekers%20in%20the%20UK%20a%20gender%20perspective.pdf>, consulted on 10 December 2008)
- Sarolea S. & Dermine C. (eds.), *National Report done by the Odysseus Network for the European Commission on the implementation of the directive on reception conditions for asylum seekers in Belgium*. Brussels, 2007 ([http://ec.europa.eu/justice\\_home/doc\\_centre/asylum/studies/doc\\_asylum\\_studies\\_en.htm](http://ec.europa.eu/justice_home/doc_centre/asylum/studies/doc_asylum_studies_en.htm), consulted on 18 November 2008)
- Shadid, W.A., *Interculturele communicatieve competentie*. the Netherlands, 2000 (<http://www.interculturelecommunicatie.com/download/competentie.html>, consulted on 17 February 2009)
- UNHCR, *A thematic compilation of executive committee conclusions UNHCR*. UNHCR, august 2008 (<http://www.unhcr.org/publ/PUBL/3d4ab3ff2.pdf>, consulted on 24 November 2008)
- UNHCR, *Age Gender Diversity Mainstreaming project in Belgium (unpublished final report)*. UNHCR Brussels, 2008
- UNHCR, *Being a Refugee. Age, Gender and Diversity Mainstreaming Report 2007. How Refugees and Asylum Seekers Experience Life in Central Europe*. UNHCR, Budapest, August 2008 ([http://www.unhcr-budapest.org/images/stories/2008/agdm/UNHCR-AGDM\\_report\\_2007-ENfinal.pdf](http://www.unhcr-budapest.org/images/stories/2008/agdm/UNHCR-AGDM_report_2007-ENfinal.pdf), consulted on 6 November 2008)
- UNHCR, *Ensuring sensitivity in the context of refugee status. Determination and resettlement. Resource package*. UNHCR, Geneva, 2005
- UNHCR, *Female Asylum-Seekers and Refugees in France*. UNHCR, 2009 (<http://www.unhcr.org/4a8d0fc19.html>, consulted on 30 October 2009)
- UNHCR, *Guidelines on the protection of Refugee Women. A synopsis of the UNHCR Guidelines*. UNHCR, Geneva, 1997, ([http://www.reliefweb.int/library/GHARKit/files/GUIDELINES\\_PROTECTION\\_SYNOPSIS.PDF](http://www.reliefweb.int/library/GHARKit/files/GUIDELINES_PROTECTION_SYNOPSIS.PDF), consulted on 22 December 2008)
- UNHCR, *Handbook for the Protection of Women and Girls*. UNHCR, Geneva, january 2008 (<http://www.unhcr.org/refworld/docid/47cfc2962.html>, consulted on 30 October 2009)
- UNHCR, *Listening to the Refugees. Report in the Gender, Age and Diversity Roll-Out in Hungary, Poland, the Slovak Republic and Slovenia*. UNHCR, Budapest, November 2005
- UNHCR, *Manual on a Community Based Approach in UNHCR Operations*. UNHCR, Geneva, January 2008
- UNHCR, *Mental health of refugees. UNHCR/WHO, 1996* ([http://www.unhcr.se/Pdf/publications/Mental\\_refugees.pdf](http://www.unhcr.se/Pdf/publications/Mental_refugees.pdf), consulted on 20 January 2009)
- UNHCR, *Prevention and response to sexual and gender-based violence in refugee situations. Inter-agency lessons learned conference proceedings*. UNHCR, Geneva, 2001
- UNHCR, *Reception of Asylum Seekers. Including Standards of Treatment in the Context of Individual Asylum Systems*. UNHCR, Geneva, September 2001
- UNHCR, *Refugee women and Mainstreaming a Gender Equality Perspective. Standing Committee Paper*. UNHCR, Geneva, June 2001
- UNHCR, *Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response*. UNHCR, May 2003 (<http://www.unhcr.org/refworld/docid/3edcd0661.html>, consulted on 26 february 2009)

- UNHCR, *The UNHCR Tool for Participatory Assessment in Operations*. UNHCR, Geneva, May 2006
- UNHCR, *UNHCR annotated comments on council directive 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum seekers*. UNHCR, 2003
- UNHCR, *UNHCR Guidelines on International Protection: 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 (2002)*. UNHCR, 2002 (<http://www.unhcr.org/cgi-bin/texis/vtx/refworld/rwmain?page=search&docid=3d36f1c64>, consulted on 28 November 2008)
- UNHCR, *UNHCR's Response to the European Commission's Green Paper on the Future Common European Asylum System*. UNHCR, Geneva, September 2007 (<http://www.unhcr.org/refworld/docid/46e159f82.html>, consulted on 26 february 2009)
- UNHCR, *Women, Children and older refugees. The sex and age distribution of refugee populations with special emphasis on UNHCR policy priorities*. UNHCR, Geneva, 2001
- United Nations, *General comment 24 on Article 12: Women and health (1999)*, CEDAW. 20th edition, 1999 (<http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom24>, consulted on 17 November 2008)
- Van Rooijen M., *Abortus onder asielzoeksters. Met alleen voorlichting zijn we er niet*. Phaxx, 2007, 1: 15-17 (<http://www.pharos.nl/directnaar/phaxx/45>, consulted on 26 January 2009)
- Vloeberghs E., Van Bob Marley tot Sjef de Vris. *Empowerment, de inhoud van een containerbegrip*. Phaxx, 2003, 3: 35-38
- Vluchtelingenorganisaties Nederland, *Vluchtelingen op de bres voor vluchtelingen*. Amsterdam, 2000
- Wihtol de Wenden C., *Démographie, immigration, intégration*. Fondation Robert Schuman, Paris, 2008 (<http://www.robert-schuman.org/doc/actualites/qe-111-112-113-fr.pdf>, consulted on 13 November 2008)
- Wilson R. et al., *Sexual health, asylum seekers and refugees. A handbook for people working with refugees and asylum seekers in England*. United Kingdom, 2007

## WEBSITES VISITED

### Belgium

- Recommendations of the CEDAW-committee: <http://www2.ohchr.org/english/bodies/cedaw/comments.htm>
- Belgian State Gazette: [www.ejustice.just.fgov.be/cgi/welcome.pl](http://www.ejustice.just.fgov.be/cgi/welcome.pl)
- Belgian Committee for Aid to Refugees: [www.cbar-bchv.be/introNL.htm](http://www.cbar-bchv.be/introNL.htm)
- Belgian Red Cross – Flanders : [www.rodekruis.be](http://www.rodekruis.be)
- Belgian Red Cross – French-speaking community: [www.croix-rouge.be](http://www.croix-rouge.be)
- Caritas International Belgium: [www.caritas-int.be](http://www.caritas-int.be)
- Centre for equal opportunities and opposition to racism: [www.diversiteit.be](http://www.diversiteit.be)
- Committee on the Elimination of Discrimination against Women (CEDAW): [www2.ohchr.org/english/bodies/cedaw/index.htm](http://www2.ohchr.org/english/bodies/cedaw/index.htm)
- Committee for the Prevention of Torture – Belgium (EU): <http://www.cpt.coe.int/fr/etats/bel.htm>
- Conseil des femmes francophones de Belgique (CFFB, *French-speaking Council of Women of Belgium*): [www.cffb.be](http://www.cffb.be)
- Coordination et Initiatives pour et avec les Réfugiés et Étrangers (CIRE, *Coordination and Initiatives for Refugees and Aliens*): [www.cire.irisnet.be](http://www.cire.irisnet.be)
- Dienst Vreemdelingenzaken (Foreign Office): [www.dofi.fgov.be](http://www.dofi.fgov.be)
- Documentation Centre and Archives on Feminism, Equal Opportunities and Women's Studies: [www.rosadoc.be](http://www.rosadoc.be)

- Federal Agency for the reception of asylum seekers (Fedasil): [www.fedasil.be](http://www.fedasil.be)
- Flemish Refugee Action: [www.vluchtelingenwerk.be](http://www.vluchtelingenwerk.be)
- Forum asiel en migratie (*Forum for Asylum and Migration*): [www.f-a-m.be](http://www.f-a-m.be)
- Institute for equality of women and men: <http://igvm-iefh.belgium.be>
- International Centre for Reproductive Health (ICRH): [www.icrh.org](http://www.icrh.org)
- International Organization for Migration Belgium: [www.belgium.iom.int](http://www.belgium.iom.int)
- Jesuit Refugee Service Belgium: [www.jrsbelgium.org/index.php?lang=nl](http://www.jrsbelgium.org/index.php?lang=nl)
- Liga voor Mensenrechten (League for Human Rights): [www.mensenrechten.be](http://www.mensenrechten.be)
- Medimmigrant: [www.medimmigrant.be](http://www.medimmigrant.be)
- Meeting, onthaal- en steunpunt voor mensen zonder wettig verblijf (The Meeting, reception and support for people without legal status): [http://www.linkbrussel.be/mambo/index.php?option=com\\_content&task=blogsection&id=12&Itemid=54](http://www.linkbrussel.be/mambo/index.php?option=com_content&task=blogsection&id=12&Itemid=54)
- Mouvement d'insertion des réfugiés, Convivial (Movement for the insertion of refugees): [www.convivial.be](http://www.convivial.be)
- Nederlandstalige Vrouwenraad (*National Council of Women of Belgium – Dutch-speaking*): [www.vrouwenraad.be](http://www.vrouwenraad.be)
- Office of the Commissioner General for Refugees and Stateless Persons: [www.cgvs.be](http://www.cgvs.be)
- Permanent Refugee Appeals Commission: [www.vbv.fgov.be](http://www.vbv.fgov.be)
- Raad van de Gelijke Kansen voor Mannen en Vrouwen (*Council for Equal Opportunities for Men and Women*): [www.raadvandegelijkekansen.be](http://www.raadvandegelijkekansen.be)
- Raad voor Vreemdelingenbetwistingen (*Council for Foreigner Disputes*): <http://www.cce-rvv.be/index.asp>
- Steunpunt Gezondheid & Vreemdelingenrecht (*Centre for health and immigration laws*): [www.vmc.be/vreemdelingenrecht/index.aspx](http://www.vmc.be/vreemdelingenrecht/index.aspx)
- Vlaams Minderhedencentrum (*Flemish Centre for Minorities*): [www.vreemdelingenrecht.be](http://www.vreemdelingenrecht.be)
- ZebrArt: [www.zebrart.be](http://www.zebrart.be)

## Other countries

- Asylum Aid, Protection from Persecution (*Women's Asylum News*): [www.asylumaid.org.uk](http://www.asylumaid.org.uk)
- BRIDGE, Development and Gender: [www.bridge.ids.ac.uk/bridge](http://www.bridge.ids.ac.uk/bridge)
- British Red Cross Refugee Unit: [www.redcross.org.uk](http://www.redcross.org.uk)
- Center for Gender and Refugee studies (CGRS): <http://cgrs.uchastings.edu>
- Centraal Orgaan opvang asielzoekers (*Central Body for the Reception of Asylum Seekers*): [www.coa.nl](http://www.coa.nl)
- Central Agency for the Reception of Asylum Seekers: [www.coa.nl](http://www.coa.nl)
- Central Service of the Protection System for asylum seekers and refugees, Italy: [www.serviziocentrale.it](http://www.serviziocentrale.it)
- Cimade – Service oecuménique d'entraide (*Oecumenical service for mutual support*): [www.cimade.org](http://www.cimade.org)
- Committee against Torture (VN): <http://www.unhchr.ch/html/menu2/6/cat/index.html>
- Denemarken, Danish Red Cross Asylum Department: [www.asylum.redcross.dk](http://www.asylum.redcross.dk)
- Detention for vulnerable asylum seekers (DEVAS): [www.jrseurope.org/DEVAS/intro.htm](http://www.jrseurope.org/DEVAS/intro.htm)
- Detention in Europe: [www.detention-in-europe.org/index.php?option=com\\_content&task=view&id=12&Itemid=67](http://www.detention-in-europe.org/index.php?option=com_content&task=view&id=12&Itemid=67)
- European Centre for the Study of Migration & Social Care (MASC): <http://www.kent.ac.uk/masc/index.html>

- European Committee for the prevention of torture: <http://www.cpt.coe.int/en/default.htm>
- European council on Refugees and Exiles: [www.ecre.org](http://www.ecre.org)
- European Network of Asylum Reception Organisations (*enaro*): [www.enaro.eu](http://www.enaro.eu)
- European Programme for Integration and Migration: [www.epim.org](http://www.epim.org)
- European Women's Lobby: [www.womenlobby.org](http://www.womenlobby.org)
- European Court of Human Rights: [www.echr.coe.int/echr](http://www.echr.coe.int/echr)
- International Federation for Human Rights: [www.fidh.org](http://www.fidh.org)
- Forced Migration Review: [www.fmreview.org](http://www.fmreview.org)
- Forum Réfugiés (Refugees Forum): [www.forumrefugies.org](http://www.forumrefugies.org)
- Groupe d'information et de soutien des immigrés: [www.gisti.org](http://www.gisti.org)
- International Detention Coalition (IDC), human rights for detained refugees, asylum seekers and migrants: [www.idcoalition.org](http://www.idcoalition.org)
- Information Centre about Asylum and Refugees in the UK (ICAR): [www.icar.org.uk](http://www.icar.org.uk)
- International Committee of the Red Cross: [www.icrc.org](http://www.icrc.org)
- Migration Policy Group: [www.migpolgroup.com](http://www.migpolgroup.com)
- Movisie, kennis en advies voor maatschappelijke ontwikkeling (*Movisie, knowledge and advice for social development*): [www.movisie.nl](http://www.movisie.nl)
- National Development Plan Gender Equality Unit: [www.ndpgenderequality.ie](http://www.ndpgenderequality.ie)
- National Thematic Network on Asylum & Integration in Sweden (NTN): [www.temaasyl.se/Templates/Page.aspx?id=63](http://www.temaasyl.se/Templates/Page.aspx?id=63)
- North of England Refugee Service (NERS): [www.refugee.org.uk/welcome.htm](http://www.refugee.org.uk/welcome.htm)
- Odysseus Network, Academic Network for legal studies on immigration and asylum in Europe: <http://www.ulb.ac.be/assoc/odysseus/index2.html>
- Official Journal of the European Union: <http://eur-lex.europa.eu/nl/index.htm>
- Pharos, kennis- en adviescentrum gezondheid en asielzoekers (*Pharos, knowledge and advice center for health and asylum seekers*): [www.pharos.nl](http://www.pharos.nl)
- Phaxx, kwartblad vluchtelingen en gezondheid (*Phaxx, quarterly magazine for refugees and health*): [www.pharos.nl/directnaar/phaxx](http://www.pharos.nl/directnaar/phaxx)
- Pro Asyl, national working Group for refugees, Duitsland: <http://www.proasyl.de/en/index.html>
- Reception and Integration Agency, Ierland: [www.ria.gov.ie](http://www.ria.gov.ie)
- Refugee Facilities Administration, Tsjechië: [www.suz.cz](http://www.suz.cz)
- Refugee Action: [www.refugee-action.org.uk](http://www.refugee-action.org.uk)
- Refugee Council Policy & Research: [www.refugeecouncil.org.uk](http://www.refugeecouncil.org.uk)
- Refugee Law Reader: [www.refugeelawreader.org](http://www.refugeelawreader.org)
- Refugee Women's Association: [www.refugeewomen.org](http://www.refugeewomen.org)
- Refugee Women's Resource Project (RWRP): [www.asylumaid.org.uk/pages/the\\_projects\\_purpose.html](http://www.asylumaid.org.uk/pages/the_projects_purpose.html)
- Refworld: [www.refworld.org](http://www.refworld.org)
- Researching Asylum in London: [www.researchasylum.org.uk](http://www.researchasylum.org.uk)
- Stichting vluchtelingenwerk Amsterdam (*Foundation refugee work Amsterdam*): [www.vwamsterdam.nl](http://www.vwamsterdam.nl)
- Vluchtelingenwerk Nederland: [www.vluchtelingenwerk.nl](http://www.vluchtelingenwerk.nl)
- UN-High Commissioner for Refugees (UNHCR): [www.unhcr.org](http://www.unhcr.org)
- Vrouwen tegen uitzetting (*Women against expulsion*): [www.vrouwentegenuitzetting.nl](http://www.vrouwentegenuitzetting.nl)
- Weerbaarheid: [www.weerbaarheid.nu](http://www.weerbaarheid.nu)

## International instruments

- Convention relating to the status of Refugees, signed on 28 July at Geneva (Act of 26 June 1953 – Belgian State Gazette, 4 October 1953)
- [Amended by the New York Protocol on 31 January 1967 (Belgian State Gazette, 3 May 1969)]
- Convention of 10 December 1984 against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, adopted by the United Nations General Assembly on 10 December 1984, signed by Belgium on 4 February 1985 and entering into effect on 25 July 1999 (the Anti-torture Convention)
- European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR) of 4 November 1950
- International Covenant on Economic, Social and Cultural Rights (1966)
- Universal Declaration of Human Rights of 10 December 1948 (Belgian State Gazette, 31/03/1949)
- Convention on the Elimination of All Forms of Racial Discrimination (1966)
- Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979 (UN Women’s Convention or CEDAW Convention) and the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women, New York, 6 October 1999
- Declaration on the Elimination of Violence against women of 20 December 1993 (UN Doc. A/ Res/48/104, New York, 12 February 1994)

## European Instruments

- Directive 2003/9/EC of the Council of 27/01/2003 laying down minimum standards for the reception of asylum seekers in the member states (P.B. L. 6 February 2003, issue 31, 18)
- European Social Charter (Belgian State Gazette, 10 May 2004)
- European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, Strasbourg, 26 November 1987
- Consolidated Version of the Treaty Establishing the European Community (P.B. 24/12/2002)
- Charter of Fundamental Rights of the European Union (2000/C 364/01) (P.B. 18/12/2000)
- The Treaty of Amsterdam (2 October 1997, in force since 1 May 1999)
- The Treaty of Lisbon (13 December 2007)

## Belgian legislation

- De The Coordinated Text of the Belgian Constitution (1994)
- The Act of 10 May 2007 Combating Discrimination Between Women and Men (Belgian State Gazette, 10 May 2007)
- Royal Decree of 25/04/2007 laying down detailed rules for the assessment of the individual situation of the beneficiary of the reception system (Belgian State Gazette, 10 May 2007)
- Royal Decree of 9/04/2007 determining the medical aid and the medical care that is not provided to the beneficiary of the reception system because it has been proved to be unnecessary and determining the medical aid and the medical care that is part of daily life and is provided to the beneficiary of the reception system (Belgian State Gazette, 7 May 07)

- Royal Decree of 02/08/2002 establishing the regime and operating measures applicable to the premises in Belgian territory, administered by the Immigration Office, where foreign nationals are detained, made available to the state and kept subject to the provisions stated in Article 74 / 8, § 1 of the Act of 15 December 1980 on access to the territory, residence, establishment and expulsion of aliens (Belgian State Gazette, 12 September 2002)
- Royal Decree of 1 April 2007 regarding the allowance as provided for in article 62, § 2bis, of the Programme Act of 19 July 2001 (Belgiane State Gazette, 18 April 2007)
- Royal Decree of 08/06/2009 amending the Royal Decree of 02/08/2002 on closed centres establishing the regime and operating measures applicable to the premises in Belgian territory, administered by the Immigration Office, where an alien is detained, made available to the state and held subject to the provisions stated in Article 74 / 8, § 1 of the Act of 15 December 1980 on access to the territory, residence, establishment and expulsion of aliens (Belgian State Gazette, 25 June 2009)
- Act on monitoring the implementation of the resolutions of the World Conference on Women held in Beijing in September 1995 and to integrate the gender dimension in all federal policies, January 12, 2007 (Belgian State Gazette, 13 February 2007)
- Act of 15 December 1980 on access to the territory, residence, establishment and expulsion of aliens (Belgian State Gazette, 31 December 1980)
- Act of January 21, 2007 on the reception of asylum seekers and certain other categories of aliens (Belgian State Gazette, 7 May 2007)
- Act containing diverse provisions of 30 December 2009 (Belgian State Gazette, 31 December 2009)
- Royal Decree of 12/22/2009 amending Article 17 of the Royal Decree of 9 June 1999 implementing the Law of 30 April 1999 on the employment of foreign workers (Belgian State Gazette, 12 January 2010)



# Annexes

## - ANNEXE 1: QUESTIONNAIRE FOR THE (EXPLORATORY) DISCUSSIONS/INTERVIEWS WITH POLICY WORKERS OF THE CENTRES AND FOR MANAGERS/STAFF OF THE RECEPTION CENTRES AND CENTRAL ADMINISTRATION OFFICES

Questions (topics)

What does **'gender equality'** mean to you as staff? What do you understand by it?

Does your organisation work on **'gender equality'**, in other words is attention given to the equality of women and men in the centre's policy (gender awareness policy) and does your organisation also work on promoting the ideas of equal opportunities in your organisation? In what way? Is it reflected in the vision / mission of the organisation? Further efforts in this regard? For some decisions is there a distinction between female and male applicants? If so, what?

Is there a **(separate) internal reception policy or rules to guarantee the women a safe and well equipped stay in the centres?**

What are the **specific problems/questions** facing the women in the centres? How are these identified?

Is attention given to these **specific needs and requirements of women?** If so, how? Concrete examples (specific facilities)? What do you think are the **obstacles** to meeting these needs and requirements of women?

(If not discussed above) How do the centres deal with **(gender related) violence towards women?** (EU Directive, Article 14: Prevention of Violence in Reception Centres)

Have you any **suggestions** for **improving** the living conditions of female residents in the centre?

When sharing the **resources** is account taken of the specific needs of women (gender budgeting)?

Can you identify in this context (living conditions of female refugees in reception centres) **good and less good practices?**

Are **staff** in the centres made aware and do they receive training on this topic? If so, how?

The Reception Act:

- Art. 51. The Agency or the partner shall organise a **multidisciplinary and continuous training cycle** intended for staff at the reception systems.
- **Social workers** are assigned an important role, Art. 31: individualised and social counselling of the asylum seeker and Art. 32: creating a social dossier.

**Living collectively** often produces problems (violence etc). What problems arise at the centre? Do you receive **questions or complaints** from women? How are these questions dealt with?

Some concrete questions for policy workers

In the Reception Act of 12 January 2007 in article 3 we read that each asylum seeker has the right to a reception which must enable him or her to live a life of human dignity. What should we understand by this?

- Art. 56. § 1. the Agency has, among other tasks, the duty to ensure the organisation, the management and the **quality control** of the material aid awarded to the beneficiary of reception. -> Fedasil coordinates the reception systems and monitors the quality thereof -> Have quality standards been laid down?
- Art. 14: **information brochure** given to the asylum seeker. Contents?
- Art. 20: right to respect for his/her **private life** -> how is this realised?

- The act provides that the Agency shall organise a multidisciplinary and continuous training cycle for staff at the reception systems. This training shall focus particularly on a number of specific topics, such as the aliens' act, pedagogy and psychology, multicultural reception, ethics, conflict management, **gender issues** and the reception of vulnerable groups. Can you elaborate on this? What exactly do 'gender issues' entail?
- For the **evaluation** of the Reception Act exchange days were held (source: website). Who were the partners? Did the evaluation give attention to the specific needs and requirements of women in the centres?
- When will this report be published?

To integrate quality care in the daily operation of the reception centre in 2007 Fedasil set up a quality **network** consisting of a network of a group of reference persons. Who are these persons? Are gender experts involved? What topics are dealt with here? Gender?

Diverse:

- Report 2006 on transposing this EU Directive
- Proposal of topics for group discussions?
- Does the Federal 'Reception Act' also apply to the closed centres?

## **INTERVIEWS AND/OR EXPLORATORY DISCUSSIONS WITH POLICY WORKERS AT THE BELGIAN RECEPTION CENTRES, NGOS ACTIVE IN THE FIELD OF ASYLUM AND THE RECEPTION OF CANDIDATE REFUGEES AND CERTAIN OTHER CATEGORIES OR INDIVIDUALS**

Machiels B., Head of Department for Policy Preparation at the Federal Agency for the Reception of Asylum Seekers (Fedasil), 9 January 2009, Brussels

Adam A., Strategic Developer, Flemish Refugee Action, 22 January 2009, Brussels

Bergans K., Immigration Office, Department for General Coordination and Control of Centres, 6 February 09, Brussels

Dal F., Director Centre d'Accueil Rapproché pour Demandeurs d'Asile (CARDA), Red Cross Belgium, 19 January 2009, Yvoire

de Aguirre A., Justice Department, United Nations High Commissioner for Refugees (UNHCR), 20 January 2009, Brussels

Franssens M., Coördination et initiatives pour réfugiés et étrangers (Cire, Coordination and Initiatives for Refugees and Aliens), 28 January 2009, Brussels

Hespen D., Head of Reception and protection, Flemish Refugee Action, 22 January 2009, Brussels

Janssens B., Department for the Reception of Asylum Seekers, Belgian Red Cross Flanders, 26 January 2009, Mechelen

Vanwaeyenberg G., Immigration Office, Department for General Coordination and Control of Centres, 6 February 2009, Brussels

Dedoncker K., Beweging tegen geweld (Movement against violence), vzw Zijn and former researcher at the International Centre for Reproductive Rights (ICRH), 25 February 2009, Brussels

Salazar N., Jesuit Refugee Service-Belgium, visitor closed center, 25 June 2009

Stockmans P., Flemish Refugee Action, working group on closed centres, 25 June 2009

## **INTERVIEWS WITH MANAGERS AND STAFF OF THE RECEPTION CENTRES**

044 March 2009, Transit Centre 127, Immigration Office, manager of the centre, deputy manager, social worker and nurse.

20 March 2009, Repatriation Centre 127bis, Immigration Office, social worker.

24 March 2009, Centre for illegal immigrants, Bruges, Immigration Office, manager of the centre, psychologist and security guard.

30 March 2009, OC Broechem, Fedasil, manager of the centre and deputy manager.

7 April 2009, OC Jumet, Fedasil, manager of the centre and head of animation department.

23 April 2009, OC Rixensart, Fedasil, head of animation department and trainee.

5 May 2009, OC Klein Kasteeltje Brussels, Fedasil, coordinator, animation.

12 May 2009, OC Oignies, Red Cross, social worker.

15 May 2009, OC Yvoir, Red Cross, deputy manager and social worker.

25 May 2009, OC Bruges, Red Cross, manager of the centre and deputy manager.

27 May 2009, OC Lanaken, Red Cross, supervisor.

2 June 2009, OC Menen, Red Cross, social worker.

3 June 2009, OC Klein Kasteeltje Brussels, Fedasil, Residents Department staff member

- ANNEXE 2: QUESTIONNAIRE/TOPIC LIST FOR THE FOCUS GROUPS IN ENGLISH

---

**Time use**

---

1. How do you spend an ordinary day here in the centre? For instance, can you tell us what you did yesterday, if this was an ordinary day? What do you like, what do you dislike? Which solutions can you bring on yourself? Which things can/could others do for you ... in order to make your life more pleasant, comfortable at the centre?
- 

Sub-questions:

Which activities would you like to do more or less?

Which kind of activities are organized in the centre? Which ones do you prefer?

How do you feel about taking part in conversation groups/group conversations?

Do you yourself organize certain activities? Would you like to? Is it possible to do this?

For mothers: does it happen that you would like to participate in certain activities but that you cannot because of a lack of child care facilities? How do you solve this problem?

Possible topics: participation in activities, contacts with the neighborhood/town/networks, organizations, boredom, access to employment, access to education and training...

---

**Basic Conditions/Basic Help**

---

2. Do you sometimes need help? When, for what reasons, how do you ask for help and whom do you ask? What kind of solutions do you look for or find yourself? What can others do to help you?
- 

Sub-questions:

What do you think of the help you get here? What kind of help would you like to receive?

Why do you not ask for help?

When you feel good, with whom do you share your joy?

When you feel down, sad... what do you do? What would you have done in your homeland?

If you witnessed violence or were a victim of violence in your own country or during your flight... can you speak about this experience here at the center? Who do you talk to? A staff member, the doctor, the psychologist, other women?

Possible topics: medical aid, psychological care, nursing, doctors, social assistance, social assistants, medication, pregnancy, obstacles to assistance (language, cultural diversity, lack of knowledge, sexual behavior or perceptions of sexual behavior, religion, male doctors/caretakers, distrust, the role of the partner/husband), sex education, information regarding to sexuality, pregnancy, abortion, HIV/aids, genital mutilation, preservatives...

---

**Basic Conditions/Basic Help**

---

3. How do you feel about living together in the centre?
- 

Sub-questions:

What do you like about living together with others/your fellowmen/women/ your partner/your children (in a collective structure/group regime)? What do you think is difficult about this situation, living together with people who are different from you, who think differently, live differently, have other habits, come from another community... or inversely who belong to the same community as you?

What do you like about living in a group, together with your fellowmen/women (family members, men, older women...), what do you think makes life difficult in living in a group with fellowmen/women?

How do you feel about having to share rooms with men you do not know, men who are strangers?

(privacy) Each person sometimes needs a room/space to be on one's own or with one's partner, where you can be apart from the rest. Can you find or do you have this kind of room/space in the centre? Do you think you get enough (facilities to) privacy in the center? How do you feel about this, about your privacy?

Possible topics: cultural diversity, group pressure, living in a collective regime (privacy in showers, toilets...). Sexual relationships with the partner.

---

### **Basic Conditions/Basic Help**

---

#### 4. How do you feel about being a mother here?

---

Sub-questions:

Do you feel you can fully act as a mother here? In which way? What kind of education can you give your children here?

Do you feel that you have complete control over the education of your children or do you leave that to the staff of the centre? Which factors can facilitate your role as mother, educator? What are the obstacles, what makes it difficult?

Does your partner/husband support you in this role? Which role does he take up?

What kind of difficulties do you have here with your children?

Do you think it is more difficult to raise girls/daughters in this centre than it is to raise boys/sons?

Possible topics: support for the education of children, care, cultural conflicts, child facilities/caretaking, experiences of children, generational conflicts

---

### **Violence**

---

#### 5. Do you feel safe in this centre? What makes you feel safe, what makes you feel unsafe? What do you do and can you do yourself to feel safe? What can others do? Do you feel safe when you leave the centre?

---

Sub-questions:

Have you already witnessed violence within the centre? Have you witnessed quarrels in the centre? (physical violence such as seeing someone hitting/beating another person; verbal assault such as someone shouting at another person; sexual violence such as someone making indecent proposals to women)

Do you sometimes feel annoyed because a person or some persons had too much to drink or was under the influence of drugs?

Are there more tensions between you and your partner because of the situation you are in?

Have you been harassed by men/women here in the centre or in the neighborhood? What kind of harassment was it, precisely? (physical, verbal, sexual) Do you know anyone who has been harassed? Who was the victim? Who was the perpetrator: a cohabitant, a member of the staff, a man, a woman? How has the situation been dealt with?

Do you think that people have enough respect for the materials in the centre?

Possible topics physical violence, verbal violence, sexual violence, violence due to alcohol/drugs, survival strategies, vandalism, feeling safe, feeling unsafe, partner violence due to stress, uncertainty, sexual intimidation, reaction/policy of the centre, nuisance/trouble

---

**Basic Help/ Basic Conditions**

---

6. How do you experience your life in this centre? What do you like? What do you dislike? What do you find difficult?
- 
- 

Sub-question: If you were to reorganize the center what would you keep as it is? What would you change?

Possible topics: rooms, food, showers, toilets, living conditions, sleeping rooms, livings, relax rooms, coziness, privacy, feeling safe/at home ...,

---

**Self-image/Empowerment**

---

7. What would be a major support for you (to facilitate you life)? Does the staff of the centre support you? Or do you rather feel supported by cohabitants, networks/people from outside the centre? Do you think that women and men are being treated differently by the staff? Do women receive more benefits or are they being disadvantaged? Can you explain this?
- 
- 

Subquestions:

Does your stay here in the centre helps to take control of your life again? What could make you stronger, what could make you (feel) more powerful; strengthen you/your capacities?

Do you feel you can make decisions with regard to your life, about things that you think are important?

What is according to you important for you/important in your life?

What are your dreams, desires? How do you see your future?

Do you feel free within this centre? Can you talk about this with another person? Who?/Who not?

Possible topics: dependency of men/partners or other members of the group because of (patriarchal) systems, participation, control, mobility, isolation...

**Staff :**

---

**Which solutions do you see to solve the problems/difficulties you have spoken about? What do you think could be an improvement and/or make your life here better, more pleasant?**

---

---

---

**ANNEXE 3: INVITATION TO PARTICIPATE IN THE FOCUS GROUP DISCUSSION**

---

---

**(DATE) (TIME) (PLACE)**

---

---

We are happy to invite you to the **group discussion** that is to be held on **(date)** at **(time)** in the centre. This group discussion is being organised within the context of a project on the **reception of female asylum seekers in Belgium**. It is a joint initiative of the NVR and the Conseil des Femmes Francophones de Belgique and the Institute for the equality of women and men.

We would like to discuss with you your living conditions in the centre and your **specific needs and requirements**, as a **female** asylum seeker or refugee. We believe it is important for us to hear what you have to say and that is why we are giving you the opportunity to participate in this project.

Based on what you tell us we want to understand how women **experience** life as a woman in a reception centre. The objective is to use the information we assemble to draw up **recommendations** to improve the life of women in the centres, to make life more pleasant where necessary.

Any information gathered during these group discussions will be used **confidentially** and **anonymously**. Any information provided by you will not affect your asylum procedure.

The group discussion will take place in (language, with or without translation) and will take a number of hours.

As a token of our gratitude each participant will receive a small **gift**.

Should you have any further **questions**, the staff at the centre will be happy to help you.

Thank you for your cooperation.

With kind regards

Fatma Arikoglu  
Project manager  
NVR