



Gender-Based Violence Prevention & Response: Opportunities & Challenges for Serving Urban Refugees in Ecuador

Field Visit Summary: February 2015

Introduction

More than 120,000 refugees currently reside in Ecuador, constituting the largest refugee population found in any Latin American country.¹ Nearly 98 percent of refugees and asylum-seekers have fled from Colombia as a result of the conflict between the Colombian Army and the FARC and other armed groups. The remaining 2 percent have come from countries as various and far-reaching as Sri Lanka, Cameroon, and Syria. Nearly two-thirds of refugees and asylum-seekers in Ecuador have sought safety and security in cities, including Quito and its surrounding areas; the rest live in less densely populated regions throughout the country, including in small towns along the northern Colombian border.² The UN High Commissioner for Refugees (UNHCR) and its partners are working to meet the needs of the refugee population through a variety of intersecting programs and services that cross all sectors.

In 2014, the Women's Refugee Commission (WRC) began a project examining gender-based

violence (GBV) against refugees in urban settings. The project is paying particular attention to community-based protection mechanisms, including peer and social networks, as well as linkages between local host-community organizations and refugee communities and/or refugee service providers.

In February 2015, WRC and Asylum Access Ecuador (AAE) conducted field research in Quito and the border communities of Esmeraldas and San Lorenzo. The goal was to learn about the particular GBV risks faced by urban refugees, while identifying strategic entry points for: helping to bridge any service gaps that may exist; supporting refugees' risk mitigation strategies; strengthening the protection environment and community-based protection networks.

Recognizing that different subgroups of refugees may experience different types of GBV or GBV vulnerabilities, the field visit looked separately at the experiences of the following subgroups: women, girls, men, boys, persons with disabilities, and LGBT refugees. Information was gathered through meetings, individual inter-

¹ July 2014 numbers. UNHCR Statistical Snapshot, available at <http://www.unhcr.org/pages/49e492b66.html>.

² See UNHCR Global Appeal 2014-15 Ecuador, available at <http://www.unhcr.org/pages/49e492b66.html>.

views, and group discussions with humanitarian actors, representatives of local Ecuadorian community-based organizations, and refugees themselves.³

This summary describes the key findings and proposed recommendations arising from this field visit.

Key Findings⁴

There are a number of positive examples of programming and outreach across the country that have the potential to respond to the GBV vulnerabilities of different groups of urban refugees. In addition, both **refugee service providers and local community-based organizations expressed a desire to work together more closely** and more concertedly to address and build capacities around the vulnerabilities of different subgroups. At the same time, however, some distinct gaps remain in service provision, referral pathways, and information-sharing.

Below are brief summaries of WRC's key findings around GBV risks for refugees generally and for each of the aforementioned subgroups.

GBV Risks for Refugees Generally

Refugees living in Quito reported feeling unsafe throughout the city. They are verbally harassed and taunted on the street, in their places of work, and in housing complexes. Public transportation, including trolleys and buses, is

rife with verbal abuse and unwanted touching, both by other passengers and by drivers.

Refugees interviewed further reported finding it next to impossible to find a job, let alone one where their rights are respected and they are treated with dignity. Withheld wages is a ubiquitous problem; so is sub-minimum wages and forced but unpaid overtime. As employers are well aware, refugees are reluctant to file complaints of labor violations because they fear deportation.

Refugees and service providers point to discrimination as a catalyst for GBV.⁵ This discrimination exists in layers: discrimination toward refugees in general is compounded by stereotypes of Colombian women and discrimination based on sexual orientation and gender identity and/or intellectual or physical disability.

LGBT Refugees

Lesbian, gay, bisexual, and transgender refugees face multiple layers of discrimination and violence in Ecuador. There is an overwhelming stigma attached to being gay or non-heteronormative in gender presentation, a stigma that is compounded by their refugee status, race, and/or nationality.

LGBT refugees are estranged from both the refugee community and the broader Ecuadorian community; they are also unaware of LGBT-friendly services in Ecuador and unaware that there are others "like them" – that is, other LGBT

³ Thirty-one consultative meetings and individual interviews, and seven focus groups were conducted with service providers and women, adolescent and LGBT refugees. Respondents were identified through purposive, snowball sampling.

⁴ The findings contained herein are not meant to be comprehensive; they merely highlight some of the most resonant and actionable findings from the field visit. A fuller accounting of findings, including methodology behind the visit, will be laid out in this project's final report.

⁵ While women refugees reported feeling especially at risk for GBV because of their refugee status and stereotypes of Colombian women, it is also true that GBV is prevalent throughout Ecuador. According to national statistics, 6 of 10 women in Ecuador are survivors of GBV in some form or another; given underreporting around GBV, this number is likely even higher. National Institute of Statistics and Census, available at <http://www.ecuadorencifras.gob.ec/>.

refugees who could, in theory, offer each other peer support.⁶

Many LGBT refugees isolate themselves in their homes as a risk mitigation strategy, and hide their sexual orientation from others, including from other refugees. LGBT refugees face enormous challenges finding housing and employment; this instability on a day-to-day basis increases their risks of GBV on multiple fronts. Trans refugees broadly understand that the only employment options available to them are working in hair salons or sex work.

In general, belonging to a peer network can be an essential element of protection and resilience in the face of GBV risk. For some refugees, the most relevant peer network for them will consist of other refugees from their home countries or regions. But for others, such as lesbian, gay, and transgendered refugees, their most important peer network may likely be the local LGBTI community.

Hence the physical and emotional isolation of LGBT refugees is compounded by the fact that **they are unaware of local LGBT organizations.**⁷ These organizations exist in Ecuador, especially in Quito; some are predominantly run by and for gay men, lesbians, and transgender individuals, respectively. As such, these organizations have capacities, peer networks, and local knowledge about living safely that could be benefit LGBT refugees. **These organizations expressed very positive attitudes toward engaging with LGBT refugees, being referral points for them, and including them in activities.** Similarly, **refugee service providers expressed interest in building relationships with local LGBT organizations,** and

⁶ This was expressed particularly by refugees in Quito. In the border communities of San Lorenzo and Esmeraldas, gay and trans refugees were more linked through informal peer networks. Yet they voiced a strong desire for formalized LGBT programming and/or safe spaces, both to support them and to “legitimize” them outwardly within the broader community.

in learning of more LGBT-friendly services to whom they could refer beneficiaries.⁸

Among humanitarian actors, there seems to be a good deal of knowledge around how LGBT status affects resettlement and refugee status determination. There do seem to be, however, gaps in understanding and services for enhancing the protection space for LGBT refugees. For instance, LGBT refugees feel at risk of discrimination and stigma if they try to access programming for refugees generally; several recounted instances of discrimination. Practical guidelines, protocols, and trainings for GBV practitioners and services providers on LGBT engagement would be very helpful in this regard. Programming tailored to LGBT refugees could also help fill these gaps, such as support groups, housing assistance, or vocational training that is built around, and accounts for, the particular vectors of discrimination these refugees face day to day. Local LGBT organizations’ practical knowledge could be harnessed to these ends. Another positive and illustrative step toward expanding this protection space is a support group for LGBT refugees in Quito that AAE is starting in summer 2015.

Women

Women refugees reported feeling unsafe generally, especially in the street and on public transportation (buses, trolleys, taxis), where verbal and sexual harassment is common.

Ecuadorian society in general has a strong *machista* component. “Appropriate” gender roles between men and women are largely seen as fixed and being a woman, by itself, ratchets up GBV vulnerability.

⁷ Among these groups in Quito are Fundación Ecuatoriana Equidad, Fundación Causana, Asociación ALFIL, Casa Trans, and Silueta X.

⁸ Based upon limited conversations with HIV+ refugees, referral protocols for refugees who are living with HIV could be updated to ensure that they are directed toward seropositive-sensitive health providers and support services.

Against this backdrop, women refugees are especially vulnerable to sexual harassment because it is widely understood that they have little if any recourse. Colombian women, who are widely stereotyped as being sexually “promiscuous” face heightened levels of sexual harassment and unwanted touching – often on a daily basis. To avoid this, women try to hide their nationality – identifiable through their accent – by not speaking in public and/or being escorted to places by male family members.

A few refugee service providers in Quito hold regular women’s groups, such as the biweekly group hosted by AAE where women survivors of violence hear talks on different topics, share experiences and information with one another, and engage in wellness activities like yoga. For some women participants, this group is one of few places they feel safe in the entire city, and is their only outlet for accessing peer support. More generally, women spoke of the refugee service organizations and women’s rights organizations as the only places they feel safe.

At the same time, not all women refugees know that such groups exist. WRC met with a number of refugee women who expressed keen interest in participating in a women’s group but were unaware that any existed. In general, there seemed to be gaps in knowledge about the range of activities and services available to refugees – even refugees who interact with a particular organization seemed unaware of other activities and services offered by that organization. Similarly, many women reported either finding out about various services and programs by word of mouth, or not hearing about them at all, or learning of them “too late” for them to be useful. Notably, organizations sometimes do not have resources to expand their women’s groups to meet demand or they hold the groups as part of a particular program targeting only GBV survivors. Expanding access and awareness of the groups will have to be accompanied by further resources towards women’s groups themselves.

To help address this patchiness in information, women refugees endorsed the idea of a resource manual: a small booklet containing a list of service providers and their activities, cross-listed by whom the services are for (e.g., women, youth, etc.). Service providers to whom WRC mentioned this idea responded positively to it, and suggested further that such a resource could contain both refugee service providers and local organizations whose activities are open to both Ecuadorians and refugees.

As a separate matter, it came to WRC’s attention that nationwide campaigns against GBV are being supported by UN agencies other than UNHCR, and that these could possibly be expanded to include refugee women as well as Ecuadorian women. For instance, UN Women is currently undertaking a Safe Cities initiative that includes neighborhood mapping exercises and public awareness raising. Although the program does not currently include refugee women as beneficiaries, it would likely be advantageous for social cohesion (and cost-effective) to integrate activities or languages relevant to refugee women. Positive examples of this, such as the inclusion of women refugees in *Dialogos Ciudadanos*, highlight the potential benefits of such opportunities.

Persons with Disabilities

Refugees with intellectual or physical disabilities have a heightened risk of GBV but remain largely unidentified or invisible among refugee service providers. Some humanitarian actors make home visits to these refugees and/or prioritize assisting the families of these refugees in obtaining public subsidies for which they may qualify.

Yet there is a gap in efforts to include persons with disabilities into mainstream humanitarian programming, as well as a gap in efforts to integrate them into larger protective peer networks. Both prongs are essential for reducing the GBV risks of persons with disability and ensuring their rights are respected.

Partners did, however, have positive attitudes towards increasing their capacity to work with persons with disabilities. Partners and GBV practitioners expressed strong interest in receiving resources and training that would support them in disability inclusion, and in conducting outreach to persons with disabilities.⁹

WRC also identified a gap between refugee service providers and local disabled persons' organizations (DPOs.) Neither seemed very familiar with the other, but building links between the two groups of actors could be an opportunity to not only build capacities, but also foster the integration of refugees with disabilities – and their caregivers – into existing local social and peer networks.

Youth

Most refugee services providers who work with youth seem to focus their efforts on school enrollment. Although enrollment is important, it will remain ineffectual so long as **refugee youth continue to experience school as a site of violence.** Nearly all of the adolescents and parents WRC spoke with reported that refugee youth – male and female – are routinely targets of verbal abuse and physical violence because of their refugee status, gender, race, and/or nationality. This abuse comes not only from fellow students, but also from teachers and school administrators. Parents who have tried to take these issues up with school administrators have been mocked, disbelieved, and told to take their kids out of school rather than complain; some school administrators expressly condoned the bullying.

This verbal and physical abuse of refugee students, and the lack of adequate institutional

mechanisms for responding to it, leads many young refugees to drop out of school.

One positive practice in particular around youth is the programming of Refugee Education Trust, which runs activities that integrate both refugee and Ecuadorian youth, boys, and girls.¹⁰ Yet awareness of this and other youth programs is patchy, and mothers again suggested that it would be helpful to have a resource that listed all after-school programs available to their children, including those grounded in local Ecuadorian organizations so long as they are known to be accepting of refugee youth as well.

Refugees Engaged in Sex Work

Because of the difficulties refugees face in getting jobs and exploitation they often experience in those jobs, some refugees are forced to engage in sex work as their livelihood. Commercial sex work is legal in Ecuador, yet nonetheless these refugees are marginalized, stigmatized, and isolated within the refugee community and by humanitarian actors with personal objections to sex work. Moreover, engaging in sex work inherently increases refugees' risks of GBV.

These risks could be reduced, and the protection space for these refugees widened, if humanitarian partners developed protocols for supporting refugees engaged in sex work and ensuring they are treated with dignity, no matter what services they are accessing. Referral pathways could also help refugees tap into local protection networks, organizations, and friendly health service providers that exist. These protocols and pathways should be developed using a rights-based approach, where refugees engaged in sex work and sex worker

⁹ Through its Disability Program, WRC has developed tools and resources for GBV practitioners on disability inclusion in humanitarian response, available at http://wrc.ms/disability_GBV. WRC would be happy to share these tools and help support capacity strengthening in these areas.

¹⁰ Participants in RET's program in Esmeraldas spoke of it very highly, yet the demand for the program is far outstripping its capacity; program administrators have stopped advertising it publicly so as to minimize the number of children it will have to turn away.

organizations are invited at the outset to share their perspectives, concerns, and capacities.

At the same time, a parallel set of protocols and referrals could be developed for refugees who are looking to exit sex work. Some protocols along these lines are partially in place now, and include referring refugees to an anti-trafficking organization that offers alternative livelihood trainings. A primary consideration in all of this is to respect the choices of individual refugees and provide them with information on the range of services, supports, and referral options that are available.

Men

While GBV practitioners expressed openness toward receiving male survivors of GBV who walk through their door, currently there is no targeted outreach or awareness raising for this particular subgroup. Although not much is known about the magnitude and type of GBV risks faced by refugee men and boys living in Ecuador, steps can be taken to ensure that men and boys, particularly those who identify as survivors, or who feel they are at risk, are informed about services and resources available to them. Opportunities exist for strengthening resources for men, including access to confidential psychosocial support and case managers trained to work with men and boys in particular.

Opportunities for Expanding Community-based Protection

Refugee service providers have adapted over the years to the evolving needs of refugees in Ecuador. This sensitivity to refugee concerns has resulted in programs that are shifting away from traditional humanitarian response to promoting

refugee integration, engaging the host community on multiple levels, exploring informal refugee networks, and conducting LGBT sensitivity trainings within communities.

Refugee service providers have well-established linkages, especially regarding refugee women. The Durable Solutions Committee, for instance, is an innovation that leverages existing relationships among humanitarian actors to improve case management for especially vulnerable refugees.

Outside the humanitarian sector¹¹ however, lie opportunities for growing community-based protection mechanisms for urban refugees. Establishing linkages among “usual suspect” refugee service providers and local Ecuadorian organizations could help create wider protection networks, foster more collaborative service provision for subgroups of refugees, and strengthen community integration. This is especially true for more isolated groups, such as LGBT individuals, persons with disabilities, and refugee sex workers.

Recommendations and Next Steps

Urban refugees in Ecuador continue to face protection risks as a result of multiple and complex unmet needs, which cut across social, medical, and economic dimensions.

Besides those mentioned above, additional resources and actions to consider for strengthening the protection environment for subgroups include:

- Convene a workshop or roundtable for local LGBT organizations, refugee service providers, and LGBT refugees who are willing to attend, to help build linkages and partnerships between them.¹²

visit local LGBT community centers or participate in their activities, either in public or in private. As a result, they self-isolate even though they yearn for peer support. Providing clarity around this legal question could open doors to protective networks

¹¹ Humanitarian sector refers to all organizations providing services to refugees.

¹² Some sexual minority asylum-seekers expressed uncertainty over whether they are legally allowed to

- Develop a tool to support both refugees and refugee service providers in learning about the range of services, groups, and activities open to refugees in Ecuador. This resource could be inclusive of local Ecuadorian organizations and cross-listed for relevance to different subgroups (youth, trans, gay men, women, HIV+ individuals, sex workers, etc.). Having this information in tangible form, and all in one place, will enable access without requiring refugees to first self-identify to service providers as being, for instance, LGBT or engaged in sex work.
- Consider resources and ways of strengthening the capacities of partners, including practical tools for GBV practitioners, around disability inclusion and LGBT inclusion and non-discrimination.¹³
- Strategize potential avenues for partnering with education officials, school administrators, teachers, and parents, to address the violence refugee students face daily in schools.

WRC commends UNHCR and its partners for their commitments to enhancing community-based protection and strengthening GBV prevention and response for all refugees living in Ecuador. WRC extends its sincerest gratitude to the organizations and refugees who participated in this field visit.

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for LGBT refugees (or affirm for them the ways in which their protection environment is constricted by law).

¹³ WRC would be happy to share tools and help support capacity strengthening in these areas.