TOT IASC Guidelines

IASC Guidelines for Gender Based Violence Interventions in Humanitarian Settings

28th – 30th November, 2006
Nairobi, Kenya
Introduction and Overview

Day 1
- Key concepts
- Definition of GBV
- Why do we use the term
- Types of GBV
- Root Causes and Consequences
- GBV Around the World

Day 2
- Consequences of GBV
- Link between GBV and HIV/AIDS
- IASC guidelines
- Challenges in implementing GBV programs
- Sharing of experiences
- Facilitations skills
Key Concepts and Definition of GBV
## Sex vs. Gender

**SEX:**
- Refers to physiological attributes that identify a person as male or female:
  - Genital organs
  - Type of predominant hormones
  - Ability to produce sperm or ovaries
  - Ability to give birth and breastfeed

**GENDER:**
- Refers to widely shared ideas and expectations (norms) concerning men and women:
  - Includes ideas about “typically” feminine/female and masculine/male characteristics, abilities, and behaviors.
• Women give birth to babies, men don’t.
• Little girls are gentle and boys are tough.
• In one case, when a child brought up as a girl learned that he was actually a boy, his school marks improved dramatically.
• Among Indian agricultural workers, women are paid 40-60% of the male wage.
• Women can breastfeed babies, men can bottle feed babies.
• Most building workers in Britain are men.
• In ancient Egypt, men stayed at home and did weaving. Women handled family business. Women inherited property and men did not.
• Men’s voices break at puberty, women’s do not.
• In one study of 224 different cultures, there were 5 in which men did all the cooking, and 36 in which women did all the house building.
• According to U.N. statistics, women do 67% of the world’s work, yet their earnings amount to only 10% of the world’s income.
Defining gender based violence

• Power
• Violence / Use of Force
• Informed and voluntary Consent
• Human Rights
The IASC guidelines for GBV Interventions in humanitarian Settings defines GBV as:

An umbrella term for any harmful act that is perpetrated against a person’s will (WITHOUT CONSENT), and that is based on socially ascribed (gender) differences between male and females.

Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many but not all forms of GBV are illegal and criminal acts in national laws and policies.
Why do we use the term “gender-based violence”?  

Because the term attempts to define the NATURE of the violence, and suggests that in order to address VIOLENCE, it is necessary to address issues of GENDER that cause and contribute to the violence.
Around the world GBV has a greater impact on women and girls

“Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women.” According to the UN Declaration on the Elimination of Violence Against Women (1993)

Some statistics on gender unbalances
• Women are the majority of the world’s poor: 70% of people living in poverty (less than $1/day) are women
• Women represent more than two-thirds of the world’s illiterate
• Women are almost entirely excluded from political power: they hold 15.6% of elected parliamentary seats globally
• Women own only 1% of the world’s land

But important to note that men and boys may also be victims of Gender Based Violence
Life Span Profile of Discrimination Against Women

Types of GBV
Types of GBV

• SEXUAL
Harassment, rape, sodomy, attempted rape, marital rape, sexual abuse, exploitation, child sex abuse and exploitation, sexual abuse (non-penetrating) forced prostitution (willing – but involuntary), child prostitution; sex trafficking, HTP

• PHYSICAL
Spouse beating / domestic violence, assault and other physical violence (gender based), HTP

• EMOTIONAL – MENTAL – SOCIAL
Verbal / emotional abuse, humiliation, discrimination, denial of opportunities and /or services, spouse confinement (domestic violence); HTP

• ECONOMIC
Can be a component of any of the above

• HARMFUL TRADITIONAL PRACTICES
Fit into the 3 main categories. FGM, early / forced marriage, honour killings, dowry abuse, widow ceremonies, punishments directed at women for crimes against culture, denial of education and or food for girls / women due to gender role expectations.
Sexual Exploitation is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.

Exchanging money, shelter, food or other goods for sex or sexual favours from someone in a vulnerable position is sexual exploitation.

Sexual Abuse is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Threatening or forcing someone to have sex or provide sexual favours under unequal or forced conditions is sexual abuse.
Root Causes and Contributing Factors
The **root causes** of all forms of GBV lie in a society’s attitudes towards and practices of gender discrimination. Addressing the root causes through prevention activities requires **sustained, long term action** with change occurring slowly over a long period of time.

Abuse of Power  
Gender inequality  
Lack of belief in equality of human rights for all

**Contributing factors** are factors that perpetuate GBV or increase risk of GBV, and influence the type and extent of GBV in any setting. Contributing factors **do not cause** GBV although they are associated with some acts of GBV.

- Alcohol / drug abuse  
- Poverty  
- Conflict  
- Availability of food; fuel; wood; income generation  
- Collapse of traditional society and family support system  
- Lack of police protection  
- Impunity  
- Loss of male power/ role in the family and community; seeking to assert power  
- Retaliation  
- Tool / Strategy of war
GBV Tree

EXAMPLES OF GBV
- Domestic violence
- Verbal emotional abuse
- Rape
- FGM

CONTRIBUTING FACTORS
- Poverty
- Lack of education
- Conflict

CONTRIBUTING FACTORS
- Alcohol / drug abuse
- Lack of police protection

TYPES OF GBV
- Sexual abuse
- Marital rape

CONTRIBUTING FACTORS
- Gender inequality
- Abuse of power
- Disrespect for HR

ROOT CAUSES
- Types of GBV
- Contributing factors
- Root causes

EXAMPLES OF GBV
- Dowry abuse
1. Drug and alcohol abuse cause violence.
2. Rape is a crime usually committed by strangers.
3. Sexual assault is a crime of passion.
4. Persons who rape are crazy or mentally ill.
5. A person who has been raped or abused will be hysterical.
6. Domestic violence is the result of poverty and lack of education.
7. Cancer, malaria, traffic accidents, and war are greater causes of death and disability among women than violence against them.
8. In most countries, it is a crime for a man to rape his wife.
9. Threatening to harm a woman is not an act of violence.
In 2002, approximately 1.8 million women were assaulted by their intimate partner in Spain.

In a US National survey, 22% of women reported having been physically assaulted by a male intimate partner in their lifetime. (Tjaden and Thoennes, 1998)

The prevalence of under-age marriage is between 70 and 80% in Chad, Niger, and Bangladesh.

In India, an estimated 25,000 women are killed or maimed each year as a result of dowry disputes.

In the dominican republic 83% of all female homicides were carried out by their current, past spouse or intimate partner.

20% of school girls in Botswana said they have been propositioned by their teacher.

DV is the leading factor of death, disability and illness among women aged 15 - 44 in Victoria state, Australia.
Examples of GBV in crisis

- **Burundi** Sexual Violence survey. 1575 surveyed – 19% experienced sexual violence
- **DRC** 5% of the population was HIV positive before the war in 1997. In 2002 it was 20% in the East of DRC.
- **Darfur** – seeing an increase in domestic violence in the camps.
- After **Hurricane Mitch**, 27% of female survivors (and 21% of male survivors) in Nicaragua told surveyors that woman battering had “increased in the wake of the hurricane in the families of the community.”
Increase Risks during Crisis

1 in 3 women experience GBV in world

• Social structures break down
• Norms regulating social behaviour and traditional social systems weaken
• Separation from family members
• Increased military presence / SEA
• Weapon/ Strategy of War

The violence is the result of gender-based power imbalances, primarily between males and females, and sometimes between males, or between females.

Credit: G. Cranston
GBV during the refugee cycle

During Conflict, prior to flight
- Rape as a tool of war;
- Sexual attack/exploitation by combatants;
- Forced prostitution;
- Increased domestic violence;
- Female infanticide;
- Early and/or forced marriage

During Flight
- Sexual attack/exploitation by bandits, border guards, military;
- Trafficking;
- Forced prostitution

During Reintegration and post conflict
- Returnees may suffer sexual attack as retribution,
- Prostitution
- Trafficking,
- Domestic violence,
- Sexual exploitation in order to obtain legal status

In country of asylum
- Sexual attack/exploitation of women and girls who have been separated from family;
- Sexual attack/exploitation by persons in power, including government officials and humanitarian workers;
- Sexual attack/exploitation by bandits, border guards, military;
- Domestic violence;
- Sexual attack when collecting wood, water…;
- Early/forced marriage

Trafficking;
- Sex for survival (ration cards, clothing, etc.)

### After-effects and outcomes of GBV

**HEALTH:**

- With all types of gender-based violence, there are serious and potentially life threatening health outcomes.

#### Fatal Outcomes

- Homicide
- Suicide
- Maternal mortality
- Infant mortality
- AIDS-related

#### Non-Fatal Outcomes

<table>
<thead>
<tr>
<th>Acute Physical</th>
<th>Chronic Physical</th>
<th>Reproductive</th>
<th>Mental Health</th>
</tr>
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<tbody>
<tr>
<td>Injury</td>
<td>Disability</td>
<td>Miscarriage</td>
<td>Post traumatic stress</td>
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<tr>
<td>Shock</td>
<td>Somatic complaints</td>
<td>Unwanted Pregnancy</td>
<td>Depression</td>
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<tr>
<td>Disease</td>
<td>Chronic Infections</td>
<td>Unsafe abortion</td>
<td>Mental disorders</td>
</tr>
<tr>
<td>Infection</td>
<td>Chronic Pain</td>
<td><strong>STIs including HIV/AIDS</strong></td>
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<tr>
<td></td>
<td>Gastrointestinal</td>
<td>Menstrual disorders</td>
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<tr>
<td></td>
<td>Eating Disorders</td>
<td>Pregnancy complications</td>
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<td></td>
<td>Sleep Disorders</td>
<td>Gynecological disorders</td>
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<tr>
<td></td>
<td>Alcohol/ Drug abuse</td>
<td>Sexual disorders</td>
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</tbody>
</table>
After-effects and outcomes of GBV

- **EMOTIONAL – PSYCHOLOGICAL - SOCIAL**
  - With all types of gender-based violence, there are serious and potentially life-threatening mental and psychosocial outcomes.

<table>
<thead>
<tr>
<th>Emotional &amp; Psychological After – Effects</th>
<th>Social Consequences</th>
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<tbody>
<tr>
<td>Post traumatic stress</td>
<td>Blaming the victim</td>
</tr>
<tr>
<td>Depression</td>
<td>Loss of role functions in society (e.g., earn income, care for children)</td>
</tr>
<tr>
<td>Anxiety, Fear</td>
<td>Social stigma</td>
</tr>
<tr>
<td>Anger</td>
<td>Social rejection and isolation</td>
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<tr>
<td>Shame, insecurity, self-hate, self-blame</td>
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<tr>
<td>Mental illness</td>
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<tr>
<td>Suicidal thoughts, behavior</td>
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</tbody>
</table>

Most societies tend to blame the victim, and the social rejection results in further emotional damage including shame, self-hate, and depression.
Under Reporting Game
As a result of the social stigma, most survivors never report the incident. It should be understood and expected that gender-based violence is under-reported.

Sierra Leone, Aminata still suffers from the sexual violence she experienced.
Increase Risks during Crisis
HIV/AIDS and GBV
The link

Women and girls face increased risk of acquiring STIs and HIV by:

GBV:

• Direct Transmission through rape
• ‘Survival sex’ – Sexual Exploitation and Abuse
• Increased levels of overall violence including intimate partner violence, which in turns, makes it difficult to negotiate safe sex in their relationships.
• Deliberate infection
• Increase presence of military
GBV and HIV/AIDS

Partner Abuse
Sexual Assault
Child Sexual Abuse

Emotional/Behavioural Change
- Excessive drug and alcohol use
- Depression
- Low self esteem
- Post traumatic stress

High Risk Sex
- Multiple Partners
- Unprotected intercourse
- Prostitution

STI's and HIV

Possible Direct and Indirect pathways to STI's and HIV
Client Scenario Game
Measures to Prevent and Respond to GBV

They are a set of Best “sectoral” practices presented in a framework to facilitate coordination and information sharing and Document and resources on CD

Their Purpose is To enable the delivery of the minimum required multi-sectoral interventions to prevent and respond to Sexual Violence in the early phases of an emergency

And they target Authorities, personnel and organizations working in emergency settings
Background and development of the guidelines

- IASC WG November 2003
  - Ongoing and increasing concern about SV in humanitarian settings
  - IASC TF on Gender and Humanitarian Assistance asked to develop guidance

- Initial wide-ranging discussions which concluded:
  - that guidance exists but implementation is lacking
  - There is a need to integrate GBV considerations in all humanitarian planning and programming
  - Only multi-sectoral responsibility with mutual accountability will have an impact

- Dedicated focal points took off “agency hats”
- Wide participation of field-based colleagues
- Financial contributions from TF member agencies
Field Support / Testing

Pakistan (earthquake region), Columbia and Uganda, Pakistan (border region), Burundi and Sudan (Darfur)
All humanitarian actors must take action, from the earliest stages of any emergency to prevent sexual violence and provide appropriate assistance.
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<tr>
<th>Sectors and Functions</th>
<th>Emergency Preparedness</th>
<th>Minimum prevention and response</th>
<th>Comprehensive prevention and response</th>
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<td>1. Coordination</td>
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<td>1.1 Action Sheets</td>
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<td>2. Assessment and Monitoring</td>
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<tr>
<td>3. Protection</td>
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<td>3.1</td>
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<tr>
<td>4. Human Resources</td>
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<td>4.1</td>
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<tr>
<td>5. Water and Sanitation</td>
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<td>6. Food security and Nutrition</td>
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<td>6.1</td>
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<tr>
<td>7. Shelter, site planning, non-food</td>
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<td>7.1</td>
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<tr>
<td>8. Health, community services</td>
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<td>8.1</td>
<td></td>
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<tr>
<td>9. Education</td>
<td></td>
<td>9.1</td>
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<tr>
<td>10. IEC</td>
<td></td>
<td>10.1</td>
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Action Sheets

Written and reviewed by HQ and field subject experts
Focus on prevention of and response to SV in emergencies
Outline minimum required interventions to avoid morbidity and mortality due to SV
Summarise existing "best practices"
Integrate SV considerations into day-to-day sectoral emergency work
Do not introduce „new skills“ for which a new catagory of staff have to be trained
### Coordination Action priorities:
*Minimum Response Requirements*

<table>
<thead>
<tr>
<th>Priority</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td>Establish coordination Mechanisms</td>
<td>Aim is to provide accessible, prompt, confidential, and appropriate services to survivors/victims</td>
</tr>
<tr>
<td>Advocate and raise funds</td>
<td>Humanitarian community is responsible for advocating on behalf of civilian communities</td>
</tr>
<tr>
<td>Ensure Sphere standards are disseminated and adhered to</td>
<td>The prevention and management of GBV requires collaboration and coordination among members of the community and between agencies.</td>
</tr>
</tbody>
</table>
Assessment and Monitoring: Minimum Response Requirements

Conduct Coordinated rapid situation analysis

Collect information about the type(s) and extent of sexual violence experience in the community. Also help to identify policies, attitudes and practices of key actors.

Monitor and evaluate activities

Agree on Indicators
Protection:
Minimum Response Requirements

Assess Security and define protection strategy

Be familiar with contributing factors

Provide security in accordance with needs

It is important to understand the types and extent of SV

Advocate for implementation of and compliance with intl instruments

United Nations, human rights, and humanitarian agencies share the responsibility with states to ensure that human rights are protected

Abduction in Ethiopia – case of Ethiopian RC.
Human Resources: Minimum Response Requirements

Recruit staff in manner to discourage SEA

Disseminate and inform all partners on codes of conduct

Implement confidential complaints mechanism

Implement SEA focal group network

Careful recruitment, screening, and hiring practices are essential prevention activities

SG’s Bulletin Special measures for SEA – applies to all!

Should be established within system developed for GBV

Includes all representatives from UN agencies, plus DPKO, Red Cross/Crescent and relevant national and international NGOs
Water and Sanitation: Minimum Response Requirements

Implement safe water / sanitation programmes

Women and children are particularly at risk because they are usually the largest percentage of the poorest of the poor and comprise the majority in displaced populations.
Food Security and Nutrition: Minimum Response Requirements

Implement safe food security and nutrition programmes

Need to understand the gender dimensions of crises and the community
Shelter and Site Planning and NFIs: Minimum Response Requirements

| Implement safe site planning and shelter programmes |
| Ensure that survivors of SV have safe shelter |
| Implement safe fuel collection strategies |
| Provide sanitary materials to women and girls |

- Understand the vulnerability of the populations.
- Community based solutions should always be sought out first.
- Look at aspect of risk of collecting fuel.
- Sanitary materials have a direct impact on the dignity, health, education, mobility, community involvement, economic involvement...
Health and Community Services: Minimum Response Requirements

- **Ensure women's’ access to basic health services**
  - Health centers often first ‘neutral’ location to provide information and counselling

- **Provide sexual violence related health services**
  - PEP, EC, trained staff; female staff

- **Provide community based psychosocial and social support**
  - Referral system in place to respond to needs including mental health

**UNFPA Ethiopia and IMC**
Through CTC program implementing the MISP - Providing PEP kits, training, condoms, clean delivery kit including prevention messages
Education: Minimum Response Requirements

Ensure girls’ and boys’ access to safe education

Ensuring that girls can go to school in protective learning environments in emergency situations may help to protect them from sexual violence and other abuses.

Uganda UNHCR – set up multi functional drop in centers adjacent to 13 primary schools with trained counsellors who work in coordination with education and community services.

Ethiopia – girls forum initiative – providing spaces and forum to empower high school girls against sexual harassment.
IEC: Minimum Response Requirements

Inform community about SV and the availability of services

Disseminate information on IHL to arms bearers

To inform about the consequences of SV and the help that is available and is confidential

Objective of all IHL dissemination activities is to prevent violations

HI – Kenya awareness creation

IMC Campaigns in Uganda on GBV – individual households / food distribution days, community educators

World Vision Somalia – awareness raising on women’s rights, FGM etc…
Guiding Principles for All when working On GBV Programs:

- Safety
- Confidentiality
- Respect

ACCOUNTABILITY and SUSTAINABILITY
Challenges in implementing GBV programs

- Inconsistent efforts and inadequate resources indicating a lack of political will
- Lack of a comprehensive and integrated approach
- Lack of access to funding
- Failure to end impunity
- The intersection of multiple forms of discrimination
- Lack of evaluation
Challenges in implementing GBV programs continued

- Lack of understanding of GBV
- Taboo
- Not a priority – life saving issue?
- Lack of data
  - it doesn’t happen
  - on populations affected
- Under reporting
- ‘Not in my community’
- Sexual Exploitation and Abuse
  - By humanitarian workers
  - Accepted and hidden
- Lack of capacity (medical, legal, psychosocial)
- Laws in the country
  - regarding abortion, emergency contraception, definition of rape, condoms
  - VCT, condoms – access not known
- Guiding principles are not known
Challenges in presenting and discussing GBV

• Myths versus Facts
• Not relevant (i.e., drought)
• Women vs. Men
Facilitation
Good and Bad facilitation game
Good and Bad Facilitation

• What is facilitation?
  – Simply means to make things easier!

• What makes a bad facilitator?

• What makes a good facilitator?
  – Remain patient
  – Never agues
  – Tries to understand the different beliefs and attitudes of the community members
  – Work towards changing belief that lead toward harmful attitudes towards women and girls
In GBV training

Facilitators are good listeners, good communicators, respectful, maintain order, open to feedback, non-discriminating, build on participants’ ideas and comments, encourage participation and **ARE PREPARED!**

*Learning to be a good facilitator never stops!*
Example of Exercise / Practice

THE SITUATION
• 20,000 people have moved over the border. Approximately 3000 are still arriving per day
• Closest town in 20 km away where this is a hospital and a few health centres are scattered in the district
• Close proximity to river
• Cooking fuel is a problem but there are some woods approx 1 km away
• Reports of rapes, adductions, killings during the flight

THE RESPONSE
• International help has been asked. YOU are part of a team that has come to assist the refugees. You have the above information.

• You are participating in a GBV coordination meeting (the first). What do you do? How do you proceed? How would you prevent further GBV cases and respond to the ones you have heard? And to the GBV situation in general?

STATISTICS
• 12,000 women
• 5,000 children
• HIV/AIDS prevalence is 10%
Thank you

Dadaab Refugee Camp

For more information on the IASC guidelines and their roll out please contact either:

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Available electronically (IASC and agency websites)
http://www.humanitarianinfo.org/iasc/