**Editorial: A place of safety? Protecting the sexual and reproductive health and rights of Ukrainian sanctuary-seeking women and young people**

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***Introduction and Context***

The conflict in the Ukraine has generated a flow of refugees unprecedented within Europe since the Second World War. Over six million[[1]](#footnote-1) Ukrainians have fled to neighbouring countries to escape violence and destruction (1). Ninety per cent are women, children and young people under the age of 18 years. Many have left behind partners and other loved ones and must come to terms with both recent trauma and a disquieting future without the emotional and practical support of those they would normally rely on. They also face major risks to their sexual and reproductive health rights (SRHR) with possible long-term negative consequences (2). However, the early stages of any crisis create unexpected openings for action; drawing upon existing understanding and knowledge of challenges and risks to SRHR, and services required, what can make a difference to these women and young people, whose lives are now blighted by uncertainty?

***Vulnerabilities and New Challenges***

Sanctuary-seekers face risks throughout their migratory journey, and the unique demographic composition of the Ukrainian refugee community creates specific heightened threats. Chaotic environments created by mass population movement in the immediate aftermath of conflict provide opportunities for traffickers to exploit vulnerable refugees. The region has long been notorious for the activities of its trafficking rings (3), and there are reports from neighbouring countries of Ukrainian women and children being targeted (4). Compounded by trauma already experienced, gender-based violence is an ongoing risk during transition and in refugee settlements or holding centres, where women and girls are in danger of opportunistic assault (4). Growing numbers of credible claims of rape and other atrocities by Russian soldiers(5) means some survivors fleeing the country will have an urgent need for physical and psychological care through specialist gender-based violence (GBV) services. A proportion of refugee women will be pregnant, and the stress, hardship and interruption of care increase risks for mother and infant(6). Pregnant women will need to navigate unfamiliar and often overstretched health services and language barriers in order to access the continuum of care they need and may give birth without the support and companionship of their partner or close family member. Ukraine has an estimated 260,000 people living with HIV and prior to Russia’s invasion over half of them were on antiretroviral treatment (7). Those who have fled will need to quickly access services in order to ensure continuity of treatment and care. Refugees from marginalised groups such as the LGBTQ+ and Roma communities may be particularly vulnerable to discrimination and abuse (8,9).

Young sanctuary-seekers face specific barriers to accessing SRH information and services(10), caused by lack of knowledge, language and feelings of stigma. For those settling in a new country, learning different norms is challenging and they require knowledge and skills to negotiate unfamiliar emotional landscapes. Sexuality education in Ukraine is limited and unlikely to have equipped them with the skills necessary to meet their evolving physical and emotional development (11). Risks to SRHR are exacerbated by the dissolution of protective social and civil structures during humanitarian crises: young, separated sanctuary seekers (those under 18 with no present guardian) are particularly at heightened risk as lack of family support intersects with vulnerabilities such as age, refugee status, and, for girls, gender, increasing the risks they face throughout their migration trajectory.

***Protecting the SRH of Ukrainian refugees***

Unlike recent refugee influxes to Europe from conflict-affected areas such as Syria, policies have been developed that broadly welcome Ukrainians. The relaxation of visa requirements and border controls, as well as provision of free transport is likely to be protective against risk as Ukrainians are not reliant on clandestine or irregular travel options or people smugglers which increase the risk of trafficking and abuse (12). Extensive publicity campaigns to warn refugees of the dangers or trafficking have been rolled out. However, risks remain: the magnitude and pace of the refugee flow creates significant challenges in terms of developing and implementing protective strategies in recipient countries. Concerns have been raised about the lack of basic protection measures and lack of protocols on prevention and response to GBV place women and children at risk in Poland, which has received the largest number of refugees. This is underpinned by a lack of government co-ordination and heavy reliance on non-governmental organisations staffed by untrained volunteers to delivery basic services for new arrivals (4). Despite calls from UN and other key agencies, there are no systematic processes within or across reception sites in Poland to vet private transport or accommodation and are no clear systems to report related security concerns (4). Another unique aspect of this crisis is the use of private homes for accommodating refugees on a huge scale. While the hospitality and support offered across Europe to those in need is heartening and reduces reliance on high-density temporary refugee settlements which often offer poor conditions, there are reports of exploitation and abuse from the so-called hosts (4). The Homes for Ukraine scheme in the UK has come under criticism due to a lack of safeguards, and a recent under-cover report suggested predatory men were using the scheme to contact Ukrainian women (13). As refugees use up their existing resources, increasing poverty creates further vulnerability to exploitation, highlighting the need for the extension of financial support systems (14).

The Minimum Initial Service Package (MISP) for reproductive health defines priority activities for delivery in humanitarian crises, with interventions designed to prevent and manage the consequences of sexual violence, reduce HIV transmission and prevent excess maternal and newborn morbidity and mortality (15). Interventions also include contraceptive provision, treatment for sexually transmitted infections (STIs) and ensuring antiretrovirals (ARVs) for continuing users with a longer-term plan to develop more comprehensive SRH services. However, these interventions are not universally available: some of the neighbouring countries have adopted regressive approaches to SRHR limiting access to services and support, meaning the MISP is not fully implemented (9). In particular, Poland’s strict abortion laws restrict Ukrainian refugees, including those who have experience sexual assault, from safely terminating unwanted pregnancies (16). High prices and restrictive prescription regulations also limit access to contraception, including emergency contraception (17).

The Ukrainian conflict presents the Governments of Europe with a challenge unprecedented in modern times. The response has been huge, yet important gaps remain in ensuring the dignity, safety and health of this highly vulnerable population. We know from experience that a broad, multi-sectoral response that integrates social protection with humanitarian responses is needed to support the safety and welfare of displaced women and children (18). We urge all countries offering sanctuary to ensure rigorous and co-ordinated measures for safeguarding are in place including measures to regularise and document transport and accommodation, as well as ensuring access to essential SRH services and ongoing financial support.

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1. As of 20/05/2022 [↑](#footnote-ref-1)