



Managing Gender-based Violence Programmes in Emergencies

E-LEARNING COMPANION GUIDE



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INTRODUCTION

Welcome to the Companion Guide to UNFPA's E-learning Course, *Managing Gender-based Violence Programmes in Emergencies*. In response to its enthusiastic response from the humanitarian community, the Course developers decided to create a supplementary tool through which learners could engage more fully with key Course concepts. They asked Course participants if a Companion Guide would be useful, and the response was a resounding "Yes!"

The resulting Companion Guide was developed, in large part, from the feedback submitted by past Course participants and experts in the field. New additions to the E-learning material include **Programmes in Focus**, illustrative examples of GBV programming in action; **Voices from the Field**, first-person accounts from practitioners who have experienced and implemented the concepts covered in the Course; and **Thinking Locally**, short segments that encourage you to consider how you would apply issues to your own contexts.

Many Course participants said they would like to be challenged to think more deeply about how to apply concepts presented in the E-learning Course. The developers amplified the **Case Studies** found in Modules 3 and 4 to include **Additional Questions** that require analysis at a level not found in the original version. Take your time working with them; you can also consider them to be a good way of engaging colleagues in learning about the fundamental concepts included in the Modules. The answers to all of the **Checking your Knowledge** quizzes and Case Studies are found in *Annex 1: Answer Key*. As with many online learning offerings, the space for identifying references and resources was limited. That is why throughout the Guide you will find sections on **Key Tools**, reference materials that will provide further guidance on designing and implementing safe, ethical and effective GBV programming,

By featuring the entire E-learning Course transcript as well as the additional material described above, the Guide has been formatted to make it user-friendly for the widest possible audience. Learners who have already completed the E-learning Course may choose to use the Guide as a refresher to review key concepts and/or to explore certain concepts in greater depth. Those taking the Course for the first time may want to experience the interactive online version while simultaneously following along in the hard copy Companion Guide. For those who do not have access to the online platform or who chose not to follow the E-learning Course CD-Rom (provided with this Guide), the Guide can serve as a stand-alone learning tool as well as a resource that can be incorporated into trainings and other capacity development initiatives.

This project has been spearheaded by UNFPA on behalf of the Gender-Based Violence Area of Responsibility of the Global Protection Cluster. More information on the GBV AoR can be found at <http://oneresponse.info/GLOBALCLUSTERS/PROTECTION/GBV/Pages/default.aspx>.

We Want to Hear from You

The *Managing Gender-based Violence Programmes in Emergencies* E-learning Course and Companion Guide are just two elements within UNFPA's larger capacity development initiative to help practitioners increase their understanding of how to prevent, mitigate and respond to gender-based violence in emergencies. An additional feature includes a face-to-face workshop that brings practitioners together in a supportive environment to learn from one another, share experiences and speak about issues that are difficult to address outside of the GBV community. Information about these trainings will be widely circulated periodically through global GBV networks, including the Gender-Based Violence Area of Responsibility.

Please remember that the strength of this series of learning opportunities on *Managing Gender-based Violence Programmes in Emergencies* is because you let us know what works, what doesn't, and what you would find more helpful. Please continue helping us to help other practitioners by sending us feedback at: ekenny@unfpa.org, and thank you in advance!

Find the eLearning Course, *Managing Gender-based Violence Programmes in Emergencies*, at:
<https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>



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MODULE 1

UNDERSTANDING GENDER-BASED VIOLENCE



CONTENTS

This module provides information on the nature of gender-based violence as well as its many types and causes. These understandings form the foundation for the rest of the course.

This module covers:

- Understanding what we mean by “GBV”
- Prevalence and types of GBV
- Causes, contributing factors and consequences of GBV

OBJECTIVES

By the end of this module, you will be able to:

- Define gender-based violence
- Describe basic concepts related to GBV (such as violence, harm, and power)
- List common categories of GBV
- Identify the root causes of GBV
- Identify potential consequences of GBV

CONTEXT

This module lays the foundation for all of the modules in the Managing Gender-based Violence Programmes in Emergencies training course by first exploring in some depth the meaning of the term “gender-based violence” and its related concepts.

GBV prevention and response involves a specific set of interventions that must be well planned and well coordinated. Before you can establish those interventions, however, you must understand the problem well, and you must have reflected on your own knowledge, attitudes and beliefs about issues of gender, human rights, discrimination and gender-based violence.

This module will help build your knowledge and understanding of gender-based violence, its causes, and its consequences so that you can begin to use your knowledge to develop effective interventions for preventing and responding to GBV in emergencies.

SELF REFLECTION

In order to begin to effectively address this issue, we must first be aware of our own preconceived ideas about women, girls, men, and boys in the context of emergencies.

Before we begin, take a minute to reflect on your own attitudes. Read each of the statements below and tick whether you agree, disagree or are unsure about what is written.

- Men are better than women at making important decisions during times of crisis.
- Men are responsible for protecting their wives and children from harm during emergencies.
- Women should always defer to the decisions of their husbands or other male relatives regarding when it is safe to return home or resettle.
- Men should be the primary income earners of the family especially during displacement.
- A man should always know what to do and should never show his weakness, even if he has experienced traumatic events during the crisis.
- The focus of our prevention programmes with men, as the primary perpetrators of GBV, should be on attitude and behaviour reform.



TOPIC 1: OVERVIEW OF CORE CONCEPTS

"It is now more dangerous to be a woman than to be a soldier in modern conflict"

-Major General Patrick Cammaert, former UN Peacekeeping Operation commander in the Democratic Republic of Congo

In nearly every modern day conflict and disaster, reports of gender-based violence have revealed the various ways in which emergencies can increase vulnerabilities to abuse amongst populations already deeply disadvantaged by the effects of the crisis. Every day the media reports on gender-based violence happening on a scale that seems unimaginable. As recently as August 2010, the mass rapes in Walikale in the Democratic Republic of Congo revealed just how far we are from being able to effectively prevent gender-based violence or respond once it happens.

Core Concepts

In order to begin addressing this issue effectively and sustainably, we must first explore the core concepts that make up our definition of gender-based violence.

Gender-based violence is a complex issue, and even the words "gender-based violence" involve a complex set of concepts and terms. It is important to develop a basic understanding of these terms and concepts so that you can conduct assessments, design programmes, deliver services, coordinate with others, and monitor and evaluate your GBV interventions.

A thorough understanding of these core concepts will also enable you to help others understand the issues, and will help you to talk about GBV with care and respect, and without using confusing words.

We will now explore each of the core concepts listed here, which will lead us to a working definition of gender-based violence.

Gender and Sex

"Gender" refers to the social differences between males and females in any society. Although the words "sex" and "gender" are often used interchangeably, the differences between these two terms must be well understood.

Gender: Refers to the social differences between males and females that are learned. Though deeply rooted in every culture, social differences are changeable over time, and have wide variations both within and between cultures. "Gender" determines the roles, responsibilities, opportunities, privileges, expectations, and limitations for males and for females in any culture.

Some examples of sex characteristics:

- Women menstruate while men do not
- Men have testicles while women do not
- Women have developed breasts that are usually capable of lactating, while men have not

"A focus on gender not only reveals information about women and men's different experiences, it also sheds light on ingrained assumptions and stereotypes about men and women, the values and qualities associated with each, and the ways in which power relationships can change."

"Definition of Key Gender Terms", PeaceWomen website.

Some examples of gender characteristics:

- In the United States (and most other countries), women earn significantly less money than men for similar work
- In Vietnam, many more men than women smoke, as female smoking has not traditionally been considered appropriate
- In Saudi Arabia, men are allowed to drive cars while women are not
- In most of the world, women do more housework than men

A Note on Gender and Local Culture



Some people have criticized gender equality as a Western notion that is incompatible with more traditional or conservative cultures. These types of arguments fall into what is generally referred to as “cultural relativism” and is used to discredit the universality of human rights in general, and particularly with regards to women’s rights.

Respecting local cultures is a core principle of humanitarian work. However, identifying and defining “the culture” of a particular group is not a straightforward task. Even within the same community, cultural beliefs and interpretations may vary depending on an individual’s age, gender, socio-economic status and other characteristics. Furthermore, cultures are not static; they are continually being renewed and reshaped by a wide range of factors, including conflict and other humanitarian crises.

Well-designed gender equality programmes will never be imposed upon a local culture; rather they will seek to identify and support the grassroots movements that are already forming within any given community. As these movements gain momentum and push for more equitable practices, some members of that community may make adjustments in their lives that reflect these changes. Others may choose to continue living in accordance with traditional practices and roles. The key to effective gender equality programming lies in creating an opportunity for individuals to pursue either approach—or, as is most likely, to combine elements of both—and to recognize that opening up the possibility for some individuals to choose to live differently does not impose an obligation on everyone to do the same.

“This is the most sensitive and seemingly navigable way to diffuse the tension between women’s rights and cultural relativism – by seeing the struggles for women’s rights not as a way to save women from their cultures, but rather as a means to increase their choices and opportunities, so that they can play greater roles in shaping their cultures and their lives.”

Menkedick, Sarah. “Is Cultural Relativism at Odds with Women’s Rights?” (4 December 2009) <http://news.change.org/stories/is-cultural-relativism-at-odds-with-womens-rights>

Thinking Locally



“Gender” is an English word, the meaning of which has changed over time. Twenty years ago, “gender” had the same definition as “sex.” The word does not translate easily into other languages. For each language, we must find a way to describe the concept of gender in ways that can be understood.

If you speak languages other than English, take a few moments to translate “sex” and “gender” into another language. Imagine you are speaking with someone who is not familiar with the terms and concepts in this training course, and you need to explain the difference between these two meanings. How would you explain these concepts to this person?

Human Rights

“All human beings are born free and equal in dignity and rights”

(Article 1, Universal Declaration of Human Rights)

Gender-based violence violates universal and fundamental human rights, such as:

- The right to life
- The right to personal security
- The right to equal protection under the law
- The right to freedom from torture and other cruel, inhumane, or degrading treatment



What do we mean by “Human Rights”?

“Human rights are basic rights and freedoms that all people are entitled to regardless of nationality, sex, national or ethnic origin, race, religion, language, or other status. Human rights include civil and political rights, such as the right to life, liberty and freedom of expression; and social, cultural and economic rights including the right to participate in culture, the right to food, and the right to work and receive an education.”

Amnesty International www.amnesty.org

Human rights are founded on respect for the dignity and worth of each person. Human rights are universal, meaning that they are applied equally and without discrimination to all people. Human rights are inalienable, in that no one can have his or her human rights taken away other than in specific situations.

There are numerous international treaties and declarations that address human rights and some are directly relevant to GBV. It is not necessary to have a sophisticated understanding of these documents in order to effectively apply them to GBV work. A few key excerpts from these documents can be useful for advocacy and fundraising purposes. A basic working knowledge of human rights can also help inform and guide our interactions with the populations we serve. See Annex 2 for more detailed information on these documents as well as some key excerpts.

Additionally, the UN Security Council has issued a number of Resolutions, which are binding on all States in the international system, that specifically address GBV in humanitarian contexts. See the matrix in Annex 3 for full details.

Violence

Many people associate the word “violence” with physical force and physical violence, but there are many other forms of violence. For example, consider this: Violence = the use of some type of force, coercion*, or pressure.

Terms & Definitions related to Violence:

Violence: The use of force to control another person or other people. Violence can include physical, emotional, social or economic abuse, coercion, or pressure. Violence can be open, in the form of a physical assault or threatening someone with a weapon; it can also be more hidden, in the form of intimidation, threats or other forms of psychological or social pressure.

Force: To cause to do through pressure or necessity, by physical, moral or intellectual means

Abuse: Misuse of power. Abuse prevents persons from making free decisions and forces them to behave against their will. Children are especially vulnerable to abuse due to their extremely limited power in any given situation. Children are also more easily confused and tricked due to their limited life experience.

Coercion: Forcing, or attempting to force, another person to engage in behaviours against her/his will by using threats, verbal insistence, manipulation, deception, cultural expectations or economic power.

Deepening Our Understanding of “Coercion”



Because coercive acts are not always physical in nature, they can be more challenging to identify than other types of violence. Additionally, coercion is context-specific; actions or threats that may convince one person to act against his or her will may not work at all when applied to another person or situation. When assessing coercion, we must put aside our own biases and interpretations and focus on the knowledge, beliefs and perceptions of the person being coerced.

For example, sex traffickers who recruit girls and young women in West Africa often employ juju or “black magic” rites as a coercive control mechanism over their victims. Before travelling abroad, the girls take part in sacrificial rituals and provide sworn oaths not to disclose their location or the identities of their traffickers. They are warned that failing to respect these oaths will anger the spirits and bring about grave harm or death to themselves or their loved ones. The traffickers have little need for physical violence or restraint because the psychological control imposed by the rituals can form an even stronger control mechanism. However, when police intervene it is often difficult to find evidence that the girls have been forced to act against their will.

Ahatise, E. “Women Trafficking from West Africa to Europe: Cultural Dimensions and Strategies” *Human Rights: A Gender Perspective* (2005). <http://www.koed.hu/mozaik15/esohe.pdf>

* When force or coercion is used, there can be no consent.

Consent: Refers to approval or assent, particularly and especially after thoughtful consideration. “Informed consent” occurs when someone fully understands the consequences of a decision and consents freely and without any force. The absence of informed consent is an element in the definition of GBV. There can be no consent in situations where any kind of force (physical violence, coercion, etc.) is used.

“She didn’t say no” is a common defence for acts of GBV. In many cases, she might say “yes” or would not say “no” because she feels threatened and fears for her own safety, her social status, or her life. It is further assumed that children (under age 18) are unable to fully understand and make informed choices/give consent about such issues as female genital mutilation or cutting (FGM/C), and marriage.

The legal interpretation of consent in sexual violence cases continues to evolve. NGOs and women’s rights activists are increasingly pushing courts to shift the responsibility for demonstrating consent (or lack of consent) from the survivor to the alleged perpetrator. Under the traditional approach, the burden of proof falls on the survivor to demonstrate some sort of resistance to the attack; under the new approach, advocates argue the responsibility should fall on the alleged perpetrator to prove there was active, explicit consent from both parties. For example, in M.C. v Bulgaria (a case heard by the European Court of Human Rights), the human rights NGO Interights stated: “The equality approach starts by examining not whether the woman said ‘no’, but whether she said ‘yes’. Women do not walk around in a state of constant consent to sexual activity unless and until they say ‘no’, or offer resistance to anyone who targets them for sexual activity. The right to physical and sexual autonomy means that they have to affirmatively consent to sexual activity.”*

Thinking Locally



M.C. v Bulgaria illustrates how the European Court of Human Rights has shifted in the way it treats GBV cases. Can you think of any similar rulings within the country or region where you work?

The UN Secretary-General’s database on violence against women contains country-specific information on laws, institutional mechanisms, services for survivors, and statistical data. The database can be found at <http://webapps01.un.org/vawdatabase/country.action#M>.

Remember, it is not always necessary to have a detailed understanding of the law in order to use these rulings to support your own advocacy efforts.

Checking Your Knowledge – Violence



1. In situations where soldiers take advantage of the chaos of conflict to rape women indiscriminately, they are usually coercing women into performing sexual acts against their will. This is an example of (check all that apply):
 - a) Violation of human rights
 - b) Abuse
 - c) Informed consent
2. True or False: When we refer to violence, we are referring only to physical violence.
 - a) True
 - b) False
3. Violence can be manifested in many different ways, including (check all that apply):
 - a) Physical assault
 - b) Emotional or psychological abuse,
 - c) Social or economic abuse.



* Interights submission to the European Court of Human Rights in the M.C. v Bulgaria case (2003)

Power

Gender-based violence involves the abuse of power. To understand GBV risks and vulnerabilities, it is important to understand the power dynamics in the communities we serve. To address GBV effectively, you must understand and analyse the power relations among men and women, women and women, men and men, adults and children, and among children.

Power: involves the ability, skill or capacity to make decisions and take action; physical force or strength. The exercise of power is an important aspect of relationships. All relationships are affected by the exercise of power. The more power a person has, the more choices are available to that person. People who have less power have fewer choices and are therefore more vulnerable to abuse.

"POWER" IS NOT ALWAYS PHYSICAL.

In the context of violence and abuse, most people think of physical power, which includes physical size and strength as well as designated roles, such as soldiers, police, and gangs. Physical power may involve the presence of weapons and/or controlling access or security, such as at checkpoints.

However, there are many different types of power that are relevant in the context of GBV, such as:

Social / community power

- Peer pressure and bullying are forms of social power. Date rape is often a result of peer pressure.
- Community leaders, Teachers, and Parents are very powerful because of their roles in the family and the community.

Economic power

- Control of money or access to goods, services, money, or favors
- Husbands and/or fathers often hold the economic power in families
- In communities, big business owners can be extremely powerful

Political power

- Elected leaders have power
- There is power in laws and how those laws are carried out, which can result in abuse if the laws do not provide adequate protections

Gender-based (social)

- In most cultures, males are usually in a more powerful position than females

Age-related

- Children and the elderly often have less power

Power is directly related to choice. The more power one has, there are more choices available. The less power one has, fewer choices are available. People who are dis-empowered have fewer choices and are therefore more vulnerable to abuse.

Thinking Locally

Since power can vary across cultures and situations, it is important to think about the characteristics of power in the specific contexts in which you work. Consider the following questions:

1. Imagine a powerful figure or group in your country/community. What makes them powerful?
2. What are some of the ways—positive or negative—that these people assert their power?
3. Are there certain situations in your culture that make the power differences between men and women either wider or narrower? What is it about these situations that make them different from other situations?
4. In what circumstances do you feel most/least powerful? What are the factors that make a difference in this feeling?

Harm

Gender-based violence causes harm. Physical injuries, including sexual injuries, often occur. Other harmful consequences can include:

- Emotional and psychological trauma
- Economic hardship
- Rejection and social stigma

Any of these can lead to the most harmful of all consequences – death due to injuries, from suicide or murder.

REMEMBER: Every survivor of GBV is an individual, and will experience harm in different ways.

Stigma: Severe disapproval for behaviour that is not considered to be within cultural norms.
Social stigma often causes rejection by families and/or communities.

NOTE: For many survivors, the social consequences of disclosure – or fear of those consequences – will prevent them from ever telling anyone about the incident.

“[...] there is rarely a simple cause-and-effect relationship between a violent act and its impact, particularly where psychological abuse is concerned. Even in extreme cases, a range of reactions and effects are possible since people respond to adversity in highly individual ways. The age and temperament of the person, and whether or not he or she has emotional support, will influence the outcome of violent events.”

World report on violence and health: summary (World Health Organization, 2002)

Consider these two examples of how harm can manifest itself in complex, and sometimes unpredictable, ways:

“A young woman came to the health centre and said she felt very sick. After examination it was found there was nothing [physically] wrong with her. She later revealed she felt very sad because of her domestic problems – her husband wanted to marry another wife and he was always quarrelling/mistreating her. He made her feel guilty because she had only one child (a girl) and was unable to conceive again. This case illustrates how psychological/emotional trauma can create physical illness. In closed societies, harm to the survivor can sometimes be revealed this way.”

Submitted by Penina Gathuri, UNFPA Afghanistan (NFP Seconded – NORCAP)

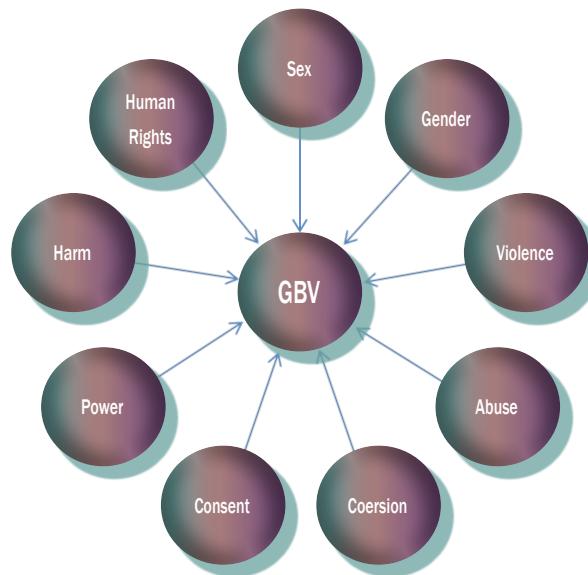
“A teenage girl was continuously raped by her uncle for two years. After her mother passed away, the girl’s behaviour regressed to that of a much younger child. She cannot concentrate and has dropped out of school. She cannot do what other girls of her age do. When she holds things she ends up dropping and breaking them.”

Submitted by Tshilidzi Ravhura, hospital employee, South Africa



Core Concepts and the Definition of GBV

Put together, these core concepts form the basis for our working definition of gender-based violence.



Gender – Acts of GBV are based on gender; that is, the socially defined roles, expectations, rights, and privileges of males and females in any society or community.

Violence – GBV involves the use of force – which includes threats, coercion, and abuse.

Power – Gender-based violence is the abuse of some type of power over another person.

Harm – All forms of GBV are harmful to individuals, families, and communities. Each survivor of GBV is an individual, and each will experience harm differently.

Human Rights – Acts of GBV are violations of basic human rights

Definition of Gender-based Violence

“Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many – but not all – forms of GBV are illegal and criminal acts in national laws and policies.”

IASC Guidelines on Gender-based Violence Interventions in Humanitarian Settings (2005)

More about the Definition

As you saw, the definition brings together the key concepts. Acts of GBV are based on gender, are harmful, violate human rights, and involve the abuse of power and the use of force.

The definition we used is the official and agreed-upon definition of gender-based violence in the context of humanitarian emergency situations. The definition was developed by a team of GBV experts in 2005 when the Inter-Agency Standing Committee Guidelines on GBV Interventions in Emergencies were developed. Because it is an IASC-endorsed definition, this is the agreed definition for use by UN agencies, most international NGOs, the Red Cross/Red Crescent movement, and most other international organizations involved in emergency response.

Gender-based violence can take many forms. Annex 4 provides some commonly-accepted definitions of specific acts of GBV.

Victim or Survivor?

The terms “victim” and “survivor” can be used interchangeably. “Victim” is a term often used in the legal and medical sectors. “Survivor” is the term generally preferred in the psychological and social support sectors because it implies resiliency.

The term “gender-based violence” is often used interchangeably with the term “violence against women.” The term “gender-based violence” highlights the gender dimension of these types of acts; in other words, the relationship between females’ subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also experience gender-based violence, especially sexual violence.*

* *IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings (2005), p. 7.*



Around the world, GBV has a greater impact on women and girls than on men and boys. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence. While there is some evidence that sexual violence against boys occurs more often than previously known, we do not yet know enough about sexual violence against men and boys in any setting, including in emergencies.

Although men and boys can often be seen as either perpetrators or victims of GBV, men and boys are often also critical change agents in GBV prevention efforts.

Checking Your Knowledge – GBV Concepts and Terms



Review what you know about GBV concepts and terms. Read the following scenario and answer the questions below.

A displaced woman fleeing with three children from armed conflict approaches an armed soldier at a checkpoint. The woman has been separated from the rest of her family and community; she is seeking refuge at a town on the other side of the checkpoint. The soldier asks the woman to give him some money to go through the checkpoint (there is no fee - he is asking for a bribe). The woman explains she has no money and nothing of value to offer. The soldier tells the woman that he will let her through if she has sex with him. The woman agrees. The man is very rough and the woman feels pain while he is inside of her. She tries not to cry in front of her children.

1. Did the woman consent to sex?
 - a) Yes
 - b) No
2. Is this an incident of gender-based violence?
 - a) Yes
 - b) No
3. Why is this an incident of gender-based violence? Check all that apply:
 - a) It was based on an unequal balance of power between the soldier and the woman
 - b) It was harmful to the woman
 - c) It violated the woman's human rights
 - d) She gave her consent to have sex
 - e) It involved the use of force



TOPIC 2: PREVALENCE AND TYPES OF GBV

At least one woman in every three has been beaten, coerced into sex, or otherwise abused in her lifetime.

In-Depth Study on All Forms of Violence against Women: Report of the Secretary General, 2006. A/61/122/Add.1. 6 July 2006.

Now that we have looked at the core concepts that make up our definition of gender-based violence, let's look at the many types of GBV and their prevalence throughout the world, whether in a stable setting or in an emergency.

It is important to note that we usually only know the number of individuals who *report* GBV, not all of the individuals who have experienced GBV. Prevalence of gender-based violence is extremely difficult to obtain due to its hidden nature and due to the fact that it is under reported.

Prevalence: The prevalence of an event or act is defined as the total number of cases [of GBV] in the population at a given time.

Prevalence and incidence are two related but distinct terms used to describe population-based statistics. Both provide estimated measures of how frequently something (e.g., GBV) occurs. However, prevalence includes *all* cases in a population over a specified period; incidence refers only to *new* cases within a given timeframe.

Voices from the Field

To define the real number of GBV survivors, particularly women and girls, who were exposed to sexual violence was a serious challenge. Due to cultural norms, families hide cases of rape and do not even turn for any support or services. This has caused a big obstacle in provision of relevant and needed services to survivors of violence.

Submitted by Nurgul Kinderbaeva, UNFPA Kyrgyzstan

Prevalence of GBV Worldwide

It is well documented that GBV is a widespread international human rights and public health issue, and that appropriate, good quality, and effective prevention and response are inadequate in most countries worldwide.

Although in most countries little research has been conducted on the problem, available data provide a rough estimate of the prevalence of GBV worldwide. It is important to note that we usually only know the number of individuals who *report* GBV, not all of the individuals who have *experienced* GBV. Prevalence of gender-based violence is extremely difficult to obtain due to its hidden nature and do to the fact that it is under reported. Cultural factors and the stigma associated with GBV make it difficult to discuss in certain contexts.

Given the ethical and safety difficulties in collecting data on this sensitive topic, these facts and figures are accepted estimates that demonstrate the widespread nature of the problem and highlight specific trends in crisis/post-crisis settings. This information may be useful in efforts to bring GBV to the attention of stakeholders in the absence of reliable data from any one specific setting.

Key Tools



THE GBVIMS

Over the last few years, there has been a move within the GBV community to create and standardize methods for documenting GBV. Though reliable data are crucial for effectively addressing GBV, any attempt to gather this information raises serious ethical and safety concerns for both the survivor and the person performing the data collection. The Gender Based Violence Information Management System (GBVIMS) is a new multi-agency tool designed to allow GBV professionals to collect and share reported GBV case data in a standardized, safe and ethical way. For more information, visit www.gbvims.org.

GBV in All Settings

Around the world at least one woman in every three has been beaten, coerced into sex, or otherwise abused in her lifetime. Most often the abuser is a member of her own family.

- 48% of girls surveyed in the Caribbean reported their first sexual intercourse experience was forced.
- More than 90 million African women and girls are victims of female circumcision or other forms of genital mutilation.
- In South Africa, it is estimated that a woman is raped every 83 seconds, and only one in 20 of these cases are ever reported to the police.
- In the Midlands Province in Zimbabwe, 25% of women reported attempted or completed rape by an intimate partner.
- More than 70 million girls/women have suffered FGM/C worldwide. Every year more than 2 million girls undergo this practice.

Populations Affected by Armed Conflict

Multinational peacekeepers and humanitarian aid workers have been found to sexually abuse and exploit refugee and internally displaced women and children in Guinea, Sierra Leone, Liberia, the Democratic Republic of Congo, Nepal, and other countries.

- Azerbaijan: 25% of women acknowledged being forced to have sex. Those at greatest risk were among Azerbaijan's internally displaced.
- Bangladesh: During the armed conflict in Bangladesh in 1971, it is estimated that 200,000 civilian women and girls were victims of rape committed by Pakistani soldiers
- Bosnia-Herzegovina: A European Community fact-finding team from April 1992 estimated that more than 20,000 Muslim women had been raped in Bosnia since the start of the fighting.
- Cambodia: 75% of women who participated in a study conducted in the mid-1990s were domestic violence survivors, often at the hands of partners who kept small arms that they used in the war.
- Democratic Republic of Congo: Thousands of Congolese girls and women suffer from tissue tears in the vagina, bladder and rectum, after surviving brutal rapes in which guns and branches were used to violate them. A survey of rape survivors in South Kivu region revealed that 91% suffered from one or several rape-related illnesses.
- Liberia: Overall, the proportion of women who reported violence, perpetrated by non-family members, was over 10 times greater during the conflict period (1999-2003), compared with violence reported during the post conflict years.

Following Natural Disasters

Sexual Violence

- Indian Ocean tsunami, 2004: Sexual assaults were widely reported to increase in the aftermath of the tsunami.

Intimate partner violence/ Domestic violence

- Nicaragua, 1998 after Hurricane Mitch: 27% of female hurricane survivors and 21% of male survivors responded to surveyors that woman battering had increased after the hurricane.
- Indian Ocean tsunami, 2004: Domestic violence was widely reported to increase in the aftermath. One NGO reported a three-fold increase in cases brought to them.

Trafficking

- Women, girls, and boys “disappear” from populations affected by natural disaster. The extreme circumstances of disaster, poverty, dependence, and hopelessness provide an opportunity for traffickers to trick and exploit women and children.



Death Due to GBV

Some victims of GBV die in the aftermath of the incident as a result of illness, murder or suicide, although statistics on deaths due to GBV are rarely kept.

- Many survivors of rape during the Rwandan genocide are now HIV+ or already dead due to complications of AIDS.
- More than 5 million women die each year as victims of honour killings
- Some women, suffering from unrelenting emotional, psychological, and social distress, commit suicide. In Thailand, UNHCR monitors the numbers of suicides, among other protection incidents in the Burmese refugee population. According to UNHCR, “2 in 3 suicide victims are women, compared to a national ratio in Thailand of 3 males to every 1 female. Most suicides involve victims of rape or domestic violence.”

“Suicide rates are high among Tajik women because of unchecked domestic abuse and because victims are unaware of their rights. From January to September 2008, the latest period for which statistics are available, there were 240 recorded cases of female suicide in Tajikistan. Experts think the true figures are a lot higher as some deaths are misreported [...]. Human rights activists say around eight out of ten violent crimes occur within the family home. It is common for men to assault their wives, who enjoy little protection from relatives as they generally move to the husband’s family home after marriage.”

Female Suicide ‘Epidemic’ in Tajikistan: Unchecked domestic violence seen as root cause (Institute for War and Peace Reporting, 7 July 2009) <http://iwpr.net/report-news/female-suicide-%E2%80%9Cepidemic%E2%80%9D-tajikistan>

Humanitarian Emergencies

Emergencies can cause traditional gender roles and power dynamics to shift. In many cases, women and adolescent girls in humanitarian contexts are the sole providers and protectors for their families, since most men have either been killed or are engaged in the fighting. In other cases, men may not be able to fulfil their traditional role as the household provider. They may be humiliated by not being able to protect their family from harm, and the resulting frustration could lead to an increase in GBV.*

Humanitarian emergencies are a complex mix of occurrences that may be the result of natural forces (extreme weather or geological activity) or human activity (conflict, social upheaval and environmental degradation). During emergencies, women and adolescents especially can be separated from their families and communities, increasing their vulnerability to attack. Breakdowns in law and order and in protective societal norms also contribute to this abuse.

Phases of Emergency Response

Emergencies can have a wide range of impacts and effects on both the human and physical environments. One way to organize our response to emergencies is by phases.

The following pages show two different graphical representations of an emergency. The first helps illustrate the general characteristics an emergency, including its phases and the overarching goals of humanitarian action in each phase. However, it is also designed to convey the chaotic feel of emergencies and how, depending on the situation, certain phases can overlap with one another. The second graphic is more structured and helps highlight specific interventions that are most appropriate during each phase of an emergency response.



*

Women, Girls, Boys and Men: Different Needs – Equal Opportunities (IASC, 2006)

Phases of Emergency*

Phase 2—Crisis

Focus: Acute Response

This phase is often chaotic, with people fleeing for safety and families and communities separating. Interventions during this phase focus on saving lives and meeting the basic needs of affected communities.

Phase 1—Pre-Crisis

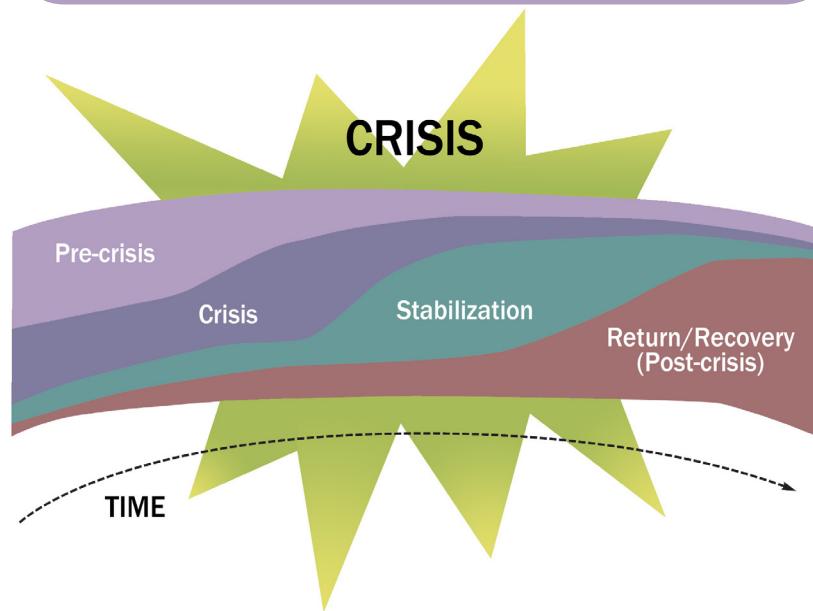
Focus: Prevention and Mitigation

This phase is characterized by deteriorating economic and social circumstances, civil disturbance, and growing instability. Activities in this phase contribute to outright avoidance of a crisis and/or minimize its adverse impacts.

Phase 3—Stabilization

Focus: Protracted Relief

This phase signals that the initial crisis has passed or subsided and people have reorganized themselves into families and communities. There is less chaos, and basic needs are met. Interventions at this phase may focus on capacity development of civil society and the affected populations, (re)establishment of systems for healthcare, rule of law, protection, etc., and conflict resolution and/or reconstruction.



Phase 4—Returning/Recovery (Post-Crisis)

Focus: Recovery and Rehabilitation

During this phase, those communities that have been displaced by the crisis may be returning to their country or area of origin or seeking asylum in a new country, either spontaneously or as part of a planned settlement. This phase may be characterized by wide scale community reconstruction and reintegration of returnees into communities. Interventions at this phase might support the transition of actions away from international actors to government and civil society.

Phases of Emergency Response

- Medium and information gathering
- Engagement and consultation with those at risk
- Information campaigns
- Contingency planning
- Developing response capacity
- Stockpiling supplies

Phase 1: Prevention & Mitigation

Phase 2: Acute Response

- Saving lives
- Meeting basic needs

- Capacity development
- Establish systems for healthcare, rule of law, protection, etc.
- Conflict resolution
- Reconstruction

Phase 3: Protracted Relief

Phase 4: Recovery & Rehabilitation

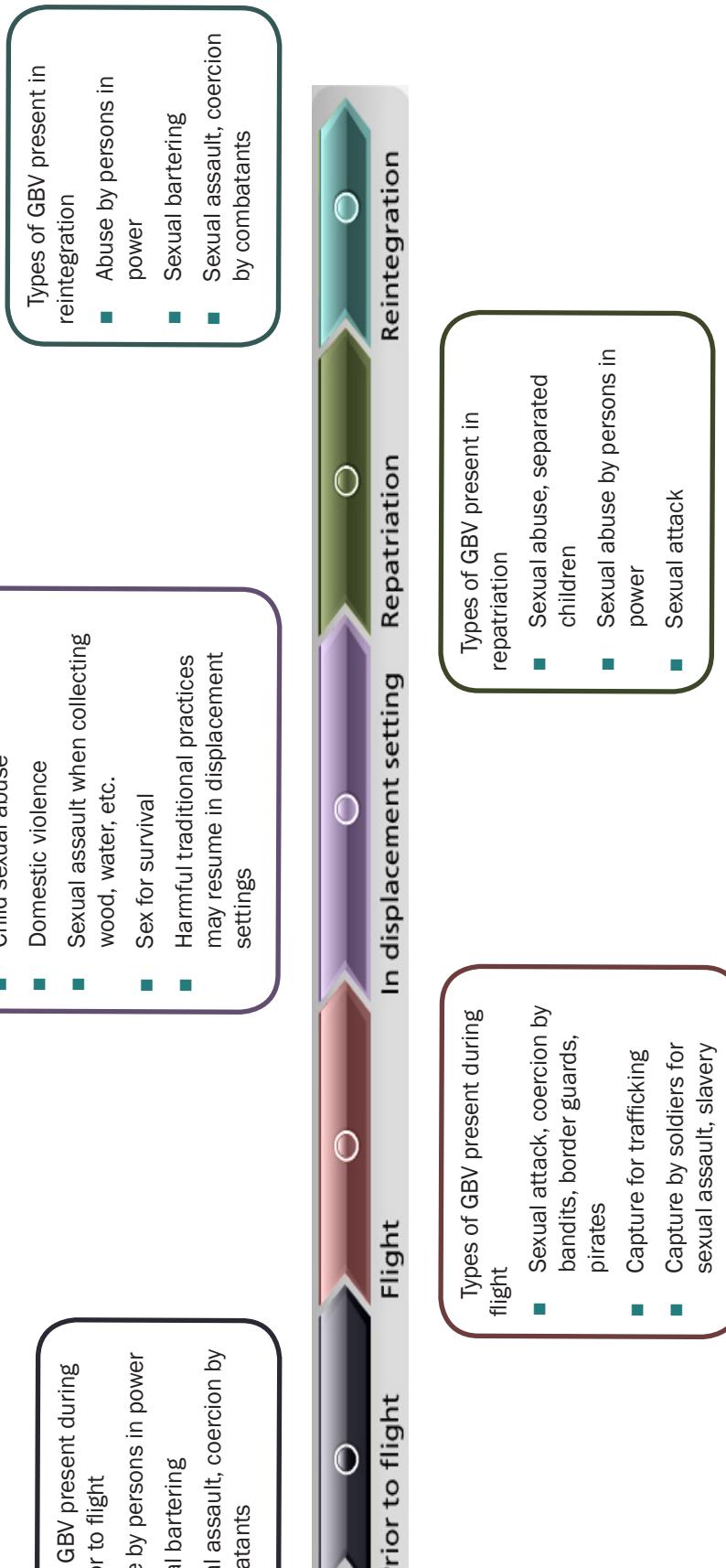
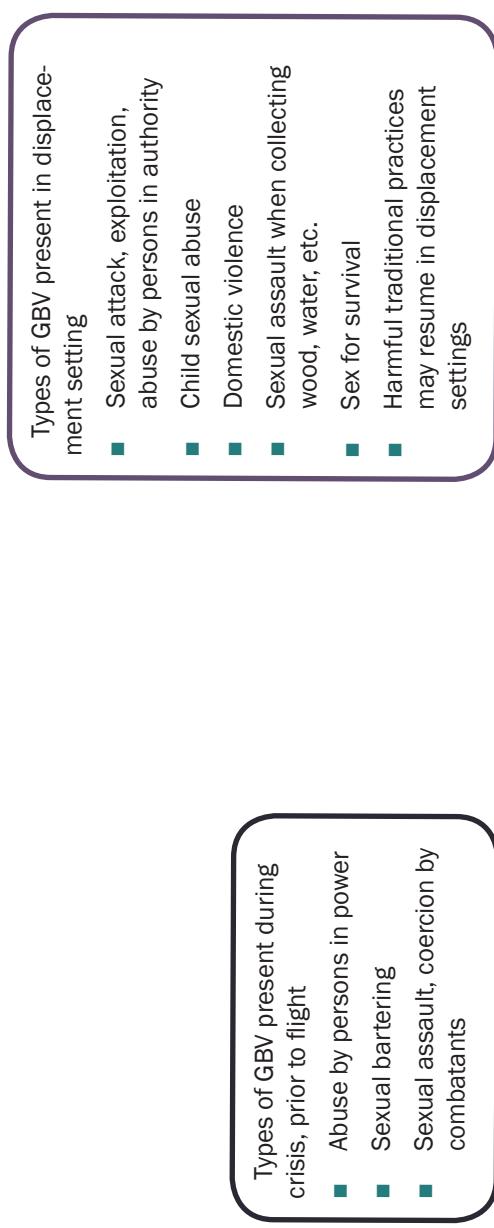
- Community reconstruction and reintegration
- Transition of actions away from international actors to government and civil society

* Adapted from Kotze & Holloway, 1996



GBV in Emergencies

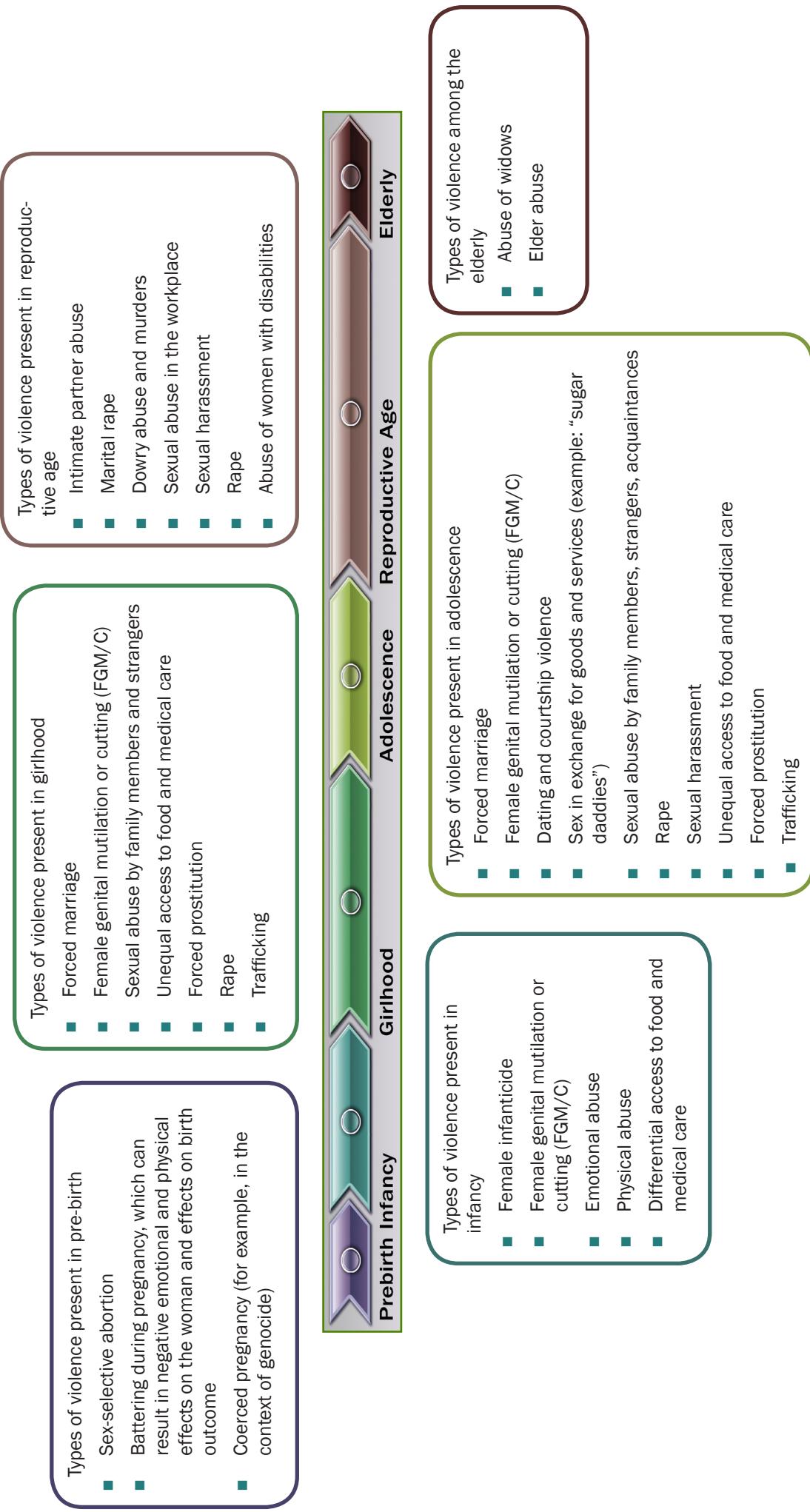
The following information demonstrates the types of GBV that often occur during the various stages of an emergency, whether due to armed conflict or natural disaster.





GBV across the life stages

Even without any type of humanitarian emergency in their community, women and girls are at high risk for many forms of GBV at all stages of their lives. The following timeline of GBV across the life stages was developed by early GBV researcher Lori Heise. It shows a sampling of the types of gender-based violence that commonly occur at the various life stages of women and girls.



TOPIC 3: CAUSES AND CONTRIBUTING FACTORS OF GBV – THE GBV TREE

Introduction

One way of demonstrating – and understanding – gender-based violence is to illustrate the issues using a drawing of a tree. This method is useful with communities in the field, and is a simple way to understand GBV.

The entire tree represents gender-based violence.

Roots

The roots are the root causes.

The root causes of gender-based violence are a society's attitudes towards and practices of gender discrimination. Typically, these place women and men in rigid roles and positions of power, with women in a subordinate position in relation to men. The accepted gender roles and lack of social and economic value for women and women's work strengthen the assumption that men have decision-making power and control over women. Through acts of gender-based violence perpetrators seek to maintain privileges, power, and control over others. This disregard for or lack of awareness about human rights, gender equality, democracy and non-violent means of resolving problems help continue the inequality that leads to GBV.

Weather / Temperature

Weather and temperature are the contributing factors - they make the tree grow bigger and the roots grow stronger.

While gender inequality and discrimination are the root causes of all forms of gender-based violence, various other factors will influence the type and extent of GBV in each setting. During crises, there are many such factors that can increase risk and vulnerability to GBV. Examples include:

- Community and family support systems have broken down
- Families are often separated
- Institutions such as health facilities and police are under-staffed or nonexistent
- There is a prevailing climate of human rights violations, lawlessness, and impunity
- Displaced populations are dependent on aid and vulnerable to abuse and exploitation
- Temporary communities and shelters may not be safe, may be overcrowded, may be in isolated areas, or could lack sufficient services and facilities

Branches

The branches stand for the different categories of GBV that can occur.

Acts of gender-based violence can be grouped into four general categories:

- Sexual abuse
- Physical abuse
- Emotional and psychological abuse
- Economic abuse

Leaves

The leaves are the consequences of GBV for survivors, their families, and communities.

The consequences of GBV for individuals and communities are far reaching. Keep in mind the physical consequences like sexually transmitted diseases and unwanted pregnancy, emotional and psychological consequences like guilt and shame, and social consequences like isolation and rejection, to name but a few. Each of these types of consequences of GBV will be discussed at greater length in Module 4: Responding to Gender-based Violence in Emergencies.



Thinking Locally



In both emergency and non-emergency contexts, the prevalence and types of gender-based violence can be affected by a number of contributing factors – the “weather/temperature” around our GBV tree.

1. Thinking of the context in which you work, what are some factors that might increase the prevalence of GBV? Examples might be things like poverty or lack of secondary education for girls.
2. Now think about how these factors influence the types of GBV that are present in your context. For example, the lack of secondary education for girls might mean that early marriage is particularly prevalent where you work.

MODULE 1 REVIEW

Gender refers to the social differences between males and females and the prescribed roles assigned to each. Though deeply rooted in every culture, these social differences are learned and therefore changeable over time. They also have wide variations both within and between cultures. The root causes of gender-based violence lie in assumptions about superiority or inferiority based on a person’s gender.

There are a variety of types of gender-based violence, but all GBV is an abuse of physical or other types of power and a violation of human rights. People who have less power have fewer choices and are therefore more vulnerable to abuse.

Accurate information on GBV prevalence is difficult to obtain, especially in emergencies. However, because of stigma and other social factors, we know GBV is under-reported in every context. Humanitarian crises and the accompanying breakdown in support systems can lead to increases in sexual and other types of gender-based violence.

All GBV is harmful; the consequences of a given incident will vary from person-to-person and situation-to-situation.

Case Study: Mahet and Family



Let’s apply some of the concepts from this module by examining a case study. It is tempting to immediately move to thinking of ways to address the GBV. But as you read the case study and complete the activities, first try to understand the dynamics of the situation for Mahet and her family in light of what you have just learned.

Mahet is 17 years old. Until recently, Mahet was living with her parents and younger siblings in a camp for internally displaced persons (IDPs) where they fled when the conflict reached their village. Mahet’s family is a patriarchal family with traditional gender roles – her mother is responsible for the house, cooking, and child care, and her father is the decision-maker and primary income earner. Although the family is poor, Mahet used to attend the local school along with other IDP children. Three weeks ago Mahet’s father told her that he could not afford to take care of her anymore and that he had arranged for her to go to live with his cousin’s family in a relatively stable area of the country. The 42-year-old father of the family had recently lost his wife, and they needed someone who could help take care of the children and the home, and be a comfort to the father. Mahet was quickly married to the man and he brought her to his home. The first night, the man raped Mahet. He raped her again the next morning, again that night and again every day after that. After two weeks of suffering, Mahet wrote to her father and pleaded with him to let her come back to the camp. Mahet has just received a response from her father:

My dear Mahet.

I was greatly distressed to receive your letter. Please do not write such things to me again – you know how the mail can go missing here and end up in others’ homes. The matter that you shared with me is between you and your husband; you are a wife now, Mahet, with responsibilities that only a wife can meet. He is a good man and can provide a home for you and some money for us so we can survive in this camp a bit longer. You have helped your family by marrying this man, Mahet. Please do not dishonour your family by reacting in this way.

Mahet is sad and scared. She feels trapped in the man’s home and does not know what to do. She does not feel that she has any options left.



Analysing the Case Study

1. Let's begin analysing Mahet's case study considering the concepts we reviewed at the start of this module. In this case study, which of the following GBV concepts were evident? Check all that apply:
 - a) Respect for Mahet's human rights
 - b) Social pressure
 - c) Abuse of power
 - d) Harm
2. Next, consider the categories of GBV that have been discussed in this scenario. Please select all of the categories of GBV that apply to Mahet's story:
 - a) Sexual abuse
 - b) Physical abuse
 - c) Emotional and psychological abuse
 - d) Economic abuse
3. What do you think are the principal root causes of Mahet's abuse?
 - a) Mahet's religious background and lack of appropriate health education
 - b) Gender inequality and lack of respect for Mahet's human rights
 - c) Displacement and poor schools
4. The leaves on the GBV tree symbolize the consequences of GBV. Identify all possible consequences of Mahet's abuse in this case:
 - a) Negative health outcomes
 - b) Economic dependence on her husband
 - c) Early pregnancy
 - d) Depression
5. In the case study, there were contributing factors (symbolized in the GBV Tree by weather, temperature, etc.). Refer to the case study and select all that apply to Mahet's situation:
 - a) Mahet's attractive appearance
 - b) The family's dependence on humanitarian aid
 - c) The family's displacement
 - d) The man's alcoholism
 - e) Mahet's lack of knowledge about her human rights (and her lack of skills in advocating on behalf of her rights)

Congratulations!

You have now completed this module.

You should now be able to...

- Define gender-based violence
- Describe basic concepts related to GBV (such as violence, harm, power)
- List common categories of GBV
- Identify root causes of GBV
- Identify potential consequences of GBV

You may now proceed to Module 2.

MODULE 2

FRAMEWORK

FOR ADDRESSING GENDER-BASED VIOLENCE IN EMERGENCIES



INTRODUCTION

Now that we have reviewed the core concepts that make up our understanding of GBV in emergencies, let's begin to explore a framework and some key approaches we need to understand in order to design appropriate and effective gender-based violence prevention and response interventions. More concrete examples of those actions will be provided in Module 3 (Preventing GBV) and Module 4 (Survivor Centred Response).

Contents of the Module

- An introduction to the Ecological Framework as an overarching framework for intervention.
- A review of the three core approaches for effective interventions – the rights-based, community-development and survivor-centred approaches.
- An overview of multi-sectoral interventions, looking at systems and standards for intervention and inter-agency coordination.
- People as a key resource in creating the change necessary to protect women and girls from gender-based violence, with an emphasis on strengthening local leadership and ownership.

Objectives

By the end of this module, you will be able to:

- Describe the Ecological Framework for understanding and addressing GBV
- Identify interventions at each level of the Ecological Framework that address GBV in emergency settings
- Identify the core approaches that influence our work to prevent and respond to GBV at every level and in all phases of emergency response
- Explain the purpose of GBV coordination and utility of the IASC GBV Guidelines to support inter-agency action
- Apply an understanding of this framework and approaches to a real-life case study

Context

Since the early 1990s, with reports of mass rape in Bosnia, Rwanda and Kosovo, the international community has been actively responding to gender-based violence as a component of humanitarian response efforts. As a result, there have been significant developments in both policy and practice in the field. Many actors have contributed resources to research, advocacy, identification of good practices and standards, and the creation of guidelines and tools to support effective prevention and response.

These efforts have resulted in frameworks, approaches and models that provide guidance for good practices in addressing gender-based violence in emergencies and are dependent on effective multi-sectoral collaboration and coordination. The frameworks are based on the rights of individuals and communities and on their meaningful participation in humanitarian response efforts.



TOPIC 1: FRAMEWORK FOR INTERVENTION

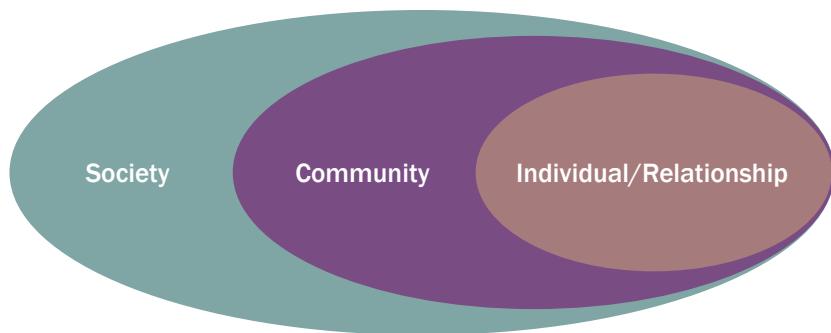
Effectively addressing gender-based violence in emergencies requires actors to:

- Promote and protect the rights of affected populations (especially women and girls)
- Intervene when those rights are violated
- Provide services and assistance to both meet the needs of and realize the rights of those who have experienced violence

The Ecological Framework for GBV supports a deeper understanding of GBV and provides a means for identifying and organizing prevention and response actions.

GBV Ecological Framework

First promoted by Lori Heise in 1998 based on the work of earlier researchers, the Ecological Framework for understanding GBV recognizes and helps to visualize the complex relationships that exist between an individual and various factors in her/his environment.



Individual/Relationship

The innermost circle represents the personal history and factors that affect the individual's behaviour and relationships and the immediate context in which abuse takes place. At the Individual/Relationship level a number of factors can influence whether a person will become a survivor or a perpetrator of violence—and how they will be affected by it. Some of these factors include: personal security; access to and control of resources, services and social benefits; personal history; and attitudes towards gender. This level also focuses on personal relationships and existing power inequalities among individuals that can reinforce existing subordinate or privileged positions.

Community

The next circle in the Ecological Framework includes the formal and informal institutions and social structures in which the survivor lives and works. The Community level encompasses the interactions between people within the structures that are influenced by social norms. Examples of structures include: schools; health care facilities; police and security structures; peer groups; and work relationships. For displaced people, these structures can be found in a camp or other settlement where the availability of and access to services can be a factor in determining if GBV will occur. For example, the physical layout of the camp can have a direct impact on whether or not gender-based violence occurs.

Society

The outermost circle represents the general views and attitudes that exist in any culture. The Society level includes: cultural and social norms about gender roles; attitudes towards children, women and men; the legal and political frameworks that govern behaviour; and attitudes towards using violence as means of resolving conflicts.

The GBV Ecological Framework and Levels of Intervention

For each of the levels of the Ecological Framework we can consider sets of interventions for GBV prevention and response.

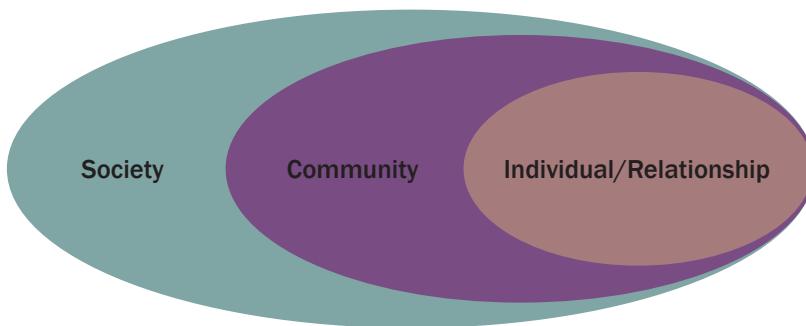
- **Individual Level:** direct intervention to address the needs and rights of survivors and facilitate recovery for individuals and groups who have experienced violence.
- **Community Level:** communities are mobilised to recognise, promote and protect the rights of women and children, and local systems are developed that support effective GBV prevention and response.
- **Society Level:** systems and strategies are put into place to protect, respond and monitor when rights are breached. This is done through the enforcement of international and national laws and instruments and through the exercise of customary law that protects human rights, and especially the rights of women.

Society level actions include:

- Ensuring compliance with relevant international laws and standards
- Training key stakeholders and actors with national influence on human rights, women's rights, GBV, etc.
- Monitoring rights violations and implementing national-level protective strategies
- Assessing and identifying areas for legal and policy reform; advocating, allocating resources and providing technical support to enable that reform at the national level
- Establishing systems for safe and ethical data management and to support use of aggregate, analysed data for national and global advocacy

Individual level actions include:

- Providing information on referral services to survivors and those at risk of abuse
- Providing survivor case management; establishing survivor-centred psychosocial support mechanisms
- Implementing appropriate protection and safety mechanisms and ensuring survivors' access to legal aid and services
- Supporting women's economic, political and social empowerment
- Establishing women's centres or other women-friendly spaces



Community level actions include:

- Establishing and coordinating integrated GBV response and referral systems
- Delivering community education and mobilising communities to promote and protect women's rights
- Identifying and addressing risks in crisis-affected communities and camps
- Implementing and monitoring GBV prevention and mitigation actions across sectors of emergency response
- Identifying and mobilising community leadership to advance women's rights and promote services for GBV survivors
- Establishing local data collection systems and monitoring incidents
- Developing the capacity of local government and non-government health, social welfare, justice and security actors
- Developing the capacity of local women's rights organizations and structures and other civil society actors to support women's economic, political and social empowerment



Checking your Knowledge - Mahet and the Ecological Framework



Let's recall the story of Mahet and her family that we explored in Module 1.

Mahet is 17 years old. Until recently, Mahet was living with her parents and younger siblings in a camp for internally displaced persons (IDPs) where they fled when the conflict reached their village. Mahet's family is a patriarchal family with traditional gender roles – her mother is responsible for the house, cooking, and child care, and her father is the decision-maker and primary income earner. Although the family is poor, Mahet used to attend the local school along with other IDP children. Three weeks ago Mahet's father told her that he could not afford to take care of her anymore and that he had arranged for her to go to live with his cousin's family in a relatively stable area of the country. The 42-year-old father of the family had recently lost his wife, and they needed someone who could help take care of the children and the home, and be a comfort to the father. Mahet was quickly married to the man and he brought her to his home. The first night, the man raped Mahet. He raped her again the next morning, again that night and again every day after that. After two weeks of suffering, Mahet wrote to her father and pleaded with him to let her come back to the camp. Mahet has just received a response from her father:

My dear Mahet.

I was greatly distressed to receive your letter. Please do not write such things to me again – you know how the mail can go missing here and end up in others' homes. The matter that you shared with me is between you and your husband; you are a wife now, Mahet, with responsibilities that only a wife can meet. He is a good man and can provide a home for you and some money for us so we can survive in this camp a bit longer. You have helped your family by marrying this man, Mahet. Please do not dishonour your family by reacting in this way.

Mahet is sad and scared. She feels trapped in the man's home and does not know what to do. She does not feel that she has any options left.

Let's consider Mahet's story using the ecological framework.

1. We can see from the letter that Mahet's family does not want to know about her abuse and is asking Mahet not to talk about it. What are other possible individual-level influences on Mahet that we can see from this case study? Select the two answers that apply.
 - a) The family's religious beliefs specifically support girls marrying at a young age.
 - b) No one in Mahet's family is asking others for help to resolve their economic situation.
 - c) Mahet seems to believe that she must obey her father (and that her preferences and wishes are not important).
 - d) The country's laws do not prohibit early marriage.
2. From this case study it appears that women's inequality may be commonplace and accepted in Mahet's community. Based on the case study, what other community-level factors are affecting her situation? Select the one most appropriate answer.
 - a) The family's dependence on community services actually makes it less likely that Mahet's father will find a job. Because of this, the family's poverty increases, leading them to consider options such as marrying off their young daughter in order to survive.
 - b) Since Mahet's family is living outside their original community, the laws in this area do not protect them.
 - c) Humanitarian organizations often encourage young people to get married early so they won't depend on aid.

3. There was very little description of Mahet's society in this case study. What do you think would be helpful to learn about in order to assist Mahet and other girls who may be in the same situation or at risk of abuse? Focusing on the level of society in the GBV Ecological Framework, please select all that apply:
- a) National advocacy campaigns that focus on the negative consequences of early marriage, rape and other types of GBV.
 - b) National condom distribution efforts focused on young girls.
 - c) Livelihood programmes in the camp that could help Mahet or her family earn money.
 - d) Customary and national laws regarding early marriage.

The Ecological Framework & Phases of Emergency Response

The specific interventions that can realistically be undertaken at each level in the Ecological Framework will depend on the setting and the phase of the emergency, as discussed in Module 1.

For example, providing good quality health services to GBV survivors is an individual-level intervention that can be implemented from the acute response phase of an emergency through the relief and recovery phase. However, the health services and the actors that provide them may be different, depending on the phase of the emergency.

Example Scenario

Healthcare Provision for GBV Survivors Following a Flood

In the immediate aftermath of a flood, local infrastructure for health and security has been weakened in some parts of the flood-affected areas and totally destroyed in others. The first responders to provide health care for GBV survivors are those nurses or doctors in the flood-affected communities who are volunteering to help. For the most part, they are working without adequate medicine, equipment, or supplies. As more emergency responders arrive, an international health NGO establishes urgent health care services, including clinical management of rape services that serve the hardest-hit communities. Further into disaster response and into recovery, local health providers (government and non-government) slowly resume their provision of normal health care services. Some international actors remain to provide training and other capacity development to strengthen local actors' ability to provide good quality health care and make referrals to other services. As the recovery and rehabilitation progresses, the international presence phases out, and government and national actors resume management of health services.

Voices from the Field

In Zimbabwe, response to 'Operation Clean Up'* started off as an emergency response and transitioned to protracted relief. During the emergency period, community awareness raising sessions on GBV were conducted using drama and IEC materials. The health system was supported with PEP kits and related drugs. Psychosocial support was also offered to survivors. In the protracted relief stage, survivors and the entire community were assisted with permanent shelter and livelihoods activities.

Submitted by Grace Chirewa, IRC Zimbabwe

* Started in 2005, 'Operation Clean Up' was a large-scale government campaign to forcibly clear slum areas across the country that affected at least 700,000 people directly through loss of their home or livelihood.



Checking your Knowledge – The Ecological Framework and Phases of the Emergency Response

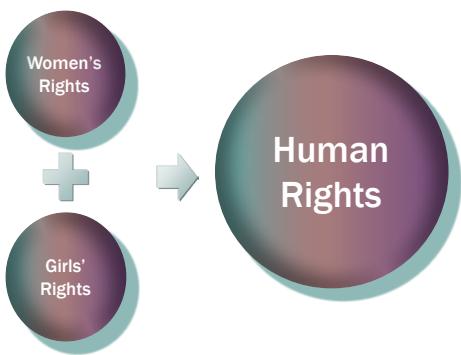


Please answer the following questions based on the information you just learned:

1. Advocating to change discriminatory laws and policies that violate or undermine women's rights is a societal level intervention that is best implemented (check all that apply):
 - a) During preparedness
 - b) During the acute response
 - c) During the protracted relief phase
 - d) During recovery and rehabilitation
2. Setting up livelihood programmes for vulnerable women is an individual-level intervention that is best implemented (check all that apply):
 - a) During preparedness
 - b) During the acute response
 - c) During the protracted relief phase
 - d) During recovery and rehabilitation
3. Developing national guidelines that consider the needs and rights of women in setting up camps for refugees or IDPs is a societal-level intervention that is best implemented (check all that apply):
 - a) During preparedness
 - b) During the acute response
 - c) During the protracted relief phase
 - d) During recovery and rehabilitation

Three Approaches for Addressing GBV within the Ecological Framework

Underpinning our Ecological Framework are three key approaches that are relevant at each level of intervention and during all phases of emergency response: the Rights-Based Approach, the Community-Development Approach and the Survivor-Centred Approach.



A rights-based approach to addressing gender-based violence in emergencies recognises women's and girls' rights as human rights and obliges all stakeholders to:

- Keep the rights of women and girls on the international agenda (including their right to live free from GBV)
- Promote, protect and fulfil the rights of women and girls

A Rights-Based Approach:

- Is based on standards of international human rights and humanitarian law
- Involves many actors and stakeholders
- Requires working with and addressing the political, legal, social and cultural norms and values in a country or community
- Seeks to empower survivors and communities

Needs-Based vs Rights-Based Approaches

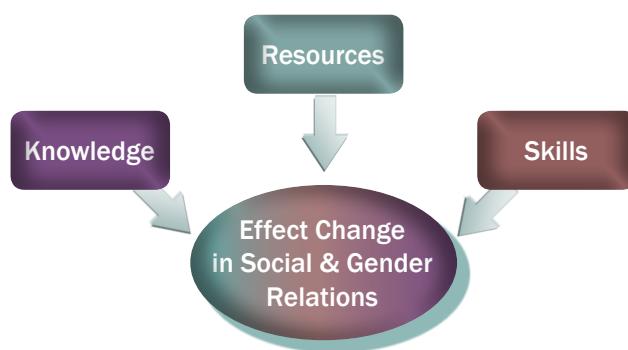
As the concept of a Rights-Based Approach evolved within the development community, there was considerable debate over the differences between needs and rights. The most essential difference is that needs do not imply duties or obligations, although they may prompt charitable responses. By contrast, human rights always imply duties and obligations of the State and its entities that are recognized by human rights law and which strengthen development efforts.

NEEDS-BASED APPROACH	RIGHTS-BASED APPROACH
Works toward outcome goals	Works toward outcome and process goals
Emphasizes meeting needs	Emphasizes realizing rights
Recognizes needs as valid claims	Recognizes that rights always imply obligations of the State
Meets needs without empowerment	Recognizes that rights can only be realized with empowerment
Accepts charity as the driving motivation for meeting needs	States that charity is insufficient motivation for meeting needs
Focuses on manifestations of problems and immediate causes of problems	Focuses on manifestations of problems and immediate causes of problems
Involves narrow sectoral projects	Involves intersectoral, holistic projects and programmes
Focuses on social context with little emphasis on policy	Focuses on social, economic, cultural, civil and political context, and is policy-oriented

UNFPA, A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials, 2010, pg. 90, (<http://www.unfpa.org/public/publications/pid/4919>).

Community Development Approach

A community development approach seeks to empower individuals and groups by providing the knowledge, resources and skills they need to effect change in social and gender relations in their own communities to more effectively address gender-based violence.



The key purpose of a community development approach is to collectively bring about social change and justice by working with communities to:

- Identify their needs, opportunities, rights and responsibilities in relation to addressing gender-based violence
- Plan, organise and take action to address gender-based violence
- Evaluate the effectiveness and impact of action taken



Rights-Based and Community Development Approaches in Action

In 2006, Nablus Municipality created a separate unit for women called the “Women’s Affairs Committee”. The Committee established a number of working groups and began keeping track of the status, needs and demands of women in Nablus. The Committee pushed for women’s and girls’ rights to be integrated into national policies, development frameworks and laws aspiring to eliminate GBV. Following the success of Nablus Municipality’s experience, the model was emulated in Jenin and Jericho Municipalities. The project succeeded in providing support to community-based initiatives that enable women to protect themselves from GBV. In addition, the project strengthened the institutional capacity of local NGOs for advocacy and improved access to services. The project has built a strong network of 100 community-based organizations working on gender-based violence and women’s empowerment, in addition to holding 2,000 awareness sessions attended by 30,000 women living in different marginalized areas of the West Bank.

Submitted by Sana Asi Yasin & Sima Alami, UNFPA Jerusalem; Osama Abu Eita, UNFPA Gaza sub-office

A Survivor-Centred Approach

A survivor-centred approach to GBV seeks to empower the survivor by putting her or him in the centre of the helping process. A survivor-centred approach embraces each individual survivor’s physical, psychological, emotional, social and spiritual aspects. This approach also considers a survivor’s cultural and social history as well as what is happening in her or his life that could support and facilitate recovery.

The survivor-centred approach recognises that:

- Each person is unique
- Each person reacts differently to GBV and will have different needs as a result
- Each person has different strengths, resources and coping mechanisms
- Each person has the right to decide who should know about what has happened to them and what should happen next

A survivor-centred approach should be employed when working with survivors of any sort of crime, but it is particularly important in the context of GBV. As discussed in Module 1, GBV is a manifestation of power inequalities and limited choices. If service providers—who are always placed in a powerful position relative to the survivor—impose their perspectives, opinions or preferences on the survivor, they may unintentionally create another experience where the survivor feels even further disempowered or abused.

Do not tell the survivor what to do, or what choices to make. Rather, empower her by helping her problem-solve by clarifying her problems, helping her identify ways to cope better, identifying her choices, and evaluating the value and consequences of those choices. Respect her choices and preferences about referral and seeking additional services.

IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings (2005), p. 70



The Survivor-Centred Approach and the Guiding Principles

The survivor-centred approach means ensuring survivors can access appropriate, accessible and good quality services including:

- Health care
- Psychological and social support
- Security
- Legal services

Competent service delivery requires that those who engage directly with survivors have the appropriate attitudes, knowledge and skills. Implementing a survivor-centred approach involves applying the guiding principles of **safety, confidentiality, respect and non-discrimination**.

The guiding principles for working with survivors of gender-based violence reflect the values and attitudes that underpin a survivor-centered approach to GBV response. They apply at all times to all actors. Failing to abide by the guiding principles can have serious and harmful consequences for individuals and for groups of people, including increasing distress, shame and social isolation and even exposing people to further violence. **Individuals who are not able to demonstrate understanding of the importance of the guiding principles or are not able to apply them should not have contact with survivors.**

Guiding Principle #1: Safety

The safety and security of the survivor and others, such as her children and people who have assisted her, must be the number one priority for all actors. Individuals who disclose an incident of gender-based violence or a history of abuse are often at high risk of further violence from the perpetrator(s) or from others around them.

Voices from the Field

In Balochistan refugee villages, most of the Afghan victims have been observed to make strenuous effort to avoid being assisted beyond medical interventions. If they attempt to seek help in other sectors [security, psychosocial, and justice], they run the risk of being killed not only by the perpetrators but also by their family members...Communities might not be against the idea of women and girls being assisted per se, but they have problems understanding how women and girls can have power to make the decision to seek help themselves. This is seen as not compatible with 'what is allowed' in their communities.

Submitted by Lynda Lim, UNFPA Timor-Leste (formerly with UNHCR in Pakistan)

Guiding Principle #2: Confidentiality

Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. Confidentiality promotes safety, trust and empowerment.

In the context of sexual violence in emergencies, the stakes can be very high. In such circumstances, a breach of confidentiality does not only represent a breach of ethics, but can also lead to harm for the survivor and for the community. Therefore, anyone asking someone to disclose information bears a responsibility to safeguard that information.

Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies (WHO, 2007), p. 18



Guiding Principle #3: Respect

All actions taken will be guided by respect for the choices, wishes, rights, and dignity of the survivor.

People have a right to assistance, and that assistance should be given taking into consideration the dignity of those affected by disaster. The right to life with dignity is, for me, the fundamental principle, while the need to provide assistance in an effective and accountable way is a consequence of that.

Interview with Ton van Zutphen, former Board Chair of the Sphere Project

Guiding Principle #4: Non-Discrimination

Survivors of violence should receive equal and fair treatment regardless of their age, race, religion, nationality, ethnicity, sexual orientation, or any other characteristic.

Humanitarian Charter Protection Principle #2: Ensure people's access to impartial assistance—in proportion to need and without discrimination.

Humanitarian Charter and Minimum Standards for Humanitarian Response (Sphere Project, 2011)

Voices from the Field

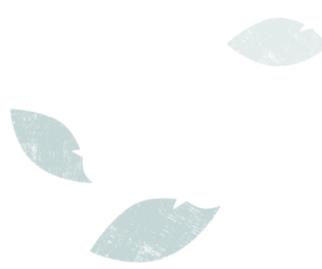
My field experience has shown me that violation of the [non-discrimination] principle frequently is a consequence of a service provider's own beliefs or prejudices.

Submitted by Noemi Dalmonte (UNFPA Cote d'Ivoire)

THINKING LOCALLY

At times, it may seem that the three approaches are not entirely compatible with one another. For example, some service providers have reported cases where pursuing a survivor's access to rights and/or reparation through legal means (the rights-based approach) conflicted with the survivor's stated preference to not pursue legal action (the survivor-centred approach).

1. Have you ever found yourself in a situation similar to the one described above?
2. If not, can you imagine a situation that might create such tension?
3. What kinds of questions would you need to ask yourself and/or the survivor in order to provide the best possible services given the specifics of the situation?



Checking your Knowledge - Approaches to Addressing GBV in Emergencies



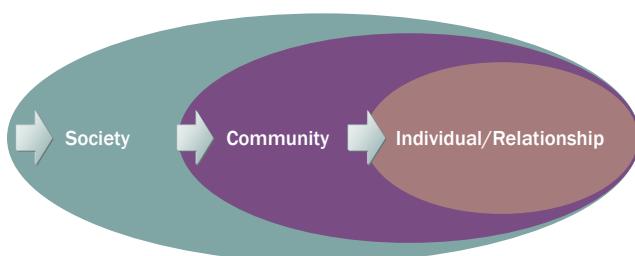
In a conflict-affected area, media reports came out that two young girls had been raped near the water point outside of a major IDP camp. The four UN agencies most engaged in GBV work in and around the IDP camp immediately rushed in to support the girls. Each agency went to interview the girls and each spoke to them at length about what had happened. They then met together to develop a plan of action that would ensure both immediate assistance and long-term, holistic care for the girls in all relevant sectors of response: health, psychosocial, security and legal.

In this scenario, which of the following approaches to addressing GBV in emergencies were violated (check all that apply):

- a) Rights-based approach
- b) Community-development approach
- c) Survivor-centred approach

The Ecological Framework and the Three Approaches

To recap, the framework for designing interventions that consider the interplay between individual, community and socio-cultural factors to develop effective GBV prevention and response interventions is called the Ecological Framework.



All interventions, at all levels and during all phases of emergency response, must be designed and implemented using rights-based, community-development and survivor-centred approaches.



TOPIC 2: PREVENTION AND RESPONSE IN MULTI-SECTORAL INTERVENTIONS

Addressing gender-based violence in emergencies is complex and multidimensional. Effective GBV programming involves:

- Preventing violence through addressing the causes, contributing factors and risks
- Responding to violence and its consequences to meet the needs of survivors

Best practice in GBV programming means that all actors have a clear understanding of their specific roles and responsibilities towards GBV prevention and response.

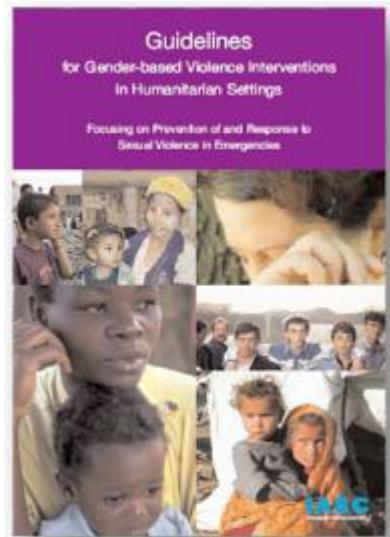
Minimum Response - IASC GBV Guidelines

In the early stages of a humanitarian emergency, interventions to prevent gender-based violence and provide appropriate assistance to survivors are based on the *IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention and Response to Sexual Violence in Emergencies* (2005). The Guidelines outline a set of minimum required actions to enable all actors responding to an emergency to plan, establish, and coordinate multi-sectoral interventions to prevent and respond to sexual violence during the early phase of any emergency.

The Guidelines:

- Focus on sexual violence
- Emphasise both prevention and response
- Build on existing good practices
- In general, can be done without extra staff, training or funds

The Guidelines integrate interventions into the day-to-day emergency work of all sectors and actors involved in protection, water and sanitation, shelter, site planning and non-food item distribution, health and community services, and education.



A Closer Look at the IASC GBV Guidelines in Action

Within a few days after a devastating earthquake in a small island nation, a large emergency response is underway. UN agencies and international NGOs arrive to assist the government and local civil society to provide emergency humanitarian services.

Let's explore a few of the minimum actions from the GBV Guidelines that should be integrated into standard practices and immediately undertaken by the various emergency actors to both prevent and respond to sexual violence.

Health

- At health clinics and hospitals, ensure protocols, medications, supplies, and trained staff are available for the clinical management of sexual violence survivors
- Provide information and education to communities about sexual violence and available health services

Key Tool



Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISP)

The MISP, a fundamental element of the health sector response to GBV, will be outlined in more detail in Module 4. The MISP Checklist is available in Annex 5.

Community Services

- Provide psychological “first aid” for survivors of sexual violence
- Produce information, education, and communication materials to mobilise communities for GBV prevention and referral to services

It is important to note that informing the community about the availability of services for survivors/victims of sexual violence should occur only when appropriate, accessible, and confidential services...are indeed available. Advertising but not delivering appropriate services will cause mistrust within the community and even fewer survivors will come forward to seek help.

IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings (2005), p. 76

Water and Sanitation

- Actively engage women and girls in the community to help design and place water points, latrines, and bathing and washing facilities
- Identify safety and security risks for women and girls that are relevant to water and sanitation systems to ensure the location, design, and maintenance programmes maximise safety and security of women and girls.

Shelter and Site Planning

- Many cases of sexual violence can be prevented if there is safe planning of sites where displaced populations live, and if shelters are safe and meet internationally agreed-upon standards. Provision of appropriate and safe shelter strengthens protection in a physical sense and unifies protection and basic survival needs of women, girls, boys, and men.
- Listen to women and girls and respond to their recommendations for safe, appropriate, and secure shelter and displacement sites

Food Security and Nutrition

- Actively engage women and girls in the community to ensure at least 50 percent women’s representation on food committees
- Use women as food distributors or to assist with the distribution process

Education

- Implement strategies for keeping girls in school
- Facilitate Prevention of Sexual Exploitation and Abuse (PSEA) training and develop codes of conduct for teachers

Protection

- Include sexual violence issues in security monitoring and implement strategies to respond to security threats
- Promote presence of female police and security officers

Ultimately the decision about the best protection option must rest with the threatened person/group, after a careful, participatory, consultative consideration of the situation. This approach is a central element of any protection strategy.

IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings (2005), p. 31



The Case for a Multi-Sectoral Response

While lack of goods and services is affecting many in Dadaab, women and girls have had particularly limited access to basic assistance. For many single women and girls, getting water, food, shelter and other materials is risky as distribution points are marked by theft and violence. With backlogs in registration for the thousands streaming in, initial food rations provided to new arrivals are inadequate. Other provisions such as cooking utensils, jerry cans, blankets and stoves are also limited.

Newly arrived women and girls are living in poorly lit, insecure, unplanned outskirt areas of the camps in shelters that do not have locks and leave them exposed to theft, break-ins and harassment. Single women and girls make up the bulk of those living in tents and makeshift shelters, without any guaranteed security. Women and girls identified chronic threats of attack in their tents and tukuls at night.

"The Hidden Side of the Famine: Violence Against Women and Girls Fleeing Somalia",
International Rescue Committee (25 July 2011)
http://reliefweb.int/sites/reliefweb.int/files/resources/Full%20Report_86.pdf

In order to effectively engage other sectors in GBV prevention and response, it may not be sufficient to focus solely on GBV. The most effective messaging will be framed in a way that educates these actors about how GBV fits into their mandate and why making GBV a priority will benefit their work (or how the failure to do so will signal a failure to fulfil their mandate).

Voices from the Field

When we began GBV coordination through the GBV Sub-Cluster following the 2010 earthquake in Haiti, we faced resistance from some of the other clusters. They did not see GBV as important or relevant to their work. So we decided to change our approach and contextualize GBV for specific actors, tailored to each cluster. We explained to them that success or failure of their cluster could be judged through a "GBV lens". For example, if women are being raped in or around their tents because no "women's tents" were made available, then it is a shelter issue. In other words, the shelter cluster would not be fulfilling its own mandate. Effective coordination only began to take hold when other sectors started to see the link between their work and GBV prevention. In the end, these are life-saving measures that are fundamental to good humanitarian programming and have to be integrated across all clusters. If women do not feel safe, no one is safe.

Submitted by Lina Abirafeh, PhD, GBV in Emergencies Advisor

See Annex 6 for a multi-sectoral GBV checklist developed by the Somalia GBV Working Group.



TOPIC 3: COORDINATION

Given the multiple sectors and types of interventions and the diverse actors involved in prevention and response in any emergency, no single agency, organisation, group of actors or authority possesses the mandate, capacity or resources to address gender-based violence alone. Coordination is critical to effectively address gender-based violence in emergencies.

Effective overall coordination of humanitarian interventions, local-level coordination of activities and services, and individual case coordination are all essential forms of coordination.

Overall coordination

Overall coordination of humanitarian interventions often focuses on national-level or crisis-wide action and includes:

- Strategic planning
- Facilitating data collection, monitoring, information sharing and advocacy
- Mobilizing resources and ensuring accountability
- Orchestrating a functional division of labour
- Negotiating and maintaining effective action based on standards and good practices
- Providing leadership to design and implement sustainable programming

Local-level coordination

This is coordination among and between multi-sectoral and interagency GBV actors and includes::

- Clarification of mandates, roles and responsibilities to agree on types of services and to discuss geographical coverage in specific locations.
- Development and implementation of referral protocols for service delivery
- Collection, organisation, analysis and use of service-level and other data for planning, advocacy and prevention initiatives, including by undertaking joint assessments and sharing information and knowledge
- Collective planning, implementation and monitoring of complementary prevention and response activities
- Collective advocacy
- Joint community education and awareness raising

Case coordination

Case coordination involves ensuring survivor-centred and holistic service delivery based on the needs of individuals who come forward for assistance across agencies and sectors.

Within the context of GBV service provision, individual case coordination is often referred to as “case management”.

Case management is a collaborative, multi-sectoral process which assesses, plans, implements, coordinates, monitors and evaluates available resources, options and services to meet an individual survivor’s needs and to promote quality, effective outcomes. It is useful for survivors with complex needs who access services from a range of service providers.

A case manager works with a survivor to:

- Assess needs and problems
- Develop a plan to meet needs and resolve problems
- Assist in implementing the plan
- Follow-up and review progress

The case manager provides information and facilitates, and coordinates multi-sectoral service delivery through referral and follow-up. A case manager also provides important emotional and practical support, acting as an enabler and an advocate for survivors throughout the helping process. However, decisions about what actions will be taken are always made by the survivor.



Coordination in Action

In Timor-Leste, the Rede-Referral GBV coordination system includes a Service Providers' Working Group, which meets once a month and is overseen by the Ministry of Social Solidarity. The members of the working group are mainly national NGOs that provide direct services such as legal aid; medical care; medical forensic examination; shelter; psychosocial support to survivors of violence. It includes the Vulnerable Persons Unit of the National Police of Timor-Leste (PNTL).

The Ministry of Social Solidarity performs the following tasks:

- Coordinates the working group at service providers level,
- Develops SOPs on GBV referral pathway,
- Supports NGOs in its service provision,
- Collects and consolidates data on GBV incidence being reported
- Provides support to survivors in the district and sub-districts level through basic and specialized services, child protection officers and 65 social animators at all sub-districts
- Makes recommendations to other relevant government ministries on GBV issues that require policy interventions or other policy action

The NGOs update cases to ensure that survivors receive adequate and appropriate support from the working group and provide monthly updates on total cases received. The Vulnerable Persons' Unit (VPU) registers the GBV incidents reported, investigates cases, refers survivors to the relevant service providers and reports cases to the prosecutor's general office.

Submitted by Lynda Lim, UNFPA Timor Leste

THINKING LOCALLY

The following questions can help guide you in setting up a local-level coordination body:

1. What services are already available to GBV survivors?
2. Who is providing these services?
3. Who is supposed to be providing services but is not? Why? How can the issues preventing the provision of services be addressed?
4. What gaps in service provision still need to be filled?
5. What resources are available to fill these gaps and support implementation of GBV services?

Adapted from material in How To Guide: Sexual and Gender-based Violence Programme in Liberia (UNHCR, 2001)





Standard Operating Procedures (SOPs)

Efficient multi-sectoral and interagency coordination should include written agreements called Standard Operating Procedures (SOPs), which outline and operationalise the coordination mechanisms necessary to ensure comprehensive interventions and increase accountability for action. SOPs for GBV prevention and response are developed through a collaborative process that includes UN agencies, government and non-governmental organizations, community-based organizations, and representatives of the community affected by the emergency (conflict or disaster). They are collective agreements that facilitate joint action and establish clear procedures, roles, and responsibilities for each actor involved in GBV interventions.

SOP's address crucial issues such as: agreed upon reporting and referral systems (see Annex 7 for a sample referral pathway diagram); mechanisms for obtaining survivor consent and permission for information sharing, incident documentation and data analysis; coordination; and monitoring. The SOPs are **not** intended to serve as a stand-alone resource but rather to be used in conjunction with the other tools for GBV prevention and response.

Actors Addressing GBV in Emergencies

All actors in disaster response must be aware of the risk of sexual violence ...and must work to prevent and respond to it.

Humanitarian Charter and Minimum Standards in Humanitarian Response, (Sphere Project, 2011), p. 327.

The types of GBV prevention and response interventions, timeframe for action, and the actors responsible will depend on the context and phase of the emergency.

The possible actors responsible for GBV prevention and response can be grouped into four major categories.

International Community

Actors from the international community include:

- The United Nations and its entities
- Regional bodies (for example, the North Atlantic Treaty Organization, the Economic Community of West African States, the Organization of African Unity)
- Donor and other foreign governments
- The International Committee of the Red Cross
- International non-governmental organisations (NGO's)
- International civil society

The State/Government

Governing and supportive institutions that have sovereignty over a territory and population. These institutions include State militaries, police forces, and other government-run institutions, such as public hospitals.



Civil Society

Civil society commonly includes a diversity of actors and types of institutions, varying in their degree of formality, autonomy and power. Civil societies are often made up of organisations such as:

- Registered charities
- Non-governmental organizations (NGOs)
- Community groups
- Women's organizations
- Faith-based organizations
- Professional associations
- Trade unions self-help groups
- Social movements
- Business associations
- Coalitions and advocacy groups.

Local Community

Here, the term community refers to a group of people living in a common location. A rights-based approach reflects the agency and role of individuals and communities in claiming and exercising rights. The community therefore is not a passive recipient or beneficiary of services and assistance, but a key actor in humanitarian efforts to address gender-based violence in emergencies.

Strengthening Local Leadership and Ownership

Strengthening and promoting local ownership involves engaging, empowering and building the capacity of local actors to engage in gender-based violence interventions from the very beginning of an emergency. The efforts to address gender-based violence should reflect and support the strengths, resilience, coping mechanisms, and agency of affected individuals and communities.

Strategies for strengthening local leadership and ownership of GBV interventions include:

- Building on and supporting local initiatives and structures, rather than creating parallel initiatives
- Creating genuine partnerships with local actors characterised by transparency and good communication
- Ensuring participation of local actors in all aspects of problem assessment and analysis, programme design, implementation and evaluation
- Planning strategically with local actors beyond the immediate phase of humanitarian intervention to institutionalise social and political measures that prevent GBV
- Training and capacity building to develop local competency, including skills for leadership, advocacy, coordination and networking

GBV Programme in Focus

ARC's Participatory Video Initiative

The American Refugee Committee (ARC) runs a programme called "Through Our Eyes", a participatory video initiative in Liberia, Uganda, South Sudan, Rwanda and Thailand. The goal is to create engagement and dialogue on issues of local concern, including highly sensitive topics, such as GBV and HIV. The process is driven by individual community members and topics are presented in culturally appropriate ways. During screening and discussion sessions, men, women, and youth discuss, testify and reflect on how gender-based violence and HIV affect their community and what steps they can take to address these issues. Since 2007, Through Our Eyes teams have produced over 148 videos in 15 local languages. A multi-site evaluation on Through Our Eyes' impact on gender-based violence (GBV) showed that having participated in a playback discussion is significantly associated with increased knowledge about services, high support for seeking care for GBV, and increased confidence in ability to seek assistance for GBV.

"Through our eyes: participatory video in West Africa" (2007). Toolkit available at www.arcrelief.org/throughoureyestoolkit

Voices from the Field

IRC Zimbabwe has had the opportunity to sensitize the local leadership on gender-based violence (GBV) through a project on improving access to critical services for women and children survivors of sexual violence in Mutare district. The whole idea is to reinforce existing structures for GBV prevention and response by seeking health services in the shortest time possible. We have held sessions with Ministry of Health and Child Welfare staff from local clinics and they are working very well with trained Community Focal Persons, the police and the local leadership on issues of GBV. In some instances, communities refer cases of abuse to Community Focal Persons for further referral to different service providers. Community leaders together with community focal persons have also played a very important role in urging households to build adequate housing for their families since there has been a problem of limited sleeping space leading to GBV in some households.

Submitted by Grace Chirewa, IRC Zimbabwe

While I was in Liberia, I worked with local authorities and partners to improve their understanding of the GBV issues. Through these efforts, we were able to mainstream GBV in the health facilities and actively involve traditional birth attendants in referring GBV survivors to appropriate services.

Submitted by Emmanuel Borbor, War Child Canada

THINKING LOCALLY



Take a minute to think about ways you can tap into the local leadership in the context in which you work. Are there influential community members who could act as natural allies or “spokespeople” for GBV issues? A good way to identify these potential allies is to think about what (non-GBV) issues or goals matter to these people. If they work on—or have already publicly expressed support for—issues that are related to GBV (such as health, HIV/AIDS, children’s issues, etc.), highlighting these overlaps could serve as a natural entry point.

Bear in mind, the most effective GBV allies may not always be the most powerful or visible people. For example, often the wives of male leaders can have a lot of influence over which issues receive attention from their husbands.



MODULE 2 REVIEW

Since the early 1990s, the international community has been actively responding to gender-based violence as a component of humanitarian response efforts.

The Ecological Framework for GBV supports a deeper understanding of GBV and provides a means for creating prevention and response actions at the individual/relationship, community and society levels. Within the Ecological Framework, three key approaches guide our actions: the Rights-based approach, the Community Development approach, and the Survivor-centred approach.

The Survivor-centred approach means placing the survivor in control comprises four principles: safety, confidentiality, respect, and non-discrimination. Any individual who has contact with survivors must be trained on and adhere to these principles.

All sectors in humanitarian response have a role to play in preventing and responding to GBV so multi-sectoral coordination is key. The IASC GBV Guidelines provide some specific standards and strategies for multi-sectoral interventions.

The success of any GBV intervention rests on meaningful collaboration and participation from the local community.

MODULE 2 QUIZ



Maya is a social worker with a national NGO that runs a safe house and provides community-based psychosocial support in an area of high return for refugees. A woman has reported to Maya four times about abuse she has suffered by her husband since they returned to the country eight months ago. Each time, Maya gives her information on the local safe house and provides her with information on potential consequences of the abuse on her and her five children, but the woman always chooses to go to her home instead. Maya is deeply distressed about this situation and feels helpless that she cannot do more. Maya's supervisor recently told her about a group that would be meeting once a month to discuss difficult cases and share ideas for action. Maya has never participated in such a coordination group but feels like it could be a good next step in trying to understand how to manage her difficult case.

Now let's look at Maya's situation through the ecological framework.

1. Please select the level that best defines what Maya does in her work to address GBV.
 - a) Individual
 - b) Community
 - c) Society
2. Maya's supervisor suggests that she participate in the case coordination group. During her first meeting, Maya hears similar stories from other social workers. Among other things, the group decides to approach local leaders to determine how they can develop and/or support community-based mechanisms that can contribute to domestic violence prevention. Please select the level that best defines this intervention.
 - a) Individual
 - b) Community
 - c) Society
3. Maya's actions take into consideration approaches to addressing GBV that were discussed in this module. For example, though Maya does not agree with the woman returning to her husband, she does not force her opinion or show judgment of the women's choices. Please select the one approach that is best described by Maya's actions:
 - a) Rights-based approach
 - b) Community development approach
 - c) Survivor-centred approach

4. During the case coordination meeting, one of the newer participating agencies brings photocopies of case files to share and discuss. Although there are no names on the files, the files do contain information on the survivors' ages, ethnicities, locations of the incidents as well as the dates and times of the incidents. This is a violation of which guiding principle(s)? (Select all that apply):
- a) Safety
 - b) Confidentiality
 - c) Respect
 - d) Non-discrimination
5. As Maya and her colleagues prepare for their domestic violence awareness campaign, they learn that the anti-Domestic Violence Law that was recently enacted has never been enforced and that most local actors have never heard about it. What role could the government play at the societal level to address this gap? (Check all that apply):
- a) Engage multiple stakeholders in a planning meeting to develop a country-wide roll-out strategy for the new law.
 - b) Develop IEC materials in local languages to tell people about the new law.
 - c) Send a memo to all local officials reminding them about the law and telling them to enforce it.
 - d) Ask the First Lady to mention it during a ground-breaking ceremony for a new private school for demobilized boys.
6. Maya's decision to bring her dilemma to the coordination meeting was a good step in determining how she can better assist her client. What other actions could Maya and her colleagues take to address the issue of domestic violence in their communities? (Check all that apply):
- a) Invite multiple actors to participate in a wider coordination body to develop a clear referral mechanism and ensure multi-sectoral, inter-agency action.
 - b) Attend meetings of other relevant sectors, such as Health, Protection, Early Recovery and Education, to advocate for the issue of domestic violence to be better addressed in their work.
 - c) Identify male role models in the community to speak publically against domestic violence.
 - d) Launch an anti-domestic violence campaign focused on condemning men's behaviours.
7. Maya and her colleagues are aware that they need to engage more local actors in their efforts to end domestic violence. What are some strategies that they can use to engage more local partners? (Check all that apply):
- a) Plan strategically with local actors to institutionalise social and political measures that protect women and girls from violence.
 - b) Ensure participation of local actors in all aspects of problem assessment and analysis, programme design, implementation and evaluation.
 - c) Assign local actors roles to support implementation of various elements of a multi-sectoral plan of action.
 - d) Engage in capacity building efforts that develop the skills of local actors.

Congratulations!

You have completed this module and now should be able to:

- Describe the Ecological Framework for understanding and addressing GBV
- Identify interventions at each level of the Ecological Framework that address GBV in emergency settings
- Identify the core approaches that influence our work to prevent and respond to GBV at every level and in all phases of emergency response
- Explain the purpose of GBV coordination and utility of the IASC GBV Guidelines to support inter-agency action
- Apply an understanding of this framework and approaches to a real-life case study

You may now proceed to Module 3.



MODULE 3

PREVENTING GENDER-BASED VIOLENCE IN EMERGENCIES



CONTENTS

This module considers what must be done in emergency settings to both minimise risks and vulnerabilities and address the underlying causes of gender-based violence.

This module covers:

- An outline for GBV prevention in emergency settings
- Identifying risks and vulnerabilities in emergency settings
- Designing interventions to prevent GBV in emergency settings
- Prevention action in focus: ending impunity in emergencies

Objectives

By the end of this module, you will be able to:

- Outline the core elements of GBV prevention interventions in emergencies, including the actors involved
- Apply knowledge on designing prevention interventions, including methods for gathering information to identify risks and types of GBV in emergencies
- Apply understanding of strategies for ending impunity in emergencies to a particular emergency context



CONTEXT

For this third module, we will first explore the particular risks and vulnerabilities to GBV that individuals face in emergency settings and look at what we can do to minimise those risks. We will also consider how to address the underlying causes of GBV in emergency settings.

Risk: The possibility of suffering harm or loss; danger.

Vulnerability: Susceptibility to physical or emotional injury

In emergency settings, mass displacement and inadequate services can significantly exacerbate existing gender inequalities and vulnerabilities to gender-based violence that may already be present in a given community or society. We can see an example of this in the transcript from a video about the early weeks of the Pakistan Floods in 2010.

As you read the transcript, think of what steps need to be taken to prevent GBV from occurring. Reflect on the following questions: What are the potential risks and types of GBV that might occur? What are some strategies to change behaviour at the individual, community and societal levels?

*Pakistan Floods: 100,000 Pregnant Women at Risk**

Carrying everything they have as high as possible, they enter the water. Despite its depth, these people are desperate to get home and this is the only way. They have no idea what is waiting for them. For the past month, the flood waters have ravaged Pakistan, sweeping away more than a million homes and killing over 1000 people.

“The flood water entered in our area so we migrated. Now I am going back home through the flood water. No boat is available.”

For the displaced, this is now home—makeshift camps set up wherever they can. More than 8 million people are in need of emergency assistance as the international community and charities struggle to get aid out. And as the waters recede, concerns about disease and malnutrition rise. The UN fears tens of thousands of children are in danger of dying. Away from the hospitals, emergency medical centres are checking up to five hundred people a day.

“The situation is very disappointing because many people are suffering from ailments. There are fewer medical camps than there are sick people.”

Many of the people queuing for food are farmers, used to providing for their families but the floods wiped out huge agricultural areas, devastation that will cost the economy billions of dollars.”



* “Pakistan Floods: 100,000 Pregnant Women at Risk”, Sky News Online, 30 August 2010. <http://news.sky.com/home/world-news/article/15709024>

TOPIC 1: OUTLINING PREVENTION INTERVENTIONS

OVERVIEW

As we move forward in this module, we will examine an outline for designing prevention interventions.

We'll start by remembering the underlying causes and contributing factors to GBV in emergency contexts, which help us define our interventions. Next, we will consider prevention strategies using our ecological framework and in line with the rights-based, community development and survivor-centred approaches explored in Module 2. Finally, we will look at one of the most critical areas of GBV prevention: working with men as allies in the fight against GBV.

Underlying Causes

Preventing gender-based violence involves addressing the underlying causes of GBV. As we learned in Module 1, the root causes of gender-based violence are a society's attitudes towards and practices of gender discrimination. Typically, these place women and men in rigid roles and positions of power, with women in a subordinate position in relation to men. Through acts of gender-based violence, perpetrators seek to maintain privileges, power, and control over others. This disregard for or lack of awareness about human rights, gender equality, democracy and non-violent means of resolving problems help perpetuate GBV.

Contributing Factors

Preventing gender-based violence also involves addressing the situation-specific factors that contribute to or increase the risk of GBV. These factors include:

- the nature of the emergency
- actions and behaviours of state and non-state security forces
- disruption of social and legal protection mechanisms
- displacement and dependency on others for meeting basic survival needs

Sometimes even the way in which humanitarian services are delivered can increase the risk of GBV in emergencies.

Voices from the Field

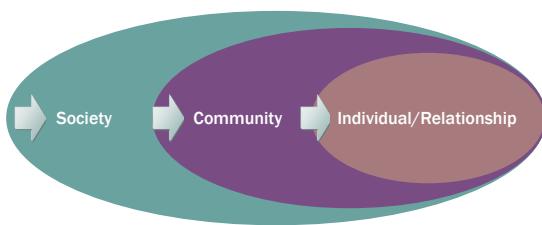
In some cases, humanitarian actors direct resources, such as food ration cards, toward vulnerable women without appropriate consultation or consideration of how this might affect husband-wife relations within the home. Such strategies can frustrate men and lead to domestic violence. A more effective approach combines issuing the cards in women's names while also conducting awareness-raising with women and men on the reasoning behind the policy: to ensure nutrition for the whole family.

Submitted by Pia Skjelstad, World Food Programme Italy

The Ecological Framework and GBV Prevention

We saw in Module 2 that the ecological framework can be useful for understanding the factors that cause or contribute to GBV. This framework helps us not only examine but also address both the root causes and the factors that contribute to GBV at all levels – for individual survivors and perpetrators, in communities, and in societies.

Let's examine in detail how the ecological framework can help us develop strategies for preventing GBV.



Rights-based

Community-based

Survivor-centred



At the individual level, people receive direct interventions to address the needs and rights of survivors and facilitate recovery for individuals and groups who have experienced gender-based violence. One way we can prevent GBV at this level is by connecting survivors to livelihood programmes that minimise their dependency on others for survival.

Programme in Focus

GBV and Livelihoods

Women for Women International (WFWI) runs a year-long educational program to help women from conflict-affected communities become self-sufficient and actively engage socially, civically and economically in their families and communities. The material covered in the program includes information on: understanding and claiming rights, income and asset management, job skills training, and decision-making.

While WFWI's model has proven very successful, it is important to remember that livelihoods programs, if implemented inappropriately or incompletely, can sometimes do more harm than good. In most cases, the role of GBV programme staff is to connect survivors to organisations that are experts in livelihoods programming, and not to attempt to create their own livelihoods programmes on their own, without possessing the requisite skills or resources to effectively do so.

For more information on WFWI's programmes, visit www.womenforwomen.org

At the community level, systems and strategies are put into place to recognize, promote and protect the rights of women and children and respond when those rights are breached. This involves developing systems and building the capacities of legal and justice actors, security actors, health care actors, social welfare actors, and community-based mechanisms. One way to protect individuals from experiencing GBV at the community level is by engaging police or community watch groups for night-patrols in camps.

Programme in Focus

Mapping Safe Spaces

In Kenya's Kibera community, women and girls took part in a participatory GBV mapping project, where they highlighted "safe spaces" (lighted areas, community centres, etc.), "unsafe spaces" (where GBV was more likely to occur) and "resources" (places where GBV survivors can go for services).

Map Kibera <http://mapkibera.org/>

At the societal level, prevention and response activities are put in place to ensure that rights are recognized and protected at a larger scale. This is done through the enforcement of international and national laws and instruments and through the exercise of customary law that protects the rights of women. Within the societal level, preventative interventions include the application of international law, legislative and policy reform, allocation of resources, and reforming traditional legal systems that cause or condone gender-based violence.

Programme in Focus

GBV and the Law

There are many countries with laws on the books that do not correspond to actual rights in practice. Service providers can help correct this disconnect. In 2004, a new gender-equitable Family Code entered into force in Albania. In partnership with local stakeholders, USAID's Women's Legal Rights Initiative (WLR) developed the "Family Law Benchbook", a reference binder for judges that included a synopsis of provisions, case management tips, and other easily-accessible, up-to-date information on the new legislation. This intervention meant that judges could more easily understand and apply the new laws and that women could have greater access to claiming their rights.

Annual Report on Good Practices, Lessons Learned, and Success Stories (USAID Women's Legal Rights Initiative, 2006). http://pdf.usaid.gov/pdf_docs/PDACH681.pdf

As we learned in Module 2, all interventions, at all levels, must be designed and implemented using rights-based, community-development, and survivor-centred approaches.

Rights-based Approach:

In GBV prevention work, a rights-based approach obligates stakeholders to keep women's and girls' rights in emergencies, and issues related to gender-based violence, on the international agenda, and to promote, protect and fulfil those rights. A rights-based approach emphasizes the State's responsibility to undertake prevention activities. In emergency settings, the State may not be able or willing to guarantee protection from GBV; some States may even be the perpetrators of violence. At such times the international community has an obligation to take a more active role in preventing GBV.

Community Development Approach:

In GBV prevention work, a community development approach allows the community to identify, define and take action to protect vulnerable groups from experiencing abuse. This approach recognizes that prevention action that is born out of communities will have the greatest chance at sustaining change.

Survivor-centred Approach:

In GBV prevention work, a survivor-centred approach assumes that each survivor understands what is best for her or his own safety, healing and recovery. A survivor-centred approach to prevention adheres to the four guiding principles of safety, confidentiality, respect and non-discrimination.

Working with Men

While historically prevention activities have targeted women, there has been a shift in the past decade toward doing more prevention work with men. This shift recognises that men can be allies and change agents in the struggle against GBV. Men, like women, are influenced by the gender norms and power inequities that are at the root of GBV. Engaging men as partners in the fight against GBV allows men to challenge the negative gender stereotypes that are imposed on them as well. Often they internalize the expectations and attitudes at the cost of damage to themselves and others. The notion of strength, for example, can lead to violent behaviour, but it can also find expression in protecting oneself and loved ones from experiencing abuse.

Programme in Focus

Working with Men

In a refugee camp in Kenya, community members who were concerned about the high numbers of rape and other forms of sexual violence that were occurring in and around the camp formed "anti-rape" committees. Over time, the groups split into separate groups composed of only men and only women. The men's group received training about gender, human rights, and gender-based violence and spent time discussing these issues among themselves. They talked with other men about the high levels of GBV in the camp to raise awareness about the issue, to promote increased protection of women and girls, and to emphasize the importance of caring for and accepting survivors and not judging or blaming them.

Thinking Locally

1. Think of men and boys that you know who are role models in their communities. What qualities or characteristics do they have that make them stand out? What are some ways these men and boys could be better engaged as allies in the fight against GBV?
2. Where do men and boys usually congregate in your community? What sorts of activities do they enjoy doing? Can you think of ways to positively reach men and boys with GBV messages where they hang out and/or in the context of their activities?



Example

Prevention Activities Involving Men and Boys

In Papua New Guinea, women's groups launched a song competition to mobilize people to speak out against GBV through music. The songs were played on local radio stations and people voted for their favorite. The competition created excitement in the community and provided a fun, non-threatening way for males to take part in discussions around GBV prevention

Submitted by Lina Abirafeh, PhD, GBV in Emergencies Advisor

In Northern Uganda and other settings, UNHCR and the International Olympic Committee have set up football (soccer) programmes as a way of empowering both boys and girls and educating them on issues of gender equality and GBV. The organizers aim to create a culture of mutual respect and confidence by having participants work together towards a common goal. During halftime of games, short skits are performed which demonstrate things like men and women sharing household tasks. Participants and observers are encouraged to use what they learn both to guide their own conduct and to educate their families and friends.

*"Using Sport to Combat Sexual Violence" project, a joint initiative by UNHCR and the International Olympic Committee.
<http://www.youtube.com/watch?v=l6hkmkyfuZY>*

Checking your Knowledge – Outlining GBV Prevention Measures



1. Prevention interventions must consider (check all that apply):
 - a) Societies' attitudes towards and practices of gender discrimination
 - b) The situation-specific factors that contribute to or increase the risk for GBV
 - c) Entry points for intervening at individual, community and societal levels
 - d) All of the above
2. In Myanmar, voluntary women's centres provide free livelihood training to survivors while offering safe and culturally-appropriate spaces for education and discussion on health, human rights, and other topics of relevance to women's lives there. This reduces the survivors' dependency on their abusers for money to survive, and increases their awareness of their rights and their ability to assert those rights.

This is a good example of an individual-level prevention intervention that uses which approach or approaches to prevention (check all that apply):

 - a) Rights-based
 - b) Community development
 - c) Survivor-centred approach
3. In Nicaragua, men's groups teach men who have been arrested for using violence against their wives or girlfriends different ways of behaving. These groups recognize that men's abuse of power and use of violence with women are deeply rooted social norms learned from an early age. Led by men, many of whom have used violence against women themselves, these groups provide a safe and non-judgmental environment for men to share their experiences and learn from others who have chosen to live without using violence or abusing their power.

This is a good example of a community-level prevention intervention that uses which approach or approaches to prevention (check all that apply):

 - a) Rights-based
 - b) Community development
 - c) Survivor-centred approach
4. In Liberia, social workers from an NGO lived in pairs in heavily war-affected communities. Their presence in the community at all times of the day or night enabled women to come forward at their convenience to share their experiences with the social workers and seek help after a GBV incident. It also enabled the social workers to develop long-term helping relationships that assisted those survivors to develop coping strategies according to their own healing timeframe and facilitated their recovery process on their own terms.

This is a good example of a community-level prevention intervention that uses which approach or approaches to prevention (check all that apply):

 - a) Rights-based
 - b) Community development
 - c) Survivor-centred approach



TOPIC 2: REDUCING RISKS AND VULNERABILITIES

There are many forms of gender-based violence that can occur during an emergency. Each of these forms has contributing factors at the individual, community, and society levels. In order to focus our prevention activities in our ecological framework, we must identify both the specific types of GBV that may be occurring in a setting and the specific risk factors for each type.

For this next topic, we will explore the types of GBV and risk factors in emergencies and will apply this knowledge to a case study.

Types of GBV and Potential Risk Factors

One useful way of thinking about GBV risks by type of GBV is by considering:

- If, how and why GBV is occurring as a direct result of the emergency
- If, how and why GBV is occurring within families and communities
- If, how and why sexual exploitation and abuse is occurring

Direct result of the emergency

Many forms of GBV can occur as a direct result of the emergency. For example, during conflict, the following forms of GBV have been reported:

- Opportunistic sexual violence perpetrated by armed groups as the result of the breakdown in law and order and social norms
- Systematic sexual violence perpetrated by armed groups to intimidate and displace
- Abduction and sexual slavery
- Forced impregnation
- Sexual trafficking of women and children

Risk Factors

During emergencies, the risk factors that could increase someone's vulnerability to abuse include their:

- Age
- Gender
- Ethnicity
- Religious or political affiliation
- Mental and/or physical disability
- Access to resources, services, etc.
- Separation from family and community members
- Lack of protection and security during flight, displacement and return

Family and community members

Many forms of GBV that occur across the lifespan continue and even increase during displacement. For example:

- Harmful traditional and cultural practices, such as female genital mutilation/cutting and early marriage
- Violence occurring within the family and community, including within community institutions such as schools

Risk Factors

In emergency settings GBV perpetrated by family and community members can increase over pre-emergency levels due to:

- Stress
- Poverty
- Dependence on external assistance

Voices from the Field

Following an outbreak of violence on the Israel-Gaza Strip border, a 50-year-old Palestinian man was prevented from traveling to his place of employment for an extended period of time. This husband and father of six lost his source of income and as a result became continuously nervous and irritable, which poisoned his relationship with his family. He began to get violent with his wife and kids. He became sort of unwanted inside the house which increased his sense of impotency and led to further violence within the family.

Submitted by Sana Asi Yasin & Sima Alami, UNFPA Jerusalem; Osama Abu Eita, UNFPA Gaza sub-office

Sexual exploitation and abuse

Sexual exploitation and abuse (SEA) can be perpetrated by any person in a position of power, including security forces (both internal security actors and foreign peacekeepers), humanitarian workers, and community members. Typically, those actors with power in humanitarian contexts have access to and control over the resources people require to meet their basic needs such as food, water, shelter, and protection. SEA can manifest in many different ways. For example:

- A camp leader demanding sexual favours from the female heads of households
- An aid worker demanding sex in return for food rations
- A border guard demanding sex in order for a woman to gain safe passage

Risk Factors

The risk factors for sexual exploitation and abuse often related to:

- increased vulnerability due to the dependency on humanitarian actors to meet basic needs
- pre-existing social acceptance of sexual exploitation of women and children.

Voices from the Field

It's difficult to escape the trap of those [NGO] people; they use food as bait to get you to have sex with them.

Refugee child quoted in: Naik, A. "Protecting Children from the Protectors: lessons from West Africa". *Forced Migration Review*, No. 15 (October 2002).



Case Study Analysis



This story was adapted from an article in Time magazine from September 2010. You can find the full, original article at www.time.com.

Nagina looks out from her tent to watch her youngest child, a barefoot, four-year-old boy in clothes covered with mud. Nagina has four other children, three older girls and a boy, but her daughters are not with her in this overcrowded relief camp. Nagina sent them away to live with relatives whose homes were not washed away by the flood. She hasn't seen them for a month. "We have no choice," she says sadly.

This is no camp for young women. Nagina has seen women fight with men for the small bits of food and supplies at distribution points. Overcrowding has forced them to stay close to men they don't know. Nagina's husband has been understanding of the conditions, but she can see that his patience is running out. He has already threatened to beat her if she tries to leave the tent. Nagina does not join the other women to fight for food; she sits in her tent all day and night, "like in a cage", she explains. Nagina's husband has been offered work, but turned it down because he did not want to leave his wife. "The men move around the camp" he explains. "I'm just afraid that one day if they say something to my wife, it will cause a problem – a fight. I will have to respond; it's my duty."

Analysing Nagina's Case Study

Think about the story and consider each of the elements of a prevention strategy that we've already discussed.

1. Consider the factors that increase Nagina's risks of and vulnerabilities to experiencing gender-based violence (check all that apply):
 - a) Overcrowding in the camp
 - b) The lack of consideration for aid delivery that addresses women's needs
 - c) Her relationship with her husband
 - d) The lack of livelihood programmes and other services for women
 - e) All of the above
2. Based on the risks and vulnerabilities identified, consider what types of GBV could be present in the camp (check all that apply):
 - a) Rape perpetrated by rebel forces
 - b) Intimate partner and other forms of domestic violence
 - c) Sexual exploitation and abuse
 - d) Forced impregnation
 - e) All of the above
3. Read the two scenarios below and consider which represents the option that should have been taken to minimise the risks and vulnerabilities Nagina faces as a result of the emergency:

Scenario 1: As soon as the disaster struck, aid agencies should have constructed special windowless huts for unmarried girls and young women and created a schedule for when women were allowed to leave their homes during the day to fetch water, bathe and take care of the needs of their families. This schedule could have been enforced by armed soldiers.

Scenario 2: Before the disaster struck, aid groups, local civil society and government actors should have engaged in a process of contingency planning that considered the possible implications for women and girls of displacement, and made the necessary arrangements to ensure their protection in the early days of the emergency.

Additional Questions

- 1) Focusing specifically on the individual level and the community level of the ecological model, identify some of the specific factors that could be affecting Nagina's safety and overall well-being.
- 2) How might Nagina's situation be different if her other children were also present in the camp? What additional challenges might this create for her?
- 3) Which other humanitarian sectors would you want to engage to improve GBV prevention in the camp? What are some specific suggestions you would make to colleagues in these sectors?
- 4) Take a moment to reflect on Nagina's husband's statement, "The men move around the camp I'm just afraid that one day if they say something to my wife, it will cause a problem..." What does this statement reveal about the wider cultural factors impacting Nagina's situation and the options available to her?
- 5) What are some options for engaging with Nagina's husband so that he can better support Nagina and minimise the tensions they seem to be experiencing? How would you consider approaching him? What type of language or messaging would you use?



TOPIC 3: DESIGNING PREVENTION INTERVENTIONS

Now that we have an understanding of the steps involved in designing prevention interventions and the specific risks and vulnerabilities that individuals may face in emergencies, let's look at the core elements that must be considered in designing prevention interventions:

1. Identifying risks and threats;
2. Considering appropriate and context-specific interventions that respond to these risks and threats; and
3. Outlining and clarifying the roles of various actors in implementing and/or supporting these interventions.

Identifying Risks & Threats

The first step in designing prevention interventions is to identify the specific risks and threats to GBV that are present in the emergency context. Understanding the specific risks and threats in a setting will enable you to rapidly develop effective prevention interventions.

Information sources for identifying these risks and threats can include:

- Community members, especially women and girls
- Health and psychosocial service providers
- Pre-existing research or data about GBV in the community
- Camp safety audits or other rapid GBV assessments

Universal Givens

Consider the universal givens prior to engaging in any information gathering exercise:

- GBV is under-reported in any context
- Asking about GBV can be dangerous; there are serious ethical and safety concerns that must be considered
- Most societies blame the victim
- Many helpers and other actors who may come into contact with a survivor don't know what to do and are uncomfortable with the issue of GBV

As a consequence of the universal givens, in any emergency, all humanitarian personnel should assume and believe that GBV is taking place and that it is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence.

Conducting Assessments

Rapid assessments can support identification of risks and vulnerabilities. All assessments should be done in line with the ethical and safety recommendations laid out in the World Health Organization's Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. All assessments of safety and security must be done with the participation of women and men living in the community. Prior to conducting any assessment, consider if and how this information could be collected through alternative means.

THINKING LOCALLY

1. Within the context where you work, are there certain groups that tend to be marginalized or overlooked (for example, certain ethnic groups, children or people with disabilities)? How might you need to adjust your assessment in order to include the inputs of these groups?
2. Can you identify some good sources of information already available to you (such as national health statistics or reports produced by local women's groups)?

Key Tool



Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies

The eight ethical and safety recommendations for GBV assessments laid out in the WHO Ethical and Safety Recommendations are:

1. The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.
2. Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.
3. Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.
4. The safety and security of all those involved in information gathering about sexual violence is of paramount concern and in emergency settings in particular should be continuously monitored.
5. The confidentiality of individuals who provide information about sexual violence must be protected at all times.
6. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.
7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. Additional safeguards must be put into place if children (i.e. those under 18 years) are to be the subject of information gathering.

Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. World Health Organisation, 2007.

Camp Safety Audit Tool



The Camp Safety Audit is one example of a rapid assessment tool that can help actors begin to identify protection concerns.

The tool is organized in seven parts with Yes/No/Don't Know questions that are meant to be asked to: community members; camp authorities; water and sanitation representatives; food distribution representatives; camp security representatives; camp management representatives; and health representatives. Questions consider such things as the layout of the camp, any existing services, lines of decision making, and if and how women are engaged in the camp leadership and inter-agency humanitarian response efforts.

This document is also available in Annex 8.



Addressing Risk and Threats

Once specific risks and threats of gender-based violence are identified, resources and strategies for more strategically preventing GBV and protecting vulnerable individuals and groups need to be identified and implemented. The strategies chosen will depend on the risks themselves and on available human, financial and material resources.

Prevent emergency-related GBV

Prevention of emergency-related GBV includes the following minimum actions:

- Advocating for compliance with international norms and standards by State and non-State actors
- Strengthening access to justice
- Implementing context-specific protection and security strategies, which may include deployment of international protection actors or other security forces, including police and peacekeepers
- Taking protective action to decrease vulnerability to specific threats, for example in line with the minimum actions outlined in the IASC GBV Guidelines

Prevent GBV in the family and community

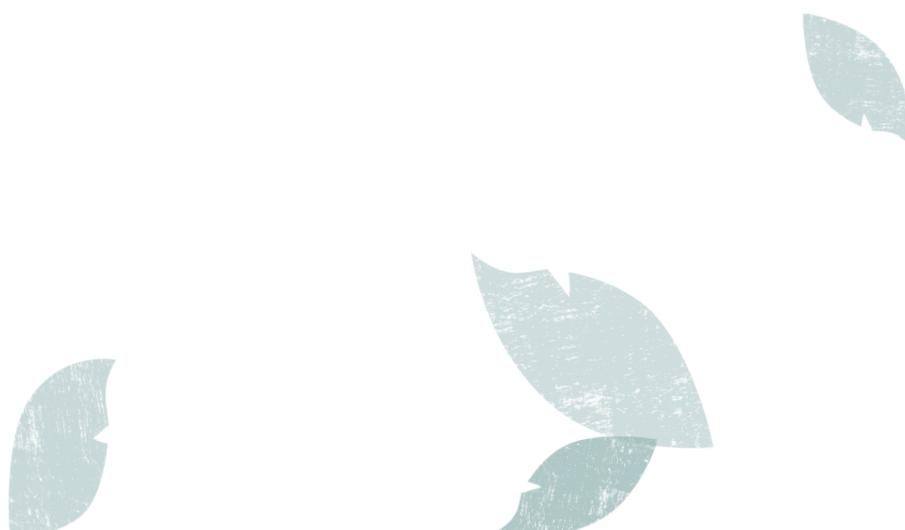
Immediate prevention of GBV in the family and community involves the following minimum actions:

- Implementing safe practices in designing and delivering assistance and services
- Reducing risk and vulnerability through identifying and addressing safety and security threats in the physical environment and in the context of aid delivery
- Monitoring who has access to and control over resources and services to identify possible risk factors for intimate partner and other domestic violence
- Rebuilding family and community structures and support systems that protect individuals from GBV
- Supporting legal and social protection through ensuring that formal and traditional legal systems conform to international human rights standards and promote women's rights

Prevent sexual exploitation and abuse

Immediate prevention of SEA involves the following minimum actions:

- Screening job applicants and recruiting staff that will not perpetrate sexual exploitation and abuse
- Ensuring that all actors understand the definition of sexual exploitation and abuse, expected standards of behaviour, and their obligation to prevent SEA
- Putting systems in place to respond to allegations, enforce codes of conduct and standards, and ensure there are consequences for those who perpetrate SEA
- Educating communities on their entitlements and rights, the zero tolerance approach to sexual exploitation and abuse, and how to report complaints
- Decreasing the vulnerability of those at higher risk of SEA through ensuring access to resources to meet basic needs and implementing livelihood programmes





The United Nations takes the issue of Sexual Exploitation and Abuse (SEA) very seriously. The Inter-Agency Standing Committee's Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises has issued the following six core principles for all UN humanitarian staff, which have also been reiterated by the Secretary-General:

1. "Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.
2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defence.
3. Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchange of assistance that is due to beneficiaries.
4. Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work.
5. Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.
6. Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment."

UN Secretary-General's Bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse (ST/SGB/2003/13)

Actors in Prevention

Everyone has a role to play in promoting the safety and security of those at risk of gender-based violence. However, actors may also increase vulnerability, fail to protect, or perpetrate gender-based violence. For example, the family can be a dangerous place for women and girls, with high risk of sexual and other forms of domestic violence. Actors in social networks can perpetrate, fail to stop or even encourage particular forms of violence. State and non-state actors have perpetrated widespread sexual violence in conflicts around the globe, and international humanitarian actors can increase individuals' vulnerability to gender-based violence in how they deliver aid.

GBV perpetrated by the State – Japan's "Comfort Women"



The term "comfort women" is a euphemism used to describe the hundreds of thousands of women and girls who were kidnapped and held as sex slaves by the Japanese military during World War II. Many were abducted as young girls and repeatedly raped day after day over the course of several years. The "comfort stations" where they were held have been recognised as an official government policy whose rationale was not only to provide sexual services for Japanese soldiers but also to prevent more "spontaneous" rapes against women out in the community. Though the issue of the Comfort Women was not addressed in the Tokyo War Crimes Tribunal of 1946, in 2000 a collection of women's and human rights NGOs convened the "Women's International War Crimes Tribunal on Japan's Military Sexual Slavery" in Tokyo. This tribunal brought together 1300 people from around the world, including 390 survivors from seven different countries. The five-day proceedings ended with the judges finding both the Japanese State and Emperor Hirohito guilty of war crimes and crimes against humanity. The Japanese government has issued public apologies to the comfort women but the issue of providing compensation to victims continues to create controversy.



However, there are many actors at work in preventing GBV.

Individuals

Individual women, girls, boys and men are the primary actors in prevention work. These individuals are skilled at protecting themselves from harm, from choosing not to perpetrate harm, and at preventing others from perpetrating harm. While survivors of GBV may not always have the capacity to protect themselves, their agency, strengths and capacities are central to all prevention and response efforts.

Leaders in GBV Prevention

"They come to our center to get their dignity back—they see an opportunity to change their lives and they take it."



Juliana Konteh is a pastor and Director of the Women in Crisis Movement (WICM) in Sierra Leone. WICM has benefitted from UNFPA support to help rebuild and transform the lives of women and girls traumatized by war.

WICM evolved from a Christian counseling and fellowship ministry that offered health care and HIV/AIDS testing to women who traded sex for survival in the absence of any means of self support. Ms. Konteh added her energy to the group's efforts and integrated the provision of a daily meal.

She met with UNFPA more than 10 years ago, when UNFPA first invested in WICM's work and in Ms. Konteh's abilities to rehabilitate women's lives and increase their security following the catastrophic war. With UNFPA assistance, she formed crucial alliances with other non-profit organization, village chiefs, religious leaders, and policy makers. Together, they offered refuge and recovery to widows, single mothers, and girls who are the head of their households, though they are still children themselves.

With Ms. Konteh as Director, WICM offers medical and psychosocial care, contraception, and HIV and other lab tests. It runs a primary school for children while their mothers complete a two-year program to prepare for small-scale business ventures. More than 1000 women have graduated with skills for self-support.

"I do hear a lot of sad stories—but when a person says, 'WIN is the reason I have strength to go on,' that is the happiest thing I can hear!"



Savithri Wijesekera is an attorney and the Executive Director of Women in Need (WIN) in Sri Lanka. The country's foremost advocate to end gender-based violence, Ms. Wijesekera empowers women, educates public and civic leaders, and mobilizes youth and men for the protection of women's right to live free of violence.

UNFPA began lending its support to WIN following the massive tsunami of 2004, which crippled the economic and social development of this country. Funds were dedicated to help ensure women's security during rebuilding efforts.

WIN creates Safe Spaces throughout the country, where survivors of violence access crisis support, including psychological counseling, legal services, and shelter. WIN also established crisis centers in major hospitals, counseling desks at police stations, and community relief centers. Sri Lanka saw the passage of its first Domestic Violence Act in 2005, thanks in part to Ms. Wijesekera's legal expertise.

With help from UNFPA, WIN addresses widespread complacency about violence against women by engaging youth and men in peer workshops and performances. Through music and plays, the performers entertain and build comradery among audiences of all ages. Their stirring performances raise public awareness and challenge deeply held notions about gender.

Photo credit: Angeline Martyn, Americans for UNFPA
International Honorees for the Health and Dignity of Women, (Americans for UNFPA, 2011).
<http://www.americansforunfpa.org/netcommunity/page.aspx?pid=754>

Families

Immediate and extended family, as defined by the culture, context and/or individual.

Social Networks

Friends, neighbours, clans/tribes, ethnic groups, groups defined by language, religious groups, work colleagues, and others as defined by the context and/or individual.

Communities

Community-based organisations, local services, schools, religious institutions, businesses, civil society organisations (such as women's groups), etc.

State Actors

Armed forces, police, intelligence and border management services, oversight bodies such as parliament and government, justice and penal systems, etc.

International Actors

UN and its agencies, regional political bodies, ICRC, INGOs, peacekeepers, etc.

Checking your Knowledge - Designing Prevention Interventions



- Read the following scenario and answer the questions that follow. While reading, pay particular attention to the sources of information that the humanitarian actors used, the roles the actors played as well as what could be done now to prevent new incidents of GBV:
- Humanitarian actors gathered information on GBV occurring within the Blackbirds IDP camp in the main sports stadium in Orleans, the capital city. The focus group discussions with women and men and analysis of data from agencies providing emergency health and psychosocial care for IDP women and girls showed that women and girls had been exposed to different forms of gender-based violence in the camp: sexual violence perpetrated by military actors who were supposed to be providing security from the rebels; sexual violence perpetrated by other internally displaced men not known to the women; and sexual exploitation by male community leaders responsible for distributing food and other relief items.
1. What were the sources of information that the humanitarian actors used to get more information on GBV in the camp?
 - a) Key stakeholder interviews with camp leaders and camp safety audits
 - b) Focus group discussions with women and men and police reports
 - c) Data from health and psychosocial service providers and focus group discussions with women and men
 - d) Camp safety audits and data from health and psychosocial service providers
 2. Which of the following actors in this scenario can play a bigger role in preventing GBV from occurring in the camp? (select all that apply)
 - a) Male IDPs
 - b) Families
 - c) Communities
 - d) Police (State Actors)
 - e) International Actors
 3. What could be done immediately to prevent new incidents of GBV from occurring in the camp?
 - a) Increase the number of military actors and advocate with the State to mandate night patrols
 - b) Mobilise women in the community to play an advisory role in determining how aid is delivered to the community and enable them to identify female camp leaders as aid distributors
 - c) Counsel wives to understand the risks for intimate partner violence in their homes and what they can do to prevent it
 - d) Advocate with the Government for a new rape law that could be translated into local languages and distributed to the IDPs so they could be aware of their rights



Additional Questions

4. Imagine you are the only person working in the camp that has experience working on GBV in humanitarian settings. However, in order to gather the necessary information as soon as possible, you will need assistance conducting the focus group discussions. You remember that two colleagues in the Protection Cluster mentioned they had recently completed the *Managing Gender-based Violence Programmes in Emergencies* eLearning course. Since both of them have some knowledge of GBV and have also led focus groups in the past, you decide to ask them to help you. How would you help them prepare to conduct the focus group discussions? Which elements of the WHO Ethical and Safety Guidelines for researching, documenting and monitoring sexual violence in emergencies would you want to review and emphasize with them?
5. How should the focus groups be designed? What factors should be considered when deciding who gets included from a given group? Are certain topics and/or types of questions more appropriate for certain groups than for others?
6. How would you respond if one or more focus group participants acted in the following ways:
 - i. An individual who participates in most parts of the conversation but becomes observably withdrawn/quiet/uncomfortable whenever the topic of sexual violence is mentioned.
 - ii. An individual who dominates the conversation, insisting on speaking more often than anyone else in the room. This person interrupts both focus group participants and the facilitator and—perhaps unintentionally—makes others feel embarrassed or upset by the way s/he responds to their comments.



TOPIC 4: ENDING IMPUNITY

Now that we have a basic understanding of prevention interventions, let's focus on one area of intervention that has presented some of the biggest challenges for humanitarian actors: ending impunity for perpetrators.

As we have discussed, many societies tend to blame GBV survivors, resulting in their fear of stigma, retribution or rejection. As a consequence, most survivors never report GBV incidents. Police, prosecutors and judges often consider many incidents of GBV as private matters that fall outside the law. Many gender-based crimes are dismissed, or guilty perpetrators are given very minimal sentences. Crimes that go unpunished feed a culture of impunity and lawlessness that enables new incidents of GBV.

Impunity: exemption from punishment, penalty, or harm.

Voices from the Field

"In Haiti, a judge asked a witness whether she was raped (violée) or robbed (volée). When she simply nodded, ashamed, the judge declared the defendant not guilty for the commitment of rape."

In Search of Justice (Medica Mondiale, 2008), p. 17

Voices from the Field

"Another challenge is the culture of impunity. Even when perpetrators are arrested, they are seen roaming the town the following day. This raises a lot of security issues and also discourages the communities."

Submitted by Alessia Radice, International Medical Corps, Democratic Republic of Congo

GBV and Justice Mechanisms

Justice is an abstract term that brings to mind factors of fairness, conformity to the law, fair judgment and punishment of offenders. What justice means for GBV survivors is determined by the individual and influenced by her or his social and cultural context. However, each of the justice mechanisms available may serve a greater good through ending impunity and enabling survivors' recovery by promoting social cohesion and individual and collective healing.

Justice: fairness, conformity to law, fair judgement and punishment.

Examples of justice mechanisms relevant to humanitarian contexts include:

- International justice mechanisms
- National justice mechanisms
- Customary or traditional justice mechanisms
- Transitional justice mechanisms

International Justice Mechanisms

International justice is cooperation between and among countries to hold individuals accused of grave human rights abuses (such as rape) accountable. Those abuses are defined in international treaties and conventions such as the Rome Statute. International justice serves a range of important public policy goals such as retribution, rehabilitation, truth telling, and deterrence.





In the past two decades, three international justice mechanisms made significant strides in successfully prosecuting conflict-related sexual violence. In the ground-breaking Akeyesu case, the International Criminal Tribunal for Rwanda (ICTR) ruled that rape was an act of genocide, stating that the mass civilian rapes had “resulted in physical and psychological destruction of the Tutsi women, their families and their communities” and were “an integral part of the process of destruction.” Following the Akeyesu ruling, the International Criminal Tribunal for the Former Yugoslavia (ICTY) ruled that the sexual violence and intentional impregnation of Bosnian women could be considered a form of ethnic cleansing. The Special Court for Sierra Leone (SCSR) further expanded the scope of prosecutions for GBV when it ruled that, under certain circumstances, forced marriages could fall under the definition of crimes against humanity.

These three courts have set a precedent. Assuming certain evidential criteria are met, conflict-related sexual violence can be prosecuted as a war crime, a crime against humanity, torture, genocide, enslavement, outrage against personal dignity, or inhumane treatment under international law.

National Justice Mechanisms

National justice mechanisms are the State-operated legal justice processes involving legislation, law enforcement and judicial systems.

Programme in Focus

Medico-Legal Care for GBV Survivors

In Darfur, rape survivors used to be denied medical care until they had completed “Form 8”, a document administered by the Ministry of Justice to record physical injuries resulting from criminal acts. If a survivor went to seek help and—as was often the case—was informed Form 8 was not available, s/he would have to return home without reporting the crime or receiving treatment. As a result of international pressure, the law was changed in 2005, allowing survivors to seek medical care without completing Form 8. However, many people in Darfur, including community leaders, health workers, and police officers are unaware of the change. Therefore, Form 8 still presents a barrier for GBV survivors seeking medical care and/or justice.

“Form 8 Advocacy Strategy,” UNDP Sudan website: www.sd.undp.org

Customary/Traditional Justice Mechanisms

In post-conflict, transitional and developing countries, and also IDP areas and refugee camps, GBV crimes are frequently dealt with in the sphere of traditional justice. These mechanisms are governed by religious, cultural, and/or tribal practices and take place at the community level.

Considering Traditional Justice Mechanisms



A range of traditional, customary or religious justice mechanisms operate in most societies and can play a crucial role in providing access to justice for GBV survivors. In some countries, up to 80% of disputes—particularly those related to family matters—are handled by religious courts, tribal councils, groups of elders, grievance committees or community leaders. Sometimes, these are the only systems accessible to women during or immediately following a humanitarian crisis, as national legal institutions may be too far away and/or the institutions themselves have been destroyed. Additionally, a GBV survivor may prefer traditional justice mechanisms over other mechanisms, as they are often more acceptable from a cultural or religious perspective; require less time and fewer resources; mainly address restitution and compensation instead of punishment; and employ methods like negotiation and mediation, which often help facilitate community reconciliation and healing.

*Handbook for the Protection of Internally Displaced Persons (GPWG, 2010)
In Search of Justice (Medica Mondiale, 2008)*

Voices from the Field

In Liberia, traditional leaders, community elders and chiefs, and community members have taken part in workshops on the traditional justice system as it relates to GBV cases. These workshops focused on matters that are traditionally settled in the informal system, including early and forced marriage and property rights for women. According to the organization that ran the workshops, “Traditional leaders have since shown willingness to allow community women to be trained on legal rights in the communities. Women in both communities have noted more freedom to report cases without seeking permission from community or traditional leaders.”

“Access to Justice for Women” (ActionAid)
<http://www.actionaid.org/liberia/access-justice-women>

Transitional Justice Mechanisms

Transitional justice mechanisms refer to a range of judicial and non-judicial approaches that societies undertake to address the legacy of widespread human rights abuses that occur during periods of conflict and political violence. Typically these mechanisms are implemented when states are in “transition”, as they are moving from a period of violent conflict or oppression towards peace, democracy, and the rule of law.

Programme in Focus

The Peruvian Truth and Reconciliation Commission

In its Final Report, the Peruvian Truth and Reconciliation Commission (PTRC) included accounts of sexual violence which had occurred during the country’s 20-year armed conflict, asserting that such acts constituted a violation of human rights. The PTRC also recommended that the State institute a system of reparations for the victims.

Mantilla Falcón, J. “The Peruvian Truth and Reconciliation Commission’s Treatment of Sexual Violence Against Women.” *Human Rights Brief* (2005).

Alternative models of seeking justice: by women, for women

One group of Bosnian women, all of who were in the same camp—and most of whom were raped—during the war decided to pursue justice together. They went through all the steps of the judicial process as a group: demanding the right to testify, appearing in court, collecting information and making decisions on how to proceed with the case. Through this collective effort, they secured a strong negotiating position within the court and were thus able to exert influence they may not have had if each had tried to pursue legal action on her own.

In Search of Justice (Medica Mondiale, 2008)

In India, the Nari Adalats form a system of courts whose services are specifically targeted at low-income women, particularly those who have suffered from GBV. Though not part of the formal legal system, the women leaders incorporate elements of local practice and custom, the rhythms of everyday life, and community social networks into the proceedings. These courts take into account the complexities of the survivor’s situation—where will she stay? how will she feed her children?—seeking to find a holistic form of “social justice” rather than fixating on more abstract legal concepts such as human rights.

As the following quote illustrates, many claim the Nari Adalats’ strength lies in its informality and the fact that participants—survivors and alleged perpetrators—do not feel intimidated by the courts’ proceedings:

“The shared gender identity of the ‘client’ and the ‘judge’, the comfort of being in an environment which resembles your own extended family of mother, aunts, sisters and elders but which is more encouraging and emancipated, the non-intimidating space and the culture of communication without fear—all these elements of the Nari Adalats have a value which goes far beyond economic considerations for a woman who is battered and lost. It would seem that women who come to the Nari Adalats want resolution more than justice... there is also an implicit expectation by the aggrieved when approaching the Nari Adalat that they will receive a decision through this system which fits in with socially accepted norms, but that they will also be able to access the formal legal and judicial system with the support of the Nari Adalat, if necessary.”

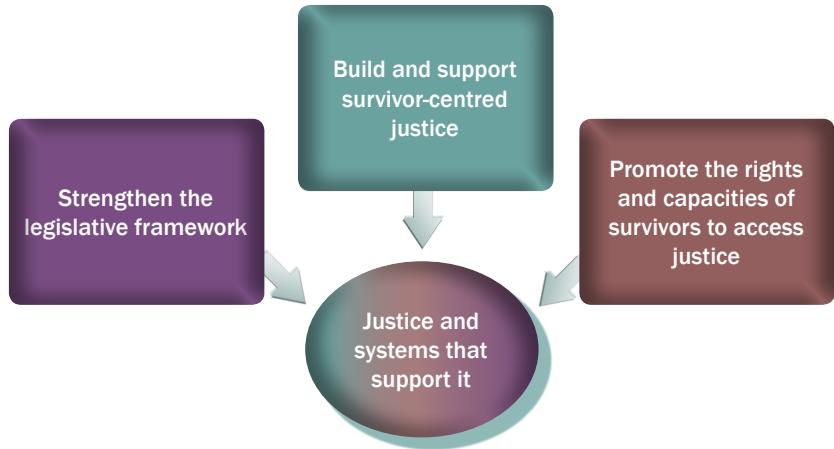
Iyengar, S. A Study of Nari Adalats (Women’s Courts) and Caste Panchayats in Gujarat, (UNDP, 2007).
<http://regionalcentrebangkok.undp.or.th/practices/governance/a2j/docs/CaseStudy-05-India-NariAdalat.pdf>



Goals of Justice Interventions

Justice interventions in emergency settings have three specific goals, each targeting a different aspect of justice and the systems that support it. These goals are to:

- Strengthen the legislative framework so it reflects the rights of women to be protected from gender-based violence
- Build and support survivor-centred justice, including law enforcement and judicial processes and procedures
- Promote the rights and capacities of survivors to access justice



Voices Seeking Justice

For survivors and those helping them, accessing justice can both assist the healing process and potentially be more damaging to survivors' recovery. Let's hear some of the words of survivors and their helpers on the issue of justice:

"We know who these people are, we know them by name, by face and we know that many are still hiding. We will not agree to live side-by-side with them unless justice is done."

"I am happy that I had the courage to testify in court; now they will all know, there will be justice and the dead can finally rest."

"I do not want to encourage women to go to court here. They are treated so badly by the police. Victims and their families often have to pay for everything, even for the paper and pens. They are not respected and some of them feel like they were the criminals."

"Before you can go to court, you need to go to the police. But the police only want to take a statement if you have a medical certificate. And victims often don't have money to go to a doctor or they don't dare to. And when they finally manage to file a complaint, they have to wait very long because there is a huge backlog at the courts. In this way, justice is a long and painful process."

"We need to hear that these atrocities are condemned to at least relieve some of the shame and the grief. It is not just a legal issue. It is about people's lives. Something must be done so the society that was affected by the conflict can invest in peace."

Voices from the Field

Often the term "justice" in GBV cases is associated with some sort of legal action against the perpetrator. However, justice can mean different things in different contexts; a survivor's individual circumstances will determine what justice truly means for her. In some cases, an apology or other sort of public admission of guilt helps the survivor heal, validating her experience and helping to restore her dignity. In other cases, a survivor's definition of justice may not address the perpetrator at all, as illustrated by the following example:

ARC, a partner of UNHCR, facilitated a discussion with Afghan women to seek their view on justice. One of the women said, "Justice means you give me medical care and stay away from me".

Submitted by Lynda Lim, UNFPA Timor-Leste

Rationale for Seeking Justice

GBV survivors may choose to seek justice for many reasons. Seeking justice can be:

- An empowering action
- A political act
- A vital process in healing and recovering from violence
- A support for psychosocial well-being

However, for others, justice processes and outcomes can be harmful to recovery and psychosocial well-being. They can be disempowering, humiliating and traumatic.

In designing justice interventions, we must remember to:

- Consult appropriate community members when considering any security and safety option to protect individuals from experiencing GBV or support survivors.
- Be familiar with all available justice mechanisms in a setting, their frameworks and processes and how each system has been affected by the conflict and displacement.
- Ensure survivors get comprehensive information on safety and legal options, including any potential risks and benefits, and ensure psychosocial, material and practical support and protection for those who access justice.
- Always respect a survivor's choice and right to decide her own course of action regarding safety and justice.

With appropriate, compassionate, and respectful response services in place, survivors are more likely to seek legal redress and follow through with necessary action. Without these supports, the vast majority of survivors/victims are frightened, overwhelmed, and will avoid any police or legal action.

Guidelines for Gender-based Violence Interventions in Humanitarian Settings (IASC, 2005), p. 36.



Checking your Knowledge - Ending Impunity



The video clip* from the BBC's Women on the Frontline video series (produced by UNFPA and dev.tv) provides just a snapshot of the challenges that women face in the Democratic Republic of Congo in seeking justice. Watch the video (and/or read the transcript below) and think about what kinds of interventions could be effective to end impunity for perpetrators in this context.

Conflict in Eastern Congo began after the Rwandan genocide in 1994. Fleeing revenge from the new Tutsi government, nearly a million Rwandan Hutus crossed over into Eastern Congo. Among them were the Hutu militias, called the Interahamwe, who had taken part in the genocide. In 1998, the Congo was reeling from a year-long civil war. The Interahamwe joined other militias fighting for territory and mineral resources. This conflict escalated into a full-blown war, drawing in armies from eight surrounding countries. Underlying it all was a struggle for control of the minerals, such as gold and diamonds. A peace agreement was signed in late 2002 but despite the presence of the biggest United Nations peacekeeping force in the world, the plethora of armed groups carried on fighting.

For Alexandra Bilak, who works for an organization funded by Swedish churches specialising in conflict resolution, this anarchy is at the root of the brutality:

"The absence of a state in Congo leaves an economic, political, judicial and social void everywhere. This leaves the door open to unspeakable violence. I mean complete impunity."

We asked the visiting Minister of Interior what measures the government was going to take against sexual violence.

"All I know is that in our culture, and I've been working for a long time, I've never seen this. It started at a particular time, when there was unrest in the region, so it's something that has been imported. We have to structure mentalities. The people in power and the government have to implement laws which deal with and severely punish people who act like this."

The UN Human Rights Office in Congo says 16,869 rape cases were registered in South Kivu in 2007, but only 304 cases have been taken to court. To date, 70 men have been sentenced to ten years in prison.

"I think it's because of our dysfunctional judicial system that people profit from this apparent climate of impunity and commit all these crimes. Most of the time, the cases rarely end up in court. Sometimes the victims are intimidated because the rapists may be men who are in a position of power. They might be people in authority or they are armed men, who come and threaten their family. They say, for instance: 'If you dare lodge a complaint, it will not be rape anymore, we will come and kill you.' And so people are afraid; they keep quiet and they hide."

Wilhelmine Ntakebuka heads a local NGO and regularly goes out to the villages to bring the women who suffer from fistulas to Panzi. She thinks that the problem lies with Congolese society at large.

"I think the women in Congo are considered objects. Women in Congo are not worth much. But we also know that the foundation of society is the woman, because it's the women who produce for the survival of the family. So, if you destroy the woman, who is the foundation of society, of the family, it weakens the man."

Think about the scenario that you just read. Answer the following questions:

1. In this context, what is the most effective justice mechanism for ending impunity?
 - a) Transitional
 - b) International
 - c) National
 - d) Traditional

* Full-length video available at <http://www.youtube.com/watch?v=mqqmNA0a19Q>.

2. What positive impact could a functioning justice system (one that is in line with international human rights law) have on GBV prevention in the DRC?
 - a) Stopping soldiers who have used rape and other sexual violence as a tactic of warfare from continuing their abuse
 - b) Empowering survivors by legitimising their suffering and enabling them to exercise their rights
 - c) Promoting healing and recovery on a national scale
 - d) All of the above
3. Which of the following good practice interventions for supporting survivor-centred justice were shown in the video clip?
 - a) Women and children protection units in the police stations that referred patients to the hospital
 - b) Information on international and national human rights laws on women's protection posted to the walls of the hospital
 - c) Strong advocacy against GBV by the Minister of the Interior
 - d) Compassionate, survivor-centred care in the hospital that enabled women to re-enter society

Additional Question

4. What language/strategies would you use to advocate with the Government about the threats women and girls are facing? What specific recommendations would you make and what strategies would you use to motivate the State to take action? Are there any specific considerations that you'd need to be aware of prior to advocating on an issue like sexual violence?



MODULE 3 REVIEW

Preventing gender-based violence involves addressing the factors that increase risks of GBV in emergencies, such as the disruption of social and legal protection mechanisms and displacement and dependency on others for meeting basic and survival needs. In designing our interventions, we can consider the risks and types of GBV that are occurring as a direct result of the emergency and within families and communities, as well as the potential for sexual exploitation and abuse.

For all prevention interventions, we must consider actions at individual, community and societal levels and in line with rights-based, community development and survivor-centred approaches.

Justice interventions can focus on international, national, traditional or customary, and transitional mechanisms.

GBV survivors define “justice” according to their individual social and cultural contexts.

Module 3 Quiz



Before you begin this quiz, recall the scenario presented earlier:

The Blackbird IDP camp in the Orleans sports stadium that was meant to be temporary has now become home to more than 18,000 IDPs for nearly four months. Conditions are awful: one water pump in the camp that has meant that girls must travel outside of the camp to fetch water; poorly-constructed latrines with no doors; a camp management committee whose 10% female membership has limited voice in decision-making; and a government camp management system that is more focused on using the military to monitor security incidents than on meeting basic needs. Risk factors that were there at the time of the first assessment appear to have only worsened.

Your organization has just been awarded a small grant to support GBV prevention in the camp. Consider the above scenario and answer the questions that follow.

1. What are the risks and threats to GBV that are present in Blackbird IDP Camp? (check all that apply)
 - a) Overcrowding
 - b) Lack of privacy in bathing areas
 - c) Inadequate water sources
 - d) Lack of female leadership in camp management
 - e) All of the above
2. How will you gather additional information to design your prevention strategies?
 - a) Conduct a comparative survey of women in the camp and women living in a non-conflict affected setting
 - b) Take a random sampling of all households and ask all women above the age of 13 if they have experienced sexual violence
 - c) Conduct focus group discussions with women, men, boys and girls (separately)
 - d) Review incident reports from the military
3. As you are gathering this data, what prevention interventions will you promote first, even before you have analysed all the data? (Click all that apply)
 - a) Place doors on the latrines with locks on the inside
 - b) Fix the water pump
 - c) Increase the military presence
 - d) Identify and engage more female leaders in the camp management committee

4. Which actors have the primary responsibility for ensuring women's security in this camp?
- a) The International Criminal Court
 - b) The State/Government
 - c) The national association of women lawyers
 - d) The IDPs themselves
-

Congratulations!

You have now completed this module and should now be able to:

- Outline the core elements of GBV prevention interventions including the actors involved
- Apply knowledge on designing prevention interventions, including methods for gathering information to identify risks and types of GBV in emergencies
- Apply understanding of strategies for ending impunity in emergencies to a particular emergency context

You may now proceed to Module 4.



MODULE 4

RESPONDING

TO GENDER-BASED VIOLENCE IN EMERGENCIES



CONTENTS OF MODULE

This module provides an overview of best practices in GBV response, with a focus on health and psychosocial responses. This module draws on experience and research from around the world (including humanitarian settings) on good practice for supporting the coping and recovery of gender-based violence survivors.

The module will go into greater depth on the guiding principles as the foundation of a survivor-centred approach, and will provide a closer examination of the components of response. In this module we will also outline the specific responsibilities of the health sector, and define and explore mental health and psychosocial support in the context of GBV response.

OBJECTIVES

By the end of this module, you will be able to:

- Apply the guiding principles for GBV response to a real-life case study
- Define the role of the health sector in addressing GBV in emergencies and list three primary elements of a health response to GBV
- Identify the psychosocial consequences of GBV and explain how adherence to the guiding principles can promote survivors' recovery
- Outline appropriate psychosocial and mental health responses to GBV and list three protective factors for promoting recovery



TOPIC 1: SURVIVOR-CENTRED RESPONSE

In Module 2, you were introduced to the survivor-centred approach. The first section of this module will go into greater detail on this approach through analysis of a case study. Drawing on the four guiding principles of safety, confidentiality, respect and non-discrimination, in this section we will suggest appropriate response strategies in emergency settings.

Case Study



Video Transcript: Violence Against Women and Girls in the Iraq Crisis (Women's Refugee Commission, www.womenscommission.org)

Four million Iraqis have been displaced since 2003, the majority women and girls. Many have experienced violence, or witnessed violence against a family member or friend. Armed groups are targeting women and girls. In the first 10 days of November 2006, the Baghdad morgue saw more than 150 unclaimed bodies of women, many of which were beheaded, disfigured or bore signs of extreme torture.

Amman, Jordan (where up to 750,000 Iraqis have fled)—

First Woman: “Of course rape is everywhere in Iraq. We hear about it here in Amman. That’s why many women don’t leave the house in Iraq.”

Second Woman: “Sometimes female university students are kidnapped at roadblocks. In fact, this happened to my daughter’s friend.”

Third woman: “Four or five days ago, we heard by telephone that a neighbour of ours had been kidnapped. She was raped and then she was killed.”

Jamila (not her real name) was kidnapped and held for 19 days while she was 9 months pregnant. During this time, she was raped.

Jamila's Story

Jamila is 34 years old and has just arrived in a refugee camp near Amman after fleeing fighting in her village in Iraq. Her husband Ahmed chose to flee after Jamila was kidnapped and held for 19 days. She was 9 months pregnant. During this time, Jamila was raped.

Although she was returned last week, Ahmed knows this was a message to him and that he had to leave. He fears that if this happened again she would not be returned, or that he would be kidnapped too and their two young children would be orphans.

Jamila is ashamed about what has happened, is having problems eating and sleeping, and has become quiet and withdrawn; she does not want to spend time with anyone except her children. She becomes nervous when she sees men in uniform. Jamila has pain in her lower abdomen and worries she has lost her baby. Ahmed does not know that Jamila was raped. He keeps asking her why she is so quiet. Jamila is too scared to tell her husband; she is afraid that he will leave her if he finds out what happened.

What do you think?

- Based on the information in the case study, what do you think are some of the physical and emotional consequences of Jamila’s kidnapping and rape?
- Are there any social consequences? If yes, what are they?
- What affect does Jamila’s experience have on her and her family? On her community?

Possible Consequences of GBV

Gender-based violence has harmful physical, emotional, psychological and social effects on individuals. These effects are interrelated, for example physical well-being affects psychological well-being; social well-being affects emotional well-being. As you review the lists of consequences, think about which of them might apply to Jamila's story.

CONSEQUENCES OF GENDER-BASED VIOLENCE		
Physical Health	Psychological and Emotional	Social
Physical injuries, including broken bones	Anxiety	Blaming the victim
Sexually transmitted infections, including HIV	Fear	Problems in interpersonal and social relationships
Unwanted pregnancy	Anger	Social stigma and social rejection
Unsafe abortion	Shame	Rejection from family
Gynaecological problems	Guilt	Family breakdown
Problems with pregnancy, including infant and/or maternal death	Self-blame	Withdrawal/isolation from family and community life
Urinary tract infections	Suicidal thoughts and behaviour	Loss of role function (e.g., decreased capacity to care for children and work)
Fistula	Withdrawal and hopelessness	
Chronic pelvic or other pain	Loss of self-esteem	
Chronic illness		
Permanent disabilities		
Self-harming behaviour		

**Remember: each survivor's experience is unique and may include some, all or none of the consequences listed in this table.

Consequences for Jamila

From the information given we can assume that the consequences of Jamila's experiences include: withdrawal from family and social life, ongoing fear, especially when she sees men in uniform, and anxiety about her baby, and about how others will react to her if they find out that she was raped, especially her husband. Jamila is also experiencing shame. Her difficulties eating and sleeping may be related to the emotional and psychological response she is having to her experience of GBV, or to other problems, physical or otherwise, she is facing. Concern about her physical health may also be having an impact on her psychological well-being. Her emotional and psychological state may be having an impact on her ability to sleep and eat, which in turn affect her physical health. Her psychological and emotional states are also having an impact on her social functioning and well-being.

Jamila's Actions

Jamila takes a bus to a health clinic in Amman where she believes that no one will see her. She waits in the line outside the clinic for over six hours before she reaches reception. When the nurse asks Jamila for her address, she can see that the woman is uncomfortable. The nurse suggests that it might be easier if Jamila could go to someone in the camp who is more like her. When Jamila begins to cry the nurse becomes impatient, but agrees to listen to her problem and treat her if she can.

Jamila tells the nurse about her abdominal pain. The nurse gives her a quick physical exam and asks about her other pregnancies and sexual history. Jamila tries to tell her about the rape, but the words don't come easily, and the nurse is rushed and impatient. A doctor comes in to do an ultrasound and explains to Jamila that her baby has died inside of her. It was a girl – a daughter – he tells her. Again, he asks her if anything happened. Jamila is embarrassed to speak to this man she does not know and stays silent. The nurse refers Jamila to a hospital where they will remove the baby and gives her some drugs for the pain.



Guiding Principles

Introduction

The guiding principles for working with GBV survivors, defined in Module 2, reflect survivor-centred values and attitudes, and provide the framework for all response-related action. Service delivery that is informed by the guiding principles fosters empowerment and control for survivors, and promotes their safety, well-being and recovery.

Safety

The safety and security of the survivor and others, such as her children and people who have assisted her, are very important. Individuals who disclose an incident of gender-based violence or a history of abuse may be at risk of further violence from the perpetrator(s) or from others in their communities.

Strategies for ensuring safety include:

- Making sure that survivors can seek access systems of care that are private and respectful.
- Helping individual survivors identify and address immediate safety risks using available resources and options.
- Assessing the safety needs of others involved, including children, family members and those who have helped the survivor.
- Maintaining confidentiality at all times.
- Never taking action without the informed consent of the survivor.

Informed consent includes informing the survivor of the nature of the proposed action, possible alternative actions, and the potential risks and benefits of the action. See Annex 9 for more information on the “Do’s and Don’ts of Informed Consent”.

Something To Think About

What are some of the safety concerns for Jamila? As someone trying to help Jamila, what questions would you want to ask her to identify possible risks to her security and the security of her children?

THINKING LOCALLY

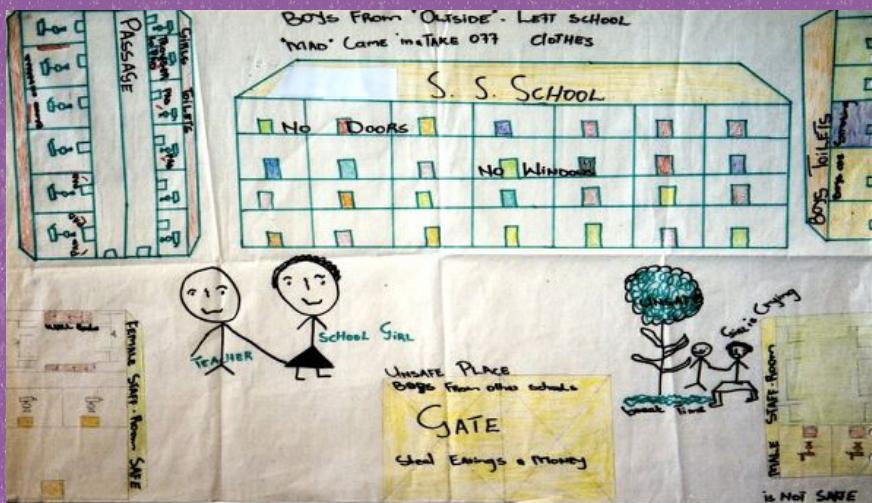
1. Can you identify the organizations/facilities in your community that provide services to GBV survivors?
2. What are some security risks a survivor might be exposed to after sexual violence?
3. Where are some “safe settings” where survivors might feel more comfortable disclosing an experience of sexual violence?
4. Is there a safe house or other safe space for women and children in your community? If not, what are some alternate means that are available to you to ensure the safety of women and children who are experiencing abuse in their homes or communities?

Programme in Focus

Community Mapping of Sexual Violence in Schools in South Africa

Researchers in Cape Town, South Africa, asked high school girls to draw a map of places where they felt unsafe. The map showed that the girls considered the most unsafe places to be:

- 1) The gates of the school, where former students would come to sell drugs and harass students;
- 2) The toilets, which in addition to being filthy were places where girls could be harassed by gangs; and
- 3) The male teachers' staff room, where teachers would collude to send girls for errands so that other teachers could sexually harass or rape them during their free hours. The girls were so afraid to go near the staff room that they arranged always to do errands in pairs so as to be able to protect each other.



Source: Abrahams N. School-based Sexual Violence: Understanding the Risks of Using School Toilets Among School-going Girls. Cape Town, South Africa: South African Medical Research Council; 2003. As cited in Ellsberg and Heise, 2005. From UN Women's Virtual Knowledge Centre to End Violence Against Women and Girls: www.endvawnow.org

Confidentiality

Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the survivor.

Strategies for ensuring confidentiality include:

- Conducting interviews in private.
- Only sharing relevant information with others at the request of the survivor and after obtaining informed consent.
- Keeping all documents secure and having a plan to move or destroy case files in the event of an emergency.
- Even if individual names are not used, it is important not to share general characteristics about clients (ethnicity, age, family situation). There is always a risk that an individual can be identified.

It is important to note that there are exceptions to confidentiality including:

- Situations where there are threats of ongoing violence or harm to a child and the need to protect them overrides confidentiality.
- Situations where laws or policies require mandatory reporting of certain types of violence or abuse (such as sexual exploitation and abuse by humanitarian staff).
- Situations where it is believed that a survivor might try to hurt her or himself.

Something To Think About

Think about the context that Jamila is living in. What are some of the things that you would want to consider about Jamila's situation that could impact the confidentiality of care you can provide?



Voices from the Field

"I worked with an NGO that abolished a fixed schedule for the examination of survivors in hopes of improving patient anonymity and reducing the risk of breaching confidentiality.

With a different project for socioeconomic reintegration of sexual violence survivors, we decided to also include other vulnerable women in the program, even if they were not our primary target. The program was thus perceived by the community as a supporting program for vulnerable women [and allowed survivors to participate without disclosing what they had been through to the community]."

Submitted by Dr. Aziza Aziz Suleyman, UNFPA Democratic Republic of the Congo

Respect

A survivor-centred approach recognizes that the survivor is the primary actor, and the role of helpers is to facilitate recovery and provide resources for problem-solving. Our failure to respect survivors' rights to find their own solutions can increase survivors' feelings of helplessness and shame, reduce the effectiveness of our interventions, and may even cause them further harm.

Strategies for ensuring respect include:

- Maintaining confidentiality.
- Ensuring the availability of female staff for interviewing and examining women and child survivors.
- Ensuring that those working with survivors demonstrate appropriate values, knowledge and skills.
- Ensuring those working with survivors are non-judgemental and sensitive to the cultural and social context of the intervention.
- Minimizing the number of times a survivor needs to retell her or his story.

Something To Think About

What are some ways that we can show respect to Jamila and to her situation?



Programme in Focus

Victim Friendly Police Units and Courts in Zimbabwe

Zimbabwe has instituted "Victim Friendly Units" within the police force as well as "Victim Friendly Courts," both of which consist of staff who are specially trained in survivor-centred assistance. Investigators and court staff in these units learn basic counselling skills and supportive and empathetic techniques for conducting interviews and medical examinations. Investigations, medical examinations and treatment, transportation, legal aid and advice, counselling, and shelter are all available to survivors free of charge. The courts also provide special arrangements to allow victims to testify in private or with a limited audience.

http://www.unafei.or.jp/english/pdf/RS_No70/No70_16PA_Jusa.pdf

Voices from the Field

In certain contexts, particularly those where laws, social norms or safety concerns limit women's movement outside the home, employing female staff may not be a simple or straightforward undertaking. Some NGOs have addressed these challenges by hiring brother-sister or husband-wife teams.

"In Afghanistan, some of our female employees would say 'I love this organization but can you hire my husband too?' After more extensive conversations with these women, we learned that when a female is the only breadwinner in a household, it can create tension within the family because of a change in social roles."

Lina Abirafeh, PhD, GBV in Emergencies Advisor

Non-Discrimination

All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class.

Strategies to ensure non-discrimination include:

- Addressing values, attitudes and beliefs among staff that may promote non-discrimination.
- Having a clear written policy on non-discrimination.
- Training staff on human rights, humanitarian principles, and relevant agency policies.
- Ensuring that services and service delivery reflect the specific needs of particular groups of survivors, such as men and boys or people with disabilities.

Something To Think About

Jamila went to receive care at a clinic. How did the nurse there discriminate against Jamila?

Additional Questions

1. What does Jamila's decision to travel to Amman for treatment rather than access help closer to the camp tell us about the way she sees her situation and the options available to her?
2. Consider the nurse's suggestion that Jamila "go see someone in the camp who is more like her". How do you interpret this comment? Which of the guiding principles does the nurse's approach violate? What other factors should we consider regarding Jamila's experience both inside and outside the clinic?
3. All of the four guiding principles are inter-related. Think about how the hospital staff's discriminatory treatment of Jamila could also compromise her safety and/or further exacerbate the physical, psychological and social consequences of her abuse?

Voices from the Field

Discrimination against Male Survivors

"In Uganda, [male] survivors are at risk of arrest by police, as they are likely to assume that they're gay – a crime in this country and in 38 of the 53 African nations. They will probably be ostracised by friends, rejected by family and turned away by the UN and the myriad international NGOs that are equipped, trained and ready to help women. They are wounded, isolated and in danger. In the words of [one survivor's wife]: 'They are despised.'"

Excerpt from "The Rape of Men" The Guardian (17 July 2011)

"I have worked with one male survivor before...When I asked him why it took him too long to report this violence he said that as a man he felt ashamed to do so because culturally "men do not cry". He said that when he visited one of the institutions to seek help before he came to me, he was laughed at as being weak and a sicker."



Checking your Knowledge – The Guiding Principles



Read the following scenarios and identify which of the guiding principles were not followed:

Scenario 1

Even before refugees started arriving, the international media made it well known that sexual violence perpetrated by armed combatants against adolescent girls was a common occurrence. The start up of humanitarian aid was under a microscope – the media and your headquarters offices were watching closely to see that services for rape survivors were put into place quickly. And your agency was ready before the refugees arrived. You built sexual assault drop-in centres next to the schools to ensure you were reaching the most-affected population.

Which of the guiding principles was your agency not following in this scenario?

- a) Safety
- b) Confidentiality
- c) Respect
- d) Non-discrimination

Scenario 2

In Western Bina, where conflict has raged for nearly 13 years, rape is a daily reality for most women and girls. The successful prosecution of rape cases in this region is rare. Cases often come to the court well after the two-year time limit for reporting has expired. In order to arrest more perpetrators and bring them to trial, the head of the Western Bina GBV Working Group mandated that all service-providers share original copies of their intake forms with the chief of police.

Which of the guiding principles was the head of the GBV Working Group not following?

- a) Safety
- b) Confidentiality
- c) Respect
- d) Non-discrimination

Scenario 3

Human rights monitoring reports revealed that two young girls had been raped near the water point outside of Twulah camp. The four UN agencies most engaged in GBV work in and around the IDP camps immediately jumped in to support them. Each agency went to interview the girls and each spoke to them at length about what had happened. Without consulting the girls, the four UN agencies then developed a plan of action that would ensure both immediate assistance and long-term, multi-sectoral care for the girls in all relevant sectors of response: health, psychosocial, security and legal.

Which of the guiding principles were the UN agencies not following?

- a) Safety
- b) Confidentiality
- c) Respect
- d) Non-discrimination



TOPIC 2: SURVIVOR-CENTRED HEALTH CARE

For some survivors, health care is the only formal assistance they seek. For others, health care serves as an important entry point for getting access to additional services and support.

Health clinics can provide a temporary safe haven for survivors, for example while they are awaiting police or other security assistance. Health providers must be prepared to make referrals to the appropriate protection actors, such as the police, or safe shelter programmes (if available). Health providers should be trained in basic psychosocial support and should know where to refer survivors for more holistic case management and psychosocial care.

Role of the Health Sector – Response

The primary roles of health sector actors in humanitarian settings are to ensure access to good quality basic health services for all survivors and to prevent and manage the consequences of gender-based violence. In emergency settings, clinical care tends to focus on sexual violence; however, other forms of gender-based violence that are prevalent in a given setting also need to be addressed through health interventions.

A small percentage of survivors may need specialized support to prevent or treat persistent psychological and emotional problems that impact their functioning and well-being. Depending on the context and resources, this may be available through specialized mental health services.

Health sector actors include: Health and reproductive health coordinators and managers in government and humanitarian agencies, and health care workers, including physicians, nurses, midwives, allied health professionals (social workers and psychologists), community health workers, traditional birth attendants and traditional healers.

“Access” involves a range of considerations, including:

- Geographical location and safety in getting to and from the facility
- Convenient opening times
- Privacy
- Availability of female staff
- Sensitivity to age so that services are accessible to adolescents and children
- Sensitivity to sex, so that both men and women can receive care
- Not discriminating due to ethnicity
- Ensuring availability of staff who can speak the same languages as the clients
- Affordability

Key Tool



Sphere Standards

“...the presence of just one female health worker or one representative of a marginalized ethnic group on a staff may significantly increase the access of women or people from minority groups to health services.”

Humanitarian Charter and Minimum Standards in Disaster Response (Sphere Project, 2011)

Voices from the Field

“There can be a number of ‘missing links’ related to access that we may not think of immediately. For example, even if you can secure transportation for a survivor to get to a health clinic, you may arrive and realize she has nowhere to stay after receiving care. What then?”

Lina Abirafeh, PhD, GBV in Emergencies Advisor



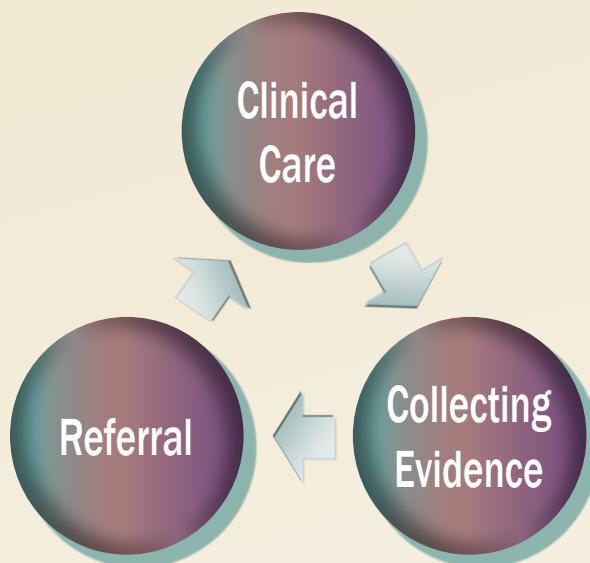
THINKING LOCALLY



1. What logistical issues might affect a survivor's ability to access health care and other services (transportation, travel time to the nearest facility, etc.)?
2. What cultural factors might influence a survivor's willingness to seek medical attention?
3. How could we change or modify the way that services are delivered in order to take these factors into account?

Basic Elements of Health Response

The basic health response to a survivor of sexual violence involves:



Clinical Care

- Collecting evidence to support a criminal investigation, as appropriate to the context
- May include collection of forensic material (from the survivor's body and/or clothing), photographs of injuries, etc.
- In some cases, the evidence may be kept for a period of time, in case the survivor decides to pursue legal action at a later date.

IMPORTANT! The health sector response to sexual violence does not include the determination of whether rape has occurred. The role of the health care provider is to indicate all examination findings objectively and accurately and to provide treatment.

Collecting Evidence

- Taking a detailed history of the incident
- Performing and documenting a thorough physical examination
- Providing treatment for injuries
- Evaluating the patient for sexually transmitted infections and providing preventive care
- Evaluating for risk of pregnancy and pregnancy prevention
- Providing supportive counselling and psychosocial support
- Following-up through subsequent visits

Please note: The first 72 hours following a rape can be critical to the survivor's physical health. Certain life-saving medical treatments are only effective if administered during this short window. Informational and educational materials should emphasize the importance of seeking medical care as soon as possible following an incident of sexual violence. Waiting too long could have serious, and even fatal, implications.

Referral

Good quality, compassionate care means providing:

- Referrals for additional assistance and services
- Information on possible additional services that survivors might want:
 - Psychosocial support
 - Security
 - Legal aid
 - Livelihood programs

Service providers should provide information about what services are available and where/how the survivor can access them. However, a survivor should never be pressured into seeking additional services. It is up to the individual survivor to decide to take the referral.

Checking your Knowledge - Survivor-centred Health Care



Carine is a highly skilled nurse midwife in the main health centre in a large refugee camp. One of her patients, Anna, recently gave birth, and Carine provided pre-natal care throughout the pregnancy and assisted with the birth. Anna comes into the health centre about every two weeks, for various complaints and health services. She sees Carine every time, and on most visits talks to Carine about the sexual and physical abuse she experiences at home from her husband. Carine sees the bruises and swollen eyes and has treated Anna twice for broken bones. She is a warm, compassionate nurse and has repeatedly told Anna that she is concerned for her safety. Carine has told Anna about the services in the camp, including the safe shelter run by a local NGO. She has informed Anna about the safe shelter's services, that they are confidential and safe, and that they can help women in Anna's situation. Carine is very concerned about Anna's safety and the safety of her newborn child and her other three children. She has tried to help Anna develop a safety plan to avoid getting hurt again, but with each new injury, Anna tells Carine that she thinks her husband is going to stop.

1. What should Carine do? Please check one correct answer.

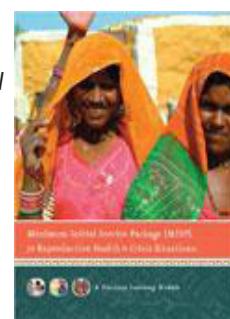
- a) Contact the specialized GBV counselling service in the camp and ask someone to come meet Anna at the health centre.
- b) Contact the police the next time Anna comes in with injuries caused by her husband.
- c) Talk about Anna's case at a case coordination meeting. Ask colleagues in that multi-sectoral group for advice on dealing with Anna's situation.
- d) Talk with her supervisor for support in dealing with this situation.

Additional Questions

- 2. Why is it important for Carine to respect Anna's decision not to seek other services?
- 3. How would your interpretation of the situation change if Anna told Carine that her husband had also harmed one of their children? What if he had not physically harmed the children but had threatened to do so?

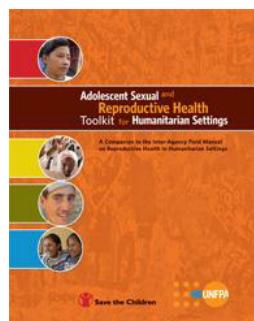
Resources for Implementing Health Sector Interventions

There are a number of key guidelines and practice documents that are relevant to all actors engaged in GBV prevention and response in emergencies. One key standard for health sector interventions that address sexual violence at the outset of an emergency is the *Minimum Initial Service Package (MISP) for Reproductive Health*.



See Annex 5 for MISP fact sheet and checklist.

Another useful health resource is the *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings (ASRH Toolkit)*, which addresses the health needs of young people as well as the unique social and cultural factors to be considered when working with this age group.



Specific recommendations from the ASRH Toolkit include:

- Services for adolescent survivors of sexual violence should be confidential; parental consent should not be required.
- Vaginal speculum examination may be especially traumatic for some adolescents and should never be used in pre-pubertal girls. If a speculum examination is indicated (for example, suspicion of a vaginal injury or foreign body), the girl should be referred to a specialist for care.



Role of the Health Sector – Prevention

As discussed in Module 3, all actors have a responsibility for preventing GBV. Health actors are uniquely positioned to support GBV prevention due to their frontline contact with survivors.

The health sector contributes to prevention of GBV in emergencies through targeted public health initiatives and programmes, as well as by working with other actors on multi-sectoral prevention efforts. Strengthening care and support for survivors is another important prevention activity undertaken by the health sector.

Accessing appropriate health care can facilitate access to justice for those who seek it. The health sector also has an important role in medico-legal response.

Health service data collection and analysis facilitate greater understanding of the nature, consequences, prevalence and risks of GBV in a particular setting, which helps minimize ongoing risks and supports longer-term prevention strategies.

Programme in Focus

Medico-Legal Response

In settings where State institutions are functioning, health care providers need to be familiar with the legal context, including legislation, medico-legal procedures and protocols, policing and court proceedings related to other gender-based violence. In some countries health care providers may be required by law to report cases of child physical and sexual abuse and other forms of sexual violence (such as rape). In some jurisdictions, it can be a crime not to report such cases.

Remember, the health sector response to sexual violence does not include the determination of whether rape has occurred. The role of the health care provider is to indicate all examination findings objectively and accurately and to provide treatment.

Context and Phase of Emergency

The nature and type of gender-based violence health interventions depend on the context and phase of the emergency. The context will determine the degree of pre-existing GBV-related health knowledge and services, how gender-based violence is understood and responded to by the community, and the availability of trained and resourced health professionals.

Acute Response

Interventions should be focused on those outlined in the Minimum Initial Services Package discussed earlier. This phase can include:

- Setting up mobile clinics
- Distributing reproductive health and post-rape kits
- Developing the capacity of existing community-based health care providers to treat survivors
- Mainstreaming GBV prevention and response actions throughout humanitarian sectors (in line with the IASC GBV Guidelines discussed in Module 2)
- Establishing referral networks

Protracted Relief

During the protracted relief phase, mobile clinics may still be required to address urgent needs and reach difficult-to-access populations. This period is also focused on:

- Starting to rebuild health structures
- More frequent and intensive training of health-care providers
- Longer-term supply management
- Building more stable, higher-quality and regularly assessed referral networks

Recovery and Rehabilitation

Interventions should be centred on:

- Ongoing rebuilding of health structures
- Training doctors and nurses to address gender-based violence cases.

These cases may include survivors that have come forward due to renewed education efforts by the humanitarian community or because of the stabilisation in the country.

TOPIC 3: PSYCHOSOCIAL AND MENTAL HEALTH SUPPORT

Services and assistance aimed at addressing the harmful emotional, psychological and social effects of gender-based violence are referred to as “psychosocial” interventions.

Gender-based violence is also a risk factor for common mental health problems, including post-traumatic stress disorder, depression and anxiety, sleeping and eating disorders, and psychotic disorders. Although most survivors recover using their own personal coping mechanisms, some individuals require additional support to cope with the normal stresses of life and to resume social functioning.

Understanding Consequences of GBV

Let's go back to Jamila's story. As you're reading, take a moment to reflect on the following questions:

- What are some of the possible psychological consequences of Jamila's abuse?
- What are some of the possible emotional consequences of Jamila's abuse?
- What are the social factors in Jamila's environment (home, camp) that may be impacting her recovery?

Jamila's Story

Jamila is 34 years old and has just arrived in a refugee camp near Amman after fleeing fighting in her village in Iraq. Her husband Ahmed chose to flee after Jamila was kidnapped and held for 19 days. She was 9 months pregnant. During this time, Jamila was raped.

Although she was returned last week, Ahmed knows this was a message to him and that he had to leave. He fears that if this happened again she would not be returned, or that he would be kidnapped too and their two young children would be orphans.

Jamila is ashamed about what has happened, is having problems eating and sleeping, and has become quiet and withdrawn; she does not want to spend time with anyone except her children. She becomes nervous when she sees men in uniform. Jamila has pain in her lower abdomen and worries she has lost her baby. Ahmed does not know that Jamila was raped. He keeps asking her why she is so quiet. Jamila is too scared to tell her husband; she is afraid that he will leave her if he finds out what happened.

Jamila takes a bus to a health clinic in Amman where she believes that no one will see her. She waits in the line outside the clinic for over six hours before she reaches reception. When the nurse asks Jamila for her address, she can see that the woman is uncomfortable. The nurse suggests that it might be easier if Jamila could go to someone in the camp who is more like her. When Jamila begins to cry the nurse becomes impatient, but agrees to listen to her problem and treat her if she can.

Jamila tells the nurse about her abdominal pain. The nurse gives her a quick physical exam and asks about her other pregnancies and sexual history. Jamila tries to tell her about the rape, but the words don't come easily, and the nurse is rushed and impatient. A doctor comes in to do an ultrasound and explains to Jamila that her baby has died inside of her. It was a girl – a daughter – he tells her. Again, he asks her if anything happened. Jamila is embarrassed to speak to this man she does not know and stays silent. The nurse refers Jamila to a hospital where they will remove the baby and gives her some drugs for the pain.

Understanding the Concept ‘Psychosocial’

Jamila feels shame about what happened to her. She is anxious that her husband will leave her and take her children, and fearful of the armed men who are around the camp. She is deeply sad about having lost her baby. She is

The term “**psychosocial**” is used to explain the links between our psychological and emotional well-being and our relationships and functioning in society.

also in physical pain and is scared about going to the hospital.

To effectively help Jamila, we must consider all of the factors that are impacting Jamila's psychosocial well-being. Doing so can help to prevent further harmful consequences of the violence and promote her coping and recovery.



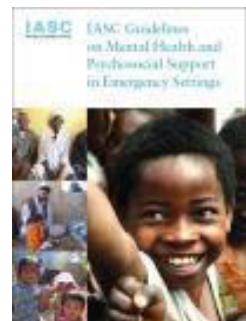
As with other emergency-related stressors, people are affected in different ways by gender-based violence and require different kinds of supports and assistance. Many survivors of gender-based violence get the psychosocial support they need from their own coping and support mechanisms as well as from family, friends and people in their community.

Protective Factors

There are factors that have been shown to protect against the development of mental health problems in survivors of violence. These factors are:

- Being able to exercise some control and choice in responding to the violence
- Having access to material support and resources to meet basic needs
- Accessing the psychological and emotional support available from family, friends or others

It is also important to remember that the effects of gender-based violence will vary from person to person and depend on a number of individual, community, and socio-cultural factors.



The IASC developed guidelines to support the work of humanitarian actors to address psychosocial and mental health needs of emergency-affected populations. Next we'll look at the model that is promoted by these guidelines that can help prioritise our actions.

Protective Factors Associated with Differences in Response to GBV

Individual Factors:

- The age and sex of the person
- The individual's personal and social coping and support mechanisms

Community Factors:

- The level of social stigma or acceptance



Societal Factors:

- The nature and context of the violence
- The cultural and social meaning of the violence
- The level of social stigma or acceptance



Model for Psychosocial Support and Mental Health in Emergencies

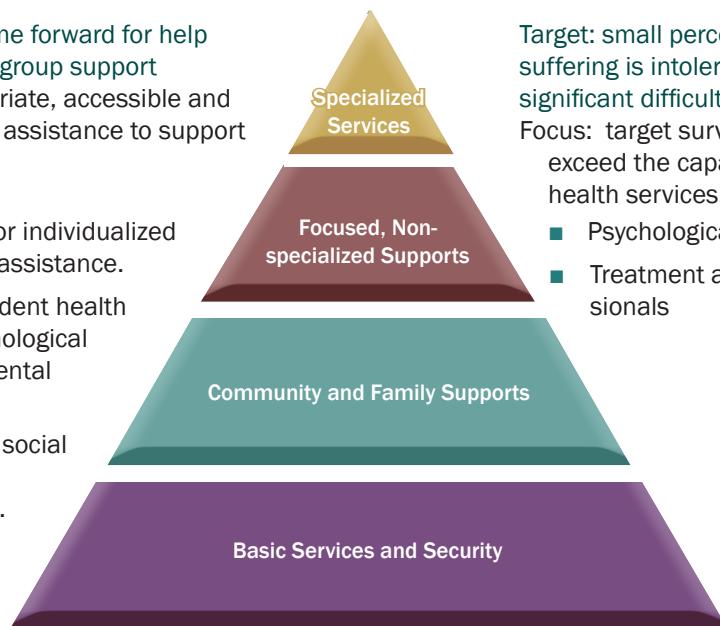
Individual survivors and groups at risk of gender-based violence require multiple types of support to promote their mental health and psychosocial well-being. These types, or levels, are represented in the intervention pyramid you see here: Basic Services and Security; Community and Family Supports; Focused, Non-Specialised Supports; and Specialised Services.

FOCUSED NON-SPECIALISED SUPPORTS

Target: survivors who come forward for help and require individual or group support

Focus: delivering appropriate, accessible and high-quality services and assistance to support coping and recovery.

- Case management for individualized service delivery and assistance.
- Appropriate post-incident health care, including psychological first aid and basic mental health care.
- Livelihood and other social or economic reintegration interventions.
- Culturally appropriate supportive counselling.



SPECIALISED SERVICES

Target: small percentage of survivors whose suffering is intolerable and who may have significant difficulties in basic functioning

Focus: target survivors whose needs exceed the capacities of existing general health services.

- Psychological or psychiatric evaluation
- Treatment and care by trained professionals

COMMUNITY AND FAMILY SUPPORTS

Target: everyone

Focus: helping survivors access key community and family supports.

- Community awareness raising and education to help reduce stigma attached to GBV and promote acceptance of survivors.
- Community self-help and resilience strategies to support survivors and those vulnerable to GBV, such as through women's groups.
- Survivor-centred traditional healing and cleansing ceremonies.
- Survivor-centred restorative justice processes.
- Educational and livelihood activities.

BASIC SERVICES AND SECURITY

Target: everyone

Focus: providing protection and services that meet the needs of a specific population.

- Security and protection interventions for survivors and their dependents, such as safe shelters for women who are experiencing violence.
- Ensuring that all service delivery assistance is survivor-centred.
- Ensuring that humanitarian action does not increase risk of harm through, for example, increasing vulnerability to sexual exploitation and abuse.
- Promoting security and protection actions to identify and address environmental and situational GBV risks.



Context and Phase of Emergency

Introduction

The nature and type of psychosocial and mental health interventions will depend on the context and phase of the emergency. The context will determine the degree of pre-existing GBV knowledge and services, how GBV is understood and responded to by the community, and the availability of trained and resourced GBV response professionals.

Acute Response

During the acute response phase, psychosocial and mental health interventions for GBV survivors should focus on interventions that protect the well-being of all people through the (re)establishment of security, adequate governance, and services that address basic needs in participatory, safe and socially appropriate ways.

At the community and family supports level, response actions can include family tracing and reunification, mass communication to connect survivors to services and minimise the stigma associated with GBV, formal and non-formal educational activities, livelihood activities and the activation of social networks, such as through women's groups and youth clubs.

At the focused, non-specialised supports level, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers, as well as psychological first aid and basic mental health care by primary health care workers.

Key Concept: Psychological First Aid

"[P]sychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support. PFA involves the following themes:

- Providing practical care and support, which does not intrude
- Assessing needs and concerns
- Helping people to address basic needs (for example, food and water, information)
- Listening to people, but not pressuring them to talk
- Comforting people and helping them to feel calm
- Helping people connect to information, services and social supports
- Protecting people from further harm

Psychological First Aid: Guide for field workers (WHO, 2011)

Protracted Relief

During the protracted relief phase, psychosocial and mental health interventions for GBV survivors should include all the activities listed at each level of the intervention pyramid. How comprehensive the clinical health services are and who delivers them will vary according to the setting and level of recovery efforts. However, activities should focus on integrating mental health services into local health and social service structures and on training and supporting local mental health workers in understanding and responding to survivors of different types of gender-based violence.

Recovery and Rehabilitation

During recovery and rehabilitation, psychosocial and mental health interventions should focus on supporting and building the capacity of national legal, policy and service delivery systems. Doing so will both promote the mental health and psychosocial well-being of those at-risk of gender-based violence and improve the care and treatment of survivors who need more focused, survivor-centred mental health care. Implementing specialised services for those with severe mental health needs is more possible during this period. On-going support to GBV survivors through a mixture of emotional and livelihood support, psychological first aid, and basic mental health care may also be required during this phase.

The IASC promotes a strategy of “facilitating community self-help” which is based on identifying and strengthening existing community support mechanisms as a source of coping and resilience. “Overall, a self-help approach is vital because, for people who have undergone overwhelming experiences, having a measure of control over some aspects of their lives promotes mental health and psychosocial well-being.”

“[Psychosocial] activities and programming should be integrated into wider systems (e.g. existing community support mechanisms, formal/non-formal school systems, general health services, general mental health services, social services, etc.) as much as possible. The proliferation of stand-alone services, such as those dealing only with rape survivors or only with people having a specific diagnosis, tend to be problematic, because they can fragment support systems. Activities that are integrated into wider systems reach more people, are usually more sustainable and carry less stigma.”

Mental Health and Psychosocial Support in Humanitarian Emergencies: What should Humanitarian Health Actors Know?” WHO (2010).

Context and Phase of Emergency



Focused, Non-specialized Supports

- Mixture of emotional and livelihood support from community workers
- Psychological first aid and basic mental health care by primary health care workers



Community and Family Supports

- Family tracing and reunification
- Connect survivors to services and minimise stigma
- Formal and non-formal educational activities
- Livelihood activities and the activation of social networks



Basic Services and Security

- (Re)establishment of security, adequate governance, and services
- Addressing basic needs in participatory, safe and socially appropriate ways



Case Study – Context and Phase of Emergency

Binta is a 30-year-old woman who has just arrived at a very large IDP settlement with her three young children. Binta's husband disappeared a few days ago while they were running from the armed conflict and she fears he is dead. Binta, like most women in her community, has limited reading and writing skills and has never had a job. She was dependent on her husband for food, money, and security. She now finds herself alone with no money and three young children to protect and care for. She has walked a long way to this settlement, along with others from her village. She has heard that she will find protection and assistance here. The IDP settlement, known as Kali Camp, was established by the government. There are UN agencies present and some international NGOs arriving to support the government's efforts to provide basic services in this growing settlement. Binta tries to access services in the camp to support her family.

As Binta tried to access humanitarian aid, she faced the following obstacles:

Shelter

Binta takes her young children with her to the place where sticks and sheeting are being distributed and finds it is chaotic and violent, with materials being thrown into the crowd and men fighting. There are few women there. Binta fears for her safety and the safety of her children. She watches for a while and then she leaves without any materials. She walks with her children through the neighbouring woods to gather sticks and manages to make a shelter from sticks and a cloth she brought with her. It is large enough for Binta and the three children to be inside when sleeping but it will fall down in a strong wind. Today, Binta was lucky: other women have been attacked by men when they went into those woods; some have been raped.

Food

The only food available at the time Binta arrives at the camp is being distributed daily off the back of trucks. The chaos and fighting is even worse here than it was for the shelter materials. Binta listens to stories from her neighbours of serious injuries happening during distribution. Binta decides she will not try to get food that way. She decides to find food in the nearby woods and fields like many of the other IDPs. She is exhausted and more afraid every day from the stories she is hearing.

Water

There are only two water points at each end of Kali Camp. Binta borrows a water container from her neighbour and walks with her children to the water point. She finds a long line of women and children waiting for a turn at the hand pump. The pump is guarded by two armed government police officers who do not say much, but are there to be sure people are orderly and wait their turn. Binta is afraid, but she waits and eventually gets water and carries it back to her small tent. She has a bit of rice and tea in her belongings. Cooking over a neighbour's fire and using a cooking pot she brought with her, she cooks a small meal for her children with the water. She also bathes herself and her children with the water that is left. She has to do this in the open, with no privacy, and tries to keep herself covered with a cloth.

Sanitation

There are pit latrines along the edges of the camp, far away from Binta's tent. She only goes there when she absolutely needs to – it is dark and frightening. Although there are individual latrines with plastic sheeting and doors, there are no locks on the doors and the latrines are not separated for men and women. There are many rumours about sexual violence at the latrines at night.

Health

There is one primary health centre in the camp (again, far from where Binta is now living). Binta thinks she may be pregnant, and she is having abdominal pain. She walks with her three children to the health centre. When she arrives, she finds a large group of people waiting to see a doctor. There is a table in the middle of the crowd where a male health worker is sitting with a clipboard. Binta approaches him and explains why she is there. He tells her that the clinic is open for pregnant women in two days and she must come back then. He explains that she is too late today to see a doctor for her pain – there is a long line of much sicker patients ahead of her and no one can see her today.

Checking your Knowledge – Intervention Pyramid



Not surprisingly, Binta's physical and mental health begins to suffer and she is no longer able to care for herself or her children. What services should have been in place for Binta and her children prior to their arrival at the camp?

Thinking about the pyramid of care, link the service to the layer of the pyramid it describes (Basic Services and Security, Community and Family Supports, Focused Non-Specialised Supports, or Specialised Services):

1. Upon registration, families are immediately issued basic materials and supplies, including shelter materials, water containers, cooking sets, sleeping mats, clothing, and blankets. The focus of this level is providing protection and services that meet the needs of a specific population.
 - a) Basic Services and Security
 - b) Community and Family Supports
 - c) Focused Non-Specialised Supports
 - d) Specialised Services
2. Women's centres and health centres in the camp include GBV response services, including: confidential case management; referrals to other services in the community; and counselling and emotional support from peer counsellors. The focus of this level is on services and assistance that supports coping and recovery for survivors.
 - a) Basic Services and Security
 - b) Community and Family Supports
 - c) Focused Non-Specialised Supports
 - d) Specialised Services
3. Simple buildings or other shelters are put up for women to gather, share stories and experiences, and receive information about available support. These centres include training and income generation programmes to reduce dependency and decrease risk and vulnerability to violence and abuse. The focus of this level is on developing a healing environment that supports longer-term recovery and reduces risks of new incidents of GBV.
 - a) Basic Services and Security
 - b) Community and Family Supports
 - c) Focused Non-Specialised Supports
 - d) Specialised Services
4. The health centre services in the camp include basic mental health screening and a system for referral (and transportation) to a facility where survivors can get a psychological evaluation and more focused treatment, and care can be provided. This level is focused on the additional support required for the small percentage of survivors who, despite having received all other supports, have difficulties in basic daily functioning.
 - e) Basic Services and Security
 - a) Community and Family Supports
 - b) Focused Non-Specialised Supports
 - c) Specialised Services



The “Do’s” and “Don’ts” of Psychosocial Interventions

Although each emergency situation is unique and will require psychosocial interventions which are appropriate for the specific culture and context in question, the IASC recommends the following universal “do’s and don’ts”.

Do...

- Recognize people are affected by emergencies in different ways. More resilient people may function well, whereas others may be severely affected and may need specialised supports.
- Ask questions in the local language(s) and in a safe, supportive manner that respects confidentiality.
- Pay attention to gender differences.
- Learn about and, where appropriate, use local cultural practices to support people.
- Organise access to a range of supports, including psychological first aid, to people in acute distress after exposure to an extreme stressor.
- Establish effective systems for referring and supporting severely affected people.

Don’t...

- Ask very distressing questions without providing follow-up support.
- Use a charity model that treats people in the community mainly as beneficiaries of services.
- Organize supports that undermine or ignore local responsibilities and capacities.
- Focus solely on clinical activities in the absence of a multi-sectoral response.

Complete list available in the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)

Staff Self-Care

While there is no way to completely eliminate the negative effects of trauma exposure, by choosing to be proactive with our own self-care, we can better equip ourselves to reduce the impact this exposure has on our personal well-being. The Reproductive Health Response in Crises Consortium (RHRC) recommends an “A, B, C” approach:

- **Awareness**—being attuned to one’s needs, limits, emotions and resources; practice self-acceptance
- **Balance**—maintaining balance among activities, especially work, play, and rest
- **Connection**—maintaining supportive relationships; communication is part of connection and breaks the silence of unacknowledged pain; these connections help prevent isolation and increase validation and hope

The Importance of Self-Care in GBV Work



“Helping responsibly also means taking care of your own health and wellbeing. As a helper, you may be affected by what you experience in a crisis situation, or you or your family may be directly affected by the event. It is important to pay extra attention to your own wellbeing and be sure that you are physically and emotionally able to help others. Take care of yourself so that you can best care for others. If working in a team, be aware of the wellbeing of your fellow helpers as well.”

Psychological first aid: Guide for field workers (WHO, 2011).



MODULE 4 REVIEW

Survivor-centred Response

The guiding principles are the foundation of a survivor-centred approach. Service delivery that is informed by the guiding principles fosters empowerment and control for survivors, and promotes their safety, well-being and recovery.

Implementing survivor-centred response involves making good quality, appropriate, accessible and well-coordinated services available. All services and assistance must be in line with minimum standards and protocols, appropriate to the culture, context and types of GBV occurring in that context, and accessible to survivors.

Survivor-centred Health Care

The basic health response to a survivor of sexual violence involves clinical care, collecting evidence to support a criminal investigation, and referral for additional assistance.

For some survivors health care is the only formal assistance they seek. For others, health care serves as an important entry point for additional services and support. Health sector action contributes to prevention of GBV through targeted public health programmes, medico-legal support, and data collection and analysis.

Psychosocial and Mental Health Support

The harmful emotional, psychological and social effects of GBV need to be considered when establishing a comprehensive response to GBV. Most survivors recover using their own personal coping mechanisms; however, some individuals require additional support to cope with the normal stresses of life and to resume social functioning.

The effects of GBV will vary from person to person and depend on a number of individual, community, and socio-cultural factors. Factors that have been shown to protect against the development of mental health problems include: being able to exercise some control and choice in responding to the violence; having access to material support and resources to meet needs; accessing the psychological and emotional support available from family, friends or others.

Psychosocial and mental health interventions can be organized along a pyramid of care that is also dependent on the phase of emergency.

Module 4 Quiz



Please answer the following questions based on the information you learned in this module:

1. The goal of survivor-centred response is to support the process of healing and recovery through addressing the harmful after-effects of gender-based violence and reducing the risk of further harm.
 - a) True
 - b) False
2. The guiding principles for working with survivors are:
 - a) Safety, confidentiality, respect, equality
 - b) Safety, confidentiality, respect, non-discrimination
 - c) Confidentiality, respect, equality, non-discrimination
 - d) Safety, respect, equality, non-discrimination
3. Which of the following defines “access” in the context of health services? (Click all that apply)
 - a) Geographical location and safety in getting there and back
 - b) Convenient opening times
 - c) Availability of female staff
 - d) Sensitivity to age, ethnicity and language
 - e) Affordability



4. Health actors are responsible for diagnosing whether or not a patient has been raped in order to testify in court.
- a) True
 - b) False
5. Health sector interventions contribute to prevention of GBV by (check all that apply):
- a) Providing space for health actors to explain to women how they should change their behaviour so as not to be abused again.
 - b) Contributing data for a better understanding of trends and patterns in GBV amongst their client population.
 - c) Supporting an environment for women to learn about their rights and receive information on other services, such as safe homes and livelihood programmes.
 - d) Supplying case files to police actors to support their efforts to arrest perpetrators and bring them to trial.
6. Most survivors of gender-based violence require outside intervention to restore psychosocial well-being
- a) True
 - b) False
7. During the acute response phase of an emergency, mental health interventions should focus on:
- a) Psychological first-aid
 - b) Safety and meeting basic needs
 - c) Changing community attitudes
 - d) Legislative and policy review
8. Case management of survivors of GBV is an intervention that belongs at which level of the intervention pyramid:
- a) Basic services and security
 - b) Family and community supports
 - c) Focused, non-specialised supports
 - d) Specialised services

Congratulations!

You have completed this module and now should be able to:

- Apply the guiding principles for GBV response to a real-life case study
- Define the role of the health sector in addressing GBV in emergencies and list three primary elements of a health response to GBV
- Identify the psychosocial consequences of GBV and explain how adherence to the guiding principles can promote survivors' recovery
- Outline appropriate psychosocial and mental health responses to GBV and list three protective factors for promoting recovery

ANNEXES



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ANNEX 1

Answer Key

Module 1

Checking Your Knowledge - Violence

1. In situations where soldiers take advantage of the chaos of conflict to rape women indiscriminately, they are usually coercing women into performing sexual acts against their will. This is an example of (check all that apply):
 - a) Violation of human rights
 - b) Abuse
 - c) Informed consent

Answer: a – This is an example of a violation of human rights and abuse.

2. True or False: When we refer to violence, we are referring only to physical violence.

Answer: False – Violence can include physical, emotional, social or economic abuse, coercion, or pressure. Violence can be open, in the form of a physical assault or threatening someone with a weapon; it can also be more hidden, in the form of intimidation, threats or other forms of psychological or social pressure.

3. Violence can be manifested in many different ways, including (check all that apply):
 - a) Physical assault
 - b) Emotional or psychological abuse
 - c) Social or economic abuse

Answer: a, b, c – All of these are examples of way that violence can be manifested.

Checking Your Knowledge – GBV Concepts and Terms

Review what you know about GBV concepts and terms. Read the following scenario and answer the questions below.

A displaced woman fleeing with three children from armed conflict approaches an armed soldier at a checkpoint. The woman has been separated from the rest of her family and community; she is seeking refuge at a town on the other side of the checkpoint. The soldier asks the woman to give him some money to go through the checkpoint (there is no fee - he is asking for a bribe). The woman explains she has no money and nothing of value to offer. The soldier tells the woman that he will let her through if she has sex with him. The woman agrees. The man is very rough and the woman feels pain while he is inside of her. She tries not to cry in front of her children.

1. Did the woman consent to sex?
 - a) Yes
 - b) No

Answer: No – The woman did not consent. There can be no consent in situations where any kind of force (physical violence, coercion, etc.) is used.

2. Is this an incident of gender-based violence?
 - a) Yes
 - b) No

Answer: Yes – This is an example of gender-based violence. The man abused his power to force the woman to have sex so she could get through the checkpoint.

3. Why is this an incident of gender-based violence? Check all that apply:

- a) It was based on an unequal balance of power between the soldier and the woman
- b) It was harmful to the woman
- c) It violated the woman's human rights
- d) She gave her consent to have sex
- e) It involved the use of force

Answer: a, b, c, e – This incident is based on an unequal balance of power between the soldier and the woman, causes harm to the woman, violated the woman's human rights, and involved the use of force. The woman did not consent to have sex.

Module 1 Quiz - Analysing the Case Study

1. Let's begin analysing Mahet's case study considering the concepts we reviewed at the start of this module. In this case study, which of the following GBV concepts were evident? Check all that apply:

- a) Respect for Mahet's human rights
- b) Social pressure
- c) Abuse of power
- d) Harm

Answer: b, c, d – Mahet's human rights are not being respected in this scenario. Mahet is experiencing social pressure to marry the older man. Mahet is also facing an abuse of power by her father and her new husband. Finally, Mahet is experiencing physical, emotional and psychosocial harm due to the rapes.

2. Next, consider the categories of GBV that have been discussed in this scenario. Please select all of the categories of GBV that apply to Mahet's story:

- a) Sexual abuse
- b) Physical abuse
- c) Emotional and psychological abuse
- d) Economic abuse

Answer: a, c – Rape is a form of sexual abuse. Mahet is being raped every day by her new husband. Mahet is also experiencing emotional and psychological abuse: she did not want to marry the man, is sad and scared, and now feels trapped in the man's home. Although we might assume that Mahet was also experiencing physical abuse, this type of GBV was not described in the case study. Although Mahet was sent to the man to help fix her family's financial problems, there is no indication from the case study that she is experiencing economic abuse herself.

3. What do you think are the principal root causes of Mahet's abuse?

- a) Mahet's religious background and lack of appropriate health education
- b) Gender inequality and lack of respect for Mahet's human rights
- c) Displacement and poor schools

Answer: b – Gender inequality and lack of respect for Mahet's human rights are the principal root causes of Mahet's abuse.

4. The leaves on the GBV tree symbolize the consequences of GBV. Identify all possible consequences of Mahet's abuse in this case:

- a) Negative health outcomes
- b) Economic dependence on her husband
- c) Early pregnancy
- d) Depression

Answer: all – All of these are possible negative consequences of Mahet's abuse.

5. In the case study, there were contributing factors (symbolized in the GBV Tree by weather, temperature, etc.). Refer to the case study and select all that apply to Mahet's situation:
- a) Mahet's attractive appearance
 - b) The family's dependence on humanitarian aid
 - c) The family's displacement
 - d) The man's alcoholism
 - e) Mahet's lack of knowledge about her human rights (and her lack of skills in advocating on behalf of her rights)

Answer: b, c, e – Contributing factors that were mentioned in this case study include: the family's dependence on humanitarian aid; the family's displacement; and Mahet's lack of knowledge about her human rights (and her lack of skills in advocating on behalf of her rights).

MODULE 2

Checking your Knowledge - Mahet and the Ecological Framework

Let's consider Mahet's story using the ecological framework.

1. We can see from the letter that Mahet's family does not want to know about her abuse and is asking Mahet not to talk about it. What are other possible individual level influences on Mahet that we can see from this case study? Select the two answers that apply.
- a) The family's religious beliefs specifically support girls marrying at a young age.
 - b) No one in Mahet's family is asking others for help to resolve their economic situation.
 - c) Mahet seems to believe that she must obey her father (and that her preferences and wishes are not important).
 - d) The country's laws do not prohibit early marriage.

Answer: b,c – Mahet's family has not looked for other options to resolve their economic struggles. Mahet does not argue with her father when he tells her she must marry the man; she does not seem to believe that she has that right. Neither the family's religion nor the laws in Mahet's country regarding early marriage were mentioned in this case study.

2. From this case study it appears that women's inequality may be commonplace and accepted in Mahet's community. Based on the case study, what other community-level factors are affecting her situation? Select the most appropriate answer.
- a) The family's dependence on community services actually makes it less likely that Mahet's father will find a job. Because of this, the family's poverty increases, leading them to consider options such as marrying off their young daughter in order to survive.
 - b) Since Mahet's family is living outside their original community, the laws in this area do not protect them.
 - c) Humanitarian organizations often encourage young people to get married early so they won't depend on aid.

Answer: a – The family's dependence on community service makes it less likely that Mahet's father will find a job. Because of this, the family's poverty increases, leading them to consider options such as marrying off their young daughter in order to survive. We do not know anything about the laws in this area from the information in the case study. Humanitarian organizations do not encourage young people to get married early; indeed most organizations adhere to strict codes of conduct that prohibit such behaviour.

3. There was very little description of Mahet's society in this case study. What do you think would be helpful to learn about in order to assist Mahet and other girls who may be in the same situation or at risk of abuse? Focusing on the level of society in the GBV ecological framework, please select all of the following that apply:
- a) National advocacy campaigns that focus on the negative consequences of early marriage, rape and other types of GBV
 - b) National condom distribution efforts focused on young girls
 - c) Livelihood programmes in the camp that could help Mahet or her family earn money
 - d) Customary and national laws regarding early marriage

Answer: a, d – Interventions focused at challenging attitudes or improving/enforcing laws at the national level can change the way that societies view and address GBV. Both of these actions represent societal-level efforts. Although national condom efforts would be focused at the societal level, this intervention would not help Mahet or other girls in her situation from experiencing abuse or necessarily be the right intervention to provide them with the support they need. The livelihood programmes mentioned here are community-level interventions.

Checking your Knowledge – The Ecological Framework and Phases of the Emergency Response

1. Advocating to change discriminatory laws and policies that violate or undermine women's rights is a societal level intervention that is best implemented (select all that apply):
 - a) During preparedness
 - b) During the acute response
 - c) During the protracted relief phase
 - d) During recovery and rehabilitation

Answer: a, c, d – While the level of advocacy will change depending on the actors involved and the type of crisis, some action can be taken at preparedness, recovery and post-crisis stages of an emergency to change discriminatory laws and policies. Although it is important to consider legal reform as a cornerstone of a societal-level response to GBV, spending time and resources on this action during the acute response is not likely to result in sustainable change.

2. Setting up livelihood programmes for vulnerable women is an individual-level intervention that is best implemented (select all that apply):
 - a) During preparedness
 - b) During the acute response
 - c) During the protracted relief phase
 - d) During recovery and rehabilitation

Answer: a, b, c, d – Setting up livelihoods programmes for all vulnerable populations (male or female) at all stages of a crisis can help prevent GBV and be a means of healing and prevention of new incidents for survivors. Careful consideration must be given to the possible unintended consequences of focusing livelihood programmes only on women (for example, the possible increased risk of intimate partner violence), as well as to which programmes will be appropriate and sustainable according to the stage of the emergency, the needs and wishes of women, and the market.

3. Developing national guidelines that consider the needs and rights of women in setting up camps for refugees or IDPs is a societal-level intervention that is best implemented (check all that apply):
 - a) During preparedness
 - b) During the acute response
 - c) During the protracted relief phase
 - d) During recovery and rehabilitation

Answer: a – Ideally, guidelines for ensuring women's protection and rights should be developed during preparedness, as part of the contingency planning process. Camps should ideally be set up at the earliest possible moment when a crisis is coming or has arrived. Especially in contexts where movement across an international border is anticipated, actors can prepare camps to receive the refugees. Available data should be used to understand the numbers of women, men, boys and girls, female-headed households, and cultural considerations of the displaced populations (among other things). Women should be consulted as soon as possible to ensure that their needs have been considered in the camp design and layout.

Checking your Knowledge - Approaches to Addressing GBV in Emergencies

1. In this scenario, which of the following approaches to addressing GBV in emergencies were violated?
 - a) Rights-based approach
 - b) Community-development approach
 - c) Survivor-centred approach

Answer: a, b, c – In this scenario, the UN agencies did not consider the rights of these girls, but rather assumed that they already knew their needs. Similarly, no one consulted with local women's groups or other community-based actors to consider sustainable action to address this situation as a way to both protect and care for the girls and empower the communities. Finally, asking the girls to tell their story multiple times is a clear violation of their confidentiality and demonstrates a lack of respect for their autonomy, thereby undermining the core elements of a survivor-centred approach.

Module 2 Quiz

1. Now let's look at Maya's situation through the ecological framework. Please select the level that best defines what Maya does in her work to address GBV.

- a) Individual
- b) Community
- c) Society

Answer: a – Maya provides direct support to survivors of GBV at the individual level to facilitate their recovery from violence.

2. Maya's supervisor suggests that she participate in the case coordination group. During her first meeting, Maya hears similar stories from other social workers. Among other things, the group decides to approach local leaders to determine how they can develop and/or support community-based mechanisms that can contribute to domestic violence prevention. Please select the level that best defines this intervention.

- a) Individual
- b) Community
- c) Society

Answer: b – The group is considering a community-level intervention. At the community level, interventions are focused on developing systems and supporting community mechanisms to monitor, prevent and respond to GBV.

3. Maya's actions take into consideration approaches to addressing GBV that were discussed in this module. For example, though Maya does not agree with the woman returning to her husband, she does not force her opinion or show judgment of the women's choices. Please select the one approach that is best described by Maya's actions:

- a) Rights-based approach
- b) Community development approach
- c) Survivor-centred approach

Answer: c – Maya is taking a survivor-centred approach by showing her respect for her client's choices. Although she offers information on her client's options for care, Maya does not force her opinion on her client, nor advise her on what she perceives as the best course of action.

4. During the case coordination meeting, one of the newer participating agencies brings photocopies of case files to share and discuss. Although there are no names on the files, the files do contain information on the survivors' ages, ethnicities, locations of the incidents as well as the dates and times of the incidents. This is a violation of which guiding principle(s)? (Select all that apply):

- a) Safety
- b) Confidentiality
- c) Respect
- d) Non-discrimination

Answer: a, b, c – This practice could violate the guiding principles of safety, confidentiality, and respect. Even carrying copies of case files could potentially violate the survivor's safety and confidentiality, for example if the files were misplaced or stolen in transit. Unless the client has told the social worker that it is okay to share this level of detail on her case, it is generally considered bad practice to reveal details of a client's case, and a violation of the client's respect.

5. As Maya and her colleagues prepare for their domestic violence awareness campaign, they learn that the anti-Domestic Violence Law that was recently enacted has never been enforced and that most local actors have never heard about it. What role could the government play at the societal level to address this gap? (Check all that apply):

- a) Engage multiple stakeholders in a planning meeting to develop a country-wide roll-out strategy for the new law.
- b) Develop IEC materials in local languages to tell people about the new law.
- c) Send a memo to all local officials reminding them about the law and telling them to enforce it.
- d) Ask the First Lady to mention it during a ground-breaking ceremony for a new private school for demobilized boys.

Answer: a, b – Engaging stakeholders to develop a country-wide roll-out strategy for the new law and developing IEC materials in local languages to tell people about the new law are strategies that the government can take at the societal level to help raise awareness and support implementation of the Anti-Domestic Violence Law.

6. Maya's decision to bring her dilemma to the coordination meeting was a good step in determining how she can better assist her client. What other actions could Maya and her colleagues take to address the issue of domestic violence in their communities? (Check all that apply):

- a) Invite multiple actors to participate in a wider coordination body to develop a clear referral mechanism and ensure multi-sectoral, inter-agency action.
- b) Attend meetings of other relevant sectors, such as Health, Protection, Early Recovery and Education, to advocate for the issue of domestic violence to be better addressed in their work.
- c) Identify male role models in the community to speak publically against domestic violence.
- d) Launch an anti-domestic violence campaign focused on condemning men's behaviours.

Answer: a, b, c – Inviting actors to coordinate and developing SOP's, attending meetings of other relevant sectors to advocate on domestic violence and identifying male role models in the community to speak publicly against domestic violence are all good strategies for addressing the issue of domestic violence in their communities.

7. Maya and her colleagues are aware that they need to engage more local actors in their efforts to end domestic violence. What are some strategies that they can use to engage more local partners? (Check all that apply):

- a) Plan strategically with local actors to institutionalise social and political measures that protect women and girls from violence.
- b) Ensure participation of local actors in all aspects of problem assessment and analysis, programme design, implementation and evaluation.
- c) Assign local actors roles to support implementation of various elements of a multi-sectoral plan of action.
- d) Engage in capacity building efforts that develop the skills of local actors.

Answer: a, b, d – Local actors need to be engaged in genuine partnerships where their voices contribute meaningfully to the development of plans of action, not simply assigned roles. Planning with local actors, ensuring their participation in all elements of programme design, and engaging in capacity building are all good ways to help strengthen and promote local ownership of GBV interventions.

Module 3

Checking your Knowledge – Outlining GBV Prevention Measures

1. Prevention interventions must consider (check all that apply):

- a) Societies' attitudes towards and practices of gender discrimination
- b) The situation-specific factors that contribute to or increase the risk for GBV
- c) Entry points for intervening at individual, community and societal levels
- d) All of the above

Answer: All of the above. In order to design effective prevention interventions, we must consider the causes (societies' attitudes towards and practices of gender discrimination) and contributing factors for GBV in that setting, as well as possible entry points for changing attitudes and behaviours at the individual, community and societal levels.

2. In Myanmar, voluntary women's centres provide free livelihood training to survivors while offering safe and culturally-appropriate spaces for education and discussion on health, human rights, and other topics of relevance to women's lives there. This reduces the survivors' dependency on their abusers for money to survive, and increases their awareness of their rights and their ability to assert those rights.

This is a good example of an individual-level prevention intervention that uses which approach or approaches to prevention (check all that apply):

- a) Rights-based
- b) Community development
- c) Survivor-centred approach

Answer: All of the above. All of the approaches are demonstrated in this example. This individual-level intervention seeks to build women's capacity to earn money, which will reduce their dependency on others and increase their ability to assert their rights. This intervention has considered what will be acceptable within the community in terms of a space for women to gather and learn. And finally, as the services are voluntary and free, the survivors can choose whether or not to participate, which promotes a survivor-centred approach.

3. In Nicaragua, men's groups teach men who have been arrested for using violence against their wives or girlfriends different ways of behaving. These groups recognize that men's abuse of power and use of violence with women are deeply rooted social norms learned from an early age. Led by men, many of who have used violence against women themselves, these groups provide a safe and non-judgmental environment for men to share their experiences and learn from others who have chosen to live without using violence or abusing their power.

This is a good example of a community-level prevention intervention that uses which approach or approaches to prevention (check all that apply):

- a) Rights-based
- b) Community development
- c) Survivor-centred approach

Answer: a, b – Rights-based and Community development. In this scenario, the intervention engages the men using a community development approach that provides the knowledge, resources and skills these men need to effect change in their relationships. The group takes a rights-based approach to this intervention in that they provide a safe and non-judgmental environment for men to share their experiences and learn from others who have chosen to live without using violence or abusing their power.

4. In Liberia, social workers from an NGO lived in pairs in heavily war-affected communities. Their presence in the community at all times of the day or night enabled women to come forward at their convenience to share their experiences with the social workers and seek help after a GBV incident. It also enabled the social workers to develop long-term helping relationships that assisted those survivors to develop coping strategies according to their own healing timeframe and facilitated their recovery process on their own terms.

This is a good example of a community-level prevention intervention that uses which approach or approaches to prevention (check all that apply):

- a) Rights-based
- b) Community development
- c) Survivor-centred approach

Answer: All of the above. All of the approaches are demonstrated in this example. In this example, the social workers are integrating into the community to support survivors and promote community awareness of GBV. They are available to survivors any time of the day or night, and are developing long-term helping relationships to promote sustainable recovery.

Case Study Analysis

1. Consider the factors that increase Nagina's risks of and vulnerabilities to experiencing gender-based violence (check all that apply):
- a) Overcrowding in the camp
 - b) The lack of consideration for aid delivery that addresses women's needs
 - c) Her relationship with her husband
 - d) The lack of livelihood programmes and other services for women
 - e) All of the above

Answer: a, b, c – The three factors that increase Nagina's risk and vulnerability to GBV are the overcrowding in the camp, the lack of consideration for the needs of women, and her relationship with her husband, which seems to be deteriorating.

2. Based on the risks and vulnerabilities identified, consider what types of GBV could be present in the camp (check all that apply):
 - a) Rape perpetrated by rebel forces
 - b) Intimate partner and other forms of domestic violence
 - c) Sexual exploitation and abuse
 - d) Forced impregnation
 - e) All of the above

Answer: b, c – In this scenario, the risk of domestic and sexual violence occurring within the family and community is high. The camp structure itself and the way that aid is being delivered and the fact that girls are not living with their parents are both risk factors for sexual exploitation and abuse.

3. Read the two scenarios below and consider which represents the option that should have been taken to minimise the risks and vulnerabilities Nagina faces as a result of the emergency:

Scenario 1: As soon as the disaster struck, aid agencies should have constructed special windowless huts for unmarried girls and young women and created a schedule for when women were allowed to leave their homes during the day to fetch water, bathe and take care of the needs of their families. This schedule could have been enforced by armed soldiers.

Scenario 2: Before the disaster struck, aid groups, local civil society and government actors should have engaged in a process of contingency planning that considered the possible implications for women and girls of displacement, and made the necessary arrangements to ensure their protection in the early days of the emergency.

Answer: Scenario 2 – Contingency planning that considers the specific needs of women and girls (not simply the needs of the population as a whole) can support action at the earliest onset of an emergency to protect women and girls, like Nagina and her daughters, from experiencing abuse.

ADDITIONAL QUESTIONS:

4. Focusing specifically on the individual level and the community level of the ecological model, identify some of the specific factors that could be affecting Nagina's safety and overall well-being.

Possible answers:

- a) Individual level—relationship with husband; separation from children; feeling isolated and scared; hunger; stress over how to survive
 - b) Community level—family separation; regular support networks broken; surrounded by strangers; insecurity – who can she trust?
5. How might Nagina's situation be different if her other children were also present in the camp? What additional challenges might this create for her?

Possible answers:

- a) Having family reunited could reduce stress and provide additional supports, but would also mean more mouths to feed.
 - b) There could be specific protection concerns for the older girls who might become targets for GBV, including sexual exploitation and abuse or trafficking.
6. Which other humanitarian sectors would you want to engage to improve GBV prevention in the camp? What are some specific suggestions you would make to colleagues in these sectors?

Possible answers:

- a) Shelter/Non-Food Items (NFIs)
 - Begin and end NFI distributions during the day to allow women and girls to return safely. Monitor security on departure roads and ensure that women, girls and other vulnerable groups are not at increased risk of violence by having received NFIs.
 - Design the physical layout of IDP camps to promote a sense of community and reinforce community based protection, such as safe spaces for women, girls and boys, fence existing settlements to ward off wild animals and intruders, and lighting in communal areas.
 - b) Camp Coordination/Camp Management (CCCM)
 - Ensure availability of safe spaces and areas for women and children.
 - Women and girls should also be consulted in the decision-making about design and location of facilities and in how the camp is set up.
 - c) Protection
 - Strengthen data collection including analysis on GBV in the affected locations, ensuring safety and confidentiality of survivors.
 - Link up with other clusters undertaking needs assessments to include questions on the nature and extent of sexual and gender based violence and SEA for monitoring and support.
 - Identify individuals and groups at risk and link them to community based mechanisms and agencies for legal, medical and others support, including their integration in the family.
 - d) Food Security
 - Provide information through simple and different methods to ensure communication on food distributions reaches women, men, boys and girls.
 - Ensure distribution location and time is easily accessible and safe for women and girls, such as begin and end food distributions during the day to allow women, girls and other vulnerable groups to return home safely.
 - Monitor security on departure roads and ensure that women, girls and other vulnerable groups are not at increased risk of violence by having received food assistance.
 - Ensure women are represented in food-distribution committees.
- 4) Take a moment to reflect on Nagina's husband's statement "The men move around the camp I'm just afraid that one day if they say something to my wife, it will cause a problem..." What does this statement reveal about the wider cultural factors impacting Nagina's situation and the options available to her?

Possible answers:

- a) In Nagina's culture, it may not be culturally appropriate for women to interact with men they are not related to, or to move around without a male accompanying them. This limits Nagina's ability to access humanitarian aid and services, which often are mostly carried out by men, or to leave her tent unless accompanied by her husband.
- 5) What are some options for engaging with Nagina's husband so that he can better support Nagina and minimise the tensions they seem to be experiencing? How would you consider approaching him? What type of language or messaging would you use?

Possible answers:

- a) Work with and through respected males in the camp and within the humanitarian community.
- b) Don't single Nagina's husband out; address this issue as a community concern and engage others – men and women – to find possible solutions.
- c) Address the stress, isolation and vulnerability that Nagina's husband and other men are also experiencing.
- d) Respecting his desire to protect and care for his family rather than addressing him from a place of judgement or punishment.

Checking your Knowledge - Designing Prevention Interventions

1. What were the sources of information that the humanitarian actors used to get more information on GBV in the camp?
 - a) Key stakeholder interviews with camp leaders and camp safety audits
 - b) Focus group discussions with women and men and police reports
 - c) Data from health and psychosocial service providers and focus group discussions with women and men
 - d) Camp safety audits and data from health and psychosocial service providers

Answer: c – Focus group discussions with women and men and analysis of data from agencies providing emergency health and psychosocial care for IDP women and girls showed that women and girls had been exposed to different forms of gender-based violence in the camp.

2. Which of the following actors in this scenario can play a bigger role in preventing GBV from occurring in the camp? (select all that apply)
 - a) Male IDPs
 - b) Families
 - c) Communities
 - d) Police (State Actors)
 - e) International Actors

Answer: all – In this scenario, all of the actors listed can play a greater role in preventing GBV from occurring in the camp.

3. What could be done immediately to prevent new incidents of GBV from occurring in the camp?
 - a) Increase the number of military actors and advocate with the State to mandate night patrols
 - b) Mobilise women in the community to play an advisory role in determining how aid is delivered to the community and enable them to identify female camp leaders as aid distributors
 - c) Counsel wives to understand the risks for intimate partner violence in their homes and what they can do to prevent it
 - d) Advocate with the Government for a new rape law that could be translated into local languages and distributed to the IDPs so they could be aware of their rights

Answer: b – By mobilising women in the community to play an advisory role in determining how aid is delivered to the community and to identify female camp leaders as aid distributors, the risk of sexual exploitation and abuse in the camp could decrease.

ADDITIONAL QUESTIONS:

4. Imagine you are the only person working in the camp that has experience working on GBV in humanitarian settings. However, in order to gather the necessary information as soon as possible, you will need assistance conducting the focus group discussions. You remember that two colleagues in the Protection Cluster mentioned they had recently completed the Managing Gender-based Violence in Emergencies e-learning course. Since both of them have some knowledge of GBV and have also led focus groups in the past, you decide to ask them to help you. How would you help them prepare to conduct the focus group discussions? Which elements of the WHO Ethical and Safety Guidelines for researching, documenting and monitoring sexual violence in emergencies would you want to review and emphasize with them?

Possible answers:

- a. Any of the eight ethical and safety recommendations listed on page 55 of this module are acceptable answers to this question. Particular emphasis should be placed on:
 - i. providing services (or referrals) to GBV survivors who are identified through the data collection process
 - ii. continually monitoring the safety and security of those involved in gathering information
 - iii. respecting confidentiality and informed consent
5. How should the focus groups be designed? What factors should be considered when deciding who gets included from a given group? Are certain topics and/or types of questions more appropriate for certain groups than for others?

Possible answers:

- a) Groups should be segregated by sex and age group (adult men, adolescent girls, etc).
- b) Linguistic as well as cultural/religious factors should be taken into account when forming the groups. Make interpreters available if need be.
- c) Special care should be taken to have female-headed households, people with disabilities, unaccompanied minors and other vulnerable groups represented in any information-gathering exercise.
- d) The appropriateness of certain topics will depend largely on the makeup of the focus group and the specific context in which the discussion takes place. The group facilitator should begin with the “safest” topics and then push forward gently only if/when the group demonstrates a certain level of comfort and trust. The terminology and style of questions should be adjusted to the group as well, particularly when working with children.

6. How would you respond if one or more focus group participants acted in the following ways:

- i. An individual who participates in most parts of the conversation but becomes observably withdrawn/quiet/uncomfortable whenever the topic of sexual violence is mentioned.

Possible answers:

- a) We need to keep in mind that this individual’s reaction could stem from a number of factors. Perhaps she or someone close to her has experienced sexual violence and she does not feel comfortable sharing that information in a group setting. Perhaps her discomfort is not caused by a specific personal experience with sexual violence, but rather by her not being accustomed to openly expressing her opinion on personal or controversial topics.
 - b) As the discussion proceeds, the facilitator could try changing the tone/wording of the questions being asked—for example, by making them more general, hypothetical or open-ended—to see if this makes the individual feel more comfortable.
 - c) It is generally a good idea for the facilitator to announce to the group as a whole that s/he is available to speak individually and that participants can contact him/her hours or even days after the session has ended.
 - d) The group facilitator may choose to approach this person individually after the focus group discussion has ended to ask if something specific is bothering her. Sometimes people feel safer opening up one-on-one than in a group setting. However, this option should be approached with caution because singling the person out, even privately, may inadvertently draw more attention to him/her and make the situation worse.
-
- ii. An individual who dominates the conversation, insisting on speaking more often than anyone else in the room. This person interrupts both focus group participants and the facilitator and—perhaps unintentionally—makes others feel embarrassed or upset by the way s/he responds to their comments.

Possible answers:

- a) One good practice is for the facilitator to begin each discussion by presenting—or, if time permits, creating as a group—a list of guidelines that all group members are expected to adhere to. If this list includes “not interrupting others while they are speaking” (or something similar), the facilitator can return to the list as a reminder to the entire group of the basic code of conduct to which they all agreed.
- b) The facilitator can use an object (such as a small stick or a ball) to indicate whose turn it is to speak. If someone is speaking out of turn, the facilitator can remind that person of the rule that s/he must wait to receive the object before speaking.

Checking your Knowledge - Ending Impunity

1. In this context, what is the most effective justice mechanism for ending impunity?
 - a) Transitional
 - b) International
 - c) National
 - d) Traditional

Answer: b –When there is active conflict and the State cannot (or will not) act, international justice mechanisms are often the only option left. International justice serves a range of important public policy goals such as retribution, rehabilitation, truth telling, and deterrence.

2. What positive impact could a functioning justice system (one that is in line with international human rights law) have on GBV prevention in the DRC?
 - a) Stopping soldiers who have used rape and other sexual violence as a tactic of warfare from continuing their abuse
 - b) Empowering survivors by legitimising their suffering and enabling them to exercise their rights
 - c) Promoting healing and recovery on a national scale
 - d) All of the above

Answer: d – A functioning justice mechanism in the DRC could stop soldiers from continuing to perpetrate GBV; empower survivors; and promote healing and recovery on a national scale.

3. Which of the following good practice interventions for supporting survivor-centred justice were shown in the video clip?
 - a) Women and children protection units in the police stations that referred patients to the hospital
 - b) Information on international and national human rights laws on women's protection posted to the walls of the hospital
 - c) Strong advocacy against GBV by the Minister of the Interior
 - d) Compassionate, survivor-centred care in the hospital that enabled women to re-enter society

Answer: d – This video showed compassionate, survivor-centred care in the hospital as a form of justice for survivors.

Module 3 Quiz

1. What are the risks and threats to GBV that are present in Blackbird IDP Camp? (check all that apply)
 - a) Overcrowding
 - b) Lack of privacy in bathing areas
 - c) Inadequate water sources
 - d) Lack of female leadership in camp management
 - e) All of the above

Answer: e – All of these risks and threats are present in the camp.

2. How will you gather additional information to design your prevention strategies?
 - a) Conduct a comparative survey of women in the camp and women living in a non-conflict affected setting
 - b) Take a random sampling of all households and ask all women above the age of 13 if they have experienced sexual violence
 - c) Conduct focus group discussions with women, men, boys and girls (separately)
 - d) Review incident reports from the military

Answer: c – Focus group discussions with groups separated by sex and age can be an excellent way to gain more in-depth knowledge on risk factors or types of GBV that may be coming to light (through anecdotal reports, health records, etc.). This information can be very helpful in designing prevention strategies.

3. As you are gathering this data, what prevention interventions will you promote first, even before you have analysed all the data? (Click all that apply)
 - a) Place doors on the latrines with locks on the inside
 - b) Fix the water pump
 - c) Increase the military presence
 - d) Identify and engage more female leaders in the camp management committee

Answer: a, d – Placing doors on the latrines with locks on the inside is an easy fix, and should be done regardless of any perceived risks of GBV as a way to ensure privacy. Engaging more female leaders in the camp management committee, while a good way to raise awareness of women and girl's protection concerns in the camp, is also simply good programming, and should be done regardless of any "known" GBV incidents.

4. Which actors have the primary responsibility for ensuring women's security in this camp?

- a) The International Criminal Court
- b) The State/Government
- c) The national association of women lawyers
- d) The IDPs themselves

Answer: b – The State always has the first responsibility for protecting its citizens. The international community may step in only if and when the State requests support, demonstrates an inability to act, or are themselves the primary perpetrators of abuse.

ADDITIONAL QUESTIONS:

5. What language/strategies would you use to advocate with the Government about the threats women and girls are facing? What specific recommendations would you make and what strategies would you use to motivate the State to take action? Are there any specific considerations that you'd need to be aware of prior to advocating on an issue like sexual violence?

Possible answers:

- a) The language of human rights can serve as a powerful advocacy tool for promoting action by the Government, particularly if the State is a party to some or all of the major human rights treaties. Because states voluntarily sign on to the treaties, they have already acknowledged and accepted their obligation to uphold the rights contained within the texts.
- b) Using human rights language for advocacy does not require extensive understanding or interpretation of international law. In fact, just a basic knowledge of which treaties a state has signed and some of the key excerpts from those treaties can be a powerful tool in encouraging a Government to change its behaviour or to permit other groups to provide assistance to people in need.
- c) Many human rights documents are legally binding, which means states who have signed them can face consequences if they do not abide by them. Advocacy efforts can use language that stresses the state's obligation to respect, protect and fulfil basic human rights. In this case, since international organisations are available to provide services and protection in areas where the state is unable to do so, this can be presented as an opportunity for the State to comply with its obligations under international law.
- d) Identifying a well-respected public figure (politician, celebrity, professional athlete, etc.) who will speak out about GBV and encourage government action can be another effective strategy.
- e) In some countries and cultures, it can be counterproductive—and sometimes dangerous—to discuss sexual violence in a public setting. There have been cases of Governments expelling humanitarian actors from the country's territory when it became known that the actors were "publicising" the fact that sexual violence was occurring. NGOs providing services to survivors of sexual violence can sometimes become the target of attacks if their identity is revealed. Therefore, it is extremely important to understand the cultural context in which you are working before creating an advocacy strategy on any type of GBV, particularly sexual violence.

Module 4

Non Discrimination: Something to Think About

ADDITIONAL QUESTIONS

1. What does Jamila's decision to travel to Amman for treatment rather than access help closer to the camp tell us about the way she sees her situation and the options available to her?

Possible answers:

- a) In an attempt to keep the rape a secret from her husband and others, Jamila travels a long distance, potentially putting herself at greater risk. Her decision to approach the situation in this way illustrates how powerful the stigma around sexual violence can be.
 - b) Though travelling such a long distance was potentially dangerous, Jamila may have felt that she had no other choice. The harsh treatment she received from the clinic's staff likely made her feel even more helpless than before.
2. Consider the nurse's suggestion that Jamila "go see someone in the camp who is more like her". How do you interpret this comment? Which of the guiding principles does the nurse's approach violate? What other factors should we consider regarding Jamila's experience both inside and outside the clinic?

Possible answers:

- a) Based on the nurse's comment, it seems likely that Jamila is from a different racial, ethnic or religious background than the majority of staff and/or patrons at the clinic. By initially refusing to treat her, the nurse was violating the guiding principles of respect and non-discrimination.
 - b) Though we cannot be sure discrimination is also occurring in the wider community, we should at least consider the possibility that Jamila will face similar obstacles when attempting to access other services and/or interacting with other people in this neighbourhood. She and her children might face additional difficulties and/or safety concerns due to their minority status.
3. All of the four guiding principles are inter-related. Think about how the hospital staff's discriminatory treatment of Jamila could also compromise her safety and/or further exacerbate the physical, psychological and social consequences of her abuse?

Possible answers:

- a) Jamila's negative experience at the clinic may make her less likely to seek help in the future, which could have serious negative consequences for her health.
- b) Because the clinic staff did not provide any additional referrals, Jamila may miss opportunities to address her other needs, such as for psychosocial support.
- c) In her scared and withdrawn state, Jamila is less likely to tell those friends and family who might be sympathetic and want to help her about what happened.
- d) If Jamila's physical or psychological health further deteriorates, her ability to care for her children may suffer as well.

Checking your Knowledge – The Guiding Principles

Scenario 1

Even before refugees started arriving, the international media made it well known that sexual violence perpetrated by armed combatants against adolescent girls was a common occurrence. The start up of humanitarian aid was under a microscope – the media and your headquarters offices were watching closely to see that services for rape survivors were put into place quickly. And your agency was ready before the refugees arrived. You built sexual assault drop-in centres next to the schools to ensure you were reaching the most-affected population.

Which of the guiding principles was your agency not following in this scenario?

- e) Safety
- f) Confidentiality
- g) Respect
- h) Non-discrimination

Answer: a, b, c, d

- a) Safety: It is important to consider how building specific structures for sexual assault survivors could put the survivors at greater risk by immediately identifying them to the community and their peers in the school. Building these structures could also put other children at risk, for example if a perpetrator decides to retaliate against those trying to help the survivors.
- b) Confidentiality: It is important to consider how "secret" the identity of a survivor is if the centre is only for sexual assault survivors and also next to a school.
- c) Respect: It is important to consider the expressed wishes and needs of girls, not make assumptions.
- d) Non-discrimination: By placing the centre next to the school, consider how those girls not in school might be denied these services.

Scenario 2

In Western Bina, where conflict has raged for nearly 13 years, rape is a daily reality for most women and girls. The successful prosecution of rape cases in this region is rare. Cases often come to the court well after the two-year time limit for reporting has expired. In order to arrest more perpetrators and bring them to trial, the head of the Western Bina GBV Working Group mandated that all service-providers share original copies of their intake forms with the chief of police.

Which of the guiding principles was the head of the GBV Working Group not following?

- a) Safety
- b) Confidentiality
- c) Respect
- d) Non-discrimination

Answer: a, b, c, d

- a) Safety: Intake forms often have the names and addresses of survivors on them, or other information that could easily identify the survivor. In the wrong hands, this form could place a survivor at serious risk of further physical and emotional harm. This practice could also put the helpers at risk and diminish their trustworthiness in the community.
- b) Confidentiality: This is a clear example of confidentiality being violated. Has the survivor given permission for her information to be shared with the police and used to track down her perpetrator?
- c) Respect: Before any level of information is shared, the survivors' consent must be obtained.
- d) Non-discrimination: In the wrong hands, information from these intake forms could be used to discriminate against a particular group or individual, for example if the forms showed sexual violence perpetrated by a particular ethnic group.

Scenario 3

Human rights monitoring reports revealed that two young girls had been raped near the water point outside of Twulah camp. The four UN agencies most engaged in GBV work in and around the IDP camps immediately jumped in to support them. Each agency went to interview the girls and each spoke to them at length about what had happened. Without consulting the girls, the four UN agencies then developed a plan of action that would ensure both immediate assistance and long-term, multi-sectoral care for the girls in all relevant sectors of response: health, psychosocial, security and legal.

Which of the guiding principles were the UN agencies not following?

- a) Safety
- b) Confidentiality
- c) Respect
- d) Non-discrimination

Answer: a, c

- a) Safety: No survivor should have to repeat her story unnecessarily. By violating this principle, these UN actors have jeopardized the likelihood of other survivors coming forward for help, as they might be afraid of having to repeat their story too (as these young girls did).
- c) Respect: The entities engaged in managing these cases collected information from the girls in order to set a plan for them (not with them). Even though they are children, their wishes and needs must be respected.

Checking your Knowledge - Survivor-centred Health Care

1. What should Carine do? Please check one correct answer.

- a) Contact the specialized GBV counselling service in the camp and ask someone to come meet Anna at the health centre.
- b) Contact the police the next time Anna comes in with injuries caused by her husband.
- c) Talk about Anna's case at a case coordination meeting. Ask colleagues in that multi-sectoral group for advice on dealing with Anna's situation.
- d) Talk with her supervisor for support in dealing with this situation.

Answer: d – Carine's supervisor should be prepared to provide support to her staff to better manage difficult situations. The supervisor should support Carine in maintaining confidentiality and respecting Anna's choices, even if she disagrees with them. Any other choice that Carine might make could violate Anna's confidentiality and be disrespectful to the choices that Anna is making. It could damage Anna's trust in Carine and might mean that Anna does not return to seek Carine's help.

ADDITIONAL QUESTIONS

2. Why is it important for Carine to respect Anna's decision not to seek other services?

Possible answers:

- a) Having the opportunity to talk to someone about the violence may provide a sense of comfort and relief to Anna. If Anna begins to feel pressured by Carine, she may stop trusting her. As a result, Anna may stop opening up emotionally or even stop seeking medical care.
 - b) Because GBV stems from the abuse of power and control, it is important to allow survivors to retain a sense of agency when it comes to deciding on what their own personal best course of action will be. Otherwise, the feeling of powerlessness caused by the abuse can be compounded even further.
3. How would your interpretation of the situation change if Anna told Carine that her husband had also harmed one of their children? What if he had not physically harmed the children but had threatened to do so?

Possible answers:

- a) The rules of confidentiality can be different in situations involving children. Depending on the laws in a given location as well as the policy of her organization, Carine may be required to report the abuse or threatened abuse of a child.

Checking your Knowledge – Intervention Pyramid

Not surprisingly, Binta's physical and mental health begins to suffer and she is no longer able to care for herself or her children. What services should have been in place for Binta and her children prior to their arrival at the camp?

Thinking about the pyramid of care, link the service to the layer of the pyramid it describes (Basic Services and Security, Community and Family Supports, Focused Non-Specialised Supports, or Specialised Services):

1. Upon registration, families are immediately issued basic materials and supplies, including shelter materials, water containers, cooking sets, sleeping mats, clothing, and blankets. The focus of this level is providing protection and services that meet the needs of a specific population.
 - a) Basic Services and Security
 - b) Community and Family Supports
 - c) Focused Non-Specialised Supports
 - d) Specialised Services

Answer: a – Basic Services and Security. This level seeks to promote the mental health and psychosocial well-being of GBV survivors and those at risk of violence.

2. Women's centres and health centres in the camp include GBV response services, including: confidential case management; referrals to other services in the community; and counselling and emotional support from peer counsellors. The focus of this level is on services and assistance that supports coping and recovery for survivors.
 - a) Basic Services and Security
 - b) Community and Family Supports
 - c) Focused Non-Specialised Supports
 - d) Specialised Services

Answer: c – Focused Non-Specialised Supports – This level promotes availability of good quality, accessible, and appropriate services for survivors including in the health, psychosocial, security and legal services.

3. Simple buildings or other shelters are put up for women to gather, share stories and experiences, and receive information about available support. These centres include training and income generation programmes to reduce dependency and decrease risk and vulnerability to violence and abuse. The focus of this level is on developing a healing environment that supports longer-term recovery and reduces risks of new incidents of GBV.
 - a) Basic Services and Security
 - b) Community and Family Supports
 - c) Focused Non-Specialised Supports
 - d) Specialised Services

Answer: b – Community/Family Supports – At this level, GBV survivors and those at risk of violence are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports.

4. The health centre services in the camp include basic mental health screening and a system for referral (and transportation) to a facility where survivors can get a psychological evaluation and more focused treatment, and care can be provided. This level is focused on the additional support required for the small percentage of survivors who, despite having received all other supports, have difficulties in basic daily functioning.
 - a) Basic Services and Security
 - b) Community and Family Supports
 - c) Focused Non-Specialised Supports
 - d) Specialised Services

Answer: d – Specialised Services – This assistance targets those survivors who may have more severe mental health problems than the existing general health services can manage.

Module 4 Quiz

Please answer the following questions based on the information you learned in this module:

1. The goal of survivor-centred response is to support the process of healing and recovery through addressing the harmful after-effects of gender-based violence and reducing the risk of further harm.
 - a) True
 - b) False

Answer: True – All actions that we take that are grounded in a survivor-centred response contribute to a survivor's healing and recovery and minimize the likelihood of her experiencing further harm.

2. The guiding principles for working with survivors are:
 - a) Safety, confidentiality, respect, equality
 - b) Safety, confidentiality, respect, non-discrimination
 - c) Confidentiality, respect, equality, non-discrimination
 - d) Safety, respect, equality, non-discrimination

Answer: b – Safety, confidentiality, respect, non-discrimination.

3. Which of the following defines “access” in the context of health services? (Click all that apply)
 - a) Geographical location and safety in getting there and back
 - b) Convenient opening times
 - c) Availability of female staff
 - d) Sensitivity to age, ethnicity and language
 - e) Affordability

Answer: a, b, c, d, e – All of these things contribute to the definition of “access” in the context of health services.

4. Health actors are responsible for diagnosing whether or not a patient has been raped in order to testify in court.
 - a) True
 - b) False

Answer: False – The health sector response to sexual violence does not include the determination of whether rape has occurred. The role of the health care provider is to indicate all examination findings objectively and accurately and to provide treatment.

5. Health sector interventions contribute to prevention of GBV by (check all that apply):

- a) Providing space for health actors to explain to women how they should change their behaviour so as not to be abused again.
- b) Contributing data for a better understanding of trends and patterns in GBV amongst their client population.
- c) Supporting an environment for women to learn about their rights and receive information on other services, such as safe homes and livelihood programmes.
- d) Supplying case files to police actors to support their efforts to arrest perpetrators and bring them to trial.

Answer: b, c – Two ways that health sector interventions contribute to prevention of GBV are through contributing data for a better understanding of trends and patterns in GBV amongst their client population and supporting an environment for women to learn about their rights and receive information on other services, such as safe homes and livelihood programmes.

6. Most survivors of gender-based violence require outside intervention to restore psychosocial well-being

- a) True
- b) False

Answer: False – Many survivors of GBV get the psychological support they need from their own coping and support mechanisms as well as from family, friends and people in their community.

7. During the acute response phase of an emergency, mental health interventions should focus on:

- a) Psychological first-aid
- b) Safety and meeting basic needs
- c) Changing community attitudes
- d) Legislative and policy review

Answer: a, b – During the emergency phase, mental health interventions should focus on: psychological first-aid, and safety and meeting basic needs.

8. Case management of survivors of GBV is an intervention that belongs at which level of the intervention pyramid:

- a) Basic services and security
- b) Family and community supports
- c) Focused, non-specialised supports
- d) Specialised services

Answer: c – Case management of survivors of GBV belongs at the focused, non-specialised supports level of the intervention pyramid. Interventions at this level are focused on those GBV survivors who come forward for help and require individual or group support.

ANNEX 2

International Legal Texts related to Gender-based Violence

Document	Description	Key Excerpts Related to GBV
Universal Declaration of Human Rights (UDHR, 1948) Full text available at: http://www.un.org/en/documents/udhr/	The UDHR set out, for the first time, a set of fundamental human rights to be universally protected. It is not a treaty, and therefore not binding, but many international lawyers argue it has become part of customary international law. Article 26(1)—“Everyone has the right to an education.”	Article 2—prohibits discrimination based on sex. Article 4—“No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.” Article 5—“No one shall be subjected to torture, or to cruel, inhuman or degrading treatment or punishment.” Article 16(b)—“Marriage shall be entered into only with the free and full consent of the intending spouses.” Article 26(1)—“Everyone has the right to an education.”
TREATIES		
International Covenant on Civil and Political Rights (ICCPR, 1976) Full text available at: http://www2.ohchr.org/english/law/ccpr.htm	The ICCPR contains a set of civil and political rights. Sometimes called “negative rights”, the rights covered in the ICCPR are those the government must respect (not violate) and protect (not allow others to violate). Article 2—prohibits discrimination based on sex. Article 6—“Every human being has the inherent right to life.” Article 7—“No one shall be subjected to torture, or to cruel, inhuman or degrading treatment or punishment.” Article 8—“(1) No one shall be held in slavery; slavery and the slave-trade in all their forms shall be prohibited”; (2) “No one shall be held in servitude”; (3)(a) “a) No one shall be required to perform forced or compulsory labour.” Article 9—“Everyone has the right to liberty and security of person.” Article 23(3)—“No marriage shall be entered into without the free and full consent of the intending spouses.”	“Women are particularly vulnerable in times of internal or international armed conflicts. States parties should inform the Committee of all measures taken during these situations to protect women from rape, abduction and other forms of gender-based violence” (Para. 8).
ICCPR General Comment 28 (2000) Full text available at: http://www2.ohchr.org/english/bodies/hrc/comments.htm	The Human Rights Committee issued General Comment 28 to clarify and expand on ICCPR Article 3 (equality of men and women). “Women are particularly vulnerable in times of internal or international armed conflicts. States parties should inform the Committee of all measures taken during these situations to protect women from rape, abduction and other forms of gender-based violence” (Para. 8).	

<p>International Covenant on Economic, Social and Cultural Rights (ICESCR, 1976)</p> <p>Full text available at: http://www2.ohchr.org/english/law/cescr.htm</p>	<p>The ICESCR contains a set of economic, social and cultural rights (or “quality of life” rights). These rights are sometimes referred to as “positive rights” because they refer to governments’ responsibility to <i>fulfill</i> certain obligations through public policy and social programmes.</p> <p>Article 2(2)—prohibits discrimination based on sex.</p> <p>Article 3—“The States Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant.”</p> <p>Article 10(1)—“Marriage must be entered into with the free consent of the intending spouses.”</p> <p>Article 12(1)—“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”</p> <p>Article 13(1)—“The States Parties to the present Covenant recognize the right of everyone to education.”</p>	<p>Article 2—“States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake: [...] (c) To establish legal protection of the rights of women on an equal basis with men...”</p> <p>Article 5(a)—“States parties shall take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of inferiority or superiority of either of the sexes or on stereotyped roles for men and women.”</p> <p>Article 6—“States parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women.”</p> <p>Article 10—“States parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education...”</p> <p>Article 16(1)(b)—[Men and women have] “the same right freely to choose a spouse and to enter into marriage only with their free and full consent”</p> <p>Article 16(2)—“The betrothal and the marriage of a child shall have no legal effect.”</p>
<p>CEDAW General Recommendation 12 - Violence against Women (1989)</p>	<p>General Comment 12 highlights CEDAW articles 2, 5, 11, 12 and 16, explicitly linking their provisions to violence against women.</p>	<p>“...articles 2, 5, 11, 12 and 16 of the Convention require the States Parties to act to protect women against violence of any kind occurring within the family, at the workplace or in any other area of social life.”</p>
<p>Full text available at: http://www2.ohchr.org/english/bodies/cedaw/comments.htm</p>		

<p>CEDAW General Recommendation 19 – Violence against Women (1992)</p> <p>Full text available at: http://www2.ohchr.org/english/bodies/cedaw/comments.htm</p>	<p>General Comment 19 explains that the broader definition of discrimination—both in CEDAW and in other sources of international law—encompasses violence against women. It also holds States responsible for violence committed by private actors if/when the State in question fails to respond appropriately to such violence (fails to investigate allegations of violence, etc.).</p> <p>This General Comment urges states to:</p> <ul style="list-style-type: none"> ■ prevent, investigate and provide reparations to GBV survivors ■ eliminate and punish such violence whether committed by state or non-state actors
	<p>“Gender-based violence is a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men” (para. 1).</p> <p>“The definition of discrimination includes gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty” (para. 6).</p> <p>“Gender-based violence may breach specific provisions of the Convention, regardless of whether those provisions expressly mention violence” (para. 6).</p> <p>“States may also be responsible for private acts if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence, and for providing compensation” (para. 9).</p> <p>“Wars, armed conflicts and the occupation of territories often lead to increased prostitution, trafficking in women and sexual assault of women, which require specific protective and punitive measures” (para. 13).</p>

<p>Convention on the Rights of the Child (CRC, 1990)</p> <p>Full text available at: http://www2.ohchr.org/english/law/crc.htm</p>	<p>The CRC covers the civil, political, economic, social, health and cultural rights of children, defined internationally as persons under the age of 18.</p> <p>On a number of occasions, the Committee has raised the gendered dimension of children's suffering during conflict. It has acknowledged that girls and boys may be targeted for different types of violence and has instructed governments to plan recovery and reintegration programs accordingly.¹ The Committee has issued similar statements on slavery and sexual exploitation and abuse.</p> <p>NOTE: The CRC was the first international human rights treaty to explicitly recognize sexual violence and abuse, whether perpetrated by public or private actors, as an international human rights violation.²</p>	<p>Article 9—“States Parties shall ensure that a child shall not be separated from his or her parents against their will.”</p> <p>Article 12(1)—“States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.”</p> <p>Article 19—“States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of the parent(s), legal guardian(s) or any other person who has care of the child.”</p> <p>Article 24(3)—“State parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.”</p> <p>Article 34—“States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse.”</p> <p>Article 35—“States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form.”</p> <p>Article 37—“States Parties shall ensure that: (a) “No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment.”</p> <p>Article 39—“States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts.”</p>	<p>“Women shall be especially protected against any attack on their honour, in particular against rape, enforced prostitution or any form of indecent assault” (Fourth Geneva Convention, Article 27).</p> <p>Common Article 3 prohibits:</p> <ul style="list-style-type: none"> ■ “mutilation, cruel treatment and torture” ■ “outrages upon personal dignity, in particular humiliating and degrading treatment” <p>Additional Protocol 1 calls for special protection of women in conflict (Article 76).</p>
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Rome Statute of the International Criminal Court (2002)	The Rome Statute is the treaty that established the International Criminal Court, a tribunal that hears cases against individuals charged with one or more of the following crimes: genocide, war crimes, crimes against humanity, and genocide.	"For the purpose of this Statute, "crime against humanity" means any of the following acts when committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack: . . . Rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity" (Article 7(1)(g)).
Convention Against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment (CAT, 1987)	The CAT forbids extremely cruel forms of treatment or punishment. There is an ongoing debate in the Human Rights community as to whether certain types of GBV fall within the definition of torture.	Article 1—"The term 'torture' means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for...any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity..."
INTERNATIONAL CONFERENCES		
Document	Description	Key Excerpts Related to GBV
UN Vienna Declaration and Programme of Action (VDPA, 1993)	The VDPA was created and adopted during the 1993 World Conference on Human Rights. It represented the consensus on human rights at the end of the 1990s and promoted the concept of all rights being "universal, indivisible, interdependent, and interrelated."	"The human rights of women and of the girl-child are an inalienable, integral and invisible part of universal human rights" (para. 18) "Gender-based violence and all forms of sexual harassment and exploitation, including those resulting from cultural prejudice and international trafficking, are incompatible with the dignity and worth of the human person, and must be eliminated" (para. 18). "Violations of the human rights of women in situations of armed conflict are violations of the fundamental principles of international human rights and humanitarian law. All violations of this kind, including in particular murder, systematic rape, sexual slavery, and forced pregnancy, require a particularly effective response." (para. 38)
International Conference on Population and Development (ICPD Cairo, 1994)	The document issued at the conclusion of the ICPD established that sexual and reproductive rights are human rights. It also addressed GBV in a few places.	Principle 4—"Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes." Action 10.24—"All necessary measures should be taken to ensure the physical protection of refugees – in particular, that of refugee women and refugee children – against sexual exploitation, abuse and all forms of violence."

<p>Beijing Declaration and Programme for Action (1995)</p> <p>Full text available at: http://www.un.org/womenwatch/daw/beijing/fwcn.htm</p>	<p>“The long-standing failure to protect and promote those rights and freedoms in the case of violence against women is a matter of concern to all States and should be addressed.” (para. 112).</p> <p>“The fear of violence, including harassment, is a permanent constraint on the mobility of women and limits their access to resources and basic activities. High social, health and economic costs to the individual and society are associated with violence against women. Violence against women is one of the crucial social mechanisms by which women are forced into subordinate positions” (para. 117).</p> <p>Actions to be taken by Governments include:</p> <ul style="list-style-type: none"> ■ Publicly condemning violence against women ■ Providing survivors with access to justice mechanisms ■ Enacting and enforcing legislation against perpetrators ■ Creating and/or strengthening reporting mechanisms ■ Allocating adequate resources for activities related to violence against women
DECLARATIONS, GUIDELINES & OTHER SOURCES OF ‘SOFT LAW’	
<p>Document</p> <p>UN Guidelines on the Protection of Refugee Women (1991)</p> <p>Full text available at: http://www.unhcr.org/3d4915e4.html</p>	<p>Description</p> <p>Key Excerpts Related to GBV</p> <p>Article 3—“In addition to these basic needs shared with all refugees, refugee women and girls have special protection needs that reflect their gender: they need, for example, protection against sexual and physical abuse and exploitation and protection against sexual discrimination in the delivery of goods and services.”</p>

<p>UN General Assembly's Declaration on the Elimination of Violence Against Women (1993)</p> <p>Full text available at: http://www.un.org/documents/ga/res/48/a48r104.htm</p>	<p>“violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men”</p> <p>“opportunities for women to achieve legal, social, political and economic equality in society are limited, inter alia, by continuing and endemic violence”</p> <p>Article 1—“the term “violence against women” means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”</p> <p>Article 4—“States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination.”</p>	<p>“All efforts shall be made by States involved in armed conflicts, military operations in foreign territories or military operations in territories still under colonial domination to spare women and children from the ravages of war. All the necessary steps shall be taken to ensure the prohibition of measures such as persecution, torture, punitive measures, degrading treatment and violence, particularly against that part of the civilian population that consists of women and children.”</p> <p>Principle 4(2)—“Certain internally displaced persons, such as children, especially unaccompanied minors, expectant mothers, mothers with young children, female heads of household, persons with disabilities and elderly persons, shall be entitled to protection and assistance required by their condition and to treatment which takes into account their special needs.”</p> <p>Principle 11(1)— Internally displaced persons, whether or not their liberty has been restricted, shall be protected in particular against: (a) Rape, mutilation, torture, cruel, inhuman or degrading treatment or punishment, and other outrages upon personal dignity, such as acts of gender-specific violence, forced prostitution and any form of indecent assault; (b) Slavery or any contemporary form of slavery, such as sale into marriage, sexual exploitation, or forced labour of children; and (c) (c) Acts of violence intended to spread terror among internally displaced persons.”</p> <p>Principle 19(2)—“Special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care, as well as counselling for victims of sexual and other abuses.</p>
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UN Millennium Declaration (2000) Full text available at: http://www.un.org/millennium/declaration/ares552e.htm	The UN Millennium Declaration established the Millennium Development Goals, a set of benchmarks the international community set out to achieve by 2015.	"Men and women have the right to live their lives and raise their children in dignity, free from the fear of violence, oppression or injustice" (para 5).
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¹ CRC Concluding Observations to the following states: Democratic Republic of Congo (2001), Indonesia (2004), Nepal (2005), Philippines (2005), Yugoslavia (1996).

² "Freedom from Violence is a Human Right." Center for Reproductive Rights (2008).

ANNEX 3

Security Council Resolutions on Women, Peace and Security and Conflict-related Sexual Violence

	Women's Leadership in Peace Making and Conflict Prevention	Prevention of and Response to Conflict-related Sexual Violence
Resolution Elements	1325 (2000)	1889 (2009)
Description	First SCR to link women to the peace and security agenda: addressing the impact of war on women and their contribution to conflict resolution and sustainable peace	Addresses women's exclusion from peace-building planning and institutions and consequent lack of adequate funding for their needs, inadequate safety and services
		First SCR to recognize conflict-related sexual violence as a matter of international peace and security, requiring a peace keeping, justice, and peace negotiation response mechanisms
		Strengthens tools for implementing 1820 through assigning leadership, building judicial response expertise, addressing gaps in prevention and response and reporting mechanisms
		Expanded mandate to comprehensively address sexual violence when used as a tactic of conflict, or resulting as a consequence of conflict. Strengthens accountability architecture for holding perpetrators to account including by listing perpetrators, and establishing monitoring, analysis and reporting arrangements.
		1888 (2009)
		1960 (2010)



Key Elements	<p>Women must participate in all elements of peace making particularly peace negotiations</p> <p>Placement of gender advisors in missions, training humanitarian and peacekeeping personnel of women [OP 6]</p> <p>Need to maintain civilian character of refugee/IDP camps and design them in a way that helps prevent sexual violence [OP 12] “special measures” to protect women and girls from GBV [OP 10]</p>	<p>Women to participate in peace making and post-conflict recovery institutions SB must develop as strategy to increase numbers of female peacemaking and peace keeping personnel [OP4]</p> <p>Placement of gender advisors and women protection advisors</p> <p>Basic services for women and adequate funding for them (gender marker) [OP 8-10]</p> <p>Civilian character of IDP/refugee camps [OP12]</p> <p>engages PBC to address gender in peacebuilding [OP 14 and 19]</p> <p>Global indicators for 1325 within 6 months [OP 17]</p> <p>recommendations invited for a Council mechanism for monitoring [op 18]</p>	<p>Specific training of troops on categorical prohibition of sexual violence [OP 3, 6, 7] develop mechanism for protecting women/girls in/around UN-managed camps [OP 10]</p> <p>welcomes coordination efforts of UN Action Against Sexual Violence in Conflict [pp xiv]</p> <p>Scope for addressing root causes: ‘debunking myths’ that fuel sexual violence [OP3]</p> <p>PBC to advise on ways to address sexual violence [OP11]</p>	<p>Calls for appointment of SRSG to provide leadership and coordinating on UN response to sexual violence</p> <p>Supports UN Action as host for SRSG and coordination tool</p> <p>Women protection advisors (mix of military and gender skills) in contexts with high levels of sexual violence</p> <p>Rapid Team of Experts (judicial experts) to address impunity</p> <p>Report within 3 months with proposals on improved monitoring and reporting on conflict-affected sexual violence.</p> <p>Improved service delivery:</p> <p>SCR 1888 encourages States, with support of the international community, to increase access to health care, psychosocial support, legal assistance and socio-economic reintegration services for survivors of sexual violence.</p>	<p>Accountability architecture to list and de-list perpetrators and to report on patterns and trends in sexual violence; establishing monitoring, analysis and reporting arrangements; reiterates the principle of command responsibility and calls upon all parties to armed conflict to make and implement specific and time-bound commitments to combat sexual violence; intention to consider rape and other forms of sexual violence as designation criteria for targeted sanctions; Call for detailed coordination and strategy plan on timely and ethical collection of information, update on progress made towards implementing the monitoring, analysis and reporting arrangements, and detailed information on perpetrators in next SG Report Dec 2011.</p>
Focal Point/ Leadership within the UN	Office of the Special Advisor on Gender Issues plays a coordinating role but without adequate resources or cooperation from an operational counterpart	Introduction of possible new focal point for gender and peacebuilding issues: the PCB and PBSO	DPKO best practices unit produced 1820+1 report UN Action Against Sexual Violence in Conflict as coordination resource	SRSG to build coherence and coordination in the UN's response to conflict related sexual violence	Linked to UN Action as a coordination support.

Monitoring and Reporting Mechanism	System-wide Action Plans lacks agreed indicators for effective monitoring. Focuses on UN Agency implementing plans, not on violations or on programming results No strategy for improving information-flow to Council	Call for indicators will create foundation for effective monitoring tool. Will need assignment of UN entities to populate with data and monitor. Calls for recommendations in 2010 on how Council will receive, analyze and act upon information on 1325, building an accountability mechanism	Not clear, annual report. There is reference to Council's informal Expert Group on Protection of Civilians with currently gets monthly briefings from OCHA including on sexual violence	Proposals within 3 months Annual Global report to provide details on perpetrators = links to 1612/1882 Monitoring and Reporting Mechanism (MRM).
"Answerability" Mechanism: exposing perpetrators or parties in violation of resolution	No reference to sanctions for perpetrators Avoid amnesty where feasible [OP 1]	None, but SG must develop a strategy for appointing women	Sexual violence relevant to country specific sanctions regimes [OP 5] SG to develop strategy for raising sexual violence in dialogue with parties to armed conflict	Sanctions committees must add criteria pertaining to acts of rape and other forms of sexual violence [OP 10] Report naming perpetrators to be reviewed by Council
Regular procedures (reporting)	No formal mechanism beyond one annual Open Debate	No formal mechanism, but invites proposals for review procedure and mechanism	Monthly consideration by expert group on Protection of Civilians	Annual SG global follow-up report on sexual violence in conflict.
Member State Accountability and Role of governments	Formulation of National Action Plans on SCR 1325 encouraged	Requests for gender marker/ tracking of funds	Member states accountability for upholding international humanitarian law standards in national judicial regimes	Annual SG report on implementation of 1882/1888/1960; regular briefings by the SRSG SV
Implementation mechanism on the ground (e.g. Task Force at UNCT level)	None	None	None, but links to UN Action	Primary role of States to respect and ensure human rights , and primary responsibility of parties to an armed conflict to take all feasible steps to ensure protection of civilians Call for monitoring, analysis and reporting arrangements – implementation mechanism in development, detailed coordination strategy and plan on timely and ethical collection of information to be submitted to the SC by Dec 2011.

ANNEX 4

Common Types of GBV¹

TYPE OF GBV	DEFINITION/DESCRIPTION*
Rape	Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy.
Sexual Assault	Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.
Sexual Exploitation	The term “sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of “forced prostitution” can also fall under this category. ²
Sexual Abuse	The term “sexual abuse” means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. ³
Physical Assault	An act of physical violence that is not sexual in nature. Example include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.
Domestic Violence/ Intimate Partner Violence	Violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. This type of violence may include physical, sexual and/or psychological abuse, as well as the denial of resources, opportunities or services. ⁴
Forced Marriage & Early Marriage	The marriage of an individual against her or his will. Early marriage (marriage under the age of legal consent) is a form of forced marriage as the girls are not legally competent to agree to such unions). ⁵
Psychological/ Emotional Abuse	Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. “Sexual harassment” is included in this category of GBV.
Denial of Resources, Opportunities or Services	Denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. “Economic abuse” is included in this category. Some acts of confinement may also fall under this category.

1. The first six definitions of GBV included in this matrix are based on the GBV Classification Tool for the GBVIMS (<http://gbvims.org>).

2. UN Secretary General’s Bulletin on Protection for Sexual Exploitation and Abuse (ST/SGB/2003/13).

3. *ibid.*

4. GBVIMS User Guide (2010).

5. *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons*, (UNHCR, 2003).

TYPE OF GBV	DEFINITION/DESCRIPTION*
Trafficking in Persons	"...the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."
Harmful Traditional Practices	Cultural, social and religious customs and traditions that can be harmful to a person's mental or physical health. It is often used in the context of female genital circumcision/mutilation or early/forced marriage. Other harmful traditional practices affecting children include binding, scarring, burning, branding, violent initiation rites, fattening, forced marriage, so-called "honour" crimes and dowry-related violence, exorcism, or "witchcraft".
Sex-selective Abortion/ Female Infanticide	Sex selection can take place before a pregnancy is established, during pregnancy through prenatal sex detection and selective abortion, or following birth through infanticide or child neglect. Sex selection is sometimes used for family balancing purposes but far more typically occurs because of a systematic preference for boys.
Son Preference	"Son preference refers to a whole range of values and attitudes which are manifested in many different practices, the common feature of which is a preference for the male child, often with concomitant daughter neglect. It may mean that a female child is disadvantaged from birth; it may determine the quality and quantity of parental care and the extent of investment in her development; and it may lead to acute discrimination, particularly in settings where resources are scarce. Although neglect is the rule, in extreme cases son preference may lead to selective abortion or female infanticide."

*Please note: the definitions provided here refer to commonly accepted international standards. Local and national legal systems may define these terms differently and/or may have other legally-recognized forms of GBV that are not universally accepted as GBV.

6. *Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children* (2000). <http://www2.ohchr.org/english/law/protocoltraffic.htm>
7. "Rights of the Child" Note by the Secretary-General. 29 August 2006. http://www.unicef.org/violencestudy/reports/SG_violencestudy_en.pdf
8. "Preventing Gender-based sex selection" (Inter-Agency Statement, 2011) http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/Preventing_gender-biased_sex_selection.pdf
9. *Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children* (OHCHR, 1995) <http://www.ohchr.org/Documents/Publications/FactSheet23en.pdf>

ANNEX 5

MISP Checklist



Appendix A:

MISP Checklist

Monitoring of MISP Implementation

The reproductive health (RH) Officer implements the MISP checklist to monitor service provision in each humanitarian setting as part of overall health sector/cluster monitoring and evaluation. In some cases this might be done by verbal report from RH managers and/or through observation visits. At the onset of the humanitarian response, monitoring is done weekly and reports should be shared and discussed with the overall health sector/cluster. Once services are fully established, monthly monitoring is sufficient. Discuss gaps and overlaps in service coverage within the RH stakeholder meetings and at the health sector/cluster coordination mechanism to find and implement solutions.

MISP Checklist				
Geographic area:		Reporting time period:	Start date of health response:	Reported by:
I. RH lead agency and RH Officer				
1.1	Lead RH agency identified and RH Officer functioning within the health sector/cluster: Lead agency _____ RH Officer _____			<input type="checkbox"/> <input type="checkbox"/>
1.2	RH stakeholder meetings established and meeting regularly: <input checked="" type="checkbox"/> National MONTHLY <input checked="" type="checkbox"/> Sub-national/district BI-MONTHLY <input checked="" type="checkbox"/> Local WEEKLY			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Demographics				
2.1	Total population:			
2.2	Number of women of reproductive age (ages 15 to 49, estimated at 25% of population):			
2.3	Number of sexually active men (estimated at 20% of population):			
2.4	Crude birth rate (estimated at 4% of the population):			
3. Prevent sexual violence and respond to the needs of survivors				
3.1	Multisectoral coordinated mechanism to prevent sexual violence is in place Confidential health services to manage survivors of sexual violence are available for: <input checked="" type="checkbox"/> Emergency contraception <input checked="" type="checkbox"/> Post-exposure prophylaxis (PEP) <input checked="" type="checkbox"/> Antibiotics to prevent and treat STIs <input checked="" type="checkbox"/> Tetanus toxoid/Tetanus immunoglobulin <input checked="" type="checkbox"/> Hepatitis B vaccine <input checked="" type="checkbox"/> Referral to health, psychological and social support services			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



		YES	NO
3.2	Number of incidents of sexual violence reported to health services:		
3.3	Information on post-rape care and access to services disseminated to community.	<input type="checkbox"/>	<input type="checkbox"/>
4. Reduce the transmission of HIV			
4.1	Safe and rational blood transfusion protocols in place	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Units of blood screened /all units of blood donated X 100:		
4.3	Sufficient materials and checklists to ensure standard precautions in place	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Condoms available free of charge at: ► Health facilities ► Community level	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Approximate number of condoms taken this period:		
4.6	Number of condoms replenished in distribution sites this period (specific locations): _____ _____ _____	 _____ _____ _____	
5. Prevent excess maternal and newborn morbidity and mortality			
5.1	Health center (to ensure basic EmONC 24/7) has: ► One qualified health worker on duty per 50 outpatient consultations per day ► Midwife supplies, including newborn supplies, available Hospital (to ensure comprehensive EmONC 24/7) has: ► One qualified service provider on duty per 20-30 inpatient beds for the obstetric wards ► One team of doctor/nurse/midwife/anesthetist on duty ► Adequate drugs and supplies to support comprehensive EmONC 24/7	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Referral system for obstetric and newborn emergencies functioning 24 hours per day/7days per week (24/7) including ► Means of communication (radios, mobile phones) ► Transport from community to health center available 24/7 ► Transport from health center to hospital available 24/7	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Functioning cold chain (for oxytocin, blood screening tests) in place	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Number of caesarean deliveries / number of births x 100:		
5.5	Number of clean delivery kits distributed / Estimated number of pregnant women x 100:		
6. Planning for transition to comprehensive RH services			
6.1	Sites identified for future delivery of comprehensive RH services (e.g., family planning, STI management, adolescent RH): _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>



		YES	NO
6.2	Staff training needs (for FP provision, STI management, etc) assessed and training tools identified:	<input type="checkbox"/>	<input type="checkbox"/>
6.3	RH commodities consumption (medicines and renewable supplies) monitored	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Procurement channels identified: _____ _____ _____		
7. Special notes			
7.1	Basic contraceptives available to meet demand	<input type="checkbox"/>	<input type="checkbox"/>
7.2	ARV available for patients on ART, including PMTCT	<input type="checkbox"/>	<input type="checkbox"/>
7.3	STI treatment available at health facilities	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Hygiene kits distributed	<input type="checkbox"/>	<input type="checkbox"/>
8. Actions (For the “No” checks, explain barriers and proposed activities to resolve them.)			
Number	Barrier	Proposed solution	

ANNEX 6

Multi-Sectoral Check-List (Somalia)

MAINSTREAMING GBV

DROUGHT, FAMINE, AND DISPLACEMENT IN SOMALIA: CONSIDERATIONS FOR EMERGENCY HUMANITARIAN RESPONSE

WHY?

Gender Based Violence is a cross-cutting issue and therefore should be integrated into all aspects of emergency humanitarian response. All humanitarian actors share a responsibility to ensure that their activities do not lead to or perpetuate discrimination, abuse, violence, neglect or exploitation. All sector activities should promote and respect human rights and enhance the protection of women, girls, men and boys.

The factors that contribute to Gender Based Violence in Somalia are complex and varied. The protective environment, which is already fragile in South and Central Somalia, is only expected to deteriorate under the current circumstances. The GBV Working group, with support from the Protection cluster and IASC GenCap adviser has developed this checklist to ensure the mainstreaming of GBV into the work of clusters. Below are cluster specific actions to ensure the mainstreaming of GBV.

FOOD DISTRIBUTION

Women are extremely vulnerable as they try to ensure food security for their families and children. Be alert to women and girls being sexually exploited in exchange for food and access to assistance.

- ✓ **ENSURE ALL IMPLEMENTING AGENCIES ARE INFORMED** on the 'zero tolerance policy on SEA' as highlighted in the SG Bulletin 2005 and are aware that involvement in SEA of beneficiaries will lead to immediate dismissal. The PSEA contact person details should be circulated widely for reporting cases.
- ✓ **ENSURE THAT YOU CONSULT WITH WOMEN AND MEN EQUALLY** during your needs assessment, and include women in your assessment teams.
- ✓ **PROVIDE INFORMATION THROUGH SIMPLE AND DIFFERENT METHODS** to ensure communication on food distributions reaches women, men, boys and girls. Communication messages should stress that food assistance being distributed is free and should not be provided in exchange for cash, goods, or sexual favours. Women, girls, boys and men should be provided with information on whom and where to make complaints in safety and confidence.
- ✓ **ENSURE DISTRIBUTION LOCATION AND TIME IS EASILY ACCESSIBLE AND SAFE** for women and girls, such as begin and end food distributions during the day to allow women, girls and other vulnerable groups to return home safely.
- ✓ **MONITOR SECURITY** on departure roads and ensure that women, girls and other vulnerable groups are not at increased risk of violence by having received food assistance.
- ✓ **ENSURE WOMEN ARE REPRESENTED** in food-distribution committees.

HEALTH

- ✓ **INVOLVE FROM THE OUTSET WOMEN, GIRLS, BOYS AND MEN** in health assessments, and hire and deploy female and male local health workers.
- ✓ **ENSURE HEALTH FACILITIES IN THE AFFECTED LOCATIONS ARE ACCESSIBLE** and able to provide emergency response (medical and psycho-social) to survivors of sexual and gender based violence. If these services are not available locally, the community should be informed of the nearest health facilities where they can receive medical and other support.
- ✓ **ENSURE AN URGENT, APPROPRIATE AND COMPREHENSIVE RESPONSE** to GBV survivors. Build the capacity of medical and psychosocial staff to ensure effective response.

-  **ENSURE SAME-SEX INTERVIEWERS** for individuals who have been exposed to GBV.
-  **CONFIDENTIALLY GATHER AND DOCUMENT DATA** on Sexual and Gender Based Violence.
-  **LIASE WITH UNFPA** for provisions of PEP kits for health facilities.
-  **ENSURE THAT WOMEN AND GIRLS ARE SEEN** by the same sex health practitioner and that consultations/examination are private and confidential.
-  **THROUGHOUT ALL PHASES OF THE EMERGENCY** the GBV working group and the health cluster should collaborate closely on linking protection-related GBV activities, health interventions and data collection and monitoring

PROTECTION

Access to scarce resources creates tensions and heightens risk of sexual and gender based violence. Women, men, boys and girls who can no longer sustain themselves during such crisis, often engage in risky and unconventional coping mechanisms. The lack of security and physical protection in the affected locations further increases the vulnerability of women, men, boys and girls.

-  **STRENGTHEN DATA COLLECTION** including analysis on sexual and gender based violence in the affected locations, ensuring safety and confidentiality of survivors.
-  **LINK UP WITH OTHER CLUSTERS** undertaking needs assessments to include questions on the nature and extent of sexual and gender based violence and SEA for monitoring and support.
-  **IDENTIFY INDIVIDUALS AND GROUPS AT RISK** and link them to community based mechanisms and agencies for legal, medical and others support, including their integration in the family.

SHELTER / NFIs

-  **BEGIN AND END NFIS DISTRIBUTIONS DURING THE DAY** to allow women and girls to return safely. Monitor security on departure roads and ensure that women, girls and other vulnerable groups are not at increased risk of violence by having received NFIs.
-  **DESIGN THE PHYSICAL LAYOUT OF IDP CAMPS** to promote a sense of community and reinforce community based protection, such as safe spaces for women, girls and boys, fence existing settlements to ward off wild animals and intruders, and lighting in communal areas.

WATER AND SANITATION

When using communal water and sanitation facilities, women and girls are vulnerable to sexual violence. Women and girls also often have to walk long distances to fetch water, or wait a long time in queues to receive water; or to use toilets – increasing their exposure to sexual violence and abuse. To minimize these risks, the WASH cluster is advised to pay particular attention to safety and security risks for women and girls.

-  **INVOLVE WOMEN, GIRLS, BOYS AND MEN** in all consultations and assessments to identify safety and security risks, and to identify locations of water points and sanitation facilities that are accessible and safe.
-  **DESIGN SANITATION FACILITIES TO ENSURE PRIVACY AND SAFETY** such as bathing facilities and toilets have doors with locks on the inside, facilities are located in visible and central locations, and are well lit.
-  **ENSURE WOMEN ARE REPRESENTED** in WASH committees.

PSEA - ALL CLUSTERS



ALL CLUSTERS SHOULD ENSURE that all staff and implementing partners are informed and aware of the zero tolerance policy on SEA as highlighted in the SG Bulletin 2005. All implementing partners including UN contractors must sign a code of conduct informing them of their obligations as well as consequences of involvement in SEA.



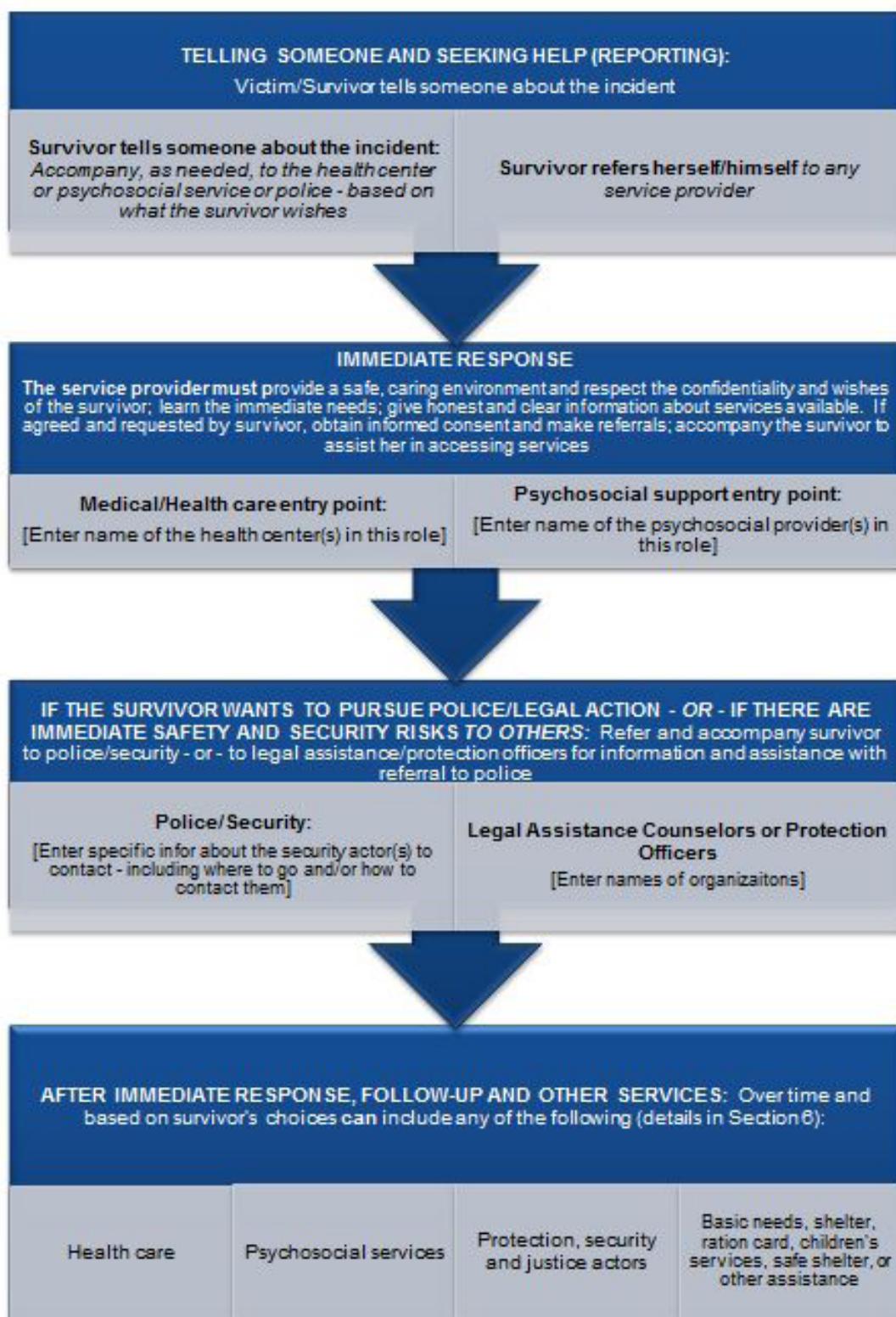
ENSURE THE PSEA FOCAL POINT CONTACT DETAILS for your cluster are circulated widely to ensure beneficiaries and others are aware of the SEA reporting mechanism.

The GBV working group will circulate a list of service providers in South Central Somalia, who are able to provide legal, medical, psychosocial and other support to survivors of Gender Based Violence.

For further information please contact the GBV working group chair: Enid Irungu, email: irungu@unfpa.org and Co-chair: Nimo Mohammed, email: mohammen@unhcr.org

ANNEX 7

Sample Help-Seeking and Referral Pathway Diagram



GBV Resource Tool: Establishing GBV Standard Operating Procedures (SOP Guide)
May 2008 IASC Sub-Working Group on Gender & Humanitarian Action (p. 21).

ANNEX 8

Camp Safety Audit Tool

Camp GBV Safety Audit¹

Purpose: To audit _____ camp to assess and address risk factors regarding protection of women and girls from gender-based violence.

Camp: _____ **Date completed:** _____

Camp Population: _____

Persons/Organizations conducting this audit:

PART I. To ask Community Members

A. CAMP LAYOUT	YES	NO	Don't Know
1. How many people live in each house? Total number: _____ <i>Divide the standard size for a dwelling in the camp by the total number of people in the house:</i> Do you feel there are too many people living together in your house? (To assess overcrowding and perception of overcrowding)			
2. Are you living in the house with people who are not part of your family? (To assess whether non-related families housed together)			
3. Do you know any single mothers in this community? <i>If no, do not indicate anything in the boxes to the right and skip to question #7.</i> <i>If yes, ask the following:</i> Do the single mothers and their children you know live with people who are not part of their own family? <i>Indicate answer in box.</i> (To assess female-headed households accommodated separately)			
4. Do the single mothers you know in this camp all live in a special area in the camp? <i>If yes, ask:</i> Do you think this reduces the risk of violence for women? <i>Describe very briefly below in the comments section.</i> (To assess whether female-headed households are located together and to assess people's perceptions about whether this improves safety)			
Registration			
5. Are married women in this camp registered separately from their husbands?			
6. Are girls or single women without family members registered as individuals?			
Facilities			
7. Are men's and women's latrines and bathhouses separated?			
8. Are women's latrines and bath houses easily accessible to women and girls?			
9. Are women's latrines and bath houses secure for women and girls?			
B. SERVICES & FACILITIES	YES	NO	Don't Know
Food, NFI and Fuel			
10. What is the food scale that your household receives? Total _____ (<i>Take total amount and divide by people in household.</i>) Is this enough for your household? (To assess whether full food rations distributed regularly and to assess perceptions about adequacy of food allotment)			
11. Is food distributed specifically to women (as opposed to male family members)?			
12. Do you think food should be distributed specifically to women? (<i>Add comments below.</i>)			
13. Are women involved in food distribution?			
14. Are women involved in monitoring food distribution?			
15. Are NFI distributed specifically to women?			

¹ October 2007. Adapted from materials developed by Sophie Read-Hamilton and Uganda Camp Safety Audit

16. Do you think NFI should be distributed specifically to women? <i>(if necessary, add comments below)</i>				
17. Are firewood and charcoal collection points safely and easily accessible to women?				
Water				
18. Is adequate water available in this camp?				
19. Are women involved in water distribution and monitoring?				
20. Are water collection points safely and easily accessible to women?				
Security				
21. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? <i>If yes, describe below in comments section.</i>				
22. Are there security personnel patrolling outside this camp? <i>If no, indicate at right and then skip to question 29.</i>				
23. Does this camp have a protection focal point? <i>If yes, name which organization(s) have a protection focal point:</i>				
24. Do camp watch teams patrol inside this camp? <i>If no, indicate at right and skip to question 33. If yes, ask: How many people in a camp watch team are regularly on patrol at the same time inside this camp? Total on patrol at the same time</i>				
25. Are women represented in the camp watch teams patrolling inside this camp?				
26. If you heard about a case of sexual violence against a woman or girls occurring inside or near the camp, would you report the case? <i>If no, skip to next question.</i> <i>If yes, ask the following:</i> Who would you report the case to? _____ (To assess whether community is aware of how to report cases)				
Survivor Support				
27. Are health workers in this camp's health center trained to treat women and girls who have experienced sexual violence?				
28. Are there female health workers available in the health center to treat women and girls who have experienced sexual violence?				
29. Are there other services available in this camp to assist women who have experienced sexual or domestic violence? <i>If yes, ask the following:</i> What services are available?				
30. Have you heard about or participated in community education activities that are focused on sexual and domestic violence against women and girls?				
C. DECISION MAKING		YES	NO	Don't Know
31. Are women represented in Camp Management Committees? <i>If yes, ask the following:</i> How many women?				
D. COMMENTS AND OBSERVATIONS				

PART II. To ask Camp Authorities Representative

Position (Job Title) of Camp Authorities representative interviewed: _____

Sex of Camp Authorities representative interviewed: _____

A. CAMP LAYOUT		YES	NO	Don't Know
Permanent Housing				
1. How many dwellings are there in this camp? _____				
2. How many total people are there in this camp? _____				
3. Is overcrowding a problem in this camp?				
4. Are non-related families housed together in this camp?				
5. Are female-headed households accommodated in their own dwellings in this camp?				
6. Are female-headed households located together in a special area in the camp?				

<i>Registration</i>			
7. Are married women in this camp registered separately from their husbands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are girls or single women without family members registered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SERVICES	YES	NO	Don't Know
<i>NFI & Fuel</i>			
9. Are NFI distributed specifically to camp women?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are firewood and charcoal collection points safely and easily accessible to camp women?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Security</i>			
11. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? <i>If yes, describe below in comments section.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does this camp have a protection focal point? <i>If yes, name which organization(s) have a protection focal point below:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are camp members aware of how to report a case of sexual violence against a woman or girl living in the camp? <i>If yes, ask: Who would they report the case to?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Survivor Support</i>			
14. Are health workers in this camp's health center trained to treat women and girls who have experienced sexual violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are there female health workers available in the health center to treat women and girls who have experienced sexual violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are there other services available in this camp to assist women who have experienced violence? <i>If yes, ask the following: What services are available?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DECISION MAKING	YES	NO	Don't Know
17. Is there an interagency GBV Committee in the camp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does camp management participate in this Committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are women represented in Camp Management Committees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. COMMENTS AND OBSERVATIONS			

PART III. To ask Water/Sanitation Agency Representative

Position (Job Title) and Organization of Water/Sanitation representative interviewed:

Sex of representative interviewed:

A. CAMP LAYOUT	YES	NO	Don't Know
<i>Facilities</i>			
1. Are men's and women's latrines and bathhouses separated enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are women's latrines and bath houses safely accessible to women and girls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are women's latrines and bath houses secure for women and girls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SERVICES	YES	NO	Don't Know
<i>Water</i>			
4. Is adequate water available in this camp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are camp women involved in water distribution and monitoring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are water collection points safely and easily accessible to women?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Security</i>			
7. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for sexual violence? <i>If yes, describe below in comments section.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DECISION-MAKING	YES	NO	Don't Know

8. Do women participate in water sanitation committees?

D. COMMENTS AND OBSERVATIONS

PART IV. To ask Food Distribution Agency Representative

Position (Job Title) of Food Distribution Agency representative interviewed: _____

Sex of Food Distribution Agency representative interviewed: _____

A. SERVICES	YES	NO	Don't Know
Food			
1. Are full food rations distributed regularly?			
2. Is food distributed specifically to camp women (as opposed to male members)?			
3. Are camp women working in food distribution?			
4. Are camp women involved in monitoring food distribution?			
B. COMMENTS AND OBSERVATIONS			

PART V. To ask Camp Security Representative

Position (Job Title) of Camp Security Representative interviewed: _____

Sex of Camp Security Representative interviewed: _____

A. SERVICES	YES	NO	Don't Know
Security			
1. Are there known danger zones in the camp or near the camp where women and girls are at increased risk for violence? <i>If yes, describe below in comments.</i>			
2. Do security personnel patrol inside this camp? <i>If no, indicate at right and skip to question 5. If yes, ask the following:</i> How many security personnel are regularly on patrol at the same time inside this camp? Total on patrol at the same time _____			
3. Are security personnel working inside this camp equipped and trained to investigate cases of violence against women and girls?			
4. Are women represented in the security services patrolling inside this camp?			
5. Are there security personnel patrolling outside this camp? <i>If no, indicate at left and skip to question 7.</i>			
6. Are the security personnel patrolling outside camp equipped and trained to investigate cases of violence against women and girls?			
7. Does this camp have a protection focal point? <i>If yes, which organization: _____ Name of person: _____</i>			
8. Are camp residents aware of how to report a case of violence against a woman or girl living in the camp? <i>If yes, ask the following: Who would they report the case to?</i> (To assess whether community is aware of how to report cases)			
B. COMMENTS AND OBSERVATIONS			

PART VI. To ask Camp Management Representative

Position (Job Title) of Camp Management Representative interviewed: _____

Sex of Camp Management Representative interviewed: _____

A. CAMP LAYOUT	YES	NO	Don't Know

Facilities			
1. Is there adequate lighting at night in this camp?			
B. SERVICES			
Water			
2. Are water collection points safely and easily accessible to women?			
NFI & Fuel			
3. Are firewood collection points safely and easily accessible to camp women?			
Security			
4. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? <i>If yes, describe below in comments</i>			
5. Does this camp have a protection focal point? <i>If yes, which organization(s)</i> :			
6. Do camp watch teams patrol inside this camp? <i>If no, indicate at left and skip to question 9. If yes: How many people in a camp watch team are on patrol at the same time inside this camp? Total on patrol at the same time</i>			
7. Are camp watch teams working inside this camp equipped and trained to investigate cases of violence against women and girls?			
8. Are women represented in the camp watch teams patrolling inside this camp?			
9. Are camp members aware of how to report a case of violence against a woman or girl living in the camp? <i>If yes, Who would they report the case to?</i>			
Survivor Support			
10. Have you heard about or participated in community education activities that are focused on violence against women and girls?			
C. DECISION-MAKING			
11. Are the Interagency GBV Coordination meetings held at this camp <i>If yes, ask the following:</i> How many women?			
12. Do representatives from the Camp Management Committee participate in Interagency GBV Coordination meetings?			
13. Do women's community representatives participate in GBV coordination meeting?			
D. COMMENTS AND OBSERVATIONS			

PART VII. To ask the Health Center Representative

Position (Job Title) of Health Center Representative interviewed: _____

Sex of Health Center Representative interviewed: _____

A. SERVICES	YES	NO	Don't Know
Survivor Support			
1. Are health workers in this camp's health center trained to treat women and girls who have experienced sexual and domestic violence? <i>If yes, ask the following:</i> What services are they trained to provide?			
2. Are there female health workers available in the health center to treat women and girls who have experienced violence?			
3. Are there other services available in this camp to assist women who have experienced violence? <i>If yes, ask the following:</i> What services are available?			
B. COMMENTS AND OBSERVATIONS			

ANNEX 9

Informed Consent Do's and Don'ts



"The informed consent process is crucial. It is much more than simply providing a form for participants to read and sign."

"Those collecting information about sensitive topics like sexual violence must recognize that – especially in emergency settings – individuals contributing information may feel beholden to them or dependent on them as a possible route to services. Thus, individuals may feel compelled to answer all questions, submit to examinations and/or agree to interview requests regardless of their own discomfort, risk or preference."

WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies (p. 22)

- DON'T...
- read the consent agreement out loud in the survivor's first language and allow the survivor enough time to ask questions and clarify the details of the agreement
 - ask the participant to repeat back in her/his own words why the interview is being done, what s/he expects to gain from participating, what s/he has agreed to, what the risks might be, and what would happen if s/he refuses to participate in part or in full
 - reinforce anything that was not clearly understood and correct any misunderstandings
 - keep in mind that respondents may misinterpret the possibility of personal benefit that may come to them if they agree to participate
 - consider what will be the most appropriate method of confirming consent given the particular circumstances:
 - the respondent signs the form (SEE note below about potentially compromising confidentiality)
 - the respondent signs a separate form which indicates consent to participate in an interview or activity but does not specify the topic
 - the interviewer signs the form to confirm the respondent gave consent verbally
 - strictly adhere to all confidentiality protocols (SEE Confidentiality Do's and Don'ts)
 - offer the survivor a number of opportunities to indicate s/he does not wish to go on during the course of the interview (e.g., "The next few questions concern the most recent violent incident. May I continue?")
- DO...
- pay careful attention to how information is provided to and by the survivor, considering issues of power and control in the setting
 - ensure the written consent agreement includes all of the following:
 - the reason for the interview
 - the subject matter(s) to be discussed
 - the personal, and possible upsetting, nature of the questions that might be asked
 - the potential risks and benefits of participation
 - the precautions being taken to protect confidentiality
 - whether information will be shared, and if so, how and with whom as well as the survivor's right to put restrictions on how the information s/he provides will be used
 - participants' right to refuse to take part in the interview and/or to answer any particular questions

ANNEX 10

ACRONYM LIST

FGC/M:	Female genital cutting/mutilation
DV:	Domestic Violence
GBV:	Gender Based Violence
GBV AoR:	Gender-Based Violence Area of Responsibility (part of the Protection Cluster within the IASC Cluster System)
GBVIMS:	Gender Based Violence Information Management System
IASC:	Inter-Agency Standing Committee
IDP:	Internally-displaced Person
IEC:	Information, Education and Communication
IMC:	International Medical Corps
IRC:	International Rescue Committee
IPV:	Intimate Partner Violence
NGO:	Non-Governmental Organization
OCHA:	Office for the Coordination of Humanitarian Affairs
PEP:	Post-Exposure Prophylaxis
RHRC:	Reproductive Health Response in Conflict Consortium
SEA:	Sexual Exploitation and Abuse
SV:	Sexual Violence
UN Action:	United Nations Action Against Sexual Violence in Conflict
UNFPA:	United Nations Population Fund
VAW:	Violence Against Women
WFP:	World Food Programme
WHO:	World Health Organisation

