

Kit 1

# Getting Started

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# Getting Started

## Key Messages

- UNICEF's efforts to respond to GBViE lie at the heart of the agency's **mission to protect the health and well-being of children and women.**
- **The UNICEF GBViE Programme Resource Pack has been developed to support the fulfilment of UNICEF's responsibilities** to girls and women in emergencies and to foster good practice in GBV prevention, mitigation and response.
- The purpose of the Resource Pack is to **provide country offices with guidance and resources to promote girls' and women's rights to safety, dignity and protection from GBV** during all phases of humanitarian response.
- The Resource Pack contains information and guidance to **assist country offices to implement UNICEF's Minimum GBViE Response Package**, which aims to put in place coordinated life-saving response services for sexual violence survivors immediately following a crisis; build girls' and women's safety and resilience to GBV; and mitigate GBV risks across all UNICEF sectors and clusters.
- **Kit 1: Getting Started contains important information on the problem of GBV and how to respond to it.** This information will be helpful for all country office and partner staff to build understanding on the issue of GBV and their responsibilities for addressing it.

# Acknowledgements

This UNICEF Gender-based Violence in Emergencies Programme Resource Pack represents the combined work of colleagues and technical experts. The lead author was Sophie Read-Hamilton, with technical leadership from Mendy Marsh and considerable support and inputs from Sarah Roan Coughtry throughout the process, and from Christine Heckman to the section on risk mitigation. The design process was led by Jason Robinson, and Catherine Poulton also provided significant support and guidance on the final design, including to promote usability at the field level in acute emergencies.

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From 2015–2016, Vine Management Consulting, Ltd. conducted the *Multi-Country Evaluation of UNICEF's Gender-based Violence in Emergencies Programmes* across multiple regions of UNICEF's work. Evidence, experience, case studies and tools from this evaluation were incorporated into the Resource Pack to further strengthen its applicability.

We would like to extend a sincere thank you to all of those individuals and groups who participated in the development of this Resource Pack through feedback, revisions and consultations. Not only have your contributions been critical in the finalization of such an important tool; your ongoing work is also invaluable in the global effort to address GBV and enhance the lives of girls and women in humanitarian settings around the world.

# Foreword

Over the past two decades, gender-based violence (GBV) has been globally recognized as a critical human rights issue. Emergency situations increase the threat of many forms of GBV – from horrific acts of sexual violence to increased rates of intimate partner violence, child marriage and sexual exploitation – while systems of safety and protection are eroded. As such, preventing and responding to GBV in emergencies (GBViE) is now recognized as an essential and life-saving component of humanitarian action.

Governments, civil society and international organizations have taken significant strides in line with international human rights standards to address GBViE. Much remains to be done, however, to curb and end this widespread problem and to fulfil the rights of all girls and women to safety, dignity and protection from violence.

For more than a decade, UNICEF has provided global leadership in the humanitarian response to GBV. To catalyse attention and action on this critical issue, UNICEF has developed guidance and resources to assist country offices and partners to expand and strengthen GBV prevention and response efforts before, during and after emergencies. The **UNICEF GBViE Programme Resource Pack** is one of these resources.

The Resource Pack provides country offices with practical guidance to promote girls' and women's safety and protection. It contains tools and resources to support the design, implementation and monitoring of GBV interventions appropriate to the context and phase of programming.

Based on extensive experience, expertise and evidence from UNICEF's GBViE programming around the world, and informed by specialists across multiple humanitarian agencies, the Resource Pack has been developed for use in many different contexts and reflects the varying capacities of different actors.

We all have a responsibility to collectively address the needs, rights and protection of emergency-affected communities. As one of the largest operational humanitarian and development agencies, UNICEF has the technical capacity and global expertise to continue its leadership and pave the way for others to vastly increase quality, innovative and scalable GBViE programming efforts. Together, we can prevent GBV before it occurs and serve as allies in the critical endeavor for women's and girls' rights, safety, dignity and well-being.

## Summary

Gender-based violence (GBV) is a critical human rights and public health issue affecting girls and women globally, and the problem is worsened during armed conflict and natural disasters. UNICEF's efforts to respond to GBV in emergencies (GBViE) lie at the heart of the agency's mission to protect the health and well-being of children and women. UNICEF is mandated to support States and other duty bearers, civil society and communities to prevent GBV against girls and women as part of humanitarian response, and to ensure age-appropriate systems and services are available for survivors of GBV.

The **UNICEF GBViE Programme Resource Pack** has been developed to support country offices and partners to fulfil responsibilities to girls and women in emergencies in line with UNICEF's *Core Commitments for Children in Humanitarian Action* and other humanitarian standards. It aims to support UNICEF country offices and partners to expand and strengthen GBV prevention, mitigation and response efforts during and after emergencies.

**Kit 1: Getting Started** includes four training materials:

- *Overview of the UNICEF Gender-Based Violence in Emergencies Programme Resource Pack* (PowerPoint Presentation).
- *Introduction to Gender-Based Violence in Emergencies* (Learning Module).
- *UNICEF's Gender-Based Violence in Emergencies Programming* (Learning Module).
- *Values and Principles for Gender-Based Violence in Emergencies Programming* (Learning Module).

A *Case Studies Booklet* from UNICEF's GBViE programming in different countries is also located in **Kit 1: Getting Started**.

**Kit 1: Getting Started** introduces the UNICEF GBViE Programme Resource Pack. It has four sections:

- Section 1 *About the GBViE Programme Resource Pack* aims to orient UNICEF and partner staff to the Resource Pack by overviewing its background, purpose and contents.
- Section 2 *UNICEF's GBViE Programme Framework* introduces the programming model on which the Resource Pack is based.
- Section 3 *A Primer on GBV* provides essential information on GBV in emergency contexts. It contains information about the problem of GBV, the causes and its impacts, including on children.
- Section 4 *Foundations for GBV Programming* provides information on the legal, normative and policy foundations for UNICEF's humanitarian response in emergency settings; the guiding principles that underpin UNICEF's work; and good practices in GBV prevention, risk mitigation and response in emergencies. This section highlights the importance of staff values, attitudes and behaviours in GBV work.

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Nyarugusu, Tanzania

# About the GBViE Programme Resource Pack



Khor Abeche, South Darfur

GBV is a serious human rights, health and development issue impacting survivors, their families, and the health and development of entire communities.

# Introduction

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.<sup>1</sup>

GBV is a serious human rights, health and development issue impacting survivors, their families, and the health and development of entire communities. These acts of violence occur across countries, cultures and socio-economic classes and are an obstacle to equality, justice and peace.<sup>2</sup>

GBV disproportionately harms girls and women because of their subordinate status and lesser social, economic and political power in relation to men. Research has highlighted the sheer scale of the problem – one study by the World Health Organization found that globally, 35.6 per cent of women have at some point experienced non-partner sexual violence, physical or sexual violence by an intimate partner, or both.<sup>3</sup> Girls are up to three times more likely than boys to experience GBV.<sup>4</sup> The threat of many forms of GBV increases in emergency situations while, at the same time, systems of safety and protection are eroded. As such, preventing and responding to GBV in emergencies (GBVIE) is now recognized as an essential life-saving component of humanitarian action.<sup>5</sup>

UNICEF's work to address GBV in emergencies focuses on the rights and needs of girls and women, recognizing their systematic exposure to and risk of GBV.

**Girls, in particular, face heightened vulnerability to many forms of GBV due to both gender- and age-based power relations.** GBV programming is critical not only as a stand-alone intervention, but also as an essential part of UNICEF's violence against children, health, education and other programming.

While focusing on interventions addressing GBV against girls and women in emergencies, **UNICEF recognizes and seeks to ensure support is available for all survivors of sexual violence.** As such, UNICEF's programming to assist and support GBV survivors also aims to ensure that care, support and protection-related services are in place to meet the needs of boys who have experienced sexual violence in emergency settings. Other dimensions of programming to address violence experienced by children are addressed through Child Protection in Emergencies and other violence against children programming.

Over the past two decades, GBV has been globally recognized as a critical human rights issue. States, international actors and national actors have taken significant action in line with international human rights instruments to address GBV before, during and after armed conflict and disasters.<sup>6</sup> Much

1 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, Geneva, 2015, p. 5.

2 United Nations General Assembly, Declaration on the Elimination of all forms of Violence Against Women, A/RES/48/104, United Nations, 20 December 1993.

3 World Health Organization, London School of Hygiene and Tropical Medicine, and South African Medical Research Council, *Global and Regional Estimates of Violence Against Women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*, WHO, Geneva, 2013.

4 World Health Organization, *Guidelines for Medico-Legal Care for Victims of Sexual Violence*, WHO, Geneva, 2003, p. 9.

5 UNICEF's humanitarian action encompasses both (a) emergency preparedness, response and recovery interventions aimed at saving lives and protecting rights, in line with the Core Commitments for Children; and (b) addressing underlying risks and causes of vulnerability to disasters, fragility and conflict (through both humanitarian and development work). Throughout this Resource Pack, the words 'emergency' and 'humanitarian' are used interchangeably.

6 The importance of sustaining global momentum against GBV was reaffirmed at the 57th session of the Commission on the Status of Women, March 2013.

remains to be done, however, to address this widespread problem in emergency settings and to fulfil the rights of all girls and women to safety, dignity and protection from violence.

*"Most people in crisis live in contexts of fragility, where existing vulnerabilities due to causes like poverty, food insecurity and exclusion are compounded by conflict and violence, intensifying natural disasters, and unplanned urbanization. The international humanitarian system was set up to address exceptional circumstances, but for people in these environments, crises and insecurity are the norm. Cycles of conflict and disasters are displacing millions, leaving people vulnerable and in need of humanitarian action for decades, and in some cases, for generations."<sup>7</sup>*



New York, United States

UNICEF's efforts to respond to GBViE lie at the heart of the agency's mission to protect the health and well-being of children and women. UNICEF is mandated to support States and other duty bearers, civil society and communities to prevent GBV against girls and women in emergencies and to ensure appropriate systems and services are available and sensitive to the needs of women and children survivors.<sup>8</sup> UNICEF's response to GBViE is shaped by its humanitarian responsibilities and commitments set out in the *Core Commitments for Children in Humanitarian Action (CCCs)*,<sup>9</sup> the **Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action** (referred to as the 'GBV Guidelines')<sup>10</sup> and the *Minimum Standards for Child Protection in Humanitarian Action*.<sup>11</sup>

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See the IASC  
GBV Guidelines

For more than a decade, UNICEF has been a recognized global leader in humanitarian response to GBV. To catalyse attention and action on GBViE, UNICEF has led the development of global standards and seminal guidance, provided substantial leadership to humanitarian coordination efforts, and engaged in critical advocacy.<sup>12</sup>

On the ground in emergencies, UNICEF mounts significant GBViE responses that provide greatly expanded services and support to hundreds of thousands of GBV survivors and to other girls and women at risk in conflict- and disaster-affected communities. Where UNICEF is adequately resourced, it is successfully delivering life-saving health, psychosocial and protection services for survivors, ensuring that GBV services are expanded well beyond the service levels

7 United Nations Office for the Coordination of Humanitarian Affairs, *Leaving No-One Behind: Humanitarian Effectiveness in the Age of the Sustainable Development Goals*, United Nations, New York, 2016, p. 4.

8 While UNICEF's GBV prevention and response programming targets girls and women, UNICEF also meets the care, support and protection needs of boy survivors of sexual violence, as well as boys harmed by intimate partner violence and other forms of GBV perpetrated against their mothers.

9 See <[www.unicef.org/publications/files/CCC\\_042010.pdf](http://www.unicef.org/publications/files/CCC_042010.pdf)>.

10 See <<https://gbvguidelines.org>>.

11 See <[www.unicef.org/iran/Minimum\\_standards\\_for\\_child\\_protection\\_in\\_humanitarian\\_action.pdf](http://www.unicef.org/iran/Minimum_standards_for_child_protection_in_humanitarian_action.pdf)>.

12 For example, UNICEF has been instrumental in numerous inter-agency GBViE initiatives, including the development and roll-out of the global Gender-Based Violence Information Management System (GBVIMS), the GBV Coordination Handbook, the IASC GBV Guidelines, and guidance on working with child survivors of GBV and GBV case management.

Over the past two decades, GBV has been globally recognized as a critical human rights issue. States, international actors and national actors have taken significant action in line with international human rights instruments to address GBV before, during and after armed conflict and disasters. Much remains to be done, however, to address this widespread problem in emergency settings and to fulfil the rights of all girls and women to safety, dignity and protection from violence.

available pre-crisis. As well as delivering critical life-saving support for crisis-affected communities, UNICEF works to strengthen national systems – formal and informal – to prevent and respond to GBV.

In 2016, over 4.5 million girls, boys and women in humanitarian situations across 40 countries received assistance from UNICEF that prevented and responded to GBViE. This included:

- 11.5 million girls and women – including approximately 50,000 survivors – reached through dedicated GBV programming;
- 1.2 million girls reached with psychosocial support (49.2 per cent of total children reached); and
- 1.8 million people reached through activities integrating GBV prevention and response across humanitarian sectors, such as WASH and Education.

UNICEF often has the largest GBV programme of all UN agencies, and it is a trusted, valued and respected partner to governments, civil society groups and communities in their efforts to address GBV.

UNICEF and other humanitarian actors face many challenges in responding to crises, largely due to the complexity and nature of current conflicts and the sheer numbers and needs of people affected by conflict and disasters globally.<sup>13</sup> While there are fewer active conflicts now than there were two decades ago, providing life-saving assistance

and protection to affected populations is hindered by the intensity of these conflicts and a lack of humanitarian access. A rise in violent extremism – characterized by intensified militancy, indoctrination and involvement of children, and abduction of children and women into armed forces – poses additional challenges to UNICEF and other humanitarian actors who are mandated to protect and assist children and women. An increase in natural disasters caused by weather-, climate- and water-related hazards worldwide<sup>14</sup> is also contributing to unprecedented population displacement and the need for humanitarian assistance and protection.

The challenging global humanitarian situation requires UNICEF and sister UN agencies to work ever-more closely with each other, with governments and with civil society to collectively address the needs, rights and protection of emergency-affected communities. UNICEF is committed to strengthening collaboration between UN agencies that have shared mandates and complementary roles and responsibilities for addressing gender- and age-based vulnerabilities and violence. This means working closely with UNFPA, UNHCR and UN Women, as the mandates for the protection of children and women for each agency intersect and connect in multiple ways.<sup>15</sup> For example, UNICEF and UNHCR have a shared mandate to address sexual violence against boys in refugee settings, whereas in other contexts UNICEF may have sole responsibility for this. While there is scope for negotiating shared responsibilities at country-level, some elements of and responsibilities for protection-related work are clear. For example, UNHCR is responsible and has technical capacity for

13 Population displacement is a growing problem. In 2013, refugees, asylum-seekers and internally displaced people exceeded 50 million – more people than at any time since World War II. In 2014, a record-breaking 38 million people were internally displaced by conflict or violence – a 15 per cent increase on 2013. For further information on population displacement, see United Nations High Commissioner for Refugees, *Global Trends Report 2013*, UNHCR, 2014; and United Nations High Commissioner for Refugees, Geneva and Internal Displacement Monitoring Centre, *Global Overview 2015: People internally displaced by conflict and violence*, Norwegian Refugee Council, Geneva, 2015. For further information on the changing global context, see the Active Learning Network for Accountability and Performance in Humanitarian Action, *Responding to Changing Needs? Challenges and opportunities for humanitarian action*, ALNAP, 2014.

14 World Meteorological Organization, *Atlas of Mortality and Economic Losses from Weather, Climate and Water Extreme (1970–2012)*, 2014.

15 For explanation of the relationship between women's and children's rights, see, for example: United Nations Population Fund and United Nations Children's Fund, 'Women's and Children's Rights: Making the connection', UNFPA and UNICEF, New York, September 2012.

ensuring that the needs and rights of men and lesbian, gay, bisexual, transgender and intersex (LGBTI) populations experiencing violence and other protection violations are addressed appropriately.<sup>16</sup> Experience from the field shows that when inter-agency relationships are strong and each agency's role is clear, the response is more effective, and emergency-affected people benefit.

To support fulfilment of UNICEF's responsibilities to girls and women, the agency is developing guidance and resources to assist country offices (COs) and partners to expand and strengthen GBV prevention and response efforts during and after emergencies. The UNICEF GBViE Programme Resource Pack is one of these resources.

## Background to the Resource Pack

The Resource Pack is based on extensive experience, expertise and evidence from UNICEF's GBViE programming around the world. GBV, Child Protection (CP) and other specialists from within UNICEF and many other humanitarian agencies have contributed their expert knowledge and experience throughout the development of the Resource Pack. Staff from UNICEF country and regional offices, as well as experts at headquarters, have reviewed and contributed information, materials and tools that have been incorporated throughout. Many sections have been field-tested in a wide variety of contexts during the development process.

As part of the Resource Pack development process, UNICEF conducted a global multi-country evaluation of its GBViE programming. The evaluation delivered real-time assessment and technical support to seven UNICEF country programmes and facilitated

learning and improvement of ongoing GBViE response in the participating countries. Findings and recommendations for each country are set out in country reports. Importantly, the evaluation also generated valuable lessons and recommendations for UNICEF globally regarding GBViE prevention, mitigation and response. These are documented in the *UNICEF Multi-Country Gender-based Violence in Emergencies Programme Evaluation Synthesis Report, 2016*. The lessons, evidence, tools and good practices have been incorporated throughout this Resource Pack. The evaluation also generated a series of case studies, which are documented in the *Case Studies Booklet* at the end of **Kit 1: Getting Started**. Not only do these case studies illustrate the breadth and diversity of UNICEF's GBViE programming; they are also valuable training resources (see the *Case Studies Booklet* for suggestions on how to incorporate the case studies into trainings).

In addition to tools, case studies and guidance on GBV interventions for which there was previously limited knowledge and evidence, the evaluation has served as a model for future evaluative efforts on GBViE programming. While there is a demand for greater accountability and learning within humanitarian action, there is very little guidance on how to evaluate humanitarian interventions – particularly protection-related interventions, and especially those that address GBV. A key aspect of the multi-country GBViE evaluation, therefore, was the development and testing of a real-time GBV programme evaluation methodology, the lessons and tools from which have been incorporated into **Kit 4: Evaluation**.

<sup>16</sup> For more information on working with LGBTI populations in emergencies, see the UNHCR Emergency Handbook website: <<https://emergency.unhcr.org/entry/62590/lesbian-gay-bisexual-transgender-and-intersex-lgbti-persons>>; and the UNHCR *Training package on the protection of LGBTI persons in forced displacement*: <[www.unhcrexchange.org/topics/15810](http://www.unhcrexchange.org/topics/15810)>. For UNHCR guidance on working with male survivors of sexual violence in situations of forced displacement, see: <[www.refworld.org/pdfid/5006aa262.pdf](http://www.refworld.org/pdfid/5006aa262.pdf)>.

# Purpose

The purpose of the GBViE Programme Resource Pack is to provide COs with guidance and resources to promote girls' and women's rights to safety, dignity and protection from GBV during all phases of humanitarian response (see figure below).

UNICEF's GBV programming in emergencies comes in many shapes and sizes; as such, the Resource Pack has been developed for use in many different contexts of humanitarian response and reflects the varying capacities of different actors, including the State. As a leading global development and humanitarian agency, UNICEF works across a remarkable diversity of settings – from disaster response in stable developing economies to ongoing assistance and protection for displaced people in protracted complex

conflicts, where a fragile State may be unable to fulfil its responsibilities toward its citizens.

The Resource Pack contains guidance and tools to support COs before, during and after emergencies to design, implement and monitor GBV interventions appropriate to the context and phase of response. It reflects UNICEF's role as a key development and humanitarian partner, and it promotes a **'development-to-relief-to-development'** continuum that characterizes an effective approach to emergency management and recovery.<sup>17</sup> Such an approach emphasizes the importance of strengthening local and national systems – both formal and informal – every step of the way, from initial response through to recovery efforts, in order to promote national ownership, capacity and long-term change at structural, systems and service levels.

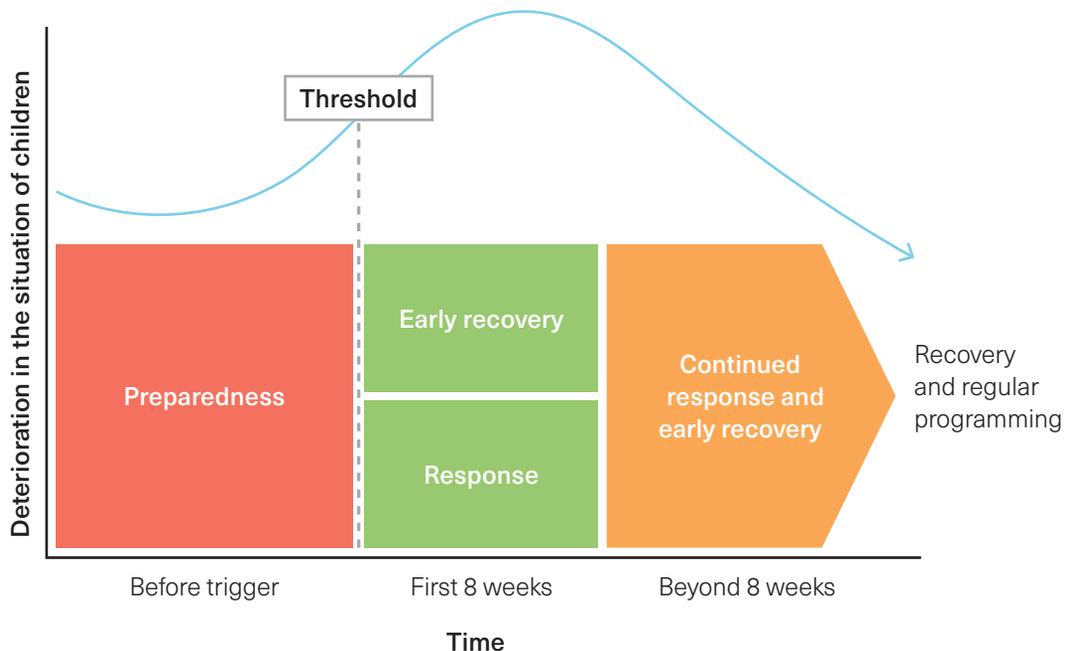


Figure 1: Phases of UNICEF's emergency response timeline

<sup>17</sup> A relief-to-development-to-relief approach is increasingly recognized as an important approach in emergency-affected settings, particularly in disaster-prone and protracted contexts. See, for example: World Bank, 'Forcibly Displaced: Toward a development approach supporting refugees, the internally displaced, and their hosts', World Bank, Washington, 2016.

# Pillars of GBViE prevention, mitigation and response

There are three pillars of action to prevent and respond to GBViE:



## Coordination

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See the IASC  
GBV Guidelines

Where the cluster approach is operational and UNFPA has overall responsibility for leading the GBV sub-cluster, UNICEF plays a vital role in ensuring a well-coordinated, strategic, adequate, coherent and effective humanitarian response to GBV. While UNFPA deploys the sub-cluster coordinator and has overall leadership of sub-cluster coordination at the national level, UNICEF supports GBV coordination efforts at sub-national levels and ensures that age-based considerations are at the forefront of GBV sub-cluster strategy, planning and response efforts – in particular, ensuring that GBV services are child-friendly and that the needs of children of survivors are considered.

In settings where the cluster approach has not been activated or is not relevant, UNICEF actively supports government and civil society in inter-agency GBV coordination efforts at national and sub-national levels.

In addition to supporting the coordination of GBV actors, UNICEF plays a critical role in facilitating effective collaboration and linkages between GBV and other coordination mechanisms. Such collaboration is essential for the delivery of GBV prevention

and response services, as well as for the integration of GBV risk mitigation across all humanitarian sectors in line with the **IASC GBV Guidelines**.<sup>18</sup> In addition to humanitarian coordination, UNICEF is responsible for ensuring GBV is addressed appropriately within other relevant mechanisms, such as the Monitoring and Reporting Mechanism on grave violations of children's rights (MRM);<sup>19</sup> the Monitoring, Analysis and Reporting Arrangements on Conflict-Related Sexual Violence (MARA);<sup>20</sup> and other United Nations (UN) humanitarian, peace- and security-related fora in country. For more information, see **Kit 3.5: Programming – GBV Coordination in Emergencies**.

## GBV risk mitigation across sectors and clusters

As stated in the **IASC GBV Guidelines**: “All humanitarian actors must be aware of the risks of GBV and – acting collectively to ensure a comprehensive response – prevent and mitigate these risks as quickly as possible within their areas of operation. Failure to take action against GBV represents a failure by humanitarian actors to meet their most basic responsibilities for promoting and protecting the rights of affected populations.”<sup>21</sup>

<sup>18</sup> See <[www.gbvguidelines.org](http://www.gbvguidelines.org)>.

<sup>19</sup> Sexual violence is one of the grave violations against children monitored by the MRM.

<sup>20</sup> The purpose of the MARA is to provide systematic, timely, reliable and objective information on conflict-related sexual violence to the Security Council that will help reduce the risk of sexual violence and improve assistance to survivors. For more information, see: <[www.refworld.org/pdfid/4e23ed5d2.pdf](http://www.refworld.org/pdfid/4e23ed5d2.pdf), provisional>.

<sup>21</sup> Inter-Agency Standing Committee, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015, p. 14.

The GBV Guidelines clearly spell out the essential actions each sector and cluster must take to integrate GBV mitigation into the humanitarian programming cycle. All humanitarian actors, including UNICEF, must now implement the essential actions for GBV risk mitigation set out in these Guidelines into each sector of their work.

As a cluster lead agency for WASH, Nutrition, Education and Child Protection, UNICEF has additional responsibilities for making sure UNICEF-led clusters appropriately incorporate GBV into cluster needs assessments and analyses, strategic response planning, implementation, monitoring, evaluation and learning.

UNICEF also plays an important role in encouraging other clusters of which it is a member, such as the Health cluster, to integrate GBV prevention and mitigation actions into their strategies and plans in line with the **IASC GBV Guidelines**. For more information, see **Kit 3.6: Programming – Integrating GBV Risk Mitigation Across UNICEF Sectors and Clusters**.

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See the IASC  
GBV Guidelines



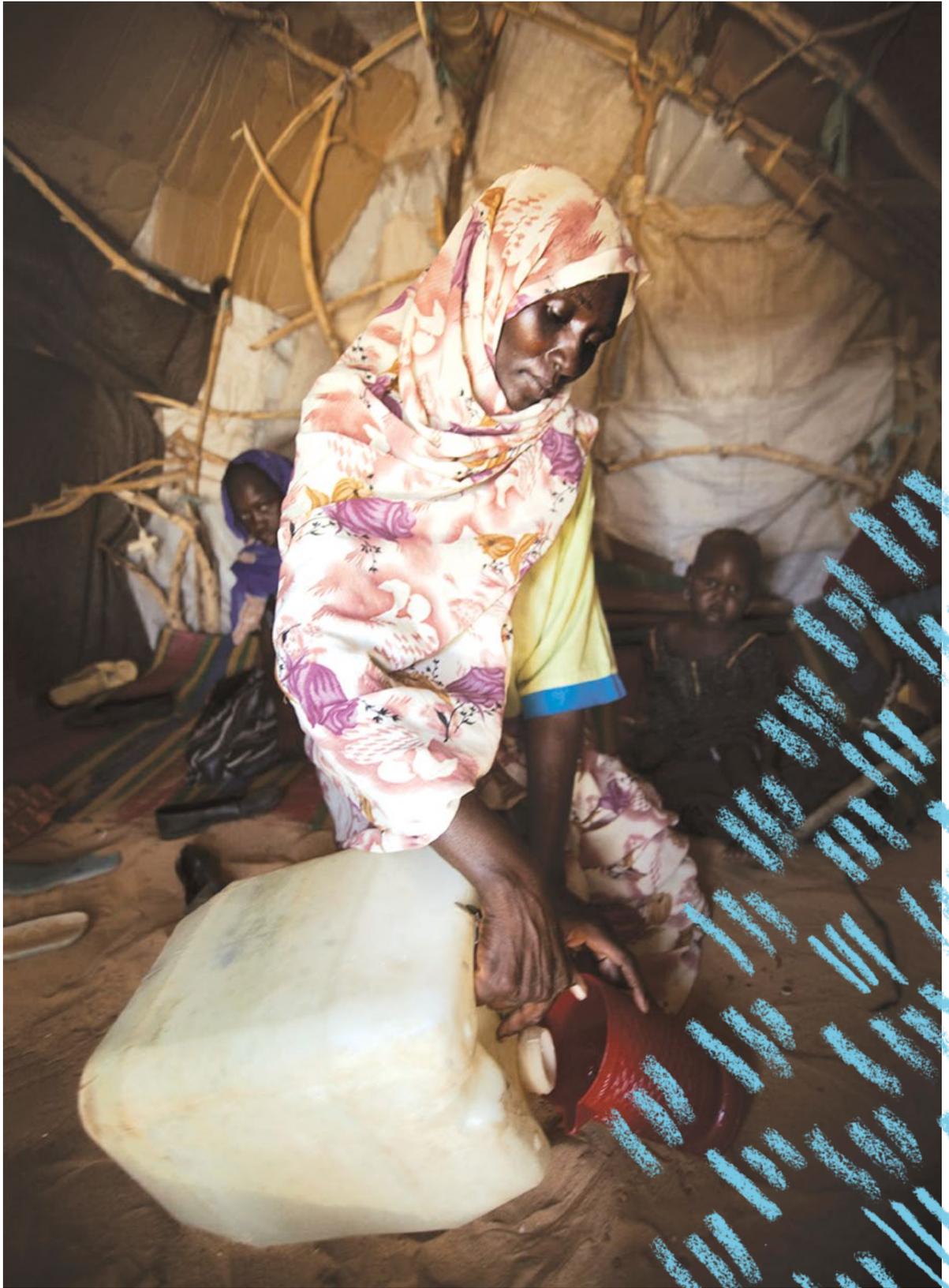
Analamanga, Madagascar

## Specialized GBV prevention and response programming

Within Child Protection, UNICEF implements specialized GBViE programming. This programming spans from immediate and life-saving response in a rapid-onset emergency through protracted and post-conflict settings. In each phase of response, UNICEF's specialized GBViE programming emphasizes local and national ownership as well as a systems-strengthening approach, working with both formal and informal systems for GBV prevention and response.

Specialized GBViE programming may include any or all the components below, depending on the context:

- **Response** – Assisting and supporting survivors by ensuring good quality, coordinated and age-appropriate health, psychosocial and safety services are available and systems are developed.
- **Building girls' and women's safety** – Delivering targeted interventions to make girls and women safer and less vulnerable to GBV. Examples include supporting community-based safety planning and action; distributing dignity kits to promote girls' and women's health, mobility and protection; and establishing safe spaces for women and girls in displaced settings.
- **Prevention** – Addressing the underlying causes and drivers of different forms of GBV to prevent this violence in the longer-term. Examples include initiatives to prevent sexual violence and child marriage; supporting States to strengthen and enforce legal protections and systems; and transforming harmful social norms.
- **Building accountability of duty bearers** – This includes supporting monitoring and response to conflict-related sexual violence (CRSV).



Tawila, Sudan

# Minimum GBViE Response Package

In line with the IASC GBV Guidelines, *UNICEF's Minimum GBViE Response Package* focuses on putting health, psychosocial and safety services in place for sexual violence survivors as an *initial* priority in emergency settings. This initial focus on sexual violence is due to the immediate and potentially life-threatening health consequences of such violence, coupled with the feasibility of managing these consequences through medical care. At the same time, there is a growing recognition that affected populations can experience various forms of GBV during conflict and natural disasters, during displacement, and during and following return. Therefore, establishing response for other forms of GBV should occur as soon as clinical management of rape (CMR) services are in place.

This Resource Pack contains information and resources for implementing *UNICEF's Minimum GBViE Response Package*. UNICEF's Minimum GBViE Response Package includes essential humanitarian interventions to: put in place coordinated life-saving response services for sexual violence survivors immediately following a crisis; build girls' and women's safety and reduce their vulnerability to GBV; and mitigate GBV risks across sectors immediately following an emergency.

Working with partners, including government and civil society, to deliver a minimum set of GBViE services and actions is an essential component of UNICEF's core commitments to GBV as outlined in the Core Commitments for Children (CCCs).<sup>22</sup>

This Resource Pack also contains guidance for implementing an **Expanded GBViE Response Package** during ongoing response and recovery. See the table below for an outline of minimum and expanded GBViE programming.

Minimum GBViE Response Package	Expanded GBViE Response Package
<ol style="list-style-type: none"> <li><b>Effectively coordinate</b> humanitarian action to address GBV.</li> <li><b>Assist and support survivors</b> through provision of good quality and age-appropriate health, psychosocial and safety services.</li> <li><b>Build girls' and women's safety and resilience</b><sup>23</sup> through: <ul style="list-style-type: none"> <li>Community safety planning and action;</li> <li>Dignity kit programming; and</li> <li>Safe space programming.</li> </ul> </li> <li><b>Integrate GBV risk mitigation across UNICEF sectors and clusters</b> in line with the <b>IASC GBV Guidelines</b>.</li> </ol>	<ol style="list-style-type: none"> <li><b>Effectively coordinate</b> humanitarian and recovery action to address GBV.</li> <li><b>Strengthen systems and services</b> for responding to survivors of all forms of GBV.</li> <li><b>Initiate prevention interventions</b> that empower girls and women, address harmful attitudes and social norms, and build supportive legislative and policy frameworks.</li> <li><b>Integrate GBV risk mitigation across UNICEF sectors and clusters</b> in line with the <b>IASC GBV Guidelines</b>.</li> </ol>

★  
See the IASC  
GBV Guidelines

<sup>22</sup> United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*, Child Protection 2.6 Commitment 1, UNICEF, 2010, p. 32.

<sup>23</sup> The term 'resilience' is used in this Resource Pack to draw attention to the capacities of emergency-affected people, including girls and women, and to encourage a focus on building on their strengths as well as recognising vulnerabilities. Building resilience requires consideration of how to strengthen human, social and financial assets, as well as how to address deficits such as risks and vulnerabilities.

## Country office programming priorities

UNICEF's role and activities in delivering Minimum and Expanded GBViE Response Packages are based on the context, on assessed needs, and in consultation with key stakeholders, including communities and governments. While the GBViE programme framework identifies the elements and strategies for a comprehensive response to GBViE (see *Section 2: UNICEF's GBViE Programme Framework*), the programming priorities of each UNICEF CO will be determined at the local level. For example, which aspects of survivor support, protection,

prevention and coordination UNICEF delivers in each emergency will be shaped by multiple factors on the ground, such as:

- The type of emergency and the phase of humanitarian response;
- The level of preparedness and the role and capacity of other actors, including government, sister UN agencies, and national and international humanitarian agencies;
- Humanitarian needs, priorities and resources on the ground;
- Complementarity with other humanitarian protection and assistance efforts; and
- Linkages with a CO's regular programming, such as social protection programming.



Tarialan Sum, Mongolia

# Critical factors underpinning successful programming

The multi-country evaluation of UNICEF's GBViE programming – covering both conflict and disaster-affected settings – identified several critical factors that underpin effective response to GBViE. These factors include:

- **Strong commitment at all levels of the CO, especially senior management, to addressing GBViE** as a life-saving aspect of humanitarian action and to its early prioritization as part of the emergency response;
- **Dedicated GBViE technical capacity within the CO** to enable UNICEF to lead GBViE prevention and response, play a key role in GBV coordination, provide technical support across humanitarian sectors and clusters, and facilitate good quality programming;
- **Dedicated resources for GBViE** within the CO budget;
- **Investment in sustained capacity-building** to equip government, civil society and community actors to uphold their responsibilities in GBV prevention and response;
- **Positive and trusting relationships** with government and non-government partners – international and national – and with sister UN agencies;
- **Innovation and flexibility** to create and adapt approaches and interventions to the context; and
- **Taking a 'development-relief-development' approach** to leverage pre-emergency regular programming for humanitarian response, and vice versa – to build on emergency programming to strengthen national capacity and systems for longer-term action on GBV prevention and response in line with UNICEF's systems strengthening approach.

Regardless of what a GBViE programme looks like in each context, systems-strengthening is a key component of UNICEF's approach in all settings – whether UNICEF is working in a fragile or stable context, a conflict or a natural disaster, an acute or protracted response. Guidance in this Resource Pack draws on UNICEF's **determinant framework**: a systems-based model for identifying conditions related to the regulatory environment, supply, demand and quality that must be fulfilled in order for GBV to be addressed.

Capacity development is therefore a foundation of UNICEF's GBViE programming, leveraging UNICEF's position as a key development and humanitarian partner, its strong and valued relationships with government, and its long-term presence before, during and after emergencies.



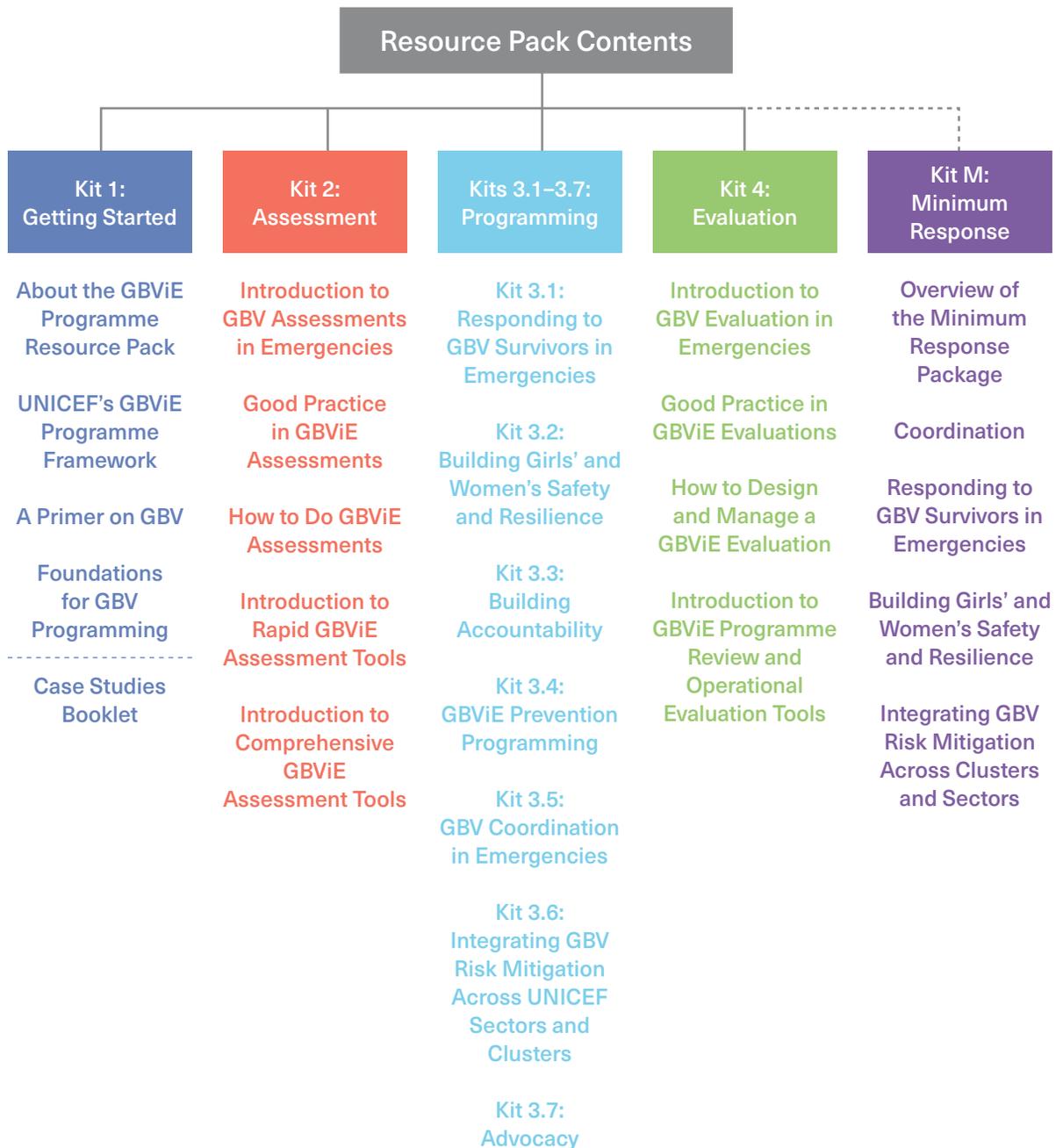
Khyber-Pakhtunkhwa, Pakistan

## Audience

The GBViE Programme Resource Pack is primarily for UNICEF GBV and CP specialists to assist in designing and delivering targeted GBV interventions. However, information in the Resource Pack will also be useful for senior management and for staff from other sectors to (a) support their advocacy and fundraising efforts on GBV as a life-saving priority within humanitarian action and (b) increase their knowledge and understanding of successful and effective GBV programming.

# What's in the Programme Resource Pack?

The Resource Pack contains information, tools and training materials to help COs and partners assess, plan, implement and monitor GBV programmes. The Resource Pack contains four components plus **Kit M: Minimum GBViE Response Package**.



## Kit 1: Getting Started

**Kit 1: Getting Started** orients users to the issue of GBViE and UNICEF's approach to addressing it. It has four sections:

- *Section 1: About the GBViE Programme Resource Pack*
- *Section 2: UNICEF's GBViE Programme Framework*
- *Section 3: A Primer on GBV*
- *Section 4: Foundations for GBV Programming*

It also contains the following training materials:

- *Overview of the UNICEF Gender-Based Violence in Emergencies Resource Pack* (PowerPoint Presentation)
- *Introduction to Gender-Based Violence in Emergencies* (Learning Module)
- *UNICEF's Gender-Based Violence in Emergencies Programming* (Learning Module)
- *Values and Principles for Gender-Based Violence in Emergencies Programming* (Learning Module)

**Kit 1: Getting Started** also contains a *Case Studies Booklet* of UNICEF GBV programming. These case studies are referenced throughout different sections of the Resource Pack. They can also be used as training resources – for example, to inform and educate about UNICEF's programmatic responses to GBV in different settings; as individual or small group exercises during trainings to help facilitate exploration and discussion on a particular topic; or to apply concepts discussed during a training session.

Although **Kit 1: Getting Started** is for all UNICEF and partner staff, those who do not have a background in GBV will find *Sections 3 and 4* particularly useful.

## Kit 2: Assessment

To prevent, mitigate and respond to GBV in emergencies, UNICEF and partners need relevant, timely, context-specific information about the GBV situation. **Kit 2: Assessment** provides information and tools to help COs and partners carry out GBV assessments during different phases of emergency response. It also provides guidance on safely incorporating questions about GBV into other assessments that take place as part of the humanitarian response. There are seven parts:

- *Section 1: Introduction to GBV Assessments in Emergencies*
- *Section 2: Good Practice in GBViE Assessments*
- *Section 3: How to Do GBViE Assessments*
- *Section 4: Introduction to Rapid GBViE Assessment Tools*
- *Section 5: Introduction to Comprehensive GBViE Assessment Tools*

It also contains the following Learning Module:

- *Introduction to Gender-Based Violence in Emergencies Assessments*

**Kit 2: Assessment** will be most useful for UNICEF and partner GBV and CP staff responsible for assessments and programme design.

## Kits 3.1–3.7: Programming

**Kits 3.1–3.7: Programming** contain guidance and tools to support COs and partners in designing, implementing and monitoring GBV programmes. **Kits 3.1–3.7: Programming** have seven parts:

- *Kit 3.1: Programming – Responding to GBV Survivors in Emergencies*
- *Kit 3.2: Programming – Building Girls' and Women's Safety and Resilience*
- *Kit 3.3: Programming – Building Accountability*
- *Kit 3.4: Programming – GBViE Prevention Programming*
- *Kit 3.5: Programming – GBV Coordination in Emergencies*
- *Kit 3.6: Programming – Integrating GBV Risk Mitigation Across UNICEF Sectors and Clusters*
- *Kit 3.7: Programming – Advocacy*

It also contains the following Learning Modules:

- *Introduction to Responding to Survivors of Gender-Based Violence in Emergencies*
- *Introduction to Programming to Build Girls' and Women's Safety and Resilience*
- *Integrating GBV Risk Mitigation Across UNICEF Sectors*

**Kits 3.1–3.7: Programming** are for staff working on GBV programmes and for UNICEF and partner staff from other sectors, including Health, Education, Nutrition and WASH. Senior managers will also find the advocacy materials relevant to their work.

The guidance in **Kits 3.1–3.4 (Responding to GBV Survivors in Emergencies, Building Girls' and Women's Safety and Resilience, Building Accountability and GBViE Prevention Programming)** follows a similar format and includes:

- A summary of the types of GBV addressed, types of emergency and phases of humanitarian response to which the guidance applies;
- Why the intervention or area of programming is important;
- What UNICEF's approach is;
- Who the key stakeholders are; and
- How to design, implement and monitor interventions.

## Kit 4: Evaluation

**Kit 4: Evaluation** contains guidance and tools to support COs in planning and implementing internal programme reviews and external programme evaluations in emergency-affected settings to help foster evidence-based practice, accountability, and continuous learning within and across UNICEF COs. **Kit 4: Evaluation** has five sections:

- *Section 1: Introduction to GBV Evaluation in Emergencies*
- *Section 2: Good Practice in GBViE Evaluations*
- *Section 3: How to Design and Manage a GBViE Evaluation*
- *Section 4: Introduction to GBViE Programme Review and Operational Evaluation Tools*

**Kit 4: Evaluation** is for UNICEF senior management and GBV and CP specialists with responsibility for planning and implementing programme reviews and external evaluations.

## Kit M: Minimum GBViE Response Package

**Kit M: Minimum GBViE Response Package** contains relevant sections from **Kit 2: Assessment** and **Kits 3.1–3.7: Programming** for easy reference to assist with the implementation of essential humanitarian interventions to: put in place coordinated life-saving response services for sexual violence survivors immediately following a crisis; build girls' and women's safety and reduce their vulnerability to GBV; and mitigate GBV risks across sectors immediately following an emergency. **Kit M: Minimum GBViE Response Package** has five sections:

- **Section 1: Overview of the Minimum Response Package**
- **Section 2: Coordination**
- **Section 3: Responding to GBV Survivors in Emergencies**
- **Section 4: Building Girls' and Women's Safety and Resilience**
- **Section 5: Integrating GBV Risk Mitigation Across Clusters and Sectors**

All of the Learning Modules in the Resource Pack support the implementation of the Minimum GBViE Response Package.

### A note on types of GBV addressed

The Resource Pack focuses on establishing care, support and protection services for sexual violence survivors as the *initial* priority when establishing GBV response services. As soon as minimum services are in place, COs should support partners to cater for the care, support and protection needs of survivors of different types of GBV that are prevalent in each setting. The Resource Pack contains sections on intimate partner violence (IPV) and child marriage prevention to assist COs in these areas of work.

Prevention of sexual exploitation and abuse (SEA) of children and women by humanitarian and peace-keeping personnel is not addressed in detail in this Resource Pack as this is not the responsibility of GBV and CP staff. Resources, including an Info Sheet, for addressing SEA are provided in *Section 3: A Primer on GBV*. GBV response services must always be available to survivors of sexual exploitation and abuse, and UNICEF GBV and CP staff and partners are involved in ensuring that SEA survivors and their families have access to care, support and protection services through UNICEF's GBV and CP programming.

### A note on at-risk groups

In each setting, there may be groups of girls and women at higher risk of different types of GBV (See Info Sheet on **At-Risk Groups** in *Section 3: A Primer on GBV*). This may be because their circumstances or the societal systems around them afford them less agency, power or access to resources. For example, unaccompanied adolescent girls may have fewer resources for survival, be less visible or be marginalized in some other way. Girls and women with disabilities, separated children, adolescent girls, children recruited and used by armed groups, mothers with children born of rape and their children, women with socially oppressed sexualities (such as lesbian and bisexual women), and transgender women and gender non-conforming people are all examples of populations that may have specific vulnerabilities and needs.

Of course, different groups, such as those mentioned above, also have capacities and resources for protecting themselves. Analysis of the position and needs of different groups must also consider their strengths and resources at every stage of programming in emergencies – from preparedness planning through to programme evaluation. Population-specific considerations, information, resources and tools are referenced throughout the Resource Pack.

## Resources included

The GBViE Programme Resource Pack brings together existing resources on GBV prevention and response in humanitarian settings. It also aims to fill critical gaps in technical guidance and tools for some aspects of GBV programming.<sup>24</sup> Throughout the Resource Pack, different symbols are used to indicate where there are: key resources or additional information on a topic; assessment or programming tools; and capacity development materials to support UNICEF's action on GBViE.

The following key explains the different materials:

### Snapshot Sheet

Each section includes a *Snapshot Sheet*. This sheet is aimed at non-GBV specialists, including senior management within UNICEF. It aims to build knowledge, understanding and support for GBV programming in emergencies by providing key information and messages about GBV prevention and response, as well as UNICEF's responsibility to address it. Snapshot Sheets are located at the beginning of each section.



### Info Sheets

An *Info Sheets* icon indicates that additional information is available in the Resource Pack on a topic mentioned in the text. Info Sheets are knowledge-builders for those with little prior knowledge on a topic and can be used as training resources. Info Sheets are located at the end of each section.



### Tools

A *Tools* icon indicates that there is a tool included in the Resource Pack to help carry out an action specified in the guidance. Tools are located in a separate folder in each kit.



### Capacity Development

A *Capacity Development* icon indicates details of training or other capacity-building materials that can be used to increase knowledge and skills on a topic. The Resource Pack contains a number of Learning Modules, each of which are located in the relevant Kits.



### Resources

A *Resources* icon links to relevant UNICEF or inter-agency resources to support action specified in the guidance.



### Case Studies

A *Case Studies* icon highlights a box that contains information about an example from a UNICEF GBViE programme. Full versions of the case studies can be found in the *Case Studies Booklet* in **Kit 1: Getting Started**.

<sup>24</sup> While significant strides have been made by the humanitarian community in developing guidance, tools and capacity-building resources to standardize GBV interventions and institutionalize good practice models and approaches in the last decade, especially in relation to service delivery for survivors of sexual violence, there remain gaps in key areas of GBV risk mitigation and prevention.



# UNICEF's GBViE Programme Framework

Summary

This section introduces the UNICEF GBViE programme framework.

Materials included in this section



Info Sheets

Factors Shaping the Humanitarian Context



Kirkuk Governorate, Iraq

# Purpose of the programme framework

The UNICEF GBViE programme framework is a flexible, evidence- and practice-based outline of the key elements of comprehensive response to GBV in emergency-affected contexts. It has been designed to provide a 'road map' to assist UNICE COs in identifying gaps and priority strategies and interventions for addressing GBViE. The GBViE programme framework has been developed to support consistent, evidence-based GBV programming across the diverse range of **factors shaping humanitarian contexts** in which UNICEF operates. Which programme components a CO prioritizes will, of course, depend on context-specific factors, including:



Factors Shaping  
the Humanitarian  
Context

- **The type of emergency** – for example, whether a CO is responding to armed conflict, a rapid- or a slow-onset natural disaster, or another type of emergency such as a public health crisis.
- **The phase of response and prevalent types of GBV** – for example, implementing a Minimum GBViE Response Package will be the priority during immediate response;<sup>1</sup> however, once minimum services are in place, the focus will shift toward addressing other prevalent types of GBV, such as IPV.

- **The functioning and capacity of the State** – for example, whether the focus is substituting for the State or supporting it to uphold its responsibilities toward assisting and protecting its citizens.
- **The presence, role and capacity of other actors** – UNICEF's GBV programming is always designed with reference to coordinated inter-agency strategies and plans.
- **The CO's regular programming and capacity** – for example, linking social protection programming in emergencies with established social safety net programming.

The programme framework reflects UNICEF's theory of change<sup>2</sup> (ToC) for addressing GBV against girls and women in humanitarian contexts. The ToC diagram is shown on the next page. It presents the drivers and barriers to humanitarian response to GBViE, along with UNICEF's strategies and the pathways of change for a sector-wide and comprehensive approach to addressing it.

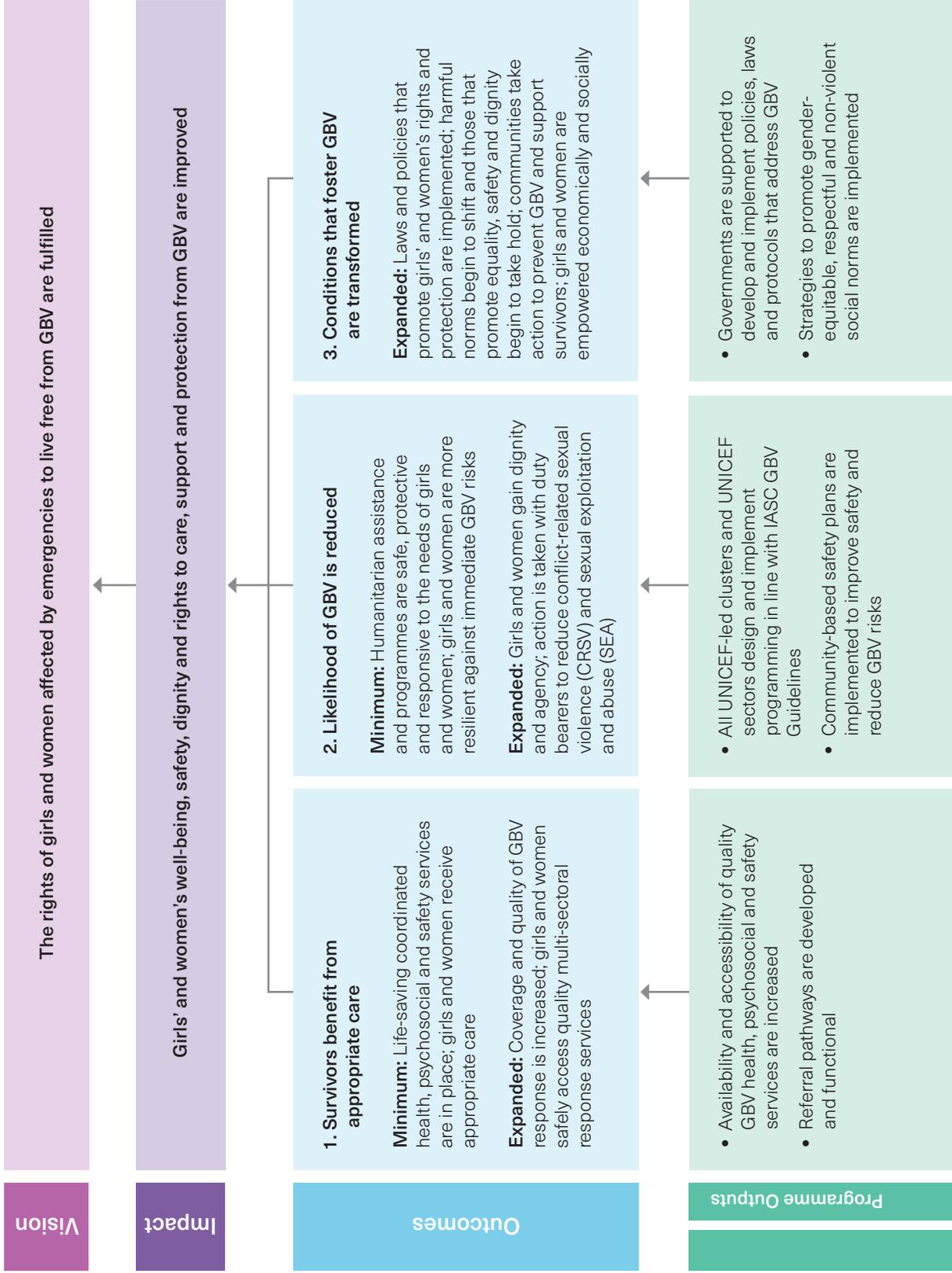
The ToC and programme framework are informed by evidence and learning from multiple settings on effective approaches and strategies for addressing GBV against girls and women. Key aspects of this learning are summarized in the set of principles that underpin the programme framework, which are outlined in *Section 4: Foundations for GBV Programming*.

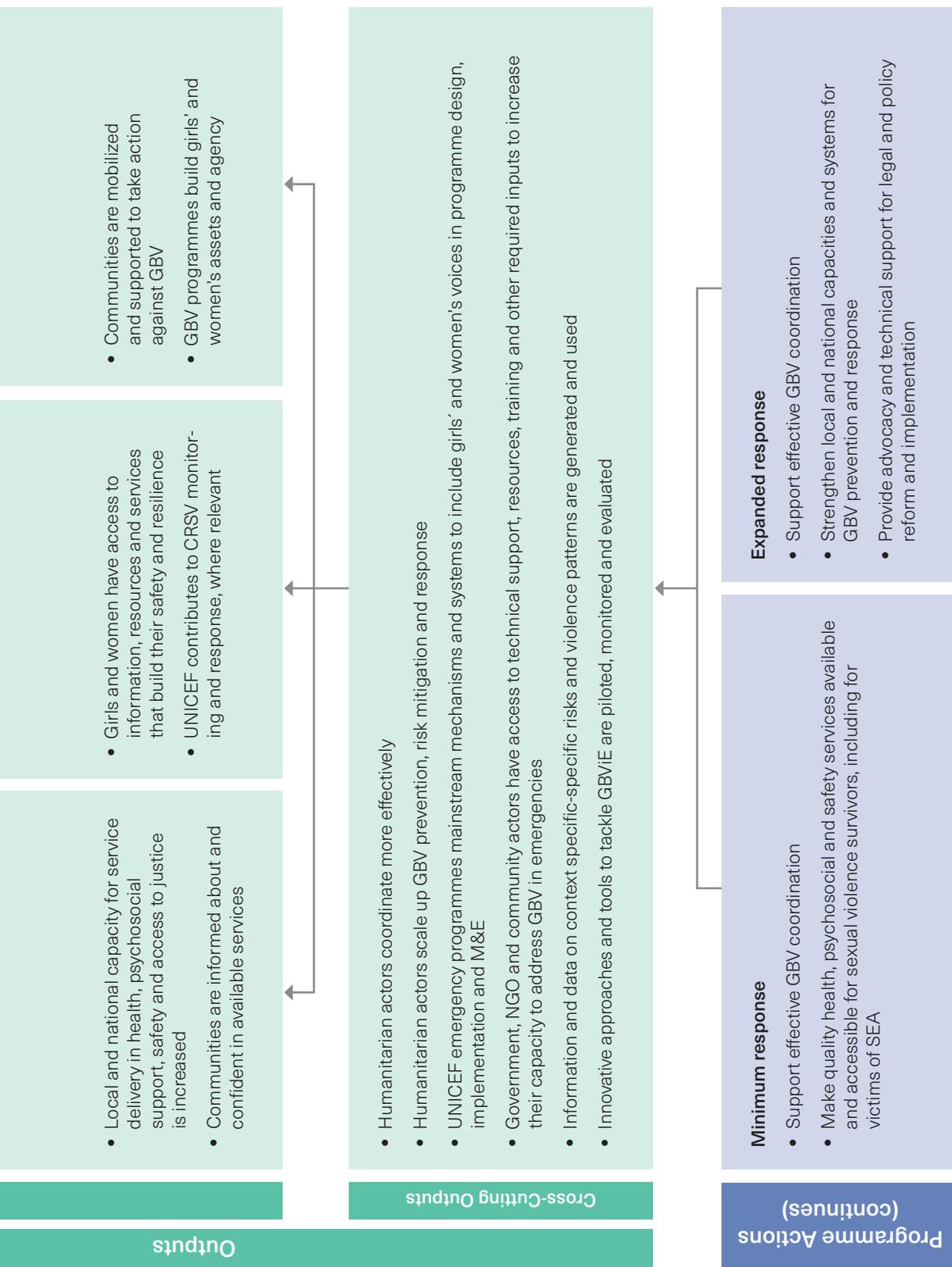
1 In line with the IASC GBV Guidelines, the Minimum GBViE Response Package focuses on putting health, psychosocial and safety services in place for sexual violence survivors as an *initial* priority in emergency settings. This initial focus on sexual violence is due to its immediate and potentially life-threatening health consequences, coupled with the feasibility of managing these consequences through medical care. At the same time, there is a growing recognition that affected populations can experience various forms of GBV during conflict and natural disasters, during displacement, and during and following return. Therefore, response services for other forms of GBV must be established as soon as clinical management of rape services are in place.

2 There are different types of and uses for the term 'theory of change'. In this document, a theory of change refers to a higher-level mapping of the logical sequence of an initiative that is expected to lead to a desired outcome. It is an outcomes-based approach to the design, implementation and evaluation of initiatives and programmes. This type of theory of change is based on high-level mapping of drivers, key contextual or issue conditions, examples of archetypal sequences, and pathways of change, and it describes a sector-wide programme to map generic sector interventions to a specific country context. It provides a broad conceptual framework for change to guide context-specific interventions. For further information, see Vogel, I., *Review of the Use of 'Theory of Change' in International Development*, UK Department for International Development, London, 2012.

# UNICEF's GBViE Theory of Change

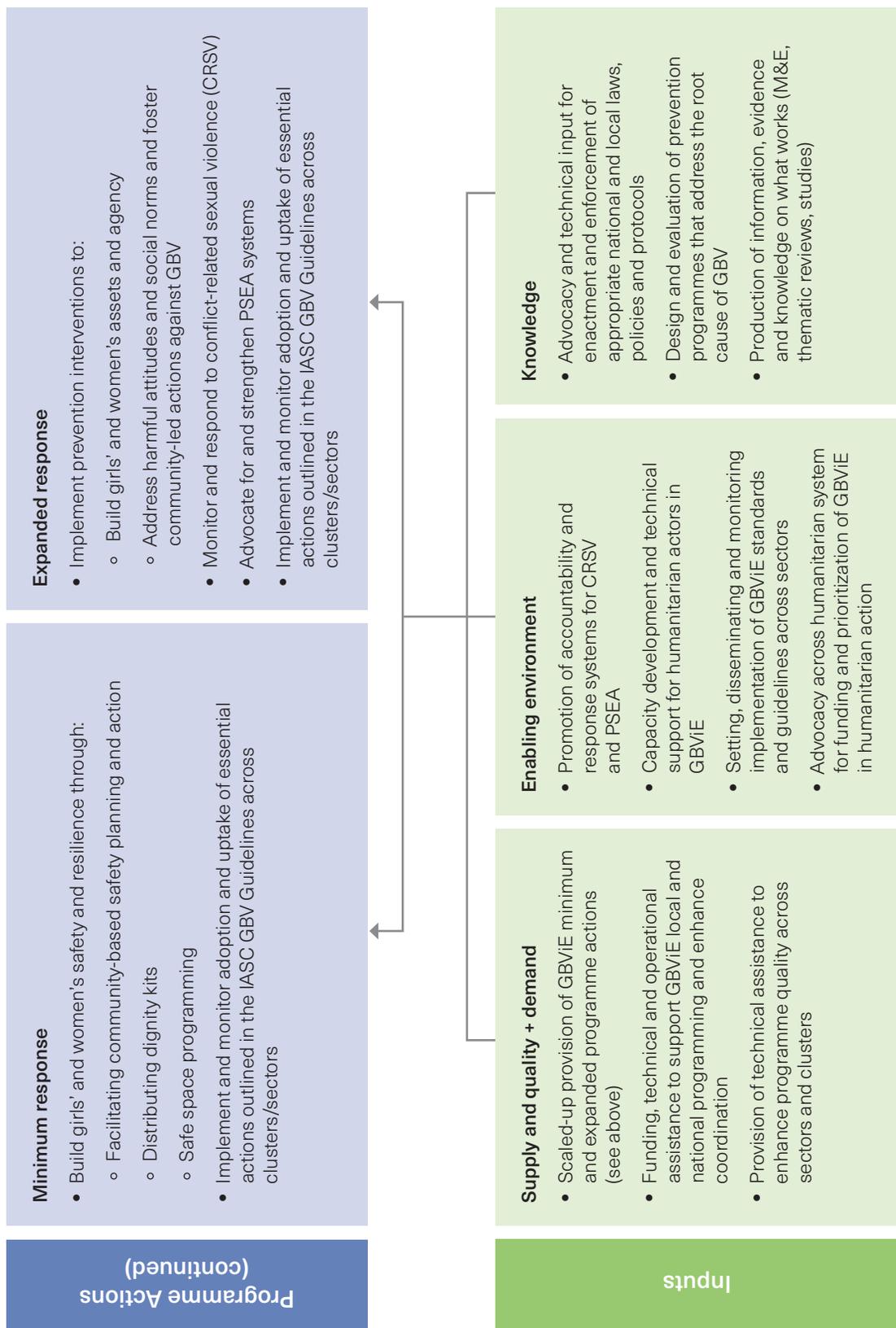
Girls' and women's voices shape decision-making and programming





Programme Actions continues on the following page.

Programme Actions continued from the previous page.



## Strategies

1. Leverage internal and external partnerships and systems to amplify UNICEF's GBVIE programming and technical leadership
2. Strengthen UNICEF's capacity to provide technical assistance and to enhance capacity and expertise for addressing GBVIE across the humanitarian system
3. Set and implement GBVIE standards across sectors
4. Innovate with new tools and programmes to address GBVIE, and continue to position UNICEF as a leader in contributing to the evidence base

## Barriers

### Supply/quality + demand

- Shortage of quality basic health, psychosocial, safety, social, legal and economic services for girls and women, including lack of capacity, expertise and supplies for services
- Limited access to and use of services by girls and women, which results in their increased vulnerability and decreased agency

### Enabling environment

- Social expectations and norms that support male dominance and demonstration of power through violence against girls and women
- Girls and women blamed for the violence they are exposed to and related stigma, silence and lack of trust
- Lack of and/or poor implementation of laws/policies that protect girls and women
- Pre-conflict/crisis, few agencies involved in appropriate GBV programming and therefore limited capacity and expertise on the ground
- Insufficient sector-specific and cross-sector coordination

### Commitment, willingness and buy-in

- Humanitarian response does not adequately engage girls and women as active participants and decision-makers
- Lack of institutional buy-in or "will" among senior leaders to prioritize protection needs of girls and women
- Appropriate human and financial resources are not allocated to addressing GBV before, during after crisis
- Questioning that GBV is an issue, or lack of awareness that there is anything that can be done about it

### Knowledge and evidence

- Limited evidence, programming not standardized, and lack of innovative solutions
- Limited availability of information/data and understanding of risks for girls and women

## Problem

**GBV is a life-threatening and serious human rights violation that is exacerbated in emergencies**

# Elements of a comprehensive response to GBV

Based on evidence and practice, the programme framework sets out all of the elements of a comprehensive response to GBV in an emergency. Although it might seem like a complicated problem, there are clear and distinct strategies which different actors can and must take to prevent, mitigate and respond to GBV. Of course, no single organization or actor is expected to, or can, do these things alone; different actors and stakeholders, including communities, have roles to play in the following actions.

★  
See the IASC  
GBV Guidelines



**Assist and support survivors:** International, national and community-based health, psychosocial and safety actors work together to make sure child and adult survivors have access to essential services to help them heal, recover and cope with the harmful

after-effects of GBV. These services are usually provided by actors with specialized GBV programming capacity.

**Build girls' and women's safety and resilience:** Humanitarian actors work with communities to identify and eliminate GBV-related safety risks faced by girls and women in a camp, settlement or community. They deliver services and programmes to reduce vulnerability to GBV amongst vulnerable groups. For example, supplying gender-sensitive non-food items or economic strengthening for adolescent girls can help to build resilience against GBV. These activities are usually implemented by agencies with specialized GBV programming capacity.

**Mitigate risks and prevent GBV in all cluster/sector humanitarian assistance programmes:** The **IASC GBV Guidelines** clearly spell out the essential actions that each cluster/sector must integrate into humanitarian programming to mitigate and prevent GBV. All humanitarian actors and agencies must implement the essential activities set out in the Guidelines for each sector.

**Prevent GBV by addressing the causes:** GBV can be prevented by implementing evidence-based primary prevention strategies that build gender equality, empower girls and women, and promote social norms that foster healthy, equitable and non-violent relationships. Prevention programmes are usually implemented by actors with specialized GBV programming capacity.

**Monitor and respond to conflict-related sexual violence:** Parties to a conflict and other duty bearers have a responsibility to uphold international law and not perpetrate conflict-related sexual violence (CRSV). Monitoring CRSV and engaging with armed actors to prevent CRSV is the responsibility of mandated actors, including UNICEF.

**Prevent sexual exploitation and abuse:** The United Nations has a zero tolerance approach to sexual exploitation and abuse (SEA). Each country must have an inter-agency SEA Network and Focal Point system in place, and each UN entity must act to prevent SEA.



North Darfur, Sudan

## Taking a systems perspective

To create real and sustained changes in service delivery and in social conditions that enable GBV, UNICEF works at multiple levels, with government and with civil society to effect institutional, and ultimately structural, change so that GBV can be eradicated. UNICEF's systems approach involves strengthening formal and informal systems for GBV prevention and response, comprising:

- **The legal and social regulatory environments**, which include legislative and policy levels, as well as social norms that shape attitudes and behaviours;
- **A service component**, which includes infrastructure, equipment, training and supervision of staff in health, social welfare and criminal justice sectors to ensure quality services are available and delivered in a caring, compassionate and competent manner; and
- **A community-based component**, which includes community-based actors and structures that create demand for and action on GBV prevention and response at the grassroots level.

## A systems approach

UNICEF uses a systems approach to build capacity of States and other duty bearers to respond to GBVIE. A systems approach recognizes that ad hoc interventions, such as one-off trainings, are not enough to improve availability and quality of care, support and protection for survivors of GBV. To create real and sustained change, it is necessary to act at multiple levels of health, social welfare, justice and community systems to ensure survivors' rights to quality services are realized and to foster legal and social protections for survivors.

# Outcomes, outputs and strategies

Within the programme framework, the desired impact is that girls' and women's safety, dignity and rights to care, support and protection from GBVIE are realized. A comprehensive humanitarian response to achieve this goal is reflected in three complementary outcomes. Key outputs support the achievement of each outcome, and – although not exhaustive – potential strategies for achieving the outputs are listed.

The three outcomes are described below, and corresponding outputs and strategies are presented in the programme framework diagram that follows.

## **Outcome 1: Survivors benefit from life-saving, coordinated multi-sectoral services and systems.**

Survivors of GBV have the right to good quality services and systems to support their physical and psychosocial healing and recovery, to protect them from further violence and to facilitate access to justice where it is available.



Kathmandu, Nepal

Responding to GBV therefore entails making sure good quality, coordinated, multi-sectoral and survivor-centred services are available and accessible, as well as strengthening formal and informal systems for care, support, protection and justice.

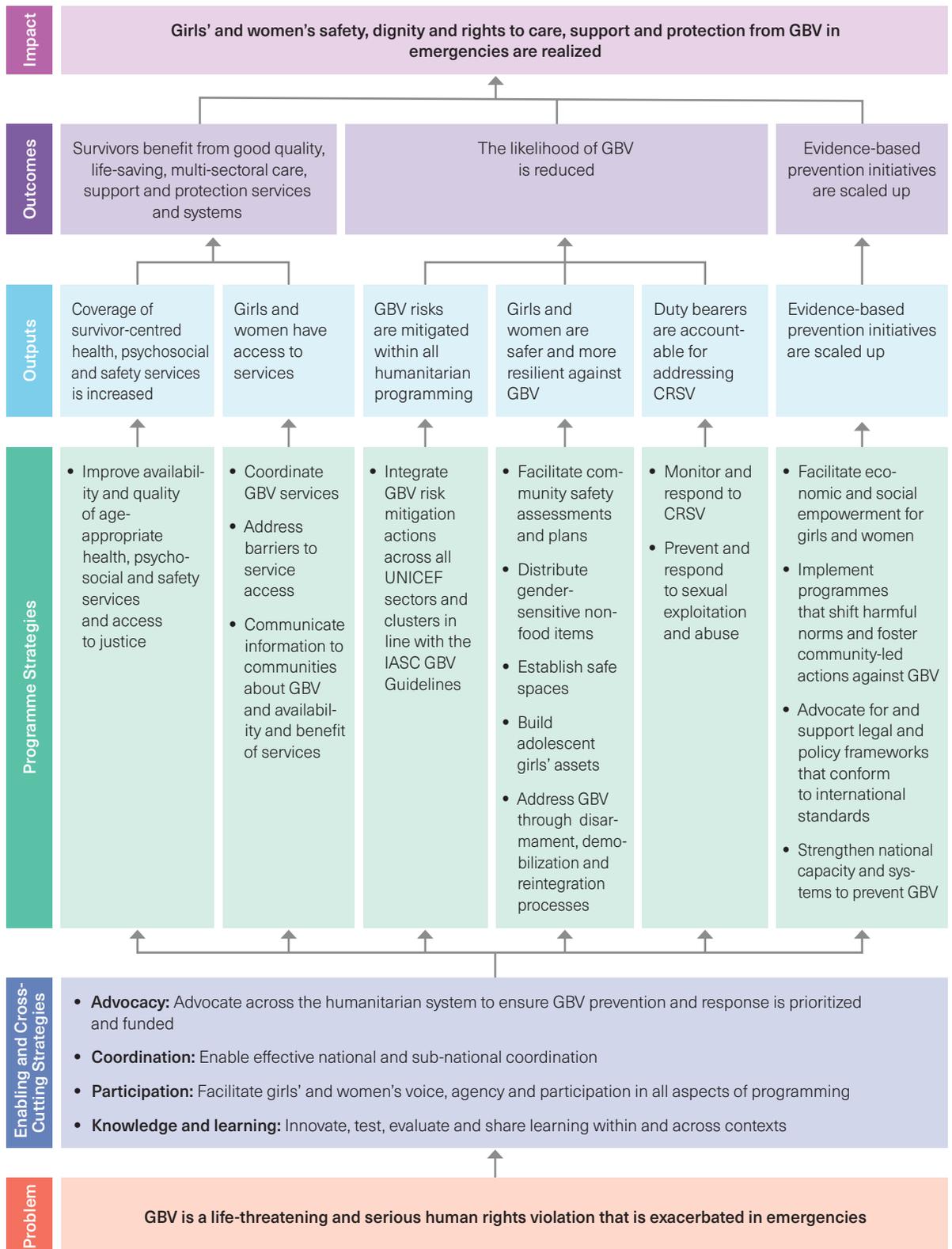
## **Outcome 2: The likelihood of GBV is reduced.**

Risk mitigation and other secondary prevention efforts focusing on addressing the risk factors for GBVIE are critical for promoting girls' and women's rights to safety and protection. Making humanitarian systems and services responsive to the needs and rights of girls and women, building girls' and women's safety and resilience, and promoting accountability of duty bearers are three distinct but complementary aspects of reducing the likelihood of GBV occurring in emergencies. These complementary approaches reflect the importance of community-centred interventions, as well as the responsibilities held by State and non-State actors – including those within the humanitarian system – for protecting the rights of girls and women.

## **Outcome 3: The conditions that foster GBV are transformed.**

Ultimately, addressing GBV involves fostering gender-equitable societies, communities and relationships. In stabilized and protracted humanitarian settings, it is vital to implement evidence-based primary prevention initiatives that promote girls' and women's equality and rights. Such initiatives build supportive laws, policies and social norms and promote equitable, respectful, non-violent relationships between men and women, boys and girls.

# Programme framework diagram



# Info Sheets – UNICEF’s GBViE Programme Framework



## Factors Shaping the Humanitarian Context

There are many factors that shape a humanitarian situation and the response to it. Below are common factors that must be taken into consideration by UNICEF and other humanitarian actors when determining how to best respond to a crisis situation.

---

### What is the phase of response?

- Preparedness
- Immediate response
- Ongoing response
- Recovery
- Post-conflict development

---

### What is the type of emergency?

- Rapid-onset natural disaster
- Slow-onset natural disaster
- Cyclical disaster
- Armed conflict
- Political violence/instability
- Public health emergency
- Complex emergency
- Protracted emergency

---

### What is the capacity and role of the State?

- High capacity with national disaster management system in place
- High capacity with no national disaster management system
- Fragile or transitional state
- Failed state

---

**What is the military presence and mandate?**

- National military operating with humanitarian and/or security mandate
- Regional or other military force
- UN peace-keeping mission with or without a protection mandate

---

**What are the characteristics of displacement?**

- Urban/peri-urban
- Rural
- Community-based/formal settlement
- Camp-based
- Informal/spontaneous settlement
- On the move, including temporary camps/transit centres



North Darfur, Sudan

# A Primer on GBV

## Summary

This section overviews the problem of GBV.

### Materials included in this section



#### Info Sheets

UN Declaration on the Elimination of All Forms of Violence Against Women – Extract

Honour Killing

School-Related Violence

Conflict, Disasters and GBV

Trafficking for Sexual Exploitation

Sexual Exploitation and Abuse

Conflict-Related Sexual Violence

Men, Boys and Conflict-Related Sexual Violence

HIV and GBV in Emergencies

At-Risk Groups

Social Norms and GBV

Principles for Working with Men and Boys

Health Consequences of GBV



Mogadishu, Somalia

# Defining GBV

Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.<sup>1</sup>

While GBV is sometimes understood to include some types of violence against men and boys, the term has historically been used to highlight the gender-based discrimination that underpins different forms of violence against girls and women throughout the life-cycle.

A fundamental aspect of GBV against girls and women is that the different forms of violence are connected and rooted in power imbalances and structural inequality between men and women. Gendered violence is used in the private and public spheres to preserve and maintain the subordinate status of females in relation to males. In other words, acts of violence against girls and women are both an expression of and a way to reinforce male domination – not just over individual girls and women, but over females as a whole class of people. Addressing different forms of GBV, therefore, ultimately requires addressing gender-based inequality.



UN Declaration  
on the Elimination  
of All Forms of  
Violence Against  
Women – Extract

The **UN Declaration on the Elimination of All Forms of Violence Against Women**<sup>2</sup> (DEVAW) makes the link between gender-based oppression and violence against girls and women clear. It emphasizes that the violence is “a manifestation of historically

unequal power relations between men and women, which have led to the domination over and discrimination against women by men and to the prevention of the full advancement of women.”<sup>3</sup> The declaration defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life.”<sup>4</sup>

Clarifying gender discrimination as a central component in the perpetration of all forms of GBV against girls and women reinforces States' obligations to work toward the elimination of violence against girls and women as part of their responsibilities for protecting and promoting universal human rights.

## Types of GBV

While sexual violence and intimate partner violence (IPV) are the most common types of GBV globally, the DEVAW highlights the many forms of GBV experienced by girls and women in the family and community across the lifespan.

As shown in Table 1 (on the following page), some types of GBV are specific to a person's age and developmental stage; for example, female infanticide occurs during infancy, and female genital mutilation/cutting (FGM/C) is most common during early and middle childhood.<sup>5</sup>

1 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015, p. 5.

2 See <[www.un.org/documents/ga/res/48/a48r104.htm](http://www.un.org/documents/ga/res/48/a48r104.htm)>.

3 The Convention on the Rights of the Child, Articles 19 and 34.

4 “Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms.” The Convention on the Elimination of All Forms of Discrimination Against Women, Article 1.

5 United Nations General Assembly, In-depth study on all forms of violence against women, Report of the Secretary-General, A/61/122/Add.1, 6 July 2006.

**Table 1: Common forms of GBV across the lifespan**

Life stage	Common type of GBV
Pre-birth	<ul style="list-style-type: none"> <li>• Sex-selective abortion</li> </ul>
Infancy and early childhood	<ul style="list-style-type: none"> <li>• Female infanticide</li> <li>• Neglect and differential access to nutrition, health care and other services</li> <li>• Female genital mutilation/cutting (FGM/C)</li> </ul>
Middle childhood	<ul style="list-style-type: none"> <li>• Neglect and differential access to nutrition, health care, education and other services</li> <li>• FGM/C</li> <li>• Dowry/bride price abuse</li> <li>• Child marriage</li> <li>• Sexual abuse in the family</li> <li>• Sexual violence in the community, including schools, and care and justice institutions</li> <li>• Sexual exploitation, including forced prostitution and trafficking</li> </ul>
Adolescence	<ul style="list-style-type: none"> <li>• Physical and sexual violence within dating/intimate relationships</li> <li>• Intimate partner violence (IPV), including physical, sexual and psychological violence</li> <li>• Harmful practices including FGM/C, child marriage, dowry/bride price abuse and <b>honour killing</b></li> <li>• Sexual exploitation, prostitution and trafficking</li> <li>• Sexual abuse in the family</li> <li>• Sexual violence in the community, including schools, the workplace, and care and justice institutions</li> </ul>
Early and middle adulthood	<ul style="list-style-type: none"> <li>• IPV</li> <li>• Sexual violence in the household and community</li> <li>• Forced marriage</li> <li>• Honour killing</li> <li>• Sexual harassment and sexual assault in the workplace</li> <li>• Femicide</li> <li>• Trafficking in women and forced prostitution</li> </ul>
Late adulthood	<ul style="list-style-type: none"> <li>• Physical, sexual and economic abuse of widows and older women</li> <li>• Deprivation of inheritance or property</li> </ul>



Honour Killing

# Children, gender and violence

A child's gender makes them vulnerable to particular types of violence. Boys are more likely to experience harsh physical punishment within the family and other settings such as schools, as well as lethal peer-based violence perpetrated by other boys.<sup>6</sup> In conflict, boys are more likely to be forcibly recruited and used by armed forces and groups. Boys are also at greater risk of perpetrating violence than girls. Boys are often taught to perpetrate violence against other boys and against girls because of social norms around sex, masculinity, violence and male entitlement.<sup>7</sup> Despite the fact that boys sometimes experience violence related to their gender, this is distinct from societal-level gender inequality and discrimination that systematically places females in an inferior position to males, thereby facilitating – and often encouraging – violence against them.

Girls are at risk of specific forms of violence *because* they are female and, in most societies, have the least power, status and control over their own bodies and over assets, resources and decision-making within the family and community. Girls are at higher risk for infanticide, sexual abuse, educational and nutritional neglect, forced prostitution and female genital mutilation/cutting (FGM/C).<sup>8</sup>



School-Related  
Violence

In many settings, both boys and girls experience **school-related violence**. Boys generally experience higher levels of physical violence from peers, while girls generally experience higher levels of sexual exploitation and abuse traveling to and from school as well as at school. This shows the need for complimentary but separate interventions to address violence in schools affecting girls and boys.



Bangui, Central African Republic

As well as age and gender, other factors such as a child's race, ethnicity and religion contribute to a child's vulnerability, capacities and risk of violence, as well how the wider community prevents and responds to violence. Using an intersectional approach is essential to understanding the multiple forces that work together and interact to reinforce conditions of inequality and social exclusion, which are the roots of violence.

## Children and sexual violence

Boys and girls both experience sexual violence, although girls are victimized at higher rates than boys. Some groups of boys may be at higher risk of sexual violence than other boys, for example when unaccompanied and living on the street or in detention facilities. Boys and girls with disabilities,

6 Pinheiro, P., *World Report on Violence against Children*, United Nations Secretary-General's Study on Violence against Children, Geneva, 2006, p. 17.

7 Ward, J., 'From Invisible to Indivisible: Promoting and Protecting the Right of the Girl Child to be Free from Violence', UNICEF, New York, 2008.

8 Pinheiro, P., *World Report on Violence against Children*, p. 17.

Girls are at risk of specific forms of violence because they are female and, in most societies, have the least power, status and control over their own bodies and over assets, resources and decision-making within the family and community. Girls are at higher risk for infanticide, sexual abuse, educational and nutritional neglect, forced prostitution and female genital mutilation/cutting.

and, in many contexts, those who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI), also face increased risk. The impact of sexual violence on all children can be immediate, such as early and unwanted pregnancy, sexually transmitted infections (including HIV) and psychological trauma. The impact can also be devastating and life-long and can impact their capacity to care for themselves and others in adulthood.

## Children and gender-based violence

*“Adolescent girls between the ages of 10 and 19 constitute one of the most at-risk groups for GBV due to their physical development and age. These factors can lead to high levels of sexual assault, sexual exploitation, child marriage, intimate partner violence and other forms of domestic violence. Services must be put in place (such as school and community-based programmes to increase their social skills; programmes that generate economic opportunities; etc.) that help them to develop in healthy ways and take into account their specific needs (e.g. child care responsibilities; obligations in the household; levels of literacy; etc.).”<sup>9</sup>*

Children are directly and indirectly harmed by GBV. Girls experience many forms of GBV including sexual assault, child marriage, FGM/C and IPV. Children are harmed by witnessing IPV against their mother. Even when they are not directly exposed to violence, children are harmed by the damaging effects that GBV has on their mothers, who tend to be the primary carers of infants and younger children. Ending GBV is therefore a core aspect of UNICEF’s mandate to realize children’s rights to health, dignity and protection.

## Relationship between GBV and violence against children

Boys and girls both experience violence; however, the gender of a child makes them vulnerable to certain types of violence. Violence against children (VAC) constitutes any violence experienced by a person under 18 years; it is linked to a person’s age. GBV is linked to gender inequality; it is rooted in the fact that girls and women have lower social status and less power over their own bodies and over assets, resources and decision-making within the household, the community and wider society.

It can sometimes be confusing to know whether a form of violence constitutes GBV and is related to gender inequality. In such circumstances, examining the underlying context of the violence, the circumstances and dynamics surrounding the violence, and the power relations underpinning it (asking who is using the violence against whom, and why) can help to identify the determinants of the violence – one of which may be gender inequality.

GBV and VAC have multiple and interrelated drivers, or risk factors, at different levels. Individual experience and make-up, family and relationship dynamics, community norms and practices, and wider social factors all play a role in the perpetration and victimization of both GBV and VAC. Some of the risk factors for GBV and VAC are the same – for example, social norms that condone men’s use of violence as a form of discipline and control. This means that addressing those risk factors can help to reduce both forms of violence. For example, interventions addressing IPV have been shown to reduce violence against children in the household and improve parenting.<sup>10</sup>

GBV and VAC can overlap in other ways, as well. For example, when a child is exposed

<sup>9</sup> Adapted from Child Protection Working Group, ‘Minimum Standards for Child Protection in Humanitarian Action’, CPWG, 2012.

<sup>10</sup> Kyegombe, N., et al., ‘What is the potential for interventions designed to prevent violence against women to reduce children’s exposure to violence? Findings from the SaSa! study, Kampala, Uganda’, *Child Abuse Negl.*, vol. 50, December 2015, pp. 128-140.

to IPV – the most common form of violence experienced by girls and women globally – it is also considered a form of child abuse or maltreatment. Key intersections between GBV and VAC are outlined on the following page.

**Girls and GBV** – Girls are at risk for multiple forms of GBV from birth throughout adolescence. In fact, some types of GBV – such as female infanticide, FGM/C and child marriage – are specific to childhood.

**Children and IPV** – Children are directly and indirectly affected by IPV – the most widespread expression of GBV globally that is increasingly being recognized as one of the most prevalent forms of violence in emergencies. One in three adolescent girls aged 15 to 19 worldwide have been the victims of emotional, physical or sexual violence committed by their husband or partner.<sup>11</sup>

However, IPV not only harms the primary victim; it also has negative effects on children in the household. Children are often present during episodes of violence in the household,

which can be traumatic itself; they may also be verbally or physically assaulted or abused. Exposure to IPV has detrimental impacts on children’s physical and psychological health and development – including impacts on brain development – many of which last into adulthood.<sup>12</sup> Further, women experiencing violence may have decreased capacity to care for their children. For example, women with little control over household spending may be unable to ensure their children’s nutritional or other needs are met.

There is evidence from some parts of the world of a link between child abuse and experiences of GBV later in life.<sup>13</sup> Children who grow up with violence in the home learn early and powerful lessons about the use of violence in interpersonal relationships to dominate others. Boys exposed to IPV as children are more likely to grow up to perpetrate violence against their own partners, while girls are more likely to grow up to be abused themselves, entrenching a cycle of violence and abuse.<sup>14</sup>

**Married girls and GBV** – Child marriage is itself a form of GBV, and it can affect all aspects of girls’ well-being and development – for example, by prematurely ending their access to formal education. Married girls are especially vulnerable to other forms of GBV, including physical, sexual, psychological and economic abuse within the family.<sup>15</sup> As with IPV, child marriage can lead to poor outcomes for girls and their children. Early pregnancy carries significant risks for girls, including higher rates of maternal morbidity and mortality during both pregnancy and childbirth. Girls are more likely to have children that are stillborn or die in the first month of life; if a mother is under the age



Bangui, Central African Republic

11 United Nations Children’s Fund, ‘Behind Closed Doors: The Impact of Domestic Violence on Children’, UNICEF, New York, 2006.

12 United Nations Children’s Fund, ‘Ending Violence Against Children: Six Strategies for Action’, UNICEF, New York, 2014.

13 One study in North America found that children who were exposed to violence in the home were 15 times more likely to be physically and/or sexually assaulted than the national average. This link has been confirmed around the world, with supporting studies from a range of countries including China, South Africa, Colombia, India, Egypt, the Philippines and Mexico.

14 UNICEF, ‘Behind Closed Doors’.

15 Because child marriage limits their knowledge, skills, resources, social support networks, mobility and autonomy, young married girls often have little power in relation to their husband or his family.

of 18, her infant's risk of dying in its first year of life is 60 per cent greater than that of an infant born to a mother older than 19.<sup>16</sup> Even if the infant survives, it is more likely to suffer from low birth weight, malnutrition and late physical and cognitive development.

### In Practice

- Boys and girls both experience violence; however, the gender of a child makes them more vulnerable to certain types of violence.
- VAC is linked to age, while GBV is linked to gender inequality. It can be confusing to know whether a form of violence is related to gender inequality. Examining the circumstances and dynamics surrounding the violence, as well as the power relations underpinning it (who is using the violence against whom, and why) can help to identify the determinants – one of which may be gender inequality.
- Some forms of VAC are also GBV, such as child marriage, FGM/C and sexual abuse of girls.
- GBV and VAC overlap in other ways, as well. For example, being exposed to IPV is also considered a form of child abuse.
- GBV and VAC have shared risk factors, such as social norms that condone men's use of violence as a form of discipline and control. Addressing those risk factors can help to reduce both forms of violence; for example, interventions addressing IPV have been shown to reduce violence against children in the household and to improve parenting.
- Carefully targeted interventions can have multiple benefits. For example, interventions to prevent IPV can also reduce forms of VAC.



### Resources

#### Intersections between GBV and VAC

- ▶ **Bridging the Gaps: A global review of intersections of violence against women and violence against children**  
*A. Guedes, et al. (2016)*  
<[www.ncbi.nlm.nih.gov/pmc/articles/PMC4916258/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4916258/)>
- ▶ **Women's and Children's Rights: Making the connection**  
*UNFPA and UNICEF (September 2012)*  
<[www.unfpa.org/sites/default/files/pub-pdf/Women-Children\\_final.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/Women-Children_final.pdf)>
- ▶ **Connecting the Dots: An overview of the links among multiple forms of violence**  
*Centers for Disease Control and the Prevention Institute (2014)*  
<[www.cdc.gov/violenceprevention/pdf/connecting\\_the\\_dots-a.pdf](http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf)>
- ▶ **Examining the Intersections between Child Maltreatment and Intimate Partner Violence**  
*A. Guedes and C. Mikton, Journal of Emergency Medicine (2013)*  
<[www.ncbi.nlm.nih.gov/pmc/articles/PMC3756703/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3756703/)>
- ▶ **The importance of integrating efforts to prevent violence against women and children**  
*UNICEF Office of Research (2013)*  
<[www.unicef-irc.org/article/983/](http://www.unicef-irc.org/article/983/)>

#### School-related GBV

- ▶ **Global Guidance on Addressing School-Related Gender-Based Violence**  
*UNESCO and UN Women (2016)*  
<<http://unesdoc.unesco.org/images/0024/002466/246651E.pdf>>

16 United Nations Children's Fund, 'The State of the World's Children', UNICEF, New York, 2009.

# Gender-based violence in emergency settings



Conflict, Disasters and GBV

**Conflict and disasters** can worsen many forms of GBV that girls and women experience in times of stability. For example, increased levels of IPV and sexual violence have been documented in many post-conflict and post-disaster settings around the world.<sup>17, 18</sup>

In displaced settings, child marriage of girls may be a coping mechanism that families adopt to respond to real and perceived protection threats or to ease the financial burden on the family.



Trafficking for Sexual Exploitation

**Trafficking for sexual exploitation** has also been recognized to increase in some settings during and after conflict and disasters. Where there are risks of trafficking in emergencies, UNICEF works with government and other actors to take multi-faceted action to reduce the risks and respond appropriately. See the case study box on the following page on UNICEF's programming to address trafficking in Nepal following the 2015 earthquake.

## Trafficking children for sexual exploitation

The share of children among detected victims of human trafficking has been increasing globally. Recent data on trafficking indicates that 33 per cent of detected victims are children, two out of three of them girls. In most cases, these victims are trafficked for sexual exploitation. While females make up the majority of victims, trafficking of boys for sexual exploitation does exist, though it is relatively low at between two and five per cent across all regions globally.

While poverty is a key driver of human trafficking for sexual exploitation, poverty is only one of a range of **risk factors** for trafficking – armed conflict and natural disasters are also risk factors for child trafficking for sexual exploitation. Changed family demographics – due, for example, to men leaving to participate in combat and separation during population movement and economic hardship<sup>19</sup> – can expose children to traffickers. Experience of other forms of GBV, including sexual violence and IPV, can also increase the vulnerability of children to trafficking: girls stigmatized and rejected after conflict-related rape or children exposed to elevated IPV in displaced settings may leave home and live on the street, where their vulnerability to trafficking is acute.

Settings where trafficking is already prevalent are especially dangerous as traffickers exploit the crisis. Disaster preparedness in such countries should include planning appropriate strategies to prevent and respond to trafficking of children for sexual exploitation.

17 After the 1998 Hurricane Mitch in Nicaragua, 27 per cent of female hurricane survivors and 21 per cent of male survivors responded to surveyors that woman battering had increased after the hurricane. In the 2004 Indian Ocean tsunami, one NGO reported a three-fold increase in domestic violence cases brought to them.

18 Sety, M., 'Domestic Violence and Natural Disasters', Australian Clearinghouse for Domestic and Family Violence, Canberra, 2012; Stark, L. and A. Ager, 'A Systematic Review of Prevalence Studies of Gender Based Violence in Complex Emergencies', *Trauma, Violence and Abuse*, vol. 12, no. 3, 2011. See also International Rescue Committee's 2012 study on domestic violence in post-conflict West Africa: 'Let Me Not Die Before My Time: Domestic violence in west Africa', IRC, 2012.

19 End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes, 'Combating Trafficking in Children for Sexual Purposes: A Training Guide', ECPAT, Bangkok, 2006.



## Case Study

### Preventing and responding to trafficking in post-earthquake Nepal

Immediately following the 2015 earthquake in Nepal, UNICEF mobilized to expand its anti-trafficking programme based on the assumption that trafficking would increase in the aftermath of the disaster. UNICEF's programme incorporated prevention of and protection from trafficking, as well as rehabilitation and reintegration for children and women who had been trafficked or were at risk. An anti-trafficking technical group was established under the UNICEF-led Child Protection sub-cluster; through this mechanism, UNICEF supported rapid trafficking-related needs assessments.

Working through existing partnerships, UNICEF advocated for and supported the Nepalese Government to rapidly implement three national anti-trafficking policies, including:

- An immediate temporary suspension of all inter-country adoptions;
- The introduction of a temporary policy

stipulating that no child could move between districts if they were not with a parent, without the express authority of the district-level Child Welfare Boards; and

- The suspension of establishment of any new children's homes.

To assist with implementation of the policies, the country office assisted the Nepal Police in disseminating anti-trafficking materials to increase awareness among authorities of the new policy measures. It also assisted the government in establishing anti-trafficking checkpoints. To increase awareness about trafficking and encourage communities to guard against it, the country office communications section developed a national public awareness campaign. UNICEF also supported community organizations to raise awareness about trafficking, establish community surveillance mechanisms, and provide direct care and protection to those who had been rescued or were at risk of being trafficked.

The full version of this case study can be found in the *Case Studies Booklet* in **Kit 1: Getting Started**.



Nepal



Bamyan, Afghanistan



Sexual Exploitation and Abuse

**Sexual exploitation and abuse (SEA)** of children and women by people in positions of authority and power have been reported in many emergency settings. Emergencies destroy economic and social fabric, change living conditions and increase dependency for meeting basic needs. To survive and to keep family members safe, children and women may have no other choice than to submit to sexual exploitation, such as exchanging sex with soldiers for safe passage or trading sex with more powerful community members for food or other basic needs.<sup>20</sup> While sexual exploitation and abuse can be perpetrated by anyone in a position of power, the term 'SEA' has been used in reference to sexual exploitation and abuse perpetrated by staff of humanitarian organizations, including both civilians and uniformed peacekeepers.

The UN Secretary-General's Bulletin *Special measures for protection from sexual exploitation and sexual abuse (ST/ SGB/2003/13)* outlines six core principles for preventing

sexual exploitation and abuse. These principles apply to all UN personnel and to staff of partner organizations.

UNICEF COs are required to undertake multi-dimensional actions to effectively prevent SEA from occurring and to ethically and appropriately respond to all allegations and complaints of SEA involving humanitarian and peacekeeping personnel. Key pillars of action include: (i) management and coordination of CO efforts to address SEA; (ii) effective systems and procedures for confidentially and effectively receiving and responding to SEA allegations and complaints; (iii) proactive prevention measures; and (iv) community outreach and education related to the issue. See the following case study on UNICEF's action to address SEA in the Central African Republic.

<sup>20</sup> Murray, R., 'Sex for Food in a Refugee Economy: Human rights implications and accountability,' *Georgetown Immigration Law Journal*, vol. 14, 1999, pp. 985–1025.



## Case Study

### Preventing and responding to sexual exploitation and abuse (SEA) in Central African Republic

UNICEF has been at the forefront of the UN response to SEA allegations in the Central Africa Republic (CAR). UNICEF CAR's Prevention of SEA (PSEA) programming has consisted of a multi-pronged approach that included strategies for: reporting and investigation; information management and sharing; victim assistance; and prevention.

**Reporting and investigation:** UNICEF put in place the UNICEF Notification Alert to ensure mandatory reporting of allegations of SEA against children to the most senior-level UN officials within 36 hours. The implementation of the Notification Alert standardized procedures for reporting SEA allegations, and it also triggered a rapid victim assistance response. When UNICEF was alerted by partners, community members or other sources about an SEA allegation involving children, UNICEF cross-checked the information provided, verified the age of the alleged survivor(s), made services available to them, and shared information with the UN mission's Special Representative to the Secretary-General (SRSG).

**Information management and sharing:** The Notification Alert addressed a critical gap in SEA-related information collection, as other UN mechanisms – such as the monitoring and reporting mechanism (MRM), the monitoring, analysis and reporting arrangements (MARA), and the Gender-Based Violence Information Management System (GBVIMS) – do not systematically record or report specifically on cases of SEA.

Additionally, to facilitate good case management and track assistance to

survivors, UNICEF CAR developed a confidential SEA database managed by the Child Protection team. The database captured basic biographical data for each survivor; interview information, including dates, participants, and comments/observations; and consent for interviews and referrals and services used. Collecting this information enabled UNICEF to monitor the progress of each case, beginning with the initial information received by UNICEF all the way through the case management process.

**Victim assistance:** UNICEF implemented a referral and support system to make sure that, with their consent, survivors could be referred for appropriate medical care and psychosocial support through community resources. Families were able to access material support (such as school fees, food, hygiene kits and income-generating assistance), and survivors experiencing stigma following their abuse could access support to help them reintegrate into their communities. Last, but by no means least, UNICEF acted to protect survivors and witnesses as needed by working with partners to relocate survivors, their families and other witnesses when necessary.

**Prevention:** UNICEF's multi-faceted approach to SEA prevention included several strategies to help prevent SEA. Firstly, management worked to promote zero tolerance within peacekeeping forces, including systematic vetting of troops and potential peacekeepers. Secondly, UNICEF supported PSEA trainings for UN actors and worked collaboratively to set up inter-agency standard operating procedures and codes of conduct on PSEA. The CO also conducted whole-of-office training on PSEA for UNICEF staff.

The full version of this case study can be found in the *Case Studies Booklet in Kit 1: Getting Started*.



## Resources

- ▶ **UNICEF Minimum Operating Standards for Protection from Sexual Exploitation and Abuse**  
*Contact UNICEF headquarters for a copy*
- ▶ **UNICEF Notification Alert package: Reporting Allegations of Sexual Exploitation and Abuse of Children by UN Personnel or by Foreign Military Personnel Associated with a UN Mandate**  
*Contact UNICEF headquarters for a copy*
- ▶ **UNICEF SEA Package: Guidance on conducting child interviews for investigations, Child Interview Monitoring Checklist, and SEA UNICEF Training presentation**  
*Contact UNICEF headquarters for a copy*
- ▶ **UNICEF's Standard Programme Cooperation Agreement**  
<<https://intranet.unicef.org/pd/pdc.nsf/caf1cccd04786f1285256c870076516b/b972e7beaf90edba85257e0a0069239e?OpenDocument>>
- ▶ **UNICEF Child Safeguarding Policy**  
<[https://intranet.unicef.org/pd/pdc.nsf/0/B91A2CD30AA64B2685257FE9007254A4/\\$FILE/CF%20EXD%202016%2006%20Child%20Safeguarding%20Policy.pdf](https://intranet.unicef.org/pd/pdc.nsf/0/B91A2CD30AA64B2685257FE9007254A4/$FILE/CF%20EXD%202016%2006%20Child%20Safeguarding%20Policy.pdf)>
- ▶ **Secretary-General's Bulletin on Special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13)**  
<[www.pseataaskforce.org/uploads/tools/1327932869.pdf](http://www.pseataaskforce.org/uploads/tools/1327932869.pdf)>
- ▶ **IASC Standard Operating Procedures for Community-Based Complaints Mechanisms (CBCMs)**  
<<https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-51>>
- ▶ **Protection from Sexual Abuse and Exploitation Taskforce website**  
<[www.pseataaskforce.org/](http://www.pseataaskforce.org/)>
- ▶ **IASC Accountability to Affected Persons/PSEA Best Practice Guide on Inter-Agency Community-Based Complaints Mechanisms**  
<<https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-50>>
- ▶ **PSEA Tools, including relevant policy documents**  
<[www.pseataaskforce.org/en/tools](http://www.pseataaskforce.org/en/tools)>
- ▶ **PSEA Frequently Asked Questions**  
<[www.pseataaskforce.org/en/faq](http://www.pseataaskforce.org/en/faq)>
- ▶ **Common Humanitarian Standard Alliance Sexual Exploitation and Abuse Helpdesk**  
*The helpdesk can be accessed by IASC agencies who need technical advice and expertise at any time. It has been developed in collaboration with the IASC PSEA Task Force and Sphere Project. Direct a specific question to an expert by emailing [helpdesk-aap-psea@unhcr.org](mailto:helpdesk-aap-psea@unhcr.org)*
- ▶ **To Complain or Not to Complain: Consultations with humanitarian aid beneficiaries on their perceptions of efforts to prevent and respond to sexual exploitation and abuse**  
*Humanitarian Accountability Partnership<sup>21</sup> (2010)*  
<[http://www.pseataaskforce.org/uploads/tools/tocomplainornottocomplainstillthequestion\\_hapinternational\\_english.pdf](http://www.pseataaskforce.org/uploads/tools/tocomplainornottocomplainstillthequestion_hapinternational_english.pdf)>
- ▶ **No One to Turn To: The under-reporting of child sexual exploitation and abuse by aid workers and peacekeepers**  
*Save the Children (2008)*  
<[www.savethechildren.org.uk/resources/online-library/no-one-to-turn-to-the-under-reporting-of-child-sexual-exploitation-and-abuse-by-aid-workers-and-peacekeepers](http://www.savethechildren.org.uk/resources/online-library/no-one-to-turn-to-the-under-reporting-of-child-sexual-exploitation-and-abuse-by-aid-workers-and-peacekeepers)>

21 Note: The Humanitarian Accountability Project (HAP) merged with People in Aid and is now called the 'Core Humanitarian Standard Alliance'.



Conflict-Related  
Sexual Violence

Emergencies can also introduce new threats of GBV linked to the conflict or disaster. **Conflict-related sexual violence (CRSV)** is now recognized as a war crime, a crime against humanity and an act of genocide, and it is a devastating feature of many conflicts.<sup>22</sup>

Further, in times of social upheaval, violence and conflict, the dynamics of sexual violence can change as protection mechanisms are eroded and social cohesion is disrupted. An increase in sexual violence perpetrated outside the family and social network may occur, such as sexual violence perpetrated by armed actors or by civilians in displaced settings.

## Violence against men, boys and LGBTI people in emergencies

While there is increasing knowledge on the types and dynamics of GBV against girls and women in conflict and disasters, less is known about violence targeting **men and boys, such as conflict-related sexual violence** against men and boys. Similarly, less is known about violence targeting lesbian, gay, bisexual, transgender and intersex (LGBTI) people, especially violence against transgender women, lesbian women, gender non-conforming people and others who are often targeted for 'transgressing' societal gender norms or expectations. In each setting, it is important that agencies with the appropriate mandate and capacities assess why groups of men, boys and/or LGBTI people are being targeted for different types of violence and who the perpetrators are, in order that they can design effective protection and response interventions to violence faced by these groups. In the case of boys, UNICEF's Child Protection (CP) and violence against children (VAC) programmes take the lead in assessing and addressing such violence.



HIV and GBV in  
Emergencies

Men, Boys and  
Conflict-Related  
Sexual Violence



Bannu District, Pakistan

## HIV and GBV in emergencies

In emergency settings, forced, coerced or exploitative sex perpetrated by armed actors can increase the risk of GBV survivors contracting **HIV**. The likelihood of infection is increased due to anal or genital trauma and, in some settings, higher rates of HIV and other sexually transmitted infections (STIs) among armed groups or peacekeepers. In addition to direct transmission through sexual violence during conflict or displacement, survivors of CRSV or sexual exploitation during childhood may go on to engage in risk-taking behaviours later in life, making them especially vulnerable to contracting HIV. The stigma associated with positive HIV status or with being a sexual violence survivor places many survivors at increased risk of rejection or further violence from their partner, family or community, entrenching their disadvantage and vulnerability.

## Marginalized populations

In any emergency, there are groups of individuals more vulnerable to harm than other members of the population.<sup>23</sup> This is because they hold less power in society, are more

22 In line with the International Criminal Court definition of conflict-related sexual violence, sexual violence includes: rape and other sexual assault; sexual slavery; enforced prostitution; forced pregnancy; and enforced sterilization. In addition, conflict-related sexual violence is also understood to include sexual mutilation, sexual torture and any other forms of sexual violence perpetrated with a direct or indirect (temporal, geographical or causal) link to a conflict.

23 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015.

★  
See the IASC  
GBV Guidelines



At-Risk Groups

dependent on others for survival, are less visible to relief workers or are otherwise marginalized. The **IASC GBV Guidelines** use the term '**at-risk groups**' to describe these individuals. Not all at-risk groups will always be at heightened risk of GBV. However, there may be marginalized groups of girls and women at higher risk of different types of GBV, often because their circumstances or the societal systems around them afford them less agency, power or access to resources. This commonly includes adolescent girls; girls and women with disabilities; separated children; children recruited and used by armed groups; mothers with children born of rape and their children; women with socially oppressed sexualities (such as lesbian and bisexual women); and transgender women or gender non-conforming people. All of these groups are examples of populations that may have specific vulnerabilities and needs, tend to be less visible, and generally have fewer resources for survival.



## Resources

### Population-specific

#### *Survivors and their children born of rape*

- ▶ **Research Toolkit: Understanding and addressing the needs of survivors and their children born of sexual violence in conflict**  
*UNICEF (2012)*

#### *Adolescent girls*

- ▶ **Strong Girls, Powerful Women: Program planning and design for adolescent girls in humanitarian settings**  
*Women's Refugee Commission (2014)*  
<[www.womensrefugeecommission.org/girls/resources](http://www.womensrefugeecommission.org/girls/resources)>
- ▶ **Girl Safety Toolkit**  
*Girl Hub (2014)*  
<[www.girlffect.org/media?id=3050](http://www.girlffect.org/media?id=3050)>
- ▶ **Girls in Emergencies and Humanitarian Settings Resource List**  
*Coalition for Adolescent Girls*  
<<http://coalitionforadolescentgirls.org/resources-by-topic-2/>>

### *Girls and women with disabilities*

- ▶ **Vulnerability- and Resilience-based Approaches in Response to the Syrian Crisis: Implications for women, children and youth with disabilities**  
*Women's Refugee Commission (2017)*  
<[www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1442-resilience-syrian-crisis](http://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1442-resilience-syrian-crisis)>
- ▶ **Working to Improve Our Own Futures: Inclusion of Women and Girls with Disabilities in Humanitarian Action**  
*Women's Refugee Commission (2016)*  
<[www.womensrefugeecommission.org/disabilities/resources/1342-networks-women-disabilities](http://www.womensrefugeecommission.org/disabilities/resources/1342-networks-women-disabilities)>
- ▶ **I See That It Is Possible: Building capacity for disability inclusion in gender-based violence programming in humanitarian settings**  
*Women's Refugee Commission (2015)*  
<[www.womensrefugeecommission.org/disabilities/disability-inclusion](http://www.womensrefugeecommission.org/disabilities/disability-inclusion)>
- ▶ **Including Adolescent Girls with Disabilities in Humanitarian Programs: Guidelines and Principles**  
*Women's Refugee Commission (2015)*  
<[www.womensrefugeecommission.org/girls/resources/1252-girls-disabilities-2015](http://www.womensrefugeecommission.org/girls/resources/1252-girls-disabilities-2015)>

### *Other*

- ▶ **Working with Refugees Engaged in Sex Work**  
*Women's Refugee Commission (2016)*  
<[www.womensrefugeecommission.org/gbv/resources/1393-sex-work-guidance-note?ct=t\(IAWG\\_Push\\_Journal\\_July\\_November\\_201612\\_12\\_2016\)](http://www.womensrefugeecommission.org/gbv/resources/1393-sex-work-guidance-note?ct=t(IAWG_Push_Journal_July_November_201612_12_2016))>
- ▶ **Mean Streets: Identifying and responding to urban refugees' risks of gender-based violence**  
*Women's Refugee Commission (2016)*  
<[www.womensrefugeecommission.org/gbv/resources/1272-mean-streets](http://www.womensrefugeecommission.org/gbv/resources/1272-mean-streets)>



## Capacity Development

► **Strengthening the Role of Women with Disabilities in Humanitarian Action: A Facilitator's Guide**

*Women's Refugee Commission (2017)*  
<[www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1443-humanitarian-facilitators-guide](http://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1443-humanitarian-facilitators-guide)>

► **My Safety, My Well-Being: Equipping adolescent girls with key knowledge and skills to help them to mitigate, prevent and respond to gender-based violence**

*International Rescue Committee (2016)*  
<<https://resourcecentre.savethechildren.net/library/my-safety-my-well-being-equipping-adolescent-girls-key-knowledge-and-skills-help-them>>



Gao, Mali



Demra, Bangladesh

# How common is GBV?

Researchers have documented GBV in all countries where it has been studied and among all social, economic, religious and cultural groups. While it has been established that GBV occurs in all countries across all societies, it remains widely underreported. There are many factors that contribute to underreporting or prevent survivors from reporting their experiences, including intense shame; stigmatizing attitudes and behaviours toward survivors; lack of access to quality services; and fear of reprisal (which at its severest can include further violence and even death). Furthermore, many forms of GBV (such as IPV and coerced sex) are not criminalized and, in fact, may be considered normal behaviour in many communities around the world. Recent international studies on victimization and perpetration of sexual and intimate partner violence confirm they are common violations globally,<sup>24</sup> with rates of victimization varying across contexts.

The following box shows some data from these studies; other forms of GBV, including female genital mutilation/cutting, femicide, honour and dowry-related killings, forced prostitution, sexual exploitation of girls and women, and violence against girls and women in conflict settings are also pervasive problems.<sup>25</sup>

## Victimization data

### *Sexual violence in intimate relationships*

- 15 per cent of women in Japan and 71 per cent of women in Ethiopia reported physical and/or sexual violence by an intimate partner in their lifetime.<sup>26</sup>
- In Bangladesh, 49.7 per cent of rural women reported sexual violence in intimate relationships.<sup>27</sup>
- In Brazil, the figure is 14.5 per cent and in the United States of America, 10–14 per cent.<sup>28</sup>

### *Sexual violence in childhood*

- Globally, approximately 20 per cent of women report being victims of sexual violence as children.<sup>29</sup>
- In Australia, 18 per cent of women report being sexually abused before the age of 16.<sup>30</sup>
- Estimated prevalence is as high as 28 per cent in parts of Eastern Europe, the Commonwealth of Independent States, the Asia–Pacific region and North Africa.<sup>31</sup>

## Perpetration rates

Men are overwhelmingly the perpetrators of physical and sexual violence, with most cases of IPV and rape committed by males. In most cases, perpetrators are known by

24 See, for example, World Health Organization, *Global and Regional Estimates of Violence Against Women*, WHO, Geneva, 2013; and Fulu, E., et al., *Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific*, UNDP, UNFPA, UN Women and UNV, Bangkok, 2013.

25 WHO et al., *Global and regional estimates of violence against women*.

26 García-Moreno, C., et al., *World Health Organization Multi-country study on women's health and domestic violence against women*, World Health Organization, Geneva, 2005.

27 García-Moreno, C., et al., *Multi-country study on women's health and domestic violence against women*.

28 United Nations Entity for Gender Equality and the Empowerment of Women, 'Violence against Women Prevalence Data: Surveys by Country', United Nations, New York, 2011.

29 World Health Organization, 'Violence Against Women: Intimate partner and sexual violence against women, Fact Sheet n. 239', WHO, Geneva, 2013.

30 Mouzos, J. and T. Makkai, *Women's Experiences of Male Violence: Findings from the Australian Component of the International Violence Against Women Survey*, Australian Institute of Criminology, Canberra, 2004.

31 World Health Organization and Pan American Health Organization, 'Understanding and Addressing Violence Against Women, Sexual Violence Information Sheet', WHO, Geneva, 2012.

the victim.<sup>32</sup> Increased attention to men's use of violence by researchers is helping to build knowledge about the scope of perpetration as well as victimization. As with victimization, perpetration rates vary across contexts, and of course not all men are violent. For example, research looking at perpetration of rape has found that prevalence varies across study sites from 9 per cent of men in Chile and Rwanda<sup>33</sup> to 15 per cent of men in rural Bangladesh,<sup>34</sup> 37 per cent in South Africa,<sup>35</sup> and 62 per cent in Papua New Guinea.<sup>36</sup>

## GBV victimization and perpetration in emergencies

Reliable data on GBV in conflicts and disasters is difficult to obtain due to underreporting, as described above. There are also methodological and other challenges in researching GBV in these settings, which include security challenges of conducting research on such a sensitive and potentially dangerous subject matter; lack of available response services; and lack of access to populations.

Even so, and particularly in conflict-affected settings, a growing body of evidence is bringing the issue to light and confirming the variation in types and prevalence of GBV across contexts. Research has shown that sexual violence is widespread in some conflicts, whereas in others it is relatively limited. In some conflicts, specific groups of girls and women may be targeted; in other settings, men may also be at risk of conflict-related sexual violence.<sup>37</sup> Girls and women constitute the majority of rape survivors in conflict and are at greater risk of

a continuum of victimization before, during and after violent conflict.<sup>38</sup>

While there is limited prevalence data on rates of IPV among emergency-affected populations, where research has been done or services are available, increased IPV is often reported.<sup>39</sup> Increased prevalence of child marriage and child trafficking for sexual exploitation are also observed in settings where the practices were already occurring.<sup>40</sup>

## Causes

A complex mix of individual, relational, social, cultural and environmental factors all contribute to the risk of victimization and perpetration of GBV. **Gender inequality**, however, is the key underlying causal factor.

### Gender inequality

Gender-based violence is an outcome of gender inequality and discrimination, which undermines national development.<sup>41</sup> Gender inequality refers to the unequal treatment or perceptions of people based on their actual or perceived gender, and it is reflected in unequal power relations that grant men systemic power and privilege over women.

Gender inequality cuts across public and private spheres and impacts social, economic, cultural and political rights (see box on the following page). It restricts and limits women's and girls' (as well as transgender and gender non-conforming individuals')

32 Heise, L., M. Ellsberg and E. Gottemoeller, 'Ending Violence Against Women', Population Reports, Series L, no. 11, 1999.

33 Barker, G., et al., cited in Jewkes, R., 2012.

34 Naved, R. T., et al., cited in Jewkes, R., 2012.

35 Machisa, M., et al., cited in Jewkes, R., *Rape Perpetration: A review*, Sexual Violence Research Initiative, Pretoria, 2012.

36 Fulu, E., et al., *Why Do Some Men Use Violence Against Women and How Can We Prevent It?*

37 Wood, E. J., 'Variation in Sexual Violence during War', *Politics and Society*, no. 34, 2006, p. 307.

38 Erickson Baaz, M. and M. Stern, *Sexual Violence as a Weapon of War*, Zed Books, London, 2013; and Leatherman, J., *Sexual Violence and Armed Conflict*, Polity Press, Cambridge, 2011, pp. 3–4.

39 See, for example, research from Australia, USA, Canada, west Africa and post-Indian Ocean tsunami.

40 United Nations Children's Fund, 'A Study on Early Marriage in Jordan', UNICEF, Aman, 2014; Girls Not Brides, 'Child Marriage in Humanitarian Crises', Girls Not Brides, June 2016; Women's Refugee Commission, 'A Child No More: The changing norms of child marriage in conflict', WRC, New York, 2016; and United Nations Entity for Gender Equality and the Empowerment of Women, 'Gender-based violence and child protection among Syrian refugees in Jordan, with a focus on early marriage', UN Women, New York, 2013.

41 United Nations Children's Fund, *Gender Action Plan 2018–2021*, UNICEF, New York, 2018.

freedoms, choices and opportunities. Inequality can increase women's and girls' risk of abuse, violent relationships and exploitation. For example, women's economic dependency on men – combined with discriminatory marriage, divorce and child custody laws – means that women are often unable to escape violent relationships.

GBV is not only a consequence of gender inequality; it also reinforces it. Violence in girls' and women's lives keeps them at a lower status and entrenches the power disparities between men and women.<sup>42</sup> Creating more equitable relationships between women and men, with power more equally shared between them and supported at an institutional level, is an important component of ending GBV.

Through its country programmes, UNICEF aims to promote the equal rights of girls and women and to support their full participation in the political, social and economic development of their communities.<sup>43</sup>



Cité Soleil, Haiti

## Gender inequality and power

Unequal power relations between men and women can have the following results:

- **Individually**, men have more freedom to make choices; they have higher levels of education, better opportunities and individual access and control over resources.
- **In relationships**, men have more power and control in marriage and the family and in their relationships with women in families and the community.
- **In society**, men hold more political, economic, cultural and legal power.

## Exacerbating factors in emergencies

While gender inequality is the root cause of GBV, there are many additional factors that increase the risk of GBV in emergency contexts. In emergencies, economic and social breakdown, poverty, displacement and increased dependency to meet basic needs contribute to increased risk. Girls and women may be forced to exchange sex in return for safe passage, food, shelter or other resources; and insufficient security in and around camps and other displaced settings puts girls and women at higher risk of sexual assault. Overcrowded conditions, poorly designed services, a lack of access to resources, the collapse of moral and social order, and pervasive impunity that characterize conflict settings also increase the risk of GBV.

42 United Nations Entity for Gender Equality and the Empowerment of Women, 'Ending Violence against Women and Girls: Programming Essentials', UN Women, New York, 2013, p. 8.

43 United Nations Children's Fund, *Gender Action Plan 2018–2021*, UNICEF, New York, 2014.



Malakal, South Sudan

## Social norms

**Social norms** are unspoken standards of behaviour; they are rules governing the way people behave and interact with others. Social norms that reinforce and entrench gender inequality are a key driver of GBV.



Social Norms  
and GBV

**Social norms related to gender, sex and violence** can all contribute to GBV by encouraging violent behaviour and fostering acceptance of violence against girls and women. Men are not born violent; violence is a learned behaviour, learned through the process of socialization to norms that

condone and encourage violence in the family and community. Alternatively, social norms can promote respect for girls and women and their right to live free from violence, and they can promote action when those rights are breached.

Research shows that men's violence is higher in societies in which being a man means showing dominance over other people, being tough, and protecting male and female honour and sexual purity.<sup>44</sup> Men's sexual entitlement – the belief that they have the right to sex even without consent – is commonly associated with sexual violence and is related to norms of masculinity.<sup>45</sup> The following box gives examples of social norms from around the world that contribute to GBV.

### Social norms and beliefs that support GBV against girls and women<sup>46</sup>

- A man has a right to assert power over a woman and is considered socially superior.
- A man has a right to physically discipline a woman for 'incorrect' behaviour.
- Physical violence is an acceptable way to resolve conflict in a relationship.
- Sexual intercourse is a man's right in marriage.
- A woman should tolerate violence to keep her family together.
- There are times when a woman deserves to be beaten.
- Sexual activity – including rape – is a marker of masculinity.
- Girls are responsible for controlling a man's sexual urges.

44 Heise, L., 'Violence Against Women: An integrated, ecological framework', *Violence Against Women*, vol. 4, no. 3, 1998.

45 Fulu, E., et. al., *Why Do Some Men Use Violence Against Women and How Can We Prevent It?*

46 World Health Organization, 'Understanding and Addressing Violence Against Women Information Sheets', WHO, Geneva, 2012.

## Conflict and social change

While emergencies increase vulnerability to and risk of GBV, they can also provide opportunities for positive change, allowing for a shift in traditional roles, attitudes, beliefs and practices and an opportunity for gender-transformative programming.<sup>47</sup>

In conflict-affected settings, sustainable peace requires the transformation of social norms pertaining to violence, gender and power. Conflict alters social and community dynamics, and it is important to consider how these changed social dynamics offer scope for transformation in gender relations and in harmful social norms.<sup>48</sup>

## Working with the whole community

GBV is a community problem, affecting the whole community, and the conditions that sustain it are rooted in values, beliefs and practices of men and women of all ages. Addressing GBV therefore requires engagement of the whole community, including men and boys, to enable sustainable behaviour and social change. In fact, working with men and boys is essential for transforming unequal power relations. It must be done in line with good practice and **principles for working with men and boys** to build girls' and women's equality and rights so as not to reinforce unequal power relations.<sup>49</sup> GBV prevention also brings benefits to the whole community – not only can girls and women enjoy greater safety, dignity and equality, but boys and men too are beneficiaries of less restrictive, violent and rigid gender roles and norms.



Principles for  
Working with  
Men and Boys



## Resources

### Engaging men and boys

▶ **Adolescent Boys and Young Men: Engaging them as supporters of gender equality and health and understanding their vulnerabilities**

*Promundo and UNFPA (2016)*

<[www.unfpa.org/sites/default/files/pub-pdf/Adolescent\\_Boys\\_and\\_Young\\_Men-SINGLE\\_PAGES-web.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/Adolescent_Boys_and_Young_Men-SINGLE_PAGES-web.pdf)>

▶ **Working with Men and Boys to End Violence Against Women and Girls: Approaches, challenges, and lessons USAID (2015)**

<[www.usaid.gov/sites/default/files/documents/1865/Men\\_VAW\\_report\\_Feb2015\\_Final.pdf](http://www.usaid.gov/sites/default/files/documents/1865/Men_VAW_report_Feb2015_Final.pdf)>

▶ **Engaging Men and Boys to End Violence Against Women: An annotated bibliography of online resources**

*Learning Network, Centre for Research and Education on Violence Against Women and Children (2013)*

<[www.vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/Engaging\\_Men\\_Annotated\\_Bibliography.pdf](http://www.vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/Engaging_Men_Annotated_Bibliography.pdf)>

▶ **Virtual Knowledge Centre to End Violence Against Women and Girls**

◦ Men and Boys Module

*UN Women*

<[www.endvawnow.org/en/modules/view/9-men-boys.html](http://www.endvawnow.org/en/modules/view/9-men-boys.html)>

▶ **Institute for Development Studies Men, Boys and Gender Equality Resources**

<<http://menandboys.ids.ac.uk/>>

47 United Nations Children's Fund, 'Promoting Gender Equality through UNICEF-Supported Programming in Child Protection', UNICEF, New York, June 2011.

48 El-Bushra, J., 'Fused in Combat: Gender relations and armed conflict,' *Development, Women and War: Feminist perspectives*, edited by H. Afshar and D. Eade, Oxfam GB, Oxford, 2004.

49 Department for International Development, 'Practical Guide on Community Programming on Violence against Women and Girls', *Violence Against Women and Girls How-to Note 2*, DFID, London, 2012.

# Impact of GBV

GBV seriously undermines the physical, sexual, reproductive and mental health of those directly affected, as well as the well-being of survivor's children, families and even entire communities. Violence can be a direct cause of death or permanent disability, and long-term physical **health effects** can cause both acute and chronic illness, impacting neurological, gastrointestinal, muscular, urinary and reproductive systems. Sexual and reproductive health effects include unwanted pregnancies, complications from unsafe abortions and sexually transmitted infections.

Mental health effects may include somatic complaints, depression, anxiety, post-traumatic stress disorder (PTSD), alcohol and drug abuse, and suicidality. Survivors of violence may also suffer from social consequences: for example, the stigma associated with sexual violence may lead to victim-blaming or ostracism by family and/or community members, putting survivors at greater risk of poverty, isolation and further exposure to violence. Further violence may include being forced to marry the perpetrator of a rape, being subjected to physical violence at the hands of family members, or experiencing further violence by supporters of the perpetrator as retaliation for reporting. At its worst, violence can lead to the victim's death, as in the case of honour killing.

## Impacts on children

Sexual violence committed against adolescent girls – who constitute one of the most at-risk populations – raises the risk of maternal mortality,<sup>50</sup> infant mortality and low birth weight. GBV against younger girls can affect child survival and development and hinder school participation, reducing socio-economic well-being throughout the life cycle.

Children's health and development also suffer when their mother's capacity to provide care, support and protection are compromised due to physical, mental and financial consequences of violence.<sup>51</sup>

## Impacts in emergencies

In humanitarian settings, the negative impacts of GBV on individuals and families are worsened by a breakdown in community support mechanisms and in health, social welfare, law enforcement and justice systems. GBV limits the ability of entire communities to heal and recover from emergencies. For example, girls' and women's participation in social and economic recovery is compromised when they suffer from or are constantly at risk of violence. Public health and social welfare systems that are already fragile in emergencies must cope with additional costs related to caring for survivors and bringing perpetrators to justice.

Learning about the consequences of GBV in a community is an important first step in designing appropriate care, support and protection services for survivors. While some responses to GBV, such as post-rape health care, are based on a standard set of actions, other responses need to be tailored to the context. For example, if girls who have been raped face blame and rejection from the household, family intervention and temporary safe alternative care may be important interventions.



Health  
Consequences  
of GBV

<sup>50</sup> Complications from pregnancy are the leading cause of death among girls under age 15 in most developing countries. See Patton, G. C., et al., 'Global patterns of mortality in young people: A systematic analysis of population health data,' *Lancet*, vol. 374, 2009, pp. 881–892.

<sup>51</sup> For more on the impact of transgenerational trauma, see Harvard Humanitarian Initiative, 'Characterizing Sexual Violence in the Democratic Republic of the Congo: Profiles of Violence, Community Responses and Implications for the Protection of Women', Harvard Humanitarian Initiative, August 2009.

# Info Sheets – A Primer on GBV



## UN Declaration on the Elimination of All Forms of Violence Against Women – Extract

Source: United Nations General Assembly, *Declaration on the Elimination of all forms of Violence Against Women*, A/RES/48/104, United Nations, 20 December 1993.<sup>1</sup>

### Article 1

For the purposes of this Declaration, the term “violence against women” means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

### Article 2

Violence against women shall be understood to encompass, but not be limited to, the following:

- a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

### Article 3

Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. These rights include, inter alia:

- a) The right to life;
- b) The right to equality;
- c) The right to liberty and security of person;
- d) The right to equal protection under the law;
- e) The right to be free from all forms of discrimination;

<sup>1</sup> Available at: <[www.un.org/documents/ga/res/48/a48r104.htm](http://www.un.org/documents/ga/res/48/a48r104.htm)>.

- f) The right to the highest standard attainable of physical and mental health;
- g) The right to just and favourable conditions of work;
- h) The right not to be subjected to torture, or other cruel inhuman or degrading treatment or punishment.

## Article 4

States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should:

- a) Consider, where they have not yet done so, ratifying or acceding to the Convention on the Elimination of All Forms of Discrimination against Women or withdrawing reservations to that Convention;
- b) Refrain from engaging in violence against women;
- c) Exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons;
- d) Develop penal, civil, labour and administrative sanctions in domestic legislation to punish and redress the wrongs caused to women who are subjected to violence; women who are subjected to violence should be provided with access to the mechanisms of justice and, as provided for by national legislation, to just and effective remedies for the harm that they have suffered; States should also inform women of their rights in seeking redress through such mechanisms;
- e) Consider the possibility of developing national plans of action to promote the protection of women against any form of violence, or to include provisions for that purpose in plans already existing, taking into account, as appropriate, such cooperation as can be provided by non-governmental organizations, particularly those concerned with the issue of violence against women;
- f) Develop, in a comprehensive way, preventive approaches and all those measures of a legal, political, administrative and cultural nature that promote the protection of women against any form of violence, and ensure that the re-victimization of women does not occur because of laws insensitive to gender considerations, enforcement practices or other interventions;
- g) Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialized assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counselling, and health and social services, facilities and programmes, as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation;
- h) Include in government budgets adequate resources for their activities related to the elimination of violence against women;
- i) Take measures to ensure that law enforcement officers and public officials responsible for implementing policies to prevent, investigate and punish violence against women receive training to sensitize them to the needs of women;

- j) Adopt all appropriate measures, especially in the field of education, to modify the social and cultural patterns of conduct of men and women and to eliminate prejudices, customary practices and all other practices based on the idea of the inferiority or superiority of either of the sexes and on stereotyped roles for men and women;
- k) Promote research, collect data and compile statistics especially concerning domestic violence, relating to the prevalence of different forms of violence against women and encourage research on the causes, nature, seriousness and consequences of violence against women and on the effectiveness of measures implemented to prevent and redress violence against women; those statistics and findings of the research will be made public;
- l) Adopt measures directed towards the elimination of violence against women who are especially vulnerable to violence;
- m) Include, in submitting reports as required under relevant human rights instruments of the United Nations, information pertaining to violence against women and measures taken to implement the present Declaration;
- n) Encourage the development of appropriate guidelines to assist in the implementation of the principles set forth in the present Declaration;
- o) Recognize the important role of the women's movement and non-governmental organizations worldwide in raising awareness and alleviating the problem of violence against women;
- p) Facilitate and enhance the work of the women's movement and non-governmental organizations and cooperate with them at local, national and regional levels;
- q) Encourage intergovernmental regional organizations of which they are members to include the elimination of violence against women in their programmes, as appropriate.



# Honour Killing

Source: Honour-Based Violence Awareness Network, 'Frequently Asked Questions about Honour Based Violence (HBV) and Honour Killings', <<http://hbv-awareness.com/faq/#eleven>>, accessed 8 March 2017.

## What is honour killing?

An 'honour' killing is the most extreme form of honour-based violence where the supposed offender against family 'honour' is killed to restore the 'honour' which has supposedly been lost through her behaviour. An 'honour' killing is the most extreme form of violence which may be expressed as a final resort; however, there are other lesser responses, such as forcing marriage or other forms of violence which may also be expressed.

## What are the behaviours that can incite honour-based violence or an honour killing?

Expressions of personal autonomy, particularly where this is in the realm of relationships and sexuality, are the usual triggers for 'honour'-related abuse. Those cultures in which 'honour' crimes occur are considered 'high-context' where the family predominates over the individual, and therefore any individualistic choice which challenges the collective identity and aims of the family may be considered selfish and a violation of that family's honour.

Potential sites of conflict between the individual and the family may include:

- Choice of sexual/marital partner
- Education and employment
- Dress
- Behaviour and contact with the opposite sex
- Sexuality
- General conformity to the family and community's culture and expectations.

## What is considered to be honourable and what is considered to be dishonourable in the societies where honour based killing occurs?

In some environments, there are distinct forms of active and passive 'honour' which can be mapped onto the expectations of traditional masculine and feminine behaviour, whereby men are supposed to be assertive and respond with violence to slights upon their own, or their families 'honour' and women are expected to maintain their own fragile honour through complete conformity to social norms of feminine behaviour. In this scenario, the active 'honour' of the male is dependent upon the passive 'honour' of his female relatives, and he has an explicit role in ensuring their conformity to the norms of the community and family; and of responding, potentially violently, if a female relative does not conform. In others, 'honour' is conceptualised as a collective quality related to the reputation of the family in entirety. In either case, women's 'honour' is related to familial and community standards of feminine behaviour and marriageability.

## What are the women supposed to conform to? What are the standards and expectations they need to meet?

Women are supposed to safeguard their own 'honour' and their virginity before marriage, which is often accomplished through restricting relationships to members of their own family, or through some level of gender segregation. Women are expected to acquiesce in choices made on their behalf by the family collective, regardless of their own personal feelings and desires.

However, with these generalities aside, there is no definitive list of what constitutes 'honourable' behaviour which could relate to all communities and families. There are wide degrees of variance which may alter from family to family, and change across time, so that a younger daughter may face different restrictions and enjoy different liberties than her elder sister. 'Honour' varies with the requirements and attitudes of the family in question.

Common expectations associated with 'honour' are that:

- Women must guard their virginity and not develop relationships with persons outside the approved group;
- Women must acquiesce to the demands of their family, particularly with regard to the arrangement of marriage;
- Women should not air their problems outside the family; this includes reporting spousal violence to the authorities;
- Women should not initiate divorce, and should not seek to gain custody of their children.



# School-Related Violence

Sources: Parkes, J., et al, *A Rigorous Review of Global Research Evidence on Policy and Practice on School-Related Gender-Based Violence*, UNICEF, New York, 2016, p. vi;<sup>1</sup> and Pinheiro, P., *World Report on Violence against Children*, United Nations Secretary-General's Study on Violence against Children, Geneva, 2006, pp. 116–119.<sup>2</sup>

Every day, girls and boys around the world face many forms of physical, sexual and psychological violence in and around schools: a boy gets beaten by older boys as a 'rite of passage' to adulthood; a male teacher seeks to exchange sex-for-grades with a female student; or a community member abuses an adolescent girl on their way to school. On too many occasions, such violence is tolerated by societies and institutions, including schools, and it is these forms of violence that contribute to the alarming numbers of girls and boys being excluded from schools with their learning chances under threat.

## Forms of violence in schools

The forms of violence found in schools are both physical and psychological, and usually occur together. Forms perpetrated by teachers and other school staff, with or without the overt or tacit approval of education ministries and other authorities that oversee schools include corporal punishment and other cruel and humiliating forms of punishment or treatment, sexual and gender-based violence, and bullying. Forms of violence perpetrated by children include bullying, sexual and gender-based violence, schoolyard fighting, gang violence, and assault with weapons. Technology provides a new medium for bullying using the Internet and mobile phones, and has given rise to new terms such as 'cyber-bully' and 'cyber-bullying'.

## Physical and psychological punishment

The Committee on the Rights of the Child defines 'corporal' or 'physical' punishment as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting ('smacking', 'slapping', 'spanking') children, with the hand or with an implement. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (for example, washing children's mouths out with soap or forcing them to swallow hot spices).

In addition to the physical aspects defined above, there are many other non-physical forms of punishment which are also cruel and degrading and thus incompatible with the CRC. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child.

## Links to discrimination and gender-based violence

There is evidence to suggest that corporal punishment in schools is sometimes administered with greater severity or frequency to children from groups that are subject to stigma and discrimination in the whole of society. In general, boys experience more frequent and more severe corporal punishment than girls but girls are far from immune. Surveys have found that in Egypt, 80% of schoolboys and 67% of schoolgirls had experienced corporal punishment in schools; in Barbados, 95% of interviewed boys and 92% of interviewed girls said they had

1 Available at: <[www.unicef.org/education/files/SRGBV\\_review\\_FINAL\\_V1\\_web\\_version.pdf](http://www.unicef.org/education/files/SRGBV_review_FINAL_V1_web_version.pdf)>.

2 Available at: <<http://cpwg.net/resources/pinheiro-2006-world-report-on-violence-against-children/>>.

experienced caning or flogging in school.<sup>38</sup> A survey covering 3,577 students in six provinces of China found that 17.5% had experienced one or more forms of corporal punishment by teachers before they were 16 years old; 15% had been hit, kicked or otherwise punished without the use of an object; 7% had been beaten with an object; 0.4% had been locked up in a small place, or tied up with ropes or chains; 0.1% had been choked, burned or stabbed. The percentage of male students (26.9%) who had experienced one or more of those forms was more than 2.5 times the percentage of female students (10.1%) who had done so.

School heads and teachers may apply corporal punishment and other forms of cruel or degrading punishment in different ways, according to the sex of the child, and by so doing convey messages about what is expected of children and adults of each sex. In Botswana, for example, no male teacher but the head teacher can administer corporal punishment to a girl; and in primary schools, boys can be beaten on the buttocks but girls only on the backs of their calves and palms of their hands. Boys and girls may also be punished for different misdemeanours so that, for example, a boy might be punished for failure to perform an athletic feat in a physical education class whereas a girl might be punished for rowdy and 'unladylike behaviour' that might be forgiven in a boy. The fact that there are explicit or implicit gender policies applying to corporal punishment suggests that any strategies to eliminate corporal punishment should address gender differences, too.

## Sexual and gender-based violence

Gender-based violence stems from gender inequality, stereotypes and socially imposed roles. Sexual violence, including sexual harassment towards girls may be motivated by the desire to punish or humiliate girls because of their sex or sexuality, or by sexual interest and bravado. It also serves to intimidate, humiliate and diminish girls. This is demonstrated by the widespread practice of blaming girls who are victims of rape, and that where gender discrimination is an unquestioned norm, blaming girls may extend to almost any kind of sexual harassment, assault or exploitation. Studies suggest that sexual harassment of schoolgirls is common throughout the world, to varying degrees by teachers themselves as well as by students, and that it may be particularly common and extreme in places where other forms of school violence are also prevalent. Teachers often see the sexual harassment among students – most often girls – as a normal part of school life, and therefore ignore it. Under these circumstances it is difficult for students to report it.



# Conflict, Disasters and GBV

- **GBV occurs around the world in times of peace and stability.**
  - 35.6 per cent of women globally have experienced non-partner sexual violence, physical or sexual violence by an intimate partner, or both.<sup>1</sup> Approximately 20 per cent of women report being victims of sexual violence as children.
  - Child and forced marriage, trafficking for sexual exploitation, female genital mutilation/cutting (FGM/C) and honour crimes are common forms of GBV in some countries and regions.
- **Conflict and natural disasters can increase rates of GBV.**<sup>2</sup> During armed conflict and displacement due to natural disasters, girls and women may be exposed to new and/or higher levels of violence that are already occurring in a community. The following have all been documented in different emergency-affected settings around the world:
  - Increased rates of intimate partner violence (IPV) due to the pressures on individuals and families to cope.
  - Families marrying girls off younger than usual as an economic coping or protective strategy.
  - Communities that don't traditionally practice FGM/C adopting the practice when they start to intermarry with other communities.
  - Human traffickers exploiting a crisis to target vulnerable girls for organized sexual exploitation.
- **Increased sexual violence is common in emergencies.** For example:
  - Many armed groups deliberately use sexual violence to further military or political aims. They might commit rape as a tool of warfare and abduct girls and women for sexual slavery.
  - Girls and women might be forced to trade sex for food, money or other resources to survive.
  - Displaced girls and women are at risk of being raped or sexually assaulted in other ways by other displaced community members; girls who are separated from their families are at particular risk.
- **Natural disasters and armed conflicts can make it challenging for States to uphold their obligations toward protecting citizens' rights and preventing and responding to violence, especially violence against women and girls.** In these situations, State systems – such as police, legal, health, education and social services – are disrupted and weakened. Compounding this situation is the breakdown of community-based protections and the disruption of family structures during conflict and displacement.

1 World Health Organization, London School of Hygiene and Tropical Medicine, and South African Medical Research Council, *Global and Regional Estimates of Violence Against Women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*, WHO, Geneva, 2013.

2 The Global Women's Institute and International Rescue Committee, 'Evidence Brief: What works to prevent and respond to violence against women and girls in conflict and humanitarian settings?', George Washington University, Washington, and IRC, London, 2016.

- **Reliable prevalence data on the scope of GBV in conflicts remain difficult to obtain, particularly in conflict-related settings, due to insecurity, lack of GBV services, lack of safety for survivors and access issues.** Although overall more men than women continue to die because of conflict, girls and women suffer many debilitating consequences of war, including sexual and other forms of gender-based violence:<sup>3</sup> so much so that, according to a report of the Secretary-General of the United Nations, women and children are disproportionately targeted and constitute the majority of all victims of contemporary armed conflicts.<sup>4</sup>

3 Vlachova, M. and L. BIASON, eds., *Women in an Insecure World: Violence against women, facts, figures, and analysis*, Geneva Centre for the Democratic Control of Armed Forces, Geneva, 2005, p. 114.

4 United Nations Secretary General, 'Report of the Secretary General on Women, Peace and Security', United Nations Security Council, S/2002/1154, October 2002, p. 1.



# Trafficking for Sexual Exploitation

## What is trafficking in persons?

- *The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, known as the **Palermo Protocol**, supplements the United Nations Convention against Transnational Organized Crime and aims to: prevent and combat trafficking; protect and assist victims; and promote cooperation among States Parties.<sup>1</sup>
- The Palermo Protocol defines human trafficking as: “*The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.*”<sup>2</sup>
- The Protocol also clarifies that *the recruitment, transportation, transfer, harbouring, or receipt of an individual under the age of 18 for the purpose of exploitation is considered trafficking in persons*, even if none of the means listed above (force, coercion, abduction, etc.) are involved.
- Trafficking can occur inside a country or even within a single town. Movement, whether transnational or otherwise, while often a component of trafficking, is not a necessary element.

## Sex trafficking<sup>3</sup>

- When an adult is coerced, forced, or deceived into prostitution – or maintained in prostitution through one of these means after initially consenting – that person is a victim of sex trafficking. Under such circumstances, perpetrators involved in recruiting, harbouring, transporting, providing or obtaining a person for that purpose are responsible for trafficking crimes.
- Sex trafficking may also occur within debt bondage, as women and girls are forced to continue in prostitution through the use of unlawful ‘debt’. This debt is purportedly incurred through their transportation, recruitment or even crude ‘sale’, which exploiters insist they must pay off before they can be free. A person’s initial consent to participate in prostitution is not legally determinative: if one is thereafter held in service through psychological manipulation or physical force, she or he is a trafficking victim and should receive benefits outlined in the Palermo Protocol and applicable domestic laws.

## Child sex trafficking<sup>4</sup>

- When a child (under 18 years of age) is induced to perform a commercial sex act, proving force, fraud or coercion is not necessary for the offence to be characterized as human trafficking. There are no exceptions to this rule: no cultural or socio-economic

1 International Programme on the Elimination of Child Labour, *Training Manual to Fight Trafficking in Children for Labour, Sexual and Other Forms of Exploitation*, International Labour Office, Geneva, 2009.

2 United Nations General Assembly, *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, United Nations, New York, 2000.

3 United States Agency for International Development, *Counter Trafficking in Persons Field Guide*, USAID, Washington D.C., 2013.

4 USAID, *Counter Trafficking in Persons Field Guide*.

rationalizations should prevent the rescue of children from sexual servitude. The use of children in the commercial sex trade is prohibited by statute in most countries around the world. Sex trafficking has devastating consequences for minors, including long-lasting physical and psychological trauma, disease (including HIV/AIDS), drug addiction, unwanted pregnancy, malnutrition, social ostracism and even death.

## Crises and trafficking

- Conflicts, natural disasters and other emergencies heighten the risk that traffickers will exploit the vulnerabilities of the affected populations. The vulnerability of children to trafficking in crisis situations has been highlighted in recent conflicts in Libya, Iraq and Syria, as well as in disaster-affected settings such as Haiti, the Philippines, Nepal and countries impacted by the Indian Ocean earthquake.<sup>5</sup>
- The trafficking of women and girls for sexual exploitation – including sexual slavery, forced marriage, forced prostitution and forced pregnancy – features within the broader picture of sexual violence perpetrated against the civilian population during and in the wake of conflicts. Recently, an egregious pattern of home and school abductions of women and girls, who are subsequently forced to marry and/or serve as sex slaves, has been reported in conflict-affected settings, though some forms of this phenomenon have also been a feature of armed conflicts in the past. Such exploitation – which in some cases involves trafficking for forced marriage and sexual enslavement by extremist groups, such as Islamic State in Iraq and the Levant, Boko Haram and their affiliates – is believed to be a strategy to generate revenue as well as to recruit, reward and retain fighters. In order to prevent such abductions, families are reported to be confining women and girls and removing girls from school.<sup>6</sup>

## Why is human trafficking often overlooked by the humanitarian community in crisis situations?

- Many States do not have counter-trafficking legislation or other measures in place to reduce vulnerability to trafficking and to address the protection needs of populations at risk. Where legislation does exist, it is often not enforced; this becomes especially true in crisis situations.
- Trafficking in persons is less documented than other crimes and is not always identified and investigated properly in the field – particularly in crisis situations where resources are scarce and environments are generally challenging. Moreover, despite efforts toward capacity-building and the adoption of national counter-trafficking laws, the number of prosecutions remains relatively low in comparison to other crimes.
- The absence of baseline data often hinders the response to trafficking, both in times of stability and even more so in crisis situations. As a result, it is difficult to evaluate the impact of a crisis on human trafficking trends.
- The humanitarian community often considers the issue of human trafficking as a concern for development actors. Despite recent efforts to bridge the gap between pre-crisis dynamics and immediate crisis response, counter-trafficking responses still fall behind. Human trafficking remains unaddressed within the cluster system, leading to an important protection gap in crisis settings.

<sup>5</sup> International Organization for Migration, 'Addressing Human Trafficking and Exploitation in Times of Crisis: A Briefing Paper', IOM, Geneva, 2015.

<sup>6</sup> United Nations, Report of the Special Rapporteur on trafficking in persons, especially women and children, A/HRC/32/41, United Nations, 2016.



# Sexual Exploitation and Abuse

All forms of sexual exploitation and abuse (SEA) by humanitarian and peacekeeping personnel are a gross violation of human rights and an abuse of a position of power over vulnerable people. SEA can lead to serious and sometimes life-long consequences for those who are victimized and their families. Further, SEA has wider negative impacts: it undermines the integrity and reputation of the UN and other humanitarian actors, and it can threaten the security of staff and operations, hindering UNICEF and the wider UN from achieving its mission.

Although there has been a decrease in reports, incidents of SEA by UN civilian and military personnel against women and children continue to occur. Underreporting of all forms of sexual violence, including SEA, is widely acknowledged. Recently, sexual harassment and sexual assault of humanitarian workers by fellow staff has also been reported publicly.

The problem of sexual exploitation and sexual abuse by humanitarian workers and peacekeepers is not new; allegations surfaced in numerous conflict-affected settings in the 1990s. However, the release of a report detailing serious and widespread misconduct and abuse of children in West Africa by aid workers and peacekeepers in 2002 brought international attention and condemnation to the issue.

In response to the allegations, the Inter-Agency Standing Committee (IASC) established a task force in 2002 and developed six core principles on SEA.<sup>1</sup> These principles are:

- Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.
- Sexual activity with children (persons under the age of 18) is prohibited regardless of the local age of consent. Mistaken belief in the age of the child is not a defence.
- Exchange of money, employment, goods or services for sex, including favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes the exchange of assistance that is due to beneficiaries.
- Sexual relationships between staff members and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work.
- Where a member of staff develops concerns or suspicions regarding sexual abuse or exploitation by any person, whether in the UN or not, s/he must report such concerns via the prescribed procedure.
- UN staff members are obliged to create and maintain an environment that prevents sexual exploitation and abuse and promotes the implementation of this code of conduct.
- Managers at all levels have particular responsibilities to support and develop systems that maintain this environment.

These principles were incorporated into a zero tolerance policy toward SEA perpetrated by UN and partner personnel. This policy is outlined in the Secretary-General's 2003 Bulletin, *Special measures for protection from sexual exploitation and sexual abuse* (ST/SGB/2003/13). The Bulletin serves as a Code of Conduct (CoC) for UN and partner personnel and prohibits sexual relations in the context of one person taking advantage of another person, regardless of the victim's age. It also prohibits all sexual relations with children under 18 years of age.

1 Available at: <[www.pseataaskforce.org/uploads/tools/sixcoreprinciplesrelatingtosea\\_iasc\\_english.doc](http://www.pseataaskforce.org/uploads/tools/sixcoreprinciplesrelatingtosea_iasc_english.doc)>.

Transactional sex is banned. Although the policy does not prohibit all sexual relations with members of the local population, most are considered unequal due to the vulnerability of conflict- and disaster-affected people and the relative power held by humanitarian and peacekeeping personnel, and they are therefore “strongly discouraged.”

## A comprehensive approach to addressing SEA

UNICEF country offices (COs) must undertake multi-dimensional actions to effectively prevent SEA from occurring and to ethically and appropriately respond to all allegations and complaints of SEA involving humanitarian and peacekeeping personnel. Key pillars of action include: (i) management and coordination of CO efforts to address SEA; (ii) effective systems and procedures for confidentially and effectively reporting and responding to SEA allegations and complaints; (iii) proactive prevention measures; and (iv) community outreach and education related to the issue.



### ***Management and coordination***

Implementing comprehensive prevention and response to SEA requires strategic and coordinated action, best implemented via a well-resourced CO SEA action plan. This plan must be championed by senior management and must set out clear accountabilities for all managers and staff.

In addition to coordination across CO departments and programmes, inter-agency coordination is a core component of action to prevent and respond to SEA.

### ***Systems for reporting and responding to SEA allegations and complaints***

Each and every report or allegation of SEA received by UNICEF must be appropriately followed up on by COs. In the case of allegations involving children, the Notification Alert must be followed.<sup>2</sup> Responding to allegations also involves providing appropriate care, support and protection for survivors, as well as following procedures for internal reporting set out in the Notification Alert.

<sup>2</sup> The UNICEF Notification Alert can be found at the end of this Info Sheet. Contact Child Protection in Emergencies Section at Headquarters for additional UNICEF SEA prevention and response resources and training materials.

## **Preventive measures**

Steps can and must be taken to reduce the likelihood of UNICEF or partner staff breaching the code of conduct and perpetrating sexual abuse or exploitation. COs must take steps to mitigate the risk of staff engaging in SEA-related misconduct in the same way that risks of other misconduct, such as theft, are minimized. Preventive action centres on increasing staff compliance with behavioural standards set out in the Secretary-General's Bulletin *Special measures for protection from sexual exploitation and sexual abuse* (ST/SGB/2003/13)<sup>3</sup> and related UNICEF policies. It also involves strengthening organizational practices such as improving staff recruitment and management processes, building safer partnerships and implementing protective programming.

## **Community outreach and education**

Community members have both a need and a right to access information regarding protection from SEA by humanitarian and peacekeeping personnel, as well as the UN's zero tolerance approach toward it. Providing community members with age-, sex- and ability-appropriate information about how to safely report SEA complaints, and initiating efforts to build trust with communities so that people are willing to come forward and make complaints, are both vital for ending impunity for SEA by humanitarian and peacekeeping personnel.

## **Challenges in preventing and responding to SEA**

It is important to be aware of the complexities and challenges inherent in SEA prevention and response. Sexual violence is a sensitive issue, and even in well-resourced, stable settings, there are significant obstacles to reporting and responding to sexual assault, as well as to coordinating multi-stakeholder preventive action. A common challenge across settings is the underreporting of sexual violence. Survivors are often reluctant to report their experience of sexual assault due to feelings of shame, intense social stigma, and victim-blaming attitudes and behaviours from those around them. Survivors who speak out often face the threat of retaliation in the form of further violence or harassment from perpetrators and/or those supporting the perpetrators. This challenge is further exacerbated in humanitarian settings. Although the following list is not exhaustive, it highlights some of key challenges faced in unstable and/or resource-poor emergency contexts.

**A lack of appropriate GBV response services:** Poor quality or limited access to health, safety and psychosocial services means survivors may be less likely to come forward, increasing the risk of further harm. It can be extremely difficult to provide appropriate care and assistance to survivors of SEA who do come forward when there are limited or poor quality services available. Further, a lack of legal services may prohibit survivors from asserting their legal rights, where these rights exist.

**The nature and context of abuse and exploitation:** SEA includes a spectrum of activities and behaviours: some involve the use or threat of force or violence, while others do not outwardly appear to be coercive. For example, in some instances of sexual exploitation, survivors may 'consent' to the activity and therefore not consider it abusive. In such cases, there is often an economic incentive to exchange sexual activity for resources for survival and a subsequent disincentive to report: the survivor may not wish to lodge a complaint or have the matter investigated because of the economic consequences it may cause. In these cases, it is not uncommon for survivors to 'disappear' rather than agree to participate in an

<sup>3</sup> See the website of the Inter-Agency Standing Committee Protection from Sexual Exploitation and Abuse Taskforce for this and other SEA-related policies and documents: <[www.pseataaskforce.org/](http://www.pseataaskforce.org/)>.

investigation. In other settings, behaviours that are considered culturally or socially acceptable may constitute abuse or exploitation according to the UN definition.

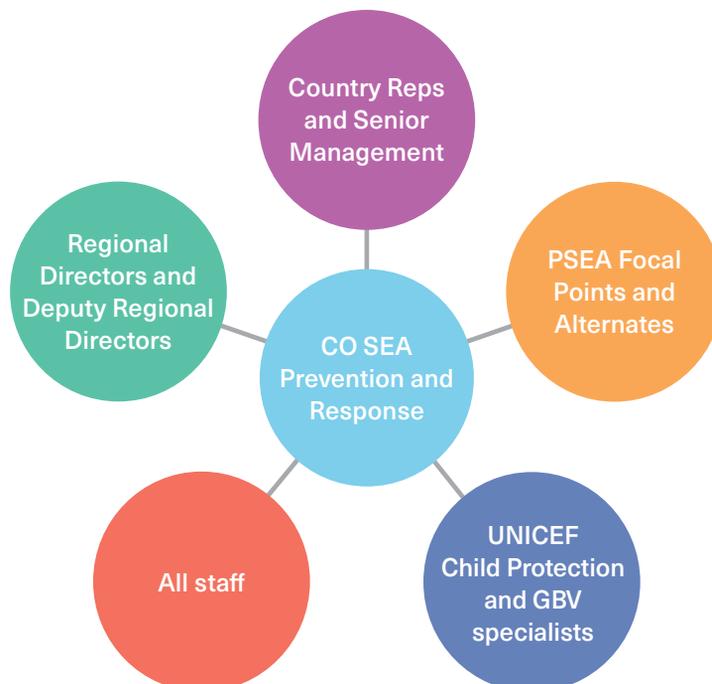
**Evidentiary issues:** Although the burden of proof is lower for establishing a breach of the UN's code of conduct (as opposed to proving criminal responsibility), it can be very difficult to prove SEA. There are rarely witnesses, and even when there are, they may be afraid of participating in investigations. This problem is compounded in situations where survivors are not the complainant in a case.

**Maintaining a survivor-centred approach in conditions of mandatory reporting:** A survivor-centred approach to sexual violence affirms the rights of survivors to confidentiality and self-determination – including the right to decide whether or not to formally report the incident. Upholding the full rights of survivors to confidentiality and self-determination is not always possible in the context of mandatory reporting of SEA. Further, maintaining anonymity and safety of survivors and witnesses can also be difficult.

**Inconsistent investigative and disciplinary procedures:** UN staff, including civilian staff and police, are disciplined by the UN through administrative sanctions, such as fines, dismissal or repatriation, whereas military personnel are disciplined according to the rules of the troop-contributing country. Communities rarely make distinctions between different arms of the UN; therefore, poor practices amongst one organization or entity can reflect badly on the entire UN country mission.

**Inadequate resources and technical capacity:** Implementing comprehensive SEA prevention and response measures requires resources, specialist knowledge and skills, and adequate capacity – which have not always been prioritized in the past. Further, the issue of SEA has not always been taken seriously by the humanitarian community in some settings.

## Accountabilities, roles and responsibilities for preventing and responding to SEA



Senior management staff at all levels are accountable for preventing and responding to SEA. The procedures to report, respond to and monitor allegations of SEA, in line with the Notification Alert, and to take effective actions in preventing SEA, are carried out in coordination with the Division of Human Resources, Supply Division, Office of Internal Audit and Investigation (OIAI) and the Legal Adviser. The specific roles and responsibilities of those offices are identified and explained in other documents.

### ***Regional Directors and Deputy Regional Directors***

Regional Directors and Deputy Regional Directors are responsible for:

- Holding in-country management to account regarding their roles and responsibilities for SEA prevention, reporting and response strategies and providing support in identifying adequate resources for implementation;
- Taking appropriate action with regard to onward reporting of alleged cases of SEA, noting in particular the Notification Alert; and
- Supporting the management of external communications concerning an SEA case, particularly media management.

### ***Country Representatives/Heads of Office and other senior managers***

UNICEF Country Representatives and senior managers, including Heads of sub or zonal offices, are accountable for taking action to prevent and respond to SEA at country level. This includes operationalizing the four steps for reporting and responding to SEA allegations, noted above.

### ***PSEA Focal Points and Alternates***

PSEA Focal Points and Alternates have a significant role in preventing and responding to SEA. They are responsible for:

- Receiving and reporting onward all complaints, reports and questions about alleged acts of SEA committed by UNICEF personnel and personnel of other entities whenever approached;
- Confirming that records are kept, information is held confidentially and appropriate reporting takes place, in line with local reporting procedures; and
- Reporting to the UNICEF Representative or other senior manager, such as the Head of a field office.

The PSEA Focal Point or Alternate is never responsible for questioning or dismissing an allegation, deciding if or how to proceed with an allegation, or making decisions regarding investigations.

### ***UNICEF Child Protection and GBV specialists***

Child Protection and GBV staff are often the first to be notified of an SEA incident or allegation. They are also likely to have the expertise and skills to engage with and support victims. Key responsibilities of UNICEF Child Protection and GBV specialists include:

- Supporting PSEA Focal Points, Alternates and other designated staff at field level to identify appropriate referral services and establish protocols for referring victims; and
- Providing guidance and advice to Focal Points and Alternates regarding victims' rights and the best interests of the child throughout the reporting and assistance processes.

### ***UNICEF staff members and related personnel***

Regardless of their contractual status, all UNICEF staff and related personnel have the following responsibilities in preventing and responding to SEA:

- Abiding by the standards of behaviour set out in the UN SEA Code of Conduct;
- Reporting all information regarding allegations, suspicions or complaints of SEA to designated Focal Points or supervisors; and
- Contributing to a climate and culture of zero tolerance for SEA in the workplace and community by promoting the rights of women and children to be free from all forms of violence.

## **Country office checklist for preventing and responding to sexual exploitation and abuse**

<b>Reporting</b>	
UNICEF Head of Office is immediately informed of SEA allegations by UN staff or related personnel.	<input type="radio"/>
Notification Alert is activated within 24 hours of receipt of an SEA allegation. Allegation is reported using the Significant Incident Report (SIR) for SEA.	<input type="radio"/>
Within 12 hours after receiving the SIR, Regional Director makes a decision whether to inform NYHQ.	<input type="radio"/>
Where PSEA Task Force has been established by the UNCT, UNICEF informs Task Force as appropriate.	<input type="radio"/>
Country Representative consults UNICEF Legal Adviser and other relevant staff to determine the appropriate procedures for reporting to national authorities.	<input type="radio"/>
Country Representative reports SEA allegations involving UNICEF staff and related personnel following the Notification Alert and confirms follow-up actions are taken.	<input type="radio"/>
<b>Response</b>	
Appropriate information, support, referral and victim assistance are provided or facilitated for child victims of SEA (and adult victims of SEA allegedly perpetrated by UNICEF staff or related personnel) throughout the reporting and investigation process and during follow-up, as needed. Victim assistance includes safety, medical care, psychosocial support, legal services and case management. Relevant Child Protection colleagues are involved in identifying available services and referral procedures for child victims.	<input type="radio"/>
OIAI is informed of SEA allegations.	<input type="radio"/>

Monitoring	
Mechanisms are in place for monitoring response and follow-up of allegations, including the quality of victim assistance provided by UNICEF and its partners to address the child's safety, health and psychosocial needs, and access to legal assistance. UNICEF's accountability for monitoring SEA response also includes assistance to adult victims of SEA allegedly perpetrated by a UNICEF staff or related personnel.	<input type="radio"/>
Mechanisms are in place for monitoring ongoing investigations.	<input type="radio"/>
Prevention	
A PSEA Focal Point and Alternate are designated in each CO and each sub or zonal office and are trained on SEA prevention and response.	<input type="radio"/>
Focal Points' and Alternates' responsibilities are reflected in Performance Appraisal Reports.	<input type="radio"/>
CO is active in inter-agency PSEA Task Force and advocates for establishment of Task Force where it does not exist.	<input type="radio"/>
Appropriate linkages are facilitated with other relevant coordination forums.	<input type="radio"/>
Victim assistance services are mapped to determine the availability and quality of medical, psychosocial and legal services.	<input type="radio"/>
Protocol is established for referring SEA victims.	<input type="radio"/>
Victim assistance services are established or strengthened.	<input type="radio"/>
PSEA training and capacity-building of partners, peacekeepers and relevant troops is supported.	<input type="radio"/>
All staff are trained on SEA and the Code of Conduct.	<input type="radio"/>
The Code of Conduct and key UNICEF policies related to SEA reporting, response and prevention are translated into the main local languages and prominently displayed throughout the CO.	<input type="radio"/>
SEA awareness is promoted to build staff knowledge and commitment to zero tolerance of SEA.	<input type="radio"/>
Senior managers are trained on how to identify and respond to staff stress.	<input type="radio"/>
Staff are advised of disciplinary procedures.	<input type="radio"/>

Prevention (continued)	
GBV prevention and mitigation strategies are incorporated into the policies, standards and guidelines of sectoral programmes.	<input type="radio"/>
Communities, especially children and women, are consulted on how to make community-based complaint mechanisms accessible, safe and confidential.	<input type="radio"/>
Community-based complaint mechanisms are established and announced in UNICEF operational areas.	<input type="radio"/>
Provisions are in place for anonymous reporting of SEA.	<input type="radio"/>
Mechanisms are in place to provide feedback to communities on measures taken to prevent and respond to SEA.	<input type="radio"/>

### Essential SEA prevention and response resources

- **UNICEF Minimum Operating Standards for Protection from Sexual Exploitation and Abuse (MOS-PSEA):** Contact Child Protection in Emergencies, Programme Division, Headquarters for a copy.
- **UNICEF Notification Alert package:** Reporting Allegations of Sexual Exploitation and Abuse of Children by UN Personnel or by Foreign Military Personnel Associated with a UN Mandate – contact Child Protection in Emergencies, Programme Division, Headquarters for a copy.
- **UNICEF SEA package** (Eng, Fr): Guidance on conducting child interviews for investigations, Child Interview Monitoring Checklist, SEA UNICEF Training presentation – contact Child Protection in Emergencies, Programme Division, Headquarters for a copy.
- **UNICEF's Standard Programme Cooperation Agreement**, available at: <<https://intranet.unicef.org/pd/pdc.nsf/caf1cccd04786f1285256c870076516b/b972e7beaf90edba85257e0a0069239e?OpenDocument>>.
- **UNICEF Child Safeguarding Policy**, available at: <[https://intranet.unicef.org/pd/pdc.nsf/0/B91A2CD30AA64B2685257FE9007254A4/\\$FILE/CF%20EXD%202016%20006%20Child%20Safeguarding%20Policy.pdf](https://intranet.unicef.org/pd/pdc.nsf/0/B91A2CD30AA64B2685257FE9007254A4/$FILE/CF%20EXD%202016%20006%20Child%20Safeguarding%20Policy.pdf)>.
- **Secretary-General's Bulletin on Special measures for protection from sexual exploitation and sexual abuse** (ST/SGB/2003/13), available at: <[www.pseataaskforce.org/uploads/tools/1327932869.pdf](http://www.pseataaskforce.org/uploads/tools/1327932869.pdf)>.
- **IASC Standard Operating Procedures for Community-Based Complaints Mechanisms (CBCMs)**, available at: <<https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-51>>.
- **IASC AAP/PSEA Best Practice Guide on Inter-Agency Community-Based Complaints Mechanisms (CBCMs)**, available at: <<https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-50>>.

## UNICEF Notification Alert to Senior Management: Reporting Allegations of Sexual Exploitation and Abuse of Children by UN Personnel or by International Military Personnel Associated with a UN Mandate

### *Allegations must be reported to UNICEF senior management*

- All UNICEF Personnel have a duty to report to UNICEF senior management allegations of sexual exploitation and abuse of children by UN Personnel or by international military personnel associated with a UN mandate. Reports must be made urgently once an allegation is received. The steps for making these reports (including the template form to use) are set out on the following page.
- Reporting allows UNICEF senior management to make sure the Organization is taking appropriate steps to help the children involved, to stop any on-going exploitation and abuse, and to trigger appropriate investigations and possible referrals to law enforcement.

### *Who must report what, when, and to whom?*

- **Who has to report?** “UNICEF Personnel” means, for these purposes, all staff members; UNVs working with UNICEF; people deployed to UNICEF under Stand-by Personnel arrangements or on reimbursable or non-reimbursable loans; interns; personnel deployed to UNICEF through an employment agency or similar arrangements; and individuals who have a consultancy contract with UNICEF.
- **What has to be reported?** Allegations of sexual exploitation and abuse of children by UN Personnel. Given the nature of the actions involved, all allegations should be reported. However, making an allegation in bad faith against someone or embellishing an allegation are strictly prohibited; appropriate steps will be taken against anyone who does so.
  - “Sexual exploitation and abuse” have been defined in various instruments issued by UNICEF and the UN, but all allegations of sexual conduct by UN Personnel with children – including attempted or threatened conduct of a sexual nature – must be reported. This is especially so if the allegation involves actual or threatened violence or inducements such as protection, food, shelter, or the like. An analysis of whether such conduct meets the technical definitions can occur at a later phase of the process.
  - “Children” also has a definition, and all allegations involving someone who appears or claims to be under 18 must be reported.
  - “UN Personnel” means staff members of the UN Secretariat or any UN System Organization (including UNICEF), UNVs working with any such organization, people deployed to a UN System Organization under Stand-by Personnel arrangements or on reimbursable loans, interns, people deployed to a UN System Organization through an employment agency or similar arrangements, gratis personnel, and individuals who have a consultancy contract with a UN System Organization. It also includes the employees or consultants and sub-contractors of UN System Organizations, civil society implementing partners, and contractors or suppliers. In addition, it includes all personnel associated with international or regional military forces operating as part of a UN Peacekeeping Mission or otherwise under a UN mandate. “International military personnel associated with a UN mandate” is self-explanatory.

- **When Must the Allegations be Reported?** Allegations must be reported urgently once they are received. The maximum time frames for reporting are set out in the matrix below.
- **To Whom Must the Report be Made?** The report must be made directly to the head of the UNICEF office where the person making the report is assigned. That might be a Country Office or a zonal- or sub-office. That person then has obligations to report to more senior colleagues within UNICEF and the UN System at country level. The reporting protocols from there are set out in the matrix below.

### Special notes:

- If you are in doubt about whether something has to be reported, report it.
- UNICEF expects that our government partners and donors, UNICEF national committees, civil society implementing partners (local and international), vendors and suppliers, and organizations with a corporate consulting contract with UNICEF, and the employees of all of these, will also report such allegations to UNICEF.

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## Reporting steps

### Step 1

**Immediately after receiving an allegation of actual, attempted, or threatened, sexual exploitation and abuse of a child by any UN Personnel, UNICEF Personnel must inform the Head of Office where he or she is assigned.** The Head of Office must immediately inform the UNICEF Representative in the country, or the acting Representative, if the initial report is made at a sub- or zonal- office. This report should be made by whatever means is fastest and easiest, e.g., in person, by phone, by text, by email.

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### Step 2

**Within 24 hours after he or she receives the report, the UNICEF Representative must report the allegation to the UNICEF Regional Director.**

- The report must be made in writing, using the Significant Incident Report (SIR) for Sexual Exploitation and Abuse (SEA). First reports are often incomplete and may contain details that are later found to be inaccurate. The SIR for SEA may be revised later. All information available at the time of making the report must be included except the names and identifying information of the child which must be removed from all written documents and communications; that information (if known) is to be retained at Country Office level under strict confidentiality.
- The SIR for SEA form requires the Representative to report on steps taken to support the child and his/her family. The SIR for SEA also requires the Representative to express a view on whether the allegation is credible.
- In all cases, the Representative must also inform the most-senior UN official in country (e.g., SRSG of UN Mission, or UNCT RC/HC). This report is provided orally, with an email follow up making clear that the allegation has not been assessed or investigated. The SIR for SEA is a confidential internal UNICEF document and is not provided outside UNICEF.

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### Step 3

**Within 12 hours after he/she receives the SIR for SEA, the Regional Director reviews the information and makes a decision, using his or her best judgment, whether to inform NYHQ. If the Regional Director decides to inform NYHQ, this is done by forwarding the SIR for SEA (with the relevant section of the SIR/SEA completed by the Regional Director):**

- Deputy Executive Director Programmes with copy to:
  - Deputy Executive Director Management
  - Chief of Staff (OED)
  - Director Programme Division
  - Director EMOPS
  - Associate Director PD (Child Protection)
  - Country Representative
- If the alleged perpetrator is a UNICEF staff member, UNV working with UNICEF, a person deployed to UNICEF under a Stand-by Personnel arrangement or on reimbursable or non-reimbursable loan, an intern, a person deployed to UNICEF through an employment agency or similar arrangements, or a gratis personnel: the SIR for SEA must also be copied to Director DHR; Chief of Investigations, OIAI; and the Legal Adviser NYHQ.
- If the alleged perpetrator is an individual consultant, or an employee or associate of a corporate vendor or supplier or of an institutional or corporate contractors (sometimes referred to as corporate consultants): the SIR for SEA must also be copied to Director SD; Chief of Investigations OIAI; and the Legal Adviser NYHQ.

**The Country Representative, upon advice of and with specific guidance from UNICEF Headquarters, informs appropriate Government authorities and, when relevant, contractors or implementing partners.**



# Conflict-Related Sexual Violence

Source: United Nations Action Against Sexual Violence, 'Analytical & Conceptual Framing of Conflict-Related Sexual Violence', UN Action, New York, 2011.

## How are 'sexual violence' and 'conflict-related sexual violence' defined?

- Sexual violence is: *'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting'.*
- The UN system as whole has adopted a common working definition of conflict-related sexual violence:

*(...) incidents or patterns (for the purposes of listing in accordance with Security Council resolution 1960 (2010)) of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization or any other form of sexual violence of comparable gravity against women, men or children. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g. political strife). They also have a direct or indirect nexus with the conflict or political strife itself, that is, a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (which can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of genocide or other gross violations of human rights), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/State collapse, cross-border dimensions and/or the fact that they violate the terms of a ceasefire agreement.*

## When is sexual violence conflict-related?

- The definition of 'armed conflict' is based on factual conditions relating to an armed confrontation between two or more identifiable parties over a sustained period of time, at a level of intensity that exceeds ordinary law and order operations (i.e., the use of military force, rather than police forces).
- 'Parties' to armed conflict are organized armed forces under a command structure, with the capacity to sustain military operations. This includes both State and non-State actors.
- Sexual violence as a 'tactic of war' refers to acts of sexual violence that are linked with military/political objectives and that serve (or intend to serve) a strategic aim related to the conflict. This will rarely be reflected in overt orders, but may be evidenced by the fact that an armed group has a functioning chain of command and is able to restrain other offenses (like mutiny or desertion), while sexual violence is neither condemned nor punished by the military hierarchy. It may also be apparent that sexual violence is in line with the overall objectives of the group.



# Men, Boys and Conflict-Related Sexual Violence

Source: Russell, W., 'Sexual violence against men and boys', *Forced Migration Review*, no. 27, January 2007, pp. 22–23.<sup>1</sup>

In the last decade, sexualised violence against men and boys – including rape, sexual torture, mutilation of the genitals, sexual humiliation, sexual enslavement, forced incest and forced rape – has been reported in 25 armed conflicts across the world. If one expands this tally to include cases of sexual exploitation of boys displaced by violent conflict, the list encompasses the majority of the 59 armed conflicts (based on *Human Security Report*, 2006).

Male-directed sexual violence remains largely undocumented. Little is known either about the scope or nature of such violence or about the psychosocial consequences for male survivors. For individual survivors, this collective ignorance leads to a lack of assistance or justice.

Sexualised violence against men and boys can emerge in any form of conflict – from interstate wars to civil wars to localised conflicts – and in any cultural context. Both men and boys are vulnerable in conflict settings and in countries of asylum alike. Both adult men and boys are most vulnerable to sexual violence in detention. In some places over 50% of detainees reportedly experience sexualised torture.

However, both adult men and boys are also vulnerable during military operations in civilian areas and in situations of military conscription or abduction into paramilitary forces. Boys, meanwhile, are also highly vulnerable in refugee/IDP settings.

In addition to acts of individual sadism, the main overt purposes of sexualised violence against men and boys appear to be torture, initiation and integration into military/paramilitary forces, punishment of individuals and a strategy of war designed to terrify, demoralise and destroy family and community cohesion.

More fundamentally, most sexual violence is a mechanism by which men are placed or kept in a position subordinate to other men. Male-directed sexual violence helps to expose the broader phenomenon of conflict-related sexual violence, including against the women and girls who are the most numerous victims, for what it is: not 'boys being boys' but an exercise in power and humiliation.

<sup>1</sup> Available at: <[www.fmreview.org/sites/fmr/files/FMRdownloads/en/FMRpdfs/FMR27/12.pdf](http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/FMRpdfs/FMR27/12.pdf)>.



# HIV and GBV in Emergencies

- **Emergencies amplify or intensify vulnerability to HIV infection** – especially for girls and women, as seen in the examples below.
  - *Negative coping mechanisms*: Stress, boredom and other factors related to emergencies can lead to increased engagement in behaviours that puts one at increased risk of HIV.
  - *Gender-based violence*: Sexual violence, intimate partner violence and child marriage, all of which can be exacerbated during emergencies, can all increase a female's risk of exposure to HIV.
  - *Disruption of social networks*: Population movement can cause breakdown in family and social ties, affecting traditional values and coping strategies; refugees or internally displaced persons (IDPs) from areas where HIV is uncommon might move to high prevalence regions; and changing social norms may increase the likelihood of casual/unprotected sex and risky behaviors among displaced populations.
  - *Inaccessible HIV prevention commodities*: Sexually transmitted infection (STI) prevention and treatment programming – including the use of condoms – may be disrupted, and victims of rape may not have access to post-exposure prophylaxis (PEP) to prevent HIV transmission.
  - *Commercial sex work and sexual exploitation* may expand in the affected area due to the influx of clients (which may include displaced populations, relief workers, peacekeepers, etc.). Affected populations, especially girls and young women, may resort to commercial sex work for survival.
- **There are five key areas of overlap between violence – especially sexual violence – and HIV in emergencies:**
  1. *Forced sex* and the resulting anal or genital trauma, as well as higher HIV and STI rates among combatants, can increase risks for HIV.<sup>1</sup>
  2. *Coerced sex* may increase, for example when peacekeepers from high-prevalence countries sexually exploit children and women.
  3. *Indirect transmission* can occur due to STIs increasing risk of subsequent transmission.
  4. *Conflict-related sexual violence and sexual exploitation or abuse experienced in childhood* may lead to increased risk-taking behaviours later in life.
  5. *HIV stigma for rape survivors* – for example, when a person discloses their HIV status – may increase the risk of further violence from partners, family or community members.
- **Combatants are high-risk groups for contracting, and therefore spreading, HIV.** Most military personnel are single men between 15 and 24 years of age, making them one of the most sexually active groups. There are no HIV prevalence estimates for non-State combatants (such as rebel groups and insurgents), but these are also believed to be high – and perhaps even higher than State militaries, as they often have little military discipline and no access to prevention and health services and information.<sup>2</sup>

<sup>1</sup> Violent sexual intercourse leads to a higher chance of contracting HIV than consensual sex because of the genital trauma and violence involved.

<sup>2</sup> Rehn, E. and E. Johnson Sirleaf, *Women, War and Peace: The Independent Experts' Assessment on the Impact of Armed Conflict on Women and Women's Role in Peace-building*, UN Women, New York, 2002.

- **Peacekeepers are another high-risk group.** Peacekeeping is a low-intensity activity, meaning that peacekeepers often have time on their hands. Coupled with relatively higher levels of income, these factors often lead to increased employment of commercial sex workers. Peacekeepers from high-prevalence countries can pose health risks to communities they are deployed to, while peacekeepers deployed to high-prevalence countries can become at-risk for contracting HIV.
- **Girls and women raped by armed actors are at increased risk of contracting HIV** because of the higher rates of HIV and STIs amongst combatants, as well as the often violent sex acts that increase chances of transmission.<sup>3</sup>

3 Khaw, A., et al, 'HIV Risk and Prevention in Emergency-affected Populations: A Review', *Disasters*, vol. 24, no. 3, 2000.



# At-Risk Groups

Source: Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015, pp. 11–13.<sup>1</sup>

In any emergency, there are groups of individuals more vulnerable to harm than other members of the population. This is because they hold less power in society, are more dependent on others for survival, are less visible to relief workers, or are otherwise marginalized. The IASC GBV Guidelines use the term ‘at-risk groups’ to describe these individuals.

When sources of vulnerability – such as age, disability, sexual orientation, religion, ethnicity, etc. – intersect with gender-based discrimination, the likelihood of women’s and girls’ exposure to GBV can escalate. For example, adolescent girls who are forced into child marriage – a form of GBV itself – may be at greater risk of intimate partner violence than adult females. In the case of men and boys, gender-inequitable norms related to masculinity and femininity can increase their exposure to some forms of sexual violence. For example, men and boys in detention who are viewed by inmates as particularly weak (or ‘feminine’) may be subjected to sexual harassment, assault and rape. In some conflict-afflicted settings, some groups of males may not be protected from sexual violence because they are assumed to not be at risk by virtue of the privileges they enjoyed during peacetime.

Not all the at-risk groups listed in the following table will always be at heightened risk of gender-based violence. Even so, they will very often be at heightened risk of harm in humanitarian settings. Whenever possible, efforts to address GBV should be alert to and promote the protection rights and needs all of these groups. Targeted work with specific at-risk groups should be in collaboration with agencies that have expertise in addressing their needs. With due consideration for safety, ethics and feasibility, the particular experiences, perspectives and knowledge of at-risk groups should be solicited to inform work throughout all phases of the programme cycle. Specifically, humanitarian actors should:

- Be mindful of the protection rights and needs of these at-risk groups and how these may vary within and across different humanitarian settings;
- Consider the potential intersection of their specific vulnerabilities to GBV; and
- Plan interventions that strive to reduce their exposure to GBV and other forms of violence.

1 Available at: <[www.gbvguidelines.org](http://www.gbvguidelines.org)>.

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
<b>Adolescent girls</b>	<ul style="list-style-type: none"> <li>• Sexual assault</li> <li>• Sexual exploitation and abuse</li> <li>• Child and/or forced Marriage</li> <li>• Female genital mutilation/ cutting (FGM/C)</li> <li>• Lack of access to education</li> </ul>	<ul style="list-style-type: none"> <li>• Age, gender and restricted social status</li> <li>• Increased domestic responsibilities that keep girls isolated in the home</li> <li>• Erosion of normal community structures of support and protection</li> <li>• Lack of access to understandable information about health, rights and services (including reproductive health)</li> <li>• Being discouraged or prevented from attending school</li> <li>• Early pregnancies and motherhood</li> <li>• Engagement in unsafe livelihoods activities</li> <li>• Loss of family members, especially immediate caretakers</li> <li>• Dependence on exploitative or unhealthy relationships for basic needs</li> </ul>
<b>Elderly women</b>	<ul style="list-style-type: none"> <li>• Sexual assault</li> <li>• Sexual exploitation and abuse</li> <li>• Exploitation and abuse by caregivers</li> <li>• Denial of rights to housing and property</li> </ul>	<ul style="list-style-type: none"> <li>• Age, gender and restricted social status</li> <li>• Weakened physical status, physical or sensory disabilities, and chronic diseases</li> <li>• Isolation and higher risk of poverty</li> <li>• Limited mobility</li> <li>• Neglected health and nutritional needs</li> <li>• Lack of access to understandable information about rights and services</li> </ul>
<b>Woman and child heads of households</b>	<ul style="list-style-type: none"> <li>• Sexual assault</li> <li>• Sexual exploitation and abuse</li> <li>• Child and/or forced marriage (including wife inheritance)</li> <li>• Denial of rights to housing and property</li> </ul>	<ul style="list-style-type: none"> <li>• Age, gender and restricted social status</li> <li>• Increased domestic responsibilities that keep them isolated in the home</li> <li>• Erosion of normal community structures of support and protection</li> <li>• Dependence on exploitative or unhealthy relationships for basic needs</li> <li>• Engagement in unsafe livelihoods activities</li> </ul>

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
<b>Girls and women who bear children of rape, and their children born of rape</b>	<ul style="list-style-type: none"> <li>• Sexual assault</li> <li>• Sexual exploitation and abuse</li> <li>• Intimate partner violence and other forms of domestic violence</li> <li>• Lack of access to education</li> <li>• Social exclusion</li> </ul>	<ul style="list-style-type: none"> <li>• Age, gender</li> <li>• Social stigma and isolation</li> <li>• Exclusion or expulsion from their homes, families and communities</li> <li>• Poverty, malnutrition and reproductive health problems</li> <li>• Lack of access to medical care</li> <li>• High levels of impunity for crimes against them</li> <li>• Dependence on exploitative or unhealthy relationships for basic needs</li> <li>• Engagement in unsafe livelihoods activities</li> </ul>
<b>Indigenous women, girls, men and boys, and ethnic and religious minorities</b>	<ul style="list-style-type: none"> <li>• Social discrimination, exclusion and oppression</li> <li>• Ethnic cleansing as a tactic of war</li> <li>• Lack of access to education</li> <li>• Lack of access to services</li> <li>• Theft of land</li> </ul>	<ul style="list-style-type: none"> <li>• Social stigma and isolation</li> <li>• Poverty, malnutrition and reproductive health problems</li> <li>• Lack of protection under the law and high levels of impunity for crimes against them</li> <li>• Lack of opportunities and marginalization based on their national, religious, linguistic or cultural group</li> <li>• Barriers to participating in their communities and earning livelihoods</li> </ul>
<b>Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons</b>	<ul style="list-style-type: none"> <li>• Social exclusion</li> <li>• Sexual assault</li> <li>• Sexual exploitation and abuse</li> <li>• Domestic violence (e.g. violence against LGBTI children by their caretakers)</li> <li>• Denial of services</li> <li>• Harassment/sexual harassment</li> <li>• Rape expressly used to punish lesbians for their sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>• Discrimination based on sexual orientation and/or gender identity</li> <li>• High levels of impunity for crimes against them</li> <li>• Restricted social status</li> <li>• Transgender persons not legally or publicly recognized as their identified gender</li> <li>• Same-sex relationships not legally or socially recognized, and denied services other families might be offered</li> <li>• Exclusion from housing, livelihoods opportunities, and access to healthcare and other services</li> <li>• Exclusion of transgender persons from sex-segregated shelters, bathrooms and health facilities</li> <li>• Social isolation/rejection from family or community, which can result in homelessness</li> <li>• Engagement in unsafe livelihoods activities</li> </ul>

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
<b>Separated or unaccompanied girls, boys and orphans, including children associated with armed forces/groups</b>	<ul style="list-style-type: none"> <li>• Sexual assault</li> <li>• Sexual exploitation and abuse</li> <li>• Child and/or forced marriage</li> <li>• Forced labour</li> <li>• Lack of access to education</li> <li>• Domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>• Age, gender and restricted social status</li> <li>• Neglected health and nutritional needs</li> <li>• Engagement in unsafe livelihoods activities</li> <li>• Dependence on exploitative or unhealthy relationships for basic needs</li> <li>• Early pregnancies and motherhood</li> <li>• Social stigma, isolation and rejection by communities as a result of association with armed forces/groups</li> <li>• Active engagement in combat operations</li> <li>• Premature parental responsibility for siblings</li> </ul>
<b>Women and men involved in forced and/or coerced prostitution, and child victims of sexual exploitation</b>	<ul style="list-style-type: none"> <li>• Coercion, social exclusion</li> <li>• Sexual assault</li> <li>• Physical violence</li> <li>• Sexual exploitation and abuse</li> <li>• Lack of access to education</li> </ul>	<ul style="list-style-type: none"> <li>• Dependence on exploitative or unhealthy relationships for basic needs</li> <li>• Lack of access to reproductive health information and services</li> <li>• Early pregnancies and motherhood</li> <li>• Isolation and a lack of social support/peer networks</li> <li>• Social stigma, isolation and rejection by communities</li> <li>• Harassment and abuse from law enforcement</li> <li>• Lack of protection under the law and/or laws that criminalize sex workers</li> </ul>
<b>Women, girls, men and boys in detention</b>	<ul style="list-style-type: none"> <li>• Sexual assault as punishment or torture</li> <li>• Physical violence</li> <li>• Lack of access to education</li> <li>• Lack of access to health, mental health and psycho-social support, including psychological first aid</li> </ul>	<ul style="list-style-type: none"> <li>• Poor hygiene and lack of sanitation</li> <li>• Overcrowding of detention facilities</li> <li>• Failure to separate men, women, families and unaccompanied minors</li> <li>• Obstacles and disincentives to reporting incidents of violence (especially sexual violence)</li> <li>• Fear of speaking out against authorities</li> <li>• Possible trauma from violence and abuse suffered before detention</li> </ul>

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
<b>Women, girls, men and boys living with HIV</b>	<ul style="list-style-type: none"> <li>• Sexual harassment and abuse</li> <li>• Social discrimination and exclusion</li> <li>• Verbal abuse</li> <li>• Lack of access to education</li> <li>• Loss of livelihood</li> <li>• Prevented from having contact with their children</li> </ul>	<ul style="list-style-type: none"> <li>• Social stigma, isolation and higher risk of poverty</li> <li>• Loss of land, property and belongings</li> <li>• Reduced work capacity</li> <li>• Stress, depression and/or suicide</li> <li>• Family disintegration and breakdown</li> <li>• Poor physical and emotional health</li> <li>• Harmful use of alcohol and/or drugs</li> </ul>
<b>Women, girls, men and boys with disabilities</b>	<ul style="list-style-type: none"> <li>• Social discrimination and exclusion</li> <li>• Sexual assault</li> <li>• Sexual exploitation and abuse</li> <li>• Intimate partner violence and other forms of domestic violence</li> <li>• Lack of access to education</li> <li>• Denial of access to housing, property and livestock</li> </ul>	<ul style="list-style-type: none"> <li>• Limited mobility, hearing and vision resulting in greater reliance on assistance and care from others</li> <li>• Isolation and a lack of social support/peer networks</li> <li>• Exclusion from obtaining information and receiving guidance, due to physical, technological and communication barriers</li> <li>• Exclusion from accessing washing facilities, latrines or distribution sites due to poor accessibility in design</li> <li>• Physical, communication and attitudinal barriers in reporting violence</li> <li>• Barriers to participating in their communities and earning livelihoods</li> <li>• Lack of access to medical care and rehabilitation services</li> <li>• High levels of impunity for crimes against them</li> <li>• Lack of access to reproductive health information and services</li> </ul>
<b>Women, girls, men and boys who are survivors of violence</b>	<ul style="list-style-type: none"> <li>• Social discrimination and exclusion</li> <li>• Secondary violence as result of the primary violence (e.g. abuse by those they report to; honor killings following sexual assault; forced marriage to a perpetrator; etc.)</li> <li>• Heightened vulnerability to future violence, including sexual violence, intimate partner violence, sexual exploitation and abuse, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Weakened physical status, physical or sensory disabilities, psychological distress and chronic diseases</li> <li>• Lack of access to medical care, including obstacles and disincentives to reporting incidents of violence</li> <li>• Family disintegration and breakdown</li> <li>• Isolation and higher risk of poverty</li> </ul>



# Social Norms and GBV

Adapted from: United Nations Children's Fund, 'Part One: Getting Started', *Communities Care Toolkit*, UNICEF, New York, 2014, pp. 23–31.

## Social norms

- **Social norms are increasingly recognized as powerful influences on individual behaviour** – *in some instances even more so than personal opinions*. Evidence and experience generated from a range of health and violence behaviour change interventions show that changing collective beliefs and unspoken rules of behaviour in communities can lead to change in both collective and individual practices and behaviours.<sup>1</sup>
- **Many different social norms contribute to gender-based violence (GBV)**. This includes social norms related to gender, sex and violence. Social norms that promote stigma and victim-blaming can also stop survivors from coming forward for help and stop people from speaking out or taking action against violence.
- **Strong evidence exists that social norms related to male authority, acceptance of wife beating and female obedience affect the overall level of abuse in different settings**. When internalized by men and enforced through friendship networks and other social institutions, these norms increase the likelihood that individual men will engage in violence. A range of additional norms related to family privacy, men's role as provider, sexual activity as a marker of masculinity, and the shamefulness of divorce likely play enabling roles as well.<sup>2</sup>

## Gender norms

- **Gender norms are social norms that relate specifically to what it means to be a man, boy, woman, girl or another gender in a particular community**. These norms teach us from childhood what is considered appropriate for either a man or a woman.<sup>3</sup> Gender norms that are rigid and promote dominance of men and submissiveness of women to men are highly linked to GBV. In the box below are some examples from different countries of gender norms that contribute to GBV.

### Examples of gender norms that contribute to GBV

- *Gang rape can be considered a sign of masculinity.*
- *Using sexual violence is an acceptable way of 'putting women in their place' or punishing them.*
- *A woman should obey her husband in all things.*
- *A husband has the right to have sex with his wife when he wants to.*
- *A woman should tolerate violence to keep her family together.*

1 For example, programmes using a social norms perspective have contributed to ending open defecation in communities around the world, as well as to abandonment of female genital mutilation/cutting (FGC/M) across regions of Africa. For more information about a social norms perspective to end FGM/C, see the United Nations Children's Fund Innocenti Research Centre, *The Dynamics of Social Change: Towards the Abandonment of Female Genital Mutilation/Cutting in Five African countries*, UNICEF Innocenti Research Centre, UNICEF, Florence, 2010.

2 Heise, L., 'What Works to Prevent Partner Violence: An Evidence Overview', STRIVE, London, 2011.

3 Although third gender, transgender and gender non-conforming people exist in societies around the world, many societies only recognize two genders: male and female. Thus, social norms expect everyone to conform to those two categories and impose often rigid expectations for how people behave, dress, interact, etc.

## Norms about sex

- **Norms about sex tell us what is acceptable and desirable in sexual relationships.** Common shared beliefs include: men have a right or entitlement to sex; men should be persistent and aggressive in getting sex; women should be reluctant about having sex; women are men's sexual objects or possessions; it's OK for men to have sex outside marriage, but women who have sex outside marriage are soiled or ruined; etc.
- **Norms that say people shouldn't talk about sex can help keep sexual violence hidden** and stop survivors from telling someone and getting help.

The following are some examples of norms about sex that contribute to GBV.

### Examples of sex-related norms that contribute to GBV

- *Sex is a man's right in marriage.*
- *A wife does not have the right to refuse sex.*
- *A woman doesn't deserve respect if she has sex before marriage.*
- *Women must not show an interest in sex and must resist even wanted sexual advances.*
- *Girls are responsible for controlling a man's sexual urges.*
- *Once a girl agrees to be a girlfriend she should be available for sex.*
- *If a girl or woman is raped, it is better for her to keep it to herself.*

## Norms about violence

- **Norms that support using violence have been associated with GBV, especially rape.** In countries where there is violent conflict, all forms of violence increase. Conflict can reinforce an aggressive form of masculinity that can make GBV more acceptable; for example, in armed groups, new norms and practices might guide standards, behaviour and interactions of group members.<sup>4</sup> Violent conflict can also break down social norms that protect against GBV.<sup>5</sup>

The following examples show how norms about violence can be linked to sexual violence.

### Examples of violence-related norms that contribute to GBV

- *Rape is an acceptable way of teaching an unwilling female 'a lesson' or punishing a woman.*
- *A certain amount of violence and even rape is part of normal boyhood behaviour.*
- *A man should use physical violence to discipline his wife.*
- *It is acceptable for a man to hit his wife if she won't have sex with him.*

4 Lafrenière, J., 'Strengthening Prevention of Conflict-related Sexual Violence with Non-state Armed Groups: A Preliminary Framework for Key Prevention Strategies', UNICEF and OCHA, New York, 2011.

5 Kelly, J., et al., 'Characterizing Sexual Violence in the Democratic Republic of the Congo', Harvard Health and Human Rights, Harvard School of Public Health, Boston, 2009.



# Principles for Working with Men and Boys

Source: Department for International Development, 'A Practical Guide on Community Programming on Violence against Women and Girls: Guidance Note 2 to support programming on Violence against Women', DFID, London, 2012.<sup>1</sup>

- Men and boys can be the targets and allies of programmes to prevent violence against girls and women, but girls and women are the primary beneficiaries.
- The safety of girls and women and girls – beneficiaries, staff and activists – is the paramount consideration. Women's rights and empowerment must remain central.
- Programmes should explicitly seek to challenge discriminatory gender norms and unequal power relations between women and men.
- Programmes should be developed and implemented in partnership with WROs rather than by men's groups working autonomously. This ensures transparency and accountability to women and WROs.
- Steps should be taken to promote women's leadership in activities to engage men, such as the decision by the US organization A Call to Men to have a Board made entirely of women.
- Women-only spaces must be created and protected.
- Programmes must be continually evaluated to guard against becoming male-dominated, and checks and balances should be built into projects to ensure they remain women-centred (i.e. focused on the rights of women and girls).
- Programmes should go beyond small-scale educational interventions that target individual change in attitudes and behaviour, and mobilise men's support for wider societal changes – for example by enlisting men as allies in women's rights campaigns to challenge discriminatory laws and policies. This is important because men are typically the people who make decisions and they need to be making them in women's interests.
- Programme evaluations must seek out the perspectives not only of male participants but also of the women in these men's lives to validate self-reported changes. All necessary steps must be taken to ensure the confidentiality and safety of those consulted.

<sup>1</sup> Available at: <[www.gov.uk/government/collections/violence-against-women-and-girls-guidance-notes#guidance-notes](http://www.gov.uk/government/collections/violence-against-women-and-girls-guidance-notes#guidance-notes)>.



# Health Consequences of GBV

There are many short- and long-term negative consequences of GBV on survivors – at worst, GBV can be fatal.

The table below details some of the common negative health outcomes of GBV for girls and women.<sup>1</sup>

Acute physical	Chronic physical	Reproductive	Mental health
<ul style="list-style-type: none"> <li>• Injury</li> <li>• Shock</li> <li>• Disease</li> <li>• Infection</li> </ul>	<ul style="list-style-type: none"> <li>• Disability</li> <li>• Somatic complaints</li> <li>• Chronic infection</li> <li>• Chronic pain</li> <li>• Gastrointestinal disorders</li> <li>• Eating disorders</li> <li>• Sleep disorders</li> <li>• Chronic fatigue</li> </ul>	<ul style="list-style-type: none"> <li>• Miscarriage</li> <li>• Unwanted pregnancy</li> <li>• Unsafe abortion</li> <li>• STI, including HIV</li> <li>• Menstrual disorders</li> <li>• Pregnancy complications</li> <li>• Gynaecological disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Anxiety</li> <li>• Suicidal or self-harming thoughts and behaviour</li> <li>• Traumatic stress</li> <li>• Eating and sleeping disorders</li> <li>• Substance abuse</li> </ul>

- The immediate and longer-term **physical, reproductive and mental health consequences** of gender-based violence vary from person to person depending on individual and contextual factors, the type and nature of violence experienced, the survivor’s developmental level and stage, and the care and support she receives.
- The different effects of GBV can be interrelated; for example, physical well-being affects psychological well-being. For this reason, we need to view survivors holistically and consider all the different impacts, not just those we can see.
- Both physical and mental health needs of survivors should be addressed through health interventions in emergencies. Health interventions must reflect the ways in which health needs are interrelated with other needs of the survivors. The Health sector therefore works closely with other actors to holistically address consequences and promote the rights of survivors.

<sup>1</sup> World Health Organization, *World Report on Violence and Health*, WHO, Geneva, 2002; World Health Organization, *Guidelines for medico-legal care for victims of sexual violence*, WHO, Geneva, 2003; Taylor, J. and S. Stewart, *Sexual and Domestic Violence: Help, recovery and action in Zimbabwe*, Women and the Law in Southern Africa, Harare, 1991; Heise, L., M. Ellsberg and R. Gottmoeller, ‘A global overview of gender-based violence’, *International Journal of Gynecology and Obstetrics*, no. 78, 2002; Sexual Violence Research Initiative, ‘Mental Health Responses for Victims of Sexual Violence and Rape in Resource-Poor Settings’, SVRI, Pretoria, 2011.



# Foundations for GBV Programming

## Summary

This section provides information on the foundations for GBV prevention, mitigation and response across all phases of emergency response. This includes the legal and normative basis, guiding principles, and staff values and behaviours.

## Materials included in this section



### Info Sheets

[GBV and International Law](#)

[GBV and Humanitarian Standards](#)

[UNICEF Policy Framework](#)

[Levels of Participation](#)

[Children's Right to Participation](#)

[Mandatory Reporting of Child Abuse](#)

[Survivor-Centred Principles](#)

[Confidentiality](#)

[Working with Child Survivors of Sexual Abuse](#)

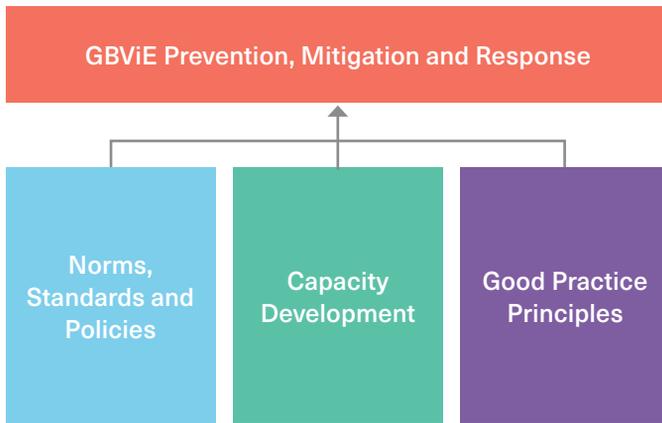
[Obtaining Permission from a Child](#)



North Darfur, Sudan

# Introduction

There is a set of important foundations for UNICEF's work in addressing GBViE, and it is essential that actors be familiar with these foundations.



The foundations include:

- International, inter-agency and internal **norms, standards and policies**, including international law;
- **Capacity development of national actors and systems** to strengthen local and national commitment and capacity for GBV prevention and response; and
- **Good practice principles** applied to all aspects of GBV coordination, risk mitigation across clusters and sectors, and specialized programming.



Abidjan, Côte d'Ivoire

# Norms, standards and policies for GBV prevention, mitigation and response



GBV and International Law

GBV and Humanitarian Standards

UNICEF Policy Framework



See the IASC GBV Guidelines

GBViE is addressed within a framework of national and international laws, norms and standards, including those set out in humanitarian policies and guidance, as well as UNICEF policies.

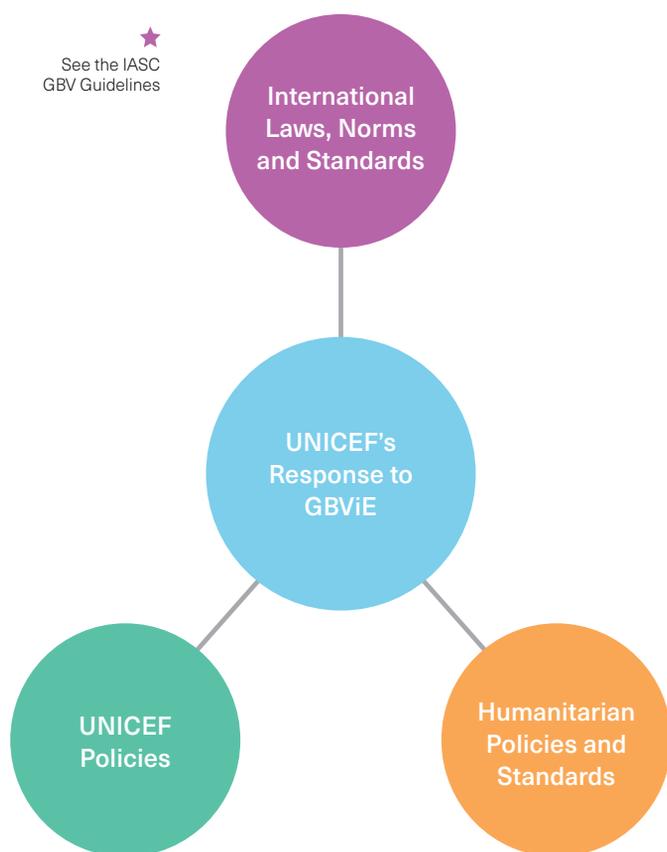


Figure 1: Standards governing UNICEF's humanitarian response to GBV

Key normative frameworks, standards and policies that govern UNICEF's humanitarian response to GBViE include:

- Relevant GBV-related **international laws**, norms and standards;
- Relevant **humanitarian policies, standards and guidance**, including the **IASC GBV Guidelines**;<sup>1</sup> and
- **UNICEF policies**, standards and guidance, especially the Core Commitments for Children.<sup>2</sup>

For more information on the above areas, see the relevant Info Sheets. For more information on the responsibilities of all humanitarian actors to address GBV in line with **IASC GBV Guidelines** standards, see below.

## Responsibility of all humanitarian actors to address GBV in line with the IASC GBV Guidelines

All humanitarian actors, regardless of the sector in which they work, have a responsibility to design, plan and implement their interventions in a way that minimizes protection risks and maximizes safety, particularly for women, girls and other potentially at-risk groups. This responsibility is clearly articulated in the following humanitarian standards:

- **SPHERE Humanitarian Charter (2011):** *"Protection is a core part of humanitarian action and the Protection Principles point to the responsibility of all humanitarian agencies to ensure that their activities are concerned with the more severe threats that affected people commonly face in times of conflict or disaster... Those involved in humanitarian response take steps to avoid or minimize any adverse effects of their intervention, in particular the risk of exposing people to increased danger or abuse of their rights."*<sup>3</sup>

1 See <[www.gbvguidelines.org](http://www.gbvguidelines.org)>.  
 2 See <[www.unicef.org/publications/index\\_21835.html](http://www.unicef.org/publications/index_21835.html)>.  
 3 See <[www.sphereproject.org/](http://www.sphereproject.org/)>.



Nepal

★  
See the IASC  
GBV Guidelines

- **IASC Principals' Statement on Centrality of Protection in Humanitarian Action (2013):** *"Protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State parties to conflict. It must be central to our preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond. In practical terms, this means identifying who is at risk, how and why at the very outset of a crisis and thereafter, taking into account the specific vulnerabilities that underlie these risks, including those experienced by men, women, girls and boys, and groups such as internally displaced persons, older persons, persons with disabilities, and persons belonging to sexual and other minorities."*<sup>4</sup>

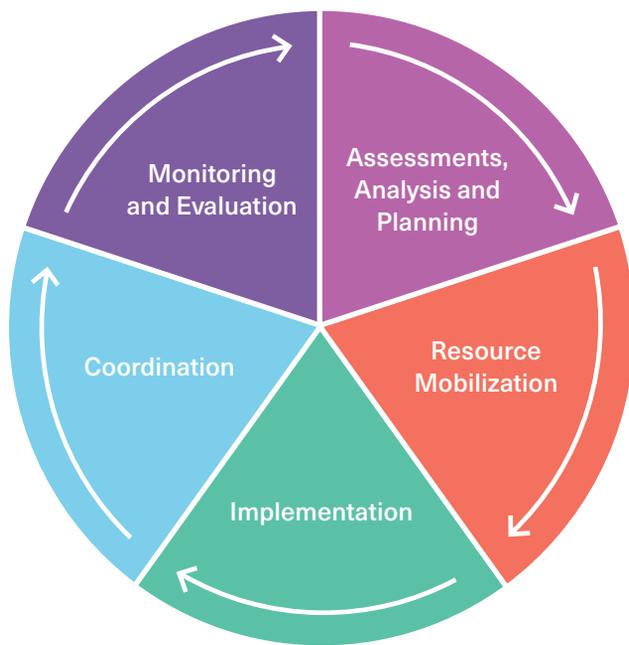
- **IASC Guidelines on Integrating Gender-based Violence Interventions in Humanitarian Action (2015):** *"All humanitarian actors must be aware of the risks of GBV and – acting collectively to ensure a comprehensive response – prevent and mitigate these risks as quickly as possible within their areas of operation... Failure to take action against GBV represents a failure by humanitarian actors to meet their most basic responsibilities for promoting and protecting the rights of affected populations."*<sup>5</sup>

As highlighted throughout this Resource Pack, the key resource for GBV risk mitigation is the **IASC GBV Guidelines**. The target audience for the GBV Guidelines is individuals working in other sectors of humanitarian response – in other words, those who do not work primarily on GBV prevention and response. However, it is also useful for GBV specialists to be familiar with this guidance so they can support other sectors with their risk mitigation efforts.

4 See <[https://interagencystandingcommittee.org/sites/default/files/centrality\\_of\\_protection\\_in\\_humanitarian\\_action\\_statement\\_by\\_iasc\\_princi.pdf](https://interagencystandingcommittee.org/sites/default/files/centrality_of_protection_in_humanitarian_action_statement_by_iasc_princi.pdf)>.

5 See <<http://gbvguidelines.org/>>.

The structure of the GBV Guidelines follows the humanitarian programme cycle, and below are some highlights from each section. Overall, the GBV Guidelines emphasize an *integration* approach – not only for the programming itself, but also in terms of tools and processes. In most cases, sectors should be encouraged/supported to incorporate elements from the GBV Guidelines into their existing assessment tools, monitoring and evaluation systems, and other activities, as opposed to creating separate mechanisms or processes – and an increased workload – solely focused on GBV.



**Assessments, Analysis and Planning:** The Assessment section of the GBV Guidelines contains sector-specific ‘Areas of Inquiry’ divided into three sub-categories: programming, policies, and communications and information sharing. These areas of inquiry have been designed to be integrated into other sectors’ existing assessment tools. There is also detailed guidance for each sector on who to assess, when to assess and how to assess GBV-related issues.

**Resource Mobilization:** The Resource Mobilization section of the GBV Guidelines not only provides tips for integrating GBV into other sectors’ funding proposals; it also addresses other types of resources, such as human resources (ensuring there is adequate GBV-related capacity among those working in the sector) and supplies.

**Implementation:** Organized under three categories – programming, policies, and communications and information sharing – the Implementation section of the GBV Guidelines provides concrete recommendations on activities each sector can undertake to integrate GBV prevention and risk mitigation into their interventions.

**Coordination:** Within the GBV Guidelines, the guidance on Coordination falls into two categories: 1) areas where colleagues from other sectors can/should seek the support of GBV specialists and 2) opportunities where two or more sectors can coordinate amongst each other to reduce GBV risks.

**Monitoring and Evaluation:** Each thematic area of the GBV Guidelines includes a series of sample indicators for monitoring and evaluation. Following the structure of the document, the indicators for each sector are organized by the programme cycle. Furthermore, they have been designed to be incorporated into existing monitoring and evaluation systems within the various sectors, without the need for additional monitoring and evaluation tools and processes specifically dedicated to GBV-related issues.

The GBV Guidelines emphasize the importance of monitoring and evaluation not only for the purpose of reporting to headquarters and donors, but also as a tool for informing and strengthening programming. In this regard, sometimes ‘failing’ to meet a set target can actually provide a useful learning opportunity. For example, if a sector has aimed to reach at least 50 per cent female respondents in an assessment but falls short of reaching that target, those conducting the assessment may consider changing the time and/or location of the consultations

or speaking with the affected community to better understand the barriers to female participation.

In addition, as is the case with assessments, monitoring and evaluation that applies a gender or GBV 'lens' to data analysis can reveal valuable information – such as potential safety concerns and/or barriers to services faced by women and girls – even when the data on its own may not seem directly related to GBV. For example, in the Education sector, a decline in attendance and/or retention rates for girls, without a corresponding decrease for boys, could be an indication of several forms of GBV, including GBV occurring in, around or on the way to school; girls dropping out early to be married; lack of appropriate supplies for menstrual hygiene management; or other factors. To determine the true factor(s) contributing to the decline, additional investigation and analysis would be needed (ideally with the support of GBV specialists); however, the initial 'red flag' raised by the original data is valuable nonetheless.



### Tools

See **Kit 3.6: Programming – Integrating GBV Risk Mitigation Across UNICEF Sectors and Clusters.**

## Capacity development of national actors and systems

Capacity-building of national actors and systems is a cornerstone of sustainable efforts to prevent and respond to GBV. It is also a cornerstone of a '**development-to-relief-to-development**' continuum that

characterizes an effective approach to emergency management and recovery.<sup>6</sup> Strengthening formal and informal systems and actors – from the national to the community level – is an essential element of UNICEF's mandate to build the commitment and ability of duty bearers to fulfil the rights of children and women to dignity, safety, protection and empowerment before, during and after emergencies. Capacity-building aims to strengthen local and national systems – both formal and informal – every step of the way, from initial response through to recovery efforts, in order to promote national ownership, capacity and long-term change at structural, systems and service levels.

Capacity needs and priorities of government and civil society actors varies from context to context, emergency to emergency. In some settings, governments may require technical support and resourcing of their disaster management authorities and agencies to address GBV. In other settings, such as complex or protracted emergencies, there may be a need for significant and sustained action over time to build operational, organizational and technical capacity of government and non-government actors to enable them to deliver essential, life-saving GBV response.

Humanitarian settings present an entry point for improvements in national frameworks and systems that promote children's and women's rights, including protection from GBV. While there is still much to be learned about how best to improve formal and informal systems of care, support and protection, UNICEF has experience and expertise in building the capacity of national and local actors across many settings, and COs are encouraged to learn from and build on these examples. See the following case study on capacity-building of national actors in South Sudan, as well as other examples of UNICEF's capacity-building work on GBVIE in the *Case Studies Booklet* in **Kit 1: Getting Started.**

<sup>6</sup> A development-to-relief-to-development approach is increasingly recognized as an important approach in emergency-affected settings, particularly in disaster-prone and protracted contexts. See, for example: World Bank, 'Forcibly Displaced: Toward a development approach supporting refugees, the internally displaced, and their hosts', World Bank, Washington, 2016.

Additional information on strengthening national legislation and policy frameworks – including building capacity for enforcement – and on strengthening national service delivery systems is contained throughout relevant sections of **Kits 3.1–3.7: Programming.**



### Case Study

#### Capacity-building of national actors in South Sudan

In 2016, South Sudan had few systems in place to protect girls and women from GBV and to respond to the needs of survivors. Overall, only a small percentage of the total population had access to even the most basic GBV services, such as clinical management of rape and psychosocial support. There was also deep and widespread impunity for all forms of GBV. As a result, girls and women continued to face grave violations of fundamental rights with limited access to services or redress, and they remained under-represented in most spheres of influence.

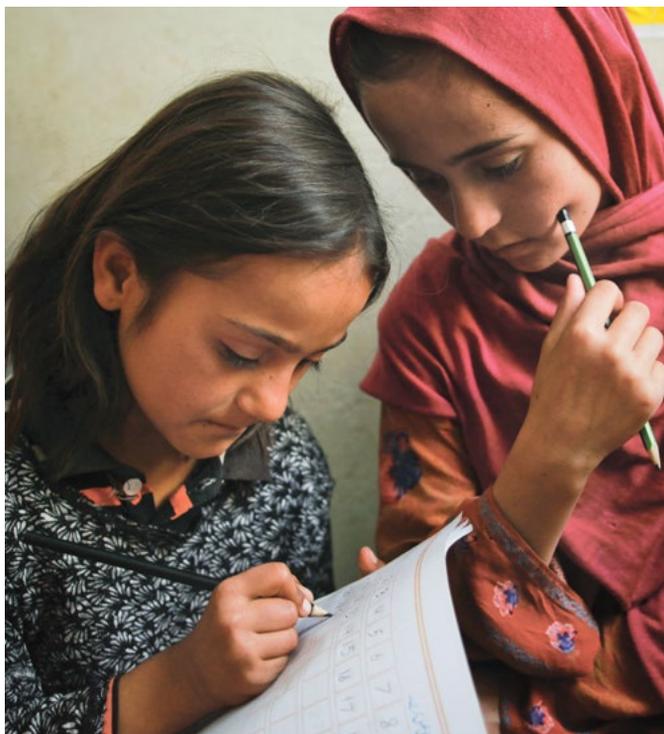
South Sudan also suffered from a scarcity of humanitarian organizations implementing GBV prevention and response programming. At the national level, there were no commonly agreed-upon criteria or standards for GBV programming. This created a situation where well-intentioned individuals and organizations could inadvertently cause harm because they lacked the requisite knowledge, skills and/or oversight to implement extremely sensitive interventions. High turnover of trained staff, particularly within international organizations, further exacerbated this risk. One outcome was that much of the GBV programming that did exist in South Sudan tended to focus on community awareness-raising, rather than comprehensive GBV prevention

and response. To respond to these challenges, UNICEF invested in developing the capacity of both government and non-government actors to create sustainable solutions for addressing GBV in South Sudan.

To support government, UNICEF and partner agency IsraAid worked with the Ministry of Gender and Social Development and the South Sudan National Police Services to develop a joint police-social worker programme. The initiative sought to overcome low capacity of service providers through: joint training of police and government social workers; implementing shared referral systems; and building relationships between government service providers and the community to build trust and increase reporting.

At the same time, UNICEF South Sudan prioritized building the capacity of national non-government and community-based organizations to enable them to implement safe, ethical and effective GBV prevention and response programming. The first step in this initiative involved undertaking a capacity assessment of partners to determine their existing capacity, needs and gaps in relation to GBV programming. This assessment informed the development of a capacity-building strategy in consultation with partners. The strategy used a tiered model for capacity development devised by the GBV team, recognizing the need for organizations to first acquire foundational competencies, followed by more advanced elements. The strategy was implemented using a range of methods, including training, technical support and peer learning.

The full version of this case study can be found in the *Case Studies Booklet* in **Kit 1: Getting Started.**



Quetta, Pakistan

## Guiding principles

UNICEF's GBVIE programming is based on evidence and learning from multiple settings on effective approaches and strategies for addressing GBV against girls and women. This evidence and learning is captured in a set of principles that underpin UNICEF's GBV programming.

These principles include the following:

- 1. GBV is a fundamental and unacceptable violation of human rights, and efforts to address it should be grounded in a rights-based approach.** All girls and women have the right to live free from GBV, including in situations of conflict and disaster. Survivors have the right to health, safety and protection from further violence and to justice where it is available. Duty bearers, including the international community, have an obligation to uphold these rights, including in emergencies.
- 2. Ending GBV involves tackling gender inequality and harmful social norms.** Preventing GBV involves promoting gender equality and promoting beliefs and norms that foster equitable, respectful and non-violent relationships. Ending discrimination and inequality based on gender lies at the heart of ending GBV against girls and women.
- 3. Comprehensive approaches are required to address GBV.** A comprehensive approach bridges development and emergency programming and involves adopting a coordinated, multi-level and multi-sectoral approach. A multi-level approach highlights the importance of structural, systemic, community- and individual-level interventions,<sup>7</sup> while a multi-sectoral approach emphasizes the need for coordinated engagement across sectors for preventing, mitigating and responding to GBV.
- 4. Strong partnerships are essential for holistic, coordinated action against GBV.** No single agency, organization or sector has the skills, resources or mandate to address GBVIE alone. Preventing and responding to GBV requires collaborative action and partnerships across sectors and clusters; it also requires involving governments, civil society, affected communities and other stakeholders. Partnerships must be built and fostered across UNICEF sectors and programmes; across humanitarian actors and clusters; with State and non-State duty bearers; and with civil society and communities.
- 5. Participation is vital for effective GBV prevention.** Genuine participation by rights holders and communities is empowering, fosters ownership of the problem, and ensures locally appropriate solutions to it. The participation and agency of affected people – especially children, adolescents and women – are central in all GBVIE efforts throughout assessment, analysis, design, implementation and monitoring of humanitarian programmes. Without genuine and

<sup>7</sup> Read-Hamilton, S., *Structures, Systems Services: A multilevel approach for addressing GBV in emergencies*, 2009.

significant participation from girls, boys, and women, major risks may go unidentified, and prevention strategies and suitable responses will be inadequate.

**6. Ethical and safety considerations are paramount.** Humanitarian actors have an ethical obligation to do no harm. Ethical and safety dimensions of *all* GBV activities must be considered prior to taking action. Safety of survivors, their supporters, community members and staff is a priority consideration in GBV assessments, programming, monitoring and evaluation in emergencies.

**7. A survivor-centred approach is a cornerstone of GBV work.** The safety, rights, dignity and empowerment of GBV survivors is a priority at all times. A survivor-centred approach aims to make sure each survivor's rights are at the forefront of all action, that each survivor is treated with dignity and respect, and that the person's agency is recognized and supported.

## GBV principles in practice

Each of the guiding principles listed above is important and applies to all UNICEF actions on GBV. Principles 1 through 4 are reflected in the structure and content of the UNICEF GBViE Programme Framework. For example:

- The Programme Framework focuses on responsibilities of duty bearers (Principle 1);
- The Programme Framework includes action on economic and social empowerment of women (Principle 2);
- The Programme Framework represents a comprehensive approach (Principle 3); and
- The Programme Framework reflects the need to work across sectors and with different actors, including the State (Principle 4).

Detailed guidance and resources to help UNICEF staff and partners put into practice the principles of participation (Principle 5), ethics and safety (Principle 6), and a survivor-centred approach (Principle 7) are included throughout this Resource Pack. Further information on each follows, along with suggested minimum actions which COs can take to put them into practice from the outset of an emergency.

### Participation

#### *Why participation is important*

Community participation in assessing the GBV situation and in designing, implementing and monitoring humanitarian action to address GBV is important for numerous reasons – first and foremost because people have the fundamental right to participate. A rights-based approach to GBV recognizes people in emergencies as rights holders and active agents who have the capacity to make decisions and act regarding their own safety and protection from GBV. Listening to the perspectives, problems and experiences of different groups in the community in relation to GBV, and involving them in planning and leading efforts to best respond to survivors and reduce risks of further GBV, will ensure community knowledge, expertise and resources fully contribute to developing locally appropriate actions and responses.

Participation by communities in GBV emergency preparedness and response processes also leads to better outcomes. When communities are involved in analysing the GBV situation and identifying solutions to it, interventions and strategies are more likely to be locally appropriate and sustainable. Participation in assessments facilitates identification of hidden issues, such as IPV (which is often invisible or normalized due to community norms), sexual exploitation of adolescent girls, or tension in communities arising when survivors of violence are seen to be obtaining 'extra' benefits not available to others.



Forobaranga, Sudan

While different sections of the community should be engaged in GBVIE assessment and programme processes, fostering participation and leadership of girls and women is especially important, and special attention should be paid to their perspectives and experiences. Attention should also be paid to the participation of especially marginalized groups. Groups that experience high levels of discrimination and stigma – such as girls or women with children born of rape and their children, or girls and women with disabilities – may be especially at-risk due to discrimination and invisibility. (See Info Sheet on **At-Risk Groups** in *Section 3: A Primer on GBV*.)

Girls' and women's meaningful participation and leadership in GBVIE assessments and other programme activities promotes their voice and agency within humanitarian response. It places the perspectives, needs and rights of girls and women at the centre of relief and recovery programming. Participation can also promote discussion in a sensitive manner about issues that may be controversial in the community, such as sexual abuse and exploitation of children.

### ***Minimum actions to promote participation***

Meaningful participation requires planning, skills and tools. To promote women's, adolescent girls' and children's participation in GBV assessment and programming processes, COs should take the following preparatory actions:

#### **✓ Train staff in participatory methods.**

UNICEF and partner staff involved in GBVIE assessments and programme planning should receive basic training on using participatory approaches in emergency response, including information on why it is important and how to do it. As part of the training, make sure staff are familiar with a wide range of participatory methods and tools that can be used with adults and adolescent girls, making sure a diversity of methods is included, such as theatre, art, workshops and other creative activities for children to identify and express concerns and issues.



Valle, Honduras



Levels of Participation

✓ **Determine the appropriate level of participation prior to each GBV assessment or programme planning activity.**

There are different **levels of community participation** in emergency response. Each level reflects how much power is shared with affected populations in the process. There is no 'right' level of participation – the most appropriate approach and methods will depend on the activity and time available. For example, high levels of participation will be appropriate when developing a comprehensive GBV assessment during emergency preparedness or when designing a recovery programme, whereas lower levels of participation may be more realistic during rapid assessment following a sudden-onset emergency, when the use of highly participatory methods may not be possible.

✓ **Gather information on population composition and dynamics.**

To help determine who to involve in assessments and programming processes, consider the profile of the population and identify who should have a voice beyond the typical community leaders. Understanding

population composition will help devise strategies to reach and consult with less visible groups in the community, such as adolescent girls, about the GBV situation from their perspective to ensure their needs and interests are reflected in problem analysis and response.

As well as age and gender, factors to consider may include:

- Ethnic and religious composition;
- Education level;
- Geography;
- Influence (while those with less influence in the community, such as adolescent girls or women with disabilities, often have less opportunity to participate, their perspectives are essential to understanding the issues related to GBV); and
- Sexual orientation and gender-identity.

✓ **Identify barriers and risks related to participation in GBVIE activities.**

Different groups may face barriers to participating in GBVIE assessments and programme activities. Power dynamics based on age, gender and social norms may determine how easy or difficult it is to even reach the most marginalized and powerless. For example, the increased burden on young women for domestic and care responsibilities may mean they have little time to attend discussions or assessment activities. Such dynamics may affect analysis of GBV, including how members of the community understand the problem and identification of risks and threats facing less visible groups. Identifying barriers and solutions to participation will help to ensure the experiences and perspective of the most vulnerable and powerless are recognized and reflected in emergency response.

There are often risks associated with participating in GBV assessments and programming activities, especially in

cases of politically motivated sexual violence or where there is a high level of stigma associated with GBV that places community members at risk of further violence if they discuss GBV openly. It is incumbent on UNICEF and partners to identify and mitigate these risks prior to carrying out GBVIE-related activities.

**Keys 3.1–3.7: Programming** contain good practice examples from different countries on how barriers to girls' and women's participation in GBV-related activities have been addressed. For example, in some settings, Dignity Kit distribution has been used successfully as an incentive for girls and women to participate in GBV information sessions.

- ✓ **Select appropriate methodologies and tools for each activity that reflect the level of participation and needs of different groups.**

Make sure the appropriate participatory tools are adapted for each activity and that women's, adolescent girls' and younger **children's rights to participate** are realized, and they are given adequate space and time to meaningfully participate during GBV emergency preparedness and response activities.



Children's Right to Participation



### Resources

- ▶ **The Participation of Children and Young People in Emergencies**  
*UNICEF (2007)*  
<[www.unicef.org/eapro/the\\_participation\\_of\\_children\\_and\\_young\\_people\\_in\\_emergencies.pdf](http://www.unicef.org/eapro/the_participation_of_children_and_young_people_in_emergencies.pdf)>
- ▶ **A Toolkit for Monitoring and Evaluating Children's Participation: Children and young people's experiences, advice and recommendations**  
*Save the Children (2014)*  
<<http://resourcecentre.savethechildren.se/library/toolkit-monitoring-and-evaluating-childrens-participation-children-and-young-peoples>>

- ▶ **Guidelines for Children's Participation in Humanitarian Programming**  
*Save the Children (2013)*  
<<http://resourcecentre.savethechildren.se/library/guidelines-childrens-participation-humanitarian-programming>>
- ▶ **Actions on the Rights of the Child Resource Pack Foundation Module 4: 'Participation and inclusion' analysis**  
*Inter-agency resource (2009)*  
<<http://resourcecentre.savethechildren.se/library/arc-resource-pack-actions-rights-children-english-version>>
- ▶ **Participation Handbook for Humanitarian Field Workers**  
*Active Learning Network for Accountability and Performance in Humanitarian Action and Groupe URD (2009)*  
<[www.alnap.org/resource/8531](http://www.alnap.org/resource/8531)>

## Ethics and safety

### *Why ethics and safety are important*

GBV assessments and programme interventions can actually *increase* risks of violence for girls and women. In some emergency settings, simply gathering information about GBV can have serious – even life-threatening – implications for survivors, other community members and those involved in collecting information. Girls and women who do disclose GBV may face retaliation from perpetrators and their supporters, and even reprisal from authorities. Such retaliation can range from social exclusion to being charged with criminal offences (such as adultery) and subjected to further violence, including honour killing. Some forms of GBV can be prosecuted under international law as a war crime or under national law, and perpetrators may therefore not want information shared.

Consider, for example, what could happen to a survivor or community member who discloses that soldiers stationed next to a village have sexually assaulted young women in the community, and that information gets back to the armed group. As has happened

in many settings, community members may be targeted for punishment by the armed group to stop them and others from speaking out against GBV in the future. Many survivors never disclose what has happened to them due to fear of repercussions.

As well as risks associated with gathering information and talking about GBV, there are other potential risks that can arise from GBV programming in emergency settings. For example:

- Services that are not confidential can stigmatize survivors, causing them to be treated badly, rejected by family members, ostracized from their community, victimized with further violence or even killed in the case of honour killing;
- Service providers such as health or shelter workers and can be targeted by perpetrators; and
- Interventions that specifically target survivors of GBV can create tension if survivors are seen as obtaining benefits not available to others.

In addition to safety risks, there are ethical dimensions of GBV programming in emergencies. For example, all humanitarian actors have an ethical obligation to 'do no harm' to affected people and communities. As GBV is very common, many people have had direct and indirect exposure – as survivors, witnesses or family members – to GBV and have experience coping with its consequences. This includes our own staff, partner staff and other national actors. In populations affected by armed conflict, GBV may be one of many human rights violations that survivors and their families have experienced. For some survivors, just talking about what has happened can be traumatic.

UNICEF and partner staff have an ethical responsibility to promote GBV survivors' well-being and to do no further harm through re-traumatizing them. As actors with a responsibility for promoting children's and women's rights, UNICEF staff also have

responsibilities to encourage other humanitarian actors to abide by the principle of 'do no harm'.

Key ethical and safety recommendations are set out in the World Health Organization *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies* (2007).<sup>8</sup> This document provides detailed information on each of the recommendations to help plan ethical and safe research and assessment activities. See Resources that follow for further relevant materials.

It is essential to regularly review ethics and safety dimensions of GBV assessments and programming activities in each phase of emergency response to minimize potential risks that such activities can have for survivors, community members and staff.



## Tools

Further guidance on ethics and safety can be found in **Kit 2: Assessment** and **Kit 4: Evaluation**.

### ***Minimum actions to promote ethical and safe practice***

To ensure all GBV assessments and prevention, protection and response interventions are ethical and safe, COs should take the following preparatory action:

#### ✓ **Build staff knowledge and skills.**

Sensitize UNICEF programme staff across sectors on ethical and safety dimensions of GBV to make sure good practices are integrated and institutionalized throughout UNICEF programmes.

Make sure UNICEF and partner staff directly involved in GBVIE assessments and in other protection-related information gathering activities know about

<sup>8</sup> Available at: <[www.who.int/gender/documents/OMS\\_Ethics&Safety10Aug07.pdf](http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf)>.



Bac Ha, Vietnam

ethical and safety issues related to GBV. Staff who are asking questions about GBV in emergency situations should have basic training on:

- Ethics and safety in GBV programming;
- Emotional and psychosocial consequences of GBV;
- How to respond with empathy to people who are distressed; and
- What to do if someone discloses violence or abuse to them, and where to refer them for help.



Mandatory Reporting of Child Abuse

#### ✓ Anticipate, mitigate and monitor risks.

Anticipate and plan for mitigating potential risks posed by asking about GBV or by implementing GBV programme activities. Make sure potential negative consequences have been addressed through one of the following:

- Discontinuing the activity if the risk of harm is too high;
- Modifying the activity to reduce or eliminate the risk; and/or
- Having a plan in place to respond to the potential risk.

Risk assessment and mitigation should be factored into monitoring plans so that unanticipated consequences of assessment or programme activities are detected and action is taken to respond to them.

#### ✓ Ensure basic survivor services are available prior to assessments or programme start-up.

Before starting a GBVIE assessment or programme intervention, make sure basic services are in place to provide care and protection to survivors who disclose past or ongoing GBV. Even where there are few services available, make sure there is access to basic medical care at minimum.

For adults, this may involve giving them information about where they can seek help.

For children, make sure there are resources in place to:

- Respond to immediate physical and psychosocial needs of children who disclose violence;
- Assess the risk of further violence; and
- Protect the child from immediate harm.

#### ✓ Understand mandatory reporting laws.

Make sure there is a procedure in place for responding to **mandatory reporting** requirements – while always ensuring survivor self-determination and the best interests of the child.

Mandatory reporting refers to legal requirements to report incidents to government authorities. Mandatory reporting laws most often apply to suspected child abuse; however, they can also apply to other forms of violence, such as rape. Mandatory reporting of sexual assault can apply to adults or children.

Mandatory reporting can conflict with ethical principles related to working with survivors of GBV, including confidentiality, and can be a complex area of practice – for example, when mandatory reporting results in an action that is not in a survivor's best interest, such as being placed in custody or removed from her family and placed in an institution.

In places where national or local laws, policies and procedures related to mandatory reporting exist, service providers must ensure they apply best practices, including:<sup>9</sup>

- Maintaining the utmost discretion and confidentiality of survivors.

9 Recommendations adapted from Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015, p. 84.



Digri, Pakistan

- Knowing the case criteria that warrant a mandatory report and ensuring that mandatory reporting processes are done in accordance with the best interests of the child.
- Exercising professional judgment when considering whether formal or informal channels are to be used. In cases where reporting through formal channels may not adhere to the best interests of the child and the principle of 'do no harm,' consider reporting through informal channels.
- Making verbal and/or written reports (as indicated by law) within a specified timeframe (usually 24 to 48 hours).
- Providing only the minimum information needed to complete the report; explaining to the child and her or his caregiver what is happening and why; documenting the report in the child's case file; and following up with the family and relevant authorities.

✓ **Make sure staff working with survivors have support and supervision to address ethical and safety issues as they arise.**

As noted, responding to the needs of GBV survivors can be an extremely complex area of work, and unforeseen ethical and safety issues can arise at any time. It is critical that staff working with survivors have a high level of ongoing support and supervision to assist them in managing difficult situations and cases as they arise – for example, a case in which the carer of a child survivor is not acting in the child's best interests.



Western Sahara



## Resources

- ▶ **What We Know About Ethical Research Involving Children: An overview of principles, the literature and case studies**  
*UNICEF Office of Research (June 2016)*  
<[www.unicef-irc.org/publications/pdf/IWP\\_2016\\_18.pdf](http://www.unicef-irc.org/publications/pdf/IWP_2016_18.pdf)>
- ▶ **Ethical Research Involving Children Guidance**  
*Southern Cross University and UNICEF (n.d.)*  
<<http://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-Researcher-support-section-only.pdf>>
- ▶ **Putting Women First: Ethical and safety recommendations for research on domestic violence against women**  
*World Health Organization (2001)*  
<[www.who.int/gender/violence/women/firtseng.pdf](http://www.who.int/gender/violence/women/firtseng.pdf)>
- ▶ **WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies**  
*World Health Organization (2007)*  
<[www.who.int/gender/documents/OMS\\_Ethics&Safety10Aug07.pdf](http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf)>
- ▶ **Researching Violence Against Women: A practical guide for researchers and activists**
  - Chapter Two: Ethical Considerations  
*World Health Organization and PATH (2005)*  
<[www.path.org/publications/files/GBV\\_rvaw\\_front.pdf](http://www.path.org/publications/files/GBV_rvaw_front.pdf)>

## A survivor-centred approach

### *Why a survivor-centred approach is important*

The survivor-centred approach is a cornerstone of GBV prevention and response. Applying a survivor-centred approach is important because it aims to make sure each survivor's rights are at the forefront of all action and that each survivor is treated with dignity and respect. By putting the survivor at the centre of the helping process, this approach promotes the person's recovery, reduces the risk of further harm, and reinforces her agency and self-determination. A survivor-centred approach recognizes that every survivor:

- Has equal rights to care and support;
- Is different and unique;
- Will react differently to violence;
- Has different strengths, capacities, resources and needs;

- Has the right, appropriate to her age and circumstances, to decide who should know about what has happened to her and what should happen next; and
- Should be believed and be treated with respect, kindness and empathy.

A survivor-centred approach is applied in practice by making sure quality services are available and accessible and by applying a set of **survivor-centred principles** to guide the work of everyone – no matter what their role is – in all interactions with survivors.

There are four interrelated and mutually reinforcing principles or standards for behaviour that apply at all times to all actors: *promoting safety*, **confidentiality**, *self-determination* and *non-discrimination*.

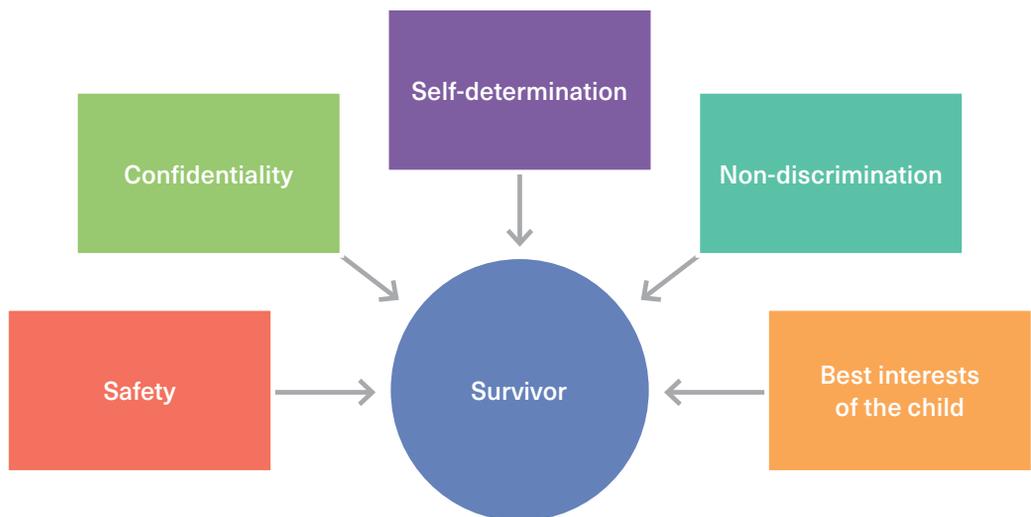
When **working with child survivors**, additional considerations for being child survivor-centred include making sure staff are trained in **obtaining permission from a child** to collect information in an age-appropriate manner.

  
Survivor-Centred Principles

  
Confidentiality

Working with Child Survivors of Sexual Abuse

Obtaining Permission from a Child



### ***Minimum actions to put a survivor-centred approach into practice***

To build capacity for applying a survivor-centred approach, COs should take the following essential action:

#### **✓ Sensitize UNICEF programme staff on survivor-centred principles.**

UNICEF staff from different sectors who may be involved in GBV prevention, mitigation or response activities (for example, Education or Child Protection staff involved in rapid assessments, or Health staff supporting partners in health service delivery) should have a basic understanding of a survivor-centred approach and why it is important.

#### **✓ Train staff and other actors who work directly with the community and with survivors on survivor-centred principles.**

All staff and volunteers who interact with survivors and the wider community need training on knowledge, values and skills for applying survivor-centred principles in practice. This includes making sure staff understand the difference between 'informing' and 'advising' survivors. Giving age-appropriate and comprehensive information so that survivors can make their own decisions on what steps or action to take is good practice in applying a survivor-centred approach: it fosters self-determination and empowerment. Conversely, advising survivors on what they should or must do is inappropriate and can be harmful.

#### **✓ Identify and address gaps in availability of survivor-centred services.**

In addition to trained personnel, applying a survivor-centred approach requires dedicated resources, such as a confidential place where survivors can access help. It is important to assess and address gaps that inhibit a survivor-centred approach. One common gap that deserves special attention is a lack of locally appropriate

options for safety. There is no one model for ensuring survivor safety; what works in one setting may not be appropriate in another. However, it is important to make sure there are safety options available for adult and child survivors.



#### **Tools**

See **Kit 3.1: Programming – Responding to GBV Survivors in Emergencies** for more information on survivor-centred care and support services.

## **Attitudes, beliefs and behaviours of UNICEF and partner staff**

Attitudes and beliefs lie at the heart of GBV; those beliefs that condone gender inequality, the abuse of power, or the use of violence and coercion are key drivers of GBV. Preventing GBV involves addressing and transforming harmful beliefs and attitudes about girls, women and gender – such as beliefs that girls and women are less important and less deserving of dignity and rights than boys and men, or that GBV is shameful for the victim and not the perpetrator.

Conversely, values and attitudes that promote equality, non-violence, and the equal worth and dignity of each person are part of the solution to ending GBV. To help shift harmful beliefs and attitudes, GBV programmes foster survivor-centred values and attitudes amongst service providers such as police and health workers. Prevention activities focus on shifting harmful attitudes and beliefs across the whole community to engender change.

People are the most important resource for shifting systemic beliefs and behaviours and creating the social change necessary to end



Rome, Italy

GBV. Staff who hold discriminatory beliefs about rape survivors or people with disabilities, staff who hold GBV-supportive attitudes, or – in the worst case – staff who perpetrate GBV, undermine UNICEF’s mission, compromise trust with the community, and reinforce harmful values and attitudes that foster GBV in the community. It is of critical importance that UNICEF and partner staff are held to the highest standard. This requires having the opportunity to reflect on their own values, attitudes and beliefs; and behaving in a manner that promotes respectful, equitable and non-violent relationships.

### **Minimum actions to promote positive attitudes, beliefs and behaviours amongst staff**

To promote gender equality and non-violent and respectful values, attitudes and behaviours amongst UNICEF and partner staff, COs should take the following action:

- ✓ **Sensitize staff on values and attitudes that underpin UNICEF’s work to promote girls’ and women’s equality, rights and dignity.**

UNICEF staff with a role in GBViE prevention, mitigation or response (including management, Child Protection, Education, Health, Nutrition, Communications and

WASH staff) should all be sensitized to the core values underpinning UNICEF’s work to protect girls and women in emergencies and to promote gender equality. This includes making sure staff are familiar with key policy documents that operationalize these values, including UNICEF’s Gender Action Plan and the Secretary-General’s Bulletin on Prevention of Sexual Exploitation and Abuse. These training sessions provide an opportunity for staff to reflect on their own beliefs and attitudes while learning about UNICEF’s expectations of staff’s professional behaviour. Similarly, partner staff working on UNICEF GBV and Child Protection programmes should have the opportunity to develop self-awareness regarding their personal attitudes and values around gender, violence and the use of power over others, and they should be held to a high standard of behaviour that embodies those values.

- ✓ **Ensure there is a mechanism in place for reporting and following-up on allegations of SEA or related misconduct by UNICEF or partner staff.**

It is not the responsibility of Child Protection or GBV specialists to address allegations of inappropriate behaviour by UNICEF or partner staff. However, Child Protection and GBV specialists do have a role in the prevention of sexual exploitation and abuse (SEA) through highlighting the importance of these mechanisms with senior management internally and with management of partner organizations. Child Protection and GBV specialists can also provide technical advice to management on how to receive and investigate allegations of GBV or related misconduct – for example, the importance of safety and confidentiality. (See Info Sheet on **Sexual Exploitation and Abuse** in *Section 3: A Primer on GBV*.)

# Info Sheets – Foundations for GBV Programming



## GBV and International Law

### Human rights law

- A human rights-based perspective recognizes that living free of violence is an entitlement of every human being.
- GBV violates a number of fundamental human rights, including:
  - The right to life, liberty and security of the person;
  - The right to the highest attainable standard of physical and mental health;
  - The right to freedom from torture and cruel, inhumane and degrading treatment or punishment;
  - The right to freedom of opinion and expression;
  - The right to education and personal development; and
  - The right to protection against all forms of neglect, cruelty and exploitation.

### **A human rights-based approach to GBV**

A human rights-based approach identifies rights holders as active participants in realizing their rights to live free from GBV. It aims to strengthen the capacities of rights holders to make their claims to have their human rights fulfilled; it also aims to strengthen the capacities of duty bearers to meet their obligations. It recognizes that duty bearers have a particular responsibility to respect and fulfil the human rights of women and girls to care, support and protection from sexual violence.

As duty bearers, governments have obligations to translate human rights into legal rights; to ensure laws are implemented; and to ensure policies, resources and programmes are in place to prevent and respond to GBV. However, it is not only State actors that are duty bearers; parents, institutions, organizations and non-State actors, including armed groups, can also be duty bearers under international law.

A human rights-based approach in humanitarian situations recognizes violence against children and women as a violation of their human rights, and it takes into account the role of humanitarian agencies as duty bearers as prescribed by international law.

- The right of girls and women to live free from violence is reflected in many international human rights instruments, including the Universal Declaration of Human Rights (UDHR),<sup>1</sup> the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).<sup>2</sup> The CRC and the Declaration on the Elimination of Violence against Women (DEVAW) specify responsibilities for protecting children and women from GBV.

### The Convention on the Rights of the Child (1989)<sup>3</sup>

- The CRC highlights the following specific responsibilities of governments to protect children from violence and exploitation:
  - States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child (Article 19).
  - States Parties shall undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:
    - a) The inducement or coercion of a child to engage in any unlawful sexual activity;
    - b) The exploitative use of children in prostitution or other unlawful sexual practices;
    - c) The exploitative use of children in pornographic performances and materials (Article 34).

### The Declaration on the Elimination of Violence against Women (1993)<sup>4</sup>

- DEVAW was adopted by the United Nations General Assembly in 1993 in recognition that violence against women and girls presents a major obstacle to equality, development and peace. DEVAW emphasizes that violence against women and girls is not only a grievous human rights abuse in itself; it is also a serious impediment to the realization of many other rights for women and girls.
- DEVAW adopts a broad definition of violence against women that includes physical, sexual and psychological violence occurring in the private sphere of the family and in the general community. It calls on States to condemn and eliminate violence against women in all its forms, and it urges them not to invoke any custom, tradition or religious consideration to avoid their obligations.
- The importance of addressing violence against women as set out in DEVAW was reaffirmed at the fifty-seventh session of the Commission on the Status of Women in March 2013.<sup>5</sup>

1 See <[www.un.org/en/universal-declaration-human-rights/index.html](http://www.un.org/en/universal-declaration-human-rights/index.html)>.

2 See <[www.un.org/womenwatch/daw/cedaw/](http://www.un.org/womenwatch/daw/cedaw/)>.

3 See <[www.unicef.org/crc/](http://www.unicef.org/crc/)>.

4 See <[www.un.org/documents/ga/res/48/a48r104.htm](http://www.un.org/documents/ga/res/48/a48r104.htm)>.

5 See the Commission on the Status of Women 'Agreed conclusions' in the *Elimination and prevention of all forms of violence against women and girls*, E/CN.6/2013/11, 2013.

## International humanitarian and criminal law

- International Humanitarian Law (IHL), made up of the four **Geneva Conventions** and their additional protocols, provides for protection of combatants and civilians in situations of armed conflict, including specific protections from sexual assault.
- The **Rome Statute** provides the broadest statutory recognition of GBV as a crime under international criminal law to date. In article 7(1)(g), the Rome Statute classifies “rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity” committed “as part of a widespread or systematic attack directed against any civilian population” as crimes against humanity. These same offences are classified in article 8(2)(b)(xxii) as serious violations of the laws and customs applicable to international armed conflict and thereby classifiable as war crimes.<sup>6</sup>
- Under the principle of complementarity established by the Statute, States hold primary responsibility for bringing to justice those who have committed genocide, crimes against humanity and war crimes. The preamble of the Rome Statute recalls that “it is the duty of every State to exercise its criminal jurisdiction over those responsible for international crimes”.
- Rape and other forms of conflict-related sexual violence can now be prosecuted in the International Criminal Court as crimes against humanity, as war crimes and as acts constituent of genocide.

## Security Council Resolutions

- In recognition of the special vulnerabilities of girls and women during periods of armed conflict, in 2000, the United Nations Security Council adopted the historic **Resolution 1325**, which “calls upon all parties to armed conflict to take specific measures to protect women and girls from gender-based violence, particularly rape and sexual violence”.<sup>7</sup>
- Numerous other Security Council Resolutions affirm the rights of children and women in conflict to be protected from GBV, especially sexual violence, and spell out responsibilities for upholding these rights. These Resolutions are overviewed in the following box.

### Security Council Resolutions

**SCR 1325** (2000) recognizes the urgent need to protect women during conflict and to engage them in peacebuilding efforts. SCR 1325 builds on resolutions that address protection of civilians and children during armed conflict, and it highlights the impact of conflict on women and girls and their role in peacebuilding.

**SCR 1612** (2005) establishes the monitoring and reporting mechanism on six grave violations against children in armed conflict, including sexual violence.

6 United Nations Division for the Advancement of Women, *Handbook for Legislation on Violence against Women*, Department of Economic and Social Affairs, New York, 2010, p. 7.

7 UN DAW, *Handbook for Legislation on Violence against Women*, p. 7.

**SCR 1820** (2008) recognizes sexual violence as a tactic of war and links it to international peace and security. SCR 1820 is a milestone because it recognizes that sexual violence can constitute a war crime or a crime against humanity – or that it can contribute to genocide – while stressing the need to increase women’s role in decision-making in conflict prevention and resolution.

**SCR 1882** (2009) calls for the listing of parties engaged in sexual violence, as well as the integration of initiatives to address sexual violence, into Action Plans.

**SCR 1888** (2009) strengthens the efforts of the international community to combat sexual violence in armed conflict.

**SCR 1889** (2010) focuses on women’s participation and ensuring that women’s protection and empowerment are taken into account during post-conflict needs assessment and planning.

**SCR 1960** (2010) requests the UN Secretary-General to establish monitoring, analysis and reporting arrangements on conflict-related sexual violence. Resolution 1960 mandates the Secretary-General to list those parties suspected of committing or being responsible for patterns of sexual violence.

**SCR 2106** (2013) recognizes the need for more consistent and rigorous investigation and prosecution of sexual violence crimes in conflict and calls on Member States to continue the fight against impunity. Resolution 2106 also reaffirms the importance of including women in all aspects of mediation and peacebuilding.



# GBV and Humanitarian Standards

UNICEF is accountable to agreed international humanitarian standards. These include the following humanitarian principles, which are applicable in all humanitarian action.

## Humanitarian principles

**Humanity:** Upholding the principle that all girls, boys, women and men of every age shall be treated humanely in all circumstances by saving lives and alleviating suffering, while ensuring respect for the individual.

**Impartiality:** Ensuring that assistance is delivered to all those who are suffering, based only on their needs and rights, equally and without any form of discrimination.

**Neutrality:** A commitment not to take sides in hostilities and to refrain from engaging in controversies of a political, racial, religious or ideological nature.

**Independence:** Humanitarian action must be autonomous from political, economic, military or other objectives.

- Existing global humanitarian standards, including the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere Standards),<sup>1</sup> set minimum guidelines in core areas of humanitarian assistance and protection to improve the quality of assistance provided to people affected by disasters and to enhance the accountability of the humanitarian system in disaster response.
- The basic standards specific to responding to, preventing and coordinating action to address GBV in emergencies are set out in the following documents:

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### Child protection

- **Minimum Standards for Child Protection in Humanitarian Action<sup>2</sup>**  
*Child Protection Working Group (2012)*

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### Clinical and psychosocial response

- **Clinical Management of Survivors of Rape: Developing protocols for use with refugees and internally displaced persons<sup>3</sup>**  
*WHO/UNHCR (2004)*
- **Caring for Child Survivors<sup>4</sup>**  
*IRC and UNICEF (2012)*
- **Health Care for Women Subjected to Intimate Partner Violence or Sexual Assault<sup>5</sup>**  
*WHO/RHR (2014)*

1 See <[www.sphereproject.org/](http://www.sphereproject.org/)>.

2 See <<http://cpwg.net/minimum-standards/>>.

3 See <[www.who.int/reproductivehealth/publications/emergencies/924159263X/en](http://www.who.int/reproductivehealth/publications/emergencies/924159263X/en)>.

4 See <[www.humanitarianresponse.info/en/operations/somalia/document/irc-caring-child-survivors-guidelines](http://www.humanitarianresponse.info/en/operations/somalia/document/irc-caring-child-survivors-guidelines)>.

5 See <<http://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/>>.

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**Clinical and psychosocial response**

(continued)

- **Guidelines on Mental Health and Psychosocial Support in Emergency Settings**<sup>6</sup>  
*Inter-Agency Standing Committee (2007)*
- **Interagency Gender-Based Violence Case Management Guidelines**<sup>7</sup>  
*GBVIMS Steering Committee (2017)*

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**Mitigating risk/mainstreaming GBV across sectors**

- **Guidelines for Integrating Gender-Based Violence Interventions into Humanitarian Action: Reducing risk, promoting resilience and aiding recovery**<sup>8</sup>  
*Inter-Agency Standing Committee (2015)*

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**Coordination**

- **Handbook for Coordinating GBV Interventions in Humanitarian Settings**<sup>9</sup>  
*GBV Area of Responsibility (2010)*

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**Researching and monitoring sexual violence**

- **Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies**<sup>10</sup>  
*WHO (2007)*
- **Reporting and Interpreting Data on Sexual Violence from Conflict-Affected Countries: Dos and don'ts**<sup>11</sup>  
*UN Action (2008)*

6 See <[www.who.int/mental\\_health/emergencies/guidelines\\_iasc\\_mental\\_health\\_psychosocial\\_june\\_2007.pdf](http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)>.

7 See <<https://gbvresponders.org/response/gbv-case-management/>>.

8 See <<http://gbvguidelines.org/>>.

9 See <[www.refworld.org/docid/52146d634.html](http://www.refworld.org/docid/52146d634.html)>.

10 See <[www.who.int/gender/documents/violence/9789241595681/en](http://www.who.int/gender/documents/violence/9789241595681/en)>.

11 See <[www.stoprapenow.org/uploads/advocacyresources/1282164733.pdf](http://www.stoprapenow.org/uploads/advocacyresources/1282164733.pdf)>.



# UNICEF Policy Framework

## Core Commitments for Children<sup>1</sup>

- *UNICEF's Core Commitments for Children (CCCs) in Humanitarian Action are UNICEF's global framework for humanitarian response.* The CCCs set out the minimum standards for UNICEF's humanitarian response and promote predictable, effective and timely collective action for children in humanitarian settings.
- The commitments directly related to preventing and responding to GBV are shown in the box below.

### CCCs related to GBV

**Health Commitment 2:** Children and women access life-saving interventions through population- and community-based activities.

**Health Commitment 3:** Key health education and behaviour change communication (BCC) messages are disseminated.

**WASH Commitment:** Toilets in learning environments are equipped with soap and are child-friendly, private, secure and appropriately segregated by gender.

**Child Protection Commitment 1:** Effective leadership is established for both the child protection and GBV areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues

**Child Protection Commitment 5:** Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.

**Education Commitment 3:** Safe and secure learning environments that promote the protection and well-being of students are established.

**HIV and AIDS Commitment 2:** Children, young people and women access HIV and AIDS prevention, care and treatment during crisis.

**Human Resources Commitment 3:** Sexual exploitation and abuse by humanitarian workers is prevented.

## UNICEF Policy on Gender Equality and the Empowerment of Girls and Women

- *UNICEF works for women's rights* – not only as an inherent benefit for societies as a whole and in recognition of women as agents of human development, but specifically because the empowerment of women facilitates the very environment in which gender-equal results can best be achieved for children.<sup>2</sup>

<sup>1</sup> United Nations Children's Fund, 'Core Commitments for Children in Humanitarian Action', UNICEF, 2010, available at: <[www.unicef.org/publications/index\\_21835.html](http://www.unicef.org/publications/index_21835.html)>.

<sup>2</sup> United Nations Children's Fund, *Gender Action Plan 2014–2017*, UNICEF, New York, p. 2.

- *UNICEF's policy on gender equality and the empowerment of girls and women recognizes GBV as an outcome of gender inequality and discrimination.* The policy highlights UNICEF's advocacy role in drawing attention to GBV in humanitarian contexts and ensuring international commitments, including UN Security Council Resolutions 1325, 1820, 1882, 1888 and 1889 on women, peace and security and sexual violence.

## UNICEF Gender Action Plan

- *Within the Gender Action Plan (GAP) 2018–2021, addressing GBViE is one of UNICEF's corporate priorities. The GAP provides an internal foundation for ensuring that GBV is addressed as a life-saving priority across all UNICEF humanitarian assistance efforts.*
- All of the targeted GAP priorities contribute toward addressing/mitigating GBV, including:
  - Promoting gender-responsive adolescent health;
  - Advancing girls' secondary education; and
  - Ending child marriage.

## UNICEF's Strategic Plan

- *UNICEF's Strategic Plan (SP) 2018–2021 emphasizes the empowerment of girls and women, as well as addressing gender-related needs and actions of children, parents and communities.* Within the SP, interventions concentrate on increasing access to services and opportunities by women and girls and their inclusion and participation in all facets of life. This is complemented by advocacy and technical support on gender-equitable policies, budgeting and resource allocations.



# Levels of Participation

Source: Active Learning Network for Accountability and Performance in Humanitarian Action and Groupe URD, *Participation handbook for humanitarian field workers – Involving crisis-affected people in a humanitarian response*, ALNAP, London, 2009, pp. 39–44.<sup>1</sup>

- In humanitarian situations, a participatory approach means involving crisis-affected people in the humanitarian response in whatever way, and to whatever extent is possible, in a given context.
- Participation makes a humanitarian response more efficient, effective and relevant to real needs, and it can help identify the most appropriate way of meeting those needs.
- Crisis-affected people can be directly involved in humanitarian responses on an individual level or indirectly via community representatives. In both cases, special care should be taken to ensure that the most vulnerable and socially marginalised people are involved, and that this involvement is done with care and intentionality so as not to risk further harm to these populations.
- There are different ways to involve people in humanitarian responses, and different approaches can be used to continually improve participation throughout the life cycle of a project.
- In order to adopt a genuinely participatory approach, we must not think of those who are affected by a crisis as 'victims', 'beneficiaries, or 'recipients', but as dynamic social actors with capacities and strengths are able to take an active role in decisions affecting their safety and welfare. This shift in perception is of fundamental importance.
- The following table outlines a typology of participation that reflects the different ways humanitarian organizations interact with crisis-affected people, from simply informing them about a humanitarian response, to providing support for local initiatives.

## Typology of participation (adapted from Pretty, J.)

Type of participation	Description
<b>Passive participation</b>	The affected population is informed of what is going to happen or what has occurred. While this is a fundamental right of the people concerned, it is not one that is always respected.
<b>Participation through the supply of information</b>	The affected population provides information in response to questions, but it has no influence over the process, since survey results are not shared and their accuracy is not verified.
<b>Participation by consultation</b>	The affected population is asked for its perspective on a given subject, but it has no decision-making powers and no guarantee that its views will be taken into consideration.

<sup>1</sup> Available at: <[www.alnap.org/resource/8531](http://www.alnap.org/resource/8531)>.

Type of participation	Description
<b>Participation through material incentives</b>	The affected population supplies some of the materials and/or labour needed to conduct an operation, in exchange for payment in cash or in kind from the aid organization.
<b>Participation through the supply of materials, cash or labour</b>	The affected population supplies some of the materials, cash and/or labour needed for an intervention. This includes cost-recovery mechanisms.
<b>Interactive participation</b>	The affected population participates in the analysis of needs and in programme conception, and has decision-making powers.
<b>Local initiatives</b>	The affected population takes the initiative, acting independently of external organizations or institutions. Although it may call on external bodies to support its initiatives, the project is conceived and run by the community; it is the aid organization that participates in the people's projects.

## Tips for promoting participation

Source: Groupe URD, *Participation by Crisis-Affected Populations in Humanitarian Action: A Handbook for Practitioners*, ALNAP, London, 2003, pp. 15–16.

Successful participation relies first and foremost on the attitude of those engaged in humanitarian action.

**Be aware...** of the local context and its social and cultural dynamics, of political divisions and lines of power, and of the stakes and potential pitfalls. Being conscious of this enables one to be cautious without being suspicious, to tailor one's expectations to current realities and to avoid undue disappointments. It is central to gaining the respect of those whom you seek to engage.

**Listen, observe...** with your eyes and with your ears, but, also, with the eyes and the ears of those who you are trying to understand, assist or protect. Bear in mind that affected populations have a holistic and integrated view of their own needs and strategies, and that the earlier you involve them, the greater their motivation to engage in a joint venture. Empathy and reflected understanding can go a long way to making a complex process manageable.

**Pay attention to the human factor.** Despite all efforts to develop and apply methods to improve the process of participation, successes and failures can often be attributed to the presence of the right person with the right attitude, understanding and skills, being in the right place at the right time. Pay utmost attention to the composition of your team, and allow time to breathe and to deliberate.

**Enjoy!** At the heart of participation is a meeting of different individuals, cultures, skills, beliefs and values. This is an opportunity to learn and to share experiences; humanitarian aid workers can benefit as much as affected populations.



# Children's Right to Participation

Sources: United Nations Children's Fund, 'Fact Sheet: Right to Participation', <[www.unicef.org/crc/files/Right-to-Participation.pdf](http://www.unicef.org/crc/files/Right-to-Participation.pdf)>, accessed 2 March 2017; and Child Protection Working Group, 'Minimum Standards for Child Protection in Humanitarian Emergencies', CPWG, 2012.<sup>1</sup>

Humanitarian workers must ensure that girls and boys are given space and time to meaningfully participate at all possible stages of emergency preparedness and response, including programming to prevent and respond to GBVIE.

Boys and girls of different ages and abilities, and with different perspectives, should be supported to express their views in safety, and these views should be regarded with respect and taken seriously. Humanitarian workers must be aware of their own values, beliefs and assumptions about childhood and the roles of the child and the family, and avoid imposing these on children. They should enable developmentally appropriate ways of child participation, share power with children in decision making, and be sensitive to how children's participation can, when done poorly, upset children's social roles and power relations.

Several provisions in the Convention on the Rights of the Child reflect children's right to participation. Article 12 of the Convention on the Rights of the Child states that children have the right to participate in decision-making processes that may be relevant in their lives and to influence decisions taken in their regard – within the family, the school or the community.

The principle affirms that children are full-fledged persons who have the right to express their views in all matters affecting them and requires that those views be heard and given due weight in accordance with the child's age and maturity. It recognizes the potential of children to enrich decision-making processes, to share perspectives and to participate as citizens and actors of change. The practical meaning of children's right to participation must be considered in each and every matter concerning children.

As a fundamental right of the child, the right to participation stands on its own; it requires a clear commitment and effective actions to become a living reality and is therefore much more than a simple strategy. It was for this reason that the Committee on the Rights of the Child identified the right to participation as one of the guiding principles of the Convention.

Participation is an underlying value that needs to guide the way each individual right is ensured and respected; a criterion to assess progress in the implementation process of children's rights; and an additional dimension to the universally recognized freedom of expression, implying the right of the child to be heard and to have his or her views or opinions taken into account.

Children's age-appropriate participation leads to better GBVIE programming. For example, children's input into how to make services more child-friendly can strengthen service delivery for child and adolescent survivors. Children's participation in identifying their safety and protection risks, vulnerabilities and capacities in relation can generate better understanding of the problem and lead to more effective strategies and solutions. Furthermore, as well as strengthening GBVIE programming ensuring that children's right to participate is realised and their voices heard in humanitarian decision-making puts UNICEF's equity agenda into practice.

<sup>1</sup> Available at: <<http://cpwg.net/minimum-standards/>>.

## Free from pressure and manipulation

The child's participation is a right, and children are therefore free to express – or not express, if they prefer – their views. Children should not be pressured, constrained or influenced in ways that might prevent them from freely expressing their opinions or leave them feeling manipulated.

## Children's evolving capacity

The Convention sets no minimum age at which children can begin expressing their views freely, nor does it limit the contexts in which children can express their views. The Convention acknowledges that children can and do form views from a very early age and refers to children's 'evolving capacity' for decision-making. This means, for example, that parents and, where appropriate, members of the family and wider community are expected to give appropriate direction, guidance or advice to children.

In a manner consistent with the child's age and maturity, there will be various ways of creating the right atmosphere to enable children to freely express their views.

Among children, it is important that the older and more advantaged foster the participation of the younger and most disadvantaged, including girls, the poorest, children belonging to minority and indigenous groups and migrant children.

## The role of parents and others

The child's evolving capacity represents just one side of the equation; the other involves adults' evolving capacity and willingness to listen to and learn from their children, to understand and consider the child's point of view, to be willing to re-examine their own opinions and attitudes and to envisage solutions that address children's views. For adults, as well as for children, participation can be a challenging learning process and cannot be reduced to a simple formality.

## Ensuring appropriate information

As mentioned earlier, children's right to participation as outlined in article 12 is closely linked to freedom of expression. It also relates to fulfilling the right to information, a key prerequisite for children's participation to be relevant and meaningful. It is in fact essential that children be provided with the necessary information about options that exist and the consequences of such options so that they can make informed and free decisions. Providing information enables children to gain skills, confidence and maturity in expressing views and influencing decisions.

## Genuine participation versus tokenism

Participation cannot be genuine if children have no opportunity to understand the consequences and the impact of their opinions – such non-genuine 'participation' often merely disguises what is actually the manipulation of children, or tokenism. Again, the key to genuine participation is ensuring respect for children's views. In addition to facilitating and supporting activities to foster child participation, it is becoming increasingly important to consider whether and how to ensure follow-up of children's recommendations and concerns.



# Mandatory Reporting of Child Abuse

Source: International Rescue Committee and United Nations Children's Fund, *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*, IRC, New York 2012, pp. 17, 91–95.

## Mandatory reporting

Mandatory reporting refers to state laws and policies which mandate certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.) to report actual or suspected child abuse (e.g., physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse).

## Mandatory reporting requirements

One of the main differences in working with children as opposed to adults is the need for health and psychosocial providers to comply with laws and policies regulating response to the suspected or actual abuse of children. These laws and policies are often referred to as “mandatory reporting laws” and they vary in scope and practice across humanitarian settings. To appropriately comply with mandatory reporting laws, service providers must have a thorough understanding of the mandatory reporting laws in their setting. In settings where laws and systems exist, service providers should have established procedures in place for reporting suspected or actual abuse before providing services directly to children. The elements of mandatory reporting that actors should agree upon to create the safest and most effective reporting mechanisms include first answering the question: Does a mandatory reporting law or policy exist in my setting? If yes, actors should establish procedures based on answering these key questions:

- Who is required to report cases of child abuse?
- Who are the officials designated to receive such reports?
- When is the obligation to report triggered (i.e., with suspicion of abuse)?
- What information needs to be shared?
- What are the reporting regulations regarding timing and other procedures?
- How is confidentiality protected?
- What are the legal implications of not reporting?

## Reporting cases of child sexual abuse

If service providers are required to report cases of child sexual abuse to local authorities and reporting systems are established and functioning, then they must follow the local protocol and clearly explain this to the client. Reporting suspected or actual cases of sexual abuse is very sensitive and the report should be handled in the safest and most discrete manner possible. Mandatory reporting in cases of child abuse is not the same thing as referring a child for immediate protection if they are in imminent danger. If a child is in imminent danger, then caseworkers should take actions to secure his/her safety (through referral to local police, protection agencies, etc.) prior to making a mandatory report to the

designated mandatory reporting agencies. Once the child is safe, caseworkers should proceed with mandatory reporting procedures. Best practice for reporting cases of child sexual abuse (in settings where mandatory reporting systems function) includes:

- inclusion of protocols for maintaining the utmost discretion and confidentiality of child survivors, knowing the case criteria that warrant a mandatory report,
- making the verbal and/or written reports (as indicated by law) within a specified time frame (usually 24 to 48 hours),
- reporting only the minimum information needed to complete the report,
- explaining to the child and his/her caregiver what is happening and why, and
- documenting the report in the child's case file and following up with the family and relevant authorities.

Strategies for reporting abuse while maintaining discretion and the confidentiality of child survivors and their families should be discussed and agreed upon by key actors in the field. Examples on how to best uphold discretion and confidentiality in mandatory reporting circumstances should include: agreeing with other actors on the least amount of information necessary for sharing; reporting to only one mandatory reporting entity/person; and establishing guidelines regulating how third parties store information.

### Maintaining children's best interests in mandatory reporting procedures

Mandatory reporting requirements can raise ethical and safety concerns in humanitarian settings, where governance structures often break down and laws exist in theory but not in practice. In emergency settings, where established and safe mechanisms to report child sexual abuse might not exist and where security can be unstable and dangerous, mandatory reporting can set off a chain of events that potentially exposes the child to further risk of harm, and as such it may not be in the child's best interest to initiate a mandatory report. For example, investigators may show up to a child's home, therefore, potentially breaching a child's confidentiality at the family or community level (prompting retaliation). In addition, services for children may be non-existent, thus creating additional risk (e.g., separation from family, placement in institutions, or confiscation of private records). The local authorities may themselves be abusive or they may simply be ignorant of best practice procedures or guiding principles.

If these following criteria are present, even if a mandatory law exists in theory, service providers are advised to use the central guiding principle – the best interests of the child – to guide decision-making in child-centered service delivery:

- Authorities lack clear procedures and guidelines for mandatory reporting.
- The setting lacks effective protection and legal services to deal properly with a report.
- Reporting could further jeopardize a child's safety at home or within his/her community.

If these criteria are present, service providers should follow a decision-making process that first considers the child's safety and then the legal implications of not reporting. Supervisors should always be consulted in decision-making to determine the best course of action.

Service providers are advised to follow these steps for determining the best course of action:

### Step 1

Use these questions to guide decision-making:

- a) Will reporting increase risk of harm for the child?
- b) What are the positive and negative impacts of reporting?
- c) What are the legal implications of not reporting?

### Step 2

Consult with the program case management supervisor and/or manager to make a decision and develop an action plan.

### Step 3

Document with a supervisor or manager the reasons to report the case; otherwise, document the safety and protection issues that rule out making a report.

## Explaining mandatory reporting at the very beginning of care and treatment

If mandatory reporting policies and laws are in place and practiced, service providers are required to explain to the child and caregiver what their reporting responsibilities are at the beginning of services. This can be done in conjunction with the initial informed consent procedure for the services being offered.

If a mandatory report is required, service providers should share the following information with children and caregivers:

- The agency/person to which/whom the caseworker will report.
- The specific information being reported.
- How the information must be reported (written, verbal, etc.).
- The likely outcome of the report.
- The child's and family's rights in the process.
- Children, particularly older children (adolescents), and caregivers should be part of the decision-making process on how to address mandatory reporting in the safest and most confidential way. This means service providers should seek and consider their opinions and ideas on how to draft the report. This does not mean the caregiver and child can decide whether or not a report is made; rather, they can help decide how and when the report is made. Service providers who are equipped with in-depth knowledge about mandatory reporting procedures will be best positioned to work with children and family clients to manage this procedure as necessary.

## Summary of key competencies for mandatory reporting

Service providers must be able to:

- ✓ Demonstrate an accurate understanding of the mandatory reporting laws/policies in their context.
- ✓ Analyse specific criteria to determine whether reporting is in the child's best interest, and document and report this information to supervisors and/or the child's case response team.
- ✓ Explain mandatory reporting requirements to children and caregivers at the outset of service delivery.
- ✓ Remember: The most beneficial/least detrimental course of action for the child, and the least intrusive one for the family, should be employed as long as the child's safety is assured.



# Survivor-Centred Principles

A survivor-centred approach to GBV response is based on a set of guiding principles that guide the work of all helpers – no matter what their role is – in all of their interactions with GBV survivors.

Survivor-centred principles are interrelated and mutually reinforcing; for example, confidentiality (principle 2) is essential to promote safety (principle 1) and dignity (principle 3). The principles are described below.

## Principle 1: Right to safety

Safety refers to both physical security as well as a sense of psychological and emotional safety. It is important to consider the safety and security needs of each survivor, their family members and those providing care and support.

In the case of conflict-related and politically motivated sexual violence, the security risks may be even greater than usual.

Every person has the right to be protected from further violence. In the case of child survivors, every child has the right to be protected from sexual and other violence; as adults, we all have responsibilities to uphold that right.

### ***Why is safety important?***

Individuals who disclose sexual violence or other forms of GBV may be at high risk of further violence from the following people:

- Perpetrators;
- People protecting perpetrators; and
- Members of their own family due to notions of family 'honour'.

## Principle 2: Right to confidentiality

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

### ***Why is confidentiality important?***

- Confidentiality promotes safety, trust and dignity.
- Confidentiality reflects the belief that survivors, including children, have the right to privacy and to choose who should know about what has happened.
- Breaching confidentiality inappropriately can put the survivor and others at risk of further harm.
- If service providers and other helpers do not respect confidentiality, other survivors will be discouraged from coming forward for help.

### ***Exceptions to confidentiality***

In several situations there are exceptions to confidentiality, and it is very important that survivors, including children and their caregivers, are not led to believe that nothing they say will be shared.

Helpers need to understand and communicate the exceptions to confidentiality, such as:

- Situations in which there is the threat of ongoing violence or harm to a child, and the need to protect the child overrides confidentiality;
- Situations in which laws or policies require mandatory reporting of certain types of violence or abuse;
- Situations in which the survivor is at risk of harming themselves or others, including thoughts of suicide; and
- Situations involving sexual exploitation or abuse by humanitarian or peacekeeping personnel.

### **Principle 3: Dignity and self-determination**

GBV is an assault on the dignity and rights of a person, and all those who come into contact with survivors have a role to play in supporting their dignity and self-determination. For example, survivors have the right to choose whether or not to access legal services and other support services.

Failing to respect the dignity, wishes and rights of survivors can increase their feelings of helplessness and shame, reduce the effectiveness of interventions, and cause re-victimization and further harm.

### **Principle 4: Non-discrimination**

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

### **Best interests of the child principle**

Every child is unique and will be affected differently by violence. Decisions and actions affecting them should reflect what is best for the safety, well-being and development of that particular child.

The primary purpose of intervening is to provide care, support and protection for individual children – not to meet other objectives.

Strategies for ensuring the best interests of the child include the following:

- Take an approach that takes the individual circumstances of each child into account, including their family situation and their particular vulnerabilities and strengths, and prioritize their needs for safety, protection, and physical and mental health above other needs.
- Listen to the voice and perspective of the child and take their wishes into consideration.

- Protect the child from further emotional, psychological and/or physical harm.
- Empower children and families.
- Examine and balance benefits and potentially harmful consequences of each decision or action affecting a child.
- Promote recovery and healing.

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See related **Info Sheets** on:

**Mandatory Reporting of Child Abuse**

**Working with Child Survivors of Sexual Abuse**

**Obtaining Permission from a Child**



# Confidentiality

## What is confidentiality?

- Confidentiality refers to the right of a person to have any information about them treated privately and with respect. Confidentiality is a basic principle of working with survivors of GBV; it is important for restoring the dignity of the survivor and for reducing social stigma and blame. Survivors have the right to keep information about themselves private in the same way every person has the right to privacy regarding personal information, such as health status.
- Information about a GBV incident or case should never be shared publicly. Those involved in responding to GBV should never discuss details of a case outside of their work or with anyone not related to the case.
- People sometimes think that confidentiality means never telling anyone anything about a case. This is not what confidentiality means. For example, a case worker might discuss issues related to a case with her supervisor. She needs to do this in order to get supervision and make sure she is providing the best possible service.
- People involved in a case may discuss details about the case with each other to make sure they are coordinating and meeting all of a survivor's needs and rights.
- At all times, it is essential that we inform a survivor or her caregiver about who will be involved in a case and why. If they object, we must take their objection seriously and look at why they are objecting; they likely have a good reason for objecting, and we need to listen and find out more.

## Limited confidentiality

- 'Limited confidentiality' refers to situations in which there may be legal or other obligations that override the individual's right to confidentiality. Such 'limited confidentiality' applies in the following circumstances:
  - When there are concerns about a person's safety and well-being or the safety of others; and/or
  - When it is believed a criminal offence has been committed, and there are laws that obligate reporting to police or other authorities. In situations in which legal requirements override the person's permission, the survivor or her caregiver should be made aware of the legal requirements.

## Communicating with survivors about confidentiality

- Guaranteeing confidentiality can be an important way of building trust, particularly with adolescents. However, it is not acceptable to promise confidentiality and then break it. In fact, we should never start a conversation with survivors by promising that we will not tell anyone what they have said. What we *do* explain to them is what the limits of confidentiality are in that context.

- The first step in addressing complex issues of confidentiality, trust and the rights of survivors is to identify what the limits to confidentiality are in your context.
  - How is confidentiality related to cases of GBV being dealt with now?
  - Does it reflect the best interests of child survivors?
- After agreeing between actors about the limits of confidentiality, it is important to make sure this information is communicated to survivors at the beginning of an interview.

## Mandatory reporting

- All response actors need to understand the laws and obligations on mandatory reporting of sexual violence and other forms of GBV.
- Mandatory reporting can conflict with ethical principles in working with survivors of GBV, including confidentiality and self-determination. It can be complex: for example, when for example, when mandatory reporting results in an action that is not in the survivor's best interest, such as being removed from her family and placed in an institution or punished.

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See related [Info Sheet](#) on:

### [Mandatory Reporting of Child Abuse](#)



# Working with Child Survivors of Sexual Abuse

Source: International Rescue Committee and United Nations Children's Fund, *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*, IRC, New York 2012, pp. 88–90.<sup>1</sup>

## Guiding principles for working with child survivors of sexual abuse

Service providers caring for child survivors should adhere to a common set of principles to guide decision-making and overall quality of care. Guiding principles set out the ethical responsibilities and behaviors of service providers delivering direct services to children and families seeking assistance. They assure service providers that actions taken on behalf of child clients are supported by standards of care that aim to benefit the health and well-being of the child client(s). Guiding principles ensure that all actors are accountable to minimum standards for behavior and action, and because of that, children and families receive the best care possible.

- 1. Promote the child's best interest.** A child's best interest is central to good care. A primary best interest consideration for children is securing their physical and emotional safety – in other words, the child's well-being – throughout their care and treatment. Service providers must evaluate the positive and negative consequences of actions with participation from the child and his/her caregivers (as appropriate). The least harmful course of action is always preferred. All actions should ensure that the children's rights to safety and ongoing development are never compromised.
- 2. Ensure the safety of the child.** Ensuring the physical and emotional safety of children is critical during care and treatment. All case actions taken on behalf of a child must safeguard a child's physical and emotional well-being in the short and long terms.
- 3. Comfort the child.** Children who disclose sexual abuse require comfort, encouragement and support from service providers. This means that service providers are trained in how to handle the disclosure of sexual abuse appropriately. Service providers should believe children who disclose sexual abuse and never blame them in any way for the sexual abuse they have experienced. A fundamental responsibility of service providers is to make children feel safe and cared for as they receive services.
- 4. Ensure appropriate confidentiality.** Information about a child's experience of abuse should be collected, used, shared and stored in a confidential manner. This means ensuring 1) the confidential collection of information during interviews; 2) that sharing information happens in line with local laws and policies and on a need-to-know basis, and only after obtaining permission from the child and/or caregiver; 3) and that case information is stored securely. In some places where service providers are required under local law to report child abuse to the local authorities, mandatory reporting procedures should be communicated to the children and their caregivers at the beginning of service delivery. In situations where a child's health or safety is at risk, limits to confidentiality exist in order to protect the child.

<sup>1</sup> Available at: <http://gbvresponders.org/response/caring-child-survivors/>.

- 5. Involve the child in decision-making.** Children have the right to participate in decisions that have implications in their lives. The level of a child's participation in decision-making should be appropriate to the child's level of maturity and age. Listening to children's ideas and opinions should not interfere with caregivers' rights and responsibilities to express their views on matters affecting their children. While service providers may not always be able to follow the child's wishes (based on best interest considerations), they should always empower and support children and deal with them in a transparent manner with maximum respect. In cases where a child's wishes cannot be prioritized, the reasons should be explained to the child.
- 6. Treat every child fairly and equally (principle of non-discrimination and inclusiveness).** All children should be offered the same high-quality care and treatment, regardless of their race, religion, gender, family situation or the status of their caregivers, cultural background, financial situation, or unique abilities or disabilities, thereby giving them opportunities to reach their maximum potential. No child should be treated unfairly for any reason.
- 7. Strengthen children's resiliencies.** Each child has unique capacities and strengths and possesses the capacity to heal. It is the responsibility of service providers to identify and build upon the child and family's natural strengths as part of the recovery and healing process. Factors which promote children's resilience should be identified and built upon during service provision. Children who have caring relationships and opportunities for meaningful participation in family and community life, and who see themselves as strong will be more likely to recover and heal from abuse.



# Obtaining Permission from a Child

Source: International Rescue Committee and United Nations Children's Fund, *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*, IRC, New York 2012, pp. 114–117.<sup>1</sup>

## How to obtain permission from children and caregivers

Explaining case management services, including the need to collect, store and possibly share their information, and obtaining permission to proceed does not need to be complicated. However, caseworkers are required to know how to obtain permission based on local laws, the child's age and maturity level, and the presence of non-offending caregivers.

As a general principle, permission to proceed with case management (and other case actions) is sought from the child as well as the parent or caregiver, unless it is deemed inappropriate to involve the child's caregiver. Permission to proceed with case management and other care and treatment actions (e.g., referrals) is sought by obtaining "informed consent" from caregivers or older children and/or "informed assent" from younger children. Informed consent and informed assent are similar, but not exactly the same.

- **"Informed consent"** is the voluntary agreement of an individual who has the legal capacity to give consent. To provide "informed consent" the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. Parents are typically responsible for giving consent for their child to receive services until the child reaches 18 years of age. In some settings, older adolescents are also legally able to provide consent in lieu of, or in addition to, their parents.
- **"Informed assent"** is the expressed willingness to participate in services. For younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought.

## Guidelines for obtaining informed consent/assent from children and caregivers

The age at which parental consent is needed for a child depends on the laws of the country. This means that when the child is under the age of legal consent, caregiver consent is required. In the absence of any clear laws or adherence to laws, children under the age of 15 require caregiver consent as a general rule.

### ***Infants and toddlers (ages 0–5)***

Informed consent for children in this age range should be sought from the child's caregiver or another trusted adult in the child's life, not from the child. If no such person is present, the service provider (case worker, child protection worker, health worker, etc.) may need to provide consent for the child, in support of actions that support their health and well-being.

Very young children are not sufficiently capable of making decisions about care and treatment. For children in this age range, informed assent will not be sought. The service provider should still seek to explain to the child all that is happening, in very basic and appropriate ways.

<sup>1</sup> Available at: <http://gbvresponders.org/response/caring-child-survivors/>.

### ***Younger children (ages 6–11)***

Typically, children in this age range are neither legally able nor sufficiently mature enough to provide their informed consent for participating in services. However, they are able to provide their informed assent or “willingness” to participate. Children in this age range should be asked their permission to proceed with services and actions which affect them directly. This permission can be provided orally by the child, and documented as such on the informed consent form. For children in this age range, written parental/caregiver informed consent is required, along with the child’s informed assent. If it is not possible to obtain informed consent from a parent or caregiver, then another trusted adult, identified by the child, who can be safely brought into care and treatment decisions should be approached to consent for the child.

### ***Younger adolescents (ages 12–14)***

Children in this age range have evolving capacities and more advanced cognitive development, and, therefore, may be mature enough to make decisions on and provide informed assent and/or consent for continuing with services. In standard practice, the caseworker should seek the child’s written informed assent to participate in services, as well as the parent/caregiver’s written informed consent. However, if it is deemed unsafe and/or not in the child’s best interest to involve the caregiver, the caseworker should try to identify another trusted adult in the child’s life to provide informed consent, along with the child’s written assent. If this is not possible, a child’s informed assent may carry due weight<sup>2</sup> if the caseworker assesses the child to be mature enough, and the caseworker can proceed with care and treatment under the guidance and support of his/her supervisor. In these situations, caseworkers should consult with their supervisors for guidance.

### ***Older adolescents (ages 15–17)***

Older adolescents, ages 15 years and above, are generally considered mature enough to make decisions. In addition, 15-year-olds are often legally allowed to make decisions about their own care and treatment, especially for social and reproductive healthcare services. This means that older adolescents can give their informed consent or assent in accordance with local laws. Ideally, supportive and non-offending caregivers are also included in care and treatment decision-making from the outset and provide their informed consent as well. However, decisions for involving caregivers should be made with the child directly in accordance with local laws and policies.

If the adolescent (and caregiver) agrees to proceed, the caseworker documents their informed consent using a client consent form or documenting on the case record that they have obtained verbal consent to proceed with case management services.

## **Special situations**

**If it is not in the best interest of the child to include a caregiver in the informed consent process**, the caseworker needs to identify whether there is a trusted adult in the child’s life who can provide consent. If there is no other trusted adult to provide consent, the caseworker needs to determine the child’s capacity in decision-making based on their age and level of maturity.

<sup>2</sup> Due weight refers to the proper consideration given to the child’s views and opinions based on factors such as his or her age and maturity.

**If a child under 15 does not assent but caregivers do OR if both the child and caregiver do not consent OR the child above 15 does not consent,** the caseworker needs to decide on a case-by-case basis and based on the child's age, level of maturity, cultural/traditional factors, the presence of caregivers (supportive), and the urgency of care needs, whether it is appropriate to go against the wishes of the child and/or caregiver to proceed with case management and assisting the child so that they can receive needed urgent care and treatment services.

**In situations where children and/or caregivers are hesitant to proceed,** caseworkers should ask additional questions to determine the cause of the hesitation to receive services. Perhaps, for example, the child and/or caregiver are afraid of losing their confidentiality because of a mandatory reporting law. In this situation, the caseworker can further discuss the client's right to participate in how to share information if warranted (e.g., in a mandatory reporting situation) and/or further discuss the risks of reporting. If serious risks are identified, then it may not be in the best interest to report, and the caseworker can further explain and discuss this with the child client and subsequently with his/her supervisor. Caseworkers should take the time to discuss the child's and caregiver's fears and concerns around proceeding with case management, and provide clear and accurate answers to help address these specific fears and concerns.

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