

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. 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.



These questions are guidelines. You should adapt the wording as appropriate.

Notes should be recorded verbatim as much as possible, capturing the words of participants as spoken. Write legibly. If you run out of space, use additional paper.

Record name of interviewer, sex, age, status of interviewee, location and date of interview. Do not include any information that could put the interviewee at risk.

Interviewer (Name/Organization):	
Interviewee (Sex, Age, Refugee Status):	
Location (city):	Date:

ALL Urban Refugees					
Employment & Livelihood	Answer	Key Risks	Risk Mitigation Strategies		
 What is your current form of income? Do you feel safe at work? Around employer? Around other employees? Around customers? What makes you feel safe or unsafe? Are agreed-upon wages actually paid? Is this work stable? How long have you been working there, and how long do you foresee being able to remain working there? Do you worry about losing your job or income? Why? Do you feel safe getting to/from work? Do any of your family members face risks in livelihoods? What are these risks? 					
To your knowledge, do refugees in your community ever engage in sex work or commercial sex, or sell sex, as a means of livelihood?* (*If yes, and if they would be willing to answer more questions about this so we can understand many about what risks they for a what had a second many about what risks they for a what had a second many about what risks they for a what had a second many about what risks they for a what had a second many about the second many ab					
stand more about what risks they face, whether their rights are respected, and whether have access to appropriate services, see Additional Questions: Refugees Engaged in Sex Work)					

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Employment & Livelihood (continued)	Answer	Key Risks	Risk Mitigation Strategies
To your knowledge, do refugees ever experience coercion to exchange sex for work, wages, food, rent, or other goods or services? Under what circumstances? Do refugees feel safe or comfortable reporting this, either to friends, service providers, or police?			
Housing	Answer	Key Risks	Risk Mitigation Strategies
 Do you have shelter or a steady place to live? Does your family? Who do you live with, and with how many other people? Is it a crowded space? How does it being crowded affect your feelings of safety? 			
 Do you feel safe inside your living space? What makes you feel safe or unsafe? Do you feel safe around: landlord, neighbors, housemates? Is there violence or tension in the household, e.g., with spouse, family? Do you fear being evicted? Do you have easy access to latrines? Are the latrines hygienic? Are you able to lock your doors? Do you worry about the safety of anyone else in your home, including children? Do your feelings of safety change depending on times of day or seasons? (For instance, during summer, do you open windows or doors for air to circulate, or sleep on the roof to stay cool?) Do you think your family members feel safe living there? Why or why not? How far is your housing from places you visit often, including services? Does this make you feel more at risk or less safe? 			



Housing (continued)	Answer	Key Risks	Risk Mitigation Strategies
Is it a safe neighborhood? Is it safe to walk at night? Are streets well lit?			
Do you feel safe leaving your home? Leaving your neighborhood? Why or why not?			
 What public spaces do you visit or spend time in? How safe do you feel there? What makes these places safe or unsafe, for you or your family? Markets? Walking down the street? Using latrines or going to the bathroom? Any there isolated places you go or activities you do where you feel more at risk (collecting leaves, rag-picking, selling goods, etc.)? 			
Transportation & Public Spaces	Answer	Key Risks	Risk Mitigation Strategies
Do you feel safe taking public transport (buses, taxis, motos, rickshaws)? Why or why not?			
Police: Do you fear or feel safe around police? Why? Are some officers safer than others?			
Would any answers change due to daytime vs. nighttime, or time of year?			

Accessing Services	Answer	Key Risks	Risk Mitigation Strategies
Do you feel safer going to some providers rather than others? What makes some providers safer than others?			
 Do you ever feel at risk or in danger when you are accessing a service? Getting to provider's office? How do you get there and back? How do you pay costs? Do you feel safe and at ease waiting in the waiting room? Do you worry about your confidentiality being protected? Do you feel respected and treated with dignity while accessing such services? 			
Urban Isolation	Answer	Key Risks	Risk Mitigation Strategies
 What organizations do you have the most contact with? How do you have contact with them? (e.g., in the home, office, center, etc.) 			
Language: Do you feel less safe because you don't speak the host community language? • When does this make you feel less safe?			
Do you belong to any social or community groups, or have any friends or family here in the city you feel close to? Does belonging make you feel safer living here?			
Do you have anyone you can turn to if you feel threatened or if you simply want someone to talk to?			

Analysis and Notes
Based on the information above and answers to any supplemental questions they were asked as a member of an at-risk subgroup:
Biggest GBV risks:
What are the largest GBV risks for an individual refugee? For this at-risk population group?
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 refugees in a similar situation, or from the same population group? What strategies could be implemented to make them safer in the community?

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Additional Questions: Key Populations

Children and Adolescents²

Adolescent girls face particular GBV risks in urban areas. They are also often overlooked in humanitarian response and GBV assessments. For these reasons, all of the questions below must be disaggregated for boys and girls.

must be disaggregated for boys and girls.		
Tailored Questions	Answer	Notes
 Under what circumstances do children and/or adolescent refugees go outside their homes? Is it considered safe or unsafe for them be outside their home? Under what circumstances? Is this different for boys and girls? 		
Is the city more dangerous for refugee children and adolescents than host community children and adolescents? How so? • How might adolescent refugee girls be less safe than adolescent girls from the host community?		
 In what circumstances are refugee children ever left at home alone (e.g., when parents are working)? What makes this safe or unsafe for them? Are there any particular people who are unsafe for them around their homes? (e.g., other tenants; landlords; neighbors, etc.) 		
 Do refugee children and adolescents attend school? Is this different for boys and girls? What are the reasons why they do not attend? For those who are not attending: did they used to? Do they desire to go back to school? 		

^{2.} Because children and adolescents are often interviewed with parents present, which can make them less comfortable answering direct or personal questions, these questions are framed generally, so that children or adolescents can answer them as though they are speaking on behalf of their peers.



Tailored Questions (continued)	Answer	Notes
 Are refugee children and adolescents less safe than host community children and adolescents at school? In what ways? Are they ever bullied for being refugees? Do teachers treat them the same way they treat host community students? Is this different for boys and girls? What could we do to make school safer for refugee girls and boys? How do they get to and from school, and are they safe when they're traveling to and from school? Is this different for boys and girls? 		
 Do refugee children and adolescents tend to have jobs? What sorts of jobs do they tend to have? Are these different for boys and girls? Where are these jobs? (e.g., outside or inside; in homes or in factories or offices) What makes working these jobs safe or unsafe for them? How might this be different for boys versus girls? What could we do to make it safer for refugee children and adolescents working in these jobs? 		
 What programs or activities for children or adolescents do they participate in? What do they like or dislike about these activities? What, if anything, about these activities makes them feel safer or more protected? How do they get to these activities, and how do you get home? What makes them feel safe, or unsafe, going there or getting home? What could we do to make programs and activities more inclusive of refugee children and adolescents? 		

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Tailored Questions (continued)	Answer	Notes
Adolescent Girls ³		
How do the lives of adolescent refugee girls in the city differ from the lives of adolescent refugee boys?		
What organizations or services are adolescent girls accessing the most?		
How do adolescent girls get information about refugee programs and services?		
What are some barriers or obstacles to adolescent girls participating?		
Do adolescent girls have access to information about GBV and sexual and reproductive health issues, including pregnancy and menstruation? • How and where can girls get this information?		
Do adolescent girls know about organizations or activities that provide information about GBV and sexual and reproductive health?		
Do adolescent girls know of any programs or activities that are specifically for adolescent girls – either refugee girls or girls from the host community? • Are there any safe spaces just for adolescent girls?		
 At what age do girls in your community tend to get married? Is this the same age they would get married in their [country of origin]? How do girls feel about getting married at that age? 		

^{3.} These assessment questions should be used in conjunction with tailored, targeted inquiries into adolescent refugee girls' access to information and participation in urban response. For tools and actionable guidance on proactively engaging adolescent girls in emergencies, see the WRC's I'm Here Approach, https://womensrefugeecommission.org/resources/document/1078-i-m-here-report-final-pdf.

Analysis and Notes

Based on all of the information above, including answers to the "All Populations" questions and any supplemental questions they were asked as a member of an at-risk subgroup:

Biggest GBV risks:

What are the largest GBV risks for an individual refugee? For this at-risk population subgroup?

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 children or adolescents? For adolescent girls? What strategies could be implemented to make children and adolescents safer in the community? To make adolescent girls safer?

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All	LGBTI	
Tailored Questions	Answer	Notes
 Access to information. At the end of each question, ask if this is a topic they would like more information about: Do you know any LGBTI organizations in the city? Which ones? Do you know your legal rights as LGBTI? What do you understand them to be? Do you know what to say if you get arrested? Is there anyone you know you can call for assistance if you get arrested? Do you know of any place to go, e.g., a shelter that's LGBTI friendly, if you are evicted or homeless? Do you know any places to go for LGBTI-friendly medical treatment and sexual health services? Which ones Do you know any service providers who are LGBTI friendly or knowledgeable? Do you have anyone you would contact or trust in case of an emergency? 		
Are there any other related topics you would like more information about?		
What can we do to increase LGBTI refugees' access to information on these topics?		



Tailored Questions (continued)	Answer	Notes
Is it risky for LGBTI refugees to be "out" – to share with others that they are gay, lesbian, bi, trans or intersex? • What are some of the risks of being "out" as an LGBTI individual? • Is something you want to be guarded by service providers/are worried might be divulged and put you in danger? • Do you and/or other LGBTI feel at risk sharing this information with service providers? Why? Do you know any other LGBTI refugees? Any host-community LGBTI individuals? • How do host-community LGBTI		
regard LGBTI refugees? Are there any places in the city that are safe for LGBTI? What are they? • Are there any particular neighborhoods that are safer? Stores? Employers? • Any particular clubs? Community centers? • How do LGBTI refugees learn about safe places, or learn what places are unsafe for them?		
 Do you feel you are ever targeted for violence or discrimination in the city because you are LGBTI? (This can be physical, sexual, or emotional violence?) How so, and by whom? By neighbors, police, landlords, family, fellow refugees, teachers, public officials, bus or taxi drivers? By service providers? What are some things you do to feel safer or less at risk? Do you ever feel unsafe around other members of the LGBTI community? Would you feel comfortable reporting this violence and discrimination anywhere? (e.g., to police, to refugee service providers, to friends, etc.) 		

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Tailored Questions (continued)	Answer	Notes
Do you feel respected and treated with dignity		
while accessing services?		
Do you feel you are treated differently		
because you are LGBTI?		
How does being ICPTI offect your access		
How does being LGBTI affect your access to basic necessities, like food, shelter, and		
employment?		
What kinds of shelter are available to LGBTI		
refugees?		
What kinds of employment are available to		
LGBTI refugees? Have you ever engaged in sex work, or know		
other LGBTI refugees who have?*		
(*If yes, if they would be willing to answer more		
questions about this so we can understand		
more about what risks they face, whether		
their rights are respected, and what access		
to services they may need, see "Additional		
Questions: Refugees Engaged in Sex Work")		
Do you feel it is more dangerous to be an LGBTI sex worker than a "straight" or		
non-LGBTI sex worker?		
Access and inclusion in refugee programs		
and services		
Do LGBTI refugees participate in programs		
and services for refugees in general?		
Which ones?		
Do LGBTI refugees feel able and welcome		
to participate in programs for refugees?		
(Other women refugees, livelihood		
programs, language classes, etc.)		
What are the barriers or obstacles to LGBTI persons' participation?		
to LGBTI persons' participation?What could we do to make these programs		
safer or more inclusive of LGBTI refugees?		
Depending on how an individual refugee self-i	identifies	nroceed to the additional guestions

Depending on how an individual refugee self-identifies, proceed to the additional questions for L, G, B, T and/or I individuals. Then complete the subsequent Analysis and Notes section.

Le	sbians	
Tailored Questions	Answer	Notes
What are some challenges or risks lesbian refugees may face that are different from other LGBTI refugees? • From within the refugee community? • From within the LGBTI community? • From within the host community? • When trying to access services?		
Do you fear any violence from your family or others because you are gay?		
How does being a gay woman make you feel at greater risk of discrimination and violence in general?		
Is "corrective rape" something that happens in this community to gay women?		
Do you know of any groups or organizations that exist specifically for lesbians? Either for lesbian refugees or for lesbians within the host community?		
How did you learn of these? What barriers might lesbian refugees face in accessing these groups or participating in their activities?		

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Tailored Questions (continued)	Answer	Notes
Are there any service providers you wish were more informed about what it means to be a gay woman?		
What could we do to make information about lesbian-friendly groups and services more available to lesbian refugees?		

Ga	ay Men	
Tailored Questions	Answer	Notes
Do you know of any organizations or groups that exist specifically for gay men?		
What are some challenges or risks gay men refugees may face that are different from other LGBTI refugees? From within the refugee community? From within the LGBTI community? From within the host community? When trying to access services?		
Are there any service providers you wish were more informed about what it means to be a gay man? What could we do to make information about gay-friendly groups and services more available to gay men refugees?		

Bisexuals				
Tailored Questions	Answer	Notes		
What are some challenges or risks bisexual refugees may face that are different from other LGBTI refugees? • From within the refugee community? • From within the LGBTI community? • From within the host community? • When trying to access services?				
Do you feel service providers understand what being bisexual means, treat bisexual refuges with dignity and respect, and can give appropriate referrals?				
What can we do to increase access to information about bisexual-friendly services?				

Trans Persons (tra	nswom	en + transmen)
Tailored Questions	Answer	Notes
In what ways might trans individuals be treated differently from other LGBTI individuals? Within the refugee community? Within the host community? By service providers? Do you know any trans health care or trans-friendly service providers?		
Do you know of any groups or organizations that exist specifically for trans persons?		
Do you know any other trans refugees? Trans members of host community?		

Tailored Questions (continued)	Answer	Notes
Do you feel respected and treated with dignity by other LGBTI refugees, gay men, and lesbians?		
Do you feel especially at risk or targeted for violence because you're trans? By whom? Under what circumstances?		
Are there any service providers you wish were more informed about trans rights or what it means to be trans? Do you feel they are transphobic? In what ways?		
Do you ever feel you need to change how you look or dress (i.e., to appear gender-conforming) for reasons of personal safety?		
Trans Youth:		
What additional challenges or risks might trans youth face, compared to trans adults?		
Is there any information available about local organizations, services, programs, or hotlines that can support trans youth?		
What can we do to make more information about such support available to trans youth?		

Int	tersex	
Tailored Questions	Answer	Notes
What are some challenges or risks intersex refugees may face that are different from other LGBTI refugees? • From within the refugee community? • From within the LGBTI community? • From within the host community?		
When trying to access services?		
Are intersex persons especially vulnerable to physical, emotional, or sexual violence or verbal abuse because they are intersex? From whom?		
Do you ever feel discriminated against or mistreated because you are intersex? Under what circumstances and by whom?		
What might be some additional risks or challenges faced by intersex children or youth?		
Do you feel service providers understand what being intersex means and can give appropriate referrals?		
What can we do to improve service provision for Intersex persons?		
Do you know any intersex-knowledgeable health practitioners? (For infants or children, if talking to a parent)		
Are there any service providers you wish were more informed about what it means to be intersex?		
Do you feel that you have access to all the information you would like to have about what it means to be intersex? Do you know of any places you can go to get more information, including online?		

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Tailored Questions (continued)	Answer	Notes
What can we do to increase access to information about intersex-friendly groups and services?		

Analysis and Notes for all LGBTI

Based on the information above, including answers to the "All Populations" questions and any supplemental questions they were asked as an LGBTI individual:

Biggest GBV risks:

What are the largest GBV risks for this individual refugee? As an LGBTI refugee and/or as an L, G, B, T, or I person, specifically?

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 all LGBTI individuals and/or for L, G, B, T, or I persons, considering them separately? What strategies could be implemented to make LGBTI and/or L, G, B, T or I persons safer in the community?

Persons with Disabilities⁴		
Tailored Questions	Answer	Notes
[Note type of disability and presence of caregiver, relationship and role of caregiver.]		
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Access and inclusion in refugee programs and		
services:		
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		
information about refugee programs and services?		
Do persons with disabilities feel able and		
welcome to participate in programs for refu-		
gees? (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 partici-		
pating? 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?		
Safety in the home and the community:		
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.

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	Tailored Questions (continued)	Answer	Notes
•	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?		
Ac	cess to information on GBV:		
•	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 survi-		
	vors 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		
L	health?		



Tailored Questions (continued)	Answer	Notes
Protective networks:		
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 disabili-		
ties? 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?		
Analysis and Notes	<u> </u>	
Based on the information above, including answer	ore to the	"All Populations" questions
and any supplemental questions they were asked		·
and any supplemental questions they were asked	as a per	son with disabilities.
Biggest GBV risks:		
What are the largest GBV risks for an individual	rofugoo?	For this at-risk population group?
What are the largest GBV fisks for all individual	rerugee :	Tot this at hisk population group:



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?

Refugees Eng	aged in	Sex Work ⁵
Tailored Questions	Answer	Notes
Stigma and discrimination		
What are attitudes within the community about people engaged in selling sex to make money?		
Is this something that is talked about within the community or by service providers?		
Is there a stigma around sex work – are there mostly negative attitudes around it?		
How might these attitudes affect a sex worker's safety? How might they affect their willingness to access services or access information, including about health or GBV?		
What types of peer support exist for refugees doing this work?		
What could we do to make programs and services more welcoming and less stigmatizing for refugees engaged in this work?		
Access to information		
Are there any programs, trainings (health or protection trainings), or local services for individuals involved in selling sex? Are refugees able to access them?		
What information do sex workers have about their legal rights, or about what the laws here say about selling sex?		
Would someone who got arrested or detained by the police for selling sex know what to say, or have anyone they could contact for help?		

^{5. &}quot;Sex Work" is defined here as consensual sex between adults. "Sex workers" are "Female, male, and transgender adults and young people (over 18 years of age) who receive money or goods in exchange for sexual services, either regularly or occasionally," World Health Organization, et al. Implementing Comprehensive HIV/STI Programmes with Sex Workers (2013) (internal citation omitted), available at worker_implementation/en/

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Tailored Questions (continued)	Answer	Notes
What information do sex workers have about GBV?		
What information do they have about sexual and reproductive health? Do they know where they can get tested for STIs, including HIV, and where they can get resources for safe sex, such as free condoms?		
GBV risks What are some risks of violence sex workers experience when working? Risks from clients? Risks from police?		
Would a sex worker ever report an incident of GBV or seek GBV services if the violence was related to their work? Why or why not?		
What could we do to ensure that refugees engaged in sex work have access to information on GBV, safety, peer support, and sexual and reproductive health?		
What kinds of outreach might be effective?		

Analysis and Notes

Based on the information above, including answers to the "All Populations" questions and any supplemental questions they were asked as a refugee engaged in sex work:

Biggest GBV risks:

What are the largest GBV risks for an individual refugee? For this at-risk population group?

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 refugees engaged
in sex work? What strategies could be implemented to make them safer in the community?

Male Survivors ⁶		
Tailored Questions	Answer	Notes
Stigma and attitudes		
Are there attitudes toward male survivors in the community? What are they?		
 Are male survivors treated differently than other men? Within the refugee community? Within their families? Do people understand what it means to be a male survivor? Is there any misinformation around what it means to be a male survivor? How does this affect life for a male survivor? How does this affect their well-being? Are male survivors at risk of additional violence? Do male survivors face additional risks and challenges in getting a job or accessing other necessities? 		
Do you know of any peer support groups for male survivors?		
Are there any other safe places where male survivors can share their feelings and talk about their experiences? To each other? To service providers or any others with special training?		

^{6.} The Refugee Law Project at Makerere University in Kampala, Uganda, has developed a tool for screening for male survivors of sexual and gender-based violence. http://refugeelawproject.org/.

Tailored Questions (continued)	Answer	Notes
 What kinds of medical services are available for male survivors? Are these adequate? What kinds of medical services are available? Are male survivors respected and treated with dignity when accessing these services? How do male survivors get information about these medical services? What are some of the barriers to accessing these services? What kinds of additional medical services or support do male survivors need? What can we do to make sure male survivors have access to adequate medical care? 		
Do male survivors feel able and welcome to participate in programs for refugees? (e.g., programs for other men or boys)		
What are the barriers or obstacles to their participation?		
Do male survivors feel respected and treated with dignity by refugee service providers?		
What could we do to make services more inclusive and welcoming for male survivors?		
What could we do to encourage more male survivors to come forward and seek support or medical care? What kinds of outreach would be effective?		

Urban Gender-Based Violence Risk Assessment Guidance: Identifying Risk Factors for Urban Refugees
Analysis and Notes Based on the information above, including answers to the "All Populations" questions and any
supplemental questions they were asked as a male survivor:
Biggest GBV risks:
What are the largest GBV risks for an individual refugee? For this at-risk population group?
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 male survivors? What strategies could be implemented to make male survivors safer in the community?

Elderly				
Tailored Questions	Answer	Notes		
What organizations or services do elderly refugees access the most?				
Do they know of any local services or programs for elderly in the community?				
Are there any peer support or self-help groups specifically for elderly refugees?				
How do elderly refugees get information about refugee programs and services?				
Do elderly refugees feel able and welcome to participate in programs for refugees? (e.g., for women? For persons with disabilities?)				
Are there any activities, programs, or services that elderly refugees would like to participate in but are excluded from, or unable to participate in, because of their age? What are these? What are some of their barriers to participation? What could we do to make these programs more inclusive and accessible to elderly refugees?				

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Tailored Questions (continued)	Answer	Notes
 Where do elderly refugees spend most of their time throughout the day? Is this different for elderly men versus elderly women? Who do they have the most contact with throughout the day? Is this different for elderly men versus elderly women? 		
 Where do elderly refugees feel most safe? Where do they feel least safe? How might this be different for elderly women versus elderly men? Do elderly refugees ever feel unsafe when 		
accessing programs and services? What could we do to make it safer for persons with disabilities, in their neighborhoods or in accessing services?		
Are there any other circumstances in which elderly refugees feel especially unsafe or at risk of violence because of their age? • When and where? • How might this be different for elderly women versus men?		
Do elderly refugees have to rely on others, including family and community members, for necessities or self-care? Does this influence how safe or unsafe they feel?		
Do elderly refugees ever feel discriminated against or stigmatized because of their age? By whom?		

Analysis and Notes

Based on the information above, including answers to the "All Populations" questions and any supplemental questions they were asked as an elderly refugee:

Biggest GBV risks:

What are the largest GBV risks for an individual refugee? For this at-risk population group?

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 elderly refugees? What strategies could be implemented to make them 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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