



Vital but often overlooked – the need for safety.
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Reducing the risks of gender-based violence in shelter and settlement responses

Progress and commitments

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Protection is central to shelter programmes¹

Well-designed shelter programmes are based on the fundamental principles of protection: a roof over one's head, clothing on one's body and, at a minimum, freedom from physical harm and violence. The settlement sector as a whole, as well as individual shelters or 'homes', is often where people can find wellbeing and safety, as recognized by adequate housing being a human right.² The *Guiding Principles for Internal Displacement* also

recognize the responsibility of authorities to provide basic shelter or housing for internally displaced persons.³ Shelters must be habitable, provide physical safety and adequate space, and protect people against the cold, damp, heat, rain, wind and other climatic threats to their health. In essence, the process of sheltering is about safeguarding health, security, privacy and dignity, and shelters are a physical manifestation of protection.

The 2013 statement *Centrality of Protection in Humanitarian Action* holds all humanitarian

agencies, including shelter organizations, accountable for the protection of all people affected by crises.⁴ This covers both naturally triggered disasters, where recovery may begin from the outset, and situations of conflict and other complex crises, where people often find themselves in prolonged displacement without immediate prospects for recovery. Good shelter, non-food item (NFI) and settlement programming go beyond physical assistance, to protection.

What is gender-based violence?

One of the recurring protection and public health concerns encountered globally, particularly during humanitarian crises, is gender-based violence (GBV). This is:

an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.⁵

Gender-based violence includes acts such as exclusion from provision of goods or services; physical, sexual and mental harm, or threats of such acts; and sexual exploitation and abuse.

It is not possible to quantify how much GBV takes place in any one context, as the act of measuring it can increase vulnerabilities in emergency settings. However, because in crises individuals' safety and security are threatened, their dependence on external humanitarian assistance can significantly increase the risk of violence and exploitation, including forms of GBV – for example, transactional sex for basic goods or services. During crises, GBV can affect everyone (women, girls, men and boys), but in different ways. In particular, as women and girls everywhere are disadvantaged in terms of

social power and influence, their lack of control over resources (including control over their own bodies) and restricted participation in public life place them at higher risk of experiencing GBV.⁶

Why do shelter workers need to worry about gender-based violence?

Although well-implemented shelter operations can reduce risks of GBV, poorly implemented programmes that do not adequately consider the risks people face can increase risks of GBV. Given that the core objective of most emergency shelter programmes is to safeguard the health, security, privacy and dignity of affected populations, so they must seek to reduce all risks faced: from flooding, to earthquakes, to GBV. This includes GBV among crisis-affected populations, conflicting parties and host communities, as well as sexual exploitation and abuse (also known as SEA) perpetrated by humanitarian staff.

Shelter practitioners can take measures throughout the project cycle to reduce the risk of GBV occurring. Providing adequate space, for example, for women, girls, men and boys to conduct daily activities – both within a shelter and across a whole settlement, reduces risks that arise when sharing spaces with non-family members.⁷ It is not enough to build shelters; these – and their settlements – also need to be free from violence.

Shelter programme staff are not necessarily GBV staff

Although humanitarian shelter programmes may aim to reduce protection risks, including GBV, it does not mean that shelter programme staff should be protection or GBV specialists (although at the very least an awareness of the issues would help). Shelter staff juggle many complex priorities, from logistics, to community engagement, to implementing programmes on time and within constrained budgets. Shelter actors must frequently prioritize, and programme for, a host of risks, of which GBV is but one. As a

result, shelter responses have previously placed less focus on GBV and other protection risks – to the detriment of achieving shelter objectives. People cannot safely obtain NFIs when they are at risk of exploitation or trafficking. Similarly, shelters and larger settlements cannot provide dignity and privacy for all if homes house violence, or restrict families and children from obtaining basic necessities (such as latrines, water and education).

By working alongside specialists in GBV and protection, shelter as a sector has demonstrated the value of integrating GBV risk-reduction principles, to achieve important shelter benefits such as safety and dignity. In the past five years, shelter agencies have increasingly applied GBV risk-mitigation measures to improve their own field-level operations and increase their staff's capacity to follow codes of conduct, do no harm, and protect people from sexual exploitation and abuse. Shelter actors do not need to take on the role of GBV or protection specialists in order to alleviate GBV risks and realities that impede them from achieving their goals for providing shelter.

Inequality and unequal results

GBV mainstreaming is based on adopting a gendered approach as a first step. At the minimum, organizations should build the capacity of their staff to understand the gender norms in a society, make access to assistance more equitable (gender sensitivity) and even challenge inequitable structures (gender transformation).⁸ Gendered norms and expectations, for example, frequently restrict women's and girls' roles in the home and broader society, and give only men and boys the resources to be the primary income-earners and heads of households. Gender discrimination and gender inequality often result in women and girls being exposed to many forms of GBV throughout their lives.⁹

To reduce the risk of GBV, practitioners must first focus on protection and gender-specific needs and capacities, to foster participation and

provide shelter assistance that meets individuals' needs – particularly those of women, girls and others in vulnerable situations. Perhaps the most straightforward and beneficial way for project implementation to reflect gender considerations is to aim for diversity and gender representation when hiring staff for distribution and field operations teams. For example, in the response to Typhoon Haiyan that struck the Philippines in 2013, certain projects aimed to involve men and women equally in the reconstruction process, for instance in promoting Build Back Safer messaging and providing construction training. Women also had a strong voice in designing shelters, to include elements that would guard their privacy and dignity: internal partitions for separate sleeping areas, opaque cladding, and space for cooking, hygiene and sanitation activities – ultimately to reduce the risk of GBV.

The first step is to conduct a gender and risk analysis at the start of a programme.¹⁰ This can help shelter workers identify risks before they cause harm. For instance, the involvement of women may inadvertently diminish men's access to, or control over, the recovery process, contributing to domestic, intimate-partner, and other types of GBV.¹¹ Additionally, gender analysis helps shelter agencies understand the intersectionality of their work, recognizing for example that the home is not only a refuge for sleeping and protection, but can also be an economic space, where women work as producers and vendors.

This highlights more than ever the importance of assessing *all* types of risk, from the physical (such as flood risks of a shelter site) to protection and GBV, as well as considering cultural, religious and economic practices and expectations. Although shelter projects usually work at the household level, not the individual level, collecting data disaggregated by sex and age is an important first step in identifying if any particular gender dynamic might be at play among affected households. Considering questions of gender and female participation in any project

can potentially lower risks that lead to GBV and disrupt shelter programmes.

Shelter staff can have close access to affected people

Shelter projects frequently take staff to remote locations and directly into the homes of affected communities. Staff members may be the only humanitarian workers to meet with families and witness or hear about a case of GBV – which may or may not be linked to shelter activities.¹² In such a situation, a referral pathway and qualified GBV staff might not be available, leaving survivors supported only by traditional methods and humanitarian staff with little understanding of GBV.¹³ An opportunity is often missed: for shelter and protection staff to work more closely together to benefit from these levels of access and legitimacy with affected populations. Together, shelter and protection staff may better serve the broader needs of affected persons (not only their material needs), by ensuring that no one is left unattended after an incident of violence. When these opportunities are missed, they can, at times, lead to more harm. For example, a staff member was carrying out a shelter assessment in South Sudan when the mother of a beneficiary disclosed that her daughter was being abused by a host family member. The staff member offered to take the daughter and mother to the health clinic, but the mother declined, for fear of reprisal. The staff member then contacted shelter colleagues to arrange the removal and relocation of the daughter and her family. But in so doing he breached the confidentiality of the survivor, which resulted in further and more serious abuse.

Although we do not expect shelter workers to receive specialized training in managing or responding to cases of GBV, team managers and leaders should ensure that shelter staff, when interacting with affected populations, are at least trained in the basic steps to take when receiving a disclosure of a GBV incident, in order to ensure the safety of the survivor, family, community and themselves.

Protection inside and outside the home

GBV can occur independently of shelter interventions, or can even be exacerbated by them. A common type of GBV is the denial of resources, opportunities or services, which in the shelter context can be the denial of rightful access to economic resources or assets such as housing, land, NFIs, safe shelter and livelihood opportunities.¹⁴ A case study from the 2015 Nepal earthquakes response describes how distribution points were carefully chosen and procedures designed to ensure that the most vulnerable groups – especially women and girls – had a priority line and a ‘safe passage’, as well as support to transport the valuable items back home. The distribution was carried out by a gender-balanced team, trained to respond to incidents safely and ethically.¹⁵

It is a common misconception that most GBV is perpetrated outside the home, by strangers. Intimate-partner violence and domestic violence usually take place in private, behind closed doors and between family members. The stresses that people face after a crisis can increase tensions in a home, heightening the risk of some forms of GBV. When designing shelter programmes, practitioners must not only consider the protection of women, girls and vulnerable groups when accessing water and shelter materials, but should also consider safety *inside* the home. For example, following focus group discussions, a transitional shelter project in Haiti adapted shelters to include an additional door to the rear. Not only was it traditional to have two entrances, but the rear door served as a secondary exit if a family member needed to escape an act of violence.¹⁶ Separately, some women also felt safer in homes with outward-opening doors, as they thought it would be harder for someone trying to force entry to prise the door open than to kick it in.

Good shelter programming that considers GBV risks includes not only practical construction measures, but also ensures that vulnerable families feel safe and secure in their communities,

and are not forced into harmful coping mechanisms. For instance, if families cannot meet the costs of shelter (such as rent, bills, maintenance and repairs) then harmful actions such as child marriage or other negative coping strategies can put vulnerable groups at higher risk of GBV.¹⁷

Perceptions of safety at a settlement level

The relationship between population density and risks to health and safety in human settlements is noted in a number of guidance documents:¹⁸

Overcrowding in urban areas or camp situations can exacerbate family tensions, which in turn can contribute to intimate partner violence and other forms of domestic violence. Overcrowding can also increase tensions and the risk of sexual assault by non-family members, particularly in multifamily tents, multi-household dwellings or large communal spaces.¹⁹

Closer attention is also being paid to the relationship between GBV in low-density areas of sites, or areas with significant gender disparity. In 2017, observational audits of eight camps in Maiduguri, Nigeria, found that densely occupied areas such as markets were dominated by men and boys, with few – if any – women present. Women and girls perceived risks of harassment and sexual violence in such locations, and avoided them, thus restricting their participation in public life while also becoming more dependent on male family members. But women and girls also perceived spaces with few people present, such as latrines, as insecure, with physical isolation and lack of lighting increasing the risk of violence.

There is no single solution applicable at settlement level that would reduce GBV-related risks that are exacerbated by extremes in population density. But identifying the types

of localized density and associated risks is a powerful, practical and inclusionary tool for reducing GBV risks.

Protection against sexual exploitation and abuse (PSEA) by humanitarian staff

Many cases of sexual exploitation and abuse during humanitarian operations have been documented.²⁰ Sexual exploitation is ‘any actual or attempted abuse of a position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another’.²¹ PSEA targets sexual exploitation and abuse perpetrated by humanitarian workers, to which shelter and NFI programmes are not immune. There are cases of shelter staff abusing their positions of power. Perpetrators might also be contractors, distributors, volunteers and others working in shelter programmes. The shelter sector does not track such incidents; they are followed up by agency human resources and the national PSEA network (where present). Clearly, however, programme managers and team leaders can do more to train staff and ensure that zero-tolerance policies and codes of conduct are understood and followed at all times and by all workers.

Working with survivors of GBV

The appropriate response to survivors of GBV will vary according to the local context. Nevertheless, the Global Shelter Cluster has helped develop and test several tools to help field staff respond safely and ethically if approached by a GBV survivor. The *Constant Companion* and the *Pocket Guide* advise shelter workers and others on how to minimize further harm to survivors in such situations. This requires shelter workers to understand the concepts of confidentiality, consent and safeguarding children, while also adhering to referral protocols when trying to support survivors.²²

The state of the art

Globally, there have been many attempts to develop capacities to reduce GBV in shelter programmes. Through the development of guidance tools, the Global Shelter Cluster continues to integrate protection, and specifically GBV risk mitigation, into its global programming. The Global Shelter Cluster's achievements include integrating the Inter-Agency Standing Committee (IASC) GBV guidelines into national shelter operations and global forums; developing and piloting a guidance document for the distribution of NFIs, shelter materials and cash; and disseminating site-planning guidance.²³

These technical tools, guidance and support have demonstrated the opportunities for shelter and settlement programming to prevent, mitigate and safely respond to protection problems, and to GBV specifically. However, opportunities remain to improve these integrated efforts.

Operational realities

Because the shelter sector operates in numerous countries, with thousands of volunteers and staff (often hired locally on short-term contracts), there remains a gap between global understanding, guidance, policies and response. As in many areas of humanitarian operations, high staff turnover, coupled with rapid recruitment of staff (often without protection training in sudden-onset crises), perpetuates the gap between theory and practice.²⁴ Instances of sexual exploitation and abuse continue, and some programmes are still causing unintentional harm. But there are also efforts to strengthen complaints mechanisms and policies to protect affected populations.

Given this reality, shelter programme managers must – at the very least – train their staff in codes of conduct and in practical steps they can take to reduce the likelihood of shelter

programming leading to threats to people's safety. Often the actions needed to reduce risks are not costly, but require an understanding of the context, the active involvement of affected people, and careful consideration of the implications of project choices. Something as simple as the location of a complaints desk or hiring women to be part of a distribution team can bring a significant benefit.

Conclusion

A sense of privacy, dignity and safety can greatly strengthen a household's security and wellbeing, leaving its members free to obtain life-saving services. It is not enough to build a shelter, if that shelter is not recognized as a gendered space whose design should take into account local needs, feedback and consultation, especially with women and girls. Protecting people from violence, especially from gender-based violence, should not be seen as an additional task to add to shelter practitioners' workload. Rather, it should be understood as an integral part of programming that strives to act on the principles of participation, inclusion, consultation and engagement with affected communities. Reducing GBV risk is frequently a question of process – how a funded shelter programme is implemented and how staff are trained and their skills developed – rather than a question of additional money. Abiding by these principles ultimately contributes to the overall objective of good shelter programming, and is vitally important in protecting the rights of those individuals whom shelter, NFI and settlements programmes seek to support.

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- 12 This is defined as GBV disclosure.
- 13 A referral pathway is a flexible mechanism that safely links survivors to supportive and competent services.
- 14 Inter-Agency Standing Committee (2015).
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- 24 Inter-Agency Standing Committee (2016) *Protection from Sexual Exploitation and Abuse (PSEA): Inter-Agency Cooperation in Community-Based Complaint Mechanisms: Global Standard Operating Procedures*. https://interagencystandingcommittee.org/system/files/psea-global_standard_operating_procedures_june_2016.pdf.

All under one roof

Emergency shelter and people with disabilities

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According to the World Health Organization, 15 per cent of the world's population has a disability. Eighty per cent of these people live in poorer countries.¹ Emergency situations such as conflicts and naturally triggered disasters affect persons with disabilities in different ways. Very little data is available on persons with disabilities in emergencies, although data from Japan suggests that the mortality rate is four times higher than that of people without disabilities.² A study conducted after Tropical Cyclone Pam in Vanuatu showed that persons with disabilities were 2.5 times more likely to be injured than those without disabilities.³ Furthermore, disasters, conflict and other crises can result in many people acquiring new disabilities. Recent unpublished findings from the Humanity & Inclusion (formerly Handicap International) disability disaggregated data project suggest that 25 to 30 per cent of refugees living in camps have a disability. To protect the rights of persons with disabilities in humanitarian action, the Charter on Inclusion of Persons with Disabilities in Humanitarian Action was launched at the World Humanitarian Summit in 2016.⁴

During the emergency phase of a crisis, people with disabilities are often neglected in the assessment, design and delivery of humanitarian responses. The types of assistance and the distribution methods are often not inclusive, and fail to provide adequate priority, space, privacy and protection to meet humanitarian minimum standards. Barriers that persons with disabilities face in accessing assistance in emergency shelter and settlement include lack of adequate space in shelters, lack of access to communal facilities, and the distribution of inappropriate and inadequate non-food items. Inaccessible shelter and settlement can lead to exclusion and marginalization. Adapting access to humanitarian aid for persons who face barriers in the physical environment, and providing information and communication in accessible formats, should therefore be a priority for actors responding to a crisis.

One impediment to adapting humanitarian aid to ensure access by persons with disabilities is a lack of agency personnel possessing technical expertise in identifying persons with disabilities and understanding their specific requirements for inclusive and accessible shelter. Close coordination with organizations representing persons with disabilities, awareness-raising, and training activities should all be promoted by shelter agencies.

Ensuring inclusion of persons with disabilities during emergency shelter response must be considered a core component of principled and effective humanitarian action, and should be promoted by the Shelter Cluster.

All under one roof

To help humanitarian agencies work effectively with people with disabilities to ensure equal access to settlements in emergencies, *All Under One Roof* guidelines were developed by the International Federation of Red Cross and Red Crescent Societies, Humanity & Inclusion, and CBM.⁵ These compile practical advice on including persons with disabilities in all stages of disaster management, offer guidelines and standards, and promote the involvement of people with disabilities in planning and implementing shelter and settlement activities.

All Under One Roof focuses on including persons with disabilities at every phase from preparedness to recovery; provides technical guidance for shelter and settlement plans on accessibility, adaptability and training; and emphasizes participation by and equal opportunities for persons with disabilities. It includes chapters on various response types, including cash, vouchers and rental support.

Including persons with disabilities means preventing and removing different types of barriers, and promoting participation. Disabilities can be physical, sensory, intellectual or mental. Barriers can be physical, informational, attitudinal or organizational, and are often exacerbated by the crisis. Physical accessibility of the shelter response is important. This is discussed in the guidelines through the RECU principles: how to Reach the shelter, how to Enter, how to Circulate inside the shelter, and how to Use the shelter and its facilities. Equally important are the provision of accessible information and using a variety of methods of communication – these are also discussed in the guidelines. Lastly, to implement inclusive shelter and settlements in emergencies, it is critical to train staff and ensure the participation of persons with disabilities in all phases of emergency management and coordination mechanisms.

Technical guidance is also important. Shelter responses vary from collective shelters to individual emergency shelter, and distribution of household non-food items. In all cases, standards should be inclusive and ensure access for persons with disabilities. Standards cover suitable shelter designs, accessible layout of settlements, barrier-free entrances, indoor mobility, thermal comfort, partitions for privacy, and suitable individual items.

Putting theory into practice

Recognizing that people with disabilities are often excluded from humanitarian action, and that their rights are frequently overlooked, Australian Red Cross, the Norwegian Refugee Council, the International Organization for Migration, and the International Federation of Red Cross and Red Crescent Societies have established a technical working group on inclusion of persons with disabilities in emergency shelter.⁶ This group will act as a forum to involve shelter actors and stakeholders in systematically implementing and improving inclusion of persons with disabilities in shelter and settlement programmes, to link with other clusters and other relevant non-cluster platforms and actors, to share good practices, and, importantly, to join up with other diversity and inclusion initiatives. The overall objective is to establish accepted tools and standards for including persons with disabilities in shelter and settlement programmes. The technical working group aims to transform the way humanitarian actors approach inclusion and rights of people with disabilities in their shelter and settlement responses.

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Physical	Information	Attitudes	Institution
<p>Physical barriers can be natural or man-made, and the list is infinitely long. Common man-made barriers include narrow doors and passageways, staircases, threshold, level changes, steep slopes, inaccessible public toilets, and waste and debris.</p> 	<p>Information barriers occur when information is not made available and accessible for everyone. This type of barrier can be invisible, but it is no less present and excluding for a very large number of people, particularly those with sensory disabilities.</p> 	<p>Attitudes are still, unfortunately, one of the major barriers to full and equal participation. Negative attitudes exist in all parts of society, from community members to policy-makers to programme managers in non-government organizations.</p> 	<p>Institutional barriers are procedures and policies that discriminate against persons with disabilities. This can refer to organization practices (for example, recruitment policies) that are not flexible or adapted to persons with disabilities, thus leading to exclusions.</p> 

Figure 7 **The range of barriers that persons with disabilities face in accessing shelter can be physical, attitudinal or institutional, and can impede access to communication and information.**