



UNHCR

United Nations High Commissioner for Refugees
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Resettlement and Women-at-Risk: Can the Risk Be Reduced?



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Executive Summary

Women-at-risk refugees are of particular concern to UNHCR and the international community due to the increased vulnerability of women in country of first asylum. UNHCR considers a woman at risk or a girl to be at risk, if she has protection problems particular to her gender and lacks effective protection normally provided by male family members. Women-at-risk cases may be single heads of households, unaccompanied, or accompanied by other family members. A 2006 UNHCR Executive Committee conclusion on Women and Girls at Risk, supported by the US, recognized resettlement as one of the key protection tools that UNHCR has to respond to this group. Resettlement countries, such as the United States, have been responsive to UNHCR referrals of women-at-risk accepting thousands of persons each year. Referrals of women-at-risk have risen in recent years and now account for over 10% of all UNHCR resettlement submissions. For UNHCR it is of crucial importance that US resettlement remains sensitive to the specific protection needs and vulnerabilities of refugees like women-at-risk.

Although much progress has been made in identification and referral of women-at-risk, further improvements could be made. An on-going responsibility for UNHCR staff is to make well-informed decisions about which refugee women-at-risk should be referred for resettlement, and determining which country to submit them to. UNHCR staff are generally in a good position to weigh the mitigation of risk that resettlement could bring, but are often less familiar with what happens to women-at-risk after arriving in a resettlement country. This lack of information can lead to uncertainties and incorrect assumptions about the possible results of resettlement.

The US refugee program admitted some 4700 women-at-risk during the time period studied (January 2010 through June 2012.) These numbers, however, may be understated as women-at-risk are primarily identified in P-1 referrals (i.e. individual submissions), and may not reflect women-at-risk included within P-2 referrals (i.e. group submissions.) Even when individual women-at-risk cases are identified by UNHCR field staff, this information may not always reach all organization and entities involved in the resettlement process. There was broad consensus among those interviewed for this study that that women-at-risk present particular challenges and need specific responses, thus improving the flow of information about women-at-risk was broadly seen as desirable.

When specific identifying information is lacking about women-at-risk, those involved in receiving these refugees have formulated their own methods to identify cases. This methodology relies heavily on case composition, i.e. singling out female-headed households. Proper designation of a case as "women-at-risk" plays an important role in

determining where a women-at-risk is placed in the US. The overriding factor in the placement process, however, is the presence (or not) of known US ties.

Data on initial placement show that women-at-risk with US ties are much more dispersed through the country than women-at-risk without US ties. Women-at-risk without US ties are much more concentrated in a few locations. The sites chosen for resettlement of women without US ties are based on diverse criteria such as, pre-existing ethnic communities, bilingual caseworkers, or on the presence of specific programs aimed at serving women-at-risk. Questions were raised during the study about the reliance on some of these factors, and to what extent the refugee's input may have been considered in making placement decisions. Given the distinct resettlement patterns for women with US ties, as compared to those without ties, there are questions as to what extent the appropriate services would be in place in those locations where women with US ties are destined.

An examination of some programs operating at the local level to meet the needs of refugee women shows a variety of promising practices. Among these is the strategic use of caseworkers to ensure there is both linguistic capacity and appropriate gender sensitivity. At the same time, these responses require nuance such as in the case of language capacity where some felt the some women-at-risk might be better served by caseworkers who speak the same language but were not of the same nationality. Other successful strategies raised up were micro-enterprise grants, building mutual support systems, and measures to enhance linkages between women and the larger communities. A key element to having the appropriate resources and program in place remains having advance knowledge that women-at-risk will be resettled in a particular location, and to have a good understanding of what their needs are.

While the immediate goal of the resettlement of women-at-risk is to provide protection, the long term goal is that women are able to successfully integrate within their new country. Measurements of integration for women-at-risk, however, remain elusive. There is not generally agreed upon definition for integration of refugees or women-at-risk. A recent report of the General Accountability Office does offer a possible framework for evaluation of barriers to and facilitators of integration. This framework offers a model that could be adapted for the analyzing how women-at-risk are integrating.

Using the data collected and taking into account the reflections of those interviewed, 6 recommendations are offered that could serve to strengthen the resettlement process for women-at-risk. These are:

1. Recognize preferred resettlement sites for women-at-risk

The US should undertake an in-depth analysis of the existing programmatic factors considered in placement decisions for women-at-risk to identify and reinforce preferred resettlement locations.

2. Institute earlier background information sharing to support community education.

Domestic resettlement partners should be provided timely relevant information so that they can better understand the women-at-risk who are being (or going to be) resettled, and to enable them to prepare for and respond to the needs of these women once they arrive.

3. Improve individual case information sharing for women-at-risk

Women-at-risk cases should be more clearly identified through all steps of the resettlement process – from UNHCR referral through allocations, from allocations through placement.

4. Place women at the center of women-at-risk responses

In designing program responses for women-at-risk, there should be greater recognition of and response to the specific challenges they face, and approaches developed that allow refugee women to play an active and meaningful role in meeting their own needs.

5. Capitalize on positive social connections and mitigate negative associations.

The prevailing assumption that a woman-at-risk is always best served by being co-located with her ethnic community or with US ties should be re-examined, and a more nuanced approach developed.

6. Strengthen evaluative tools

Identification of best practices for women-at-risk requires the development of a shared view of what resettlement and integration success looks like, and a move towards evidence based and outcome oriented programming. Evaluative efforts should also have the participation of refugee women.

The recommendations made are not meant to be disparaging of current approaches that well serve many women-at-risk. Rather, they are intended to suggest areas where more examination and reflection might yield additional benefits for women-at-risk and help to ensure that the potential of resettlement, both as an instrument of protection and as a durable solution, is fully realized.

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“Women and children are particularly affected by conflicts, comprising the vast majority of forcibly displaced persons around the world.”¹

Introduction

Among those who are displaced, refugee women often face some of the greatest challenges; challenges that are often distinct from those faced by their male counterparts. These frequently result in refugee women experiencing increased hardships and vulnerability. If these gender specific challenges are not fully taken into consideration it can lead to gaps in protection, and a successful recovery being delayed or precluded. This also holds true for third country resettlement in which refugees are relocated to a new country to address protection concerns and to provide a pathway “to rebuild their lives in dignity and peace.”² A refugee woman who faces threats to her safety and well-being that is unresolvable in her current location may be deemed to be a woman-at-risk requiring resettlement. For many women-at-risk, resettlement can provide the best opportunity to ensure their immediate protection and to realize long term success, but only if their specific needs are recognized and addressed appropriately.

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The United Nations Office of High Commissioner for Refugees (UNHCR) has the primary responsibility for identification and referral of refugees for resettlement world-wide. Women at risk are key population in UNHCR efforts towards age, gender and diversity mainstreaming. Consequently, this population is a growing percentage of refugees identified by UNHCR and referred for resettlement. Following UNHCR’s commitment to more fully represent the protection of women in the resettlement population, the percentage of UNHCR resettlement referrals as women-at-risk has risen from 6.8% in 2007 to 11.1% in 2011. In 2011, the United States resettled almost half of the UNHCR women-at-risk referrals worldwide. These women-at-risk referrals now make up approximately 4% of total US refugee admissions program (USRAP)³.

In the case of the US, specific information is scarce about what happens to women-at-risk after resettlement, particularly in terms of mid to longer term integration. Instead, outcomes are generally described mainly on an anecdotal basis, which tends to highlight the extremes at both ends of the resettlement experience – the highly

successfully and the tragic failures. Neither of these is likely to be representative of the typical experience of women-at-risk resettled to the US. When decision-makers rely on either of these extreme views, it is likely to the detriment of women-at-risk. Without an effective feedback loop to the officers who make the resettlement referrals, it is for UNHCR staff and the refugees themselves to make decisions about resettlement, however informed they may be. A more subtle but important problem is that the lack of comprehensive information and evaluation makes it more challenging to assess what works well and what doesn't to address the needs of women-at-risk.

It almost goes without saying, that all of those involved in resettlement have a shared aim to see women-at-risk succeed; however, there is far less agreement on what contributes to successful outcomes. This discussion paper, therefore, is a first foray into looking at US resettlement of women-at-risk, to begin to uncover the trends, including gaps, best practices, and to make recommendations on ways to improve resettlement outcomes for women-at risk. The underlying objective is to encourage discussion among all those involved in the resettlement process on how to better meet the essential needs of women-at-risk, and to encourage all parties in the resettlement system to improve the chances that these women can reach their full potential. For all the actors in the resettlement system, we must ask ourselves if we are making the right decisions and if our priorities serve these women-at-risk well.

Methodology

The following report is based on a combination of a review of UNHCR and US government policies relevant to the resettlement of women-at-risk, resettlement data collected from UNHCR and the US government (USG), and interviews with 19 experts. The 19 experts interviewed include representatives from UNHCR, international and national NGOs, state resettlement offices, local resettlement partners and refugee women themselves. The interviews were conducted in person, Skype, and a few by telephone. Those selected for interview were intended to be a representative sampling of individuals with particular areas of expertise within US resettlement. Priority was given to interviewing persons working within the top US destinations for women-at-risk. Given the inclusion of girls-at-risk within the women-at-risk category, persons working with the Unaccompanied Refugee Minors program were also included. To the extent that additional written reports were identified by interviewees, they were also added to the research as time allowed. The resettlement data was requested for calendar years 2010, 2011 and through June 2012. This timeframe was selected based on the steady increase in UNHCR referrals under the Women-at-Risk category during these years.

US is a key resettlement partner for UNHCR

For UNHCR and the United States, the resettlement of women-at-risk represents the convergence of two important but separate developments: increased use and articulation of resettlement as an international humanitarian response, and the evolution of international protection policies concerning women. A brief review of these two historical developments and relevant policies is included as additional background.

As the international agency with the mandate to seek “permanent solutions for the problems of refugees,” UNHCR has progressively developed its policies and procedures to guide the identification of refugees for resettlement in coordination with the various resettlement countries. Over the years, UNHCR and the USRAP have coordinated closely both at the policy and program levels. The US is a world leader in its humanitarian response to refugees and displaced persons. This is particularly evident with resettlement, where the US is the largest resettlement country, regularly resettling more than half of those referred annually by UNHCR. In 2011, 71% of all UNHCR resettlement departures were headed to the United States. In addition, the US is the largest government financial donor to overseas refugee protection and assistance programs, including significant financial resources to broaden and strengthen the resettlement function in UNHCR.

While refugee resettlement to the United States can be traced back more than a century, the modern US resettlement program is largely defined by the Refugee Act of 1980, which *inter alia* established a new Office of Refugee Resettlement (ORR) within the federal government. The Act also codified the immigration policies for admission as well as established the roles of the federal government, state governments, and non-governmental organizations in the reception and integration of refugees. Since the adoption of this law, the US has recognized 3 million refugees, of whom 2.5 million were resettled.

The US experience is in stark contrast to the larger international context in which resettled refugees represent a small percent of all persons recognized as refugees. While there are 143 countries who are signatories to the refugee convention, relatively few accept persons for resettlement. Furthermore, only a small number of refugees are able to obtain asylum and settle permanently in place, while the majority of the world's refugees spend years in various forms of temporary protection arrangements until they are able to return to their home country.

The sheer size of the US resettlement program is often given as its distinguishing feature when compared to other resettlement countries. The Refugee Act of 1980 was passed in the midst of the largest US resettlement program in history – the resettlement of Vietnamese, Cambodian and Lao refugees that began with the fall of South Vietnam. Since that time, there has been significant diversification of resettled populations both demographically and as it pertains to their displacement experience. In 1975, for example, the majority of the refugees were displaced by the Vietnam War. They fled by boat and were living in refugee camps throughout Southeast Asia. Throughout the 1980's, the majority of resettled refugees coming to the US continued to be from Southeast Asia or from the Soviet Union.

By the late 1980's, however, the levels of resettlement among these refugee populations began to decline. At the same time the US began admitting refugees from dozens of different conflicts, spanning from the Balkans, the African continent and the Middle East. According to one study, between 1983 and 2004, the US resettled 125 different nationalities.⁴ In US fiscal year 2011 alone, the US admitted refugees from 69 different countries of origin.

Along with this geographic diversification, there have been significant demographic changes and broadening of pre-resettlement experiences of resettled refugees. The Refugee Council USA describes the change this way: “The United States has shifted from resettling refugees from a limited number of geographical regions to resettling individuals and groups, including torture survivors, unaccompanied minor children, those with serious medical conditions, and victims of sexual and gender based violence, from every part of the world.”⁵

This shift was also evident during the 1990s when the USRAP processing priorities were changed to expressly include vulnerable refugees, such as: persons seeking medical treatment, victims of torture, and women-at-risk. Current US processing priorities continue to reference UNHCR referrals as one path to access the USRAP, and thus women-at-risk remains one of the categories of refugees that UNHCR refers to the US in significant numbers.



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International Policies Recognize Resettlement as Integral to Protection and Restoration of Women's Rights

The *Convention on the Elimination of All Forms of Discrimination against Women* adopted on December 18, 1979, has been described as “the first global and comprehensive legally binding international treaty aimed at the elimination of all forms of sex- and gender-based discrimination against women.”⁶ The convention addresses both intentional and unintentional forms of discrimination – efforts to restrict the enjoyment of women's rights, as well as “setting out measures for the achievement of equality between women and men, regardless of their marital status, in all aspects of political, economic and social life and family relations.”⁷

The targeted referral of women-at-risk for resettlement can be traced back to 1991, when UNHCR issued both *Resettlement Guidelines* and *Guidelines on the Protection of Refugee Women* in the same year. The *Guidelines on Protection of Refugee Women* were an outgrowth of the “UNHCR Policy Paper on Refugee Women” released one year earlier. This policy paper draws attention to the particular vulnerabilities that displaced women face, including sexual and gender-based violence, and sets out the programmatic implications for UNHCR staff and its implementing partners.

The paper sets three organizational goals for UNHCR:

- to provide protection appropriate women's specific needs;
- to identify an appropriate durable solution;
- to provide assistance which will encourage the realization of their full potential and encourage their participation in preparing for the durable solution.

Two of the six policy objectives⁸ contained in the paper are particularly relevant to today's resettlement of women-at-risk:

- to place particular emphasis on strategies to protect and assist refugee women, recognizing that becoming a refugee can result not only in an unaccustomed social role such as becoming a single head of household or being without extended family support, but also in substantially increased physical workload in building and maintaining the future of the entire family; and
- to ensure that refugee women are equitably represented in resettlement programmes;

The *Guidelines on Protection of Refugee Women* built on these policy objectives, explicitly linking protection with assistance (programme) and with women's participation. It is in this context that women-at-risk is developed as one of the criteria for resettlement referrals in the *UNHCR Resettlement Guidelines*.⁹ It has been consistently included in *UNHCR's Resettlement Handbook* ever since.

By 1991, there were no fewer than 9 international instruments, including the 1979 Convention cited above, pertaining to the rights and protection of women. Other precedent setting policy statements can be found in UNHCR Executive Committee (ExCom) conclusions and statements. These ExCom conclusions highlight and distinguish the unique protection and assistance needs of women in forced

displacement. In 2008, UNHCR issued a new *Handbook for the Protection of Women and Girls*, replacing the 1991 guidelines as the primary reference for UNHCR staff working with all women and girls of concern. This latest handbook provides an excellent history on the developments in the protection of women, legal standards and policy frameworks.¹⁰

In sum, UNHCR has clearly recognized that women-at-risk have specific needs and vulnerabilities and that their protection needs are to be prioritized, and that finding durable solutions for them, including resettlement, is also a priority.



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Women-at-risk: Who are they?

The specific dangers and vulnerabilities that women face in refugee situations and forced displacements have been well documented. The “at-risk” terminology has been increasingly used to describe vulnerable populations, such as widows, orphans and survivors of torture. The *UNHCR Resettlement Handbook* describes the risks as follows:

“[R]efugee women may suffer from a wide range of threats to their personal security, including risk of expulsion, refoulement, or sexual and gender-based violence, such as sexual harassment, domestic violence, abuse, torture, trafficking for purposes of sexual slavery or exploitation or forced labour, and other forms of exploitation.”

For resettlement purposes, the definition of being “at-risk” encompasses an array of situations where women’s safety or well-being remains threatened on the basis of gender. The *UNHCR Resettlement Handbook* uses a definition that relies on several possible factors when considering who might be resettled as women-at-risk.

“Resettlement submission of refugee women and girls under the Women and Girls at Risk category is considered when:

- *She faces precarious security or physical protection threats as a result of her gender;*
- *She has specific needs arising from past persecution and/or traumatization;*
- *She faces circumstances of severe hardship resulting in exposure to exploitation and abuse, rendering asylum untenable;*
- *There has been a change in the social norms, customs, laws and values resulting in the suspension of or deviation from traditional protection and conflict resolution mechanisms and the lack of alternative systems of support and protection. This places the refugee woman or girl at such risk that it renders asylum untenable.”*¹¹

Threats to the safety and well-being of these women are also defined by the culture and local context, in addition to their personal circumstances. In some cultural contexts women may be stigmatized or victimized as survivors of rape, abuse and other forms of violence. They may be at increased risk due to the breakdown of norms and structures that have traditionally protected them. In other cases, their personal sense of vulnerability due to past trauma and persecution has depleted their internal resources and ability to cope. The lack of local services or support networks to respond to these women’s particular needs can increase their risk of re-traumatization in the country of first asylum.

Identification and Referrals – Assumptions and Challenges

When a woman-at-risk is referred, at the most basic level there is an assumption that the woman will be better off in a country of resettlement than remaining in her current situation. Indeed, in many cases there are immediate protection benefits that can easily be envisioned resulting from resettlement. Some examples are:

- Removal from an abusive or exploitative situation
- Removal from a hostile environment – at the hands of the host community or the refugee community itself
- Prevention of future acts of violence or exploitation, such as kidnappings and forced marriages

Relocating women-at-risk in a country of first asylum to a resettlement country should normally achieve the aim of addressing the immediate protection risks in country of first asylum. Nevertheless, there are other on-going needs that may not be completely resolved solely by the transfer of the refugee from first asylum to a country of resettlement.

“[W]hile UNHCR staff are in a position to weigh the benefits of resettlement from the standpoint of protection in first asylum, the lack of information about the resettlement country can lead to uncertainties and assumptions about what the overall results of resettlement might yield.”

Beyond the mitigation of the risk that exists in the country of first asylum, there are often specific issues that will have to be addressed for women-at-risk to successfully integrate and progress in the country of resettlement. For example, health issues, supporting dependent children, or illiteracy would not be resolved merely by removal from first asylum. These will require particular support or services such as: medical attention, specialized mental health counseling/emotional support, literacy or language training, and other assistance to enable her to become economically stable and self-reliant. If these other

specific needs of refugee women are not met, it can mean that while the original protection needs have been addressed through resettlement, new areas of vulnerability may emerge. In short, one type of protection problem may be resolved while a new one is created.

UNHCR activities in the resettlement process have several distinct stages. At the initial stage, UNHCR staff persons are responsible for identifying women who may be at risk. To do so, they rely on a number of resources including: registration data, protection incident reports, and referrals from UNHCR community services staff. They will also consult with implementing partners who work with at risk populations, such as medical partners. For those individuals who are seen to be at risk, UNHCR will have to make a determination that the risk factors would best be resolved through resettlement, and that the individual otherwise meets UNHCR's criteria for resettlement.

The *UNHCR Heightened Risk Identification Tool*, (HRIT) first introduced in 2003 and re-released in 2010, provides a check list of indicators within different at-risk groups, using questions to help identify the presence of trauma, human rights violations, hardship or

other conditions that could present risks for the individual involved. For women-at-risk, this includes questions about the security situation, if she or her family has been threatened or felt afraid, what support she receives and what support she needs¹². Even with the HRIT, applying such criteria for resettlement remains a challenge. There are many refugees who are at risk and extremely vulnerable, and in large and complex refugee situations women who are at risk may not be highly visible.

Another challenge for UNHCR field staff as they work through these stages is limited knowledge of what actually happens after a woman-at-risk arrives in a country of resettlement. There is also a concern for how differences in cultural practices and attitudes might influence (positively and negatively) the way in which women experience and overcome their sense of risk. There is a general sense that refugees find more cultural similarities with countries within their own region than when resettled to another region of the world. Thus while UNHCR staff are in a position to weigh the benefits of resettlement from the standpoint of protection in first asylum, the lack of information about the resettlement country can lead to uncertainties and assumptions about what the overall results of resettlement might yield. For example there could be a devaluing of the resettlement option if there is a feeling that persons would be facing equivalent or greater difficulties post-resettlement than in first asylum.

Once a decision to seek resettlement has been made, a determination then has to be made as to which resettlement country the referral should be made. Although UNHCR resettlement officers may have general knowledge about some resettlement country programs, there is no systematic provision of data or other feedback to UNHCR about outcomes of previously resettled individuals. The lack of empirical data makes it difficult for even experienced UNHCR officers to accurately distinguish among the different resettlement country programs when it comes to deciding where to refer a women-at-risk case. It is almost impossible for UNHCR staff who have little experience or familiarity with resettlement.

In determining the most viable resettlement country, a challenge particular to women-at-risk is the prevalence of family composition and custody issues. Many women-at-risk have been separated from their husbands (voluntarily and involuntarily). Differences in marriage and divorce laws between the country of origin and resettlement country, and even between different states in the US, can make custody issues very difficult to sort out in the midst of a resettlement referral. To further complicate the situation, often these women are living with siblings or more distant family members for support who are not considered part of a "nuclear family" in Western societies. If resettled as a woman-at-risk case, she may be separated from this family support system during the resettlement process, making her even more vulnerable post-arrival. In countries like the US, the reunification of non-nuclear family members typically takes years.

While UNHCR can rely on tools such as the HRIT to identify immediate protection needs and vulnerabilities in countries of first asylum. UNHCR has little to rely on when it comes to assessing whether other needs can be met after a women-at-risk arrives in a resettlement country. Therefore, once women-at-risk are identified and determined to be in need of resettlement, UNHCR referral decisions appear to rely on the same factors that govern referrals generally, e.g. level of urgency, processing time, quota availability,

geographic access, etc. Such constraints can reduce the submission options for resettlement to just a few countries. As the largest resettlement partner with the widest global presence, in many instances the US may be the only option for women-at-risk referrals. Treating women-at-risk referrals like all other referrals, however, may be problematic given the particular needs of women-at-risk outlined here.



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What is the US Resettlement Experience?

Similar to global resettlement at large, the US has been the largest resettlement destination for women-at-risk cases. Since the start of 2010, more than 5,500 women-at-risk arrived in the US according to UNHCR statistics, although as discussed below, this number is likely understated. The women represented a wide group of nationalities and were resettled to scores of locations throughout the US. As such, women-at-risk make up a small but significant portion of the US resettlement program.

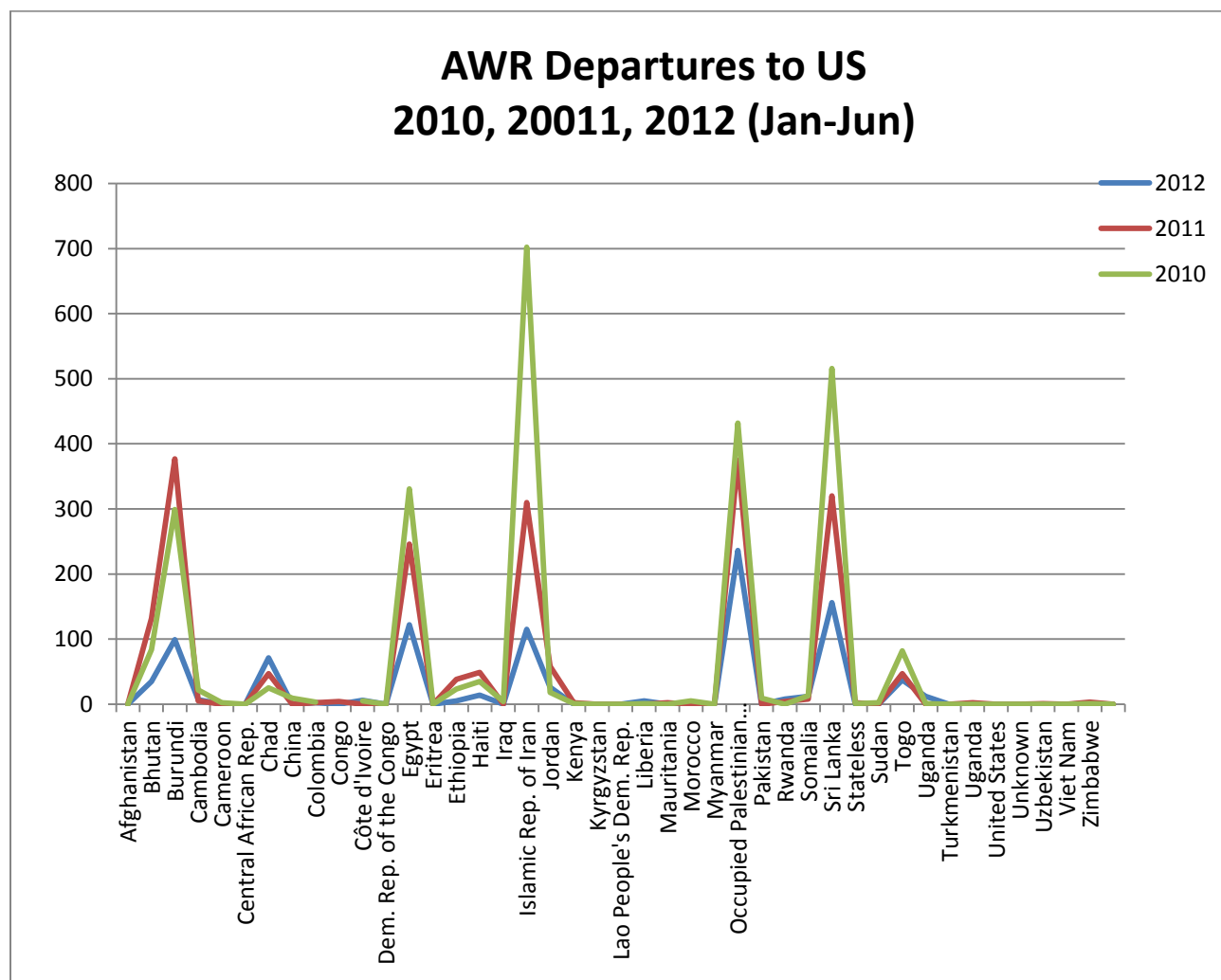
UNHCR can refer refugees to the United States as individual cases, known as P1 referrals or as part of a group referral, known as P2. In a P-1 referral, UNHCR will specify what resettlement category the individual falls into on the Resettlement Referral Form (RRF), thus, a woman-at-risk would be clearly identified. Upon receiving the referral, the US Resettlement Support Center (RSC) must re-enter the information into the US database system (WRAPS) for this to become part of the information potentially available to domestic resettlement partners.

A second category of at-risk referrals are women who are part of a designated group of refugees who are referred to the United States because they share common characteristics, such as persecution history and flight experience. Within group referrals (P2), there is generally no designation of an individual's need for resettlement as they are simply included in the group definition. A woman-at-risk therefore may be part of a group, but not identified as such by UNHCR. One exceptional situation is where the entire group may be considered women-at-risk, as was the case of a group of Liberian women resettled in 2005. In other group referrals, UNHCR may identify or flag women-at-risk within the larger group, such as refugees from the Democratic Republic of the Congo. The practice of identifying women-at-risk within larger populations, however, does not appear to be uniform. In addition, even when women-at-risk are identified within a group, it does not necessarily lead to any prioritization of their resettlement needs within the larger group. Furthermore, as discussed below, even when this information is known overseas it may not reach those who are working with the refugees in the US.

The challenge in identifying women-at-risk referrals in the US system is also evident when comparing UNHCR and US Government statistics for the same period. From 01 January 2010 through 30 June 2012, UNHCR reports that Women-at-Risk departures to the US totaled 5,629 individuals. US Government statistics for the same period show only 4,720 arrivals. This discrepancy in figures is thought to be primarily due to the differences in how individual and group referrals are documented as described above.

This lack of knowledge about women-at-risk is problematic on several levels. Agencies and communities working with refugees at the receiving end are unable to anticipate and plan for the needs of women-at-risk in advance, whether that is at the individual or group level. Indeed, if there has not been any pre-identification there is no way for those working with the refugee in the US to confirm if the individual was a woman-at-risk. For example, representatives of resettlement organizations were surprised to

discover the high number of women-at-risk among the Burmese from Thailand and Bhutanese in Nepal. This was learned only after refugees had already arrived. By comparison, there is generally widespread awareness that women coming from the Democratic Republic of Congo are likely to be survivors of Sexual or Gender Based Violence (SGBV), although how to distinguish particular individuals who were women - at-risk within the entire population is less clear.



A clear challenge remains with how to transfer specific and reliable information about women-at-risk from one actor to the next through the resettlement process even with the advances in case management technology. Once the decision to resettle a particular refugee population is made, there is no standard practice for how demographic profiles, persecution histories, or need for resettlement developed abroad is shared with the domestic resettlement partners. Demographics, trends in physical and mental health and cultural profiles of the group are also often not available to all resettlement partners until after the refugees have already begun arriving in the US.

For example, if the UNHCR Heightened Risk Identification tool (HRIT) has been used, an assessment would be available of the coping mechanisms and social capital of the refugee related to the risks identified. Unfortunately, this type of information is not included in the routine biographical data. Information from the HRIT is rarely part of individual's file as it is not relevant to the refugee status determination or admission criteria for the United States. As such, it does not need to be collected at the initial intake interview by the Resettlement Support Center.

“Absent information from UNHCR as to who was considered to be a women-at-risk, national and local resettlement partners have had to develop their own criteria of vulnerability which guide their decision making and service delivery.”

As of today, there is no systematic tracking by US government agencies and other domestic resettlement stakeholders of women-at-risk referrals as they go through the US resettlement process. The women-at-risk designation is not part of the information provided to the national resettlement agencies at the time that the US government allocates the case. Only in a case of severe medical needs, is a receiving resettlement agency likely to know that there are any special protection needs at

this initial stage of the domestic process.

There was widespread agreement among those interviewed that women-at-risk have distinct needs upon resettlement to the US, and believe that the actual number of women-at-risk is significantly higher than those specifically identified as such. Absent information from UNHCR as to who was considered to be a women-at-risk, national and local resettlement partners have had to develop their own criteria of vulnerability which guide their decision making and service delivery. Such distinctions are typically made based on weighing factors that agencies feel affect the post-arrival experience and are not informed by any evaluation of the refugee's experience prior to arrival.

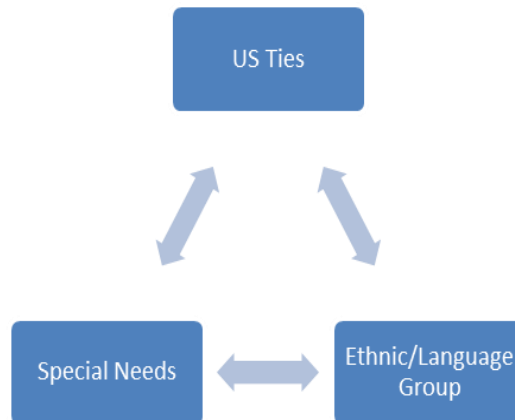
Participants in the US Resettlement Program generally consider any case of a single mother and children to be a woman-at-risk because they face significant economic and social challenges after resettlement. Moreover, single mothers can be easily identified by national resettlement organizations through the case composition information they receive, and therefore, they do not have to rely upon referral information to make this determination. Participants noted that the cost of housing and child care are the two most significant expenses for these households. With only one wage earner in a family with young children, it is almost impossible for a single mother to earn enough to move her family out of poverty, without additional financial or

volunteer support. Furthermore, as a single mother, the competing demands on her time and energy to assist her children in their resettlement and adjustment can make her own integration that much slower. Taking care of her children's needs often take priority over her own. It's not known what percentage of single-mothers were referred by UNHCR with the designation of women-at-risk, but for receiving agencies in the US it is for practical purposes the default designation.

US resettlement providers also noted survivors of torture and trauma are prevalent among women-at-risk. These include women with both physical and behavioral or emotional health concerns. Examples given were Iraqi widows who witnessed their husbands' executions who then suffered further abuse and discrimination in their first country of asylum; Congolese and Somali women who have survived rape and kidnapping; and Burmese Chin and Karen women who are survivors of violence and ostracism.

A number of respondents shared the view that the mainstream mental health service delivery system in the US is woefully inadequate to support the emotional and behavioral health needs of refugees. And while there are medical and mental health providers who have developed specialized service centers, these are few and far between when compared to the number of resettlement communities. A network that has been extremely important in serving refugees who are overcoming torture and trauma is the network of torture treatment centers. There are 38 centers in 17 states and the District of Columbia. A side by side comparison with resettlement locations for women-at-risk, however, reveals that only 6 of the top 10 states serving women-at-risk also host a torture treatment center.

What is the overriding factor in determining where a women-at-risk will be located in the US? The answer is quite clearly whether she has pre-existing ties in the US. A US tie will trump most any other consideration when it comes to making placement decisions. A US tie can be a family or friends to whom the refugee has some connection. The tie is not a sponsor in the sense of the family reunification program (e.g. P-3), but rather someone the refugee knows, who is thought to provide at least some sense of stability after arrival. The amount of assistance that such a tie can be to the refugee, however, is highly variable. 70% of US resettlement sites have received at least one woman-at-risk cases in recent years. This wide dispersal of women-at-risk cases is explained mainly by the existence of US ties. California received the highest number of women-at-risk cases because many women had ties to someone already living in the state, making California the second largest resettlement state for women-at-risk overall.

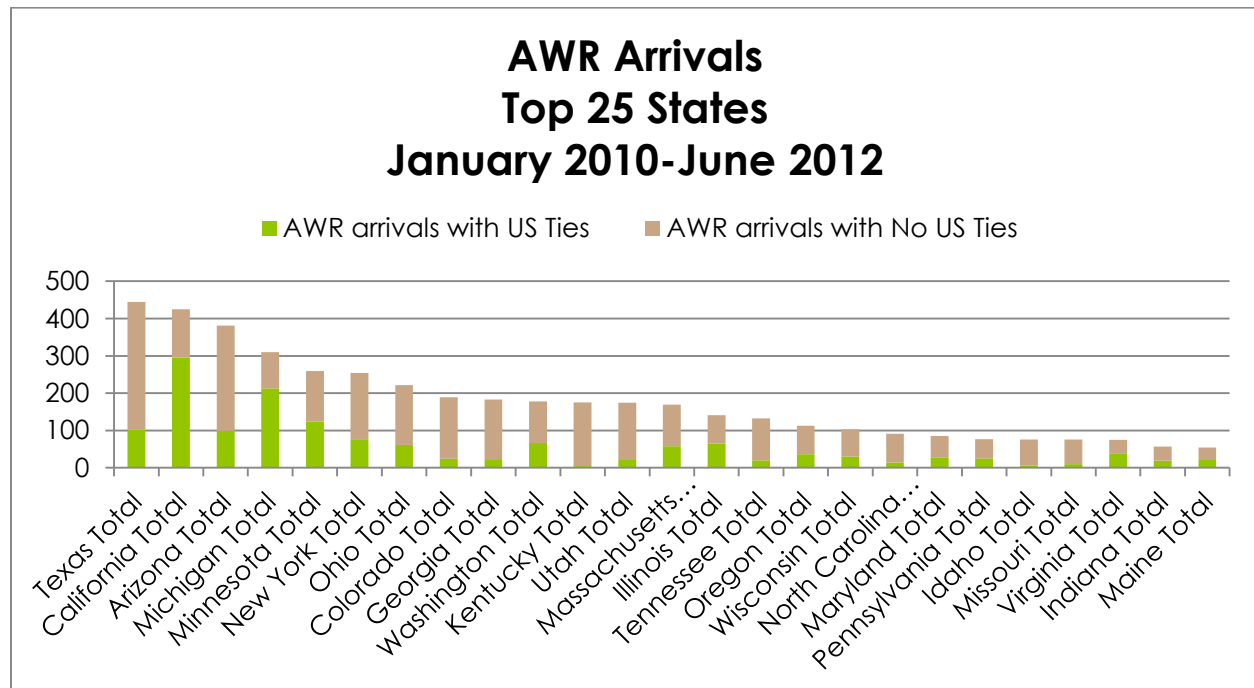


Refugees who do not have family and friends already in the United States (referred to as “No US Ties”) are matched by the national resettlement organizations with a local resettlement office based on other factors. These factors include the community information available regarding ethnic and language groups, special services and community supports and housing availability. Here the ethnic and language origin seem to play the most critical role. Refugees are placed in locations with other refugees of similar background in order to create a critical mass for social support and effective service delivery. Such locations are usually identified during the annual planning process when local resettlement sites are asked to highlight the particular services and resources available. Over time, however, the saturation of a community and the cumulative demand for specialized services may ultimately inhibit placing more persons of a particular ethnic group in that community. Housing, as noted earlier, also plays an important role in making placement decisions for women-at-risk. Key housing factors will be cost, availability, proximity to employment and services, and safety.

How do the various factors drive the initial placement decision for cases without US ties: economic support, affordable housing, a caseworker who speaks the native language, counseling services, living wages, or affordable child care? And if all of these are not available in one location, what tips the decision toward one location over another? How all these various factors are prioritized and weighed against each other when placing women-at-risk is not clear from the data available. In addition, the factors considered and approach may also differ by the national agency conducting the placement.

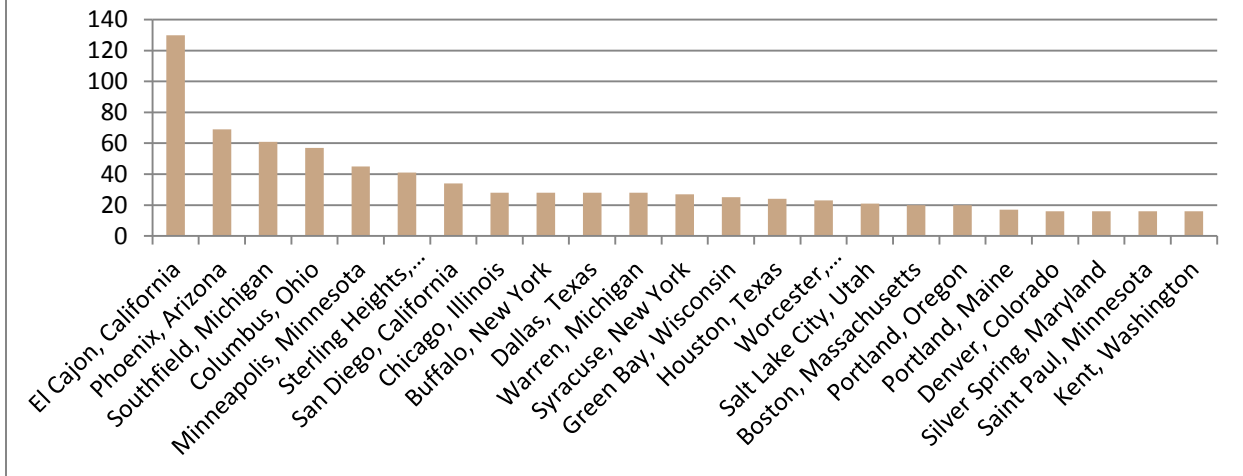
According to US data, during the period studied three out of four of all women-at-risk resettled had no US ties, 3,159 without ties versus 1,561 individuals with ties. The placement strategies between those with ties and those without ties have markedly differed, with the result that those women who don't have US ties are far more concentrated than those who do. When all the individual placement decisions are made, the result is that the highest numbers of women-at-risk without US ties were resettled in Texas and Arizona

Using Arizona as an example, state funded refugee service contracts are intentionally broad to allow for innovation and specialization to better serve a very diverse population. There are specialized services for women-at-risk, such as the women's center for well-being. At the same time, the state's welfare policies are becoming increasingly restrictive, which could leave some single mothers without a safety net after refugee program support ends. How might these pros and cons be weighed in making the placement decision?

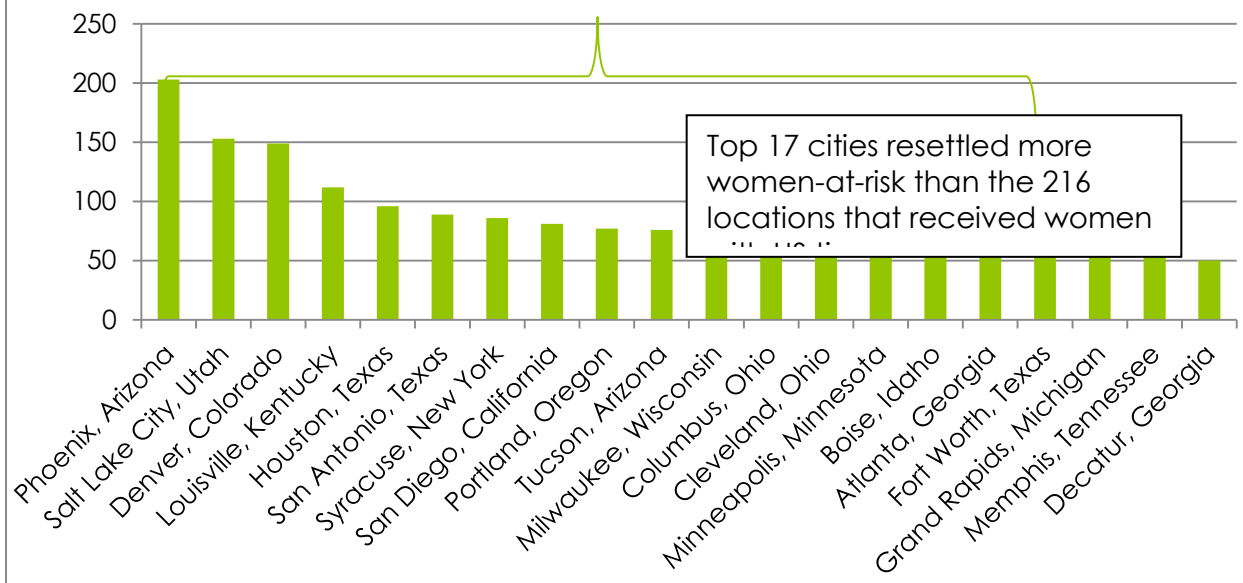


Moving from the state to the local level further illuminates the differences in placement decisions for women-at-risk with US ties vs. those without US ties. Again, women-at-risk cases without US ties are much more highly concentrated than those with US ties. From January 2010 through June 2012, women with US ties were resettled among 216 different localities, while the women without US ties (despite being three times the number) were resettled in 110 locations. The top 17 cities resettling women without ties received more women-at-risk than all 216 locations that received women with US ties. Furthermore, while almost all states resettled women-at-risk with and without US ties, they were not necessarily resettled in the same town or city, even if within the same metropolitan area.

AWR Arrivals/US Ties/January 2010-June 2012



AWR Arrivals/No US Ties/January 2010 -2012



A further examination of the top destination states and cities provides additional insight into the placement decisions being made.

Arizona ranks high as a destination for women-at-risk in several ways. Phoenix is the largest destination for women-at-risk, resettling them in large numbers both with and without US ties. The majority of the women with ties were from Iraq, while the majority of women with No Ties were from the Democratic Republic of the Congo and Somalia

followed by Iraq and the Central African Republic. Tucson is also among the 10 largest cities for US tie cases.

Texas is consistently one of the largest resettlement states in the US. Texas has resettlement programs in all of its major metropolitan areas and several smaller communities. Yet none of the Texas cities is among the largest resettlement destinations for women with US Ties, while 3 cities are among the top 20 for No US Ties: Houston, San Antonio and Fort Worth. (96, 89 and 62)

Southern California receives the largest number of women-at-risk with US ties. The two largest destinations were– El Cajon and San Diego with the main nationality being Iraqi women. In Michigan, Iraqi women with ties also make up a large portion of the women-at-risk resettled in the metropolitan Detroit area, while Minnesota resettles primarily Somali and Ethiopian women. Utah, likewise, primarily serves African women-at-risk, with Salt Lake City as the major destination.

Salt Lake City is the second largest resettlement site in the country for women-at-risk without US ties. According to the data available, the city also has the highest proportion of single mothers and women-at-risk among all resettlement communities. From 2010 to June 2012, 153 of the 174 women-at-risk to resettle in Utah were placed there by the national voluntary agencies. Women-at-risk comprise nearly 8% of the total number of refugees resettled in Utah during that period.¹³

Like earlier studies on US resettlement, this quick review of resettlement of women-at-risk reveals the significant variation in services and resources available among resettlement locations. The ability of a local program to provide an effective response varies widely depending upon the local resettlement office's approach, service model, community engagement and ability to leverage other public and private resources.

As the data illustrate, placement decisions are being made that makes it more likely that women-at-risk are resettled in certain locations as opposed to others. The question remains whether the choice of these particular locations is yielding the desired results in terms of outcomes – both in the short and long term. If desired outcomes are being achieved, what are the practices and approaches existing in those locations that led to positive results? Conversely, if persons are not being referred to other locations what is it that is lacking? Finally, how is this type of evaluative information fed back into future placement decisions and resettlement resource allocations? While it is beyond the scope of this paper to give comprehensive answers to these questions, information provided by respondents does provide insights into some key factors affecting outcomes, as well as, some practices that have been effective in advancing the adjustment and integration of women-at-risk in the US.

The following case example illustrates the experience of a single mother who received all the basic resettlement services within the "standard" resettlement model:

Fatima¹⁴ resettled with four small children on her own just one year ago. She describes her first few weeks in the country as feeling nervous and lonely, despite receiving orientation, home visits and assistance from her resettlement agency. She considers herself lucky because she already spoke English when she arrived in the US and is a strong self-advocate.

At the end of the first month, she was enrolled in the Matching Grant program. Matching Grant increases the monthly financial support given to the refugee by reducing the total time period that the support is given from 8 to 4 months. The program is also intended to increase the level of social support through the engagement of volunteers and donors from the host community. Matching Grant was designed to assist refugees to become self-sufficient quickly, within the first six months of arrival. At the same time, the higher level of monthly support makes it a popular program to help meet a resource gap for refugee families in the short term. Indeed this mother did find a job within the four months, a success for the program, but far from success by her own measure. Without a high school diploma, it became clear to Fatima that her long term success depended upon her getting a GED and higher education, something she did not feel she could do alone. As Fatima put it, "the numbers just didn't add up." Not the time limits on support while she looked for a job, not the difference between her salary and the cost of child care and other bills, not the hours spent away from her children, or the hours worrying about how she was going to keep it all together and provide for her children's future.

Five months after arrival, Fatima re-located to another town to be near friends who could help. She enrolled in Temporary Assistance for Needy Families (TANF), the national poverty reduction program for US nationals and other qualified residents, such as refugees. In the six months since she moved she has almost completed her GED courses, is signed up for her GED exams and hopes to enroll at a local university next fall. She is volunteering 20 hours a week as a requirement for public assistance, and her friends help with the baby sitting. She is clear about her priorities – she wants to work part time so she can be home with her kids while she pursues a Bachelor of Science degree so she can be a good example for her children. "I don't want anything fancy," she says, going on to explain that she doesn't want to be dependent on the government either (she was sanctioned 3 months of assistance for quitting her job), but she firmly believes that education is her best way to be able to care for her family.

For many refugee families, TANF is the primary means of economic support once the initial resettlement period has ended. Reliance on TANF, however, presents a host of problems for refugees. TANF levels and requirements vary from state to state, both in the dollar amount of economic assistance provided and time limits for receiving such assistance. All states require some form of "work participation" in order to receive TANF.

While enrollment in vocational training does meet this work requirement, in many states literacy classes or English as a Second Language courses do not. In these states, TANF is not accessible for single mothers with limited language proficiency. National resettlement agencies, therefore, must carefully track TANF rates and requirements across resettlement locations and struggle to weigh the potential for early employment for refugee families versus the likelihood that they will need longer term financial support when making placement decisions.

Without adequate English (including reading and writing), women enter into low skilled jobs with low salaries. To move beyond this initial employment, women will need to improve their English which in turn generally requires taking classes in addition to their work. Even when classes are available, they may not be able to attend without someone to care for their children while they are out of the house. Women placed into the type of situation, are more likely to become stuck in low-wage jobs and public assistance, leading to a cycle of poverty.

Salt Lake City, UT provides an example of a different approach. Salt Lake City has developed a number of special initiatives for single mothers and their families through the use of refugee-specific funding and coordination with other public services. All single parent refugee households are eligible for up to 2 years of case management services which offer on-going social support and guidance. For 100 families, a housing program subsidizes their rent for up to 3 years, reducing the portion of their income they must use for rent from 60% to no more than 30% of income. A refugee employment program provides up to 1 year of English language and job training. In Utah, English language training does meet the TANF work requirements, making it possible for refugees to continue to study English even after the first year. This longer term approach is also reflected in the emphasis placed on using volunteers, who are seen as an important resource in the short term reception period. Volunteers also create individual connections between the refugees and members of the host community that often endure a lifetime. And finally, the state supports the refugee communities to organize themselves to develop mutual support groups and refugee-support organizations years after arrival when they are no longer eligible for resettlement specific services.

The International Rescue Committee, one of the resettlement providers in Utah, is currently completing a study of the refugee women resettled there. Preliminary results show that the outcomes for women-at-risk continue to improve when examined at 12 months and 24 months after arrival, suggesting that the longer case management indeed has a positive impact on their resettlement and progress toward self-reliance.

Resettlement providers offered a variety of examples of how they are able to adjust their service model to better identify and address the particular vulnerabilities of refugee women. Several practices were cited repeatedly as examples of promising practices, most of which could be replicated in the majority of resettlement locations. How widely they are now used across the 350¹⁵ resettlement locations is unknown. Following is a brief description of each of these practices.

Women caseworkers – Refugee women are matched with women caseworkers in an effort to increase their comfort level and ability to disclose personal information. Given the diversity of language groups served by any one office, the caseworker may not always be from the client's country of origin.

Caseworker with same language, but different nationality – The woman is intentionally placed with someone from outside her ethnic group/nationality, who speaks the same language. This increases the sense of trust, and addresses concerns by some refugees who fear that a caseworker is too closely connected to their refugee community. This cross-ethnic approach is intended to reassure the refugee's sense of confidentiality and respond to fear (spoken or unspoken) that the caseworker will judge her negatively based on cultural mores.

Client centered assessment and planning – The use of open assessment questions that are broader than those that the Department of State requires in the Reception & Placement program helps to create more space for refugee women to share their histories and hopes for the future. Resettlement workers noted that the short service period puts pressure on caseworkers to often start making referrals and resettlement plan decisions before really knowing the refugee well and understanding her priorities and her concerns. Spending more time in the initial intake and assessment, therefore, is necessary to keep the refugee as the primary driver of the resettlement plan.

Staff team approach – In this model, refugees are assigned a lead caseworker who is responsible for the overall case management, while discreet areas of responsibility are divided among other staff, such as housing, medical services, etc. As opposed to the "all-in-one" caseworker model, the care team model allows for greater specialization in particular service areas while also maintaining flexibility in the shifting case management needs as different refugee populations arrive as well as the particular needs such as women-at-risk. In this model, the lead case manager focuses on the refugee herself and coordinates the various forms of assistance or support. The care team shares one common case file and has periodic case meetings. Each caseworker handles a particular aspect of the case, for example, the medical caseworker is responsible for developing relationships with the medical providers, understands medical insurance requirements, recruits pro bono medical services, schedules medical appointments, and obtains special medical equipment.

Matching women refugees - At the national level, resettlement organizations cluster women-at-risk through placements to the same location with the intent that the local office can place the women in the same housing so that household expenses and child care responsibilities can be shared. In addition, local resettlement staff encourages the development of peer support networks by introducing new single mothers to other single mothers who have been resettled earlier.

Mobilize local religious or volunteer groups – Resettlement providers and the refugee women interviewed both lifted up the involvement of co-sponsoring groups as another way to increase both basic needs support and social support. Small groups of volunteers, usually from churches and civic organizations, are asked to make a formal

commitment to assist in the preparation for new arrivals and to accompany the refugees during their first 3 to 6 months in the US¹⁶.

Small groups – The composition and stated purpose of these groups varies by location, but the formation of refugee women groups can help create a safe place where the women can share their concerns, have the courage to ask questions and begin developing a social network. In some cases they start with a very practical goal, such as literacy or orientation to US, but forming social connections is usually an underlying aim, even if not explicitly stated.

Mentors - Trained volunteers, both refugee and US born, provide formal mentorship to single mothers and other refugee women. Formal mentorship programs are also based on the premise of providing opportunities for new friendships, but usually go further in identifying key areas for one-on-one orientation and accompaniment. Mentors are often seen as “cultural brokers,” helping the new arrival to meet her basic needs, while also helping her to navigate in a new culture and adjust to different norms, laws and systems.

Mental health services - Refugee organizations that have in-house mental health programs have several advantages for supporting refugee women who are survivors of torture and trauma. They are able to provide additional emotional, medical and social support, incorporating non-traditional and culturally appropriate approaches. At the same time by being co-located with other services it helps remove some of the stigma that may be associated with accessing mental health services. As trust is developed between the refugee woman and the mental health counselor, other needs may surface that could be brought to the attention of caseworkers to address through other community resources. Co-location makes it easier for colleagues to share information, which increases the effectiveness of the resettlement case management and limits the duplication of efforts.¹⁷

Micro-enterprise programs – A specific national program that many local providers have lauded is the Office of Refugee Resettlement’s Microenterprise Development – Home-based Childcare. Providers say this is an important innovation in meeting the specific economic needs of mothers of young children. Through this program, refugee women receive financial support and individual mentoring to become licensed home-based child care providers, making it possible for them to work from home. At the same time it also teaches them basic nutrition and food safety important to the health of their own family. Given the national shortage of affordable childcare, this program not only helps the women economically, but helps meet a local community need. In 2012, ORR invested \$2.22 million across 13 states for Microenterprise Home-Based Childcare.

So how do these specialized services get developed? At the state and national level, for example, resettlement providers often “discover” the need for new services, such as mental health or domestic violence interventions, through reports from local entities in contact with the refugees. One state coordinator lamented, such reports come from the mainstream service providers, such as public schools, in the form of complaints that they are not adequately equipped or resourced to deal the vulnerable population.

The complaints are often accompanied with dismay that they had not been forewarned about the needs. When these refugee crises emerge post arrival, domestic resettlement partners are often left scrambling to put out public relations fires and redirect scarce resources towards the unanticipated need. State and local providers noted that the earlier they know that there is a group of refugees with a particular service need, the better able they are to have the needed resources identified and programs in place at the time of arrival.

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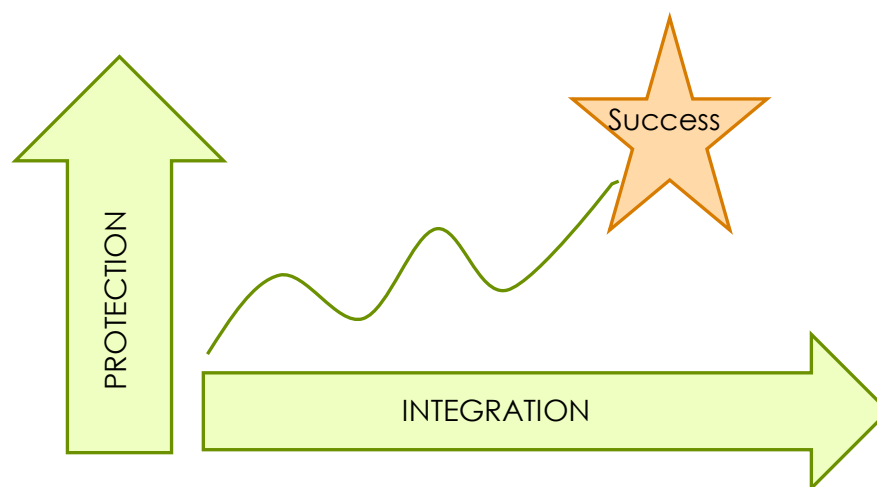
One example of this phenomenon shared was the problem of increased prostitution seen among single women resettled from West Africa. This drew significant negative public attention. The local community was completely un-prepared, and was frustrated to learn later that that survival sex and gender-based violence was part of this group's pre-resettlement experience. Had this information been available to local service providers earlier, they could have prepared for this possible vulnerability. In a positive example, the advance notice of the low literacy among Somali Bantu women enabled the local resettlement program to re-design their existing English Language curriculum for pre-literate students so that it was available from day one.



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Identifying Barriers and Measuring Success

The goal of resettlement for refugee women-at-risk is two-fold. First, the goal is to address the protection problem existing in the country of first asylum. In more practical terms, the resettled refugee should feel safe in the country of resettlement. Secondly, a woman-at-risk, like all refugees, should be able to integrate and progress in the new community where she lives. Integration in this context refers to a two-way process in which the newcomer becomes a member of the new community and the new community adapts to receive newcomers as full members. In successful integration refugees are able to contribute their gifts and skills, become self-reliant, and a new multi-cultural community is formed. While protection issues may be of the highest concern in the near term, assuming protection is achieved; over the longer term integration related issues will likely be the primary focus. Indicators of successful resettlement of women-at risk, however, may be complex or hard to define.



Historically, the US Resettlement Program has used employment and economic self-sufficiency as the primary indicators of success. While employment contributes to successful resettlement, it cannot ensure integration by itself. A recent report by the Government Accountability Office (GAO) provides a helpful construct, by identifying several indicators of integration and presenting examples of “barriers to integration” and “facilitators of integration.” Looking at the resettlement experience of women-at-risk through this lens might be helpful in identifying the common challenges and areas that could be strengthened in the US program. For example, social connections: the abundance vs. lack of safe and supportive social connections can be the difference between recovery and a path toward self-reliance versus despair and isolation leading to deprivation. A report by the Women’s Refugee Commission in 2002, for example, noted increased sexual and gender based violence was linked to the loss of “culturally defined networks of protection, support, and social discipline, thereby magnifying previously existing social patterns of abusive behavior.¹⁸” The building of new social

networks for survivors of SGBV is critical to their recovery and, therefore, to the protection and integration of refugee women.

The GAO report used the table below to present some of the barriers and facilitators of integration for refugees resettled in the US. Using input from the experts consulted for this report, it is possible to augment this chart to speak to specific barriers and facilitators for the integration of women-at-risk. The GAO report text is in the plain font and the augmented text for women-at-risk is in italics.

Selected Integration Indicators, Barriers, and Facilitators Identified in Literature Review¹⁹

Indicators of integration	Barriers to integration	Facilitators of integration
Civic participation	None identified <ul style="list-style-type: none"> • <i>Lack of prior civic experience</i> • <i>Exclusion by patriarchal group structures</i> 	<ul style="list-style-type: none"> • Political involvement • Community organizing of refugee groups • <i>Women-only and women-led groups</i> • <i>Volunteer opportunities with community & service organizations</i>
Culture	<ul style="list-style-type: none"> • Unfamiliarity with “Western” culture • Intolerance for non-English speakers • Intolerance for cultural or religious differences • <i>Ignorance of cultural, religious differences related to gender</i> • <i>History of gender-based discrimination</i> • <i>Differences in gender roles/expectations between refugee community and host community</i> 	<ul style="list-style-type: none"> • Availability of public service providers to educate community about refugees’ cultures (and vice versa) - <i>including education on family structures and family practices</i> • <i>Understanding impact of conflict/persecution on culture and behavior</i>
Education or training	<ul style="list-style-type: none"> • Lack of or little formal education prior to arrival in the US • Lack of options for re-credentialing for skilled workers or professionals. • <i>Cultural norms or expectations that discriminate against women being educated.</i> 	<ul style="list-style-type: none"> • Adult education opportunities • <i>Available child care that would allow single women to attend classes or participate in training.</i>

Employment	<ul style="list-style-type: none"> • Insufficient income from low-paying jobs • Workplace environments with no opportunity to speak English • Lack of affordable child care • Risks to personal safety in transit (especially late shifts) 	<ul style="list-style-type: none"> • English proficiency, which may help refugees obtain work that generates sufficient income • Networks and support groups that help refugees find employment • Ethnic small businesses • Micro-Enterprise projects that allow flexible schedules or home-based employment
English language acquisition	<ul style="list-style-type: none"> • Illiteracy or limited English proficiency • “Work first” emphasis, which may slow language acquisition if it limits time to attend English classes • Time demands to work and care for children 	<ul style="list-style-type: none"> • Opportunities to learn and practice speaking English • Participation in English classes for an extended period of time • Literacy classes geared towards working or at home mothers. • English Language training focus that matches practical needs
Host community	<ul style="list-style-type: none"> • Harassment and discrimination • Negative interactions with government entities, creating mistrust • Limited resources of agencies serving refugees • Public safety concerns • Segregation or isolation 	<ul style="list-style-type: none"> • Preparation of the community to receive newcomers • Bilingual and culturally competent staff at agencies serving refugees • Community events to celebrate refugees’ cultures • Direct Volunteer and community engagement with refugees.
Housing	<ul style="list-style-type: none"> • Inadequate housing – affordable with 3 or more bedrooms • Low-income, high-crime neighborhoods • Housing settings with no opportunity to speak English • Lack of child supervision 	<ul style="list-style-type: none"> • Moving out of low-income neighborhoods • Having stable and affordable housing for single parent households.
Social connections	<ul style="list-style-type: none"> • Social isolation • Focus on domestic sphere due to family responsibilities • Past reliance on male household members • No family or friends • Stigmatization by or fear of one’s own ethnic community. 	<ul style="list-style-type: none"> • Social support from other refugees – e.g. shared housing, women’s groups • Friendship or mentoring programs – within and outside of own ethnic group • Community dinners and gardens – use refugee women’s skills and meet community needs • Affiliation with or sponsorship by a religious congregation –supporting basic needs and family support

Recommendations

A more cohesive approach to the US resettlement of women-at-risk would increase the likelihood that women-at-risk and their children find needed protection and successfully integrate into US society. The following recommendations are intended to help identify possible steps that could be taken to strengthen the way in which women-at risk are resettled -- to map out a common framework that can provide for more informed decision-making by everyone involved (including the women themselves) while maintaining flexibility to meet the refugees' individual needs, hopes and plans for their future. The specific examples are given as a starting point for discussion among the relevant stakeholders at the national and community level.

1. Recognize preferred resettlement sites for women-at-risk

- The US should undertake an in-depth analysis of the existing programmatic factors considered in placement decisions for AWR to identify and reinforce preferred resettlement locations.

Resettlement patterns indicate that national resettlement organizations already *de facto* prioritize certain sites for women with No US Ties, but the factors guiding these decisions have not been fully articulated. Using the existing PRM data, more research could be undertaken to identify the primary drivers that currently guide placement decisions for women-at-risk. The identification of “facilitators” and “barriers” could provide a helpful construct for identifying key criteria to be considered (affordable housing, childcare, extended case management, etc.) for placement and capacity development. A review of the top 25 women-at-risk destinations could be a starting point to identify a common set of criteria or markers not only for identifying sites currently well suited for women-at-risk, but also for the path forward for the development of potential new sites.

This type of analytical approach could help to inform critical placement questions that emerged in this study, such as whether women-at-risk cases without US ties should be placed with resettlement programs that rely solely on the Reception & Placement Program for resettlement services. Anecdotal evidence from respondents suggests that despite all the innovation at the local level, the primary case management services are too short a time period to meet the needs of these women, thus creating unnecessary conflict between resettlement programs (or their funders) and the women as they focus on meeting immediate self-sufficiency versus longer term integration goals. Women-at-risk, especially those with young dependents, appear to need more time. With a better understanding of the key factors such as this, good placement decisions could be improved, and poor ones avoided.

Establishing a common set of criteria for women-at-risk resettlement sites could bring a number of other benefits as well. For PRM, it would make it easier to distinguish within the overall resettlement capacity, the capacity to serve women-at-risk and their families. Likewise, the Office of Refugee Resettlement could use the same criteria to

inform future funding opportunities for state and local services such as extended case management and micro-enterprise child care programs.

2. Institute earlier background information sharing to support community education

- Domestic resettlement partners should be provided timely relevant information so that they can better understand the women-at-risk who are being (or going to be) resettled, and to enable them to prepare for and respond to the needs of these women once they arrive.

Local communities can benefit greatly from refugee group reports that describe the demographic and historical characteristics of new resettlement populations, particularly when received well in advance of arrivals. This is particularly true for public and non-governmental organizations with no international role. Group profiles are already provided by UNHCR to the Departments of State and Homeland Security as part of its efforts to garner commitments to resettlement and negotiate the referral process. Much of this information could be easily replicated and expanded upon for use in domestic planning. In the case of women-at-risk (or other at-risk groups), this should be part of the demographic profile and narrative description. Discussions about new resettlement groups and sub-groups could be incorporated into the USG Quarterly Stakeholder meetings to discuss the implications for post-arrival planning. UNHCR participation in these discussions could help to distinguish differences among highly vulnerable groups, and help interpret written materials. Likewise, the Department of State could accelerate their timetable for the publication of cultural fact sheets for use with local resettlement communities. Cultural Fact Sheets should include information on family composition, child custody and marriage/divorce laws.

Providing such information well in advance of the refugee groups' arrival is consistent with the increased focus on local community consultation in resettlement placement planning. For example, the US has announced its intent to resettle up to 50,000 refugees from the Democratic Republic of the Congo. Because the US has already resettled thousands of refugees from the DRC, new group profiles would be helpful for local programs to anticipate any differences from earlier groups. Refugee Council USA, state and local resettlement task forces provide ready forums to discuss these future arrivals and the implications for their particular services or community. Local resettlement actors can use such information to identify new resources in the local community as potential referral sources; likewise state and local funders can develop new requests for proposals to develop or expand service components.

Broader educational resources are needed to increase understanding of the root causes and the protection risks and vulnerabilities as consequences of war, displacement and other disruptions. Creating opportunities to discuss challenges in this larger context would go a long way in helping dispel some of the blame on the women themselves and de-stigmatize negative stereotypes about the refugee's own culture. By initiating these discussions further in advance, local resettlement partners, refugee and host community leaders would be able to develop a more proactive communication strategy and can be better prepared if and when crises occur later on.

3. Improve individual case information sharing for women-at-risk

- Women-at-risk cases should be more clearly identified through all steps of the resettlement process – from UNHCR referral through allocations, from allocations through placement.

Respondents observed that a critical point for identification of women-at-risk cases is in the allocations and placement process. Labeling of a case as “woman-at-risk” is not by itself, however, likely to be helpful without more detailed case information. Given that providing detailed histories at the time of allocation may not be feasible now, a possible interim solution would be to create a codification of sub-categories for women-at-risk to differentiate among those at risk due to family composition, medical, sexual-gender based violence or other common concerns. After allocation, national resettlement organizations should be able to obtain additional information on the case before a final placement decision is made. Another advantage of more discrete identification of specific needs would be in planning resources at the macro level more accurately, e.g. women who are at-risk solely on the basis of being a single-parent might imply different resources than women who are also torture/trauma survivors.

The identification of urgent medical cases was noted as a positive example where there has been significant improvement in recent years in the pre- to post- arrival information sharing. Refugees resettled in this category are singled out from rest of the cases at the point of allocation. National agencies note that this helps to ensure that the local resettlement partner has the specialized services as well as not over-burdening any one location.

In the case of group referrals that are known to contain individuals or groups of women-at-risk, procedures should be developed to alert those in the resettlement process of the possible vulnerabilities. Ideally, relevant individualized information would be developed similar to what would be developed for a women-at-risk referred on an individual basis. However, questions on such sensitive topics are unlikely to produce reliable results in the context of an RSC resettlement interview. Women might be understandably wary that their replies might jeopardize their admission.

The creation of a designation code to identify these women within the US government's database (WRAPS) would enable the resettlement organizations to associate the individual case with women-at-risk vulnerabilities identified in a P2 group profile. Resettlement Support Centers (RSC) could also obtain risk analyses from UNHCR on P-2 populations. These could accompany the biographical information sent by the Refugee Processing Center to the national resettlement organization, particularly when processing individuals from a new group. Such analyses could be used to determine whether or not the RSC would need to gather any additional information from individual refugees. If so, careful consideration needs to be given to when this should be collected, and who is best situated to do it.

4. Place women at the center of women-at-risk responses

- In designing program responses for women-at-risk, there should be greater recognition of and response to the specific challenges they face, and approaches developed that allow refugee women to play an active and meaningful role in meeting their own needs.

For UNHCR, continued coordination with Protection and Community Service staff and implementing partners is critical to identifying women where they are, instead of waiting for them to seek out UNHCR offices. The use of the HRIT and other active approaches to identify women-at-risk must be taken. When women-at-risk are identified, they need proper pre-referral orientation on the opportunities and challenges that lay ahead in order to make decisions about their future.

Local resettlement programs must continue to employ a variety of strategies to create safe spaces for refugee women and the time to develop trust with their case workers and other service providers. For particularly vulnerable individuals, they cannot be expected to disclose extremely difficult information (again) to someone new shortly after arrival, nor is it reasonable to assume that they will take the initiative to seek out the service providers. Once refugees arrive, multiple opportunities need to be offered for a refugee to disclose her own perspective on her past and her future. Using women caseworkers and a client-centered resettlement plan are strategies that appear to be particularly relevant in working with women-at-risk. Matching newly arrived women with mentors or case advocates should be expanded. For women without US ties, introducing new arrivals from day one to other refugee women or volunteers who can accompany her will provide an important safety net, particularly during those early days of “disorientation” in a new country.

Time remains a critical element for refugee women, particularly those with children. Without the provision of adequate child-care, not only will a refugee woman's employment opportunities be limited, but she will not have the time to participate in other essential activities such as learning English, vocational training, or any take advantage of other activities critical to her adjustment and integration in a new society. Programs to strengthen child-care services, particularly micro-enterprise programs that develop childcare resources through the involvement of refugee women, are excellent examples of an effective participatory approach.

5. Capitalize on positive social connections and mitigate negative associations

- The prevailing assumption that a woman-at-risk is always best served by being co-located with her ethnic community or with US ties should be re-examined, and a more nuanced approach developed.

In the US, the development of refugee networks and leadership is normally encouraged to further community connection and self-reliance. And yet respondents repeatedly noted that refugees' culture and history does not end when they resettle, often recreating some of the same negative social consequences and protection risks that the women hoped to escape.

For State Department and national resettlement organizations, distinguishing between positive and negative social connections should inform both the allocation and placement decisions. The important benefits of co-locating refugees from the same countries and backgrounds for the vast majority of resettled refugees are well understood. For some refugee women who have suffered abuse or exploitation or who have been shunned by their own refugee community, however, they may wish to maintain a distance from their ethnic community, especially if they have on-going fears of rejection or harassment.

A related issue is the issue of US ties, which continues to trump all other considerations. The fact that when given a choice, i.e. no US ties, national resettlement organizations tend to place women-at-risk in certain locations and avoid others. Presumably these locations were chosen because they offer the best chance for successful outcomes. The data indicates that woman with a US tie will often end up in a city that would have not been chosen for a woman without a US tie. This woman's future, therefore, rides quite heavily on the quality of the support that the US tie can provide, particular if she is in a site with a less robust support structure. If that US tie proves to be unreliable or problematic, the women could end up in a situation where appropriate support is lacking. It is not clear, however, that women-at-risk, when naming a US tie and location preference, are aware of the consequences making this choice.

To sort out these issues, RSCs would need to adjust questions about possible placement/housing so that this could be taken into consideration by the national and local resettlement offices in making the reception arrangements. For women-at-risk with high needs and US ties, more assessment should be made to determine the viability of the US tie and location to meet these greater needs. Without discussing this with the women directly, it is impossible to know whether co-locating them with their own ethnic group is a help or a hindrance to their protection.

For overseas orientation, this would mean a shift from pre-departure orientation focused on different cultural facts about the U.S. and more emphasis on topics such as creating self-awareness and effective coping skills, cultural adjustment cycles, assertiveness training, and becoming a cultural observer.

6. Strengthen evaluative tools

- Identification of best practices for women-at-risk requires the development of a shared view of what resettlement and integration success looks like, and a move towards evidence based and outcome oriented programming. Evaluative efforts should also have the participation of refugee women.

Even this cursory review of the US Resettlement program reconfirms the disparate services and support available to women-at-risk from one location to another. Clearly defined goals and an objective evaluation program would go a long way in ensuring that the hundreds of millions of dollars and thousands of volunteer hours invested in this program are being used for the greatest impact. Such an evaluation can also provide the necessary feedback loops to decision makers along the resettlement continuum in

order to confirm or challenge assumptions being made by UNHCR, government and non-governmental offices. The planned expansion of resettlement of women-at-risk and other vulnerable refugees creates even greater urgency for the US to make the tough decisions in supporting successful resettlement models.

The first step toward an evidence-based model would entail separately tracking program data on outcomes for women-at-risk, torture survivors and similar groups of concern. To take it a step further, once criteria have been identified to prioritize women-at-risk resettlement sites as discussed in the first recommendation, a common set of indicators could be used by resettlement providers, PRM, ORR and State refugee offices for on-going analysis of the post-resettlement experience. Increased joint evaluation between PRM and ORR would further add to coherency of objectives and outcomes for what is a shared caseload. When tracked and measured over a period of 3 to 5 years, providers would be able to measure women-at-risk's progress which would help inform decisions about resource allocation, program priorities, and timeframes.

The refugee women themselves can provide important insights and creative ideas for addressing their own protection needs. Refugee focus groups or other participatory process would be important in developing a shared definition of success between the refugees and the US resettlement program.

Annual consultations at all levels could include a review of the women-at-risk outcomes. For UNHCR, having accurate information on the outcomes for its referrals can inform future referral decisions and strengthen its ability to advocate for increased global resettlement capacity to meet these special needs.



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Conclusion

From the time of the UNHCR referral for resettlement through the arrival of women-at-risk into the United States, refugee resettlement partners are making good faith efforts to respond to the protection needs of these women and their families. Indeed, all along the resettlement process individuals are making decisions that they firmly believe will provide a better future for these women. At the same time, there are some challenges that while not entirely unique to women-at-risk, do have greater impact due to the fragility of the situation in which these women find themselves at the time of their resettlement. If these are not sufficiently addressed after arrival resettlement can have the effect of replacing one set of risks with another.

The decisions being made by and for refugee women throughout the resettlement experience have led to diverse approaches as to where and how women-at-risk are resettled throughout the United States. What drives these decisions, however, is much less clear. Policies and programs for women-at-risk can vary greatly by location, and thus the experiences of women-at-risk can be equally variable. Some approaches may work better than others, but without better evaluative tools, it is difficult to know what the outcomes are, and even harder to compare the efficacy of differing approaches. A more transparent and shared set of goals and priorities could increase investment in programs that work and reinforce conditions for success. A more formal resettlement framework could help to better inform key resettlement decisions, from whether or not to refer a woman-at-risk for resettlement – to what services are in place after she arrives.

For the most part, the strategies and promising practices presented in this paper do not require substantial new resources or programs; rather they highlight ways to re-examine existing structures and practice, and hint at possible changes. Respondents and research provide promising new directions and best practices to be further explored. An underlying concept to all of the recommendations is that the risks that women face do not disappear fully or automatically the moment they are resettled. What happens after the woman arrives in the US is crucial to overcoming past trauma, harm or insecurity; and is fundamental to the quality of life that she will lead henceforward. The US has much to offer these women and a more comprehensive and cohesive response will ensure that in their new home that the label “refugee women-at-risk” is a description of their past and not of their future.

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Notes

¹*The White House National Action Plan on Women, Peace and Security* (December 2011), p.9.

² UNHCR website, "Durable Solutions."

³ US Refugee Admissions Program is the formal name of the program administered by the Bureau of Population, Refugees and Migration (PRM) within the Department of State. USRAP is used to refer to this specific part of the overall resettlement. The broader term US Resettlement or US Resettlement Program will be used to refer to the combined resettlement efforts of all three US government agencies, including the non-governmental organizations and the various state and local partners.

⁴Audrey Singer and Jill H. Wilson, *Refugee Resettlement in Metropolitan America*, The Brookings Institution

⁵ Refugee Council USA 2009 Annual Report, p. 6

⁶ "Convention on the Elimination of All Forms of Discrimination against Women," Dubravka Šimonović, Chairperson of the Committee on the Elimination of Discrimination Against Women (2007-2008), United Nations, 2008, p. 1. (<http://untreaty.un.org/cod/avl/ha/cedaw/cedaw.html>)

⁷ Singer and Wilson, op.cit.

See also: Migration Policy Institute

<http://www.migrationinformation.org/feature/display.cfm?id=585>

⁸ *UNHCR Policy on Refugee Women*, UN High Commissioner for Refugees, 20 August 1990, p. 8

⁹ Women-at-Risk referrals were relatively small at that time.

¹⁰ Chapter 6 of the *UNHCR Handbook for the Protection of Women and Girls* provides a brief, but comprehensive analysis of the development of international and regional policies.

¹¹ *ibid*, p. 265

¹² *The Heightened Risk Identification Tool User Guide* (2nd edition), UN High Commissioner for Refugees, 2010, p. 8

¹³ According to State Department reports, 2,234 refugees admitted to the United States between January 2010 and June 2012 arrived in Utah.

¹⁴ Fatima is not her real name.

¹⁵ Figure used by PRM in describing the US program.

¹⁶ Unfortunately, anecdotal evidence suggests that this type of partnership is no longer a widespread practice even among resettlement agencies with a history of co-sponsorship engagement. Even where it does exist, the formal co-sponsorship model has given way to shorter term and more flexible volunteer commitments.

¹⁷ Staff must follow proper confidentiality and disclosure laws and agency policies when discussing sensitive information.

¹⁸ *UNHCR Policy on Refugee Women and Guidelines on Their Protection: An Assessment of Ten Years of Implementation*, Women's Commission for Refugee Women and Children, May 2002, p. 5

¹⁹ *Refugee Resettlement: Greater Consultation with Community Stakeholders Could Strengthen Program*, US Government Accountability Office, July 2012, p. 35-36.



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