

HEIGHTENED Risk Identification Tool



version 2



UNHCR



THE HEIGHTENED RISK IDENTIFICATION TOOL v. 2

This section contains the Heightened Risk Identification Tool in the following order:

Introduction / Biodata Section

Risk Categories (Questions and Risk Indicator Check Lists)

Older People

Children and Adolescents

Women and Girls at Risk

Legal and Physical Protection

Health and Disability

Concluding the Interview

Summary of Risk Category Rating

Referral Areas by Priority

Overall Risk Rating

RISK RATING

HIGH Serious imminent risk to personal safety requiring immediate intervention and/or follow-up within a few days

MEDIUM Likelihood of serious risk to personal safety requiring urgent intervention and/or follow-up within 4-6 weeks

LOW Likelihood of serious risk to personal safety is low but intervention for specific needs may be required

INTRODUCTION / BIODATA SECTION

DONE?

1.	Interviewer, interpreter, and anyone else present introduced	<input type="checkbox"/>
2.	Purpose and duration of the interview explained	<input type="checkbox"/>
3.	Confidential nature of the interview explained	<input type="checkbox"/>
4.	Need for interviewee's honesty explained	<input type="checkbox"/>
5.	Interviewee's freedom to stop the interview at any time explained	<input type="checkbox"/>
6.	Expectations / outcome of the interview clarified	<input type="checkbox"/>
7.	Interviewee's consent to the interview obtained	<input type="checkbox"/>

DETAILS OF THE PERSON BEING INTERVIEWED

Name (family, given)					
Date of birth (dd/mm/yy)		Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	
Registration / ID number					
Country of origin					
Ethnicity		Religion			
Household size (including the interviewee)		Marital Status			
Household composition (number per age/gender including the interviewee)		aged 0-4	aged 5-17	aged 18-59	aged over 60
	Male	#	#	#	#
	Female	#	#	#	#
Residing address (e.g. camp, block, house)					
Contact telephone / e-mail					

DETAILS OF THE INTERVIEWER AND INTERPRETER

Interviewer's name		
Interviewer's title / organization		
Interviewer's contact details		
Interpreter's name		
Interpreter's organization		
Date and place of interview		
Methodology used	<input type="checkbox"/> Methodology 1	<input type="checkbox"/> Methodology 2

OLDER PEOPLE

ASK

Do you have older persons in your family or living with you?

Yes – ask following questions

No – go to “Children and Adolescents” section

If you are interviewing about older people, ASK:

- Do your older family members face any problems with their current living situation?
- Are there any people, organizations or community groups that can help address these problems? What support do you need to solve these problems?

If you are interviewing older people themselves, ASK:

- Do you face any problems with your current living situation?
- *[Optional probing questions]* How is your relationship with other family members? Do you feel included or isolated in your family?
- Are there any people, organizations or community groups that can help address these problems? What support do you need to solve these problems?

CHILDREN AND ADOLESCENTS

ASK Do you have children in your family or living with you?

Yes – ask following questions

No – go to “Women and Girls at Risk” section

If you are interviewing about children, ASK:

- Please tell me about your children’s living situation and what your children do during the day.
- Do your children or the children you are caring for face any problems with their current living situation?
- Are there any people, organizations or community groups that can help address these problems? What support do you need to solve these problems?

If you are interviewing children themselves, ASK:

- With whom are you living? Can you tell me what you do during the day?
- Do you have any problems with your current living situation?
- *[Optional probing questions]* Do you have any problems with your parents / your neighbours / your school / your teachers / other children?
- Are there any people around you that can help address these problems? What support do you need to solve these problems?

RISK INDICATORS – Children and Adolescents

TRAUMA, HUMAN RIGHTS VIOLATIONS, HARDSHIP OR CONDITION

Based on answers to questions above,
check the relevant risk indicators

		SELF		FAMILY		Possible SNC
		Past	Present	Past	Present	
1.	Separated child/young person with relatives in same camp / community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SC-SC

		SELF		FAMILY		Possible SNC
		Past	Present	Past	Present	
2.	Unaccompanied child (living alone or in temporary care arrangement in camp / community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SC-UC SC-FC
3.	Orphan child / young person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SC
4.	Adolescent parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CR-CP
5.	Child-headed household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SC-CH CR-CC
6.	Unsafe living situation with family (e.g. incest, abuse, neglect)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CR, SV
7.	Unsafe living arrangement with non-family member(s) (e.g. abuse or neglect, institutional care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CR, SC-IC SC-UC SC-FC
8.	At risk or victim of sexual exploitation and/or abuse by non-family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SV-VA SV-VF SV-VO
9.	Trafficked, transferred, conscripted, abducted, kidnapped or harboured by means of threat or force for the purpose of exploitation (e.g. prostitution, other forms of sexual exploitation, slavery, and the removal of organs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SV-VA, SV-VF, SV-VO, CR-AF
10.	Engaging in survival sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SV-SS
11.	Early marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SV-FM
12.	Early pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CR-TP
13.	Forced labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CR-LW CR-LO
14.	Recruitment as child soldier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CR-AF
15.	Of school age and not attending school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CR-NE
16.	Special educational needs (that cannot be achieved in a standard classroom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CR-SE
17.	Below the age of 18 and alleged, accused or recognized as having infringed the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CR-CL
18.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RISK RATING - CHILDREN AND ADOLESCENTS

Self	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Family	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Names			
Remarks	<hr/> <hr/>		

WOMEN AND GIRLS AT RISK

If you are interviewing about women and girls, **ASK:**

- Do women and girls feel safe here?
- *[Optional probing questions]* Has anything happened to the women or girls in your family? When / where did it happen? Did they receive any help or support?
- Are there any people, organizations or community groups that can help address these problems? What support do you or they need to solve these problems?

If you are interviewing women and girls themselves, **ASK:**

- Do women and girls feel safe here?
- *[Optional probing questions]* Has anything happened to you or the women in your family? When / where did it happen? Did you or they receive any help or support?
- Are there any people, organizations or community groups that can help address these problems? What support do you or they need to solve these problems?

RISK INDICATORS – Women and Girls at Risk

TRAUMA, HUMAN RIGHTS VIOLATIONS, HARDSHIP OR CONDITION

Based on answers to questions above,
check the relevant risk indicators

		SELF		FAMILY		Possible SNC
		Past	Present	Past	Present	
1.	Woman (including widow, single mother, abandoned older woman, etc.) or girl without family protection / support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WR-WR WR-SF SP-PT SP-CG

		SELF		FAMILY		Possible SNC
		Past	Present	Past	Present	
2.	Unsafe in home or community (e.g. physical, sexual or psychological / emotional abuse by family or community member, including domestic violence, honour crimes and incest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-AN SV-VA SV-VF SV-VO
3.	Severe beating(s) or other physical or sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Physical or sexual violence while conducting daily activities (e.g. collecting water or firewood, going to / from school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Psychological / emotional abuse (threats, harassment, etc.) while conducting daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Rape (including marital rape) or other sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Other form(s) of gender-based violence by state and non-state actors (including state-based violence, denial of resources, opportunities and services, discriminatory laws / practices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SV-VA SV-VF SV-VO SV-GM SV-HK
8.	Trafficked, transferred, conscripted, abducted, kidnapped or harboured by means of threat or force for the purpose of exploitation (e.g. prostitution, other forms of sexual exploitation, forced labour, slavery, and the removal of organs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SV-VA SV-VF SV-VO
9.	Threat of rape and sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SV
10.	At risk of physical, sexual and / or psychological violence, abuse, neglect or exploitation by persons in a position of power (e.g. UN staff, partner agency, government official)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-AN SV
11.	Engaging in survival sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SV-SS
12.	Forced and / or early marriage (or threat[s] thereof)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SV-FM
13.	Unfair customary punishment and / or harmful traditional practices (including FGM, dowry-related violence, widow inheritance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SV-HP SV-GM SV-HK
14.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RISK RATING – WOMEN AND GIRLS AT RISK

Self	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Family	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Names			
Remarks	_____ _____ _____ _____		

LEGAL AND PHYSICAL PROTECTION

ASK:

- How is the security situation in your community / living area?
- *[Optional probing questions]* Have you or your family ever been threatened or felt afraid? When / where did it happen? Did you receive any help or support? What support do you need to solve these problems?

RISK INDICATORS – Legal and Physical Protection

TRAUMA, HUMAN RIGHTS VIOLATIONS, HARDSHIP OR CONDITION

Based on answers to questions above,
check the relevant risk indicators

		SELF		FAMILY		Possible SNC
		Past	Present	Past	Present	
1.	Multiple flight history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-MD
2.	Member of a religious, social, ethnic or sexual ¹ minority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-MS LP-MM LP-AN SV
3.	In a socially unacceptable marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Rejection or victimization by own community (including due to transgression of social mores)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Unsafe in home or community (e.g. physical, sexual or psychological / emotional abuse by family or community member, including domestic violence, honour crimes and incest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Has no legal documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	At risk of deportation or <i>refoulement</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-RR LP-RD
8.	In hiding (e.g. for fear of being identified or found)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-IH
9.	Arbitrarily detained, imprisoned, or otherwise in captivity (including solitary confinement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-DA LP-DO LP-DT
10.	In danger due to absence of witness protection programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-WP

¹ Sexual minority includes lesbian, gay, bisexual, transgender, or intersex.

		SELF		FAMILY		Possible SNC
		Past	Present	Past	Present	
11.	At risk of sexual and/or gender-based violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SV-VA SV-VF SV-VO
12.	Survivor of sexual and/or gender-based violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Rape (including marital and same-sex rape) or other sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Trafficked, transferred, conscripted, abducted, kidnapped or harboured by means of threat or force for the purpose of exploitation (e.g. prostitution, other forms of sexual exploitation, forced labour, slavery, and the removal of organs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	At risk and/or victim of beating, physical violence, abuse or exploitation (non-sexual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-AN TR
16.	Physical violence / harassment while conducting daily activities (e.g. collecting water or food, on the way to / from school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Repeated, systematic attacks on self or family (including while in detention)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Violent death / murder of family or close friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TR-WV
19.	Witnessed others killed and / or physical violence to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Unfair customary punishment and / or harmful cultural practices amounting to torture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TR SV-HP SV-GM SV-HK
21.	Alleged perpetrator of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-AP
22.	Forced to do harm to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TR-HO
23.	Prolonged involuntary separation from loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FU-TR FU-FR
24.	Other threats to self / family (e.g. due to current exercise of social, political or business activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-RP LP-AF
25.	Lack of food, water, shelter, or other basic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP-BN LP-NA
26.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RISK RATING – LEGAL AND PHYSICAL PROTECTION

Self	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Family	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Names			
Remarks	_____ _____		

HEALTH AND DISABILITY

ASK:

- Do you / your family have any health problems, conditions or disabilities?
- What treatment or care do you / your family member(s) receive for these health problems? What support do you need to address these problems?

Note: Do not record the HIV status of a person

RISK INDICATORS – Health and Disability

TRAUMA, HUMAN RIGHTS VIOLATIONS, HARDSHIP OR CONDITION

Based on answers to questions above,
check the relevant risk indicators

		SELF		FAMILY		Possible SNC
		Past	Present	Past	Present	
1.	Person with chronic illness <i>(Person who has a medical condition which requires long-term treatment and medication and / or supervision / follow-up by a physician; e.g. diabetes, respiratory illness, cancer, tuberculosis, HIV or heart disease)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SM-CI
2.	Person with other medical condition which has a serious impact on the ability to function independently and perform activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SM-OT
2.1	Intellectual disability <i>(Person with very limited intellectual capacity causing problems in daily living. As a child, this person is slow in learning to speak. As an adult, the person can work if tasks are simple. Rarely will this person be able to live independently or look after oneself and / or children without support from others. When severe, the person may have difficulties speaking and understanding others and may require consistent assistance.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DS-MM DS-MS
2.2	Visual impairment (including blindness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DS-BD
2.3	Hearing impairment (including deafness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DS-DF

		SELF		FAMILY		Possible SNC
		Past	Present	Past	Present	
2.4	Speech impairment / disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DS-SD
2.5	Physical disability – moderate <i>(Person who has a physical impairment, which does not significantly limit the ability to function independently)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DS-PM
2.6	Physical disability – severe <i>(Person who has a physical impairment, which severely restricts movement, significantly limits the ability to function independently or pursue an occupation, and/or requires assistance from a caregiver)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DS-PS
2.7	Unable to care for self and no caregiver available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DS-PS
3.	Mental illness <i>(Person who has a mental illness of any cause, including depression, anxiety, disorder, psychosis, epilepsy and somatisation disorder)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SM-MI DS-MS DS-MM
4.	Drug / alcohol abuse / addiction <i>(Person who has an alcohol, drug or any other substance addiction that hinders, restricts or impacts her/his daily functioning. This may result in violent behaviour towards family members and/or inability to support family)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SM-AD
5.	In need of nutrition support or enrolled in therapeutic and / or supplementary feeding programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SM-MN
6.	Bodily injury and / or psychological trauma caused by torture and/or violence, including sexual and gender-based violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TR-PI DS-MS DS-MM
7.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	SELF	FAMILY	Possible SNC
Do any of the above identified conditions constitute a life-threatening condition that requires immediate, life-saving intervention?	<input type="checkbox"/>	<input type="checkbox"/>	SM-CC

RISK RATING – HEALTH AND DISABILITY

Self	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Family	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Names			
Remarks	_____		

Registration Number:

Name:

CONCLUDING THE INTERVIEW**DONE?**

1.	Interviewee was asked whether s/he has any additional information to provide	<input type="checkbox"/>
2.	Any questions interviewee needs answered, or need for follow-up (not already been accounted for) is noted in the "special notes" section below	<input type="checkbox"/>
3.	Interviewee is notified of next step(s) and/or referral(s)	<input type="checkbox"/>

SUMMARY OF RISK CATEGORY RATING

Risk category	Self			Family		
	High	Medium	Low	High	Medium	Low
Older People	High	Medium	Low	High	Medium	Low
Children and Adolescents	High	Medium	Low	High	Medium	Low
Women and Girls at Risk	High	Medium	Low	High	Medium	Low
Legal and Physical Protection	High	Medium	Low	High	Medium	Low
Health and Disability	High	Medium	Low	High	Medium	Low

REFERRAL AREAS BY PRIORITY

Referral Point	Self			Family			Name(s):
	H	M	L	H	M	L	
Legal / Protection	H	M	L	H	M	L	
Eligibility / RSD	H	M	L	H	M	L	
Resettlement	H	M	L	H	M	L	
SGBV	H	M	L	H	M	L	
Best Interests Determination	H	M	L	H	M	L	
Psychosocial / Counselling	H	M	L	H	M	L	
Medical	H	M	L	H	M	L	
Other	H	M	L	H	M	L	

OVERALL RISK RATING

HIGH Serious imminent risk to personal safety requiring immediate intervention and/or follow-up within a few days

MEDIUM Likelihood of serious risk to personal safety requiring urgent intervention and/or follow-up within 4-6 weeks

LOW Likelihood of serious risk to personal safety is low but intervention for specific needs may be required

SPECIAL NOTES:

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