

RECEPTION CONDITIONS: PROTECTING WOMEN AND GIRLS IN EU ASYLUM SYSTEMS

ECRE'S ANALYSIS OF GENDER-RESPONSIVE RECEPTION CONDITIONS UNDER THE RECAST RECEPTION CONDITIONS DIRECTIVE

I. INTRODUCTION

Reception conditions for asylum applicants across the EU vary from country to country, and **numerous implementation gaps remain**. In its 2016 proposal for a recast of the Reception Conditions Directive (RCD), the European Commission identified the Member States' lack of compliance as the major problem for reception, including a lack of respect for the obligations that cover the specific needs of women and girls. Generally, the lack of harmonised practice on gender-sensitive reception conditions means that the challenges disproportionately affecting women and girls are left unaddressed.

This Policy Note analyses the extent to which the **recast Reception Conditions Directive** (rRCD) adopted in 2024 can support the realisation of the rights of refugee women and girls in the reception phase of asylum systems in line with international and European standards. It illustrates the legal and practical barriers women and girls currently face drawing from the **Asylum Information Database (AIDA)** managed by ECRE, the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) **baseline evaluations**, and other sources. To capitalise on the implementation of the recast RCD, it provides recommendations for the European Commission (EC), Member States (MS), the EU Asylum Agency (EUAA), and other stakeholders to ensure gender-sensitive reception conditions. While the recast introduces some changes to the legal framework on reception, it is just as important to consider compliance with existing obligations.

II. ANALYSIS

ASSESSING SPECIAL RECEPTION NEEDS

The rRCD consolidates the terminology of the CEAS to refer to identifying applicants with “special reception needs”, rather than using the concept of vulnerability. It expands the non-exhaustive list of such applicants to include LGBTI persons, and survivors of GBV, forced or child marriage, and other forms of targeted violence. MS must conduct individualised assessments, and Recital 47 emphasises the need to consider inherent vulnerabilities. Article 2(14) mandates structural integration of special reception needs and Article 25 establishes the framework for assessing special reception needs. Positively, the rRCD strengthens the obligations of states including setting a 30-day deadline for completing the assessment, procedural safeguards (prioritisation of examination and exclusion from accelerated/border procedures if needed), mandatory training (continuous training for authorities to detect special reception needs), documentation requirements (recording signs, statements, and measures addressing vulnerabilities in applicant files), and provisions for urgent medical treatment (use of non-trained individuals only in emergencies). All of these changes should help to enhancing predictability and protection for persons with special reception needs.

Nonetheless, while the rRCD introduces some positive elements, it still falls short of fully addressing intersectional vulnerabilities and ensuring continuous, adaptable protection, which may lead to overlooking those facing compound risks (e.g. pregnant trafficking survivors). It also fails to mandate periodic reassessments and relies on self-reporting for changes in needs. Additionally, while oral translation is provided, there is no requirement for trauma-trained interpreters or the right to request a same-sex interpreter for sensitive disclosures.

Assessment of screening mechanisms for GBV survivors across the EU illustrates some of the significant gaps that need to be addressed. For example, Greece focuses only on immediate physical health needs, while Poland prioritises social assistance over trauma identification, leading to undiagnosed PTSD. Spain lacks structural vulnerability screening, exposing women to heightened risks in Ceuta and Melilla. Ireland’s shift to self-completed questionnaires hinders GBV disclosure, and Luxembourg lacks a dedicated focal point. Delayed assessments in Norway and Cyprus limit timely protection, while Germany’s reception centers often lack structured screening. Weak coordination and interpretation services in Romania and Slovenia further impede early identification and support.

DIGNIFIED AND SAFE MATERIAL RECEPTION CONDITIONS FOR ALL WOMEN AND GIRLS

Gender-sensitive and inclusive material reception conditions are crucial for all women and girls seeking protection, not just those deemed to be the most vulnerable. Article 19 rRCD requires MS to provide material reception conditions, ensuring an adequate standard of living from the moment an asylum application is made. Article 20 mandates gender- and age-specific accommodation, including measures to prevent assault and violence, such as separate sanitary facilities and safe spaces for female applicants and their children.

For a broader interpretation of gender-sensitive reception conditions, Recital 38 of the rRCD requires MS to uphold the principles of the Istanbul Convention related to reception conditions. Article 60(3) of the Convention mandates gender-sensitive reception procedures, including early identification of violence survivors, separate accommodation and toilet facilities, secure rooms, adequate lighting, trained female guards, staff training, protocols for GBV, and information on support services.

European standards and relevant jurisprudence further highlight the need to provide reception conditions tailored to the specific needs of women and girls. The [Directive on Combating Violence against Women and Domestic Violence](#) (Article 33(3)) mandates the separate accommodation of survivors from persons of the other sex in reception centres. The CJEU ([Case C621/21](#)) affirms that EU asylum law should be interpreted in line with the Istanbul Convention. ECtHR judgments also emphasise the need for adequate safeguards for women and girls in vulnerable situations (e.g., [M.A. v Italy](#); [A.D. v Greece](#); [M.L. v Greece](#)).

Despite legal requirements, significant gaps persist. While reception centres in many MS ([AT](#), [BG](#), [CY](#), [DK](#), [EE](#), [FI](#), [FR](#), [HR](#), [LT](#), [LU](#), [NL](#), [PL](#), [RO](#), [SE](#)) offer single-sex rooms, Greece, Ireland, and Cyprus lack adequate women-only accommodation, with overcrowded mixed-gender facilities posing safety risks. Luxembourg, Norway, Romania, and Poland have limited dedicated spaces, often placing women in hotels or shared facilities. Persistent issues include violence risks in Germany and Spain due to mixed-sex dorms, and inadequate lighting and facilities in Malta, Italy, Romania and Sweden.

Specific reception facilities for women who are most vulnerable, such as survivors of GBV and domestic violence, torture or human trafficking, pregnant women, women and girls with disabilities, and survivors of

female genital mutilation (FGM), are essential. Here as well, gaps persist, including [insufficient specialist and supportive accommodation](#) and risks for unaccompanied girls upon reaching 18 years of age in [Spain](#). [Romania](#) lacks accessible facilities for disabled individuals, and [Luxembourg](#)'s shelters have limited capacity. [Slovenia](#) faces gaps in specialised housing, while [Poland](#) addresses GBV but lacks accommodations for forced marriage or honour-based violence. Despite these challenges, promising practices include dedicated reception places for underage pregnant girls in [Belgium](#) and independent living programs for unaccompanied children over 16 in [Cyprus](#).

REMOVING BARRIERS TO ACHIEVING SOCIO-ECONOMIC RIGHTS

Improve access to age- and gender-sensitive health services

Article 22 rRCD requires MS to provide applicants with adequate health care, including emergency care, essential illness treatment, mental health support, and necessary sexual and reproductive care. Article 60 of the Istanbul Convention obliges State parties to provide psychosocial and crisis counselling, and medical care for trauma survivors. A Committee of Ministers' [recommendation](#) also emphasises age- and gender-sensitive health services, including mental, sexual, and reproductive health for migrant refugee and asylum-seeking women. ECtHR case law ([P.S. and A.M. v Hungary](#), [E.F. v Greece](#)) underlines the need for adequate medical care for the woman at reception centres.

Despite legal requirements, health services remain inadequate, with capacity shortages in [Belgium](#), [Cyprus](#), [Greece](#) and [Ireland](#), limited psychiatric care for abuse survivors in the [Netherlands](#) and [Poland](#), and a lack of PTSD specialists and intercultural competence in [Poland](#). Good practices include [Luxembourg](#)'s psychological support team, [Spain](#)'s trauma care, and [Romania](#)'s specialist care delivered by NGOs.

Eliminate barriers to education

Article 16 rRCD mandates MS to grant child applicants access to education, refrain from withdrawing secondary education solely based on reaching the age of majority, and provide vocational training with professional qualifications recognition. Similarly State parties, under CEDAW Article 10, must ensure equal educational rights for women.

In practice, asylum-seeking girls face barriers in [accessing secondary and higher education](#), [discriminatory attitudes or lack of access to resources](#), cultural resistance, economic challenges, and the [age limit \(15 to 16\) on compulsory education](#). In many MS, those who are older than the compulsory school age [may not be offered the possibility to attend schools \(e.g. AT, FR, DE, HU, IRE, PT\)](#). Overcoming post-compulsory education barriers is therefore crucial. [Non-formal education](#), such as vocational training, language courses, and cultural exchanges, plays a key role in supporting unaccompanied girls' transition to adulthood and improving [adult women asylum seekers'](#) education and integration. Recognising existing qualifications and work experience through initiatives like the [European Qualification Passport](#) are also important.

Eliminate barriers to accessing the labour market

Article 17 rRCD requires MS to ensure applicants access the labour market no later than six months (reduced from nine months by the recast) after their application. It also requires states to provide vocational and language training for all applicants and to provide equal treatment with nationals in respect of education, vocational training, skills courses, workplace experience, and employment guidance. In addition, both CEDAW and the Employment Quality Directive mandates taking measures to eliminate discrimination against women and equal treatment both women and men in the field of employment.

In practice, women applicants and refugees encounter supplementary obstacles in obtaining employment and have [fewer job prospects than men](#). A significant hindrance for women trying to enter the labour market is the lack of childcare support ([CY, DE, EL](#)). Accordingly, it is imperative for MS to ensure cost-free availability of early childhood education and care, as required by the European Child Guarantee. Furthermore, women face serious hindrances to accessing the labour market, such as [unpaid domestic and reproductive responsibilities](#), [sexual harassment at workplace](#), [gender disparities in entrepreneurship](#). Consequently, it is important to facilitate women's entry into the labour market by providing self-employment opportunities, vocational training, and lifelong learning and literacy training.

GENDER-SENSITIVE GUIDELINES, STANDARD OPERATION PROCEDURES (SOPS), PROTOCOLS AND TRAINING OF STAFF

Article 31 rRCD mandates states to consider non-binding standards, guidelines, and best practices developed by the EUAA, while respecting state competence in organising reception systems. Article 60 of the Istanbul Convention mandates Parties to take the necessary legislative or other measures to develop gender guidelines

relevant to reception accommodation. The recast RCD requires MS to provide staff with asylum curriculum training and tools to identify special reception needs as developed by the EUAA (Article 33). It also ensures timely medical, psychological, and rehabilitative care for survivors of trafficking, torture, rape, or other serious forms of violence, with trained professionals maintaining confidentiality (Article 28).

While some countries (BE, DE, ES, HU, MT, PL) have developed SOPs or GBV prevention guidelines, their application remains inconsistent and ad-hoc. Gaps persist across EU reception centres, with Greece lacking gender-specific protocols and Germany missing federal violence prevention standards. Ireland excludes emergency and temporary housing, and Norway's gender-sensitive procedures are inconsistently applied. Poland has SOPs, but lacks protocols for forced marriage and honor-based violence. Good practices include FGM training in Luxembourg, trauma-informed training for staff and interpreters in Malta, and awareness courses on unaccompanied children and trafficking in Belgium, but many countries (BE, GR, IT, FR, PO, RO) still need comprehensive mandatory training.

III. RECOMMENDATIONS

The implementation of the recast RCD presents an opportunity to enhance gender-sensitive and inclusive reception conditions, with positive advancements such as strengthened individualised assessments, gender- and age-specific accommodations, and reinforced training requirements. By mandating material reception conditions and aligning with the Istanbul Convention, it introduces essential safeguards for women and girls, including separate accommodations, early identification of GBV survivors, and access to specialised healthcare. However, gaps remain, including the lack of mandatory periodic reassessments, standardised assessment methods across MS, trauma-trained interpreters, and explicit intersectional protections for those facing compound vulnerabilities.

Based on the analysis provided, this Policy Note makes the following recommendations:

1. *Strengthening Individualised Assessments of Special Reception Needs*

- » The EUAA should provide guidelines to MS on conducting intersectional vulnerability assessments, ensuring that individuals with multiple vulnerabilities receive appropriate support.
- » MS should implement mandatory periodic reassessments to account for evolving needs for reception, rather than relying solely on self-reporting.
- » The EUAA should develop standardised assessment methodologies to ensure consistency across MS.
- » MS should ensure that trauma-informed interpreters are available in reception centres, particularly for survivors of GBV, trafficking, and trauma. MS should also guarantee the right to request a same-sex interpreter for sensitive disclosures, ensuring a safe and supportive environment for applicants.

2. *Ensuring Safe and Adequate Material Reception Conditions for Women and Girls*

- » When implementing the recast RCD obligation to ensure gender- and age-specific accommodation, MS should ensure separate, secure accommodations for women and girls, with dedicated spaces for women and girls in line with the international standards, particularly Istanbul Convention standards which include:
 - » Separate toilet and shower facilities for men and women, or at a minimum, regulated timetables for their use.
 - » Rooms with lockable doors and adequate lighting in and around reception centres to improve security.
 - » Presence of trained female guards and social workers to enhance trust and protection.
- » Mandatory gender-sensitive training for reception staff, including private service providers. In order to respect the recast RCD obligation to ensure safe spaces for female applicants, MS should establish dedicated spaces for women and girls in vulnerable situations, including safe shelters for survivors of GBV, trafficking and torture; specialised facilities for pregnant women, women with disabilities, LBQ+ women, and unaccompanied girls transitioning to adulthood.
- » In order to comply with the recast RCD obligation for MS to consider standards, guidelines, and best practices developed by the EUAA, the EUAA should support MS in developing guidelines and SOPs for GBV prevention, reporting, and intervention in reception centres and monitor whether the reception conditions are adapted to the specific needs of women and girls.

3. Improving Access to Healthcare, Education, and Employment

- » In order to respect the recast RCD obligation to ensure timely medical, psychological, and rehabilitative care for survivors of trafficking, torture, rape, or other serious forms of violence, MS should increase funding and resources for health services in reception centres, ensuring sufficient medical personnel, including specialists in mental health, reproductive healthcare and trauma care.
- » In order to comply with the recast RCD obligation to provide staff with tools to identify special reception needs as developed by the EUAA, EUAA should develop gender-sensitive training and guidelines for healthcare providers, focusing on survivors of GBV, trafficking and trauma.
- » In order to comply with the obligations under the RCD to ensure access to education—including by refraining from withdrawing access to secondary education solely because an applicant has reached the age of majority—and to provide vocational training with recognition of professional qualifications, MS should remove barriers to education, ensuring that asylum-seeking girls and young women have access to secondary and vocational training beyond compulsory school age.
- » The EC and MS should implement childcare support programs in reception centers to facilitate women's labour market participation, in line with the European Child Guarantee.

4. Implementing Gender-Sensitive Guidelines and Staff Training

- » When implementing the recast RCD obligation to consider EUAA's standards and guidelines, MS should also develop guidelines and SOPs for identifying and responding to GBV, trafficking and trauma within reception centres.
- » In line with recast RCD obligation to provide staff with training, EUAA should support mandatory training programs for frontline staff, including social workers, immigration officers, lawyers, interpreters, and security personnel, to enhance gender-sensitive approaches.
- » The EC should ensure consistent application of gender-sensitive guidelines across all reception centres, preventing ad-hoc and centre-based inconsistencies.



A project led by the association France terre d'asile

AMAL: Empowerment and Protection of Migrant Women” is a three-year project (2023-2025) implemented by France terre d'asile in partnership with the European Council on Refugees and Exiles (ECRE). The Project aims to improve the realisation of migrant women's rights through a wide range of activities, including advocacy at both the French and the EU level, protection, empowerment and capacity-building activities.



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