



Women's Refugee Commission
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No Safety for Refugee Women on the European Route: Report from the Balkans

January 2016



WOMEN'S
REFUGEE
COMMISSION

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The Women's Refugee Commission improves the lives and protects the rights of women, children and youth displaced by conflict and crisis. We research their needs, identify solutions and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

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Cover photo: A women in Presevo refugee centre Serbia. © Meabh Smith/Trócaire

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Acronyms & Abbreviations

CSO	Civil society organization
EU	European Union
GBV	Gender-based violence
MISP	Minimum Initial Service Package (of reproductive health services)
NFI	Non-food item
NGO	Nongovernmental organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WRC	Women's Refugee Commission

Executive Summary

Protection risks for women, girls and other vulnerable groups are present at every stage of the European refugee migration; and at every point where risk could be mitigated, the opportunity to do so is squandered.

As part of a multi-stage assessment of the protection needs of women and girls in the flow of refugees through Europe, the Women's Refugee Commission recently visited Serbia and Slovenia. We found that there is virtually no consideration of gender-based violence (GBV) along the route to ensure safe environments, identify survivors and ensure that services are provided to them. Refugee women and girls are often unable to access basic services in transit centers, including sexual and reproductive health care. The lack of clear information and inability to access interpreters, especially female interpreters, hinders women and girls from accessing services and leaves them vulnerable to smugglers and other opportunists. Government officials are inadequately equipped to manage this mobile, vulnerable population. Civil society organizations with relevant gender expertise are typically excluded from the places where they could be most helpful. Finally, the protection risks that women and girls face in all humanitarian crises are exacerbated here by the lack of meaningful legal options to seek asylum or other relief along the route.

There is an urgent need for the Serbian and Slovenian governments, in collaboration and coordination with other countries, the European Union (EU) and the UN refugee agency (UNHCR), to take control of a hastily developed and chaotic humanitarian response and put in place the policies, programs, services and personnel that will protect women and girls from a myriad of risks from the moment they arrive and through the journey to a safe resettlement.

Recommendations

The Serbian and Slovenian governments should:

1. in collaboration and coordination with other countries, including EU member states, develop long-term asylum, protection and integration mechanisms so that individuals fleeing violence, including gender-based persecution, can exercise their right to protection and family unity in these countries and across the region;
2. not discriminate by nationality when processing refugees in transit; all individuals should have the opportunity to seek protection and have access to a fair and meaningful asylum system or other forms of humanitarian protection;
3. ensure strengthened, timely and efficient family tracing and reunification procedures for refugees, including unaccompanied minors, especially girls, hoping to reunite with family members already in a destination country;
4. together with UNHCR, ensure that transit sites are built and staffed in a gender-sensitive manner, recognizing women and girls' needs and safety, in line with the Inter-Agency Standing Committee *Guidelines for Integrating GBV Interventions in Humanitarian Action* (2015),¹ which offer sector-specific guidance on reducing risk, promoting resilience and aiding recovery efforts;
5. ensure that GBV-specific services, including clinical care for survivors of sexual violence, GBV experts, safe spaces for women and girls, and referral mechanisms, are available onsite at all transit sites;
6. ensure that the minimum standards of life-saving reproductive health services are available 24 hours per day, seven days per week through adequately resourced mobile clinics, and refugees should know where and how to access the services along the route;
7. improve refugees' access to information on their rights, the transit route and available services, including through increased deployment of female Arabic and Farsi interpreters;
8. allow civil society organizations to work inside transit sites and support their frontline efforts in the refugee response, particularly on women's protection, GBV response and human rights monitoring.

Introduction

In 2015, more than 1 million individuals fleeing conflict in Syria, Afghanistan, Iraq, and other nations in South Asia and Sub-Saharan Africa arrived in Europe. Refugees, traveling quickly, journey through southern, eastern, and central Europe, are striving to reach destinations where they hope to find safety and asylum before borders close. As of January 2016, more than 55 percent of those traveling are women and children, as compared to only 27 percent in June 2015.

As part of a multi-stage assessment of protection needs and response on the refugee route, the Women's Refugee Commission (the WRC) recently traveled to Serbia and Slovenia in order to inform and strengthen the response to the unprecedented arrival of these refugees. Some European governments, including Serbia and Slovenia, have been unprepared or lacked resources to stand up a complete humanitarian response. UN agencies are struggling to operate in countries where they had limited presence before the refugee crisis. Similarly, most international NGOs have been slow to respond. Inadequate planning led to a hastily designed response that has resulted in dangerous conditions along the route, especially for the most vulnerable among the refugees, including single women traveling alone, female-headed households, pregnant and lactating women, adolescent girls, unaccompanied minors and persons with disabilities. Additionally, Europe is providing ad hoc, rather than comprehensive, solutions for the long-term well-being of these refugees.

There is an urgent need to increase the capacity of personnel and the quality and availability of services along the European migration route to ensure that women, girls and other vulnerable groups are protected from the moment they arrive, including through asylum processes, until they are safely resettled. Without this, women and girls are at serious risk for violence and exploitation. The protection risks are present at every stage of the journey and at every point where risk could be mitigated, the opportunity to do so is squandered.

Refugee women and girls are often unable to access fundamental services in transit centers, including sexual and reproductive health care. Post-rape and other emergency reproductive health kits are not pre-positioned, so there is a gap in essential commodities and supplies to care for survivors of sexual violence; address life-threatening complications of pregnancy and child birth; prevent the transmission of HIV; and prevent unwanted pregnancy. The lack of clear information and inability to access interpreters, especially female interpreters, hinders women and girls from accessing services and understanding their rights or the transit process, and a general lack of knowledge leaves them vulnerable to smugglers and other opportunists who prey on

their desperation.

There are virtually no policies, staff or programs in place with a focus on GBV along the route to support safe environments, identify survivors and ensure that services are provided. The speed with which refugees are moving masks the violence that is occurring because the women are reluctant to delay their journey for any reason. But the nature of the migration is also being used as an excuse, with personnel claiming the magnitude and speed does not allow for identification of those at risk or the opportunity to provide services for survivors or others who might benefit.

Not only are government officials inadequately equipped to identify and ensure appropriate services are available for vulnerable populations, but efforts to incorporate much-needed services are negated. Civil society organizations with relevant gender expertise are typically excluded from the places where they could be most helpful.

The protection risks that women and girls face in all humanitarian crises are exacerbated in Europe by the lack of meaningful options to seek asylum along the route, mechanisms to facilitate family reunification, and case management and social support to integrate even if they are able to find safety. Most are trying to reach countries where they hope to find a structure to support asylum seekers that will make fair deci-



A mother and baby queue for aid in Presevo refugee center, Serbia. © Meabh Smith/Trócaire

sions about their asylum claims and eventually allow them to remain.² Many European countries, including Serbia and Slovenia, have either been unwilling to or point to a lack of infrastructure to host large numbers of refugees and asylum-seekers, and instead see themselves as merely transit countries.³ The failure to strengthen these systems leaves women and girls unnecessarily vulnerable to violence and exploitation, a situation exacerbated when the migration is stalled by tighter border controls that force refugees into already overcrowded transit centers.

Closing borders, discriminating among refugees by country of origin and other mechanisms that discourage refugees' right to seek asylum not only violate international law but also put these populations at heightened risk of GBV, exploitation, death along the route and deportation back to dangerous situations.

Methodology

The WRC is undertaking a series of assessments to understand women and girls' access to humanitarian and legal protection throughout the European refugee migration. Following a joint mission with UNHCR and UNFPA in November 2015 to Greece and Macedonia,⁴ the WRC completed an independent mission in December 2015 to Serbia and Slovenia. A small assessment team, including a female Arabic interpreter, traveled to Belgrade, Presevo, Adasevci and Sid in Serbia, and to Ljubljana, Dobova and Sentilj in Slovenia. In both countries, the WRC interviewed refugee women and men in transit. The team also met with other relevant stakeholders, including: government officials; border officials and police; international humanitarian actors, including staff at numerous UN agencies and local civil society organizations dedicated to promoting women's rights, human rights and migrant rights; and transit center volunteers.

Findings

No Gender Sensitivity at Transit Sites

Women and girls making the journey across Europe have fled the world's most dangerous war zones and deserve to find safe and humane conditions once they reach European soil. The transit camps, however, fail to offer women and girls sufficient basic services or protection from violence or exploitation.

Inexperienced personnel

Often the first personnel refugee women and girls encounter at transit sites are government authorities, border officials and police officers who serve as frontline

workers, responsible for registration and directing the movements of large numbers of refugees. WRC staff met with police and military officers inside the transit centers who indicated they had limited to no experience interacting with refugees, GBV survivors or other traumatized populations. Many stakeholders, including government officials, also acknowledged that the situation had exhausted and overwhelmed border authorities and other transit centers staff working relentless hours responding to such an unprecedented influx. A lack of capacity results in insensitive and inappropriate treatment of refugees. The WRC witnessed police officers yelling at refugees in their own language or in English, which most refugees do not understand, and creating panic or stampedes when trying to organize refugees to board buses. The WRC was also told that local authorities sometimes conduct themselves in culturally insensitive ways, reflecting xenophobia or Islamophobia, which only serves to alienate refugee women and girls who may be seeking someone to confide in regarding their lack of safety along the route. With training and capacity-building efforts, local authorities should manage the transit centers more humanely.

No sex-segregated facilities

Showers and latrines are rarely separated by sex at transit centers. Even when latrines are marked for males or females, refugee women say that men use latrines for both sexes indiscriminately. Refugee women and girls admitted to refusing food and water for multiple days in order to avoid using the latrines, which they perceive as unsafe and unsuitable.

No female-specific shelter

At both Dobova and Sentilj camps, refugee shelters consist of large Rubb halls, which lack any designated spaces for women or for families. In Dobova, the WRC found one such Rubb hall so overcrowded that there was no way for humanitarian actors to move among the refugees to identify vulnerable people who might need special services. In Dobova, the WRC also witnessed women changing clothes from behind blankets held up by other refugees, as the transit center offers no private spaces. In this type of atmosphere, harassment or assault could easily occur without detection by personnel charged with assisting the refugees.

Limited access to dignity kits

The non-food items (NFIs) distributed along the route fail to consider the specific needs of women and girls. The WRC found that women's kits containing undergarments and menstrual pads were not consistently available in all transit sites. In some transit sites, including Dobova, partners told the WRC that these items were available, but not on display. Refugee women must ask for such items by name, which may prohibit them from access, as they may feel embarrassed to ask, may not know these products are

available and may not want to ask a male worker, particularly if they are in the presence of male family members.

The WRC's previous mission in November uncovered the same lack of gender-sensitivity at transit centers. Little or no progress appears to have been made during the intervening months. It is essential that all sectors implement their programs in accordance with the Inter-Agency Standing Committee *Guidelines for Integrating GBV Interventions in Humanitarian Action* (2015).⁵ The purpose of the Guidelines is to assist humanitarian actors to coordinate, plan, implement, monitor and evaluate essential actions to protect refugees and prevent GBV across all sectors of humanitarian response. The Guidelines offer thematic area guidance, including easy-to-follow checklists, for every sector, including water, sanitation and hygiene; health; shelter; and NFIs. These guidelines should be upheld in site planning and the organization of all aid distributions.

No sexual and reproductive health care

Access to minimum standards for reproductive health is essential within these transit sites. On both assessments conducted along the route in Europe, the WRC noted a huge number of pregnant women and women with newborns. At the time of this assessment, most pregnant women requesting medical attention were referred to a local hospital for an ultrasound. However, the women whom the WRC interviewed expressed reluctance to travel to local hospitals, as it required leaving the transit sites, possibly separating them from their families or delaying their journeys.

Minimum standards for reproductive health, referred to as the Minimum Initial Service Package (MISP), are outlined in the SPHERE guidelines⁶ and should be implemented in order to reduce excess maternal and newborn mortality; prevent and respond to sexual violence; prevent the transmission of HIV and sexually transmitted infections; and to meet women and girls' right to dignity. In December, UNFPA was preparing to deploy mobile units to the transit sites in Serbia for a few days each week, which is a welcome practice, but these units should be available at the transit sites 24 hours a day, every day.

No Gender-sensitive Access to Information

The WRC consistently noted the lack of information available to refugees in the languages they speak regarding their journey, their rights and the services available to them. Many refugees reported not knowing what country they were currently in or what they should expect at the border crossing ahead. Free wireless internet, a lifeline when many refugees are relying on cellphones for information through online sources or friends and family, had only been recently made available in some transit areas despite a critical need.

In the absence of information, the WRC witnessed refugees hurrying through transit centers, bypassing opportunities to access medical care, child friendly spaces, food and NFIs. Were information about the route more clearly communicated to refugees, they could transit in a less stressed and anxious manner, with appropriate expectations of wait times, rights and obligations, and could pause to benefit from the services that exist.

Case study: In Presevo, the WRC met Noor,⁷ a pregnant woman traveling alone with two children under the age of five. The woman was sitting outside in the cold, waiting for a train to arrive that would transport them to the Croatian border. Noor complained of significant pains related to her pregnancy and expressed concern about the health of her baby. She was unaware of medical service providers available just 100 feet away from where she was sitting, or that the train would not arrive for more than four hours, giving her ample time to see a doctor. When the WRC explained this to her, she chose to accept the accompaniment of an NGO staff member to the nearby health center.

The lack of information contributes directly to refugees' vulnerability to extortion or other threats. On the periphery of transit sites, smugglers, gangs and traffickers promise faster or safer passage, often at hugely inflated costs or in ways that compromise refugees' safety. Women and girls are needlessly exposed to multiple forms of violence and exploitation from these criminals. If armed with better understanding of the route, fewer refugees would fall prey to such threats.

The WRC consistently found in both assessments that there are too few interpreters who can communicate directly with refugees. In some places, there is a single Farsi interpreter in an entire country. Female interpreters for Arabic and Farsi are essential to conduct sensitive conversations with refugee women and girls. In some transit centers, information on registration requirements, available services and refugees' rights is posted in writing in multiple languages, but it is crucial that information is also shared verbally. Governments have discussed using loudspeakers with recorded messages in multiple languages playing in all areas of transit centers to ensure that information is properly shared, which would improve access to needed information especially for women and girls who may have lower literacy rates.

No GBV-specific Services

GBV is a common feature of all humanitarian crises and refugee migrations, and yet government actors and humanitarians in Europe are not sufficiently responding to or preventing GBV risks. There is no coordinated response inside or across borders

to assist survivors of GBV. Government officials explained to the WRC that they are overwhelmed by the speed of the refugees' migration, but too often use this as an excuse for the lack of GBV-specific services. They say that few, if any, GBV cases are reported and that there is insufficient time to provide any support to survivors, who typically only halt their journey when they absolutely have to. However, clinical care for survivors of sexual violence in transit sites, GBV experts deployed along the route, dedicated safe spaces for women and girls, referral mechanisms in place and cross border case management would provide women and girls with a more realistic opportunity to come forward and access care, regardless of their sense of urgency to reach their destination.

Lack of clinical care: In all the countries assessed, the WRC found a complete lack of clinical care for sexual assault survivors at transit sites. National and international aid workers admitted that post-rape kits have not been pre-positioned and they were unfamiliar with the procedure to accompany rape survivors to local hospitals or to access needed medications. International humanitarian actors the WRC interviewed were unsure whether GBV survivors would be able to access clinical care for survivors of sexual violence without reporting the case to the police. There is an urgent need to create GBV referral pathways, aligning medical, psychosocial, legal and judicial response services and to train and coordinate with all humanitarian responders at transit sites on basic GBV response.

No GBV experts: Humanitarians with expertise on women's protection and GBV are needed along the route to identify survivors and provide accompaniment to clinical care. Throughout the European migration route, the WRC did not encounter any GBV experts, which has led to few GBV cases being identified or responded to.

No private spaces: The transit centers provide few, if any, spaces where GBV survivors would feel safe to disclose their story confidentially. This should be rectified by building dedicated safe spaces for women and girls in each transit center.⁸ These spaces should be run by organizations with expertise on women's protection.

No formal case management: Due to the relative speed at which refugees travel across the Balkans, it is imperative that safe spaces for women and girls are linked from one transit center to the next, to provide a consistent standard of care for those in need. One civil society organization (CSO) that the WRC interviewed explained that they are already working to connect GBV survivors in Serbia to sister CSOs in Germany, where they can access care and support upon arrival. There is also some informal cross-border coordination happening between innovative humanitarians who use mobile technology, including WhatsApp, to share information regarding refugees with special needs and ensure that they are met and supported as they move across borders.

Working with partners, the WRC hopes to support the development of a case management system that formalizes these nascent practices. What is needed is a regional referral mechanism, where humanitarian agencies can follow vulnerable women and girls, including GBV survivors, throughout their transit, providing consistent support and ensuring that they can access the services they desire, all without the need to disclose sensitive details of their case multiple times, which can be re-traumatizing.

Underutilizing Local Organizations

Across the migration route, the traditional humanitarian aid architecture has not adequately responded to the needs of the refugee population. CSOs could play a leading role in the refugee response. Indeed, the WRC met with numerous CSOs in Serbia and Slovenia and there is strong local capacity that is readily available and should be fully supported to meet refugees' needs. Grassroots women's organizations are an untapped resource to address women's protection concerns and GBV, and are prepared to play an active role in service delivery.

Many of these CSOs are currently denied access to transit centers in Serbia and Slovenia. In Serbia, one organization deploys its staff to the peripheries of the transit centers, where they walk around the train and bus stations, identifying vulnerable refugee women and children, providing psychosocial support as best they can.

The Serbian and Slovenian governments must allow these organizations to work inside the transit sites, within a dedicated safe space for women and girls. This is the fastest and most effective method to respond to the gaps in GBV-specific services identified above and strengthen other crucial basic services.

Allowing CSOs access to border and transit areas also helps to ensure much-needed external oversight and accountability. CSOs can serve as an important mechanism to monitor whether refugees receive sufficient services and whether policies and treatment in transit centers safeguard dignity and security. Governments should regularly meet with CSOs with expertise and presence in transit centers to incorporate their policy recommendations into transit center policies.

It is worth noting that the majority of CSOs that the WRC met in the course of this assessment are conducting their refugee response activities without the benefit of dedicated funding. As the refugee response will increasingly depend on these groups to deliver services to refugees, they must be financially supported in this work.

Discrimination by Nationality

In November 2015, the Balkan countries of Slovenia, Croatia, Serbia and Macedonia began to systematically deny entry to anyone other than nationals of Syria, Iraq

and Afghanistan, leaving thousands of other nationals, including women and girls, stranded at borders along the way.

In addition to denying access to the route and legal protection, unilateral screening for nationality also means that asylum-seekers of other nationalities are more vulnerable to smuggling, criminal activity, GBV and family separation. Few individuals from countries other than the three permitted nationalities manage to cross into Serbia and Slovenia. Those who are intercepted are taken to asylum centers or, in some cases, to detention centers. Local CSOs told the WRC that those in asylum centers often disappear, presumably trying to find other means to continue their journey north, potentially with smugglers.

Case study: Ravi⁹ and his family are from a South Asian country. They fled instability in their home country and made a new life in Syria when the war forced them to flee again. During their journey, they were surrounded by armed men, forced into a car and taken to a remote location. While held at knife and gunpoint, these armed men sexually assaulted Ravi's wife and stole the family's valuables. While he and his family were able to escape these men, they are stuck in a Serbian asylum center and unable to continue to Germany, where they had hoped to resettle.

Challenges to Family Reunification

The majority of refugees making the journey during the summer of 2015 were single men, traveling ahead of other family members to ensure the safety of the route and the possibility of settling in Germany or Sweden. Presently, the majority of refugees making the journey are women and children, many of whom are hoping to reunite with their husbands and fathers already settled in destination countries. In addition, family members are also frequently separated along the route through Greece and the Balkans.

This dynamic has also left unaccompanied children traveling alone, an especially vulnerable population. Officials and others reported serious challenges in identifying an unaccompanied child in the fast-moving and enormous flow of refugees. Because of the complexity of the EU family reunification process, the length of time legal family reunification requires and the narrow definitions of eligibility, the process is inadequate given the scale and needs of the current refugee population. In addition to ensuring that refugees separated along the route are quickly reunited, the EU and European governments should coordinate and strengthen legal family reunification mechanisms to ensure that refugees can safely and quickly reunite with family members without making the dangerous journey through Europe, and should, in particular, ensure that systems are in place to support and protect unaccompanied children.

No Gender-sensitive Access to Asylum

As states parties to the 1951 UN Convention and 1967 Protocol Relating to the Status of Refugees, Serbia and Slovenia have an obligation to provide refugees with access to protection and various economic and social rights. Yet many European countries, Serbia and Slovenia included, have resisted efforts in the current crisis to support long-term resettlement inside their own borders, and instead seem to embrace the role of “transit country.” As part of this, current systems are not structured to process large numbers of individuals seeking long-term protection and while both countries have asylum structures in place, access requires the navigation of a complicated process in a foreign language, often taking months or even years.

Women and children, especially GBV survivors and other survivors of trauma and torture, can face even greater obstacles in accessing asylum. Without adequate psychosocial and legal support, it can be incredibly difficult to navigate the asylum process, including in circumstances where a claim is based on domestic or gender-based violence.

Although there are legal aid and human rights organizations that aid asylum seekers, many refugees lack information regarding their rights or the option to seek asylum in the “transit countries” along the route. The WRC visited one center in Serbia for the few individuals awaiting adjudication of an asylum claim lodged there. While permitting movement and freedom to leave, the facility had inappropriate conditions and services to support a traumatized and vulnerable women and children who could be held at the center for years. For example, the restrooms, including showers, were not separated by sex.

While more must be done to improve asylum processes within the current systems in Slovenia and Serbia, without shifts in the policies and politics underlying national asylum and refugee resettlement procedures, and a shift in the EU response to the influx of refugees more broadly, many may not seek legal protection in current “transit countries” even where the system is technically available.

No Long-term Solutions

Most refugees interviewed by the WRC, and most stakeholders reporting on interactions with refugees, indicated that the majority of refugees prefer to move to European countries further west or north in order to seek asylum, such as Germany and Sweden. Many refugees making the journey already have family in some European countries with whom they wish to reunite. However, many stakeholders also observed that refugees perceive that they may benefit from more meaningful opportunities to restart their lives,

rather than remaining in current transit countries where it is less certain that refugees will be welcome.

Rather than treating refugees only as a transiting population, the Serbian and Slovenian governments should, in collaboration with EU and other European countries, implement long-term solutions for refugee resettlement. This includes ensuring capacity to assist refugees with language courses, finding long-term housing, instituting employment assistance programs, enrolling children in school, providing access to health care and a plethora of other support services necessary for a displaced and traumatized population, especially women and children.

Conclusion

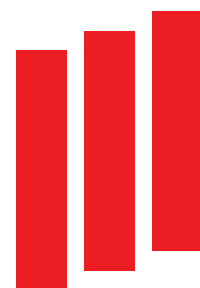
The humanitarian and political response in Europe is failing refugee women and girls at every point, and it demands urgent reform. Service delivery and protection along the route must be expanded and improved, as outlined in this report, and must include a concerted focus on women and girls' specific needs and vulnerabilities.

As winter makes the journey more harrowing, and as more countries close routes that were once available to refugees, a slightly smaller number are making the journey. This offers governments and humanitarian agencies a crucial window to establish increased capacity and step up much-needed support to women and girls before the numbers inevitably increase again when the weather warms. The refugee crisis is large and complex and cannot be managed by any country on its own. A broad multinational and coordinated response is necessary.

While both national and Europe-wide coordination on long-term solutions such as safer route options and access to asylum and integration requires tremendous resources and political will, such efforts would support all countries, including Serbia and Slovenia, to respond to this unprecedented refugee flow and ensure refugee women and girls can access humanitarian assistance and protection.

Notes

1. Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (2015) <http://gbvguidelines.org/>
2. This report refers to those making the journey through Europe, who have largely been displaced by insecurity, instability and persecution, as refugees. These individuals should be screened for or able to apply for asylum or some other form of legal protection in their destination country to determine whether they can remain, although many obstacles, such as denied entry or transit based on nationality, remain.
3. The WRC is currently planning to undertake a third mission to Germany and Sweden, the most common destination countries for this refugee population, to assess the protection and asylum response in those countries.
4. UNHCR, UNFPA and the Women's Refugee Commission. *Protection Risks for Women and Girls in the European Refugee and Migrant Crisis*. January 2016.
5. See note 1.
6. *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (2011), <http://www.sphereproject.org/handbook/>
7. Name changed to protect her identity.
8. Some humanitarians have suggested that existing child-friendly spaces and breastfeeding spaces could double as safe spaces for women, but this will be insufficient for reaching all women and girls in need with a multisectoral GBV response.
9. Name changed to protect his and family's identity.



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