Save the Children®

Gender-Based Violence

Care & Protection of Children in Emergencies
A Field Guide • **Judy A. Benjamin & Lynn Murchison**

Cover photo by Reuters/Luc Gnago, courtesy www.alertnet.org
Women line up as food supplies are distributed in the Liberian capital Monrovia June 10, 2003.

Editors: Amy Hepburn and Tanya Wolfram

Design: Leslie Oakey

ISBN 1-888393-12-2

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FOREWORD

Today's humanitarian crises disproportionately affect children and women, and gender-based violence is an increasingly common means of fighting wars and targeting civilians. As conflict has moved from the front lines to the village or market square, civilians have found it impossible to escape. During World War I, civilians accounted for only ten percent of casualties; today they account for ninety percent. Gender-based violence, especially rape, has always been used in times of war whether as a deliberate act of violence or because women have been seen as the "spoils of war." The prevalence of such tactics has increased in recent conflicts, as has the occurrence of gender-based violence during forced displacement.

In situations that pose a violent, extreme or sudden threat to the survival and well-being of children and women, Save the Children's basic objectives are to *ensure the survival* of the most vulnerable children and women; *assure protection* against violence and exploitation; *support the rehabilitation and recovery* of children, families and communities; and *promote lasting solutions* by creating and strengthening the capacity of families and communities to build an environment in which children can thrive.

Addressing gender-based violence during emergencies is complex, linked to deep cultural concepts of gender roles as well as changes in these roles during emergencies. From our experience, Save the Children knows that this is a major threat and we are committed to ensuring that our programs are able to reduce these risks.

This *Field Guide to Gender-Based Violence Programs in Emergencies* provides useful strategies to build Save the Children's capacity in this challenging area of emergency response, whether as an integrated component of sectoral work or as a stand-alone approach. As such, it provides a valuable complement to the other field guides in this series, and we hope it will provide tools for all field staff to develop even more effective programming for children in complex emergencies.

Bob Laprade
Director, Emergencies and Protection Unit
Save the Children

INTRODUCTION

Save the Children is pleased to introduce this *Field Guide to Gender-Based Violence Programs in Emergencies*, as one in a series compiled through its Children and War Capacity Building Initiative. Through this initiative, Save the Children has made a clear institutional commitment to providing quality programs that support children's well being in emergencies and crises, and to ensuring that SC staff has the knowledge and skills they need to continue this important work.

After consultations with staff at both headquarters and in the field, it became clear that there was a need not only for a thematic overview on key protection concerns, but also a quick and practical reference for practitioners when facing new emergencies or designing new programs. With this in mind, the Emergencies and Protection Unit has designed this series of field guides as the basis for in-depth training sessions on priority subjects, while including quick implementation tools such as checklists of key concerns, sample forms, guidelines, and references in a portable format.

The field guides have been designed specifically for SC field, headquarters, and partner organization staff members who are involved in the design and management of child protection programs. As such, the series builds on Save the Children's specific approach and programming principles while also bringing in best practices and examples from other agencies' experience. At the same time, however, we hope that these field guides may also prove useful to other organizations engaged in similar programming and contribute to the further development of child-focused emergency programs within the international community.

The *Field Guide to Gender-based Violence Programs in Emergencies* has greatly benefited from the contributions of Jeanne Ward, Sandra Krause, Beth Vann, and Connie Lee. Andrew Johnson provided useful additions to the International Framework section, while Amy Hepburn and Tanya Wolfram contributed their invaluable insights and vision in bringing this field guide to production.

This field guide is an important step towards raising awareness of gender-based violence issues in emergency situations as well as providing a practical tool to enhance overall protection mechanisms in emergencies. We hope that you will find this a useful guide in approaching this challenging area of work.

Christine Knudsen
Senior Protection Officer, Emergencies and Protection Unit
Save the Children

I. OVERVIEW

OVERVIEW OF THE CHILDREN AND WAR FIELD GUIDE SERIES

This field guide is one in a series compiled by Save the Children (SC) as part of its Children and War Capacity Building initiative. The SC Emergencies and Protection Unit developed this initiative in order to support SC staff in responding to the priority care and protection needs of children and adolescents during new emergencies and in situations of chronic armed conflict or displacement.

Save the Children recognizes children as being any person under the age of 18, including adolescents as well as younger children. Children of all ages are of key concern to Save the Children, and their specific needs and resources are priority considerations in any programming decision. For the sake of brevity, the term "children" will be used in this document to encompass all individuals under the age of 18, while recognizing that the needs and resources of adolescents and younger children may vary significantly and should be considered specifically when designing programs.

The field guides are intended to provide comprehensive, hands-on guidance for programming in each of six key thematic areas during emergencies and crisis:

- ***Education in emergencies:*** focusing on the transition from non-formal to formal education activities in order to foster sustainability and community involvement.
- ***Youth:*** an approach to planning non-formal education, vocational training, community mobilization, and other activities for 13-25 year olds.
- ***Separated children:*** care and protection of children separated from families as well as steps to take toward reunification.
- ***Child soldiers:*** social reintegration and the prevention of recruitment of girls and boys.
- ***Gender-based violence:*** prevention, support, and social integration of survivors.
- ***Psychosocial care and support:*** a resource kit applicable to all areas of children and war programming.

The field guides have been cross-referenced and designed as complementary documents. While there are clearly a number of areas of overlap among the themes, repetition has been minimized while ensuring that each field guide remains a useful stand-alone document.

Each field guide is also accompanied by a CD-ROM that contains key reference materials and international guidelines for further consideration, as well as practical tools which can be easily modified for use in a specific situation.

OVERVIEW OF THE FIELD GUIDE TO GENDER-BASED VIOLENCE IN EMERGENCIES

This field guide provides a brief overview of gender-based violence (GBV) in emergencies, outlining what GBV is, the legal framework which protects individuals from such violence, and guidelines for programming options. The field guide has been designed for SC staff and partners to provide the basis for understanding and analyzing situations of gender-based violence, identifying incidents of GBV, and taking steps to respond in appropriate and sensitive ways. It is not intended as a comprehensive "how to" guide for all aspects of GBV programming, but rather as an introduction to the issues and approaches necessary to develop and implement effective gender-based violence prevention, survivor support, and community reintegration strategies. A range of supplementary resources are included with this field guide for further and more specialized reference.

The field guide is composed of five chapters and four appendices, supplemented by a CD-ROM with relevant reference materials. The following chapters will introduce key concepts in working with gender-based violence, both in prevention and support to survivors and their community, establishing a programming framework which reflects SC's core principles. Section II of the field guide, *The Issues*, presents the main concerns in this field, defines the problem and describes the context of gender-based violence in emergency settings. Section III, *International Framework*, introduces the main international legal and policy instruments that apply to gender-based violence and addresses the role of UN agencies and other partners. Section IV, *Programming Framework*, outlines the thematic content needed to design and implement gender-based violence programs in emergencies and post-conflict situations. Section V, *Programming Process* presents key elements for comprehensive program design. Section VI, the *Conclusion*, provides a summary of key points and an implementation checklist.

II. THE ISSUES

All staff working in emergency and crisis situations should be aware of the risks of gender-based violence, both in their assessments and in their implementation designs. Although targeted support may be required in specific settings, gender-based violence prevention programming can be integrated into all emergency field operations. Important steps towards achieving this integration include developing a clear understanding of the issues surrounding and defining gender-based violence in emergencies.

DEFINING GENDER-BASED VIOLENCE

When designing emergency programming, it is useful to clarify all working definitions central to field operations in advance. In the case of gender-based violence programming, it is critical to reach a common understanding of the definitions and usage of "gender," "sex," and "gender-based violence."

Although "sex" and "gender" are often used interchangeably, they are quite different and should be used distinctly. *Sex* refers to the physical differences between males and females, whereas *gender* refers to the different socially-prescribed roles of males and females. Gender roles are context-based and are learned through socialization.[1] The physical differences between males and females are universal, whereas the gender roles are quite different and may prescribe all aspects of social life ranging from access to resources, public and private responsibilities, and patterns of courtship. Gender roles may change over time, but are reflections of long-standing assumptions that a society holds about men, women, boys and girls.

Building upon these differentiated roles, *gender-based violence* (GBV) is therefore violence that is directed at an individual based on her or his specific gender role in a society. It can affect females or males; however gender-based violence affects women and girls disproportionately. It is violence intended to establish or reinforce gender hierarchies and perpetuate gender inequalities. Gender-based violence attacks the fundamental human rights of adults and children alike.

[1]Ward, Jeanne. (2002). If Not Now, When? Addressing Gender-Based Violence in Refugee, Internally Displaced, and Post-Conflict Settings. New York: The Reproductive Health for Refugees Consortium.

Within the humanitarian context, one may still see the term "sexual and gender-based violence". This term has lost favor widely, as it implies that sexual violence may be separate and not necessarily based on gender hierarchies. Since 2001, the Reproductive Health for Refugees Consortium (RHRC) has preferred "gender-based violence" as the broadest term in order to recognize the gendered elements in nearly all forms of violence against women and girls, whether it is perpetrated through sexual violence or through other means.[2]

> Gender-based violence refers to "any harm that is perpetrated against a person's will; that has a negative impact on the physical or psychological health, development, and identity of the person; and that is the result of gendered power inequities that exploit distinctions between males and females, among males and among females. Although not exclusive to women and girls, GBV principally affects them across all cultures. Violence may be physical, sexual, psychological, economic, or sociocultural."
>
> *Jeanne Ward.* If Not Now, When?

Men and women, boys and girls, may all be subjected to gender-based violence. However, women and girls are by far the most affected group and will therefore be the principal focus of this field guide.

Gender-based violence may manifest in numerous ways: domestic violence, rape, torture, trafficking, and forced prostitution and marriage. Although rape and other sexual abuses have been recognized as serious crimes under humanitarian law, only recently has the international community addressed these forms of violence as serious infringements on women's fundamental rights. The International Criminal Court recently declared rape during war as a crime against humanity for which accused perpetrators can be tried as war criminals. (See Section III, *International Framework*, for further discussion of these developments.)

Gender-based violence occurs in both the public and private spheres. Many cultures have beliefs, norms, and social institutions that legitimize and, therefore, perpetuate gender-based violence. The same acts that would be punished if directed at an employer, a neighbor, or an acquaintance often go unchallenged when men direct them at women, especially within the family. During emergencies or periods of social change, the underlying factors which lead to gender-based violence may be exacerbated. This can lead to increased acts or severity of violence against women.

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[2] J. Ward, If Not Now, When? (2002).

LIFE-CYCLE PHASES OF GENDER-BASED VIOLENCE

Prenatal: Sex-selective abortion (China, India, Republic of Korea); battering during pregnancy (emotional and physical effects on the woman; effects on birth outcome); coerced pregnancy (for example, mass rape in war).

Infancy: Female infanticide; emotional and physical abuse; differential access to food and medical care for girl infants.

Childhood: Child marriage; genital mutilation; sexual abuse by family members and strangers; differential access to food and medical care; child prostitution.

Adolescence: Dating and courtship violence (acid-throwing in Bangladesh; date rape in the United States); economically-coerced sex (African schoolgirls having to take up with benefactors to afford school fees); sexual abuse in the workplace; rape; sexual harassment; forced prostitution; trafficking in women.

Reproductive: Abuse of women by intimate male partners; marital rape; dowry abuse and murders; partner homicide; psychological abuse; sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities.

Old-age: Abuse of widows; elder abuse (in the United States, the only country where these data are now available, elder abuse mostly affects women).

Source: Heise, Lori et al. (1994). Violence against Women: The Hidden Health Burden. Discussion Paper. Washington, D.C.: The World Bank.

GENDER-BASED VIOLENCE IN EMERGENCIES

Throughout history, gender-based violence has been a component of war and conflict. In some cases it has been an intentional strategy of humiliation and violation, while in others it was conducted randomly as "spoils of war." Today GBV continues to be an element in almost all conflicts, targeting primarily women and girls.

In times of crisis brought on by war, forced displacement, or natural disasters, incidents of gender-based violence tend to increase due to social upheaval and mobility, disruption of traditional social protections, changes in gender roles, and widespread vulnerabilities. Conflict situations greatly increase the mobility of populations. Often women and children are forced to flee without male family members, resulting in increased vulnerability to gender-based violence as they are isolated and without traditional protections. During conflict, women frequently lack the traditional protection of their families and spouses, and often face the additional threat of armed soldiers who regard them as spoils of war. Even when abuses are not aimed at them individually, women suffer violations of their human rights disproportionately when normal codes of social conduct are ignored in times of crisis.

During conflict or other emergencies, women may also be forced to assume traditional male roles, such as taking responsibility for the household because men are engaged in fighting or have been killed. Certain responsibilities may put them at greater risk of harm; for example, in the course of collecting firewood, water or food, they must venture away from protected areas. They may have to walk near military encampments and checkpoints in order to collect resources, exposing them to harassment and possible sexual assaults.

Gender-based violence occurs in times of peace as well as during conflict, but the conditions brought about by war and other emergencies exacerbate the tendencies towards violence. During times of conflict, normal social restraints erode. Gender-based violence is a common occurrence in conflict-affected communities because rape, torture and other violent forms of sexual assault are increasingly used as weapons of war.[3]

The widespread occurrence of gender-based violence during conflict has been well documented. Some studies suggest that the widely held gender-biased concept of "honor" may be responsible, in part, for much of the world's conflict-related violence against women. As a recent report points out, the gender-specific notion of honor-women as the holders of family honor and men as the holders of community honor-creates both the need to protect their "wives and daughters," and also provides the impetus to violate the enemy's "wives and daughters."[4] Thus, women become the "spoils" of war, as well as the reason to fight. The widespread rape of women in Bosnia illustrates how this strategy was put into practice.

Gender-based violence may also be used to perpetuate hatred against a particular ethnic group, as was the case in Rwanda when the Hutus raped, tortured and killed Tutsis during the genocide of 1994. Systematic rape is now classified as a crime against humanity, and rapists can be brought before the international war crimes tribunal or the International Criminal Court. Gender-based violence has been used as a means of interrogation in South Africa and Central America and has been used as a symbol of wanton lawlessness during the internal conflicts in Liberia and Sierra Leone.

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[3]Women's Commission for Refugee Women and Children. (1995). Sexual Violence in Refugee Crises: A Synopsis of the UNHCR Guidelines for Prevention and Response. New York: Women's Commission for Refugee Women and Children.

[4]Aafjes, Astrid. (1998). Gender-Based Violence: The Hidden War Crime. Washington, DC: Women, Law & Development International.

GENDER-BASED VIOLENCE AND REFUGEE SETTINGS

Vulnerability increases when individuals become refugees, internally displaced, and are forced to live in camp settings. The vulnerability of women and children in these settings is particularly acute, as they comprise 80 percent of refugee and displaced populations worldwide. For example, despite comprising the majority of beneficiaries, women often have more difficulty than men do in obtaining their entitlements in camp settings.[5] Women have difficulty obtaining food ration cards for a number of reasons, including lack of awareness of their rights; lack of information about benefits and resources available to them; illiteracy; and the control of resources by males in refugee camps. Such constraints may compel women to resort to coping strategies that increase their vulnerability to abuse and exploitation.

Under the conditions of displacement, women may resort to drastic measures such as exchanging sex for material goods or protection or prostituting themselves in order to survive. For example, in camp settings, male food distributors may sexually exploit unaccompanied women and girls. If women lack documentation to show their entitlement to resources, they may be asked to provide sexual favors in exchange for those resources. Moreover, women often lack personal security in camps, leaving them open to victimization.

Refugee camps are, in effect, artificial communities which lack the traditional village or communal social mechanisms that under normal circumstances would help to reinforce acceptable behavior and deter gender-based violence. In atmospheres lacking strong community relationships, men may feel threatened by changing gender roles as women take on more powerful responsibilities or they may take advantage of the former gender hierarchies in order to exploit the increased vulnerabilities of women and adolescents. Undesirable group behavior often occurs in emergencies as men disregard social values such as respect for women. For example, Rwandan refugee women complained that men in the camps openly violated traditional values by flaunting mistresses in front of their wives or soliciting sex from very young girls. Women interviewed in Sierra Leone expressed similar views.[6]

The most vulnerable period for refugee and internally displaced women is during flight and when they first arrive at camp locations. They often arrive without family members, money, food or clothing, and in an exhausted state. In such physical and mental conditions, they

[5]UNHCR. (2002). Sexual Violence and Exploitation: The Experience of Refugee Children in Guinea, Liberia and Sierra Leone. Geneva: UNHCR. Note for Implementing and Operational Partners by UNHCR and Save the Children UK.

[6]Interviews with Rwandan refugees (1996) and Sierra Leonean displaced women (2001) by author.

are extremely vulnerable to exploitation. SC program staff should be aware of new arrivals and advocate for equal access to food and other basic necessities for these individuals in order to reduce initial risks and threats.

IMPACT OF GENDER-BASED VIOLENCE ON INDIVIDUALS AND COMMUNITIES

Gender-based violence may result in physical, psychological and/or social harm. Survivors of gender-based violence may experience deep psychological trauma, depression, terror, guilt, shame and loss of esteem. Some survivors commit suicide rather than bear the burden of societal shame. In many societies, they may become socially marginalized because they are viewed as being unmarriageable or without virtue or honor. Other gender-based violence survivors who witness this social marginalization are unlikely to report the incidents themselves and, therefore, will not receive the support services they need.

Physiological consequences of violence include unwanted pregnancy and sexually-transmitted infections (STIs) such as HIV or others. During the 1994 genocide in Rwanda, thousands of Tutsi women were raped as a form of torture and to exterminate the minority population. An estimated two to five thousand babies were born from these rapes and many women report having been infected with HIV by their attackers. Rape not only left deep emotional scars on many of the surviving women, but also a high prevalence of HIV which has devastating social and economic implications, particularly on the health and education systems, for the entire community.[7]

[7]Donovan, Paula. (2002). Rape and HIV/AIDS in Rwanda. The Lancet, 360:S17-S18.

III. INTERNATIONAL FRAMEWORK

INTERNATIONAL LEGAL AND POLICY INSTRUMENTS

"The plight of women in emergency situations could be dramatically improved if international humanitarian law was implemented and respected."[8]

Program developers should be familiar with the national and international laws that protect human rights before they design gender-based violence response programs. To be effective, assistance programs must educate the people they serve about their rights and assist in their protection. Even though human rights are universal, cultures vary in their understanding of those rights. Respect for life and dignity, however, crosses all cultures. The legal instruments outlined in this section are the foundation upon which the international human rights framework for the prevention of gender-based violence is based.

Despite the existence of relevant international legal instruments, there are no means to prosecute breaches of rights covered by such conventions. A decree from the UN or other international action cannot bring about the fundamental changes necessary to combat gender-based violence. However, they can pave the way to more concrete national actions that can influence local responses. In order to effectively implement gender-based violence programs, agencies need to understand the laws and conventions, and also be mindful of their enforcement mechanisms at the local, national, regional and international levels.

Gender-based violence violates many of the fundamental human rights outlined in international instruments, including the right to life, security of the person, and freedom from degrading treatment. In addition, there are specific instruments which highlight the specific responsibilities of states and other actors in protecting women and girls and preventing all forms of gender-based violence:[9]

- *Convention for the Suppression of the Traffic in Persons and Exploitation of the Prostitution of Others* (1951)
- *Convention on the Political Rights of Women* (1954)
- *Convention on the Elimination of Discrimination Against Women (*ratified in 1979)

[8]Lindsey, Charlotte. (1998). Women Facing War. Geneva: International Committee of the Red Cross.

[9]The full text of these instruments is included in the accompanying CD-ROM.

- *UN Declaration on the Elimination of Violence Against Women* (adopted by the UN General Assembly in 1993)
- *The Global Platform for Action* (developed at the Beijing Fourth World Conference on Women in 1995)

While the 1993 *UN Declaration on the Elimination of Violence Against Women* provides a definition of violence for the first time in a UN document in Article 1, there has historically been limited international consensus on the definition of gender-based violence. Nevertheless, the International Criminal Court (ICC) has recognized rape as a war crime, and the World Bank, the World Health Organization and the US Centers for Disease Control and Prevention have all recognized gender-based violence as a serious global health concern.

Within the specific context of war and conflict, specialized policies have been adopted which provide further legal guidance.

- In 1998, the International Criminal Court adopted the *Rome Statute* which delineates crimes against humanity to include rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other comparably grave acts of sexual violence committed as part of systematic attack on civilians.[10]
- In 1998, the International Criminal Tribunal for Rwanda heard cases and handed down sentences which included sexual violence against women as a crime of genocide.
- In 2001, the International Criminal Tribunal for the former Yugoslavia classified sexual violence during the conflict as a crime against humanity.
- In 2000, the UN Security Council passed Resolution 1325 which calls upon all parties to armed conflict to "take special measures to protect women and girls from GBV, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict."[11]

UN Convention on the Elimination of All Forms of Discrimination Against Women

The convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was developed in 1979 to guarantee that women have equal rights in both public and private spheres inclusive of education, employment, health care, voting, and

[10]International Criminal Court. (2002). Rome Statute. Rome: UN. The text of this document is included in the accompanying CD-ROM.

[11]UN. (2000). UN Security Council Resolution 1325. New York: UN Security Council. The text of the resolution is included in the accompanying CD-ROM.

marriage.[12] A commitment was made by consenting countries to condemn all types of violence directed towards women through the creation of legal and social protections. Although CEDAW addresses certain issues related to GBV, such as trafficking and forced prostitution (Article 6), it is more general in its coverage of women's rights and protections than other documents.

The Convention on the Rights of the Child (CRC)

Adopted by the UN General Assembly in 1989, the CRC is the most widely ratified convention of its kind; all but two countries, the United States and Somalia, have ratified it. The CRC delineates states' obligations to protect children from all forms of physical and mental violence, sexual and other forms of exploitation and abduction, the effects of armed conflict, and inhuman or degrading treatment or punishment.[13] Two articles are of particular interest when addressing gender-based violence.

- **Article 19:** spells out the obligation of states to take 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.
- **Article 39:** lists the responsibility of the state for taking appropriate measures to promote the physical and psychological recovery and social reintegration of a child who has survived any form or neglect, exploitation, abuse, torture or any other form of cruel, inhuman or degrading treatment or punishment in armed conflicts.

In addition, the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography[14] requires that States Parties prohibit the sale of children, child prostitution and child pornography as provided for by the Protocol.

International Criminal Court

The International Criminal Court (ICC) is able to investigate and prosecute those individuals accused of crimes against humanity, genocide, and crimes of war. The ICC complements existing national judicial systems and will step in only if national courts are unwilling or unable to investigate or prosecute such crimes. The ICC will also help defend

[12]UN. (1979). Convention on the Elimination of Discrimination against Women (CEDAW). New York: UN Division for the Advancement of Women. The text of the Convention is included on the accompanying CD-ROM.

[13]UN. (1989). Convention on the Rights of the Child. New York: UN General Assembly. The text of the Convention is included on the accompanying CD-ROM.

[14]UN. (2002). Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography. New York: UN General Assembly. The text of the Convention is included on the accompanying CD-ROM.

the rights of those, such as women and children, who have often had little recourse to justice.

The Rome Statute of the ICC criminalizes sexual and gender violence as war crimes and crimes against humanity. Accordingly, war crimes and crimes against humanity include rape, sexual slavery (including trafficking of women), enforced prostitution, forced pregnancy, enforced sterilization, other forms of grave sexual violence, and persecution on account of gender.

RELEVANT UNITED NATIONS AGENCIES

The issue of violence against women and girls in emergency situations is a focus for several UN agencies. In particular, UNHCR and UNICEF address the needs of refugee, internally displaced and war-affected women and girls.

UNHCR took a leading role in protecting women and girl refugees in 1991 by publishing the *Guidelines on the Protection of Refugee Women*[15] which recognized that sexual violence is a particular vulnerability for refugee girls and women and must be included in a protection mandate. In 1995, UNHCR followed this with the *Sexual Violence Against Refugees: Guidelines on Prevention and Response* which noted the specific risks and programmatic responses for the legal, medical, and psychosocial elements of gender-based violence.[16]

In response to emergency situations worldwide, UNICEF pays special attention to the needs of women and girls in crisis including their access to health care, adequate nutrition, clean water, and sanitation services. UNICEF aims, through its country programs, to promote the equal rights of women and girls and support their full participation in the social, economic and political development of their communities. UNICEF adopted a human rights-based programming approach in 1998 that reinforced its policy on gender equality and the empowerment of women and girls.[17]

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[15]UNHCR. (1991). Guidelines on the Protection of Refugee Women. Geneva: UNHCR. Text of this document is included on the accompanying CD-ROM.

[16]UNHCR. (1995). Sexual Violence Against Refugees: Guidelines on Prevention and Response. Geneva: UNHCR. Text of this document is included on the accompanying CD-ROM.

[17]A human rights-based approach refers to a focus on human rights rather than human needs and informs people of their legal rights. In complex emergencies, the legal instruments that apply to this approach are the CEDAW and CRC as well as the laws that comprise the body of International Humanitarian Law.

IV. PROGRAMMING FRAMEWORK

SAVE THE CHILDREN'S PROGRAMMING PRINCIPLES

Save the Children has adopted six principles to guide and strengthen all of its programs worldwide. This section applies these principles to programs which address gender-based violence programming in emergencies.

1. *Child-centeredness.* Children are central to SC's mission and are the primary beneficiaries of gender-based violence prevention and reintegration programming. Gender-based violence prevention programming focuses on women and children at the core. But to aid resiliency and recovery, programs must also take into account the "social ecology" of family, community and social structures. To aid prevention and recovery, SC promotes a holistic understanding of the child and respect for children's rights.

2. *Gender equity.* SC recognizes that girls and boys may have different socially constructed identities and that understanding these gendered identities is critical to gender-based violence programming. SC promotes equitable access of girls and boys to services and seeks equitable hiring of female and male staff in order to best address concerns within the generally-affected population.

3. *Empowerment.* SC programs are designed to increase the capacity of disadvantaged individuals and groups to make choices and take action on their own behalf. SC gender-based violence prevention and reintegration programs seek to enhance the inherent resiliency of children as well as their families and communities, recognizing that they are the best guarantors of their children's care and protection. As a means of fostering empowerment, SC is committed to meaningful, age-appropriate child participation as a means of constructing positive self-identity and enhancing physical and emotional recovery.

4. *Sustainability.* SC seeks to make positive changes in institutions, behaviors and policies affecting human well-being, which last beyond SC's direct involvement. Programming focuses on building the capacity of families and community members in order to strengthen their own caregiving skills, recognize signs of physical and emotional stress, and take steps to strengthen children's resiliency in times of crisis and beyond. In gender-based violence prevention and reintegration programs, sustainability is a key consideration to affect lasting change within these communities.

5. *Scaling up.* SC seeks to provide services to the largest population possible, while ensuring that quality and impact are not compromised. Services are often expanded quickly through the forging of partnerships with local or international agencies to increase scope and geographical reach in large-scale emergencies.

6. *Measurable impact.* SC is committed to ensuring that its programs demonstrate a positive impact on children and their communities. The development of clear objectives, precise indicators, and systematic analysis of program activities are key steps towards measuring these outcomes and impact.

KEY PROGRAMMING CHALLENGES

Recognizing gender-based violence in emergencies

Gender-based violence is widespread but widely under-reported. Even though cases may not be reported in emergency settings, field staff should assume that the conditions for gender-based violence are present and that incidents may be occurring. The World Health Organization believes that at least one in five women in the world has been physically or sexually abused by a man at some point in her life.[18] It is assumed that even higher incidence rates occur in conflict settings as gender roles are challenged and vulnerabilities are heightened. The full extent of the problem of gender-based violence is difficult to determine; it is estimated that less than 10 percent of women report cases of sexual violence in non-refugee settings and that the numbers may be even lower in IDP and refugee camps unless steps are taken to create an environment of confidentiality and support.[19]

Addressing the role of poverty in gender-based violence

There is a clear link between poverty and increased vulnerability to gender-based violence. In times of social unrest and displacement, poverty is exacerbated and families may become desperate to find means of support. Children may be forced to seek work and access to resources in order to survive. In ongoing crises, children and youth may move into urban centers where both girls and boys face new risks of exploitation and gender-based violence. Female children are particularly vulnerable on the streets because they may be forced into prostitution, early marriages, or trafficked out of the country.

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[18]World Health Organization. (1997). Violence against Women. Geneva: World Health Organization.

[19]UNHCR. (1999). Reproductive Health in Refugee Situations: An Inter-agency Field Manual. Geneva: UNHCR.

In resource-poor households, families often prioritize the education and training of boys over girls. This leaves young women with few economic options, aside from marriage. And when war disrupts their lives, they have no skills or training necessary to attain employment. In order to protect children and reduce risks of exploitation or gender-based violence, SC takes specific steps to include girls and female youth in education and skill-building activities.[20]

Eliminating the link between sexual exploitation and relief items and services

Sexual exploitation occurs when sexual favors are demanded in exchange for goods or services such as food, shelter, water, and protection among others. The more dependent and vulnerable a person is, the greater the risk of sexual exploitation. Vulnerability to sexual exploitation is closely related to economic status.

In 2001, a report by UNHCR and Save the Children UK highlighted the ongoing sexual exploitation of children and women in the refugee camps of Guinea, Sierra Leone and Liberia, where access to food and services in the camps was provided in exchange for sexual acts.[21] In most camp settings, ration cards are provided only to heads of households, which often leads children, youth, and women to associate themselves with a male adult in order to register. Individual women and unaccompanied children are often not able to register themselves so they may have to provide sexual services to those who control access to the ration cards or to adult males who can register them as dependents. In either case, survival choices result in gender-based violence and may or may not result in actual access to resources necessary to meet their basic needs.

As noted, women and children are the poorest and least represented members of refugee and IDP populations, yet they comprise the largest percentage of any displaced population. International organizations often pass along the task of distribution to local NGOs whose reporting procedures and policies may not be in accordance with that of the international organizations. Although the international organization's policies may clearly state that food is to be given directly to women — for example, WFP's policy states that more than 50 percent of the food aid should be given directly to women — in practice, this is often not the case. The incidence of gender-based violence can be substantially reduced by careful monitoring of distribution systems and household consumption patterns in order to understand underlying gender concerns.

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[20]For more discussion on this topic, refer to the *Field Guide to Education in Emergencies* by C. Triplehorn in this series.

[21]UNHCR. (2002). Sexual Violence and Exploitation: The Experience of Refugee Children in Guinea, Liberia and Sierra Leone. Geneva: UNHCR. Note for Implementing and Operational Partners by UNHCR and Save the Children UK.

Preventing rape and other forms of sexual violence

Rape is defined as sexual intercourse without consent and although it often goes unreported, it is the most frequent type of gender-based violence. While most rapes are committed against women and girls, men and boys may also be targeted.

Rape and other egregious forms of sexual violence occur in refugee and IDP settings when normal family and social structures break down or are absent. Conflict and social disruption cause populations to become highly mobile to reach safe havens, and the mobility increases vulnerability to rape. For example, during the Rwandan refugee crisis and genocide, thousands of women were raped during transit to refugee camps or IDP sites. Soldiers at checkpoints, other refugees, local officials, and even relief workers, all have been identified as being perpetrators of the violence.

Responding to rape may be the most challenging aspect of a GBV program because, as noted, the incidence of rape is difficult to determine due to underreporting. Creating mechanisms that ensure confidentiality and safety when reporting sexual violence will help provide a more realistic picture of gender-based violence within the community and identify entry points into prevention. Additional steps can be taken to support social reintegration of rape survivors and to decrease social stigma of survivors within the community.[22]

Preventing the spread of HIV/AIDS

> The central problem of HIV in women can't be solved with posters, information campaigns or condom distribution. The central issue isn't technological or biological: it is the inferior status or role of women. To the extent that, when women's human rights and dignity are not respected, society creates and favors their vulnerability to AIDS.
>
> *Dr. Jonathan Mann*,
> former Director of the HIV/AIDS Unit at CDC
>
> Source: UN. (1998). AID's: An Expression of Gender-Based Violence. Manilla: UNDP.

Crisis and conflict result in increased violence towards women and children, and an increase in sexual violence will lead necessarily to an increase in the transmission of sexually-transmitted infections (STIs) including HIV.

[22] J. Ward, If Not Now, When? (2002).

- Violent sexual assault may result in physical trauma such as tearing tissue which increases the likelihood of transmission of STIs, especially for young girls.
- Physiological differences between men and women cause HIV to spread more easily from men to women than from women to men.
- Contracting any STI significantly increases the risk of becoming infected with HIV.
- Numerous studies have also shown that military personnel have high percentages of HIV and other STIs.

In sub-Saharan Africa, more than 55 percent of the HIV positive adults are women.[23] In certain countries in sub-Saharan Africa, adolescent girls are five times more likely to be HIV positive than are their male cohort because of unsafe sex, often with older men.[24] Women often do not have the sense of empowerment to negotiate the use of condoms even though she faces higher risks of contracting HIV than her male partner. In such situations, women may put themselves at risk of domestic abuse by suggesting that their partner use condoms.

An international NGO implementing a gender-based violence response program for IDPs in Sierra Leone learned that two myths were causing men to seek out very young girls for sex. They believed the young girls were free from HIV, and they also they believed that sex with a virgin would cure syphilis. This example is common elsewhere and highlights the need to address specific risk behavior as well as address such beliefs through community education programs. When designing GBV activities, it is critical to understand not only the specific risk behavior but also the traditional and cultural practices which influence choices and action.

Preventing domestic violence

Conflict brings radical changes in gender roles and undermines traditional family roles and areas of authority. Incidents of domestic violence in both refugee and IDP camps increase as the length of residence in camps increases. The extent of domestic violence among returning soldiers in recent conflicts has not been studied, but anecdotal reports suggest that the incidence is very high and that service providers often lack a frame of reference for addressing it.

[23]UNAIDS. (2000). Epidemic Update: December 2000. Geneva: UNAIDS.

[24]UNICEF. (2003). Fighting HIV/AIDS: Strategies For Success 2000-2005. New York: United Nations Children's Fund.

Two of the most common forms of gender-based violence are domestic abuse and coerced sex. Domestic abuse — including beating, battering, or rape — is almost always accompanied by psychological abuse and by forced sex in up to 50 percent of the cases where spouses are involved.[25] Family violence is exacerbated during conflict by many factors including the stress of displacement, lack of employment or activity for men, and challenges to the role of husband and father. The boredom that often accompanies refugee life can also lead to increased consumption of alcohol or other drugs, with a direct correlation to increased domestic violence.

Employment opportunities in refugee and IDP camps are often created with the goal of empowering women, without consideration of the negative consequences that such steps may have in the life of women and the community. Men may resent their wife's employment, even though they welcome the income. This resentment can turn violent, putting both the wife and children at risk. This issue became so pronounced in Afghanistan than Afghan women told NGOs, "If you want to help me, give my husband a job because he will be impossible to live with if I earn the income."[26]

Post-conflict Cambodia also saw dramatic rises in domestic violence after the end of the Khmer Rouge regime. Researchers found that domestic abuse increased, as men were depressed, unmotivated and consumed large amounts of alcohol. The community response, led by international NGOs, centered on implementing country-wide awareness media campaigns, setting up safe-haven houses where battered women could seek shelter with their children, and providing extensive training of the police department who, prior to training, refused to assist women suffering domestic abuse.

Similarly, women in Azerbaijan reported alarming levels of domestic violence during periods of internal displacement. Loss of self-esteem, lack of employment, increased alcohol consumption and idleness frequently lead to an increase in incidents of domestic violence directed towards women.[27]

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[25]UN. (2002). Investigation into Sexual Exploitation of Refugees by Aid Workers in West Africa. New York: UN General Assembly.

[26]Interviews with Afghan women by author on behalf of the Women's Commission for Refugee Women and Children (1998).

[27]Data collected by author on behalf of the Women's Commission for Refugee Women and Children (2000).

Protecting women from female genital cutting (FGC) or female genital mutilation (FGM)

Female genital cutting, or female genital mutilation as the practice is also called, is one of the most culturally-sensitive and programmatically difficult areas of gender-based violence.[28] Although FGC/FGM is not a direct result of an emergency situation, it is a cultural practice which will move with a displaced population which traditionally practices it. The practice is irreversible, involves long-term reproductive health complications, and is dangerous not only because of poor hygiene and non-sterile equipment but also because genital tissue must be torn during sexual intercourse and therefore increases the woman's risk of HIV and other STIs. With these consequences in mind, staff should consider how they may wish to address this form of gender-based violence within the program implementation activities through health interventions, through sensitization and dialogue, or through other means.

Female genital cutting occurs across many different cultures and religions. Even though it is practiced in mostly Islamic countries, it is not an exclusively Islamic practice. There are an estimated 130 million women and girls who have undergone FGC and over 2 million are at risk annually.[29] In Africa and in the Middle East, Muslims, Coptic Christians, members of various indigenous groups, Protestants, and Catholics, among others, perform FGC.

Even within cultures that practice FGC, men are often ignorant of the details of the procedure. Women perpetuate FGC because they want to ensure that their daughters are marriageable. The consequences of remaining unmarried in some cultures may bring low social and economic status and perceived unhappiness. The best advocates for ending the practice of FGC are women and men from within the culture, but in emergency settings they may be few in number.

The best and most effective prevention approaches engage local grassroots groups — women's groups in particular — along with national and international campaigns to end female genital cutting. Programs that appear to be driven by western cultural interests are less likely to be successful. Experience shows that improving the status of women socially and economically, so they are more able to make choices for themselves and their daughters, is crucial in stopping harmful cultural practices such as FGC.

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[28]Using the term "mutilation" may be viewed as culturally derogatory; hence the phrase "female genital cutting" is more widely used. Female genital cutting may also be referred to as "circumcision," an inaccurate and misleading term for the procedure.

[29]World Health Organization. (1996). Female Genital Mutilation: Report of a WHO Technical Working Group. Geneva: World Health Organization.

NGO interventions to stop FGC should be linked to gender-based violence prevention programs that include a women's health component. Education and training for traditional birth attendants that include economic incentives that substitute for income received from performing genital cutting have proven to be helpful in communities that practice FGC.

Preventing the trafficking of human persons

Social disruption, family separations and poverty combine to create an environment conducive to trafficking during emergencies. Traffickers take advantage of the increased vulnerability of families and abduct children or promise their families to find employment if their children or youth will travel with them. The UN estimates that as many as four million women are smuggled into foreign countries each year.[30] Traffickers make millions of dollars by selling women, girls and boys as sex workers, domestic workers, and sweatshop workers.

Each year millions of women and children are coerced into the multi-million dollar sex trade. This illegal industry thrives across international borders exploiting children through pornography and prostitution. Many of these children are forced or deceived into the industry by strangers, while others are either sold into prostitution to pay off family debts or live on the streets to escape abuse in the home. In Afghanistan, starving families permit their daughters to go off with strangers who promise to employ the girls as domestics. Most parents are unaware of the real motives of the solicitors. The trafficking of vulnerable children for sexual purposes has become a flourishing international industry.

Also, among those facing high risks of exploitation are girls working as house servants. They may work up to nineteen hours a day, live with their employers and face abuse while being denied contact with their families. Not only are these girls deprived of normal developmental activities such as education and recreation, they are also subjected to a high likelihood of sexual abuse. If they are abused, they have no contact with their family in order to remedy the situation and often face a choice of either running away on their own or submitting to the ongoing abusive situation.

While children who work outside of their families face much higher risks, those who work during the day to support their families and return home at night are also vulnerable. Children who sell goods such as firewood and garbage must go far from their homes to collect these materials, increasing their risk of physical attack and rape.

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[30]Pickup, Francine, S. Williams and C. Sweetman. (2001). Ending Violence Against Women: A Challenge for Development and Humanitarian Work. Oxford: Oxfam.

INTEGRATING GENDER-BASED VIOLENCE PREVENTION INTO SC PROGRAMS

Gender-based violence prevention programs may be developed as stand-alone initiatives or may be integrated into other interventions depending on the program environment and needs. Often the debate focuses on a concern that the program will be diluted if it is integrated with other programs and sectors, while there is concern that targeted interventions may prove stigmatizing. A balanced approach is best in most cases: given the widespread presence of gender-based violence, every sector should include a component of GBV awareness and prevention, while targeted GBV programs should also be considered when appropriate.

Due to the seriousness and complexity of the issues, SC staff must have the expertise to support gender-based violence survivors in a sensitive way, to train other staff on how to best support the survivors, and to know when to refer survivors to professional care. Without skilled staff, program interventions may cause harm to recipients of the services. Therefore, every effort should be made to attract staff with the highest qualifications and with appropriate attitudes and outlooks on the issues to be addressed.

An integrated approach will ensure inclusiveness and further reach if conducted appropriately. For example, in health services, general and primary health clinic staffs are positioned to see GBV cases, but may require special training in order to identify and recognize signs of gender-based violence. Teachers need to learn how to recognize signs of gender power dynamics between male teachers and young female students. Teachers can also be trained as school gender advisors, and additional female para-professional staff can be added in classrooms to improve teacher-student ratios as well as monitor the classrooms for gender-based violence.[31] To end gender-based violence in emergency settings, all actors must be aware of the problem and be willing to coordinate, communicate and collaborate with colleagues in every sector and among all operational assistance agencies.

GENDER-BASED VIOLENCE PROGRAMMING FRAMEWORK

The best response to GBV is multi-faceted and is comprised of three separate but interrelated components: *outreach assistance* to survivors, the implementation of *prevention activities*, and *awareness raising and advocacy* within the affected community to encourage

[31]For further discussion of gender-based violence in education settings, refer to the *Field Guide to Education in Emergencies* by C. Triplehorn in this series.

communities, local officials, law enforcement, and legal and government agencies to enforce greater protection mechanisms for vulnerable groups in emergencies.

Gender-based violence programming responses should be approached sensitively, and the field-based context of program implementation should guide program planning. Most importantly, program design and implementation should be guided by a comprehensive situational analysis or needs assessment in the field, which is discussed in detail below in Section V, *Programming Process*. Once this is completed, programming components can be implemented simultaneously or in stages as the need and program budget dictate.

Direct Outreach Assistance to Survivors

SC program staff should prioritize direct outreach to GBV survivors, including establishing confidential reporting mechanisms, urgent medical care, and psychosocial support. Gender-based violence generally results in physical trauma, and survivors need medical treatment as soon after the attack as possible to ensure proper care and attention. Unless women and girls feel confident in reporting attacks, it is likely that they will not seek medical care and may suffer long-term reproductive health consequences.

Because medical provisions for survivors of gender-based violence are often lacking in emergency settings, referrals may be necessary as women and girls who have been severely abused or experienced violent rape may urgently need reconstructive surgery, especially girls and young women who are not yet physically mature. For example, a large number of Sierra Leonean young women and girls now suffer from vesico-vaginal fistulas — a rupture of the membrane between the vaginal wall and the bladder as a result of rape or child-bearing before their bodies matured.[32] Local physicians who are unfamiliar with the necessary corrective procedures may need special training by medical staff. Treatment protocols for post-rape survivors must also be given as quickly as possible to avoid infections and other complications. Health care providers must agree on the protocol and have available the specified medications.

It is important to coordinate referral systems with all actors, and ensure that updated information is compiled and shared regularly. Every organization cannot be expected to have the necessary expertise on staff in areas like counseling, reproductive health care or legal advice. By collaboration with partnering organizations that specialize in relevant services, the SC program response will be enhanced and more comprehensive.

[32]Coomaraswamy, Radhika. (2002). Report of the Special Rapporteur on Violence Against Women, Its Causes and Consequences. Geneva: UNHCR. Submitted in accordance with Commission on Human Rights resolution 2002/52.

Because gender-based violence is emotionally traumatic, counseling and other services should follow medical treatment if desired by the survivor. Ideally, experienced counselors and social workers will provide support. However, peer groups for women and for girls can be a positive alternative which raises awareness, builds confidence, and strengthens mutual support.

Implementing Prevention Programming

A number of theoretical models have been formulated to conceptualize gender-based violence programming and its prevention. These models emphasize that in most cases men are the perpetrators of gender-based violence, and women and girls in emergencies are more vulnerable than in normal times. These models suggest a two-pronged approach to reducing gender-based violence. First, since men are an integral part of the problem, they must become part of the solution; GBV programs which only target women and girls will not be successful. Second, special attention and actions must be directed towards reducing women's vulnerability in emergencies; attention must be given to reducing risks as well as enhancing community-based protection.

Ending physical and sexual violence requires long-term commitment and strategies involving members from all sectors of society. Health workers and gender-based violence prevention staff alone cannot transform the cultural, social, and legal environment that gives rise to and condones widespread violence against women. Many governments have committed themselves to overcoming violence against women by passing and enforcing laws that ensure women's legal rights and punish abusers. In addition, community-based strategies can focus on empowering women, reaching out to men, and changing the beliefs and attitudes that enable abusive behavior. The objective of all GBV prevention programming is for gender equity, so that all members of society gain status as equal members. When steps toward this end are realized, gender-based violence will no longer be an invisible norm, but instead will be seen as unacceptable and deviant, even in the context of an emergency.

GBV prevention programs should include:

- Interventions based on sound gender analysis that accounts for the impoverished conditions of the actors and their attitudes and beliefs;
- Involvement of women and men in all planning stages of the intervention;

- Consideration of the possible positive and negative impacts the intervention may have on women post-implementation;
- Measures to physically and emotionally protect women from violence, through protective environments such as safe havens.[33]

The process of changing negative behavior takes time. Interventions should involve leaders of women's groups and organizations. Both women and men from the affected community must play integral roles if the intervention is to be successful.

Adopting a task force approach often works well in emergency situations as it encourages interaction between different members of the community and creates a participatory model of programming that leads to community ownership of the problem. For a task force to be effective, it must draw its members from the affected community.

In refugee and IDP camps, women's groups and community organizations have proven to be good places to start discussing prevention issues. Specifically, there are a number of steps that help prevent GBV in camp situations:

- The physical layout of the camp should be designed in consultation with the residents.
- Toilets, bathing facilities, and water taps should be centrally located and protected. Lighting should be provided if possible.
- Proper documentation and registration of women and children should be prioritized to ensure that female heads of household are properly identified.
- Women should be encouraged to participate fully in all discussions involving provision of services.
- Women community leaders should be asked to identify mechanisms for addressing problems that lead to GBV.
- Gender-based violence should be discussed in all health coordination, community services and protection meetings with other agencies.
- Specific attention should be given to where cooking fuel is acquired. This is often the task of children and women and fuel may found only long distances from the camp, increasing vulnerability to attack. If appropriate, consider providing cooking fuel or take steps to ensure security along the route.

[33]Standards adapted from F. Pickup, S. Williams and C. Sweetman. (2001). Ending Violence Against Women: A Challenge for Development and Humanitarian Work. Oxford: Oxfam.

Awareness Raising and Advocacy Training

Dealing only with the outward manifestations of GBV such as providing safe havens and counseling for survivors does not address the fundamental beliefs and attitudes that perpetuate gender-based violence and any attendant stigma. Advocacy and awareness-raising efforts are crucial components to GBV programming. An information, education and communication (IEC) awareness-raising campaign is one of the most important elements to any GBV community-based intervention. Through such a campaign, SC program staff can do a great deal to help survivors of gender-based violence. With awareness training, community support can be strengthened to provide a more protective environment both for prevention and in integration of survivors.

As part of any awareness-raising training, program staff should be trained on how to ask women and girls about violence in ways that are thoughtful and unobtrusive and learn how to give both empathy and support. Staff should know how to obtain medical treatment, offer counseling, document injuries, and refer their clients to legal assistance and support services when necessary. As noted, one of the most important roles that program officers can play in assisting those affected by gender-based violence is to know to whom to refer the person needing support. Program staff should be trained to reassure survivors that violence is unacceptable and that no one deserves to be beaten, sexually abused, or made to suffer emotionally or physically in any manner.

People living under stressful emergency conditions usually welcome efforts to restore social order and to reduce violence. For that reason, local community outreach workers should be recruited and trained to help raise awareness about gender-based violence and to advocate for better protection within the community. It may be necessary to conduct local research to learn what are the most effective and appropriate messages to use to inform people about GBV in a given population. Focus group discussions with key members of the community can provide guidance in formulating the best awareness-raising campaigns.

Training programs can provide essential information and raise awareness among local officials, health professionals, community leaders, military forces and ordinary citizens regarding key issues related to the prevention of violence. It is important to include influential people within the local community who support responses to gender-based violence. In working with staff of local groups, it is useful to select people who are likely to remain with the organization or group.

Community training programs can raise awareness among the media, schools, commercial vendors, religious groups and municipalities. Training may also include programs to prepare specialized personnel to help survivors of violence. Community training can be used to launch information and communication campaigns that can be carried out by various local groups. Local campaigns provide opportunities to focus on under served groups such as adolescents.

Information about GBV programs should be widely disseminated throughout the community served. The information can be conveyed in a number of ways: street theater with plays and skits, public service announcements at sporting events, radio programming, and poster and tee shirts contests, among other activities. The more people know about the GBV and outreach services offered to survivors, the more likely they will trust and use the services if necessary. In some populations, fear of the unknown — especially when the focus is on such a personal, intimate issue — causes people to resist and sometimes try to close down programs. In one IDP camp in Guinea, men tried to close a safe house for battered women because they thought the program encouraged women to divorce their husbands. After some of the men were invited to see the facilities and learned about the services, they accepted the program and supported its continuation.

Program Examples of Advocacy and Awareness-Raising

Change comes only from within communities themselves. Small, grassroots organizations often emerge to provide medical, legal and counseling services for survivors of rape and family violence and to advocate for change in existing laws and customs through education and lobbying. Successful programs have found that promoting human rights as an aspect of human dignity makes the basic principles more acceptable to different groups of people because human dignity is a concept desired in most cultures. By putting a public face on violence against women and framing women's right to be free from violence as a basic human right, violence against women and girls is no longer a private problem or personal secret. A few programming and advocacy examples are listed below:

- The Ugandan teen newspaper, *Straight Talk*, in its sexual health messages, pays great attention to relationships, stressing values and interpersonal skills.[34]
- The Uganda Association of Women Lawyers, FIDA — Uganda, informs women of their legal rights and offers legal assistance to ensure their recognition.[35]
- In Afghanistan, the BBC supports and broadcasts a weekly program on Family Life that incorporates health messages for families into a soap-opera program format.

[34]See the Straight Talk website at http://www.straight-talk.or.ug/sthm/index.html

[35]See the FIDA Uganda website at http://www.fidauganda.or.ug

As the above examples illustrate, gender-based violence response programs benefit from the use of local media. Men often make up the bulk of the radio audience and have higher literacy rates, so that local radio and print media can be a valuable means of sensitizing men to gender-based violence. In addition, promotions which aim to raise awareness about gender-based violence can use any number of competitions to engage people's interests. Emergency settings rarely have any type of entertainment or diversion and people are usually enthusiastic about participating in planned events and activities.

OTHER PROGRAMMING CONSIDERATIONS

Labeling survivors as "victims"

Care should be taken in programming efforts not to categorize or label survivors of violence as "victims." Women consistently show their resiliency, strength, and capabilities in surviving conflict under the most stressful and challenging circumstances. While it is true that women in emergencies have special needs due to their reproductive and caregiver roles, humanitarian assistance efforts must provide space for women to take participatory roles without relegating them to a token, passive, or "victim" role.

Participation and empowerment, key principles of SC programming, are especially critical when working on gender-based violence issues. When women are encouraged to play a meaningful part in the planning and implementation of programs, they rise above their perceived vulnerabilities. When women stand up for their rights, especially when they do so in organized groups or with the backing of international organizations, incidents of gender-based violence are more likely to subside. Standing up for one's rights is the opposite of "keeping silent" and enduring violence. International agencies can do a great deal to support women's efforts to speak out against GBV, to seek legal assistance to punish those guilty of abuse, and to raise awareness about GBV by educating communities.

Gender differences in the perception of gender-based violence

Often there is a discrepancy between how women view the problem of gender-based violence and how men view it. Because GBV principally affects women directly, men may not see GBV as a problem unless they gain a sense of perspective. In an NGO program at the

Ngara refugee camp in Tanzania for Rwandan refugees, men in the community did not think that rape was any more of a problem in the camps than it had been in Rwanda. However, after participating in small focus group discussions in which they were asked to imagine their own daughters, wives, sisters and mothers as targets of sexual violence, such as rape, they changed their attitudes markedly.[36] By reducing the unit of analysis to a personal and family example, the refugee men accepted responsibility for taking action against gender-based violence in the camps. Until the community accepts ownership of the problem, the intervention will remain an outside effort and will lack the level of cooperation needed for success. The contrasting views about GBV held by men and women in a particular culture should be explored through focus groups that explore the social construction of masculinity, sexuality, reproduction and fatherhood. The gender differences in perception about GBV show the importance of gearing training and awareness campaigns to both men and women.

Alcohol and substance abuse as a factor in gender-based violence

The role of excessive alcohol consumption or substance abuse in gender-based violence cannot be overlooked. In emergency situations, people often turn to alcohol and drugs to alleviate their stress and misery. Heavy alcohol consumption is common in refugee and displaced persons' camps as a means of passing time or numbing feelings of guilt and anger. Changes in gender roles in refugee settings, where women take on new roles and men are not able to fulfill their traditional roles such as providing for the family, may lead to great frustration and the use of alcohol or drugs as a coping mechanism. SC staff should be aware of the links that may exist between substance abuse and increased gender-based violence in emergency settings.

Adolescents and female children require special consideration

Adolescents and female children are particularly vulnerable to gender-based violence in emergencies. Conflict and social unrest separate families and lead to an increase in orphans and unaccompanied minors.[37] Working children who spend a great deal of time on the streets are often exploited and assaulted. Young unmarried mothers who are without their traditional support systems are at an increased risk of exploitation and abuse.

[36]Benjamin, Judy. (1998). Issues of Power and Empowerment in Refugee Studies: Rwandan Women's Adaptive Behavior at Benaco Refugee Camp, REFUGE, Vol. 17 Nov. 4, October 1998.

[37]Refer to the *Field Guide to Separated Children in Emergencies* by A. Hepburn, J. Williamson and T. Wolfram in this series for more discussion of the vulnerability of unaccompanied and separated children.

Moreover, the absence of an adult male in the household often sends a signal to predatory males looking for "easy conquests."

Adolescent girls require targeted outreach assistance, as they may be less likely to visit health clinics due to shame, shyness or fear. All programs targeting the specific gender concerns of women should include targeted outreach to adolescent girls and female youth, as their needs will vary from those of adult women in the community. For instance, not only does their physical maturity need to be considered in the development of health programs, but they may also wish to access reproductive health services differently, or may have different concerns about reporting gender-based violence due to social repercussions.[38]

[38]Refer to the *Field Guide to Youth in Emergencies* by M. Sommers in this series for more discussion of specific challenges and vulnerabilities of female youth.

V. PROGRAMMING PROCESS

This chapter discusses three critical aspects of program implementation — assessment, program design and strategic planning, and monitoring and evaluation — and notes the necessary elements of effective GBV prevention programming. Given the sensitive nature of GBV in emergencies, it is particularly important to work within the programming process to maintain an awareness of all key actors in the field and identify key partnerships and alliances necessary to achieve the broadest impact. All efforts to establish working relationships with key strategic partners and allies at international, national, regional, and local levels will serve to strengthen implementation efforts and programming efficacy.

SITUATIONAL NEEDS ASSESSMENTS

The most important information needed prior to implementing a GBV program is an understanding of the extent to which the problem exists and the current status of existing programs designed to alleviate the problem. Because most sexual abuse and assault cases are not reported, obtaining statistics about gender-based violence episodes is difficult. As a result, qualitative information gathered from informal interviews and focus group discussions may be helpful. Even though gender-based violence may not be reported, or easily mentioned in rapid assessments, it is important to assume that gender-based violence is most likely occurring, and actively seek information through indirect and culturally sensitive methods.

SITUATIONAL ASSESSMENT INDICATORS FOR GENDER-BASED VIOLENCE PROGRAM PLANNERS

- Number and trend of reported rape cases
- Number of cases of domestic and sexual violence treated at health facilities
- Number of reported cases of women and children disappearing or abducted for suspected trafficking
- Incidence and trend of STIs and HIV
- Percentage of female-headed households in the community
- Prevalence of "honor" killings in the community

A comprehensive situational analysis includes reviewing community cultural practices to assist planners in understanding local patterns of behavior. It is important to learn how domestic violence is addressed under normal, non-conflict circumstances. In particular, it may be necessary to explore how rape cases are handled and what laws regulate gender relations in the community. If refugees and IDPs are in a host community, it is useful to investigate what laws and norms regulate sexual assault in that environment as well.

Field data collection methods include conducting informal discussions about gender- based violence with women, adolescents, men, religious leaders, shopkeepers and market workers, teachers, students, health workers and food distribution supervisors. Information can be collected through direct one-on-one interviews, group meetings or focus group discussions.

Information should be triangulated, or verified through multiple sources, to help dilute the tendency to fabricate information or distort the truth, a common practice among people who fear their rations will be cut if they answer surveys or questions the wrong way. By triangulating data, the researcher asks the same questions in at least three different ways and seeks the same information from three different sources.[39]

Survey questionnaires are not as useful as qualitative methods in collecting specific data on gender-based violence because many people are unwilling to relate traumatic experiences though that medium. However, surveys can be useful for gathering information for targeted programs such as HIV prevention or reproductive health programs to learn about sexual behavior and attitudes. The information gathered in such surveys should be kept confidential and can be extremely useful in designing a GBV program.[40]

PROGRAM DESIGN AND STRATEGIC PLANNING

Once the decision has been made to implement a gender-based violence response program and a situational assessment has been carried out to identify the most urgent issues, it is necessary to first identify your target population and then begin planning the intervention.

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[39]Refer to the *Field Guide to Psychosocial Programs in Emergencies* by L. Arnston and C. Knudsen in this series for further development of situational needs assessment tools and incorporation of protection concerns, as well as methodologies such as triangulation.

[40]For a more detailed discussion of implementing a situational needs assessment in emergencies see UNHCR. (1997). A Community-Based Response on Sexual Violence Against Women How to Guide: Reproductive Health in Refugee Situations. Crisis Intervention Teams, Ngara Tanzania: UNHCR.

Identifying your target population

SC staff should use the information gathered in the situational assessment to identify a target population for outreach and prevention programming. As part of this process, staff should visit health clinics, maternal/child care centers and reproductive health programs and talk to health providers, to find out which groups, if any, are seeking treatment for gender-based violence. Staff should try to identify "typical" survivors of gender-based violence in the community and discuss different programming approaches with individuals most familiar with the target population. As part of this identification process, it is important to meet with religious leaders and congregation members, especially women's chapters, and visit the local market to observe and speak with female salespeople about their perceptions of GBV in the community. Traditional birth attendants are also in an excellent position to refer clients for assistance, as they are often well aware of the prevalence of gender-based violence in their community.

Program coordination and collaboration with international and local partners

Once the target population has been identified for direct outreach, prevention and/or advocacy programming, SC staff should look carefully at programs being implemented by other agencies in order to design a program that can fill gaps in existing services. The success of GBV programs depends on community acceptance. In emergency situations, the community also includes the humanitarian assistance community as well as the affected community to which services are targeted. It is therefore critically important to coordinate with other service providers in the planning, as well as implementing phases. In all emergency settings, SC program staff should attend agency coordination meetings to learn what type of programs other agencies are implementing and how GBV concerns are being integrated into multi-sectoral programs.

Preventing GBV in emergencies requires the formation of strong partnerships as the problem is multi-faceted and not "sector specific." Benefits may be gained by aligning with existing human rights or community health programs. Some health programs, such as those addressing HIV prevention or reproductive health, have overlapping areas that can be linked to GBV program interventions. Partnering should include clear referral mechanisms and delineation of follow-up services. Given that GBV is so pervasive in emergency situations, there is little danger that efforts will be wasted, and close collaboration will only strengthen programming implementation.

Local organizations within the refugee and the host community should be contacted during the developing stage of the program and involved in implementation efforts from the beginning to promote a feeling of program ownership and support.

If established programs adopt a platform to end gender-based violence within their mission they can promote the issue within existing networks. Working within existing networks establishes entry points on which to build and promote new ways of viewing gender-based violence. To test the viability of potential partnerships, it is necessary to spend time with the staff of local organizations to assess their organization's suitability before formalizing agency relationships. It is important that everyone involved understand and support program and organizational goals.

A crucial element to the success of GBV programs for refugees is a strong liaison with UNHCR when they are present, especially with the community services and protection units. UNHCR has produced three core references for every GBV program working with refugees and IDPs: *Guidelines for the Protection of Refugee Women, Sexual Violence against Refugees:Guidelines on Prevention and Response, and the Inter-Agency Field Handbook on Reproductive Health in Refugee Situations*.[41]

Setting clear programming goals and objectives

It is best to set realistic and achievable project goals and objectives. A successful program should be able to demonstrate a reduction in the number of incidents of gender-based violence in all categories as well as a significant increase in awareness within the community. Designers should clearly formulate the definitions and concepts that will be used in the program. The desired outcome should be clear even in the design stage.

Planners must identify and articulate the desired behavior and attitude changes necessary to prevent gender-based violence. It is unrealistic to assume that the program will be able to change all negative behavior and attitudes. Prioritizing the most urgent problems will enable the implementation to focus on stopping the most harmful and frequent abuses.

GBV programs can flounder when they lack clear goals and objectives. When programs attempt to address every aspect of gender-based violence found in their target group, their efforts become diluted, and it is nearly impossible to measure results. Staff can easily become discouraged when the goals are set too high. Realistic and achievable goals result in more successful programs.

[41]These documents are available on the accompanying CD-ROM.

Encouraging male participation in programming

Although GBV programming in emergencies tends to primarily focus on women and girls, this addresses only part of the community and is not based on a holistic community model; the participation of men is critical for the success of any GBV program. Focus group discussions with men in various population segments will provide a range of information that will help identify strengths and weaknesses in program planning and implementation.

Obviously, not all men inflict violence on women. However, as noted earlier, because most perpetrators of gender-based violence against women are men, it is critical that men play a role in improving the situation. Men are best suited to clarify why the stresses of emergency situations and conflict bring about more violence against women. In addition, education and awareness programs benefit greatly from male participation, particularly as instructors and peer counselors.

It is inevitable that some women will resist the idea of involving men in GBV programs because they are afraid that men will take control. However, when approached sensitively, the participation of men is more likely to have positive results than negative.

Rehabilitation programs involving the demobilization and reintegration of former soldiers provide an important arena to not only implement GBV programs but also to recruit men to support the program. Young men, especially students, can make a major difference in reducing gender-based violence when they are made aware of the issues.

Community Participation

The ideal GBV programming situation is one in which the community participates in every aspect of the intervention including the needs assessment, design, implementation and monitoring and evaluation. Unfortunately that is not always possible due to the nature of emergencies and the transient situation of refugees and internally displaced persons. Nonetheless, every effort should be made to engage the community, especially women, in program planning and to provide as much feedback to the community as possible.

Community participation means participation by those served by the intervention, often refugees or IDPs, but it also means participation by the local host community including police, local officials, health providers and civilians. In many cases, local people in a host

community may view services provided to refugees or IDPs as unfair, especially if their own living conditions are poor. They may resent the unequal attention and resources given to "outsiders" while they suffer many of the same problems. This is applicable to all sectoral interventions, but in this context it is important to realize that the resentment may lead to increased violence against the displaced population, including gender-based violence. Therefore, it is important for program planners to include outreach to the local community to ensure that services are delivered equitably and to avoid negative reactions that may become obstacles to program success.

Extending GBV services to the local community is particularly important for a number of reasons. In many situations, the perpetrators of gender-based violence come from the local community. The local community is also integral to the healing and recovery process. Rapes often require treatment at local hospitals and clinics; training should extend to health providers in local facilities so that medical protocols can be consistent and effective, and to ensure that survivors are treated sensitively and with confidentiality. If the survivor wishes to take legal action against the attacker, medical evidence of the rape is crucial to the case and a clear understanding of the local legal customs and regulations is also needed.

Training and developing staff

Comprehensive training is crucial to the successful implementation of gender-based violence programs. Staff selection is key to a successful project. Program implementers must be able to deal with sensitive issues such as rape, child abuse, family violence and harmful traditional practices such as female genital cutting and forced early marriage. Ideally GBV programs should have male and female staff for cases when same sex interviewers are necessary.

It is extremely important that a training curriculum emphasize the importance of respecting the emotional state of the survivor by not asking unnecessary questions or prying for unneeded explicit details during interviews.[42] The objective of any programming is to assess the degree of risk to the survivor, not to gather all the explicit details. Another important point is to keep the focus on the survivor's needs above gathering information. Survivors should never be pressured to answer questions. Often a female interviewer or the presence of another female will make the survivor more comfortable.

[42]Refer to the *Field Guide to Psychosocial Programs in Emergencies* by L. Arnston and C. Knudsen in this series on working with children and interviewing techniques.

Across cultures, it is very hard for women to discuss violence against them. Extreme care should be taken when interviewing survivors of GBV. Staff must be trained in appropriate and gender-sensitive interviewing techniques. The following are guidelines for interviewing survivors of gender-based violence.

- Allow sufficient time for the survivor to tell her story and to develop rapport between the interviewee and the interviewer. Do not push for details that are not offered.
- Ask open-ended questions. Collect general information before discussing the violent incident.
- Recognize that there are different phases of trauma that survivors experience: the immediate 24-48 hours post assault; the acute phase that varies from a few days to several weeks or more; the reorganization phase that is a long-term process than can span years.[43]
- Adopt non-threatening and non-blaming interviewing techniques. Be aware of body language. Do not stand over the survivor during the interview or take other aggressive postures.
- Avoid cultural judgments. Body language differs among cultures. For instance, lack of eye contact might indicate modesty or fear; do not assume that it means evasiveness.
- Provide a private space for the interview. Do not permit interruptions once the interview begins. Permit the survivor to speak without the presence of her relatives should she desire privacy.

Training curriculum should also ensure that SC staff have clarity on the ethical issues particular to working with children in emergencies. All SC staff must be familiar with and understand SC's Child Safety Policy and receive information on the importance of maintaining the confidentiality of the clients they serve.[44] Confidentiality is an enormous challenge in settings where people live in close and congested quarters, but it is vital to protecting the survivors of GBV.

SC staff members who frequently hear accounts of violence or persecution may experience emotional distress leading to burnout and depression. Another undesirable side effect is that hearing numerous accounts of gender-based violence may desensitize staff. Programs should build in support structures for staff including debriefing sessions for interviewers. Staff should be encouraged to discuss their feelings rather than hide or ignore them.

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[43]Pickup, Francine, S. Williams and C. Sweetman. (2001). Ending Violence Against Women: A Challenge for Development and Humanitarian Work. Oxford: Oxfam.

[44]All staff must be made aware of SC's Child Safety Policy and agree to follow these guidelines. The Policy is included on the accompanying CD-ROM.

MONITORING AND EVALUATION

Monitoring and evaluating a gender-based violence program is an ongoing process. A system for gathering data should be developed at the time of program design, so that monitoring and reporting is not seen as a burden to project staff, but as an invaluable means in determining staff and program efficacy.[45] Monitoring and evaluation do not need to be complex; however both should be seen as systematic processes. Monitoring aids in determining whether the project is developing and running according to plan. It helps to identify project strengths and weaknesses, identifying where adjustments need to be made so that initial objectives will be achieved.

Project evaluation is also an ongoing process, yet is done with less frequency. Evaluation is used to determine whether long-term project objectives have been reached and is often a necessary exercise for donor reporting purposes.

COMPREHENSIVE MONITORING AND EVALUATION MECHANISMS

- Help actors to determine the protection impact of prevention and response activities.
- Assess the quality of the prevention and response interventions and whether they are achieving their objectives.
- Highlight changes in the environment that affect rates of gender-based violence.
- Identify good practices, derive lessons from operational experience and can help improve performance.
- Encourage team building, foster transparency and enhance accountability to refugee women, men, youth, and donors.

Source: UNHCR. (2003). *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons.*

In order to determine whether the GBV program is changing or making progress in relation to program outputs and impact, relevant indicators must be developed to measure both weaknesses and achievements.

[45]Refer to the *Field Guide to Psychosocial Programs in Emergencies* by L. Arnston and C. Knudsen in this series for further discussion of establishing monitoring and evaluation systems.

Developing Relevant Indicators

While information use and exchange is often less than satisfactory in most emergency field settings, one of the most critical aspects of monitoring and evaluating a GBV program is creating relevant indicators to measure program outputs and desired impact. If indicators cannot be monitored, they have no value to the project's monitoring and evaluation process. Relevant indicators should be:

Reliable: the same indicator measures the same thing more than once and the results do not change due to unpredictable factors.
Sensitive: the measures are sensitive to changes in outcome, status or behavior of interest.
Valid: the indicator truly measures what it is supposed to measure and is sensitive to changes in outcome.

Indicators should measure program operation as well as performance. Operational indicators usually measure inputs, process and outputs whereas performance indicators measure results/effects and impact. It is important that only a few key indicators are selected by program coordinators rather than a large number of less relevant ones.[46] Below, are some examples of both operational and performance indicators.

EXAMPLES OF OUTPUT AND EFFECT INDICATORS FOR GENDER-BASED VIOLENCE[47]

Output Indicators:
- GBV training curriculum for health care staff is developed and in use
- Number of health care staff who successfully complete GBV training/total number of health care staff (all levels)
- Number of men's groups engaged in GBV awareness-raising and prevention
- GBV and human rights training curriculum developed and in use
- Number of police who successfully complete GBV training/total number of police (all levels)

Effect Indicators:
- Number of GBV reports identified by active screening at health center/number of GBV reports (baseline and comparison).
- Number of reported rape survivors receiving health services within three days of incident/ number of reported rape incidents (expressed as percentage).
- Number of GBV-related assault cases reported.

[46]R Vann, Beth. (2002). Gender-Based Violence: Emerging Issues in Programs Serving Displaced Populations. Virginia: JSI Research and Training Institute.

[47]These indicators are taken from RHRC. (2004). Gender Based Violence Tools Manual for Assessment & Program Design, Monitoring and Evaluation. New York: The Reproductive Health Response in Conflict Consortium.

Data Collection

There are two general ways to gather information on indicators: quantitative and qualitative data collection.

Quantitative Data Collection Methods

Quantitative data are percentage-based or number measures that help compare expected results with actual results. Measurable indicators are necessary to chart the successes and failures of the program and to also monitor changes within the population. Some of the more common forms of collecting quantitative data are systematic observation, structured interviewing using close ended questions, client self-reporting and record reviewing.

Systematic observation often quantifies data using systems of scoring, checklists, or by categorizing interactions, behaviors and events through observation. Each participant should be observed under the same conditions.

Structured interviewing in the form of quantitative data collection is most often conducted using an in-depth questionnaire. A good quantitative questionnaire will only allow the respondent to give true/false, yes/no or #/letter scale responses.[48]

Self-reporting is usually a questionnaire filled out by the informant. Some of the disadvantages of self-reporting are that it can only be used by literate populations, and information gathered using this mean is often the informant's self-perception of her or his behavior or experience. For example, it is less likely that a woman will answer personal domestic violence questions on self-reporting questionnaire or admit to not practicing safer sex behaviors.

Qualitative Data Collection Methods

Alternatively, qualitative data is descriptive in nature and often used to enhance and reinforce quantitative findings. It taps into the feelings and attitudes of the client rather than focusing on hard numeric data. Some methods of collecting qualitative data are direct and unobtrusive observation, semi-structured/unstructured interviews using open ended questions, focus groups and community informants.

Direct observation detects behaviors of interest at a specific time and place as they occur naturally. Often the consistency in data collection differs due to the different skills and interests of the observer.

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[48]A good example of a quantitative questionnaire can be found in RHRC. (2004). Gender Based Violence Tools Manual for Assessment & Program Design, Monitoring and Evaluation. New York: The Reproductive Health Response in Conflict Consortium.

Unobtrusive observation has no influence on the observed behavior due to the fact that the observer's presence is unknown.

Semi-structured or unstructured interviews using open ended questions are extremely flexible in the structure of responses and in the direction of the interview.

Focus groups allow for a variety of opinions and topics to be explored at the same time.

Community informants are people who have knowledge about a specific subject. However it is important to note that the informant's opinions and knowledge do not necessarily represent the opinions of the community. She or he has outside influences that must also be taken into consideration.

Evaluation

Both quantitative and qualitative data collection are necessary tools in determining whether program objectives are being achieved. As previously mentioned, it is advisable to create an evaluation method at the onset of program design, so as not to create large "surprise" burdens for staff once the project is underway. Creating an evaluation system is also necessary to determine what changes the project has actually made among the targeted population.

In order to effectively determine changes in the community, it is necessary, although sometimes incredibly challenging in refugee and IDP camp settings, to develop pre- and post-tests to be given at the beginning of the project and at times of evaluation. The pre-test is used to determine baseline information on the targeted population, while post-tests are given during and at the end of the program activities. A combination of two or more of the above data collection methods should be used in assessing and evaluating.[49]

It is also important that the community, especially women and children, are involved in the process of evaluation for they often lack an opportunity to share their knowledge and opinions in refugee and IDP camp settings. The more input and involvement community members have in the evaluation process, the more likely the project will be successful and sustainable.

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[49]An excellent resource for designing a gender-based violence project evaluation can be found in RHRC. (2004). Gender-Based Violence Tools Manual for Assessment & Program Design, Monitoring and Evaluation. New York: The Reproductive Health Response in Conflict Consortium.

GBV PROGRAMMING CASE EXAMPLES

GBV programs in Guinea and Sierra Leone

In Guinea and Sierra Leone, GBV programs were implemented by a range of international NGOs in Guinea and Sierra Leone for refugees and internally displaced persons. The program was initially designed to respond to the needs of the many women and girls who had been captured by the RUF rebel group in Sierra Leone whose stories of sexual abuse, exploitation and torture were among the worst imaginable. The program experienced a long start-up delay of several months due to bureaucratic obstacles. The unexpected delay gave the project director sufficient time to visit each of the nearly 100 refugee camps to meet with women and women's groups. Because the director had time to build interest within the communities in the GBV program and to enlist their participation, the program had full community support. The women's organizations in the camps were actively engaged in the program and took it upon themselves to help set up safe houses for survivors of gender-based violence. The time spent with the communities prior to the start up of the program added much to its success. Contrasted with a similar program by another international NGO in a nearby community, the level of participation was significantly higher in the program that had a longer "start up" period.

The program found that the number of reported incidents of gender-based violence steadily rose after the program started. At first, some of the staff were discouraged by the growing number of cases; it was only later that they realized that the program's apparent failure was in fact a success because more women were willing to report incidents after they learned they need not suffer in silence.

The program experienced a significant setback when their community outreach staff became focal points for criticism by refugees who did not believe outsiders should interfere with intimate matters like rape and family violence. Program planners took this opportunity to build community awareness and education sessions into their programming to encourage stronger support for the program objectives.

Crisis Intervention Teams (CITs) in Ngara, Tanzania refugee camps

The Crisis Intervention Team (CIT) program in Ngara was designed to respond to the high number of rape and assault cases occurring in the large Rwandan refugee population of some 500,000 Due to the scope of the problem, several NGOs collaborated with UNHCR and a number of refugee volunteers to establish the CIT program. The CIT program components included community awareness, prevention, medical and legal assistance to survivors, safe havens, counseling services and clothing replacement. International refugee lawyers also volunteered their time to counsel survivors. A medical protocol was designed and accepted by the UNHCR medical officer and implemented in the camp health clinics. NGOs segmented the camps into discrete areas in which GBV programs could be implemented. Cross training of program staff among agencies standardized the intervention approach.

While comprehensive, the CIT program in Ngara was not without problems. First, prosecution of accused rapists fell under the legal framework of Tanzania. Unfortunately, the legal requirements in Tanzania made it nearly impossible to convict a rapist because the person raped was required to have an examination by a Tanzanian medical doctor within 24 hours of the rape. Second, there was community backlash against the program and the people who worked in the program. The Ngara camps were home to many people who committed genocide in Rwanda. Some of the known murderers were community leaders and were unhappy that their followers were among those accused of raping women and girls in the camps. CIT volunteers were threatened, resulting in some of them quitting their jobs.

In spite of the obstacles faced by the CIT program, however, it was a success and provided a challenging model of fully integrated GBV services being made available women in the camps. CIT also provided the opportunity for several agencies to collaborate and expand their experience with GBV intervention.

VI. CONCLUSION

Gender-based violence in emergency situations is widespread and presents a programming challenge for all sectors. The international community should accept this challenge and work to promote an environment where the physical and emotional integrity of every individual is both respected and protected.[50] While this field guide does not contain all the answers to addressing gender-based violence in emergencies, it does provide essential information to build an understanding of the complexities of gender-based violence and guide program assessment, development and implementation. A brief summary of key points to guide all GBV programming and a programming implementation check list are below

KEY SUMMARY POINTS:

- Belief in the full and equal rights of all human beings is central to Save the Children's mission and policies.

- Gender-based violence is an egregious violation of human rights and must not be tolerated under any circumstance.

- Gender-based violence can be substantially eliminated through appropriate prevention-oriented programming and the enforcement and recognition of international law.

- SC should remain sensitive to cultural norms and practices in program design and implementation, but program staff should not be reluctant to intervene when necessary.

- Gender-based violence concerns should be considered in design and integrated into all Save the Children emergency field programming.

- SC staff and volunteers should use the best interest principle to guide all programming efforts for children in emergencies, particularly those affected by GBV.

- SC staff and volunteers should receive training on how to handle sensitive matters related to GBV, including interview procedures and the importance of client confidentiality.

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[50]Maguire, Sarah. (1998). *Researching 'a family affair': Domestic Violence in Former Yugoslavia and Albania* in Sweetman, Caroline, editor. (1998). Violence Against Women. Oxford: Oxfam.

- SC staff and volunteers must be familiar with and understand SC's Child Safety Policy, and program managers should create an environment in which ethical concerns may be addressed in a confidential setting.

- Save the Children, in partnership with other local and international agencies, can help prevent gender-based violence by raising awareness within affected communities, providing rights-based programming, and working to prevent physical and psychological abuses associated with war and emergency situations.

IMPLEMENTATION CHECK LIST

This implementation checklist[51] is intended to serve as a quick reference for designers and managers of gender-based violence programs.

ASSESSING THE SITUATION

WOMEN AND CHILDREN

- How many women are in the impact area? Men?
- How many boys and girls under age 12? Boys and girls 13-17?
- How many female-headed households are in the program area?
- What are the most common problems facing such households?

THE CONTEXT

- Has the conflict ended nationwide, or is it still continuing in all or part of the country? In what proximity to the at-risk populace?
- If the conflict is ongoing, what are the prospects for the cessation of hostilities?
- What are the key contextual factors, opportunities and constraints of the situation?
- What responses to gender-based violence are already underway?
- What gaps exist in current responses?
- What local and international organizations are potential partners for SC in GBV programming?
- Does SC have the capacity to design and implement GBV programming in the country? If not, what is needed to develop this capacity?

[51]This checklist is presented on the CD-ROM for easy replication and distribution in emergenices.

Funding

- What donors are or may begin supporting gender-based violence programming?
- What are possible donors' funding priorities and parameters? (Donors' preferred target groups, types of activities, timeframes, etc.)
- What is the best way to approach these donors?

CHOOSING PROGRAM OPTIONS

- Based on SC staff's assessment of the situation, which of the following types of gender-based violence programming should SC pursue?
  - Prevention
  - Advocacy
  - Rehabilitation/training
  - A combination of all of these

Facilities for survivors of gender-based violence

- What role should SC play in safe-haven centers for abused women?
  - Construct and/or manage centers, or build capacity of partners to do so.
  - Coordinate efforts among multiple partners working at one or several centers.
  - Coordinate or undertake family counseling.
  - Provide certain services at centers, or build capacity of partners to do so (health, education, psychosocial support, etc.).
- What role should SC play in advocating for support to GBV survivors?

Social reintegration of gender-based violence survivors

- Should rehabilitation activities be focused on survivors or on all at-risk groups?
- Should SC implement reintegration activities directly, or support and strengthen partners (usually national/local NGOs) to do so?
- What role should SC/partners play in arranging a living situation for survivors of gender-based violence?
- What role should SC/partners play in strengthening the capacity of war-affected women and girls to support themselves?
  - Education initiatives:

    Basic education (building/repairing schools, supplying materials, training teachers, etc.).

    Informal education (literacy and numeracy; training in conflict management, decision-making, reproductive health; etc.).

– Economic opportunities initiatives:
    Apprenticeship schemes or vocational/skills training
    Agricultural training
    Provision of seeds, tools, and other agricultural inputs
    Micro credit

- What role/s should SC/partners play in promoting development in communities into which conflict-affected women and girls (refugees and/or IDPs) are reintegrated?
  – Reconstruction of damaged infrastructure and facilities (roads, bridges, schools, community centers, etc.)
  – Health interventions
  – Economic opportunities interventions
  – Other community development interventions

PLANNING AND MANAGING THE PROGRAM

- On what beneficiary groups will the program focus?
- Where will the program be located?
- What will be the scale and duration of the program?
- What will be the goals and objectives of the program?
- What interventions will be implemented?
- What partners will work with SC to implement the program?
- What resources will be required for the program?
- What staffing will be required for the program?
- What are the potential negative consequences of the program, and how can they be addressed?
- What indicators and process will be used to monitor and evaluate the program?

ENSURING ALIGNMENT WITH SC PROGRAMMING PRINCIPLES

- Is the program gender sensitive?
- Does the program promote gender equity?
- Does the program empower women and girls?
- Does the program include components to promote sustainability and ownership by the community?
- Is the program on an appropriate scale?
- Are the program's impacts measurable and sustainable?

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APPENDIX 2: WEBSITES AND RESOURCES

ALNAP, C/O Overseas Development. Humanitarian Action: Improving Performance Through Improved Learning. alnap@odi.org.uk. www.alnap.org.

Asian Pacific Resource & Research Centre for Women (ARROW). Floor, block F, Anjung Felda, Jalan Maktab, 54000 Kuala Lumpur, Malaysia, Tel: (603) 292-9913,fax: (603) 292-9958 email, arrow@po.jaring.my

Center for Reproductive Policy and Law, 120 Wall Street, New York, NY 10005, USA, Tel: (212) 514-5534, Fax: (212)514-5538 e-mail, crlpintl@igc.apc.org

Child Rights Information Center (CRIN)
http://www.crin.org/

Global Alliance Against the Traffic in Women (GAATW) 191/41 Sivalai Condominium, Moobaan Sivalai Soi 33, Itsaraphap Road, Bangkok 10600, Thailand. Tel: 66-2-864-1427/8, Fax: 66-2-864-1637. http://www.gaatw.org

International Committee of the Red Cross, Study on the Impact of War on Women, http://www.reliefweb.int/library/documents/2001/icrc-women-17oct.pdf

International Save the Children Alliance (ISCA), A Girl's Right to Development, Equality and Peace. Geneva, Switzerland.

Latin American and Carribean's Woman's Network Against Domestic and Sexual Violence, Casilla 2067, Correo Central, Santiago, Chile, Tel: (562) 633-4582, Fax: (562)638-3142 e-mail, isis@reuna.cl

Profamilia The Human Rights Watch, Calle 34, No. 14-52, Bogota, Colombia Tel: (571) 287-2100 Fax: (571)387-5530 e-mail, hrwnyc@hrw.org

Reproductive Health Response in Conflict Consortium
http://www.rhrc.org/resources/gbv

Save the Children Federation, INC. (Alliance Gender Working Group), 1620 I Street NW, Suite 202, Washington, DC 20006, USA, Tel: (202) 530-4360, Fax: (202) 637-9362 e-mail rparker@dc.savechildren.org

Straight Talk Foundation. 45 Bukoto st, Kamwokya, P. O. Box 22366, Kampala, Uganda, Tel: 256-41-543025,fax: 256-41- \543884 http://www.straight-talk.or.ug/sthm/index.html

The Uganda Association of Women Lawyers. P.O. Box 2157,Kampala Tel/Fax 256-041-530 http://www.fidauganda.or.ug

UN Committee on the Status of Women Musasa Project. Division for the Advancement of Women, Department of Economic and Social Affairs, 2 UN Plaza, DC-2-1204, New York, NY 10017, USA Fax: 1 212 963 3463 e-mail daw@un.org Internet location: http://www.un.org/dpcsd/daw

UN Inter-agency Campaign to Prevent Violence Against Women http://www.undp.org/rblac/gender/

UN Inter-agency Gender and Humanitarian Assistance, Resources Kit http://www.reliefweb.int/library/GHARkit/

UNICEF http://www.unicef.org

UNIFEM Center for Womens Global Leadership, 304 East 45th Street, 6th Floor, New York, NY 10017, USA, Tel: (212) 906-6400, Fax: (212)906-6705. http://www.unifem.org

Women's Commission for Refugee Women and Children, 122 East 42nd Street, New York, NY 10168, USA, Tel: (212)551-3000, Fax: (212) 551-3088 http://www.womenscommission.org

Women in Law and Development, Africa (WILDAF) PO Box 4622, Harare Zimbabwe, Tel: (263) 4-752-105, Fax: (263) 4-733-670

WOMEN, INC, 777 United Nations Plaza, New York, NY 10017, Tel: 212-687-8633. Internet location: http://www.womenink.org

World Health Organization UNFPA/United Nations Population Fund, Maternal Health and Safe Motherhood Programme Division of Family Health, World Health Organization, 1211 Geneva 27, Switzerland Tel: 41 22 791 3385

APPENDIX 3: CONFIDENTIAL SEXUAL VIOLENCE INCIDENT REPORT FORM[52]

Location: _____ Reporting Person: _____ Date: _____

1) Affected Person:
Code(*): _____ Date of Birth: _____ Sex: _____
Address: _____
Civil Status: _____
If a minor: Code/Name of Parents/Guardian: _____

2) Report of Incident:
Place: _____ Date: _____ Time: _____
Description of Incident: (be as specific as possible):
_____
_____
_____
_____
_____
Persons involved: _____

2) Actions Taken:
Medical Examination Done: Yes ____ No ____ By Whom: _____
Major Findings and Treatments Given:
_____
_____
Protection Staff Notified: Yes ____ No ____
If no, reasons given: _____
If yes, actions taken: _____
Psychosocial Counseling given: Yes ____ No ____
By whom and actions taken:
_____
_____

3) Follow-up Plan:
____ Medical Follow Up _____

____ Psychosocial Counseling _____

____ Legal Proceedings _____

[52]This table is reproduced in the accompanying CD-ROM for easy use.