



GENDER-BASED VIOLENCE

“Gender-based violence both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. It encompasses a wide range of human rights violations . . . Any one of these abuses can leave deep psychological scars, damage the health of women and girls in general, including their reproductive and sexual health, and in some instances, results in death.” -The United Nations Population Fund (UNFPA)¹

Gender-based violence (GBV) is a pervasive public health and human rights problem throughout the world. Anyone can experience GBV, but women and girls are affected more frequently than men and boys.

Rape has been defined as a crime against humanity,² and the damage done by all forms of GBV is profound and requires attention across sectors. Medical and public health organisations, humanitarian aid organisations, United Nations (UN) agencies, governments, and private donors can and must cooperate to eradicate GBV.

GBV includes:

- ❖ Rape and sexual assault
- ❖ Domestic violence
- ❖ Coercive and exploitative sex
- ❖ Sex trafficking
- ❖ Traditional practices harmful to women
- ❖ Forced pregnancy or sterilisation

Refugees and internally displaced persons (IDPs) are at heightened risk of GBV. The severity and frequency of GBV is compounded by the poverty, social instability, and powerlessness that characterise crises, as well as by the atmosphere of violence endemic to conflict settings. Acts of GBV may be perpetrated by anyone: border guards, military personnel, humanitarian aid workers, community members hosting the displaced, and refugees and IDPs themselves.

In crisis settings:

- ❖ Rape may be used as a weapon of war and a method of ethnic cleansing by forcing women and girls to bear children of different religions or ethnic groups
- ❖ Women and girls may be coerced into providing sex to ensure access to basic needs such as food, water, and medicine

- ❖ The need for women to travel long distances in search of firewood and other basic supplies puts them at greater risk of attack
- ❖ Limited law enforcement in emergencies allows GBV to take place without legal consequences for perpetrators
- ❖ Humanitarian agencies have traditionally focused on the provision of food and medicine, and have not prioritised prevention of and response to GBV
- ❖ GBV increases the risk of unwanted pregnancies, HIV, and sexually transmitted infections (STIs)

Prevention of and response to GBV must be part of any comprehensive agenda for improving reproductive health (RH) in crises.

Priorities for Action

All GBV survivors are entitled to appropriate care, including:

- ❖ Emergency contraception (EC) to prevent pregnancy
- ❖ Post-exposure prophylaxis (PEP) to minimise HIV transmission
- ❖ Treatment for STIs
- ❖ Care of wounds and injuries
- ❖ Counselling and other psychosocial support
- ❖ Collection of forensic evidence, with consent of survivor
- ❖ Referral to legal and social support services within the community

At least one in three women globally has been physically or sexually abused at some time in her life.³

Communities can work together to prevent and address GBV through:

- ❖ Involvement of women in settlement planning and resource distribution
- ❖ Identifying individuals or groups that may be at higher risk of GBV, such as single female-headed households and unaccompanied minors
- ❖ Education of community members, especially those in influential positions, to reduce the social acceptance of GBV
- ❖ Ensuring appropriate and accessible legal and social support services as well as informing the displaced community of the location and availability of these services
- ❖ Developing a confidential reporting system

Recommendations

- ❖ Donors should encourage humanitarian agencies to develop their capacity to prevent GBV and provide appropriate care and support to GBV survivors
- ❖ Humanitarian agencies must also seek to expand their capacity in this area
- ❖ Humanitarian agencies should ensure that the Inter-agency Standing Committee Guidelines for Gender-Based Violence Interventions in Humanitarian Settings, including the Code of Conduct against sexual abuse and exploitation, are enforced for all staff
- ❖ The UN humanitarian coordination system, including Flash Appeals⁴ and the Consolidated Appeals Process (CAP)⁵ must further prioritise programmes that enable the provision of medical and other care and services to survivors of GBV

Facts and Figures

- ❖ At least one in three women globally has been physically or sexually abused at some time in her life⁶
- ❖ Reports on rape during conflict detail profound brutality towards women and girls, including serious beatings, mutilation or removal of the genitals, rape with sharp objects, and gunshots to the genitals; others have witnessed the death of friends and family members from similar forms of brutality⁷
- ❖ In Uganda⁸ and Colombia⁹—both countries currently experiencing crises—the proportion of women who have experienced intimate partner violence ranges from 23–44%

CASE STUDY:

Addressing GBV in the Democratic Republic of Congo

The war in the Democratic Republic of Congo (DRC) has shown the terrible effects of GBV. Rape has become a routine strategy of war. GBV continues to occur in the DRC, even as peace and stability are restored to the country.

In addition to the profound violation inherent in any act of sexual violence, rape during conflicts like in the DRC often involves particularly brutal violence intended to cause permanent mutilation and culminates in murder. For women who survive, the physical and psychological recovery period may be prolonged due to social shunning, rejection by spouses, pregnancy as a result of rape, lack of available treatment, and the combined psychological toll of conflict and rape.¹⁰ The harm inflicted by GBV is compounded by the climate of impunity for perpetrators.

Post-war, CARE USA began work in the Maniema Province of the DRC, in an area particularly affected by rape during the conflict. Today, building on the foundation laid by CARE, the RAISE Initiative has partnered with the agency to expand the availability of RH services in this locale. CARE now works in 21 health facilities to ensure that resources are available to provide medical care for women and girls who have been raped. Key activities include training medical staff to provide sensitive care to clients, equipping health centres with emergency contraception and post-exposure prophylaxis to minimise HIV transmission, and referring survivors to psychosocial support.

The RAISE Initiative also helps CARE in working with local women's associations, to link survivors to medical treatment and social services and increase awareness of rape and other forms of GBV in their communities.

¹ UNFPA (2007). "Ending Widespread Violence Against Women." <http://www.unfpa.org/gender/violence.htm>

² Human Rights Watch (1998). "Human Rights Watch Applauds Rwanda Rape Verdict." (New York: Human Rights Watch) <http://hrw.org/english/docs/1998/09/02/rwanda1311.htm>

³ Heise, L., et. al. (1999). "Ending Violence against Women. Population Reports L (11)." (Baltimore: Population Information Program, Johns Hopkins University School of Public Health) <http://www.infoforhealth.org/pr/111/violence.pdf>

⁴ The Flash Appeal is a tool for structuring a coordinated humanitarian response, and coordinating fundraising among participating Inter-Agency Standing Committee organisations for the first three to six months of an emergency.

⁵ The Consolidated Appeals Process (CAP) is a tool used by aid organisations, including the UN and other stakeholders, to plan, coordinate, fund, implement, and monitor their activities in response to an acute humanitarian need caused by a conflict or a natural disaster.

⁶ Heise, L., et. al. (1999). "Ending Violence against Women. Population Reports L (11)." (Baltimore: Population Information Program, Johns Hopkins University School of Public Health) <http://www.infoforhealth.org/pr/111/violence.pdf>

⁷ Human Rights Watch (2002). "The War within the War: Sexual Violence against Women and Girls in Eastern Congo. A Human Rights Watch Report." (New York: Human Rights Watch) <http://www.hrw.org/reports/2002/drc/>

⁸ Koenig, M.A., et. al. (2003). "Domestic Violence in Rural Uganda: Evidence from a Community Based Study. WHO Bulletin 81, 53-60." (WHO: Geneva) <http://www.who.int/bulletin/Koenig0103.pdf>

⁹ UNFPA (2005). "Gender-Based Violence: A Price Too High. UNFPA State of World Population Report." (New York: UNFPA) <http://www.unfpa.org/swp/2005/english/ch7/index.htm>

¹⁰ Human Rights Watch (2002). "The War within the War: Sexual Violence against Women and Girls in Eastern Congo. A Human Rights Watch Report." (New York: Human Rights Watch) <http://www.hrw.org/reports/2002/drc/>