EXERCISE:

# Written Exercise: *Threats Assessment*<sup>36</sup>

FORMAT:

INDIVIDUAL  
AND GROUP  
EXERCISE

TIME: 45 MIN

REQUIRED MATERIALS: COPY OF 'WRITTEN EXERCISE: THREATS ASSESSMENT' IN APPROPRIATE LANGUAGE.

SUMMARY:

*This exercise uses a written questionnaire to help participants assess the security of various aspects of their lives, including safety at home, at the office, in social environments, in their communications and documentation, safety of their family and friends, during travel and in relation to state structures. It can be used either as an exercise in the workshop, or can be a handout to take back home.*

KEY EXPLANATION POINTS:

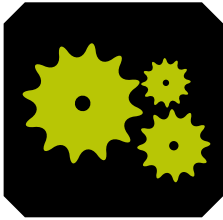
- Ask participants to fill out the written exercise, below, either alone or in pairs.
- Once the exercise is completed, facilitators can use it as a framework for a group discussion, asking questions about which sections surprised them, were difficult or unusual.

FACILITATION NOTES:

- This exercise can be very useful for more 'analytical' groups who prefer to work with written material.
- Facilitators should make sure to circulate among participants as they work on the written exercise to offer support.
- For groups that might find this exercise challenging, set up the work in pairs or triads.

*Alternative option:*

This exercise is also a good handout for participants to take back to colleagues and their organisation, as it offers a useful and detailed checklist of security threat considerations.



EXERCISE:

PAGE 1/8

FORMAT:

INDIVIDUAL  
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# Written Exercise: *Threats Assessment*

When/where	Considerations and Questions	How Secure are You? (1-10)	Threats (list most likely and highest impact threats)
At home	<b>Consider:</b> the characteristics of house building materials, doors, windows, cupboards. Protective barriers. Night lights. Is there a safe room in your home?	<b>Overall:</b>	
	Physical safety inside your house (windows, doors, entrance)		
	Around your house/immediate neighbourhood		
	Who has access to your house?		
	Who knows where you live?		
	Other _____		
At your office	<b>Consider:</b> are your offices open to visitors from the general public? Who knows your office location? Are there areas reserved only for personnel? Do you have to deal with unknown people who come to your place? Is there a safe room in your office?	<b>Overall:</b>	
	Physical safety inside your office: windows, doors, entrance, ability to screen visitors (security cameras)		
	Around your office/immediate neighbourhood		
	Who has access to your office?		
	Cash and document storage		
	Other _____		



EXERCISE:

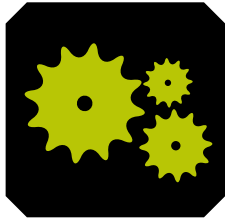
PAGE 2/8

FORMAT:

INDIVIDUAL  
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# Written Exercise: *Threats Assessment*

when/where	Considerations and questions	How secure are you? (1-10)	Threats (list most likely and highest impact threats)
When you travel nationally	<b>Consider:</b> what is your level of exposure, that is, the need to be in, or to pass through, dangerous areas to carry out normal daily or occasional activities? Do you cross checkpoints frequently? Possibility of accidents: do you wear seatbelts whenever possible? Are vehicles in good working order?	<b>Overall:</b>	
	a) In vehicles (your own, taxis, those of your organisation)		
	b) In public transport (buses, metro, trains, trams, rickshaws, etc.)		
	c) On foot or bicycle		
	d) Other _____		
When you travel internationally	<b>Consider:</b> possibility of detention crossing borders, risks in other countries, possibility of being trapped outside of your home country. Possibility of illness/medical emergency in transit.	<b>Overall:</b>	
	a) In transit (airports, train stations)		
	b) In foreign cities, hotels		
	c) Other _____		



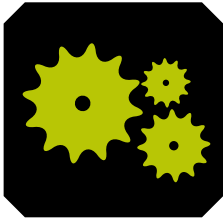
EXERCISE:

PAGE 3/8

FORMAT:  
INDIVIDUAL  
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# Written Exercise: *Threats Assessment*

when/where	Considerations and questions	How secure are you? (1–10)	Threats (list most likely and highest impact threats)
In your paid employment (livelihood)	<b>Consider:</b> how reliable are your income sources? Do you support anyone else (family, friends, partner(s))? Do you have other potential sources of income/benefits?	<b>Overall:</b>	
	a) Your current paid job		
	b) Other income sources (part-time work, consultancies, etc.)		
	c) Your benefits (if any): health insurance, leave, pension, etc.		
	d) Other _____		
When you are out socially?	<b>Consider:</b> How safe are the venues and homes you visit? Who is aware of the location of these places? Do you travel there and back alone? How often do you use alcohol or other stimulants to relax socially?	<b>Overall:</b>	
	a) In venues (bars, clubs, cafes, friends' houses, etc.)		
	b) In transit (to and from venues)		
	c) When you drink alcohol, use stimulants		
	d) Other _____		



EXERCISE:

PAGE 4/8

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when/where	Considerations and questions	How secure are you? (1-10)	Threats (list most likely and highest impact threats)
In your relationships with family, friends and partner(s)?	<p><b>Consider:</b> can you be 'yourself' in all of your close relationships – that is, do you sometimes have to hide your work or interests from your loved ones? Do you often argue? Do you ever feel physically or emotionally threatened? To what extent do you trust your partners/friends to help keep you safe and to support you?</p>	<p><b>Overall:</b></p>	
	a) With your family members		
	b) With your friends		
	c) With your partner(s)		
	d) Other _____		



EXERCISE:

PAGE 5/8

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# Written Exercise: *Threats Assessment*

when/where	Considerations and questions	How secure are you? (1-10)	Threats (list most likely and highest impact threats)
In your ability to protect your family members, friends, partners?	<b>Consider:</b> how safe are your family members (people you support, including children, parents, extended family members, partner)? Have they been threatened because of your work (physically, phone calls, pressure at their place of work, harassment at school)? Has the stress of your work affected them? If you were detained, arrested or hurt, have you put measures in place to support them/ protect them?	<b>Overall:</b>	
	a) Family members (children, parents, extended family members)		
	b) Your partner (husband/wife/girlfriend/ boyfriend)		
	c) Friends		
	d) Other _____		
In your work relationships/ networks?	<b>Consider:</b> how often do you experience conflict, jealousy, arguments, or competition with your colleagues? To what extent do you trust your co-workers to keep you safe and to support you? Do you have access to supportive allies in national and international networks?	<b>Overall:</b>	
	a) Co-workers in your organisation		
	b) Colleagues in other partner organisations		



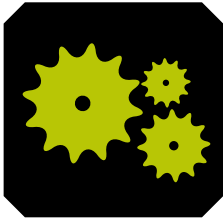
EXERCISE:

PAGE 6/8

FORMAT:  
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# Written Exercise: *Threats Assessment*

when/where	Considerations and questions	How secure are you? (1-10)	Threats (list most likely and highest impact threats)
	c) Colleagues in other human rights organisations		
	d) Colleagues in international organisations (allies, donors, etc.)		
	e) Other _____		
In your relationships with state legal systems?	<b>Consider:</b> can you start legal processes to claim your rights? (Access to legal representation, physical presence at trials or meetings, etc.) Can you procure appropriate assistance from relevant authorities for your work and protection needs? Are you denied legal registration or subjected to long delays? Can your organisation keep proper accounts and meet national legal standards?	<b>Overall:</b>	
	a) Ability to register and operate legally, to keep accounts and legal standards		
	b) Ability to claim rights and protection within the legal system (in general)		
	c) Ability to access support/claim rights in case of detention/arrest		
	d) Other _____		



EXERCISE:

PAGE 7/8

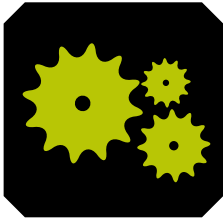
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when/where	Considerations and questions	How secure are you? (1-10)	Threats (list most likely and highest impact threats)
In your communications?	<b>Consider:</b> are telecommunication systems in place (radio, telephone, internet)? Do you enjoy easy access to them? Do they work properly at all times? Can they be cut before an attack?	<b>Overall:</b>	
	a) Internet		
	b) Telephone (landlines), mobile telephones		
	c) Other _____		
In your information and documentation processes?	<b>Consider:</b> can you keep information in a safe and reliable place? Could it be stolen? Can it be protected from viruses and hackers? Can you send and receive information safely? Do you have a safe place to back up any information (either in-country or outside).	<b>Overall:</b>	
	a) Information in your office (hard copies, in files)		
	b) Information at your home		
	c) Other _____		





EXERCISE:

PAGE 8/8

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when/where	Considerations and questions	How secure are you? (1-10)	Threats (list most likely and highest impact threats)
In your support systems?	<b>Consider:</b> do you have a good support system, people you can turn to in times of stress – to debrief after you have witnessed violence? If you experience violence personally, do you have a network to support you a safe place to talk, to offer sensitive care (physical and emotional)?	<b>Overall:</b>	
	a) Coping with stress and violence as a witness		
	b) Coping with stress and violence as a survivor		
	c) Access to outlets: exercise, nature (whatever works for you)		
	d) Access to care (mental and physical) in an emergency or in case of illness		
	e) Access to spiritual/contemplative practices: to sacred places (in nature or houses of worship, or with friends/family); to spiritual leaders, teachers, guides, books, materials		
	f) Other: _____		