

Urban Gender-Based Violence Risk Assessment Guidance: Identifying Risk Factors for Urban Refugees

Urban Risks

Refugees living in cities face high risks of gender-based violence (GBV), often on a daily basis. Some of these risks affect members of the host community as well. Where refugee women, for instance, experience sexual harassment or unwanted touching when taking public transportation, it may be the case that *all* women in that city encounter similar threats whenever they board a bus or take the metro.

It is also common, however, for refugees to face especially high levels of violence because of intersecting risk factors related to their status as refugees or being displaced. Refugees may stand out in urban crowds because of the language they speak, the way they dress, or the color of their skin. Refugees may be targeted for violence because it is assumed, often correctly, that they are unlikely to report incidents of violence, out of fear of drawing unwanted attention to themselves, or because they are unfamiliar with the local legal system. Certain subgroups of refugees may also face heightened risks because of where they live or the work they do, their age, or other traits like disability or diverse gender or sexual identities (e.g., lesbian, gay, bisexual, transgender and intersex (LGBTI) refugees).

Urban GBV Risk Assessment Guidance

The Women's Refugee Commission's (WRC) Urban GBV Risk Assessment Guidance contains essential urban risk questions that are intended to supplement whatever GBV risk assessment tools are currently being used by humanitarian practitioners in urban areas.¹ The questions are based upon input provided by urban refugees themselves, collected by WRC through focus group discussions and interviews conducted in four cities throughout 2015: Beirut, Lebanon; Kampala, Uganda; Quito, Ecuador; and Delhi, India.

The first section of the Guidance contains risk assessment questions relevant for all urban refugees; these are grouped by common risks such as those related to "Employment," "Public Transportation," "Housing," and "Urban Isolation." These questions can be asked of individual refugees, to identify an individual's Key GBV Risks and Potential Risk Mitigation Strategies that could be beneficial to them, including specialized referrals or their participation in certain programs or activities. Answers can also spotlight areas where refugees could use assistance in mitigating

1. For instance, this Urban GBV Risk Assessment Guidance is intended to complement, rather than substitute for, UNHCR's Heightened Risk Assessment Tool (Version 2), available at www.refworld.org/pdfid/4c46c6860.pdf.



an isolated GBV risk, such as insecure housing or threats from an employer. Answers are also intended to help program staff identify trends in refugees' vulnerabilities that must be addressed on a programmatic or community-wide level.

The next section of the Guidance contains additional questions for different groups of refugees. These are subgroups that face heightened risks of GBV: children and adolescent refugees, LGBTI individuals, persons with disabilities, refugees engaged in sex work, male survivors, and elderly refugees. These questions can be used either as a supplement to the general questions in the first section, or they can be used to frame or rephrase those questions. The essential point is that service providers ask tailored questions that demonstrate knowledge and sensitivity around the primary sources of risk and sites of violence reported by at-risk refugees themselves.

The answers to this Guidance are intended to serve two purposes:

- (1) To inform individual case management and service provision, including referrals and generate discussions about individual risk mitigation; and
- (2) To identify trends in GBV risks that are unique to a particular refugee subpopulation. Answers can then be used in developing short- and long-term risk mitigation strategies that are tailored to that subpopulation, and designed in consultation with them, and which can then be implemented on a programmatic or community-wide level.

For instance, if LGBTI refugees report feeling socially and physically isolated, then a short-term risk mitigation strategy at the programmatic level might be to start a support group for LGBTI refugees, and a long-term strategy, also at the programmatic level, might involve building linkages and referral pathways to local LGBTI organizations, while also mainstreaming LGBTI inclusion in broader programming.

Tips for Using This Guidance

These questions are intended to be incorporated into existing risk assessments and can be integrated into tools used by programmers and/or case managers. As the questions are sensitive, this Guidance should be framed within larger ethical considerations of informed consent and referral pathways, and conducted by personnel trained in working with at-risk populations.

These questions can be asked on an individual level, or in consideration of a larger community or refugee subgroup. For instance, these questions might be asked directly to an individual (e.g., "Do you feel safe?"), or they can be asked about a subgroup in general (e.g., "Where do LGBTI individuals/adolescent girls/women with disabilities feel safe?").

This Guidance switches back and forth between these modes to illustrate that it is possible, but not always necessary or desirable, to ask personal questions when assessing urban GBV risks. Since adolescent girls, for instance, may be interviewed in the presence of their parents, they can be invited to speak generally about certain issues, and answer questions on behalf of their peers. To offer another example, given stigmas associated with sex work, it may be more appropriate to phrase questions about sex workers' GBV risks and access to information in general, rather than to direct them personally to a particular individual.



Persons with Disabilities ⁴		
Tailored Questions	Answer	Notes
[Note type of disability and presence of caregiver, relationship and role of caregiver.]		
<p><i>Access and inclusion in refugee programs and services:</i></p> <ul style="list-style-type: none"> • What organizations or services do persons with disabilities access the most? • Do you know of any local services or programs for persons with disabilities in the community? • How do persons with disabilities get information about refugee programs and services? • Do persons with disabilities feel able and welcome to participate in programs for refugees? (e.g., programs for women refugees or youth refugees, etc.) How might it be different for people with physical, hearing, vision, intellectual or mental disabilities? • What are the barriers or obstacles to persons with disabilities participating? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities? • What could we do to make these programs more inclusive of persons with disabilities? 		
<p><i>Safety in the home and the community:</i></p> <ul style="list-style-type: none"> • Where do persons with disabilities spend most of their time throughout the day? (e.g., at home, at school, at work, etc.) • Who do persons with disabilities have the most contact with throughout the day? (e.g., friends, family, etc.) 		

4. Since persons with disabilities are often consulted in the presence of a caregiver, these questions are framed generally, from the perspective of persons with disabilities, rather than as though they are being directed toward a particular individual. Depending upon circumstances, for instance if a case manager is adapting these questions for use in an individual interview, it may be appropriate to rephrase them, mindful that risks may come with caregivers being present when asking about personal experiences.



Tailored Questions (continued)	Answer	Notes
<ul style="list-style-type: none"> • Where do persons with disabilities feel most safe? Where do they feel the most unsafe? What makes these places safe or unsafe? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities? • Do persons with disabilities ever feel unsafe when accessing programs and services? What could we do to make it safer for persons with disabilities to access such programs and services? 		
<p><i>Access to information on GBV:</i></p> <ul style="list-style-type: none"> • Do persons with disabilities have access to information about GBV and sexual and reproductive health (including healthy relationships)? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities? • Who is their main source of information about GBV and sexual and reproductive health (including healthy relationships)? • Do they know about organizations or activities that provide information about GBV and sexual and reproductive health (including health relationships)? Are they participating in these activities? If not, what things prevent them from participating? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities? • Do persons with disabilities know about organizations that provide support to survivors of violence, abuse and exploitation? What organizations have they heard about? • What could we do to ensure that persons with disabilities have access to information on GBV and sexual and reproductive health? 		



Tailored Questions (continued)	Answer	Notes
<p><i>Protective networks:</i></p> <ul style="list-style-type: none"> • Who do persons with disabilities have the most contact with throughout the day? • Where do persons with disabilities meet other women, men, girls and boys their own age? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities? • Have you heard of any activities where women, men, girls and boys are meeting and getting to know each other? Are persons with disabilities participating in these activities? If not, what are the barriers or obstacles to participation? How might it be different for people with physical, hearing, vision, intellectual or mental disabilities? • Do persons with disabilities know other women, men, girls and boys with disabilities? If so, where did they meet each other? • Who do persons with disabilities contact or trust in case of an emergency? • What activities might help persons with disabilities to build your network of people you trust? 		
<p><i>Analysis and Notes – FOR OFFICE USE ONLY</i></p> <p>Based on the information above, including answers to the “All Populations” questions and any supplemental questions they were asked as a person with disabilities:</p> <p><i>Biggest GBV risks:</i> What are the largest GBV risks for an individual refugee? For this at-risk population group?</p>		



Individual risk mitigation strategies:

What options for risk mitigation could you explore with the individual? Discuss both the potential benefits and unintended risks of each strategy with the individual.

Programmatic or community risk mitigation strategies:

What recommendations do they have for how your activities should be adapted for persons with disabilities? What strategies could be implemented to make persons with disabilities safer in the community?



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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