

SAFE HAVEN

Sheltering Displaced Persons from Sexual and Gender-Based Violence



COMPARATIVE REPORT

MAY 2013

HUMAN RIGHTS CENTER | SEXUAL VIOLENCE PROGRAM

University of California, Berkeley, School of Law

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This comparative report summarizes the findings of a four-country study that was conducted as part of the Sexual Violence Program at the Human Rights Center, University of California, Berkeley, School of Law. It was written by Kim Thuy Seelinger and Julie Freccero, with research support from Anna Stout.

The Human Rights Center conducts research on war crimes and other serious violations of international humanitarian law and human rights. Using evidence-based methods and innovative technologies, we support efforts to hold perpetrators accountable and to protect vulnerable populations. We also train students and advocates to document human rights violations and to turn this information into effective action. More information about our projects can be found at <http://hrc.berkeley.edu>.

The Sexual Violence Program at the Human Rights Center seeks to improve protection of and support for survivors of conflict-related sexual violence by providing policymakers and practitioners with evidence-based recommendations about accountability and protection mechanisms. This study aims to initiate discussion about the kinds of temporary harbor available to individuals fleeing sexual and gender-based violence in forced displacement settings such as refugee camps and internally displaced communities. The four case study locations are Kenya, Haiti, Colombia, and Thailand. All fieldwork occurred in 2012.

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Country-specific case study reports in this series include the following:

Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. Case Study: Colombia, Human Rights Center, University of California, Berkeley, in conjunction with the UN High Commissioner for Refugees, Geneva (2013).

Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. Case Study: Haiti, Human Rights Center, University of California, Berkeley, in conjunction with the UN High Commissioner for Refugees, Geneva (2013).

Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. Case Study: Kenya, Human Rights Center, University of California, Berkeley, in conjunction with the UN High Commissioner for Refugees, Geneva (2013).

Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. Case Study: Thailand, Human Rights Center, University of California, Berkeley (2013).

All reports in this series are available at <http://hrc.berkeley.edu>.

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CONTENTS

ACRONYMS AND ABBREVIATIONS	/	I
EXECUTIVE SUMMARY	/	3
STATEMENT OF THE PROBLEM	/	II
I. STUDY INTRODUCTION	/	13
Project Aims and Objectives	/	13
Methods	/	13
II. CASE STUDIES: DISPLACEMENT-RELATED SEXUAL AND GENDER-BASED VIOLENCE AND SAFE SHELTER CONTEXTS	/	16
Colombia	/	16
Haiti	/	18
Kenya	/	20
Thailand	/	22
III. FINDING SHELTER	/	24
Shelter Options	/	24
Community Relationships	/	26
Access and Populations Served	/	28
Protection Gaps	/	30
IV. SHELTER RESIDENCE AND OPERATIONS	/	34
Security	/	34
Support for Shelter Residents and Staff	/	37
Coordination and Exchange	/	39
V. DEPARTURE	/	41
Exit Strategies	/	41
Survivors' Roles in Decision-Making	/	44
Follow-up and Evaluation	/	44
VI. THE POLITICS OF SHELTER PROVISION	/	45
Displacement Identity and Access to Protection	/	45

Government Role	/	45
Funder Impact	/	46
“Pull Factors”	/	48
VII. CONCLUSION AND RECOMMENDATIONS	/	49
ENDNOTES	/	56
ACKNOWLEDGMENTS	/	62
APPENDICES	/	63
Shelter Site Indexes	/	63
List of Key Informants	/	66
Interview Instruments	/	69

ACRONYMS AND ABBREVIATIONS

CBOs	Community-based organizations
GBV	Gender-based violence
HRC	Human Rights Center
IASC	Inter-Agency Standing Committee
IDPs	Internally displaced persons
IGAs	Income-generating activities
INGO	International nongovernmental organization
IOM	International Organization for Migration
KOFAVIV	Komisyon Fanm Viktim pou Viktim
LGBT	Lesbian, gay, bisexual, and transgender
NGO	Nongovernmental organization
PDES	Policy Development and Evaluation Service
PTSD	Post-traumatic stress disorder
SGBV	Sexual and gender-based violence
SOFA	Solidarité Fanm Ayisyèn
UAO	Unidad de Atención y Orientación a la Población Desplazada, Departamento de Prosperidad Social (Assistance and Orientation Unit for the Displaced Population, Department of Social Prosperity)
UNHCR	United Nations High Commissioner for Refugees

A Note about Terminology in These Reports

The Human Rights Center has done its best to reconcile sensitivity, clarity, and efficiency in its word choice.

These reports are concerned with the protection of various groups of forcibly displaced individuals in Colombia, Haiti, Kenya, and Thailand. In these countries, we find the following categories of displaced persons:

- **Refugees**, defined in the 1951 Convention and 1967 Protocol relating to the Status of Refugees as a person who, “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.”¹ In sum, a refugee is a person in a foreign land who cannot return

to his/her home country for fear of persecution on account of certain characteristics of identity or belief.

- **Internally displaced persons**, defined in the Guiding Principles on Internal Displacement (2004) as “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.”² In sum, the movement is (1) coercive or involuntary, and (2) within national borders. It is not a formal legal status, as refugee status would be.
- **Other forced migrants**, defined according to local context in the relevant case study report.

We refer to *sexual and gender-based violence* (SGBV) instead of simply *gender-based violence* (GBV) to include those rare occasions when sexual harm is not gender-motivated.

We first draw from the World Health Organization’s gender-neutral definition of sexual violence alone: “Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work.”³

The broader concept of sexual and gender-based violence also incorporates the definition of gender-based violence offered in Recommendation 19 by the Committee on the Elimination of Discrimination against Women: “Violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.” However, we know from increased reporting and empirical data that men and boys all over the world also suffer harm on account of their gender.

In light of the fact that the majority of cases handled by the shelter programs we studied involved a female survivor or shelter-seeker, we have opted for feminine pronouns when generally or hypothetically referring to survivors and shelter residents.

With respect to members of sexual minorities, such as gays, lesbians, bisexuals, and transgender or intersex individuals, we have opted to use the simpler, more familiar acronym LGBT instead of LGBTQI or LGBTI. This is not meant as any disrespect to individuals who identify as queer or intersex. It is our hope that queer and intersex persons will benefit from any increased awareness of the safe shelter needs of sexual minorities in general.

Finally, by *shelter* or *safe shelter*, we are not necessarily referring to a single physical structure or traditional safe house model. We use the term conceptually; in the context of this study, it refers to any physical space or network of spaces that exclusively or incidentally offers temporary safety to individuals actively fleeing harm. We focus on those that are available to individuals fleeing sexual and gender-based violence, particularly refugees and people who are displaced within their country.

EXECUTIVE SUMMARY

Vulnerability to sexual and gender-based violence arises in many forced displacement contexts, whether they are related to armed conflict or to natural disaster. Individuals fleeing an emergency situation may suffer rape, sexual exploitation, or human trafficking while attempting to secure transport, cross borders, or find lodging. Even once they are settled—whether in refugee camps, internal displacement camps, or urban centers—vulnerability to harm persists. In fact, displacement often increases individual insecurity through new and exacerbating conditions, including the breakdown of family and community ties, collapsed gender roles, limited access to resources, insufficient security, and inadequate housing in camp settings.

When refugees or internally displaced persons experience sexual and gender-based violence, their needs can be particularly urgent and complex. They may experience multiple levels of physical or psychological distress resulting from the individual and collective harms they have suffered. Unfortunately, service and support options are often scarce in settings of forced displacement.

Existing guidance related sexual and gender-based violence in humanitarian settings tends to address general prevention and protection measures, particularly in camp settings. However, there is little concrete guidance specifically about how to provide immediate, temporary shelter to those fleeing this harm, either inside or outside the camp context.

It is important to understand potential options for immediate physical shelter that exist in these difficult contexts, as well as their various strengths and limitations. In addition to providing immediate physical protection, programs that provide safe shelter to displaced persons fleeing sexual and gender-based violence may help to facilitate their access to other critical services as well.

To date, evidence-based information about safe shelter models, client and staff needs, and service challenges and strategies that exist in these difficult settings is quite limited. More research is urgently required to inform policy, programming, and implementation guidance.

Study Aims and Objectives

To improve understanding of potential protection options for refugees and internally displaced persons fleeing sexual and gender-based violence, the Human Rights Center at the University of California, Berkeley, School of Law launched a four-country qualitative study in 2012.

The research had three main aims: to identify and describe models of temporary physical shelter available to displaced persons in humanitarian settings; to shed light on challenges and strategies relevant to the provision of safe shelter to members of displaced communities; and to identify critical protection gaps.

Project History, Case Selection, and Methods

After consultation with the UNHCR Policy Development and Evaluation Service in Geneva in July 2011, the Sexual Violence Program at the Human Rights Center decided to design a study that would focus on Colombia, Haiti, Kenya, and Thailand. This sample was chosen for its potential to illustrate a diversity of geography, humanitarian crises, and displaced communities.

In the first half of 2012, Human Rights Center researchers conducted unstructured interviews with key informants and semi-structured interviews with shelter staff and residents in each country. Our inquiry focused on shelter forms and operations and shelter relationships to community and other service providers, as well as any advice directly voiced by shelter staff and residents.

Interviews with shelter staff and residents were recorded following informed consent procedures, then transcribed, translated, and analyzed using qualitative coding software.

Upon publication of the individual country reports and the comparative assessment, the Sexual Violence Program shared its findings and gathered feedback from stakeholders in each of the case-study countries.

Findings

Interview data offered insights about practical, social, and even political aspects of safe shelter provision for members of displaced communities in Colombia, Haiti, Kenya, and Thailand. Key findings can be loosely grouped in terms of the stages of securing, residing in, and leaving a safe shelter. Data also indicated some overarching considerations regarding the “politics” of providing protection and safe shelter in different contexts.

Finding Shelter

Shelter Model Types

Despite a general scarcity of safe shelters available to refugees, internally displaced persons, and other migrants fleeing sexual or gender-based violence, there were a variety of program models. These included traditional safe houses, private apartments, the homes of community volunteers, secret spaces in offices or community centers, and even designated clusters of huts in enclosed sections of refugee camps.

We found greater diversity of options in some countries than in others.

Importance of Community Relationships

The relationship and engagement of shelters with the surrounding community proved to be critically important, particularly in refugee camp settings, where safe shelter locations are impossible to hide. The quality of a shelter’s relationships with the outside community could impact survivors’ willingness to enter the shelter program; it could also have positive or negative security implications for those living or working there.

Access and Populations Served

Eligibility criteria for safe shelter programs were mixed. Some programs specifically focused on sheltering individuals from sexual and gender-based violence; others offered shelter from harm generally. Some—especially those physically situated in camp settings—catered exclusively to refugees, internally displaced persons, and other migrants; some were open to the mainstream population. Most admitted only women and girls.

However, the mere existence of a safe shelter did not mean that it was easy to access—even if survivors met the eligibility criteria. When they were considering seeking admission to a safe shelter in a camp setting, many survivors expressed inhibitions similar to those one would expect in non-displacement settings: stigma, separation from loved ones, and fear of retaliation by perpetrators. However, referral to a safe shelter in a camp setting could be particularly difficult to obtain without a clear pathway facilitated by camp management focused on sexual and gender-based violence. Finally, camp-based safe shelters were few and far between; some were great distances from a shelter-seeker's family.

Refugees and internally displaced persons faced additional barriers in accessing mainstream or urban shelters. These included cultural and linguistic challenges, fear of leaving one's community, and even deportation or arrest due to one's insecure legal status.

Protection Gaps

As noted above, the safe shelters we observed by and large focused on protecting women and girls. There seemed to be few programs available to male survivors, persons with serious health conditions, and members of certain ethnic, religious, or sexual minorities.

In some cases, political or funding-driven priorities exacerbated protection gaps. When resources or institutional focus shifted toward certain harms or groups, other harms or groups could risk exclusion.

Shelter Residence and Operations

Security

Security was a recurrent challenge across safe shelter programs. Residents and staff alike had reason to fear threats and violence, particularly from perpetrators, their families, and other hostile parties who saw the safe shelter as intruding on family or community resolution processes. In the case of Colombia, the ongoing nature of the armed conflict itself brought insecurity right to many safe shelter doors.

Access to local law enforcement was more available in some settings than in others. For example, several camp-based shelters in Kenya had police posts right outside the highest-security safe houses, while shelters on the Thai-Burma border were quite isolated. In both camps and urban areas, traditional safe houses and protected compounds relied on a variety of individual security measures, including gates, guards, makeshift alarm systems, and rules regarding visitors and communication. Other safe shelter models (such as community host homes and independent living arrangements) had generally lower levels of security, allowing for more resident freedom but also exposing residents and shelter providers to more risk.

Support for shelter residents and staff

The various support needs of safe shelter residents did not surprise us. Residents called for increased psychosocial counseling, access to medical care, education for accompanying children in long-term programs, and either vocational training or income-generation opportunities. Limited program funds often restricted residents' access to these support services.

Less expected, perhaps, was the extent to which safe shelter staff expressed their tremendous need for support. The emotional impact of managing serious cases of sexual and gender-based violence, the threats made by angry perpetrators, and the challenges of providing care in resource-limited settings all took a serious toll on providers. Unfortunately, few systematic efforts were made to ensure their well-being.

Coordination, Referral, and Exchange

While most safe shelter programs had developed their own connections to critical support services (particularly health care and counseling) for their residents, coordination among safe shelter providers themselves was generally weak across the case study countries. Safe shelter programs within a single refugee camp were somewhat coordinated when a single implementing partner or UNHCR officer oversaw services related to sexual and gender-based violence. However, close coordination among safe shelter programs in the disparate refugee camps along the Thailand-Burma border was more challenging, due to distance and ethnic or political distinctions.

In urban areas, coordination among safe shelters operated by government and civil society was weak, as was coordination among safe shelters serving refugees in particular and programs serving the general public.

Reasons for this lack of coordination vary according to context: physical distance between shelters and communities, political differences, distinctions between populations served, competition for funding, or sheer lack of time to reach out to other programs. However, many shelter staff indicated that more communication and dialogue among safe shelter programs would be beneficial in terms of sharing knowledge and improving referrals.

Departure

Exit Strategies

While all shelter-providing organizations ultimately aimed to prepare admitted residents for transition out of their programs, the ways in which they developed and executed these exit strategies differed. Some refugee-focused strategies were limited to resettlement abroad, but in some cases the low likelihood of resettlement meant indefinite shelter stays. Others sought residents' reintegration into the surrounding community, but this was not always possible due to stigma or hostility that survivors encountered because they had left the community for a safe shelter in the first place. Some programs were able to relocate refugees to other camps in-country or to distant urban or rural areas. Finally, others provided training, income-generating opportunities, ongoing access to in-house counseling, and even rent money in order to ease residents' transitions back into the community.

Survivors' Roles in Decision-Making

The point at which these exit strategies were developed, and the degree to which a resident was involved in the decision-making process, varied among programs. Some residents had to leave shelter before they were ready; others were not free to leave at will.

Follow-up and Evaluation

There were very few examples of systematic, regular evaluation exercises to help safe shelter programs assess their successes and challenges, or the impact they were having on residents' safety and future well-being.

Several shelter programs were able to assess the welfare of former residents by conducting periodic check-ins via home visits or phone calls. Other programs invited former residents to continue to participate in trainings and counseling activities even after they had left the shelter, so staff could loosely gauge their well-being. However, most programs did not have clear mechanisms by which the longer-term safety and welfare of former residents could be evaluated.

The "Politics" of Shelter Provision

Safe shelter provision can be influenced by political realities, such as defining a population and inclusion criteria (e.g., who is and who is not defined as "displaced" or worthy of benefits in a humanitarian context), or a government's relationship to displacement (e.g., whether it acknowledges the legal status of displaced persons or is an actor in their actual displacement), and the shifting of funders' priorities among myriad postconflict and postdisaster needs.

Research also unearthed several ethical questions about safe shelter provision in forced displacement settings: What should be provided, to whom, and for how long? And what are the implications of offering these benefits within the extreme resource limitations of postconflict and postdisaster circumstances?

Recommendations

In light of our findings, we offer the following recommendations to policymakers and funders who are developing guidance and programming for the provision of safe shelter to persons fleeing sexual and gender-based violence in forced displacement settings.

1. *Promote community buy-in, especially in camp settings.*

Community support for protection mechanisms to assist individuals fleeing sexual and gender-based violence is particularly important in what can be the closed universe of a refugee or internal displacement camp—where anonymity, mobility, and access to police protection may be limited.

Shelter providers and funders should seek community input into the design and location of camp-based safe shelter systems wherever possible. This may open the door to development of community-host options as well as create support for traditional safe houses.

Where a safe shelter structure already exists, public campaigns and targeted engagement with local residents and community leaders should aim to foster greater community under-

standing of its purpose and goals. Greater acceptance has the potential to improve support for the staff and ease residents' access to services. It may also improve survivors' transition from a shelter back into the community. Outreach through community advocates and open-house meetings with community leaders may foster necessary transparency and mutual support.

2. *Ensure the security of both residents and staff.*

Ensuring the security of both staff and residents must be a priority and shelter services should be funded to assess their security needs and develop site-appropriate security measures.

Directly consulting with staff and residents to identify their security concerns can help in creating effective protection and response mechanisms. These measures can range from structural protections (e.g., guards, fences, and alarm systems) to behavioral standards (e.g., restrictions on confidentiality, visitors, or residents' movement).

Community engagement and support can be an important security asset, especially when staff and residents travel outside the shelter walls. Utilizing neighborhood-based escorts and sharing knowledge of local risks or allies may be helpful.

Finally, whenever possible, individuals must be referred to shelters according to their security needs. Inappropriate placement in low-security models may endanger both the shelter-seeker and those living or working in that space; conversely, unnecessary placement in high-security programs can hinder a resident's community contact, unduly hampering her later reintegration.

3. *Provide support for both residents and staff.*

For residents, greater funding is needed for counseling, health care, vocational training services for survivors, and education opportunities for their children.

Funds are also required to support shelter staff in the stressful work that they do. In this study, staff routinely expressed their need for emotional support services. Shelter providers should be responsible for routinely monitoring the well-being of staff and offering support resources for the practical and emotional needs of staff. Staff requested support that would help them do their jobs better, specifically counseling training for *all* staff members regardless of position and increased staffing to ease their burden and allow for time off.

Future funding should also support a systematic assessment to identify priorities of both staff and residents, in order to highlight the most important areas of investment for each shelter.

4. *Consider appropriate placement and exit strategies from the beginning.*

Shelter providers should consider each resident's transition strategies and readiness from as early as possible. This may include assessment of which *type* of shelter is needed in an individual case and making an appropriate referral, if necessary. Programs should also foster recovery and independence (through counseling, training, and income generation, when possible) and avoid the creation of reliance on the shelter environment. Shelter residents should have meaningful engagement in all levels of decision-making about their transition options.

Where refugees are concerned, UNHCR staff and implementing partners should actively consider exit strategies other than refugee resettlement, as suggested in the IASC Guidelines. Options may include short-term safe shelter stays leading to relocation within a camp or to a supportive urban area.

5. *Explore and develop a diversity of shelter options.*

A diversity of shelter options can help providers to accommodate residents' varying security needs and desires for community connection. Policymakers, coordinating bodies, and funders should explore and support a wide range of safe shelter possibilities within a single camp or community. This diversity may also ensure flexibility of transfer later, as a shelter resident's needs or wishes evolve.

6. *Conduct shelter mapping, coordination, and exchange.*

Effective referral and coordination systems are required for providers to take advantage of diverse options and to place shelter-seekers in appropriate lodging at the outset. Communication and exchange can also bridge gaps between government and civil society programs, as well as enable referrals between safe shelter programs serving displaced communities and mainstream shelters. Robust coordination systems also enable better access to supportive services in the health and legal sectors.

A thorough mapping of safe shelter programs (and their eligibility criteria, length of permitted stay, security features, etc.) is an important first step in facilitating coordination and referral.

An oversight body should be charged with regularly updating a safe shelter index, as well as organizing periodic convenings to enhance referral, build relationships, and share resources and strategies among shelter programs and relevant service providers.

7. *Identify and close protection gaps.*

A mapping of available safe shelter programs should be undertaken in each displacement context to illuminate protection gaps such as male or LGBT survivors. To address these gaps, coordinating bodies should engage mainstream shelter programs in both camps and urban areas in strategies to safely house members of marginalized victim groups.

Similarly, coordinating bodies should connect members of marginalized victim groups from refugee communities with services and shelters serving their nonrefugee counterparts in urban areas.

Training to help staff at mainstream safe shelter programs work with refugees (including training in how to overcome language and cultural barriers, as well as how to address displacement-related health issues) could help to close the refugee protection gap.

8. *Assess macro-level barriers to, and implications of, safe shelter protection in displacement settings.*

The effective provision of safe shelter to refugees, internally displaced persons, and other migrants fleeing sexual and gender-based violence requires frank assessment of structural and

political barriers to protection. Examining government practice and policy regarding these groups and issues is a critical step. The impact of postconflict or postdisaster humanitarian aid may also require a clear-eyed examination, since funding priorities directly influence who can and cannot be sheltered.

9. *Evaluate program impacts.*

Funders should support the evaluation of the shelter programs' impact in context-specific, commonsense ways. Measures of success may vary. Complicated reporting matrices may not be appropriate.

Instead, exit interviews with residents, regular follow-up with former residents, and focused case notes on the realization of recovery goals and exit strategies may be helpful measures. It may also be instructive to conduct periodic surveys of community leaders to gauge local perception of the safe shelter program, as well as to obtain external views about residents' transitions back "home" over time.

Confidential coordination with other safe shelter programs may also help providers to identify repeat cases and may offer opportunities to reassess weak exit strategies.

10. *Support or conduct further research.*

We urge the UNHCR, local governments, and funders to support further research on the following issues:

- The impact of sexual and gender-based prevention efforts (e.g., awareness raising, education to shift gender norms, interventions with men, etc.) on rates of sexual and gender-based violence within communities and the need for shelters in the first place;
- The particular protection and support needs of refugees, internally displaced persons, and other migrants fleeing sexual and gender-based violence;
- The evaluation of unconventional shelter models composed of community host households and independent living arrangements, especially their effectiveness and security and the ways that they vet and support host families;
- An inquiry into residents' priority support services;
- An evaluation of the transition experiences of former shelter residents, including the impact of any income-generating activities or vocational training provided by the safe shelter program;
- The protection needs of members of marginalized victim groups, including the potential of specific models to meet these needs and members' desire for specialized versus mainstream shelter access;
- Identification of "pull factors" and assessment of programs' actual impact; and
- Methods of evaluating shelter impact, including ways in which views of residents, staff members, and community members can be incorporated into impact assessments.

STATEMENT OF THE PROBLEM

According to the UNHCR, there are currently 42.5 million forcibly displaced persons worldwide.⁴ Elevated rates of mental distress, such as post-traumatic stress disorder (PTSD) and depression, have been recorded among diverse groups of refugees and internally displaced persons.⁵

Displacement is believed to exacerbate conditions that perpetuate sexual and gender-based violence. It may also create new ones.

Women's vulnerability is believed to increase dramatically in refugee camp settings, where failure to address women's security and health needs places them at heightened risk of harm.⁶ Evidence also suggests that domestic violence, in particular, increases in displacement contexts.⁷

Existing literature indicates that women and girls who are forced migrants experience a disproportionate amount of sexual and gender-based violence as compared to men and boys.⁸ However, an increasing amount of data does indicate that men and boys are targeted for sexualized harm during conflict periods.⁹

Unique challenges are associated with providing temporary physical protection to refugees or internally displaced persons fleeing sexual and gender-based violence. For example, camp settings can be inherently insecure and lack private locations in which to lodge survivors. Security and resources may be limited. Lacking legal status or relocation options, refugees and internally displaced persons fleeing abusers may have literally nowhere else to go.

Limits of Existing Guidance

Several international nongovernmental organizations (INGOs) have published resources intended to guide prevention and response activities related to sexual and gender-based violence in humanitarian contexts. In terms of protection guidance, three resources—from the Women's Refugee Commission, the Inter-Agency Standing Committee Taskforce on Gender in Humanitarian Assistance, and UN Women's Virtual Knowledge Centre to End Violence against Women and Girls—offer baseline considerations on providing safe shelter for refugees, internally displaced persons, and other forced migrants fleeing sexual and gender-based violence.¹⁰

Among these, the Inter-Agency Standing Committee (IASC) Guidelines for Gender-based Violence Interventions in Humanitarian Settings (2005) offer the most detailed guidance on the provision of safe shelter for refugees fleeing sexual and gender-based violence. The IASC Guidelines recommend community-based protection options in camp settings whenever possible, prescribing short-term stays in formal shelter structures as a last resort. However, the discussion of safe shelter provision in these guidelines is quite brief and it is focused only on camp-based contexts.

The question of sheltering refugees, internally displaced persons, and other migrants fleeing sexual and gender-based violence in non-camp contexts is thus left largely unanswered.

Finally, existing guidance lacks concrete examples of possible models, operational challenges and strategies, and ways to extend protection to marginalized victim groups.

Key Concepts from IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings

“Action Sheet 7.2: Ensure that survivors / victims of sexual violence have safe shelter.”¹¹

Community-based solutions should always be sought first. Movement of a survivor fleeing sexual and gender-based violence should be guided by the following steps:

1. Determination of safety and security concerns, including whether an immediate threat of harm exists and whether the survivor has a realistic safety plan. Where imminent harm is likely and the survivor does not have a safety plan, she may consent to referral to the camp system for placement in a safe shelter.
2. Community members should be mobilized to assist in protection, including formation of “action groups” or consultation with community leaders. A survivor may be placed with relatives or community volunteers or into a new, empty “home” within the camp.
3. Where no community-based options are possible, short-term stay in a shelter program may be a last resort. This requires:
 - a. A confidential referral system;
 - b. A safety plan for shelter providers;
 - c. Clear guidelines for shelter management and security, as well as development of a long-term safety strategy for the survivor;
 - d. Coordination and referral among camp supportive services (especially psychosocial support, etc.);
 - e. Liaising with camp management about eventual transition to safe housing elsewhere in the camp;
 - f. Knowledge of national laws and policies regarding safe shelter provision;
 - g. Use of the national system of safe shelters, to expand options beyond camp boundaries;
 - h. Ensuring ongoing access to food and water rations while in camp-based safe shelter;
 - i. Ensuring the ability of a survivor’s children to stay with her in the safe shelter, if desired;
 - j. Keeping child survivors in their original homes (while removing any family-based perpetrators) if at all possible.

I. STUDY INTRODUCTION

Project Aims and Objectives

The Human Rights Center's Sexual Violence Program conducted a one-year study in 2012 to explore and improve understanding of existing and potential options for immediate, temporary shelter for refugees, internally displaced persons, and other migrants fleeing sexual and gender-based violence.

Our aim was to generate research-based evidence to inform donors, policymakers, and international and local actors about types of relevant models, priority challenges, and promising practices.¹² The study focused on three key objectives:

1. Identify and describe shelter models available to refugees, the internally displaced, and other migrants fleeing sexual and gender-based violence.
2. Identify unique challenges experienced by staff and residents in these settings and explore strategies to respond to these challenges.
3. Explore protection needs and options for particularly marginalized victim groups, such as male survivors, sexual minorities, and people with disabilities.

Our aim and objectives were the same in each of the four case study countries: Colombia, Haiti, Kenya, and Thailand. Our research focused primarily on programs that served communities of refugees, migrants, and internally displaced persons, including those operating in a camp setting. We also studied mainstream shelters to identify protection options and innovations in urban settings.

Study outputs include four country-specific reports and this comparative assessment, which summarizes case study findings and contains recommendations for the UNHCR and other key stakeholders involved in the provision of protection to displaced populations.

Methods

Study Design

After a pilot assessment was conducted in Kenya in June 2011 to inform study design, the Human Rights Center consulted with the UNHCR's Policy Development and Evaluation Service (PDES) about the need for such research. The Human Rights Center then secured funding and conducted desk research to determine a case sample providing a diversity of geography, displacement histories, and sociopolitical climates.¹³ We designed a qualitative study focused on Colombia, Haiti, Kenya, and Thailand in order to explore a variety of displacement and cultural contexts that included refugee and internally displaced populations, both entrenched and relatively recent.

In preparation for each case study, the Human Rights Center conducted a review of scholarly and NGO literature and primary-source documents on local shelter services and sexual and gender-based violence responses both generally and as related to the displacement. This review provided information on the context of sexual and gender-based violence, key actors, and available protection mechanisms.

Based on formative research on shelter models and our pilot fieldwork in two refugee camps in Kenya in June 2011, Human Rights Center researchers developed a loose categorization of *types* of safe shelter programs in order to provide a conceptual framework to enable comparison among case studies. The development of this framework was an iterative process as we reinforced and refined definitions over the course of each case study.

The Human Rights Center conceptualized the following six types of safe shelter programs:

1. *Traditional safe houses*: Survivors live together in a common structure, with staff overseeing operation of the accommodation.
2. *Independent living arrangements*: Staff arrange for survivors to be housed in separate accommodations (e.g., independent flats or hotel rooms) that were not built especially for safe shelter purposes. This is known as “scattered site housing” in some contexts.
3. *Community host systems*: Survivors temporarily live in the homes of selected community members.
4. *Protected areas*: Survivors live in their own homes in a protected, enclosed subsection of a refugee or internally displaced persons camp.
5. *Alternative purpose entities*: Survivors stay in a setting designed to provide services unrelated to safe shelter (e.g., a police station, hospital clinic, or church).
6. *Hybrid models*: Programs that combine some elements of the above models.

Data Collection

Fieldwork work included in-depth, semistructured interviews with staff and residents at programs sheltering survivors of sexual and gender-based violence in each case study country. In total, this included sixty staff members and twenty-five residents across the four countries. While many of these programs focused on refugees and internally displaced persons, others were more general in focus and provided shelter to various individuals in need. Human Rights Center researchers audiorecorded their interviews when consent was obtained. Audio files were transcribed, translated, and coded with qualitative data analysis software.

The researchers also interviewed key informants from the government, community-based organizations (CBOs), NGOs, and UN agencies to gather supplemental contextual information.

Questions for shelter residents focused on their decision to seek shelter from harm, their experiences at the shelter, and their thoughts and concerns regarding transition out of the shelter.

Questions for shelter staff focused on shelter provision—specifically program histories, models, challenges, strategies, and unmet needs.

Questions for key informants were largely contextual, probing for information about general systems, actors, and sexual and gender-based violence prevention efforts.

The following table captures the number and nature of interviews conducted during our 2012 fieldwork:

	Colombia	Haiti	Kenya	Thailand
Shelter programs studied	8	6	10*	15
Shelter staff interviews**	10	8	15*	27
Shelter resident interviews	7	5	7	6
Key informant interviews	28	9	21	31

* Not including Dadaab surveys conducted in 2011 or follow-up communications in 2012.

** Some interviews included more than one respondent, as is explained in the country reports.

Data Analysis

A team of five to six analysts coded the transcripts using Dedoose qualitative coding software. In all cases, the lead field researcher led the coding. Each team carried out thematic coding of the transcripts, using a series of deductive codes developed to reflect key questions in the interview instruments. In addition, researchers employed an inductive approach to identify patterns in respondent experiences. Select transcripts were double-coded by each lead researcher to check for and ensure intercoder reliability.

Limitations

Study limitations varied for each fieldwork mission.¹⁴ Common limitations included time constraints (four to seven weeks per country), limited access to certain refugee camps due to security issues or lack of permission, and reliance on program staff to recruit shelter residents and act as interpreters in some cases.

In light of our sample-specific data, we are also limited in our ability to provide generalizable statements. However, we offer broad recommendations based on patterns that emerged among the four case studies in hopes that they will spur dialogue, broader thinking, and further research.

Ethical Approval

Ethical approval was provided by the University of California, Berkeley's Committee for the Protection of Human Subjects. When possible, we also obtained local ethical clearance from authorized local entities.

II. CASE STUDIES: DISPLACEMENT-RELATED SEXUAL AND GENDER-BASED VIOLENCE AND SAFE SHELTER CONTEXTS

Colombia

The armed conflict that has raged among Colombian security forces, guerrilla groups, paramilitaries, and narcotics traffickers for more than forty-five years has cost the lives of an estimated 50,000 to 200,000 people and has displaced millions of others. According to the UNHCR, out of a population of 45 million, there are currently more than 3.8 million officially registered internally displaced persons inside Colombia,¹⁵ while another 500,000 Colombians are seeking refuge in neighboring countries.¹⁶ However, these figures are likely only a fraction of the true displaced population due to restrictions on eligibility to register, a lack of information, and several other barriers to registration. Estimates by local NGOs suggest that the number could be as high as 5.4 million.¹⁷ By any measure, this is the largest displacement crisis in the Western Hemisphere.

The main pattern of displacement in Colombia is from rural to urban areas, since the countryside continues to be most affected by conflict-related violence. Data from the National Department of Planning indicate that from 1998 to 2008, 92 percent of the displaced population migrated away from rural areas, predominantly from the north and west of the country.¹⁸ Most fled to urban centers, where they reside in informal slums.

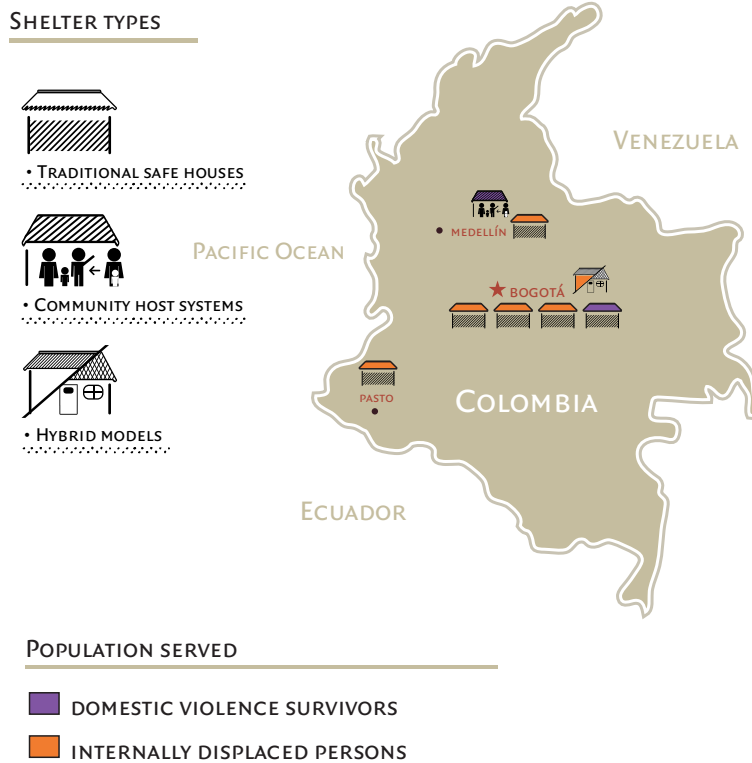
Displacement and conflict-related sexual violence is widespread in Colombia. Rape and other forms of sexual violence are used as tactics of war by all of Colombia's armed actors. Women who are assumed to be allied with one of the warring parties are often targeted by another party as a way to send a message to the armed group and civilians alike. A 2010 study conducted across 407 Colombian municipalities found that between 2001 and 2009, 489,687 women stated they were victims of sexual violence. Of these, 74,698 held guerrillas and paramilitaries responsible for the violence, and 21,036 held members of the security forces responsible.¹⁹ However, it is difficult to fully understand the magnitude of this problem, as official information is poor, the crime is often invisible, and the level of impunity is high.²⁰

Indigenous women are often singled out for sexual violence by armed groups, an outcome related to the multiple forms



Front courtyard and entrance to a traditional safe house for internally displaced persons in Colombia. Photo credit: Sara Feldman.

SHELTERS STUDIED IN COLOMBIA



of discrimination they face based on gender, race, ethnicity, and socioeconomic status.²¹ In addition, LGBT Colombians have been subjected to targeted killings during “social cleansing” efforts by paramilitary and guerrilla groups because of their sexual and gender identities.²²

It is also believed that levels of family violence may be considerably higher among displaced communities than in the broader Colombian society due to the social and economic stresses of displacement and poverty.²³

In April and May 2012, Human Rights Center researchers visited shelter models in three geographic contexts in Colombia: Bogotá, Medellín, and Pasto.

Bogotá, Colombia’s capital and largest city, hosts the largest total population of displaced persons in the country—approximately 270,000 reside there. The highest concentration of displaced persons in Bogotá is in the municipality of Soacha, on the outskirts of the city, which hosts 65 percent of the internally displaced persons who come to the Bogotá area.²⁴ With a population of 3 million, of whom approximately 250,000 are displaced, Medellín is Colombia’s second-largest city.²⁵ In the past few years, the city has received greater numbers of displaced persons than Bogotá. Pasto is a growing town with a population of approximately 400,000, of whom 30,000 are displaced.²⁶ It is the capital of the department of Nariño, and it is a transit zone for displaced persons crossing the Colombia-Ecuador border.

Haiti

On January 12, 2010, a 7.0 magnitude earthquake devastated Haiti.²⁷ The epicenter lay twenty-five kilometers west of Port-au-Prince, a capital of nearly 3-million inhabitants.²⁸ Within minutes, the earthquake rendered between 1 and 2 million people homeless and killed roughly 230,000 people.²⁹

Makeshift tent cities sprang up overnight on public and private land throughout the city.

The UN, US Institute of Peace, Human Rights Watch, and other organizations noted women’s increased vulnerability to sexual violence, which was attributed to lack of security within camps.³⁰ Other factors included insufficient lighting, insecure housing, isolated bathrooms and showers, limited access to food and water,³¹ flimsy tent doors, separated families, anonymity among people in the camps, “a lack of effective law enforcement, and limited knowledge of and access to health and economic services.”³²

Eventually reports of rape surfaced from several of these camps. In the five months after the earthquake, Médecins sans Frontières (Doctors without Borders) provided treatment to 212 victims of sexual violence.³³ Solidarité Fanm Ayisyèn (SOFA), a women’s health organization, documented 718 cases of gender-based violence against women and girls in its clinics from January to June 2010.³⁴ SOFA then recorded 246 cases of rape between July 2010 and October 2011, including 35 cases of gang rape.³⁵ Sixty-two percent were against girls between the ages of 3 and 17, 16 percent of the perpetrators were partners or former partners, and 14 percent were family members.³⁶

Komisyon Fanm Viktim pou Viktim (KOFAVIV), a women’s rights organization that serves rape survivors, reported approximately 250 cases of rape within 15 camps as of March 2010.³⁷ KOFAVIV later reported that it received an average of five rape victims a day³⁸ and that 65 percent of rape victims seen were minors.³⁹

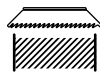


A MINUSTAH vehicle passes by Haiti’s National Palace, which collapsed in the January 2010 earthquake. Photo Credit: Laura Wagner.



Claudine St. Fleur Camp at Dadadou, Delamas 3, Haiti. Photo credit: Laura Wagner.

SHELTER TYPES



• TRADITIONAL SAFE HOUSES



• COMMUNITY HOST SYSTEMS

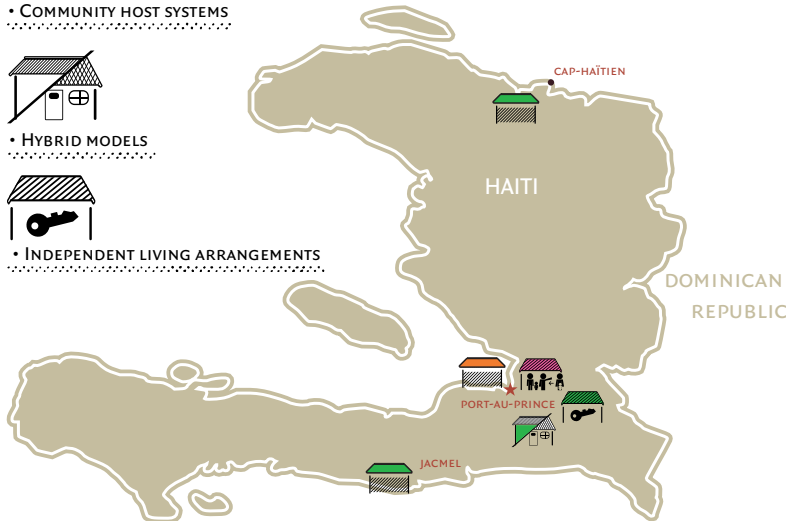


• HYBRID MODELS



• INDEPENDENT LIVING ARRANGEMENTS

SHELTERS STUDIED IN HAITI



POPULATION SERVED

ORANGE INTERNALLY DISPLACED PERSONS ONLY

GREEN MAINSTREAM POPULATION

PINK MARGINALIZED GROUPS

By 2011, private landlords were actively evicting camp presidents who had set up tents on their property. This only contributed to the ongoing instability of the displaced communities in Port-au-Prince and limited their options for security.

Our researchers visited shelters in three locations in Haiti: the capital city of Port-au-Prince, the coastal city of Cap-Haïtien, and the provincial city of Jacmel. After the January 2010 earthquake, the greatest concentration of internally displaced persons remained centered in Port-au-Prince. However, the earthquake reached beyond the capital, including Jacmel, forty kilometers from Port-au-Prince. Many internally displaced persons from the capital also migrated back to their homes in the countryside. Many later migrated *back* to Port-au-Prince after they could not earn a livelihood in rural areas.⁴⁰

Kenya

Kenya presents a rich diversity of displacement contexts, from two large refugee camp complexes to communities of internally displaced persons, including those most recently rendered homeless post-election violence in late 2007 and early 2008.

Refugees

Kenya hosts two major refugee camp complexes: Kakuma, at the Sudanese border, and Dadaab, at the Somali border. They have been longstanding homes to hundreds of thousands of refugees fleeing civil strife in their homelands since the early 1990s.

As of August 2012, the UNHCR reported that 101,000 refugees were registered in Kakuma. The majority were from South Sudan and Somalia. The UNHCR reported a total of 474,000 refugees registered in the Dadaab camp cluster, mostly from Somalia, with a small minority from Ethiopia.⁴¹

Increasingly, Kenya's urban centers are home to refugee populations as well. According to UNHCR figures, as of August 2012, there were 55,000 refugees and asylum-seekers registered in Nairobi. The majority of them were from Somalia, Ethiopia, and the Democratic Republic of Congo.⁴²

Internally Displaced Persons

In late December 2007, Kenya erupted into ethno-political turbulence due to the contested results of the presidential election. The countrywide violence—seemingly committed and suffered by all sides—left approximately 1,300 Kenyans dead and more than 600,000 displaced. The center of the country, around the Great Rift Valley, was particularly hard hit. Resettlement of internally displaced persons has been slow; UNHCR's recent figures estimate that 50,000 Kenyans remain displaced by the post-election violence of 2007 and early 2008.⁴³

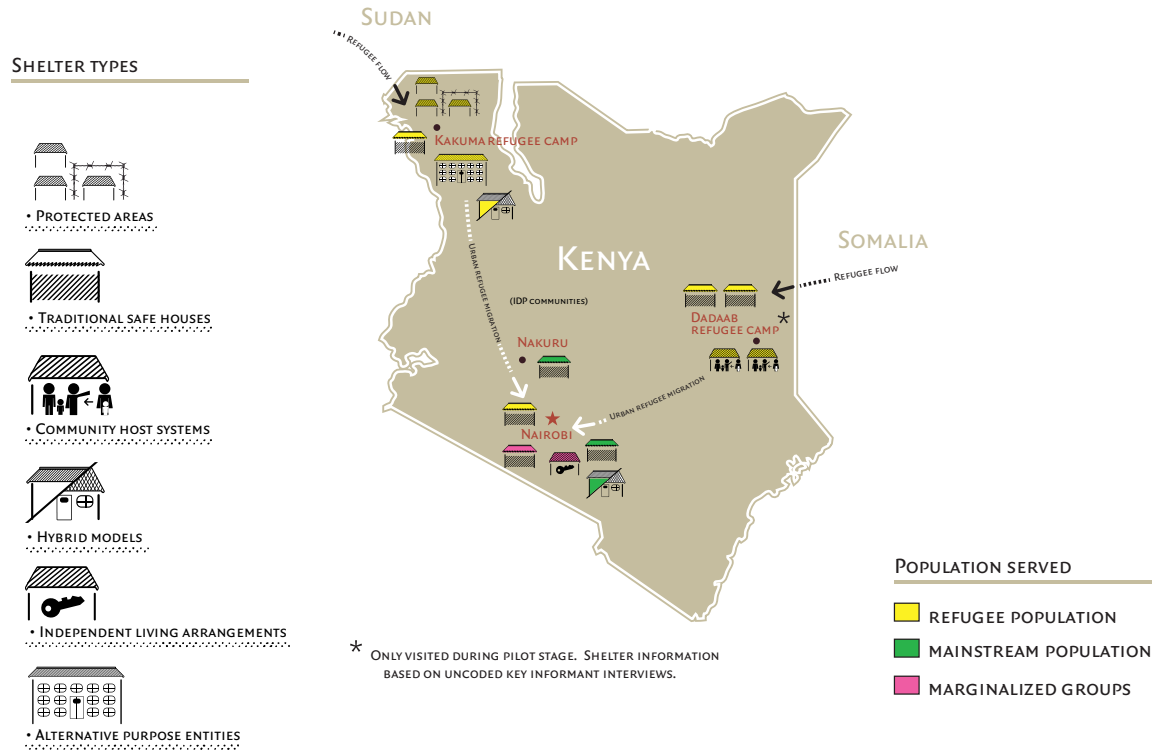
While its true prevalence is hard to assess, sexual and gender-based violence is believed to be a common problem in refugee and internally displaced communities throughout Kenya. Every year, organizations providing support services in Kakuma and Dadaab camps see hundreds of cases of rape and domestic violence. They also respond to medical and protection needs resulting from traditional practices carried to the camps from home, such as early marriage and female genital mutilation or cutting.

In refugee camps, the long distances women must walk from their tents or huts to latrines and firewood may contribute to their vulnerability. Young women and girls were frequently



Outskirts of Dadaab refugee camp, northeastern Kenya, June 2011. Most newly arrived refugees living outside the camp boundaries are women and children. Photo credit: Kim Thuy Seelinger

SHELTERS STUDIED IN KENYA



victimized; they often knew their perpetrators. However, in congested refugee camp settings, where huts were crowded into lots and lots are crowded into blocks, it was virtually impossible for women to avoid the perpetrators.

In terms of internal displacement related to the post-election violence of late 2007 and early 2008, the government’s Commission of Inquiry noted that nine hundred cases of sexual violence were reported during the emergency period—though many more were likely unreported.⁴⁴

Exact rates of sexual and gender-based violence in Kenya’s internal displacement camps are unknown. However, an interagency report found that camp residents expressed fears of sexual violence as a result of makeshift arrangements in which unrelated males and females were forced to sleep together in one tent, as well as fears about the lack of restrictions on men from outside entering the camp.⁴⁵ Sexual exploitation was a concern, too, as women and girls were coerced into exchanging sex for basic resources such as food, sanitary supplies, and transport.

During the 2012 fieldwork period, we visited shelter programs in Kakuma refugee camp, the capital city of Nairobi, and Nakuru, a small city affected by 2008’s post-election violence. Although we had visited shelter programs in the Dadaab refugee camp cluster during our pilot period in June 2011, we were unable to return there for formal fieldwork in 2012 due to the camp’s emergency restrictions. As a result, our data about the Dadaab safe shelter programs are limited to key informant interviews.

Thailand

Having fled one of the longest-running civil wars in history, an estimated 142,000 Burmese refugees reside in nine camps on the Thai side of the Thailand-Burma border. More than 2 million Burmese migrants live throughout Thailand as a whole.⁴⁶

Thailand is not party to the 1951 *Convention relating to the Status of Refugees* or the 1967 *Protocol relating to the Status of Refugees*. Without official refugee standing, Burmese asylum-seekers are nevertheless allowed to temporarily reside in the border camps. However, if they leave the camps without proper documentation, they are generally regarded as illegal migrants and may be subject to arrest, detention, and deportation by Thai authorities.

Outside the camps, migrants reside in towns and settlements in the Thailand-Burma border area and in urban areas such as Bangkok and Chiang Mai. The majority of migrants are undocumented, as the registration process is difficult to navigate and quite expensive. Legal status can also be revoked if migrants lose or change jobs or travel outside the province in which they are registered.⁴⁷



Ban Mai Nai Soi refugee camp on the Thailand-Burma Border.
Photo credit: Julie Freccero

Refugees

Sexual and gender-based violence is reportedly common in the camps, though data collection by service providers has not been coordinated.⁴⁸ According to an assessment of the protection needs of women and girls conducted in two camps in 2011, domestic violence is the most common form of sexual and gender-based violence.⁴⁹ Cases of domestic violence within the camps are often related to high rates of alcohol abuse.⁵⁰ Additionally, service providers have documented rape, sexual exploitation, and trafficking as significant problems for women within the camps.⁵¹

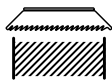
Migrants

Although data is extremely limited, anecdotal evidence in some studies reveals that rape, domestic violence, trafficking, and exploitation are significant problems within migrant communities in Thailand.

According to a report by the Women's League of Burma, "Rape of migrant workers in Thailand by Thai authorities, including police, immigration officials, and various branches of army officials, is common."⁵² Reporting of this violence is rare, however, since it exposes undocumented survivors to arrest and deportation.⁵³ Migrant women and girls in ten locations along the Thailand-Burma border who participated in a monthly exchange forum set up by the MAP Foundation identified sexual and physical violence as one of their major concerns.⁵⁴ Additionally, in a recent IOM assessment, approximately half of the Muslim migrant women interviewed in Mae Sot said they had experienced domestic violence at the hands of their husbands.⁵⁵

SHELTERS STUDIED IN THAILAND

SHELTER TYPES

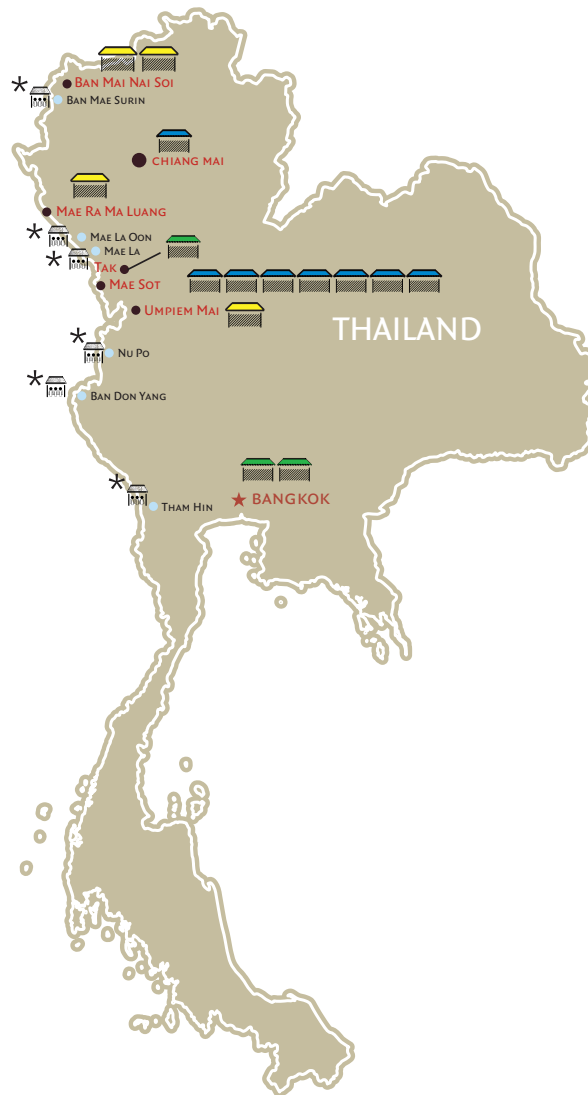


• TRADITIONAL SAFE HOUSES

POPULATION SERVED

- REFUGEE POPULATION
- MAINSTREAM POPULATION
- MIGRANT POPULATION

* OTHER REFUGEE CAMPS, NOT VISITED.



Limited economic opportunity and undocumented or temporary legal status leave many migrants vulnerable to trafficking, sexual exploitation, or abuse by employers, members of authority, and others in their communities.⁵⁶

During fieldwork in June and July 2012, we interviewed study participants from refugee camp-based shelters in Ban Mai Nai Soi, Mae Ra Ma Luang, and Umpiem Mai, from migrant shelters in Mae Sot and Chiang Mai, and from mainstream shelters in Tak and Bangkok that are open to serving migrants.

III. FINDING SHELTER

Interviews with both shelter residents and staff revealed a number of possible shelter options, as well as challenges to securing protection.

Shelter Options

Across the four case studies, research revealed an array of program models offering temporary protection to displaced individuals fleeing sexual and gender-based violence. These included placements into traditional safe houses, private apartments, homes of community volunteers, and even various work spaces or community centers. Some traditional safe houses, in both refugee camps and urban areas, were run by women's rights organizations that provided general advocacy and direct services to the local community. Others were stand-alone entities whose exclusive function was to provide temporary shelter.⁵⁷

We observed more program diversity in some countries than in others. For example, the small sample in Haiti and the broad sample in Kenya each revealed tremendous variation in safe shelter models. Both exhibited examples of traditional safe houses, independent living arrangements, and community host placements. Some unconventional spaces were used for shelter in each country as well, such as the basement of a women's rights office in Haiti and the reception area used to register incoming refugees in Kakuma camp in Kenya.

In Kenya, great diversity also existed *within* each refugee camp. In Kakuma refugee camp, we found a stand-alone safe shelter for female refugees fleeing sexual or gender-based violence, a secured cluster of huts for general protection of families at high risk of harm, emergency space in administrative structures, and even a fenced-in lot used to enforce community-based justice. In the Dadaab refugee camp cluster, our pilot visit revealed a similar range of options, including two promising new programs that temporarily placed survivors in the homes of community leaders.

The range of available options was slightly narrower in Colombia. There, shelter programs mainly took the form of traditional safe houses, though there was one example of a vocational program that matched displaced at-risk indigenous women with hotel rooms or apartments as needed. Similarly, a program in Medellín placed survivors of domestic violence into community members' homes.



Individual shelter spaces within the relatively spacious Safe Haven, Dadaab refugee camp, Kenya. Though the compound is secured, the fence is see-through. Photo credit: Kim Thuy Seelinger.



Dorm room at a shelter serving internally displaced persons in Colombia. Photo credit: Sara Feldman.



Bedroom in Compasio’s short-term emergency shelter for migrant women and girls with protection needs in Mae Sot, Thailand. Photo credit: Julie Freccero

Thailand exhibited the most homogeneity in its program models. Though urban and camp-based shelters differed dramatically in terms of their structure and resources, they were essentially all traditional safe houses. Many were run by women’s rights organizations with broader service mandates.

In addition to the predominant models noted above, research found several new innovations in temporary protection from sexual and gender-based violence that may benefit refugees and other forced migrants. For example, we learned of, but did not visit, a number of sites that were either intentionally or incidentally serving as safe spaces for those at risk of harm. These included:

- Basic plywood transitional shelters built in and around Port-au-Prince by INGOs such as International Organization for Migration and Catholic Relief Services;
- Secret, temporary beds for survivors in a new, women’s health clinic in a refugee camp in Kenya (funded by the German government and not yet launched at the time of fieldwork);
- Lodging for at-risk girls in Angelina Jolie’s boarding school in Kakuma refugee camp; and
- 7-Eleven convenience stores throughout Thailand, where employees are being trained to harbor survivors of violence who flee to a store until police arrive (the program had not yet launched at the time of fieldwork).



Transitional shelters (“T-Shelters”) built around Port-au-Prince, Haiti, by INGOs like Catholic Relief Services are expected to last three to five years. Photo credit: Niek de Goeij, for Catholic Relief Services.

The reasons for, and implications of, this diversity are unclear and warrant further study. Presumably, a greater variety of temporary housing options can offer better-calibrated security and community access for any individual case. However, the ability to *access* the appropriate program in the first place depends on all shelter providers having an effective and complete referral system. See the “Coordination and Exchange” section starting on p. 39 of this report.

Community Relationships

The role of the community cannot be understated when considering facilitators and inhibitors to shelter access, as well as the ability of shelter residents to enjoy security and meaningful transition options. This is particularly the case in camp settings, where maintaining secrecy of location is virtually impossible. A community’s perception and treatment of a shelter and its residents are of utmost importance.

Community Perceptions of Shelter

Before one can discuss community perceptions of shelter programs, it is important to account for community perceptions of sexual and gender-based violence itself.

On the Thailand-Burma border, for example, refugee camp leaders and community members sometimes minimized the issue of domestic violence. They often mediated these cases themselves rather than referring survivors to a shelter or other services. In one camp, leaders justified the use of shelters in cases of domestic violence only when the survivor was “bleeding” or had “broken bones” or other serious injuries.

Similar ambivalence was noted in Colombia, where both authorities and survivors acknowledged a culture of silence around the issue of sexual and gender-based violence. Some government authorities tasked with responding to violence against women have reportedly told domestic violence survivors to “go home and work it out” with their husbands.

Across all four case studies, community perceptions of shelters affected programs’ abilities to provide protection from harms fled, as well as the general sense of security among shelter staff and residents. In places where the local community knew of the shelter program (even if its exact location was unknown), community response could range from support for the protection service to anger at its perceived role in “breaking up families” by housing women who had run away from their husbands.

In addition to resistance to helping survivors seek protection from sexual and gender-based violence, there were a few particularly interesting ways that community perception played out. On the Thailand-Burma border, for example, some study participants in one camp expressed the view that the act of seeking shelter in a program viewed as being “outside” the camp community structure was seen as an act of betrayal of community traditions and disrespect to camp leadership:

“Their relatives say that women who go and stay at the [sheltering center] are bad people—they say, ‘Don’t go and stay there.’” (Shelter staff, Thailand-Burma border)

In Haiti, there seemed to be less stigma associated with leaving one’s male partner or community. However, identification as a shelter resident drew a different kind of attention: All shelters operating

in Port-au-Prince since the 2010 earthquake were supported by foreign donors, so some community members assumed that shelter residents suddenly had access to money or other resources. In one case, a resident and her child were targeted for extortion because of their association with wealthy foreigners:

“I feel safe in Christ-Roi. But there is a problem with my daughter, who is fifteen. People try to get money from her, tell her, ‘Give me \$200 because we know a blan [foreigner] bought a house for your mother.’ They aren’t men with guns, but. . . .” (Shelter resident, Haiti)

Where community support for shelter programs was weak, shelter staff could feel insecure. They were vulnerable to harassment and threats from perpetrators and perpetrators’ families when they accompanied residents to health clinics or court. Even while walking to work, shelter staff felt ill at ease if they did not have the support of the surrounding community.

“The husbands of the survivors hate me a lot . . . and it can affect my life and my own security . . . the husband thinks that I am the one who is separating them.” (Shelter staff, Thailand)

Community Engagement

There was a wide range of community engagement among the shelters observed in Colombia, Haiti, Kenya, and Thailand.

Several shelter programs in Haiti, for example, were run by women’s rights organizations that, long before erecting their shelter programs, had delivered rights training and services via community agents or neighborhood drop-in centers. These community ties enabled the organizations to detect individuals in need of shelter, and also to disseminate information about the shelter programs along with information about the organizations’ other services.

Key informants in Colombia indicated a need for more outreach and education among both community members (who often did not know their rights to be free from gendered violence, nor where to seek help) and first responders (who were insufficiently sensitized to the issue and were largely unaware of available shelter options).

Healthy relationships with traditional community structures seemed key not only to secure effective referrals to shelters, but also to later ease the transition of shelter residents back into their communities. This dual need was exhibited in refugee communities on the Thailand-Burma border and in Kenya. Given the need for buy-in from community leaders, some groups on the Thailand-Burma border conducted outreach on the issue of sexual and gender-based violence and available shelters in order to build support for shelters from community leaders. One source of hesitation was the perception that entering a shelter program would be seen as a repudiation of the local community, and thus reentry to the community would be extremely difficult.

Similarly, a complicated coexistence was noted in Kenya’s Kakuma refugee camp, where the Sudanese Administration, a local governance structure representing Sudanese refugees in interactions with the UNHCR, ran the “Sudanese Cell.” A fenced-in area with individual “cells” for community

offenders, it also had a separate space for refugees fleeing harm, including sexual and gender-based violence. The Sudanese Administration had limited mediation jurisdiction and was obliged to refer cases of sexual and gender-based violence to camp authorities. However, it was unclear whether this always happened. UNHCR and its implementing partners have resolved to strike a balance, respecting the community-based justice system while also engaging it as actively as possible to encourage its compliance with jurisdictional limits and to increase referrals of sexual and gender-based violence cases to formal camp shelters when appropriate.

Access and Populations Served

On a macro level, access to shelter from sexual and gender-based violence was dependent on availability of programs and conditions that are conducive to seeking admission in the first place. On a micro level, entry into shelter depended on an individual’s ability to meet a program’s eligibility criteria.⁵⁸

We noted four primary axes, described in the following table, that affected the ability or willingness of refugees, internally displaced persons (IDPs), and other migrants to secure shelter-based protection from sexual and gender-based violence (SGBV).

	Shelter focus or feature	Example	Implications for Access
1	Form of harm	Shelter from nonspecific harm versus shelter from SGBV specifically	<p>Refugees, IDPs, and migrants may often be admitted to either type of shelter, but they may not receive SGBV-related support in the first type (e.g., Kenya’s Kakuma Reception Center and Colombia’s displacement shelters generally) or refugee/IDP/migrant-sensitive support in the latter (e.g., mainstream shelters in Nairobi and Bangkok and domestic violence shelters in Bogotá).</p> <p>For example, Colombia’s shelters are clearly divided, serving either domestic violence survivors or individuals displaced by the armed conflict. This leaves no safe space for displaced individuals who have fled forms of SGBV other than domestic violence and who do not want to go to a general “displacement shelter” (whose residents may include men).</p>
2	Population served	<p>1. Shelters for refugees, internally displaced persons, or other migrants versus shelters for the general public, or</p> <p>2. Shelters for the general refugee community versus shelters that in reality only serve specific ethnic groups</p>	<p>Most shelters serving refugees, IDPs, or other forced migrants are either located in camps or are mandated to focus on these populations. However, mainstream shelters (e.g., those in Nairobi and Nakuru, Kenya) seldom exclude these groups, so they too might offer protection options.</p> <p>Also, some shelters within refugee camps (e.g., certain programs on the Thailand-Burma border and the Sudanese Cell in Kenya’s Kakuma refugee camp) effectively serve specific ethnic groups despite technically being open to all.</p>

3	Nature of sponsor or operator	Government-run versus NGO-, INGO-, or UNHCR-run	State-run shelter programs may be unattractive to certain displaced individuals who would otherwise desire shelter (e.g., illegal migrants in Thailand are reluctant to seek protection in the well-appointed shelters run by Thai civil society or government for fear of being handed over to the authorities, and Colombians displaced by state security forces are disinclined to seek shelter at government-run programs).
4	Location	In a refugee/IDP/migrant community versus outside a refugee/IDP/migrant community	Refugees, IDPs, and other migrants are more likely to access shelter services based within their communities or camps. Even if shelters outside their communities would admit them, they are often hindered by distance and referral challenges. Also, separation from their home support network may inhibit them.

Access also depended to large extent on effective referral. Referral, in turn, depended to large extent on meaningful coordination and awareness among entities tasked with supporting those fleeing sexual and gender-based violence.

Unfortunately, first-responders and general victim support entities were not always able to present a full array of placement options.

For example, in Colombia, the separation of systems and services according to target population inhibited optimal referrals to and utilization of shelter services. Shelters serving internally displaced persons and survivors of sexual and gender-based violence were distinct. Poor coordination among government entities responsible for the protection of both of these populations created challenges in shelter provision. For example, the Assistance and Orientation Unit for the Displaced Population (UAO), the government entity responsible for coordinating assistance to internally displaced persons, assessed and referred displaced survivors of domestic violence to support services, including internally displaced persons' shelters. However, staff members seemed generally unaware of the existence or location of domestic violence shelters and consequently were not making referrals to them.

Furthermore, all municipalities in Colombia should have a *ruta de atención*, or local referral network of organizations involved in responding to sexual and gender-based violence. However, key actors' lack of awareness of procedures limited actual coordination among agencies. Finally, poor coordination among shelters and government entities also resulted in delays in contract renewal and the suspension of critical services.

In the Thai context, there was also a separation of systems, in this case between those serving the Burmese migrant and the Thai populations. While some Burmese CBOs coordinated shelter and services with each other, collaboration with mainstream service providers was limited due to barriers on both sides. Mainstream service providers had a limited understanding of the service needs of the displaced Burmese population, encountered language barriers, and feared possible legal repercussions from serving undocumented migrants.

On the other side, staff members of Burmese CBOs noted the challenges they faced when accompanying migrant residents to Thai-run services: staff and residents alike experienced discrimination by

Thai health providers and police, language barriers, and fears of arrest and deportation based on their legal status.

Interviewees generally recognized that bridging the divide between the systems available to these populations by strengthening local partnerships and referral networks is critical to meeting the needs of displaced Burmese survivors:

“No, we don’t normally work with government because our organization is not legal yet and for most of the cases we have, the people don’t have legal documents. So if we refer to them, we might also get problems too. That’s why we don’t refer our cases to the government’s shelters.” (Burmese shelter staff member, Thailand)

“We need to have a strong network with both government and nongovernment sectors. We need to have good relationships with each other in order to have better coordination, because we cannot work alone—we need good teamwork.” (Shelter staff, Thailand)

Protection Gaps

Across the study sites, research revealed the unmet needs of some groups of survivors of sexual and gender-based violence, including LGBT individuals, male survivors, members of certain ethnic or religious minorities, and people with serious health conditions. Also, curiously, survivors of specific kinds of sexual or gender-based harm were occasionally ineligible for shelter admission.

LGBT Individuals

In many cases, LGBT refugees, internally displaced persons, and migrants needed safe shelter from stigmatization and violence they faced in their own communities.

“It is mostly family violence. There are fathers who threaten their sons, who cut off masisis’ [a derogatory term for homosexual men] heads if they don’t leave the house, etc. . . . There are urban areas, for example Croix-des-Bouquets, where a homosexual can’t even walk around once it gets dark, like around 10 PM. They’ll rape him.” (Staff member of LGBT organization that occasionally helped LGBT community members to find safe housing, Haiti)

Along the Thailand-Burma border, a recent increase in violence against the LGBT community in the largest refugee camp prompted Rainbow, a Burmese LGBT rights group, to advocate for their own separate safe houses.

Shelter options for LGBT survivors were extremely limited across study sites. Staff at one mainstream shelter in Port-au-Prince, Haiti, and one in Nairobi, Kenya, mentioned having sheltered lesbians before.

“Basically a person who is the lesbian, we let her in. But if it is a man, he is not going to come here. We provide services for [female victims], whatever your race, whatever your color, whatever your religion, whatever it is you are doing; if you are a victim, you need assistance, we are going to help you.” (Shelter staff, Haiti)

However, while other mainstream shelters did not officially exclude LGBT survivors, there could occasionally be resistance among staff. Ultimately, protection of LGBT community members depended on staff members' personal attitudes towards them.

"We have never dealt with them, but if they come, I won't allow them to do something which is against our culture. I won't accept them." (Burmese shelter staff, Thailand)

Furthermore, we observed no safe shelter programs operating in the camps that had support services designed specifically to meet the needs of LGBT community members.

Most options that *did* exist for sexual minorities were LGBT-specific programs found in urban centers such as Nairobi and Port-au-Prince. They tended to be quiet "scattered site" models in which shelter-seekers were lodged across town in either private apartments or with host families, with the exception of one communal house program in Nairobi (which closed after the time of fieldwork.)

In some cases, the high degree of stigmatization of LGBT community members meant that even providers felt it necessary to keep their work secret:

"Another challenge is that when [clients] are there and maybe they bend the rules and maybe decide to walk [outside], I have neighbors who do not know about this [place], and so that is outing the safe house and I might be in danger." (Shelter staff, safe house for LGBT community members, Kenya, now closed)

Men and Boys

The lack of protection options for *heterosexual* men and boys who experience sexual and gender-based violence was another gap across study locations. Widespread community perceptions of men as not needing protection, as well as a lack of awareness that men can suffer sexual and gender-based violence, were initial barriers to shelter access.

Programs open to individuals generally fleeing harm, such as the Protection Area in Kakuma refugee camp, were, of course, open to adult men. However, it was unlikely that a man seeking admission would articulate his claim for protection as being based on sexual violence, for fear of stigma or imputed homosexuality.

In Colombia, single men were indeed categorically excluded from internally displaced persons' shelters. This restriction was intended to prevent the entry of those affiliated with armed groups. Arguably a rational security measure, it still resulted in a protection gap for male survivors of sexual and gender-based violence.

In Thailand, although men did not have shelter options within the refugee camps, two migrant shelters outside the camps were open to serving men and



Area where men sleep in the Overseas Irrawaddy Association's shelter for migrants in need of protection in Mae Sot, Thailand. Photo credit: Julie Freccero

boys seeking protection from violence. A program offering dormitory-style housing to boys and young men who experienced sexual exploitation in Chiang Mai's Red Light District suggests that independent living arrangements could be explored as a more culturally appropriate model of shelter for male survivors in this context.

Ethnic and Religious Minorities

Protection options for members of certain ethnic minority groups were limited in some settings. In both Thailand and Colombia, some survivors of minority backgrounds were not comfortable in shelters serving the broader displaced population.

In Colombia, although Afro-Colombian and indigenous groups were disproportionately affected by displacement, appropriate shelter options available to these populations were quite limited. A few shelter programs created by the indigenous community to house internally displaced persons among their own group were effective because they fostered comfort among residents, providing them with a community of women in similar circumstances. Program participants, who generally did not feel comfortable being housed with the general internally displaced population, temporarily live together in apartments or hotels in the city as they work on income-generating projects and cultural preservation activities.

Shelter programs in Colombia also faced challenges in serving indigenous communities due to widespread discrimination against this population. It was reported that neighbors protest the establishment of shelters for indigenous groups in their communities because they feel that participants will steal from them or disrupt the peace.

“An indigenous woman is discriminated against in four ways: for being a woman, for being indigenous, for being ugly—because they say we’re ugly, the indigenous women—and for being displaced. Four times discriminated.” (Shelter staff, Colombia)

In the refugee camps along the Thailand-Burma border, with one exception, shelters were operated by CBOs representing the ethnic majority. Research indicated that members of some ethnic and religious minority groups may not be comfortable accessing these shelters. In particular, Muslim women found it difficult to stay in available safe houses because they did not accommodate fundamental aspects of Muslim life by serving halal food or permitting certain cultural practices. For this reason, Muslim women often left shelter programs before they felt safe doing so. In response, the Muslim Women's Association in one camp established its own safe house, designed to meet the specific needs of the Muslim community. However, the gap in protection options for Muslim women persists in other camps.

Persons with Serious Health Conditions

Across study locations, although shelter programs did not explicitly exclude people with physical disabilities, mental health issues, or HIV/AIDS, many survivors with special needs nonetheless lacked appropriate safe shelter options.

In Colombia, neither internally displaced persons' nor domestic violence shelters had the capacity to serve those with medical and mental health needs. In Thailand, some shelter staff also reported that they did not serve survivors with HIV, physical disabilities, or mental health issues because they lacked the training and capacity to provide them with appropriate care.

A key challenge identified along the Thailand-Burma border was the stigma that people living with HIV face within their communities, often due to misunderstandings of the nature and transmission of the virus. Providers reported having to hide the fact that they served HIV-positive individuals from the surrounding community for this reason. One shelter-providing organization had developed a separate shelter specifically for those with HIV at the request of its HIV-positive residents, who felt more comfortable in a setting where they did not have to hide their HIV-positive status.

"If we say HIV, this community will marginalize us. Do you know about the Thai community? They are more afraid of it. . . . Police often come here. They ask what this is. We don't say anything about HIV. They will not let us live here if we disclose it." (Shelter staff, Thailand)

Harm-Related Gaps

Curiously, focus on one category of sexual or gender-based violence or survivor occasionally created protection gaps for others. For example, shelter programs in Colombia catered either to domestic violence survivors or to internally displaced persons generally. There was reportedly no shelter program for a person fleeing a form of sexual or gender-based violence, aside from domestic violence, who was not also internally displaced.⁵⁹

Similarly, in Haiti, funders' focus on protecting displaced survivors had unintentionally created protection gaps for the general population of survivors of sexual and gender-based violence. With the exception of two programs with heightened and very specific eligibility criteria, there were no shelters officially available to women and girls fleeing sexual and gender-based violence *unrelated* to displacement caused by the earthquake.

IV. SHELTER RESIDENCE AND OPERATIONS

Interview data presented a number of critical challenges and strategies related to residents' shelter experiences, as well as insights from shelter providers themselves.

Security

Maintaining the security of both shelter staff and residents in displacement settings was a primary challenge across all four study locations. Interview data revealed a particularly urgent need to improve the safety of staff, who faced significant risks with minimal security support.

In Colombia, staff and residents of IDP shelters feared that at any time, armed actors may arrive at the shelter looking for residents, or that armed actors may be housed among the shelter population:

“One learns how to live in a situation of crisis and emergency and risk. One normalizes it, but the risk remains.” (Shelter staff, Colombia)

In Kenya and along the Thailand-Burma border, providers reported that perpetrators had come to shelters shouting, throwing objects, attempting to kick down fences, and even attacking staff:

“Last year, somebody attacked me when I was sleeping. He . . . knifed me here, and he disappeared up to now and nobody caught [him]. I know the man. His wife was here under protection, and when he came I [called the police.] He decided to do that [to] me. The UNHCR took the wife abroad. Then he came and said I was the one who made his wife to be taken abroad. He came at night while I was sleeping. He knifed me, he injured me, and I was taken to the hospital.” (Shelter staff, Kenya)

“Abusers sometimes come here, and they are knocking and shouting. It’s not good for us or this community. And we cannot negotiate with these kinds of people. They come and bang on the door and make noise and shout. And we are also afraid sometimes when we sleep here because we think the men will come here and make some problems for us. . . . Sometimes at nighttime they come, and it’s so scary.” (Shelter staff, Thailand-Burma border)

In Haiti, some staff members were threatened by perpetrators and their families when accompanying shelter residents to the hospital or to court.

Security Protocols and Procedures

Measures varied widely among contexts, and strategies were dependent on the level of risk to residents and the resources available. In each setting, different levels of security came with different consequences for residents.

In Haiti, for example, shelters rarely had security guards and relied instead on the confidentiality of their location and their surrounding gates. For the most part, they were situated in quiet residential areas.

“Men do not enter the center because we have young girls—sisters who have been raped by their brothers—you don’t want to do like the proverb says, ‘Run from the rain and fall into the river.’ Do you understand?”
(Shelter staff, Haiti)

“There is no security guard at the safe house. Jesus of Nazareth is the security system; we always pray, and then we lock our gate.” (Shelter resident, Haiti)

Security measures in the Kenyan context encompassed a wide range of strategies based on the protection needs of different groups and ranged from guarded, high-security protection mechanisms for high-profile cases in the refugee camps to community host networks and independent living arrangements with few or no formal security measures. Some fences were only physical barriers—any perpetrator who wished to look into the grounds could see through them. In Nairobi’s traditional safe houses, confidential locations, gates, security guards, and rules for residents were more common.

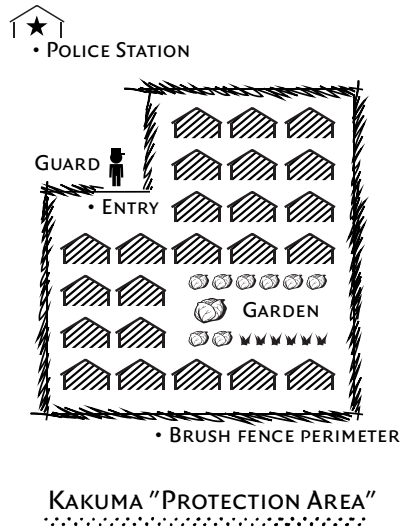
In the refugee camps along the Thailand-Burma border, bamboo shelters and surrounding fences were unstable and perpetrators could easily locate the shelters in the crowded, closed camp setting. Shelters in the camps relied on refugee camp security staff; however, study participants said that the camp security guards lack adequate training and equipment needed to handle issues with perpetrators. Outside the camps, none of the shelters serving Burmese migrants had security guards. They tried to keep the purpose of the safe house secret from the surrounding community, and to do so, some regularly changed their location.

In Colombia, shelters serving the general internally displaced population were not designed to provide security, only lodging and support. Accordingly, they had few security protocols other than the exclusion of single men. Shelters for high-risk internally displaced persons, those being actively targeted by armed actors, had extensive security measures in place, including police patrols and armed escorts to accompany residents to all off-site appointments. Domestic violence shelters in Colombia, viewed as generally safer than shelters for displaced persons, relied on confidential locations, twenty-four-hour security guards, restrictions on residents’ outings and visits, and restrictive eligibility criteria.

In three of the four study countries, residents often attributed their feelings of safety and security to the social support at shelters that offered them a sense of family or community.

Context-Specific Strategies

Security challenges often required context-specific strategies. In the refugee camps in Kenya and Thailand, resourceful shelter programs developed security measures with the materials they had available to them. For example, in Kenya, Kakuma refugee camp’s Protection Area was surrounded by tall brush to shield residents from view. In the Karen refugee camps in Thailand, shelter staff used a whistle and a bamboo alarm system—a hollow bamboo stick that makes a loud noise when struck—to



The Protection Area in Kakuma refugee camp, northwest Kenya, is surrounded by a high brush wall. There is a guard at the compound gate and a police post nearby.

alert camp security to their needs. In Kakuma, police presence near shelters and protected areas was surprisingly robust, while in Thailand’s camps, shelters were strategically located near camp security. In camp settings where there was both minimal security infrastructure and a general awareness of the shelter location among the community, partnerships with camp leaders and security guards were essential to improving the safety of staff and residents.

In the migrant context in Thailand, staff of many Burmese CBOs did not feel comfortable contacting the police for help due to their own undocumented status or that of their organization. In this situation, the development of effective partnerships with Thai village leaders or sympathetic local police who understood and supported their role in the community was an essential security strategy.

The Colombian context highlighted the fact that it is extremely challenging to provide safe shelter in the midst of active conflict. Shelter staff faced the risk of aggression not only from perpetrators, but also from the armed groups with which the perpetrators may be affiliated. Shelter staff felt unsafe in both types of shelters for the internally displaced: general shelters did not have screening protocols in place to prohibit armed actors from accessing shelter services, and in high-risk shelters, residents were actively pursued by armed actors who could come looking for them at any time. In this context, access to nongovernment-run shelters was essential for those survivors fleeing violence by state or paramilitary actors. Due to the situation of active conflict, residents were concerned about how to ensure their safety after leaving shelter; some did not feel safe anywhere in the country.



This “memory room” at a shelter for IDPs in Colombia commemorates residents’ family members who have been killed or have disappeared as the result of conflict-related violence. Photo credit: Sara Feldman.

a lockable door was more secure than living in a tarp tent in a crowded camp. Similarly, along the Thailand-Burma border, undocumented Burmese migrants outside the camps felt safer in a shelter than outside it because it provided protection from perpetrators and arrest or deportation by Thai authorities.

Implications and Consequences

In the design of shelter programs, security-related decisions often involve trade-offs. Different levels of security carry different benefits and consequences for residents. For example, in Haiti, an independent living arrangement program had no security system and few rules. Although it was less secure for residents, some enjoyed their mobility and autonomy and the feeling that they were staying in their own homes.

High-security options, like many traditional safe houses, may impose restrictions on movement, visits, and communication. Safety may come at the cost of isolation:

“The problem is only that because when you are living here, you never work, no going anywhere, just staying inside. All this time just staying, there’s no going to work, just you eat, you sleep. It’s like a jail sometimes. You eat. You sleep. No work.” (Shelter resident, Kenya)

In Kakuma and Dadaab refugee camps in Kenya, high-security shelter options were also associated with a higher chance of resettlement. Shelter staff found it challenging to transition residents out of the shelters when residents had expectations of either long-term stay or resettlement.

In Colombia, low-security shelters for internally displaced persons were intended to be accessible to the general displaced population; however, many residents did not feel safe there due to inadequate security measures and insufficient restrictions on eligibility for entry. Alternatively, at the shelters designed for high-risk internally displaced persons, residents reported feeling locked in, imprisoned, and disconnected from life outside shelter. The lack of freedom and limited ability to participate in education and livelihood activities deterred some of at-risk individuals from accessing these shelters.

Similarly, in Thailand, government-run shelters had well-defined rules regarding movement and a very structured schedule of daily activities. However, the general perception within the Burmese community that government shelters were too strict discouraged migrants from seeking protection in these shelters.

Efforts to maintain the confidentiality of the shelter’s location were reported to limit a program’s level of community engagement. Research findings underscore the need for balanced consideration of the potential benefits and the unintended consequences of security procedures and protocols.

Support for Shelter Residents and Staff

Residents’ needs for safety, psychosocial support, and transition skills were quite clear. Access to counseling and income-generating activities or vocational skills seemed to be high priorities in most shelter programs visited. However, the accessibility and sustainability of these supportive services was often curtailed by funding limitations.

In each case study country, it also became clear that additional support for *staff*, in the form of psychosocial support, additional staffing, and training, was necessary to promote staff well-being and to improve the quality of services provided to residents.

Psychosocial Support and Coping Mechanisms

Staff reported that the heavy emotional burden involved in their daily work often made it difficult to maintain the strength needed to counsel survivors. They reported experiencing regular feelings of stress, sadness, and worry about the well-being of their residents. In some cases, shelter providers were themselves survivors of sexual and gender-based violence or displacement caused by armed conflict or natural disaster. This equipped them with tremendous perspective and empathy in their work; however, it may also have exposed them to retraumatization and emotional stress, as they often contended with similar challenges as their residents and were also in need of support.

“It’s difficult to encounter one of these women for the first time; she’s often very shaken up, needs time. This affects us on staff—we have to act courageous for her, but we suffer deep in our hearts.” (Shelter staff, Haiti)

“After all that I had lived through, I hadn’t spoken to anyone about it. And then I was taking in all these horrible stories from the families that came here. And I remembered all that I had experienced. And at night I would see the movie of exactly what I had lived over and over.” (Shelter staff, Colombia)

“Because at times, us married women [sic], sometimes you’re brought a case and the man has done this, and you go to your house and you don’t even want to see your husband. ‘How can you people?’ You know?” (Shelter staff, Kenya)

Unsafe working conditions were part of the daily reality of shelter work. In the Thailand case in particular, several shelter staff were blamed for separating wives from their husbands, which places their own security at risk both at the shelter and in the community. In addition, to varying degrees in each location, staff dealt with the tremendous stress of attempting to meet the complex and urgent needs of community members without sufficient resources.

“To be frank, CBOs are worrying to the end of the month. For example, we have to buy rice for over twenty people within one or two days in our shelter. We are not ready for this. We are worrying about this. While you are interviewing me now, I am worrying about that. . . . Don’t think about the cost of house rent, 3,500 baht; we don’t have even 800 baht for a package of rice now. We can’t think of other things to be a beautiful shelter. We are worrying about residents suffering from emergency health problems because we can’t afford any penny for them.” (Shelter director, Thailand)

In the majority of the shelter programs visited, there were no formal support services available to staff. In general, staff had their own individual coping mechanisms or relied on informal support from their colleagues. In Haiti, staff often resorted to joking to support residents and one another. In Thailand, some shelters did offer education on self-care strategies, or organized peer activities, retreats, or recreational trips to promote emotional health. Staff generally found such activities to be extremely

helpful. In Colombia and Thailand, staff explicitly requested formal psychosocial support to cope with work-related emotional stress.

Staffing

Across locations, staff also indicated a pressing need for additional staff members, particularly trained counselors, security guards, and vocational trainers. Staff were often called on to manage large caseloads, to complete tasks outside their job responsibilities, and in some cases to be constantly on call to assist residents with needs that may arise. In the Colombia and Thailand case studies, an outside belief that conflicts were winding down has led to recent reductions in funding for the protection of displaced persons, forcing shelters to operate with fewer staff amid higher demands. Many felt that additional staff would help to prevent staff frustration and burnout and enable organizations to provide higher-quality services to residents.

Training and Cultural Competence

Additional training for staff was also identified as a priority. In Kenya and Thailand, staff emphasized the need for training in counseling techniques, particularly to support survivors of trauma. Other training needs were in the areas of legal aid, shelter management, and effective care for residents with HIV/AIDS, mental health issues, and physical disabilities.

In some settings, improving cultural competence and sensitivity among shelter staff members was essential to increasing service utilization and effectiveness. While cultural barriers were not a challenge for staff assisting survivors in Haiti, staff of shelters in Kenya would benefit from greater awareness of cultural and religious practices and from making language assistance available to better serve Sudanese and Somali refugees. In Colombia, where indigenous and Afro-Colombian communities were disproportionately affected by displacement, some staff found that housing survivors with other women of a similar cultural background fostered greater comfort among residents than housing them with the general internally displaced population. In Thailand, collaborative relationships between Thai and Burmese service providers had resulted in the development of culturally appropriate shelter services, in which survivors received support in their own language and their cultural practices were respected.

Coordination and Exchange

Effective coordination between shelters and outside service providers and partnerships among shelter programs themselves are both important components of referral networks that enable programs to better serve survivors. The various contexts included in this study presented unique challenges and opportunities for improving collaboration and referrals.

Coordination between Shelters and Other Service Providers

Strong partnerships between shelter staff and services such as law enforcement, health-care, and social services enabled shelter staff to better address the needs of their residents. They also helped to ensure that survivors are informed of and referred to shelters if accessing other services first.

In Haiti and Kenya, most shelters had linkages to emergency health care and law enforcement. One large shelter program in Haiti also had a strong partnership with a legal aid organization, which enabled it to receive and refer cases for possible court proceedings. Kakuma refugee camp even benefited from a “mobile court” system through which judges from nearby towns made regular visits to the camp to hear cases.

In the refugee camp contexts in Kenya and Thailand, closed community settings and a limited number of service providers generally resulted in better coordination of sexual and gender-based violence services than outside the camps. However, in Thailand, strained relationships among key actors involved in response and challenges in maintaining confidentiality inhibited effective coordination within the camps. Collaboration with camp security and camp leadership in the operation of shelters proved to be essential in increasing referrals to shelter and enhancing community support for their use.

Coordination among Shelter Programs

Relationships among shelter programs also varied among case studies. In general, coordination was limited and occurred on an ad hoc basis. Yet those shelters that engaged in some form of coordination with other shelters found it enabled them to offer a greater number of services to their residents, to refer survivors to the programs most appropriate for their needs, and to collectively advocate on behalf of their populations. Rural shelters in Haiti reported that they sometimes made referrals to Port-au-Prince shelters if residents wanted to flee to the capital. In Dadaab refugee camp in Kenya, a partnership between a camp-based safe house and a Nairobi-based shelter was mutually beneficial in effectively serving refugee women and children.

As noted above, systemic divides in both the Colombian and Thai contexts resulted in the underutilization of government shelters for displaced survivors. In Colombia, the divide between systems serving internally displaced persons and domestic violence survivors inhibited collaboration across the two shelter categories. In Thailand, coordination among mainstream shelters and those designed to serve Burmese migrants and refugees was limited due to the barriers noted above, though a recent partnership between camp-based providers and a government shelter was formed to provide a temporary referral option for high-security cases.

“[I]t’s too difficult to refer them [shelter residents] because actually, you know, they think they should help only Thai people. They have a lot of cases now. We need them to help Burmese people, and they say it’s too difficult.” (Shelter staff, Thailand, explaining why, even at capacity, they do not refer shelter-seekers to government shelters)

V. DEPARTURE

Study findings suggest that leaving a safe shelter is not a simple step; transition options are often limited and shelter residents have varying degrees of control in deciding their next steps. However, research did reveal a number of strategies safe shelter programs have undertaken to facilitate the transition process for residents returning to the outside community.

Exit Strategies

One of the primary challenges faced by organizations providing shelter to individuals fleeing harm—including sexual and gender-based violence—is the “then what?” problem. Shelter programs are intended to provide a temporary haven: they often have maximum lengths of stay, ranging from a few days to a few months. However, even the most flexible programs cannot house residents forever. They must make room for new emergency cases. As a result, they must decide where, when, and how they can transition residents out of the programs and ensure their safety beyond their walls.

Effective exit strategies are particularly challenging to devise in forced displacement contexts. Residents may be locked into refugee camp boundaries, resettlement chances may be slim, ongoing protection from law enforcement may be inadequate, and anonymous relocation to elsewhere in a crowded camp often may be impossible. Also, the very act of having sought shelter from an abuser may cost a survivor her place in the community. Finally, some refugees or “illegal migrants” wishing to seek safety on their own cannot travel far due to their lack of immigration status, language barriers, and security concerns.

To some extent, shelter residents may benefit from some of the exit options generally available to members of their migrant community.

In theory, resettlement to a third country was an option for registered refugees such as those in Kenya’s Kakuma and Dadaab camps and those living in the nine camps lining the Thailand-Burma border. However, in the case of Kenya, the chance that a resettlement application would be accepted by a foreign government was often slight, leading to protracted stays in camps that have stood for decades and may stand for decades more. Although refugees in Thailand had greater opportunities for resettlement, most of those who arrived after 2005 were not registered and were therefore ineligible for resettlement.

For internally displaced persons in Colombia and Haiti, domestic resettlement into former or new homes was also an option in theory. In Colombia, registered internally displaced persons were technically entitled to food, psychosocial support, rent, and basic household necessities for a three-month emergency period, but a lack of awareness and the fact that it can take up to a year for internally displaced status to be confirmed prevented many from accessing benefits. In Haiti, small resettlement

subsidies of a few hundred dollars were offered by some INGOs to camp residents, but, in light of the persistent housing shortage after the 2010 earthquake, these did not necessarily ensure a place to live.

In terms of safely transitioning refugees, internally displaced persons, and other migrants out of shelters and back into the *surrounding* community, research found examples of the following measures in camps and urban areas.

Relocation to Another Camp or Urban Area

Domestic relocation was a possibility in some contexts. In Kenya, shelter residents with slim chance of resettlement to a foreign country were occasionally transferred between Dadaab and Kakuma refugee camps, or from either camp to UNHCR’s urban refugee program in Nairobi. In Thailand, transfer to another border camp was technically possible as well. However, this was difficult along the ethnically segmented border for three primary reasons: (1) obtaining official approval was administratively challenging and burdensome; (2) nearby camps were often close enough for a perpetrator to find a relocated resident; and (3) more distant camps were not necessarily run by a shelter-seeker’s ethnic group, leading to language, cultural, and political challenges as well as isolation for a transferred survivor. In Haiti, relocation to a different tent city in Port-au-Prince is an option—but given the increasing number of camp evictions, as well as persistent proximity to one’s perpetrator or exposure to new attackers in unpatrolled camps, this was not seen as an attractive option.

Secondary migration to an urban center was possible for refugees and internally displaced persons in all case study countries. However, it came with varying degrees of risk. In Colombia, Haiti, and Kenya, this interior movement could put a survivor at risk of harm or exploitation, but it was not prohibited. In Thailand, however, venturing out of the refugee camps to seek safety in Mae Sot or Bangkok automatically rendered one an “illegal migrant” vulnerable to deportation by Thai authorities.



Aerial impression of Kakuma refugee camp, Kenya, where internal relocation away from one’s perpetrator can be challenging. Occasionally, refugees fleeing harm in Dadaab refugee camp can be transferred here, and vice versa.



Camp boundaries at Place Fierté, Cite Soleil, Port-au-Prince, Haiti. Camp evictions by private landlords have escalated in 2011 and 2012, increasing the challenges of displacement. Photo: Jean Alexis.

Referral to Another Shelter Program

Depending on case circumstances and available options, residents were sometimes referred from one shelter to another. For example, certain programs may house a shelter-seeker for only a few days until her emergency needs are assessed and resolved, and then the resident may be transferred to a longer-term program. Researchers observed this mainly in the context of refugee camps in Kenya, where a variety of shelter options existed and overall sexual and gender-based violence coordinating agencies could move shelter-seekers as needed, even without a formal referral protocol. Inter-shelter referral was weaker in uncoordinated urban centers and camps, where fewer housing options existed.

Income-Generating Activities and Vocational Training

Programs often aspired to offer vocational training and opportunities for residents to generate income during and after their shelter stays in order to promote the security that comes from financial self-sufficiency. Efforts typically included crafts (e.g., making jewelry, scarves, or artwork or weaving). In Haiti, one shelter even planned to create a cooperative warehouse run by current and former shelter residents, who could buy goods at cost from the warehouse and then sell crafts for a profit at the market.

However, despite resident demand, these programs were often limited or inconsistently available due to lack of funding. There was also variation as to whether proceeds generated from a current resident's labor would benefit the shelter program or the resident herself. One interesting view was expressed by Thai shelter staff in particular: beyond actual income generation, crafting courses provided important therapeutic benefit to residents.



Sewing training room for residents of Social Action for Women's shelters in Mae Sot, Thailand. Photo credit: Julie Freccero

Financial Assistance

Many shelters offered some amount of financial support to residents as they transitioned back into their communities. This ranged from cash for transport to limited assistance toward renting a new apartment. In one unusual case, a UNHCR-supported program in Haiti offered one year's worth of rent to exiting residents—close to US\$1,000, paid to the landlord by the shelter program.

Ongoing Access to Program Support

Some shelter programs permitted residents to continue to access counseling and training activities even after leaving the shelter. This was particularly the case with shelters run by women's rights organizations or women's centers, which had more capacity for ongoing community engagement than other providers did. Access to ongoing support was often seen as easing residents' reluctance to leave

a shelter. It was also viewed as beneficial to former residents, who may face challenges and vulnerabilities during the precarious transition phase.

Transition Support

Some shelter programs were able to provide support before and during residents' transition back into the community. For example, staff might inspect an intended home to assess it for potential security risks and support assets. Some programs also had the capacity to make periodic home visits to physically check in on former residents; others simply made occasional telephone calls to see how they were faring.

Survivors' Roles in Decision-Making

One challenge we observed involved ensuring that shelter residents themselves were able to take part in decision-making, particularly about their own transition out of a shelter program. By and large, residents wanted to stay for as long as possible, given the dim prospects for safe housing or access to services outside the shelters. One program in Nairobi did a particularly rigorous job of engaging its residents in transition planning from very early on, requiring residents to outline options, identify resources and allies in the community, and plan specific steps for transition.

However, Human Rights Center researchers noted that in a few cases, shelter residents did not seem able to leave a program early or at will. There, shelter staff were fully in control of the exit strategies, believing that residents were not the best judges of their own interests.

“If we try to explain that [leaving] is not safe for them, most of the time they accept it. But in some cases where they insist they want to go home and we know it is not secure, we don't allow them to return, but we explain patiently till they accept the situation.” (Shelter staff, Thailand)

Follow-up and Evaluation

Programs cannot truly know whether their exit strategies have been successful without being able to ascertain a former resident's welfare once she has left the shelter.

Unfortunately, few programs seemed to engage in rigorous, systematic case tracking or evaluation by former residents. Some sense of postshelter welfare could be obtained by programs that either conducted home visits or made telephone calls or permitted former residents to continue participating in counseling and training activities at the shelter.

Rarer yet was the program that conducted actual exit interviews with residents to understand their feelings about entering their shelter stay and pending transition process. We found no examples of long-term surveys of former residents' welfare or reflections on the strengths and weaknesses of their exit strategies.

VI. THE POLITICS OF SHELTER PROVISION

Interview data indicated several overarching tensions that can arise in the provision of safe shelter in the challenging context of forced displacement.

Displacement Identity and Access to Protection

To the extent that official status as a refugee or internally displaced person can provide a survivor with access to benefits or shelters, formal registration as a qualifying status is a critical step in many contexts. With internally displaced persons in particular, the understanding of *who* is “displaced” can have significant implications.

For example, in Colombia, legally registered internally displaced persons were entitled to certain benefits, such as rent subsidies and access to food, counseling, and basic items. However, registration was reportedly seldom approved for applicants claiming displacement by the state itself. Also, people displaced by forces not directly related to the armed conflict (e.g., natural disaster or drug-related aerial fumigation) were ineligible for assistance.

In Haiti, many post-earthquake benefits were channeled through humanitarian groups working in the camps around Port-au-Prince. Individuals who had lost their homes but were able to find lodging with distant relatives or friends were often not counted as internally displaced persons, and they were unable to access rations or benefits distributed in the camps.

Thailand provided perhaps the most dramatic example of how displacement identity can dictate one’s access to protection: refugees and asylum-seekers who were situated within the nine border camps were deemed “temporarily displaced” and could avail themselves of shelter services in the camps. However, because Thailand is not a signatory to the *1951 Convention relating to the Status of Refugees* or its *1967 Protocol*, stepping outside the camps and into Thailand’s interior would suddenly transform a Burmese refugee into an “illegal migrant” vulnerable to arrest and deportation. This created vastly disparate options for Burmese seeking shelter from sexual and gender-based violence in Thailand. Well-appointed mainstream shelters in Bangkok, Tak, and other areas *could* house “illegal migrants” in distress—however, their staff were also obliged to report shelter-seeking migrants to the authorities for possible repatriation after their emergency needs were resolved. This reportedly discouraged undocumented migrants from seeking government protection.

Government Role

In three of the four case study countries, government entities provided some form of shelter to refugees or internally displaced persons fleeing sexual and gender-based violence. However, it appears that a government’s relationship to either the displacement itself or a shelter-seeking population can affect its ability and willingness to assist.

For example, municipal governments in Bogotá and Medellín, Colombia, ran shelters for survivors of domestic violence—some of whom may have been internally displaced as well. However, shelters for individuals displaced by Colombia’s armed conflict in general were by and large run by civil society groups.

In Haiti, the sole government shelter for survivors of sexual and gender-based violence was reportedly destroyed in the 2010 earthquake. Only civil society groups have operated shelters since. The Women’s Ministry planned to establish a new shelter soon. At the time of fieldwork, the Ministry had also drafted guidelines for the operation of all shelters in Haiti—however, no shelter-providing organizations we visited had seen them.

In Thailand, the government’s Bureau of Anti-Trafficking in Women and Children within the Ministry of Social Development and Human Security oversaw the operation of shelters for trafficking victims and other survivors of sexual and gender-based violence. The Ministry of Health oversaw the operation of one-stop crisis centers working out of public hospitals, which acted as key referral points for shelter and other care. But again, because of the Thai government’s reluctance to acknowledge Burmese migrants outside the camps as refugees, these state-run mechanisms may have been underutilized due to migrants’ fear of deportation and arrest.



Women’s bedroom at the government-run Tak Emergency Shelter for Families and Children in Tak, Thailand. Photo credit: Sophia Naing

There were reportedly no government-run shelters in Kenya for survivors of sexual and gender-based violence at the time of fieldwork. The Witness Protection Agency could potentially offer protection to high-profile cases. The Task Force on the Implementation of the Sexual Offences Act technically would oversee the provision of shelter for individuals fleeing sexual or gender-based harm generally; however, the Task Force’s engagement with Kenya’s refugee and internally displaced communities appeared limited at the time of fieldwork.

In terms of shelter provision, government coordination with civil society groups and the UNHCR itself seemed weak across case studies, with the most effective partnerships being observed at the local and municipal levels.

Finally, state marginalization of certain groups—such as undocumented migrants, sexual minorities, and HIV-positive individuals—affected the access of government mechanisms and benefits for members of these groups.

Funder Impact

It is impossible to understate the role of non-governmental funders in the provision of safe shelter for displaced persons fleeing sexual and gender-based violence. The majority of shelter options identified

in this study were provided by civil society organizations that were in turn supported by private donors or the UNHCR. This meant that funders had had nearly unbridled power to influence shelter structures and mandates.

One advantage here was funders' flexibility in filling a protection gap where the state had failed, especially with respect to serving marginalized victim groups. For example, private funders enabled the only protection options available to LGBT survivors, HIV-positive survivors, and undocumented refugees and internally displaced persons found in Haiti and Kenya.

On the other hand, reliance on foreign funding could also have negative implications in the context of shelter provision. Foreign aid channeled in response to sudden humanitarian crises could be particularly destabilizing. Haiti provided an example: foreign funding after the earthquake created a new slate of shelter options focused on earthquake-related sexual violence cases, supporting programs that would cater to them. This may have disrupted relationships among grassroots women's rights groups in the process, one of which had run a general shelter before the earthquake but would not recast itself to focus on displacement-related cases.

Similarly, a legal services group in Kenya lamented funders' exclusive focus on survivors of rape during 2008's post-election violence, noting that clients who had suffered other harms were in equally dire need of psychosocial support but were not eligible for it.

Conversely, on the Thailand-Burma border, speculation about improvements in Burma has reportedly caused funders to see the refugee crisis as declining. With it, competition for diminishing displacement funds has intensified among groups working in the camps and has resulted in strained relationships.

Other shelter providers also expressed concern about lack of consistency or sustainability in projects reliant on renewed funding—access to counseling or accompaniment to health care services might disappear suddenly, to the detriment of survivors. Further, staff expressed despair when funding was inflexible or narrowly construed; resident and staff needs may change over time, and the ability to use funds accordingly is critical. This was particularly frustrating where foreign donors' priorities were not aligned with a local group's organic understanding of solutions.

“For example, if an NGO provides support for slippers, it helps only for slippers. But what we actually need is food. A person is dying at the farm because of nothing to eat for seven days. But if we ask this NGO, this NGO will help only for slippers, not food. When we write a proposal, things have to be done according to the proposal. We can't override the proposal. So the rules of the proposal are so tight.” (Shelter staff, Thailand)

At a minimum, funding can undermine local approaches or force priorities that may not be consistently relevant.

“[Organization name] is our supporting group and we are a branch of theirs, so we have their back-up support and we take all of their advice, guidance, and direction, whether it be good or bad.” (Shelter staff, refugee camp, Thailand)

“Pull Factors”

One final complication in the provision of safe shelter is the existence of unintended “pull factors,” or benefits that may affect an individual’s desire to enter, or willingness to leave, a shelter program. What may constitute a “pull factor” seems very much dependent on context—the attractiveness of an offering is relative to what is generally available. This disparity can be particularly pronounced in forced displacement settings, where resources are strained in the general community.

For example, having an actual roof and lockable door in post-earthquake Port-au-Prince was a fair luxury compared to living under a tarp in one of the city’s camps. The added promise of access to regular meals, clean water, and even education for one’s accompanying children may have made shelter programs in the Haitian capital a particularly strong attraction for some individuals seeking stability and safety.

Or, in a refugee camp setting, even if shelter residents receive the same food rations as the outside camp community, they may still enjoy other relative comforts: more living space, proximity to a police desk, delivery of food rations to the compound gate, or access to psychosocial support.

In addition to relative material advantage, mere admission to a shelter may be attractive because it can be associated with improved refugee resettlement chances. Simply put, shelter programs operating in crowded refugee camps often must screen for the highest-risk cases when accepting individuals. This can lead to an actual or perceived improvement of chances for refugee resettlement abroad for those whose cases are accepted.

Surprisingly, most shelter staff did not seem concerned about exaggerated or even fraudulent claims for protection. Many tended to rely on their intake procedures to assess need and credibility, sometimes checking facts with the referring organization before offering an applicant admission to the shelter. However, no programs seemed to have systematic ways to evaluate whether access to these relative advantages later prevented residents from *leaving* the program.

Offering meaningful support and services to residents is a fundamental aspect of shelter provision. However, it may pose significant ethical dilemmas in some cases. What should one provide? To whom? For how long? Some key informants confided that, in truth, it can be challenging to draw clear lines around the offering. For example, few would disagree that allowing a shelter resident to bring her minor children is important. But should admission be limited to her biological children or also include the nieces and nephews a resident may have inherited when her sister was killed in the conflict or earthquake? Offering education for these accompanying children in longer-term shelters also seems the right thing to do, but for how long and at what quality of schools? Does it matter that the children had not been in school before arriving at the shelter?



Toilets in one Port-au-Prince camp, Haiti. According to local reports, women risked attack in unlit latrine areas. Photo credit: Laura Wagner.

VII. CONCLUSION AND RECOMMENDATIONS

This case study series revealed ways in which the provision of temporary safe shelter to refugees, internally displaced persons, and other migrants can be marked by unique challenges. For example, although security is a concern for safe shelter programs in all contexts, the lack of anonymity in a crowded camp or lack of access to law enforcement can make safety even more elusive for those operating in displacement settings. Similarly, although safely transitioning residents out of a shelter is difficult anywhere, it is particularly challenging when their chances of refugee resettlement are low and their other options are to move to a different tent in the same camp or to be transferred to an urban center without friends or family.

The 2005 Inter-Agency Standing Committee (IASC) Guidelines on Gender-based Violence Interventions in Humanitarian Settings go a long way toward guiding prevention of, and protection from, sexual and gender-based violence into displacement camps. However, implementation of their guidance requires improved understanding about safe shelter models that currently exist, the challenges they face, and the emerging strategies they engage. Moreover, literature is largely silent regarding safe shelter options for “invisible” or particularly marginalized victim groups (e.g., male survivors, LGBT community members, etc.) or displaced persons fleeing harm *outside* a camp-context.

Data produced in this four-country study generally support the IASC’s and UNHCR’s guidance related to the provision of safe shelter in humanitarian contexts. However, these case study findings also reveal expanded themes, increased nuance, and areas that demand further examination.

One thing is clear: No one shelter size fits all. Protection strategies must be context specific.

Mindful of this, we propose the following general recommendations for policymakers, funders, and other stakeholders committed to the provision safe shelter for refugees, internally displaced persons, or other migrants fleeing sexual and gender-based violence. These derive from emphasized concerns, recurring challenges, and emerging strategies identified in qualitative interviews with shelter residents, shelter staff, and key informants in Colombia, Haiti, Kenya, and Thailand.

Recommendations Overview

1. Promote community buy-in, especially in camp settings.
2. Ensure the security of both residents and staff.
3. Provide support for both residents and staff.
4. Consider appropriate placement and exit strategies from the beginning.
5. Explore and develop a diversity of shelter options.
6. Conduct shelter mapping, coordination, and exchange.
7. Identify and close protection gaps.
8. Assess macro-level barriers to, and implications of, safe shelter protection in displacement settings.
9. Evaluate program impact.
10. Support or conduct further research.

Recommendations for the UNHCR and Other Policymakers, Coordinating Bodies, and Funders Involved in Safe Shelters for Displaced Persons Fleeing Sexual and Gender-Based Violence

1. *Promote community buy-in, especially in camp settings.*

Community support for individuals fleeing sexual and gender-based violence is helpful everywhere, but particularly in the often closed universes of refugee and internal displacement camps, where anonymity, mobility, and access to police protection are limited. In camp settings, where preserving the confidentiality of shelter locations is already impossible, it may actually be helpful to affirmatively engage the community.

First, buy-in from community leaders is desirable at a shelter's inception stages to demystify the objectives, operations, and overall services of the program. This can reveal ways in which a program benefits the community at large (especially if it provides services apart from shelter) and reduce suspicion that shelter staff are "home wreckers." Engagement with the local community from the beginning can also illuminate informal, organic referral pathways to the shelter.

Second, the cultivation of community support enhances security for shelter staff and residents in a camp setting. Whether this means alerting shelter staff about lurking strangers or proactively shielding staff and residents when they travel outside the shelter walls, community members can be a tremendous source of security.

Third, neighborhood engagement may open up avenues for community-based protection, such as temporary homestays for low-security cases in which a person either cannot or prefers not to be admitted to a shelter program immediately. Similarly, community members may provide lodging or other support for shelter residents as they transition back into life outside.

For example, a community host network of block leaders and community volunteers was launched by IRC and CARE in the Dadaab refugee camps in 2011. Evaluation of its successes and challenges may be instructive for other contexts.

2. *Ensure the security of both residents and staff.*

Security is a fundamental challenge when providing physical shelter to individuals fleeing harm. Staff and residents alike may fear violence or aggression not just from known perpetrators, but from perpetrators' families or unsympathetic community members.

Different shelter models have inherently different degrees of security. Traditional safe houses may feature varying levels of protection, including barbed wire gates, security guards, and strict visitation, mobility, and cell phone constraints. They are, by and large, more secure than decentralized shelter models such as scattered site apartments or host family households, which may have few formal safety measures in place. Still, the trade-off for their residents can be diminished independence and isolation from community relationships that could nurture their reintegration.

The high-security safe house model may not be appropriate for, or even desired by, all shelter-seekers. Moreover, security needs may not only differ among cases, but also may rise

and fall within a single case over time. Ideally, a shelter could calibrate security protocols for individual residents. However, this is not often feasible. Referral of a resident to a more security-suitable shelter may then be an option to consider.

Security risks extend beyond the shelter walls in some cases, particularly when staff and residents must travel to police stations, courts, hospitals, or even the market. Community engagement and support can be critical assets here, especially where secrecy of location is already compromised (as in a refugee camp setting). Some groups have secured community-based protection beyond the shelter walls by engaging in outreach, employing community agents on staff, engaging sympathetic community leaders, and identifying neighborhood allies and escorts to accompany staff and residents who must venture out during the day.

Shelters operating in the context of ongoing conflict—as observed in Colombia—face an entirely separate level of risk as well. It is important to note that in these contexts, traditional safe houses may actually be *less* secure if staff and residents are perceived as having specific political affiliations related to their displacement.

3. *Provide support for both residents and staff.*

Shelter residents arrive with myriad needs apart from physical protection, ranging from emergency medical care to psychosocial support. Most shelter programs in this study attempted to provide some degree of counseling to residents, though the amount and quality of that counseling differed dramatically. Education for accompanying children in longer-term shelters was also important to many residents. Finally, vocational training and income-generating activities were highly desired but limited by resource constraints.

Shelters affiliated with women's rights organizations may have more capacity or opportunity for expanded offerings; research indicated that residents of shelters run by a larger advocacy group sometimes benefited from additional trainings such as gender-based violence prevention, legal rights, financial management, and child-rearing skills.

It is critical to support shelter *staff* as well. Staff interviewees consistently noted that conducting shelter-related work, particularly in displacement settings, comes with tremendous strain. The emotional well-being of staff must be meaningfully addressed for their own good as well as for the longevity of their service to shelter-seekers.

To the extent possible, program leadership should obtain input directly from shelter staff and residents on the kinds of support they need most. Donors should fund these efforts, as staff are the lifeblood of the protection service itself. Cross-shelter trainings may be good opportunities to simultaneously increase staff capacity and build support networks.

4. *Consider appropriate placement and exit strategies from the beginning.*

One perhaps obvious point confirmed by this study is that readiness for the inevitable transition out of safe shelter should inform planning from early on. When options and referral networks exist, this may include assessing which *type* of shelter is needed or preferred in an individual case and referring the shelter-seeker to an alternate program if appropriate. This also means fostering recovery and independence (through counseling, training, and income

generation where possible) while also avoiding the creation of reliance on the safe shelter environment. It is critical to provide residents themselves with meaningful engagement in all levels of decision-making, including brainstorming and evaluating transition options.

For example, a shelter in Nairobi, Kenya, required each new resident to map out her family and community allies within her first week of shelter. She would then work with staff to assess potential hosts back in the community who could either house her upon exit from the shelter or act as intermediaries with her abuser. Another shelter in Port-au-Prince, Haiti, scheduled “transition talks” with residents several weeks before their anticipated exit dates to start acclimating them to the idea of moving on with their lives.

5. *Explore and develop a diversity of shelter options.*

Diverse shelter options are ideal in order to accommodate varying security needs and desires for community connection. Such diversity may include a mixture of traditional safe houses (for higher-security cases or those in need of more coordinated services), independent accommodations or community-host homes (for individuals with lower security concerns who wish to maintain more of a foothold in the community), protected areas within a camp (for shelter-seekers wishing to live with their families, among various other families in need of protection), and even nonshelter establishments (which provide ad hoc emergency haven for a night or two). This diversity may also provide flexibility of transfer to another shelter model later, as a resident’s needs or wishes evolve.

Funders, coordinating bodies, and policymakers should support examination of the range of potential safe shelter options in a camp or community.

6. *Conduct shelter mapping, coordination, and exchange.*

Effective and efficient referral and coordination are critical when caring for those fleeing sexual and gender-based violence.

First, to take advantage of any range of options that may exist in a given community, it is imperative to have healthy referral mechanisms among shelter-providing programs.

Second, clear and reliable referral between shelters and other support providers (health care, legal aid, vocational training, counseling, etc.) is necessary to provide holistic service when a shelter program cannot cater to all its residents’ needs in-house.

Third, coordination and referral between mainstream shelters and those serving displaced communities (even from within camps) may be useful ways to expand safety or relocation options for refugees and internally displaced persons. Most mainstream safe shelters studied would accept members of these communities, though they may require training and additional resources to overcome language and cultural barriers.

Finally, improved connection and communication between government and nongovernment shelters may be advantageous in cases when the state poses no threat of harm to noncitizens seeking shelter.

Nationwide mapping should include *all* programs providing temporary lodging to different populations, for different harms.

It may help to identify an oversight body either within the host government or through a coalition of providers to conduct the mapping and to keep it updated.

The coordinating body should also schedule periodic cross-sectoral convenings among shelter providers and other relevant stakeholders to review referral mechanisms and share resources and protection strategies.

7. *Identify and close protection gaps.*

Despite the tremendous efforts currently exerted to protect individuals fleeing sexual and gender-based violence, gaps in protection persist. Some result from formal exclusions, as of male survivors. Others are informal exclusions (sometimes contrary to actual organizational policy) stemming from staff reluctance to take responsibility for severely disabled individuals, openly homosexual persons, male survivors, or HIV-positive individuals.

Whatever the reason, members of marginalized victim groups experience extreme difficulty in securing shelter from sexual and gender-based violence. Options are scarce, particularly for those living in camp settings. Specialized shelters that focus on these groups may not exist in a camp at all. They may not even be feasible or appropriate in certain contexts.

For this reason, it may be helpful to explore a group's integration preferences first. Should integration into mainstream shelter programs be desired, existing shelter programs should be consulted as to their own capacities to accommodate members of marginalized victim groups. They should be supported in their attempts to do so.

Similarly, it could be advantageous to connect members of marginalized victim groups from refugee or internally displaced communities with any services and shelters serving their *nondisplaced* counterparts in urban areas. While shelters new to serving refugees in particular might require assistance in overcoming language and cultural barriers, as well as possibly addressing displacement-related health issues, making these connections could help to close a refugee protection gap.

Finally, to enable more inclusive protection, sexual and gender-based violence must be understood as affecting society more broadly than the traditional conceptualization of victims as being only women and girls. This may require sensitization efforts, focused trainings, and even law and policy reform at national levels.

8. *Assess macro-level barriers to, and implications of, safe shelter protection in displacement settings.*

Sheltering refugees, internally displaced persons, and other migrants fleeing sexual and gender-based violence involves myriad entities. These can include the direct shelter provider, the UNHCR and INGOs involved in camp management and resettlement processing, civil society groups providing counseling or legal support, government health and law enforcement services, grassroots advocacy groups, community justice mechanisms, and donors. Each entity has its own priorities, contributions, and constraints.

Government entities, while natural partners in the protection of survivors, must be understood in terms of their *de jure* and *de facto* capacities. Where laws and policies do not offer protection to certain populations or do not criminalize certain types of sexual or gender-based

violence, authorization of government actors to assist may be absent. Where laws exist but there is inadequate sensitization, training, or capacity among state agents, then the chance of government-based protection and support is similarly diminished. And where the state itself is perceived to be a party to conflict or displacement, it is unlikely to be seen as a source of safety. Understanding the actual limitations of state intervention is important for those seeking to shelter persons fleeing harm, since these limitations can affect access to government hospitals, law enforcement, and the judicial system.

Funders themselves may warrant self-examination. Research findings indicate that the dramatic ebb and flow of funds in postconflict or postdisaster situations can have both beneficial and destabilizing effects on shelter provision. Honest assessment of the implications of these fluctuations—and the overpowering influence of foreign funding on organic systems—on the sustained ability of local groups to provide shelter is critical. This may require not only speaking with prospective grantees, but also investing added effort in assessing the historical and social context in which a grantee would operate.

Also, an evidence-based sense of the true rates of displacement and violence, while hard to come by, may help funders to avoid the risk of narrowly allocating resources to only certain *types* of shelter-seekers or shelter models. In addition, it is critical to determine whether programming can be sustained for the full duration of need; projections may differ, depending on the nature of the displacement crisis.

Finally, as challenging as it may seem, funders and shelter providers working to support refugees and internally displaced persons in particular may wish to examine whether the benefits they offer might create overly disparate living situations or relocation prospects for their residents. Ultimately, shelter providers may tread a fine line between providing critical support and assistance to their residents on the one hand and creating unhealthy reliance or accidental disempowerment on the other. It is a question that warrants frank examination.

9. *Evaluate program impact.*

Evaluation of a program's challenges, strengths, and ultimate impact on the lives of residents is critical to capture. Few safe shelter programs visited in this study were assessed in a systematic way, either internally or externally. Moreover, funders' definitions of success may prove challenging as well, particularly for providers working in extremely resource-constrained and insecure settings.

Funders should permit safe shelter programs to think creatively about measures of success and to be frank about inevitable challenges. Some possible strategies that may help providers to capture these elements include conducting exit interviews with residents, periodic and recorded check-in calls or visits to former residents (when feasible and safe), and even surveys of community leaders who can provide insight into how a resident's transition "home" is received by others.

Further, confidential tracking of cases among safe shelter programs in a community may help programs to identify repeat or recurring cases, in which an individual may exit one shelter

only to later seek admission at another. These cases warrant discussion and review to identify possible weaknesses in the initial exit strategy and ways to improve future referral. It must be emphasized, however, that any inter-program coordination of cases should only be conducted where utmost respect for confidentiality can be guaranteed.

10. *Support or conduct further research.*

This exploratory study revealed the following areas warranting more thorough examination and research:

- The impact of sexual and gender-based prevention efforts (e.g., awareness raising, education to shift gender norms, interventions with men, etc.) on rates of sexual and gender-based violence within communities and the need for shelters in the first place;
- The particular protection and support needs of refugees, internally displaced persons, and other migrants fleeing sexual and gender-based violence;
- The evaluation of unconventional shelter models composed of community host households and independent living arrangements, especially their effectiveness and security and the ways that they vet and support host families;
- An inquiry into residents' priority support services;
- An evaluation of the transition experiences of former shelter residents, including the impact of any income-generating activities or vocational training provided by the safe shelter program;
- The protection needs of members of marginalized victim groups, including the potential of specific models to meet these needs and members' desire for specialized versus mainstream shelter access;
- Identification of "pull factors" and assessment of programs' actual impact;
- Methods of evaluating shelter impact, including ways in which views of residents, staff members, and community members can be incorporated into impact assessments.

We urge the UNHCR and all relevant funders to engage academic institutions as well as shelter providers themselves in developing studies to investigate the above issues. Every effort should be made to include the opinions of past and present residents of safe shelters. Findings should be shared from grassroots to international levels.

ENDNOTES

- 1 1951 Convention relating to the Status of Refugees, 189 U.N.T.S. 150, *entered into force* April 22, 1954, as modified by 1967 Protocol relating to the Status of Refugees, 606 U.N.T.S. 267, *entered into force* Oct. 6, 1967. <http://www.unhcr.org/pages/49da0e466.html>
- 2 United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), *Guiding Principles on Internal Displacement* (Geneva: UNOCHA, reprinted October, 2004), 1. <https://ochanet.unocha.org/p/Documents/GuidingPrinciplesDispl.pdf>
- 3 Etienne Krug, Linda Dalhberg, James Mercy, Anthony Zwi, and Rafael Lozano, eds., *World Report on Violence and Health* (Geneva: World Health Organization, 2002), 149.
- 4 United Nations High Commissioner for Refugees (UNHCR), “Global Trends 2011” (2012), <http://www.unhcr.org/4fd6f87f9.html>.
- 5 Matt Porter and Nick Haslam, “Forced Displacement in Yugoslavia: A Meta Analysis of Psychological Consequences and Their Moderators,” *Journal of Traumatic Stress* 14, no. 4 (2001): 829; Kaz de Jong et al., “The Trauma of Ongoing Conflict and Displacement in Chechnya: Quantitative Assessment of Living Conditions, and Psychosocial and General Health Status among War Displaced in Chechnya and Ingushetia,” *Conflict and Health* 1, no. 4 (2007), <http://www.conflictandhealth.com/content/1/1/4>; Joop T. V. M. de Jong, Ivan H. Komproe, and Mark van Ommeren, “Common Mental Disorders in Postconflict Settings,” *Lancet* 361, no. 9375 (2003): 2129; Joop T. V. M. de Jong et al., “Lifetime Events and Posttraumatic Stress Disorder in 4 Postconflict Settings,” *Journal of the American Medical Association* 286, no. 5 (2001): 559; Frederick L. Ahearn Jr. and John H. Noble Jr., “Post–Civil War Adaptation and Need in Managua, Nicaragua,” *Journal of Biosocial Science* 36, no. 4 (2004): 403; Hikmet Jamil et al., “Mental Health Symptoms in Iraqi Refugees: Posttraumatic Stress Disorder, Anxiety, and Depression,” *Journal of Cultural Diversity* 14, no. 1 (2007): 20; Evan D. Kanter, “The Impact of War on Mental Health,” in B. Levy and V. Sidel, eds., *War and Public Health* (New York: Oxford University Press, 2008), 62, quoted in Erin Rider, “Refugees, Sexual Violence, and Armed Conflict: The Nuances between Victims and Agents,” *Wagadu* 10 (2012): 78; and R. R. Boersma, “Forensic Nursing Practice with Asylum Seekers in the USA—Advocacy and International Human Rights: A Pilot Study,” *Journal of Psychiatric and Mental Health Nursing* 10 (2003): 531.
- 6 Odd Einar Olsen and Kristin S. Scharffscher, “Rape in Refugee Camps as Organisational Failures,” *International Journal of Human Rights* 8, no. 4 (2004): 380; United States General Accounting Office (GAO), *Humanitarian Assistance: Protecting Refugee Women and Girls Remains a Significant Challenge*, report to the Ranking Minority Member, Committee on Foreign Relations, U.S. Senate (May 2003), 3; J. A. Benjamin and K. Fancy, “The Gender Dimensions of Internal Displacement: Concept Paper and Annotated Bibliography,” submitted to the Office of Emergency Programmes, UNICEF (November 1998); Women’s Commission for Refugee Women and Children (WRC), *Displaced Women and Girls at Risk: Risk Factors, Protection Solutions and Resource Tools* (New York: WRC, December 2006), 14; E. Pittaway and L. Bartolomei, “From Asylum to Protection: Ensuring the Effective Protection of Refugee Women at Risk,” Centre for Refugee Research, University of New South Wales, draft (October 5, 2004), quoted in Roger Zetter and

- Camillo Boano, "Gendering Space for Forcibly Displaced Women and Children: Concepts, Policies and Guidelines," in *Women, Migration & Conflict* (New York: Springer, 2009), 207; UNHCR, *Prevention and Response to Sexual and Gender-Based Violence in Refugee Situations: Inter-Agency Lessons Learned* (Geneva: UNHCR, 2001), 4; Amy G. Lewis, "Gender-Based Violence among Refugee and Internally Displaced Women in Africa," *Georgetown Immigration Law Journal* 20 (2005–06): 274; Sarah K. Chynoweth, "The Need for Priority Reproductive Health Services for Displaced Iraqi Women and Girls," *Reproductive Health Matters* 16, no. 31 (2008): 93; UNHCR, *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response* (Geneva: UNHCR, May 2003), 20; Dale Buscher, "Refugee Women: Twenty Years On," *Refugee Survey Quarterly* 29, no. 2 (2010): 14; Johns Hopkins and International Federation of Red Cross and Red Crescent Societies, *Public Health Guide for Emergencies*, 2nd ed. (Baltimore: Johns Hopkins Bloomberg School of Public Health and the International Federation of Red Cross and Red Crescent Societies, 2008), 196; and S. Olila, S. Igras, and B. Monahan, "Assessment Report: Issues and Responses to Sexual Violence, Dadaab Refugee Camps, Kenya" (Nairobi and Atlanta: CARE, October 1998), quoted in Jeanne Ward and Mendy Marsh, "Sexual Violence Against Women and Girls in War and Its Aftermath: Realities, Responses and Required Resources," briefing paper, Symposium on Sexual Violence in Conflict and Beyond, Brussels, June 21–23 (United Nations Population Fund, 2006), 7.
- 7 Domestic violence was reported as a widespread problem by Iraqi refugees interviewed in Jordan, according to Chynoweth, "The Need for Priority Reproductive Health Services," 99. In Colombia, 52 percent of displaced women experienced domestic abuse compared to 20 percent of nondisplaced women, according to Neil Jeffery and Tara Carr, *The Impact of War on Women: Current Realities, Government Responses and Recommendations for the Future* (Washington, DC: U.S. Office on Colombia, February 2004), 2, quoted in WRC, *Displaced Women and Girls at Risk*, 10.
- 8 Graça Machel, *UN Study on the Impact of Armed Conflict on Children* (New York: United Nations, 1996), quoted in Susan McKay, "The Effects of Armed Conflict on Girls and Women," *Peace and Conflict: Journal of Peace Psychology* 4, no. 4 (1998): 381–92; Nathan Taback, Robin Painter, and Ben King, "Sexual Violence in the Democratic Republic of the Congo," *Journal of the American Medical Association* 300, no. 6 (2008): 653; and J. Ward et al., *The Shame of War: Sexual Violence against Women and Girls in Conflict* (Nairobi: Integrated Regional Information Networks/United Nations Office for the Coordination of Humanitarian Affairs, 2007), quoted in Adeyinka M. Akinsulure-Smith, "Responding to the Trauma of Sexual Violence in Asylum Seekers: A Clinical Case Study," *Clinical Case Studies* 11, no. 4 (2012): 286.
- 9 See, for example, Kirsten Johnson, Jennifer Scott, Bigy Rughita, Michael Kisielewski, Jana Asher, Ricardo Ong, and Lynn Lawry, "Association of Sexual Violence and Human Rights Violations With Physical and Mental health in Territories of the Eastern Democratic Republic of the Congo," *Journal of the American Medical Association* 304, no. 5 (2010): 553–562; See also Kirsten Johnson, Jana Asher, Stephanie Rosborough, Amisha Raja, Rajesh Panjabi, Charles Beading, and Lynn Lawry, "Association of Combatant Status and Sexual Violence With Health and Mental Health Outcomes in Postconflict Liberia," *Journal of the American Medical Association* 300, no. 6 (2008): 676–690.
- 10 WRC, *Displaced Women and Girls at Risk*, 22–23; Inter-Agency Standing Committee (IASC), *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings* (Geneva: IASC, September 2005), 56–57; UN Women, "Humanitarian Settings," Virtual Knowledge Centre to End Violence against Women and Girls (January 23, 2013), <http://www.endvawnow.org/en/articles/1400-humanitarian-settings.html>.
- 11 IASC Guidelines, 56–57.

- 12 The study concept was endorsed by the UN High Commissioner for Refugees' Policy, Development, and Evaluation Service in Geneva (UNHCR PDES), which evaluates the UNHCR's overall programs and policies.
- 13 Initial funding was provided by the United States Department of State Bureau of Population, Refugees, and Migration. Ultimately, the study also drew from general Sexual Violence Program funds provided by the Open Society Foundation's International Women's Program and the John D. and Catherine T. MacArthur Foundation.
- 14 Please see the individual country reports for details on each study's limitations. All reports are available at <http://hrc.berkeley.edu>.
- 15 UNHCR, "2012 UNHCR Country Operations Profile—Colombia" (August 15, 2012), <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e492ad6>.
- 16 Refugee Council USA, "Living on the Edge: Colombian Refugees in Ecuador and Panama" (2011), http://reliefweb.int/sites/reliefweb.int/files/resources/1F0F566BF5231BD649257862001BC934-Full_Report.pdf.
- 17 "Desplazados en Colombia llegan a 5,5 millones, dice Codhes," *Noticias Caracol* (April 9, 2012), <http://www.noticiascaracol.com/nacion/articulo-262261-desplazados-colombia-llegan-a-55-millones-dice-codhes>.
- 18 Internal Displacement Monitoring Centre, "IDP Movements and Populations" (August 23, 2012), [http://www.internal-displacement.org/8025708F004CE90B/\(httpCountries\)/CB6FF99A94F70AED802570A7004CEC41?OpenDocument](http://www.internal-displacement.org/8025708F004CE90B/(httpCountries)/CB6FF99A94F70AED802570A7004CEC41?OpenDocument).
- 19 UNHCR, "Colombia Operation: Update March 2012: Sexual and Gender-Based Violence" (April 6, 2012), http://www.acnur.org/t3/fileadmin/Documentos/RefugiadosAmericas/Colombia/2012/Colombia_Situation_SGVB_-_2012.pdf?view=1.
- 20 Ibid.
- 21 Inter-American Commission on Human Rights, *Annual Report 2010* (August 2, 2012), 385, <http://www.cidh.org/annualrep/2010eng/TOC.htm>.
- 22 Myra Betron, *Empowering Men Who Have Sex with Men to Live Healthy Lives in Colombia* (Washington, DC: United States Agency for International Development, 2011), 2, http://www.aidstar-one.com/focus_areas/gender/resources/case_study_series/colombia_lgbt.
- 23 Refugees International, "Displaced Women Demand Their Rights" (November 16, 2011), <http://www.refintl.org/policy/field-report/colombia-displaced-women-demand-their-rights>.
- 24 UNHCR, "Dead End for Displaced Refugee Youth in Shanty on the Edge of Bogotá" (August 20, 2010), <http://www.unhcr.org/4c7bc5829.html>.
- 25 Interview with key informant at UNHCR conducted by Human Rights Center, May 14, 2012, Medellín.
- 26 Canadian International Development Agency, "Securing a Future for Children and Youth in Colombia," <http://www.acdi-cida.gc.ca/acdi-cida/ACDI-CIDA.nsf/eng/ANN-717141929-PH8>.
- 27 Central Intelligence Agency (CIA), *The World Factbook—Haiti*, <https://www.cia.gov/library/publications//the-world-factbook/geos/ha.html>; International Rescue Committee (IRC), *The Earthquake in Haiti: The IRC Responds* (New York: International Rescue Committee, 2011), 3, http://www.rescue.org/sites/default/files/resource-file/IRC_Report_HaitiAnniversary.pdf; and Amnesty International, *Aftershocks: Women Speak Out against Sexual Violence in Haiti's Camps* (London: Amnesty International, 2011), 1, http://www.amnesty.org.uk/uploads/documents/doc_21131.pdf.
- 28 CIA, *The World Factbook—Haiti*; IRC, *The Earthquake in Haiti*, 3.
- 29 Ibid.; see also Amnesty International, *Aftershocks*, 1.

- 30 Immigration and Refugee Board of Canada, “Haiti: Sexual Violence against Women, Including Domestic Sexual Violence; in Particular, Prevalence within and outside of Camps for the Internally Displaced; Criminal Prosecutions (2011–May 2012)” (June 8, 2012), <http://www.unhcr.org/refworld/docid/4feaceb62.html>.
- 31 Ibid.
- 32 U.S. Department of State, “2011 Human Rights Reports: Haiti” (May 24, 2012), <http://www.state.gov/j/drl/rls/hrrpt/2011/wha/186522.htm>.
- 33 Ibid., citing Médecins sans Frontières (MSF), “Emergency Response after the Haiti Earthquake: Choices, Obstacles, Activities and Finance” (July 2010), http://www.doctorswithoutborders.org/publications/reports/2010/MSF_Emergency-Response-after-the-Haiti-Earthquake_Low.pdf.
- 34 Republic of Haiti, “Gender-Based Violence,” citing Solidarité Fanm Ayisyèn, “Rapport Bilan 10: Cas de Violences Accueillies et Accompagnés dans les 21 Centres Douvanjou de la SOFA de Janvier à Juin 2010” (November 2010).
- 35 Immigration and Refugee Board of Canada, “Haiti: Sexual Violence against Women,” citing Solidarité Fanm Ayisyèn, “Rapport—Bilan XI: Des Cas de Violence Accueillies et Accompagnés dans les Centres d’Accueil de la SOFA, Année 2010–2011” (December 2011), <http://alainet.org/images/SOFA%20-Onzieme%20Rapport%20Bilan-%20%20decembre%202011-2.pdf>.
- 36 Ibid.
- 37 IRC, *The Earthquake in Haiti*, 3, citing Beverly Bell, “Our Bodies Are Shaking Now: Rape Follows Earthquake in Haiti,” *Huffington Post*, March 25, 2010.
- 38 Ibid., citing Elodie Vialle, “Haïti: ‘Après Mon Viol, la Police n’a Pas Voulu de Ma Plainte,’” *Youphil.com* (January 11, 2012), <http://www.youphil.com/fr/article/04770-haiti-seisme-police-viol-femmes?ypcli=ano>.
- 39 Ibid., citing Charity Tooze, UNHCR, “Haitian Group Offers Safe House for Rape Survivors” (October 6, 2011), <http://www.unhcr.org/4e8d98856.html>.
- 40 Randal C. Archibold, “A Quake-Scarred Nation Tries a Rural Road to Recovery,” *New York Times*, December 24, 2011, http://www.nytimes.com/2011/12/25/world/americas/in-countryside-stricken-haiti-seeks-both-food-and-rebirth.html?pagewanted=all&_r=0.
- 41 UNHCR, “2013 UNHCR Country Operations Profile—Kenya,” <http://www.unhcr.org/pages/49e483a16.html>.
- 42 Ibid.
- 43 Despite being unsure of the figures, Kenya’s Ministry of Special Programmes continues to give out packages of land and money to displaced persons. The Ministry was under some pressure to resettle all internally displaced persons before the next elections in 2013. However, some of those being resettled are sent to places they do not want to go to and/or where the host community is unwilling to accept them. As of September 30, 2011, only 2,093 out of 6,978 households targeted for resettlement had actually been resettled. See UN Office for the Coordination of Humanitarian Affairs (OCHA), “Emergency Humanitarian Response Plan for Kenya 2012+” (December 2011), 17, <http://www.unocha.org/cap/appeals/emergency-humanitarian-response-plan-kenya-2012>. Yet there have been some positive steps toward developing a policy on internally displaced persons in Kenya. This consultative process has included civil society, government, and internally displaced persons themselves, and it has led to a draft policy that is now waiting to go to the cabinet. In addition, the parliament finalized a report on the internally displaced persons situation in late December 2011, which will lead to a draft internally displaced persons bill. At the time of writing, the bill had undergone its first reading in parliament and a parliamentary committee had been identified to review the bill and to resubmit it to parliament for further deliberation. If approved, the policy and bill

would create all the structures necessary to ensure systematic and coordinated management of internally displaced persons' situations.

- 44 Commission of Inquiry into the Post-Election Violence in Kenya, "Report of the Findings of the Commission of Inquiry into the Post-Election Violence in Kenya" (Nairobi, 2008), 237–71, <http://www.scribd.com/doc/6845092/Waki-Report-of-the-Findings-of-the-Commission-of-Inquiry-into-the-Post-election-Violence-in-Kenya>.
- 45 Gender-Based Violence Sub-Cluster, "A Rapid Assessment of Gender-Based Violence during the Post-Election Violence in Kenya, Conducted January–February 2008," cited in Francesca Restifo, "Situations of Violence against Women and Children in Kenya: Implementation of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment," Alternative Report to the UN Committee against Torture (Geneva: World Organisation against Torture, June 2009).
- 46 Thailand Burma Border Consortium (TBBC), "Programme Report: January to June 2012" (Bangkok: TBBC, 2012), vii, 8, 12, <http://reliefweb.int/report/myanmar/programme-report-2012-january-june>.
- 47 Feinstein International Center, "Developing a Profiling Methodology for Displaced People in Urban Areas: Case Study: Mae Sot, Thailand" (Medford, MA: Feinstein International Center, November 2011), 17, <http://sites.tufts.edu/feinstein/files/2012/01/Developing-a-Profiling-Methodology-MaeSot.pdf>.
- 48 Human Rights Watch, "Ad Hoc and Inadequate: Thailand's Treatment of Refugees and Asylum Seekers" (New York: Human Rights Watch, September 2012), 57, <http://www.hrw.org/sites/default/files/reports/thailand0912.pdf>.
- 49 International Rescue Committee (IRC), "Participatory Assessment of Protection Needs, Tham Hin" (2011), 5; and IRC, "Participatory Assessment of Protection Needs, Mae La" (2011), 5.
- 50 Naruemon Thabchumpon, Bea Moraras, Jiraporn Laocharoenwong, and Wannaprapa Karom, "Sustainable Solutions to the Displaced Persons Situation on the Thai-Myanmar Border: A Human Security Assessment of the Social Welfare and Legal Protection Situation of Displaced Persons along the Thai-Myanmar Border" (Asian Research Center for Migration and Institute of Asian Studies, Chulalongkorn University, July 2011), 60, http://www.burmalibrary.org/docs14/ARCM-Social_%20Welfare_and_Social_Security.pdf; and UNHCR, "Analysis of Gaps in Refugee Protection Capacity—Thailand" (2006), 19, <http://www.refworld.org/cgi-bin/texis/vtx/rwmain?docid=472897020>.
- 51 IRC, "Participatory Assessment of Protection Needs, Tham Hin," 5; IRC, "Participatory Assessment of Protection Needs, Mae La," 5; UNHCR, "Analysis of Gaps in Refugee Protection Capacity—Thailand," 19; and Thabchumpon, Moraras, Laocharoenwong, and Karom, "Sustainable Solutions to the Displaced Persons Situation on the Thai-Myanmar Border," 60–61.
- 52 Women's League of Burma in collaboration with the Women's Affairs Division of the National Coalition Government of the Union of Burma, *Women in and from Conflict Areas of Burma: A Shadow Report to the Beijing Plus Five* (2000), http://www.womenofburma.org/Report/B5_report.pdf.
- 53 Ibid. A 2004 report by Physicians for Human Rights stated that there were nineteen documented cases of rape of women and girls, among other human rights violations, between January 2001 and October 2003 in Mae Sot and Phop Phra. The number of reported and documented cases is extremely low for numerous reasons outlined in the report; see Karen Leiter and Chris Breyer, "No Status: Migration, Trafficking and Exploitation of Women in Thailand" (Physicians for Human Rights, June 2004), 43, <http://physiciansforhumanrights.org/library/reports/no-status-women-in-thailand-2004.html>.

- 54 MAP Foundation, “Rights for All: Women’s Exchange” (April 2010), http://www.mapfoundationcm.org/eng/index.php?option=com_content&view=article&id=6:rights-for-all-rfa&catid=6:rights-for-all-rfa&Itemid=11.
- 55 IOM/Compasio, “Assessment of the Provision of Health and Social Services to Burmese Muslims in Mae Sot, Thailand” (Bangkok: IOM, June 2011), 20.
- 56 Women’s League of Burma et al., *Women in and from Conflict Areas of Burma*; Jeanne Ward, “If Not Now, When?: Addressing Gender-Based Violence in Refugee, Internally Displaced, and Post-Conflict Settings: A Global Overview” (New York: Reproductive Health for Refugees, April 2002), <http://www.rhrc.org/resources/ifnotnow.pdf>; Elaine Pearson et al., “The Mekong Challenge: Underpaid, Overworked and Overlooked: The Realities of Young Migrant Workers in Thailand,” vol. 1 (Bangkok: International Programme on the Elimination of Child Labor, International Labour Organization, 2006), xxi–xxii, <http://www.ilo.org/public/english/region/asro/bangkok/child/trafficking/downloads/underpaid-eng-volume1.pdf>.
- 57 Shelter programs specific to each case study are described in the appendix. Additional detail is provided in the country reports of this series.
- 58 More detail about specific programs and their admission or eligibility criteria can be found in the case study country reports of this research series.
- 59 Someone who was fleeing other forms of sexual or gender-based violence could technically seek admission to a general displacement shelter if she were also internally displaced, but she would not receive supportive services specific to the harms she had suffered. Also, she might not wish to be lodged in a displacement shelter along with male residents.

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APPENDIX 1: SHELTER SITE INDICES

Colombia

<i>Site Identifier</i>	<i>Location</i>	<i>Type</i>
DV-1	Bogotá	Traditional safe house
HR IDP-1	Bogotá	Traditional safe house
IDP-1	Bogotá	Traditional safe house
IDP-2	Bogotá	Traditional safe house
IDP-3	Bogotá	Hybrid: alternative purpose entity + independent living arrangements (income-generating program that shelters some high-risk participants in hotel rooms)
DV-2	Medellín	Community host system
HR IDP-2	Medellín	Traditional safe house
IDP-4	Pasto	Traditional safe house

*DV—domestic violence; IDP—internally displaced persons (general); HR IDP—high-risk internally displaced persons.

Haiti

<i>Site Name</i>	<i>Location</i>	<i>Type</i>
PAP A	Port-au-Prince	Traditional safe house
PAP B	Port-au-Prince	Hybrid: traditional safe house + alternative purpose entity in the form of a dormitory room within the organization's office
PFF	Port-au-Prince	Independent living arrangements
AFASDA	Cap-Haïtien	Traditional safe house
JAC	Jacmel	Traditional safe house
LGBT	Port-au-Prince	Not a formal shelter program, but provides ad hoc community host placement for LGBT individuals

Kenya

<i>Site Name</i>	<i>Location</i>	<i>Type</i>	<i>Mandate</i>
Kakuma_1 (“Safe Haven”)	Kakuma refugee camp	Traditional safe house	To provide temporary shelter to women and children at risk of violence or abduction in the camp; to give agencies (the LWF and UNHCR) time to resolve the problem and find permanent places for them to stay
Kakuma_2 (“Protection Area”)	Kakuma refugee camp	Protected area	To provide a secure place for refugees who cannot live safely in the community, until a more permanent solution can be found
Kakuma_3 (“Sudanese Cell”)	Kakuma refugee camp	Hybrid: alternative-purpose entity + traditional safe house	To hold Sudanese refugees who have committed offenses within their community, and to provide temporary, informal protection for any refugee
Kakuma_4 (“Reception Center”)	Kakuma refugee camp	Alternative-purpose entity	To receive new arrivals to Kakuma refugee camp
Urban Refugees_1	Nairobi; urban center	Traditional safe house	To identify, protect, and empower unaccompanied refugee minors, especially adolescent girls, through specialized shelter, education, and advocacy programs
Mainstream_1 (“Filadelfia Women’s Crisis Centre”)	Nakuru internally displaced persons community	Traditional safe house	To shelter women who have been sexually abused or undergone gender-based violence; to empower them so they can live independently in the community
Mainstream_2	Nairobi; urban center	Hybrid: Community host + traditional safe house	To provide coherent services for GBV survivors; to strengthen their capacity to live independently
Mainstream_3	Nairobi; urban center	Traditional safe house	To provide temporary shelter for abused and sexually violated women and children, with priority given to children
Marginalized_1	Nairobi; urban center	Traditional safe house	To provide short-term secure accommodation for persons who fear harm due to their sexual orientation or gender identity
Marginalized_2	Nairobi; urban center	Independent living	To provide protection for LGBT refugees who are at heightened risk of harm, pending resettlement processing.

Thailand

<i>Shelter Name</i>	<i>Organization</i>	<i>Location</i>	<i>Type</i>
Women's Community Centers	Karenni National Women's Organization/ International Rescue Committee	Ban Mai Nai Soi	*Refugee
Safe House	Karen Women Organisation	Mae Ra Ma Luang	Refugee
Safe House	Muslim Women's Association	Umpiem Mai	Refugee
Women's Empowerment Resource Center (now closed)	Burmese Women's Union	Mae Sot	*Migrant
Emergency Shelter	Compasio	Mae Sot	Migrant
OIA Shelter	Overseas Irawaddy Association	Mae Sot	Migrant
Safe House	People Volunteers' Association	Mae Sot	Migrant
Women's Crisis Center/Green Hope Center	Social Action for Women	Mae Sot	Migrant
Health Care House	Social Action for Women	Mae Sot	Migrant
Violence against Women Safe House	Women's League of Burma	Mae Sot	Migrant
Unidentified	An ethnic women's organization from Burma operating in Northern Thailand	Chiang Mai	*Migrant
Tak Emergency Shelter for Families and Children	Bureau of Anti-Trafficking in Women and Children, Ministry of Social Development and Human Security	Tak	Mainstream
Emergency Home	Association for the Promotion of the Status of Women	Bangkok	Mainstream
Kredtrakarn Protection and Occupational Development Center	Bureau of Anti-Trafficking in Women and Children, Ministry of Social Development and Human Security	Bangkok	Mainstream

* The shelter is located alongside or attached to a community center.

APPENDIX 2: LIST OF KEY INFORMANTS

Colombia

1. Asociación Nacional de Afrocolombianos Desplazados (AFRODES) (National Association for Displaced Afro-Colombians)
2. Casa de la Mujer
3. Casa de la Mujer Indígena
4. Colombia Diversa
5. Colombian Red Cross (Pasto)
6. La Consultoría para los Derechos Humanos y el Desplazamiento Forzado (CODHES) (Consultancy for Human Rights and Forced Displacement)
7. Defensoría del Pueblo (Human Rights Ombudsman)
8. Dejusticia
9. Departamento para la Prosperidad Social—Unidad de Atención a Víctimas (Department of Social Prosperity—Victims’ Attention Unit)
10. Fundación para el Desarrollo Integral en Género y Familia (GENFAMI) (Foundation for the Development of Gender and the Family)
11. Fundeas (Pasto)
12. Humanas Colombia: Centro Regional de Derechos Humanos y Justicia de Género (Regional Center for Human Rights and Gender Justice)
13. Instituto Latinoamericano por una Sociedad Alternativa (ILSA) (Latin American Institute for an Alternative Society)
14. Pastoral Social, Conferencia Episcopal Colombiana (Pasto, Ipiales, and Bogotá)
15. Profamilia
16. Program of Protection of Indigenous Displaced Women’s Rights, Section of Indigenous and Minority Affairs, Colombian Ministry of the Interior
17. Secretariat of Gender Equality, Government of the Department of Antioquia (Medellín)
18. Secretariat of Health, Government of the Department of Antioquia (Medellín)
19. Secretariat of Women, Medellín Mayor’s Office (Medellín)
20. United Nations High Commissioner for Refugees (UNHCR) (Bogotá, Medellín, and Pasto)
21. United States Agency for International Development (USAID)
22. Vamos Mujer (Medellín)

Haiti

1. Beyond Borders
2. Bureau des Avocats Internationaux / Institute for Justice and Democracy in Haiti
3. Centre Yvonne Hakim Rimpel (former management staff)
4. HaitiVox / PotoFanm+Fi
5. International Organisation on Migration (IOM)
6. International Rescue Committee (IRC)
7. Kay Fanm
8. Ministry of the Feminine Condition and Women's Rights
9. UNHCR Country Office

Kenya

1. CARE, Dadaab, Gender Protection Officer
2. Centre for Domestic Training and Development, Nairobi
3. Coalition on Violence against Women, Nairobi
4. Gender Violence Recovery Centre, Nairobi Women's and Children's Hospital
5. GIZ, Community Development Manager
6. GIZ, Protection Centre Manager
7. International Rescue Committee, Dadaab
8. Jesuit Refugee Service, Kakuma, Safe Haven Co-ordinator
9. Lutheran World Federation, Dadaab, Programme Director
10. Lutheran World Federation, Education
11. Lutheran World Federation, Kakuma, Child Protection Counselor
12. Lutheran World Federation, Kakuma, Gender Officer
13. Lutheran World Federation, Kakuma, Peace Building and Conflict Resolution Officer
14. RefugePoint, Community Services Manager
15. UNHCR Branch Office for Kenya, Assistant Protection Officer (responsible for internally displaced persons)
16. UNHCR Branch Office for Kenya, Assistant Representative (Protection)
17. UNHCR Branch Office for Kenya, Associate Community Services Assistant
18. UNHCR Branch Office for Kenya, Legal Officer
19. UNHCR Community Services, Nairobi
20. UNHCR Dadaab, Protection Officer
21. UNHCR Kakuma, Protection Officers

Thailand

1. American Refugee Committee (ARC)
2. Asian Research Center on Migration (ARCM)
3. Bureau of Anti-Trafficking in Women and Children, Ministry of Social Development and Human Security

4. Catholic Office for Emergency Relief and Refugees (COERR)
5. Children’s Organization of Southeast Asia (COSA)
6. Empower Foundation
7. Hotline Center Foundation
8. International Organization for Migration (IOM)
9. International Rescue Committee (IRC), Legal Assistance Center (LAC)
10. International Rescue Committee (IRC), Project for Local Empowerment (PLE)
11. International Rescue Committee (IRC), Women’s Protection and Empowerment Program (WPE)
12. Karenni National Women’s Organization (KNWO)
13. Karen Women Organisation (KWO)
14. Mae Tao Clinic
15. MAP Foundation
16. Ministry of Public Health (Office of the Permanent Secretary)
17. MPlus Foundation
18. Tak Department of Social Development and Human Security
19. Tavoy Women’s Union (TWU)
20. Thailand Burma Border Consortium (TBBC)
21. UNHCR (Bangkok, Mae Hong Son, Mae Sariang, and Mae Sot)
22. Urban Light
23. Camp-based key informants:
 - Ban Mai Nai Soi:*
 - Karenni Refugee Committee (KnRC)—Camp Committee leader, head of security, section security guards, and section leaders
 - Mae Ra Ma Luang:*
 - Karen Refugee Committee (KRC)—head of camp security and head of camp social welfare
 - Community peace team members
 - Mae La:*
 - SGBV Committee members
 - LGBT rights activists
 - Women’s community-based organization (prefers not to be named)

APPENDIX 3: INTERVIEW INSTRUMENTS

Safe Shelter Interview Questions

Group 1: Safe Shelter Providers (Administrators, Staff, Volunteers)

Prior to or after interview, the following should be noted on interview form:

- Interview date, start / end times, location
- Interviewer name and contact information
- Interviewee assigned identifier (i.e. KE / Main St. / Group 1 / Respondent 1)
- Position (administrator, direct service staff, volunteer, etc.)
- Name of shelter / organization / group providing assistance (for use by HRC staff in data analysis stage only; not to be included in reports unless otherwise requested by the organization)
- Notation as to whether refugee camp, IDP camp, or urban/rural non-camp setting
- Informant gender
- Interpreter name, if applicable
- Others present
- Note any documents / records provided

Pre-Interview Checklist:

- Informed Consent
 - Emphasize that any / all participation is voluntary
 - Explain that the respondent should feel free to choose to skip any question for any reason, or to pause or leave the interview at any time
- Informal introduction
 - Ask for the informant's name, shelter name, and location
 - Do not record the informant's name, but assign identifier (ex. respondent 3)
- Confidentiality:
 - Explain how confidentiality will be maintained, specifically: the respondent's name will not be documented anywhere, the name of the shelter will be recorded for the purposes of data analysis by HRC staff only, and specific shelters will not be referred to by name in the report unless otherwise requested by the organization.
- Check interpretation and comfort with interpreter
- Check comfort with location
- Turn on digital recorder, if interviewee consents

Interview Questions

A. Informant Profile

1. What is your position?
2. What are your primary responsibilities?
3. How long have you worked / volunteered in this position?

B. General Program Information (for shelter administrators / managers only¹)

4. What is the mandate of this program?
5. Who established it? When? Why?

¹ These questions are only for shelter managers or administrators only. However, depending on the level of knowledge and experience of direct service / line staff, they may also be able to provide some of the general shelter data. Therefore, questions from Section B can be administered to direct service providers at the discretion of the interviewer.

6. Did the local community have any role or input in its design / establishment? Please explain.
7. Who is the managing organization? Is there a separate parent organization?
8. Who funds the shelter program?
9. Do any rules or guidelines govern the operation of this shelter program? If so, please explain.
 - a. Do you have any Standard Operating Procedures (SOPs)? (Ask for a copy later.)
 - b. Is there a Code of Conduct for individuals who stay here? (Ask for a copy later.)
10. How many staff work here? What are their positions?
11. What is the maximum capacity of the shelter / shelter space at any one time?
12. How many people are housed here right now (accounting separately for resident staff)?
13. What do you do when someone comes for shelter but you cannot provide it?
14. What coordination, if any, exists between this shelter and other shelters in the community?

C. Population Served

15. How do shelter-seekers learn about this program?
16. Are there formal eligibility criteria for who can stay here? If so, please explain.
(Probe for whether principle resident's children can also stay; gender / age criteria.)
17. Are there any types of people you do *not* house here? (Probe men, boys, LGBTIs, HIV+, elderly, disabled, etc.).
 - a. Is that exclusion an explicit rule, or just a matter of practice?
 - b. For members of groups you do not serve, are you able to refer them anywhere else? If so, where?
18. Of the people staying here right now, how many are fleeing SGBV and how many are fleeing some other kind of harm?
19. Of the people staying here right now, what is the breakdown according to:
 - a. Gender?
 - b. Age? (Under 18, 18–50, over 50)
 - c. Marital status?
 - d. Refugee / IDP status?
20. For those fleeing or fearing SGBV, what were the most common forms of SGBV fled / feared?
21. Who are the most common perpetrators in these SGBV cases? Any trends?
 - a. Probe male / female, known / unknown to survivor, members of same community, persons of authority, camp workers, etc.
22. What, if any, alternate protective measures have people tried before coming here?

D. Operation of Shelters / Alternative Mechanisms of Protection

23. Once someone comes here for help, what happens? Can you please briefly explain the process from A to Z? (Probe intake procedure, emergency needs-assessment, admission & transition decisions, medical / police visits, etc.)
24. What is the average length of time a person stays here? Is there a limit?
25. About the shelter space itself: Please describe where your residents stay.

E. Services Provided

26. Please tell me about the services the program provides:
 - a. Housing (Probe shared rooms / beds, assignment to adults v. children, etc.)
 - b. Food
 - c. Medical Care
 - i. How would you describe the physical condition of those seeking shelter when they first arrive here?
 - ii. What, if any, medical care is provided in-house? (Probe pregnancy test, HIV, etc.)
 - iii. What medical care needs are referred out? To where?
 - iv. Do you think it's possible that some medical needs are not being addressed either in-house or through referral? If so, please explain.
 - d. Counseling
 - i. How would you describe the mental health condition of those seeking shelter upon arrival here? How is this assessed?
 - ii. What, if any, psychosocial support and counseling is available to people staying here? Please describe it.
 - iii. How long can an individual receive counseling?

- iv. Are there options for people to continue to access counseling after they leave here? (i.e. access to program counselors here after they leave, referrals to community-based counselors, etc.)
- e. Education for Children
 - i. What percentage of the housed children were attending school before coming to stay here?
 - ii. Are children able to access educational services while staying here? If so, please describe.
- f. Education / Vocational Training / Income Generating Activities for Adults
- g. Movement / mobility
 - i. Please describe any restrictions on residents' movement outside the shelter space.
- h. Communication
 - i. Are there any specific rules regarding residents' communication with people outside the shelter? If so, what are they?
 - ii. Probe use of cell phones, what information is confidential, etc.
- 27. Is the shelter/organization connected to other supportive services or resources? If so, how?
- 28. What are the most common challenges that for people staying in this shelter? How do you help them deal with these challenges?
- 29. What do those who stay here need most that you cannot currently provide?

F. Security

- 30. Do you feel residents are safe here? Please explain safety measures and remaining risks.
- 31. Does the general community know that this building / space is being used to provide safe shelter to survivors of SGBV (and possibly others)?
 - a. Is there any attempt to hide its existence or location? Please describe.
- 32. How do you manage visitors? Are there rules specific to visitors? What steps are taken to make sure only safe visits take place?
- 33. Have you had any security breaches? Please explain what happened and how you dealt with them.
- 34. Please describe the shelter's relationship / experiences with the police.

G. Refugee / IDP camp specific

- 35. How do the services or provisions your residents receive here compare to what other camp residents receive?
- 36. What is the relationship between someone's admission here and their chances of resettlement? What do camp residents believe about this relationship? (Probe for concerns about fraudulent claims.)
- 37. Are there any aspects of this shelter program that feel unique to the refugee / IDP camp context?

H. Transition, Solutions

- 38. Let's talk about helping someone transition out. How does this work? Please describe the process.
- 39. What kind of transition plans are generally attempted?
 - a. Probe: Mediation, integration into family / community, referrals to police & legal aid efforts.
 - b. Probe: transfer to other shelters / refugee resettlement
- 40. What generally happens to someone when they leave this shelter program? How do you know?
 - a. Is anything done to track an individual's safety once he / she has left here? If so, what?
 - b. How are you able to evaluate the program's success?
- 41. Do you ever have "repeat" residents who return here again after leaving the shelter? Please describe typical scenarios and how you handle those cases.

H. Experience as a Shelter Provider

- 42. What are the primary challenges *you* face as a provider?
- 43. How have you (and your colleagues) attempted to overcome these challenges?
- 44. Do you and your colleagues feel safe doing this work? Why or why not?
- 45. Does your job impact you psychologically / emotionally? How do you deal with this?
- 46. Is there any kind of support that would help you do your job better?
 - a. Probe: psychosocial support
 - b. Probe: hiring staff with any specific expertise

47. What is the hardest thing about your job?
48. What is the best thing about your job?

I. Other

49. Is there anything else about your experience as a provider that you would like us to know?
50. Is there anyone else you would recommend we interview to learn more about providing safe shelter to people fearing SGBV?
51. Are there any lessons you've learned that you would like to share with other groups / organizations involved in providing protection and support to survivors of SGBV?

Post-Interview Checklist

- Thank interviewee; Check how he / she is feeling (if upset or unwell, follow protocol)
- If appropriate to do so, review any questions that remain / need clarification
- Turn off recorder, if applicable (let interviewee know you are doing so)
- Explain next steps
- Remind of confidentiality, no names used, etc.
- Thank you, goodbye

Safe Shelter Interview Questions

Group 2: Shelter Residents / Program Participants / Beneficiaries

Prior to or after interview, the following should be marked in notes:

- Interview date, start / end times, location
- Interviewer name and contact information
- Interviewee assigned identifier (i.e. Group B, Respondent 4)
- Name of shelter / organization / group providing assistance (for use by HRC staff in data analysis stage only; not to be included in reports unless otherwise requested by the organization)
- Notation as to whether refugee camp, IDP camp, or urban/rural non-camp setting
- Informant gender
- Language of interview
- Interpreter name and contact information, if applicable
- Others present
- Other impressions: demeanor, unsolicited information, etc.
- Diagrams, maps

Pre-Interview Checklist:

- Informed Consent
 - Emphasize that any / all participation is voluntary
 - Explain that the respondent should feel free to choose to skip any question for any reason, or to pause or leave the interview at any time
- Informal introduction
 - Ask for the informant's name, shelter name, and location
 - Do not record the informant's name, but assign identifier (ex. respondent 3)
- Confidentiality:
 - Explain how confidentiality will be maintained, specifically: the respondent's name will not be documented anywhere, the name of the shelter will be recorded for the purposes of data analysis by HRC staff only, and specific shelters will not be not be discussed by name in the report unless otherwise requested by the organization.
- Check interpretation and comfort with interpreter
- Check comfort with location
- Turn on digital recorder, if interviewee consents

Interview Questions

A. Informant Profile

1. How old are you?
2. Where are you from?
3. Are you part of a particular ethnic group? Which one?
4. Do you practice a religion? If so, which one?
5. Aside from the one we are using now, what languages can you speak?

B. Family Background

6. Are you married?
 - a. *If in camp:* Is your spouse living here in the camp, too?
7. Do you have children? (*If yes, establish number, ages, gender, and whether any are physically in his / her care at present.*)
 - a. Are you responsible for taking care of anyone else, as well? If so, who / where are they?
8. *If in camp:*
 - a. When did you come to the camp?
 - b. Where were you living before you came to this camp?
 - c. Which of your family members live in this camp now?

C. Reason for seeking shelter / protection:

(Preface gently, follow-up as necessary. Keep in mind that subject may have left home / sought shelter on multiple occasions—so note this if it becomes apparent, but focus first on this last resort to shelter.)

9. Seeking shelter / protection this time:
 - a. When did you leave home? Why? (*Probe form of harm; known or unknown abuser, how long suffered harm*)
 - b. When did you come here? (*Probe steps if gap between home and shelter; modify below as appropriate.*)
 - c. What did you fear would happen to you if you stayed [at your home]?
10. Is this the first time you have left [home] because of [xxxx]? If not:
 - a. How many times before have you left before this time?
 - b. Where did you go those times?
 - c. Did you try those options again this time? If so, what happened? If not, why not?
11. Have you ever gone to the police for help? If yes, what happened? If no, why not?
12. How did you hear about *this* place?
13. What did you know about it before you came here? How did you know these things?
14. How far from your home is this place?
15. Why did you finally decide to come here? (*Probe especially in cases of ongoing SGBV—what was the final straw?*)
16. How long will you be able to stay here?

D. The Shelter Experience—Basic Services

17. Let's talk about what it's like to be here. How do you feel about the support services you are receiving? (For each, probe for *unmet needs / suggestions / comparison to what resident was receiving before coming to shelter*)
 - a. Housing / Accommodation
 - b. Food
 - c. Medical care
 - d. Counseling
 - e. Education for children
 - f. Adult education / Vocational training
 - g. Religious Practice
 - h. Are you receiving any other kind of service or support while staying here? Please explain.
18. What are the rules about staying here?
19. How do you feel about the rules here? (*Refer to specific rules, if known.*)
 - a. Probe: Visitors
 - b. Probe: Movement
 - c. Probe: Communication
20. Is there anything you need that you cannot have or do here? If so, what?

E. Security, Transitions, Solutions

21. Does anyone in your family or community know where you are? Please explain. (*Note that this may include abuser, especially in domestic violence situations.*)
22. Does the person who (might) hurt you know where you are? (*Pluralize and use conditional tense as appropriate.*)
 - a. If yes, how does he / she know?
 - b. Has he / she attempted to contact or find you? If so, how? What happened?
23. Do you feel safe here from the person who (might) hurt you?
 - a. If yes, what things here make you feel safe?
 - b. If no, why not?
 - a. Have you told staff / volunteers here that you feel afraid?
 1. If yes, what was their response?
 2. If no, why not?
24. Aside from that person who (might) hurt you before you came here, do you feel safe here?
 - a. If yes, what things here make you feel safe?
 - b. If no, why not? What do you fear? (*Probe: Has anything bad happened to you here?*)
 - a. Have you mentioned your fear to staff / volunteers here?
 1. If yes, what was their response?
 2. If no, why not?
25. Ideally, where would you want to go when you leave here?
 - a. Is that possible? Why / Why not?
26. In reality, what do you think you will do when you have to leave this shelter?
27. What can staff / program volunteers do to help you be safe when you leave?
28. If you ended up in danger again after leaving here, what would you do?
29. What do you want to happen to the person who wants to hurt you?
30. Please explain how the members of your community feel.
 - a. How do they feel about people coming to shelters like this?
 - b. What would they expect someone in your situation to do?
 - c. How do you feel about their expectations?

F. Other

31. What is the best thing about being here?
32. What is the hardest thing about being here?
33. Do you think coming here was a good idea? If no, what would you do differently if you are ever in danger again?
34. Is there anything else you would like to share about your experience staying here?
35. Do you have any suggestions or advice for organizations providing shelter or support to survivors of SGBV? (*Probe: What aspects / services are most important to you? What improvements can be made?*)

Post-Interview Checklist

- Thank interviewee; Check how he / she is feeling (if upset or unwell, follow protocol)
- If appropriate to do so, review any questions that remain / need clarification
- Turn off recorder, if applicable (let interviewee know you are doing so)
- Provide information re: supportive services, shelters, etc., if appropriate
- Explain next steps
- Remind of confidentiality, no names used, etc.
- Thank you, goodbye



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