



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

Women



Research. Rethink. Resolve.

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.

Acknowledgments

This report is taken from a longer report produced by the Women's Refugee Commission, *Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence*. The full report, along with stand-alone sections on children and adolescents; LGBTI refugees; refugees with disabilities; refugees engaged in sex work; and men and boys, including male survivors, is available at <http://wrc.ms/1KccsHt>.

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Cover photograph: Somali women in Delhi. © Mary Tran

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Acronyms and Abbreviations

CBO	Community-based organization
DRC	Democratic Republic of Congo
GBV	Gender-based violence
NGO	Nongovernmental organization
UNHCR	United Nations High Commissioner for Refugees
WRC	Women's Refugee Commission

Introduction

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.

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 and the heightened GBV risks they face.

For findings from the research and recommendations, read the full report at <http://wrc.ms/1KccsHt>.

The Urban Model: Challenges and Opportunities for Mitigating Urban GBV Risks and Strengthening Community-Based Protection

Traditional humanitarian response – where UNHCR and its partners create a new infrastructure of services for refugees – is a poor fit for urban contexts. Instead of trying to transplant programs that have worked in camps to cities, programming must focus on promoting refugee integration into the host community. Doing this requires thinking differently across the board. Whereas humanitarian actors are used to working mostly with each other, in cities they must broker linkages with numerous other partners, public and private, across all sectors, and sometimes for the benefit of only one or two refugee subpopulations.

Protective peer networks must also become a cornerstone of urban protection. These peer networks can be among refugees, for instance, in the form of support groups hosted by UNHCR partners.

Yet protective peer networks can also exist, and need to be supported, between refugees and members of the host community. The important point is giving space for refugees to voice and cultivate the peer networks that are relevant for them, and offering them support – referrals, introductions, transportation costs, seed funding for a safe space – that will enable these peer networks to germinate.



Women

“There is a lot of violence. If we talk about all of it we will just sleep here because there is so much to discuss.”

– Congolese woman in Kampala

“My protection strategy is to pray.”

– Haitian woman in Quito

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

– Burmese Chin woman in Delhi

Urban women fleeing violence and conflict often have little choice over their destination city, with few options to choose from. They take these cities as they find them, and learn to cope with – or structure their movements around – forms of gender discrimination that are already entrenched in those societies. Ecuadorian society, for instance, in general has a strong *machista* component, where appropriate gender roles between men and women are largely seen as fixed and where being a woman, by itself, ratchets up GBV vulnerability. In Delhi, where all women, including Indian women, face a high baseline level of violence, that violence is taken to higher levels for refugees living with the additional, intersecting risk factors of language barriers, lack of local social capital, barriers to employment, and racial and ethnic discrimination.

“I live three types of discrimination. One for being Colombian, one for being a woman, and one for being black.”

– Afro-Colombian woman in Quito

Women refugees may also be unable to access some of the services or institutions that offer protection to host community women. One finding across all four cities, for instance, was a shortage of temporary housing – shelters – for women fleeing GBV. In Quito, there is a local shelter that accepts refugee women and their children, but it is currently beyond capacity. In Kampala and Delhi, there are currently no local shelters that accept refugees, for reasons that are discussed further below.

“You’re black, so even going in the road you won’t be safe. Some of them when they see you...they’ll say ‘Do you want an Indian man?’”

– Somali single woman in Delhi

Being single is an aggravating risk factor across all types of violence. Most single

women live in the poorest sections of cities, and feel not only stigmatized by other refugees but also at high risk every time they leave their home, whether to go to work or buy groceries. As a single Afghan woman in Delhi put it, her neighbors – who are both Afghan and Indian – are very much aware that she lives alone, which gives her great unease: “They see me walk outside alone every day, and come home alone, and make comments about it.” “I feel alone and without a community, and it’s scary,” said a single Colombian woman living in Quito.

There are emotional costs to feeling so at risk in daily life. Women refugees shared feeling, at times, overwhelmed by the violence and risks of violence they encounter nearly everywhere they go. This burden weighs particularly heavily for women who are attacked by neighbors, people whom they see every day. Having to live among their attackers is a trigger for many women and a source of profound psychological distress.

Women face a variety of GBV risks in their daily lives, as well as a range of types of violence – including physical, sexual, emotional, and economic. Many of these risks can be grouped into the following categories:

Risks related to livelihoods. Refugee women in all contexts reported being sexually assaulted, and even raped, when trying to earn money for themselves and their families. Violence is perpetrated by employers, by clients, and by strangers who accost them on their way to and from work.

“One of us, she’s 20 years old, was raped by her employer, who told her she’s a refugee and he has a lawyer so she can’t complain. What can she do as a refugee?”

– Burmese Chin woman in Delhi

Such violence happens in all cities. And while some working conditions are riskier than others, women reported experiencing GBV in every job, whether working as a clerk in a shop in Delhi, selling goods at a market or on the street in Kampala, Delhi, or Quito, collecting garbage (‘rag-picking’) in Delhi or Beirut, or cleaning houses, which is a common job for refugee women in all four cities. (Many refugee women also engage in sex work; related GBV risks are addressed in that section of this report.) As a general rule, the jobs that pay the most, which is often still not even a living wage, carry higher risks of GBV. A woman in Delhi explained her situation, which is illustrative: “I choose to work at night at a marriage party [as a waitress] because the payment is quite good...600 rupees (USD 9.18) per night. If I work in a factory, I get 150 per day (USD 2.30), and the work is very difficult.”



“Employers always want to use you in a way that is degrading, humiliating...they usually want a sexual relationship with you.”

– Youth Congolese woman in Kampala

Congolese women in Kampala experience violence when they go to collect cassava leaves to eat or to sell. “If you don’t ask [the owner of the garden] to pick leaves you risk being stoned to death...and they’ll say, ‘I’ll give you as many leaves as you want if you have sex with me.’ And because you have no food at home...”

Afghan women working in pharmacies in Delhi said that in addition to being made to “be fashionable, remove hijabs, and look sexy to attract people,” which makes them feel uncomfortable, employers sexually harass them and explicitly pressure them for sex: “Spend one night with me and I’ll let you keep your job.”

“Rape doesn’t happen always. But we are selling necklaces and you find someone comes, says they’d like to buy some products from you, but I don’t have any money right now it’s at home, let’s go and get the money...When we reach an isolated place he pushes you down and rapes you. This happens all the time when you are doing selling on the street.”

– Youth Congolese woman in Kampala

A common way for young women refugees in Kampala to earn money is selling jewelry on city streets. They experience violence, including rape, while doing this. Their risks of violence are heightened because, as refugees, they are pushed to sell their jewelry on relatively isolated streets or pockets of neighborhoods, in order to avoid encroaching upon Ugandan sellers’ usual “territory,” which would generate another set of GBV risks: “Ugandans have their own space to do their own business. We don’t have our own space that’s why it’s riskier.”

Domestic work is one of the most common forms of employment for adult and young women living in cities. It is also commonly unsafe, a site of violence for many women. They reported employers locking them inside as they work and being sexually harassed, pressured to have sex, and raped. Wage theft by domestic employers is also common.

Risks in and around their homes. Women reported feeling at risk of violence in their homes; single women, especially, encounter regular threats of violence by non-family members. Landlords demand sex in exchange for granting leeway on late rent, or for not raising rent monthly, or for renting an apartment to a refugee in the first place: “Sleep with me and then I will let you live in my house.” Women, especially single women, reported landlords entering their homes without permission.

Incidents of neighbors and strangers entering homes and raping or abusing women also occur; this happens to children as well, since working parents, especially single women, often leave them at home alone when they go to work. Refugees emphasized the intersection of poverty and refugee status in exposing them to such risks: slum housing is often insecure, and attackers assume that, as refugees, they are “easy targets” because they have less community protection, or are somehow deserving of violence, or are unlikely to report violence. Women living in urban slums also experience GBV when venturing out of the slum to collect firewood or potable water.

“In a small room we have been renting there is no ventilation so when it’s summertime it’s so hot and we can’t sleep inside the room. So some are sleeping upstairs...or they open the door and the locks don’t work...and in the nighttime locals come in and rape within the room – even if the husband is there.”

– Burmese Chin woman in Delhi

Risks in public spaces. Women are subjected to harassment and verbal abuse, including explicit threats of rape, unwanted sexual touching, and rape, simply while walking down city streets, buying groceries in the market, or waiting in line to use the restroom. Women whose “foreignness” is visible, because of their clothes or their race, for instance, are more at risk than those who can “blend in” as a risk mitigation strategy. There is a marked difference between the experiences of Colombian women and AfroColombian women living in Quito, for instance. Whereas Colombian women said that they can avoid some GBV in public by staying silent (if they talk, their accent “gives them away” as Colombians), Afro-Colombian women are targeted for derogatory remarks and discrimination from the minute they walk outside because of their skin color.

“I feel unsafe everywhere. I feel unsafe at work and on the street. It’s really hard for refugees.”

– Haitian woman in Quito

“The only places I feel okay are [the shelter] and UNHCR.”

– Female survivor of SGBV in Quito

In Delhi, woman refugees go to food markets at night to collect over-ripe or bruised vegetables that sellers have discarded, or to buy them at reduced prices. This is a particular site of violence for them, because would-be attackers know this routine and can attack women either at the market or on their way home. As one woman put it, “They’re waiting for us.”

To mitigate risks, women who do not work outside the home try to avoid ever having to leave their house. Those who live with other refugees, including family members,



shared that they try to always walk in pairs when they leave the house – preferably with a male. “I feel like a little snail,” an Afro-Colombian single woman in Quito said, referring to how she hardly ever leaves her house in order to avoid GBV. Those who work explained that they try to walk home with colleagues or friends, although it is not often possible, given people’s staggered work schedules and the fact their apartments are dispersed across the city. They also reported taking taxis to avoid the bus, even though they cannot afford them, and also changing their routes to/ from home and work in order to avoid people learning their routines.

“Back in the DRC, we had parents, community....Here in Kampala, life is very hard because you have no one to rely on.”

“For us, we wake up and life is very bad. When you sleep you don’t know what you’re going to eat tomorrow. You don’t have any facilities. So we find we sleep and we wake up without having any objective, without having any goals. So we find it’s difficult for us.”

“We don’t know where the future is...of course we want to be resettled but it’s not the primary goal we’re pushing for. We have skills. We want our skills to be established.”

– Quotes from three female refugees ages 16-24 in Kampala, living alone

Family violence. Adult and young women experience domestic violence and other intra-family abuse within their households.

- **Domestic violence.** Women reported that domestic violence happens more to them now, as refugees, than it did in their countries of origin. This is due to increased tension in their households from economic pressures, reversals of traditional gender roles that heighten those pressures (e.g., where displaced women become their family’s primary wage earners), and other emotional stresses associated with being poor in a strange city and having left previous lives and belongings behind. Men confirmed this.
- **Restricted mobility.** Afghan women in Delhi and Syrian women in Beirut reported that, as refugees, their freedom to leave their homes is more constricted than it was in their countries of origin. Young Afghan women in Delhi shared that many parents, as a coping strategy, do not let their adolescent daughters leave home for any reason (“You have to stay at home, always”). This protects them from a number of real urban harms, but also isolates them, preventing them from attending school or participating in other programs and activities.



Colombian woman participating in a workshop in Quito.

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Service and Funding Gaps Affecting Women Refugees' GBV Prevention and Response

Knowledge gaps. Women reported not knowing about support groups, services, and local organizations in their communities, both those that are specifically for refugees and those that traditionally serve host community members but which are open to refugees. Even refugees who interact with service providers regularly reported being unaware of programs and activities offered by that same organization, or of only learning about them after the fact. Notably, refugee service providers shared that sometimes they deliberately do not promote certain activities widely – including women's support groups – because they do not have sufficient resources, including staff time, to meet demand. Women find out about services and programs from a variety of sources: from service providers themselves, by word of mouth from other refugees or from neighbors.

Lack of shelters for women experiencing violence. One of the most significant gaps shared by refugees and service providers is the lack of shelter or temporary housing for women refugees and their children experiencing violence. Both married and single women reported this gap.

Of the four target cities, Quito and Beirut have shelters accessible to refugee women,



although they are consistently at capacity and having to turn women away. Service providers in other locations explained that it is very difficult to persuade local shelters to accept refugee women. Many shelters are already at capacity with members of the host community; others request cost-sharing; others are put off by what they assume will be a hassle, given language and cultural barriers. Other shelters have previously accepted refugee women, but had negative experiences – the women refused to leave, or their husbands showed up and made a scene – and have since declined to take in more refugees. (For more discussion on the challenges of bringing refugees into host community services, including shelters, see the introductory section of the full report, *Urban Model: Challenges and Opportunities*, <http://wrc.ms/1KccsHt>.)

In some contexts, survivors are also discriminated against on the basis of disability, with UNHCR staff and implementing partners in Beirut reporting that shelter staff refuse to accept survivors with disabilities, both children and adults, citing “lack of capacity.” With very few options available, UNHCR and partners have sometimes provided individualized options, such as studios with personal caregivers, to ensure protection of survivors with disabilities and avoid institutionalization. These approaches are, however, often not possible given available funding.

Burmese Chin women in Delhi had, at one point, organized for themselves a safe space that served as a makeshift shelter for women and their children needing temporary housing. Both service providers and refugee women talked about the shelter positively, and agreed that its closing was a significant loss for the community. The shelter, which had been funded by an international donor, closed for a variety of reasons, including a lack of funds and a lack of formal management structure. But the experience of having their own shelter continues to resonate for the women, and they talk of trying it again. It also suggests their resilience, and the potential of refugee-run CBOs to bridge gaps that exist in urban GBV prevention and response.

Unmet need for sexual and reproductive health services. In most locations, urban women refugees have inadequate access to sexual and reproductive health services, including STI and HIV testing. Service providers and refugees believe these gaps are due to a number of reasons:

- In some locations, UNHCR's main implementing partners are faith-based organizations with religious or cultural biases against certain aspects of SRH service provision, such as sexual health education or STI testing for married women; these partners have oversight of, and influence over, funds dispersed for SRH-related subgrants.

- Funds and grants for SRH services are inadequate; sometimes the grants are for less than six months. Local sexual health clinics that have been tapped as referral points for refugees cannot continue expanding their services and conducting outreach to refugee communities without additional cost-sharing.
- Physical access to services and information is difficult given constraints on women's mobility, logistical challenges, and transportation expenses.
- An absence of mobile clinics to refugee communities.
- Fear of stigmatization, lack of anonymity, and breaches of confidentiality, for instance, if a woman tests positive for an STI, or if she asks for condoms or information related to sexual health.

Lack of support and funding for women's CBOs. Women refugees are well aware of the challenges they face in accessing host community services and institutions, including shelters. Women voiced interest in organizing their own community-based solutions, at least as stop-gap measures, but cited a lack of funding available to support these activities. In Delhi, for instance, Burmese Chin women used to have a communal safe space that acted as an informal shelter for survivors of GBV, as well as a crèche (child care) for their children who faced barriers accessing government-run crèches. (See report on *Children and Adolescents* for a discussion of these barriers.)

Even when these solutions are refugee-run, however, they require financial and other support, such as technical assistance or program management training. Humanitarian actors are challenged to provide this support, given their own staff shortages and strained budgets.

Lack of inclusion in development programs and urban safety initiatives targeting host community women. A current theme in humanitarian discourse is the need to partner more closely with international development actors. Opportunities for this abound in many of the large urban centers where refugees migrate, which are sites of numerous poverty projects funded by multi and bilateral development aid donors.

In several cities, the WRC learned of urban development initiatives targeting host community women. UN Women in Ecuador, for instance, is undertaking a Safe Cities initiative in Quito that involves mapping safe versus unsafe areas in certain neighborhoods, as well as a Safe Transport initiative, addressing violence against women on public transport. Although these programs are not currently inclusive of refugee neighborhoods or violence against refugee women, the benefits of inclusion should be explored. (Excluding refugee women from such programs may also reinforce their marginalization and negative perceptions of refugees as second-class urban citizens.)



Integrating activities or messaging relevant to refugee women would promote social cohesion and address negative attitudes toward refugees that are socially pervasive yet widely unacknowledged. Compared to the costs of launching parallel programming for refugee women, such integration would likely be cost efficient as well.

Refugees feel distrusted and blamed by service providers for GBV risks they face.

Women in some locations feel disbelieved when talking to service providers about the violence and GBV risks they experience living in the city, or it is presumed they are exaggerating their risks for personal gain. Some women also reported feeling blamed by service providers for the violence they encounter, and it is implied or explicitly suggested to them that they bear responsibility for having “put themselves in a situation” that allowed the violence to occur, whether by taking a night job, going to a market at night to recover discarded food, agreeing to clean a man’s house, engaging in sex work, or rag-picking. Women shared that sometimes their reports of violence are met with a shoulder shrug, a “what did you expect?” response, as though they chose lesser protection when they moved to the city; more than one woman shared that a protection strategy that had been explicitly suggested to her was to move back to a camp.

“It sounds like we’re making up stories because our numbers are too huge.”

– Burmese Chin woman in Delhi, talking about how they feel disbelieved by service providers when they talk about incidents of violence

That refugee women feel this way – that this is a perception many of them share – is relevant in itself, regardless of whether most service providers feel this way or mean to suggest as much.

“All the refugee women have gone through molestation and harassment. It’s just that we’re facing these problems on a daily basis and we don’t even tell UNHCR about it because it’s every day. They have this judgmental attitude...so imagine if we told them about the daily harassment.”

– Refugee woman

Of course, no matter what the circumstances are in which GBV or GBV risks occur, survivors must not be made to feel at fault, or as though they are not entitled to protection because they live in urban settings rather than camps, or because they take jobs that make sense to them. Women feeling comfortable enough to report GBV risks, and to do so without being judged, is fundamental to the “survivor-centered” approach endorsed in the IASC Guidelines,¹ and to safe identification and referral systems.

Good Practices

Individual case management. Women shared that in some cases, a social worker or counselor from a refugee service provider was able to neutralize a particular risk they were facing. In Delhi, for instance, as part of an occupational safety initiative, staff at Don Bosco, one of UNHCR's partners, used to make visits to individual employers simply to signal that their refugee employee had a supporter "in their corner" – someone official to whom they could turn to report abuse or exploitation. Although no formal evaluation of this program was ever done, staff felt strongly that it deterred abuse and positively influenced outward attitudes and behavior toward woman refugees in their workplaces. (This initiative has since lost its funding.) Other women spoke of the difference it made when staff at a service provider spoke to their landlord or a neighbor on their behalf.

Informal peer networks. Women who have a community of friends, of fellow refugee women, reported that this is essential to their survival and ability to mitigate some, although not all, GBV risks. Single Somali women in Delhi, for instance, live together in one house, with all of their children. They lend each other money, help each other with food, and provide emotional support to each other. "If you don't have your community, who will help you?" one woman asked, rhetorically. (The importance women assigned to these networks also highlighted the increased vulnerability of women who do not have such a community. In Delhi, for instance, there are large numbers of Somali, Afghan, Rohingya, and Burmese Chin refugees, and women in these communities can rely on each other for support. This is not the case for Iraqi, Iranian, or Syrian single women living in Delhi.)

Women's support groups. Refugee service providers are home to women's support groups. For instance, there is a biweekly support group hosted by Asylum Access Ecuador in Quito. It is a safe space for women survivors of violence to interact, hear talks on different topics, share experiences and information with one another, and participate in wellness activities. Participants shared that it is one of few places they feel safe in the entire city, and their only outlet for accessing peer support.

"When we come together and share our problems, it definitely has an impact on us. It is helpful. But we need big supporters in the background."

– Afghan woman in Delhi

At the same time, however, not all women refugees know that such groups exist. This corresponds with other gaps in refugees' awareness about the range of activities and services available to them.



Recommendations for Mitigating GBV Risks Faced by Women Refugees

- **Collaborate with refugee women and relevant host community organizations to come up with creative, multifaceted strategies for mitigating risks related to livelihoods.** There is no single solution or silver bullet for addressing the GBV risks women refugees face in trying to earn money so they and their families can survive in cities. Instead, a range of strategies should be tried and tested, alone and in combination, to build an evidence base around effective risk mitigation programming in urban contexts.

Among possible strategies to draw from are: more thorough vetting of employers; having refugees work in pairs; increasing resources for job banks and job placement programs; building relationships between humanitarian actors and labor ministries/occupational safety boards; facilitating information sharing about dangerous employers; looking for safer venues for similar work (for instance, assisting refugees involved in domestic work transfer over to being housekeeping staff in hotels); staff visits to workplaces to meet individual employers, get wage schedules in writing, and signal refugees' access to recourse in event of abuse; and public education campaigns to raise awareness about common GBV risks at work, such as unsafe domestic work (this would also benefit host community women doing similar work and facing similar risks). For women for whom mobility in the public sphere is either unsafe or culturally inappropriate, promote marketable options for home-based enterprises.²

- **Group job placement designed to mitigate exposure to GBV risks and increase occupational safety.** Placing refugee women in jobs together and/ or in places where host community women also work in large numbers could help reduce refugee women's isolation in the work place and their related exposure to GBV at work.
- **Build linkages between humanitarian actors and national, international, and private sector organizations working on development projects that target host community women.**
- **Balance GBV awareness-raising sessions done within refugee communities with sessions in the host community.** Women refugees remarked that while GBV awareness-raising activities are beneficial to refugee communities, it is equally important – if not more important, in some locations – to conduct these activities within the host communities where they feel vulnerable and targeted.
- **Help women refugees form support groups and carry out projects that bridge protection gaps they identify and prioritize.** A Burmese women's

group in Delhi, for instance, is looking to create a safe space for women survivors of GBV in their community, as well as organize a vocational training and sexual health workshop for single women engaged in sex work. The Refugee Community Development Project, which is run by Somali and Afghan refugees, also in Delhi, is looking to secure funding to carry out its women's social support group and livelihood activities. In Kampala a women's group of GBV survivors is engaged in microfinance and, also in Kampala, a group of refugee women engaged in sex work are organizing protection trainings for themselves and starting small businesses (catering, beading) to diversify their incomes.

- **Recognize barriers to women's access to services and activities, including SRH services, and collaborate with women to develop workarounds.** Where transportation costs, for instance, are a barrier, consider bringing services to women by partnering with a local sexual health clinic to bring their mobile clinics to refugee neighborhoods, or by supporting women interested in convening satellite women's groups closer to their homes.
- **Build relationships with police departments.** Where available, work with women's groups that have already made initial inroads with police to combat risks affecting host community women. Advocate for assigning a trained focal point within police departments and ensuring the availability of female police officers.
- **Designate case managers to support individual refugees in mitigating discrete risks.** Given the prevalence of GBV risks associated with livelihoods, each urban field office should develop a systematic, strategic response based, in the first instance, around the industries, types of shops, or modes of employment that are most common among women refugees, since trends tend to vary by city and by refugee community. In one city it may make sense to target municipal labor boards and merchants' associations, whereas in another it may make more sense to target restaurant unions, or raise awareness about unsafe domestic work.

In addition, providing individual protection case management for refugee women who work or who are having tension with their landlords, is a parallel strategy that deserves further exploration. This would involve having a refugee service provider staff person go to women's places of work, or meet with their landlords, to signal that refugees have institutional support, and a place to report abuse or exploitation. Staff can also monitor occupational safety through monthly or bimonthly visits to employers.

- **Facilitate single women meeting each other and living together.**



- **Provide stop-gap shelter solutions while integration with local shelters is pursued.**
- **Identify and acknowledge the resource limitations that currently constrict activities and services for women**, such as a lack of funding and staff time available for expanding women's groups, vocational or language classes, and develop strategies for resolving them. In some cases, the solution will be a funding one, for instance, where additional programming will require hiring additional staff or renting a physical space. But other cases may lend themselves to in-kind solutions, for instance, pooling information about unsafe versus safe employers, or safe versus unsafe apartment complexes, or roommates for single mothers.
- **Strengthen GBV case management and the application of survivor-centered approaches.** Case management strengthening is needed to address the stigmatization that women experience when reporting GBV. It is important to respect the rights, choices, and wishes of survivors and to ensure the guiding principles for caring for survivors are respected. Safe identification and referral systems must be brought up to humanitarian standards, including the survivor-centered approach set forth in the IASC Guidelines. Develop these in close consultation with women refugees to ensure solutions do not increase their vulnerability to GBV.

Notes

1. For more information about what a 'survivor-centered approach' entails, see the *IASC Guidelines*, Part 2: Background. <http://gbvguidelines.org/>
2. For examples of home-based enterprises, see those being run by Jordanian and Iraqi refugee women in Zarqa, Jordan; they include food and dairy production, as well as the trade and re-sale of clothes and blankets. Near East Foundation et al., *Enhancing the Economic Resilience of Displaced Iraqis and Poor Jordanians: Economic Assessment: Opportunities and Constraints for Vulnerable Women and Youth in Zarqa, Jordan* (March 2014), <http://reliefweb.int/sites/reliefweb.int/files/resources/Zarqa%20Economic%20Assessment%20-%20Full%20Report.pdf>



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