



Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence

Executive Summary

February 2016

An increasing majority (nearly 60 percent) of refugees live in cities, a figure that will continue to rise as camps become an option of last resort. This new reality necessitates a monumental shift in humanitarian response, requiring policy makers, donors, and practitioners to develop new programming that addresses the protection concerns of refugees in urban contexts.

Urban refugees face gender-based violence (GBV) risks as a result of multiple and complex unmet social, medical, and economic needs, as well as intersecting oppressions based on race, ethnicity, nationality, language, class, gender, sexual orientation, and disability. Misperceptions further contribute to discrimination toward refugees, which in turn heightens their vulnerability.

Throughout 2015, the Women's Refugee Commission (WRC) conducted research in urban settings, the first phase of a multi-year project to improve the humanitarian community's understanding of and response to GBV risks in urban contexts. Quito, Ecuador; Beirut, Lebanon; Kampala, Uganda; and Delhi, India, were chosen because they are host to diverse refugee populations, have different policy environments for refugees, and are at different stages of humanitarian response.



Somali woman living in Delhi.

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The project looked separately at the GBV risks of different urban refugee subpopulations:

- women;
- children and adolescents;
- lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals;
- persons with disabilities; and
- men and boys, including male survivors of sexual violence.

Refugees engaged in sex work were added as a subpopulation due to their invisibility, the heightened GBV they face, and how frequently sex work was cited as a risk factor across cities and subpopulations.

A deeper understanding of the nuances and complexities of urban risks is essential to addressing violence and bridging the protection gaps affecting marginalized groups who have been traditionally overlooked in humanitarian response.

UNHCR's 2009 Urban Policy unequivocally affirmed its protection mandate but limited itself to setting forth "the broad contours and underlying principles" of engagement with urban refugees. There remains a need for more specific guidance, as well as capacity building for field staff.

Additionally, more creative and agile use of donor funding is necessary, bolstered by more formal opportunities to share information about what works, or is showing promise, in different cities worldwide.

"There is no place to host us. I was like a stray dog on the street."

– Transwoman refugee

Key Recommendations

Key Recommendation #1: Systematize and broaden engagement of local actors.

Among the key research findings is the need for urban humanitarian practitioners to move beyond traditional partners, engaging a broad network of police departments, school boards, hospital administrators, local shelters, health clinics, civil society groups, and local community-based organizations (CBOs). It is critical to leverage the



Rohingya refugees, Delhi.

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skills, expertise, and social or political capital of local actors in urban protection. This engagement must be approached systematically and tailored to account for the particular needs of refugee sub-populations. Diversifying UNHCR's partner base and referrals is key to ensuring that at-risk populations can access appropriate services.

Key Recommendation #2: Develop proactive, targeted strategies for addressing GBV risks related to shelter and livelihoods.

Shelter and livelihoods are the two greatest areas of GBV vulnerability for urban refugees. Addressing urban refugees' difficulty in obtaining safe and stable housing and livelihoods is a foundational component of urban protection and GBV risk mitigation. Exploitation, discrimination, and various forms of GBV are routine. Direct advocacy is needed at the local level to assist refugees seeking housing. Practitioners should also map potential safe employment opportunities, and develop a multifaceted response to the exploitation of refugee workers.

“GBV, it’s everywhere: house, workplace, market, in the neighborhood. We’re not safe anywhere at all.”

– Refugee woman

Key Recommendation #3: Prioritize, and earmark resources for, targeted actions and proactive outreach tailored to meet the needs of different at-risk subpopulations.

Mainstreaming alone cannot address the interlocking social, political, and economic systems that give rise to GBV risks for refugee subpopulations. Targeted actions are imperative and must be tailored to address the particular needs, concerns, and realities of different refugees; they must also be designed and implemented with refugees’ meaningful participation.

UNHCR should issue more specific operational directives, recommendations, and sample interventions for urban field staff on how protection principles can be translated into practice. Concrete guidance is especially needed for staff who lack subject matter expertise in engaging at-risk groups. Providing protection to refugees at heightened risk of GBV due to their intersecting identities requires deliberate, thoughtful effort; this includes reaching out to relevant host community CBOs and identifying sensitive, specialized service providers.

Key Recommendation #4: Formalize nondiscrimination and standards of care for engaging all refugee subpopulations, put accountability mechanisms in

place for UNHCR partners, and take a proactive approach to eliminating discrimination.

UNHCR’s local partners can be sites of intense discrimination for certain groups of urban refugees. Where local laws and social norms support discriminatory practices, UNHCR partners have a special responsibility to not only sensitize staff, but also provide training and operational guidance on engaging at-risk groups. Meaningful feedback and accountability mechanisms should be put in place for partners, designed and implemented with the input of affected communities.

“If I don’t sleep with people I cannot get money to feed myself.”

– Refugee sex worker



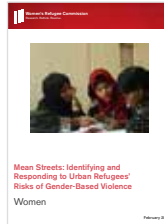
Refugee sex workers in Kampala.

Download the full report and reports on subpopulations



Full Report: An analysis of the unique protection challenges and opportunities afforded by urban settings, including the GBV risks specific to different groups.

www.womensrefugeecommission.org/gbv/resources/document/download/1272



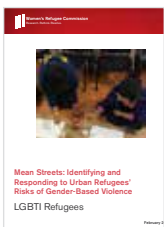
Women: Women face a variety of GBV risks in their daily lives – physical, sexual, emotional, and economic. They learn to cope with – or structure their movements around – the gender discrimination already entrenched in those societies.

www.womensrefugeecommission.org/gbv/resources/document/download/1287



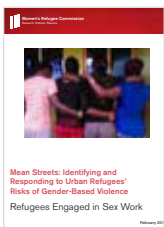
Children and Adolescents: For children and adolescent refugees, GBV risks take on new dimensions in urban settings – within the home, at school, and while working.

www.womensrefugeecommission.org/gbv/resources/document/download/1282



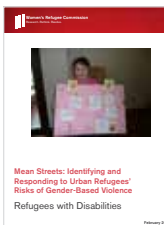
LGBTI Refugees: LGBTI refugees face extreme levels of discrimination and violence, yet little attention has been paid to their GBV risks and what humanitarian actors can do to help mitigate them.

www.womensrefugeecommission.org/gbv/resources/document/download/1284



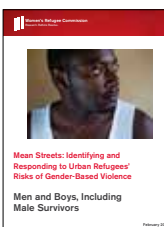
Refugees Engaged in Sex Work: There is little practical guidance to appropriately address the protection needs and concerns of refugees who sell sex and little knowledge about how to present them with the specialized information, services, and referral options they seek.

www.womensrefugeecommission.org/gbv/resources/document/download/1286



Persons with Disabilities: There are significant gaps in evidence around effective strategies for GBV risk mitigation for refugees with disabilities in urban settings. Stigmatization, discrimination and isolation increase their risks.

www.womensrefugeecommission.org/gbv/resources/document/download/1283



Men, Boys, and Male Survivors: Evidence suggests that men and boys are more at risk in urban environments than camps, and that male survivors are likely to migrate to urban centers to find medical care and anonymity.

www.womensrefugeecommission.org/gbv/resources/document/download/1285



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