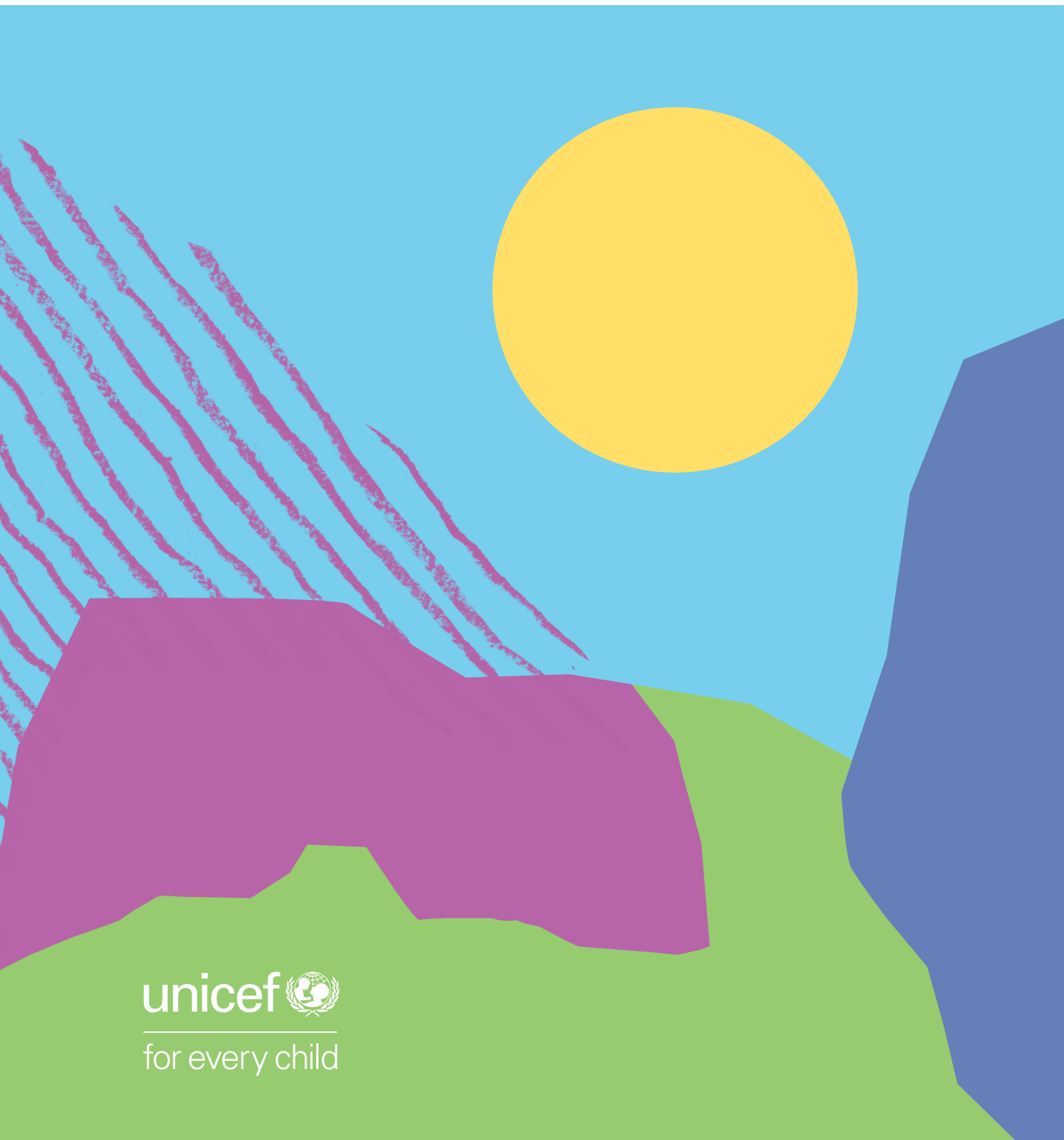


Kit 3.7: Programming

# Advocacy

3.7





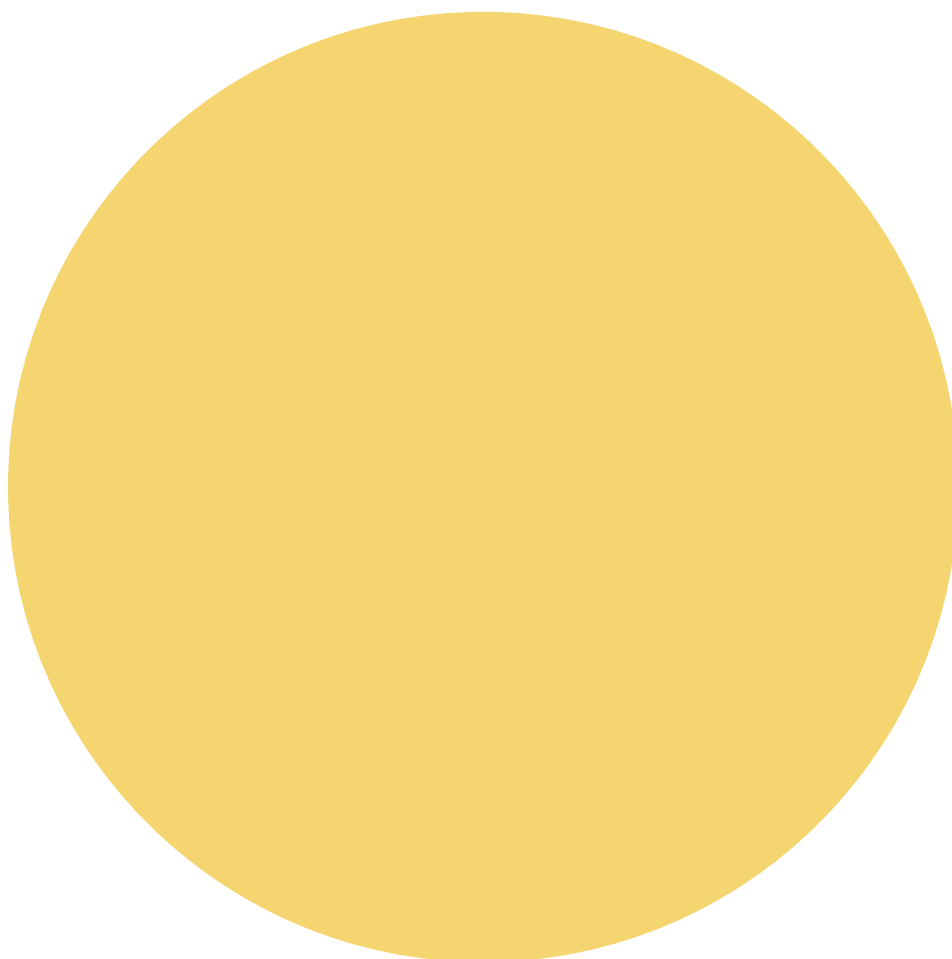
# Advocacy

## Key Messages

- **GBV prevention, mitigation and response are life-saving components of humanitarian action.**
- **GBV is not always prioritized in humanitarian response** because of a lack of awareness about the issue and a lack of knowledge about how to address it.
- **Providing clear, consistent and accurate information and messages to those with influence** over resource allocation and humanitarian programming helps to draw attention to the problem of GBV from the very beginning of emergency response.
- A set of **'Issue Briefs' have been developed for UNICEF staff and management** to highlight important information and key messages about selected GBV-related topics.
- The Issue Briefs aim to demystify and **build understanding about GBV, GBV programming, and how it relates to UNICEF's mission** and other priorities in emergencies.

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## Summary

The issue of gender-based violence in emergencies (GBViE) is not always well-understood among UNICEF staff and management or among those across the wider humanitarian system. This part of the GBViE Programme Resource Pack, **Kit 3.7: Programming – Advocacy**, aims to help increase understanding of – and commitment to addressing – GBViE by providing information and key messages about UNICEF's mandate, role and specific programming to address GBViE.

## Materials included in this kit

### Issue Briefs

**Issue Brief 1: Gender-Based Violence and Violence Against Children**

**Issue Brief 2: Why is GBV a Children's Health and Development Issue?**

**Issue Brief 3: GBV and the Sustainable Development Goals (SDGs)**

**Issue Brief 4: GBV in Emergencies**

**Issue Brief 5: UNICEF's Mandate and Commitments on GBViE**

**Issue Brief 6: Strategies for Addressing GBViE**

**Issue Brief 7: UNICEF's GBV Responsibilities in Emergencies**

**Issue Brief 8: UNICEF's Minimum and Expanded Packages to Address GBViE**

**Issue Brief 9: Critical Factors Underpinning Successful GBViE Programming**

**Issue Brief 10: Sexual Exploitation and Abuse**

**Issue Brief 11: GBV Data in Emergencies**

**Issue Brief 12: UNICEF WASH and Dignity Kits**



### Tools

Tools referenced in this section can be found in the *Coordination, Risk Mitigation and Advocacy Tools Booklet* of this Kit.

**Advocacy Tool 1: GBViE Advocacy Guide for Country Office Staff**



# Introduction

Gender-based violence (GBV) prevention, mitigation and response are life-saving components of humanitarian action. They are, however, not always prioritized in emergency response. Thus, GBV programming is often under-funded and inadequate in scope and coverage. This limits the availability and quality of essential health, psychosocial and safety services for GBV survivors, and it impacts the implementation of critical GBV risk mitigation and prevention activities. Donors, non-governmental organizations (NGOs) and UN agencies, including UNICEF, all agree that humanitarian stakeholders need to do more to prioritize GBV prevention, mitigation and response and better hold themselves and one another accountable for addressing GBV in emergencies (GBViE).

Within UNICEF, numerous reasons have been identified as to why GBV is not routinely prioritized from the outset of an emergency. Some of these include:

- A lack of understanding about gender and gender equality and how they relate to UNICEF's work;
- A lack of understanding about the problem of GBV, what it is, who it affects and why it's so important to address from the outset of every emergency;
- A common belief that GBV is a 'long-term' issue – and not a priority in emergencies;
- A perception that a lack of prevalence data about GBV means that it's not happening;
- A perception that GBV is a complex issue that should only be addressed by specialists;
- GBV not being raised with decision-makers early in the humanitarian response; and
- A lack of clarity regarding UNICEF's mandate, role and discrete GBViE activities.

★  
See the IASC  
GBV Guidelines

Many of these problems can be resolved through effective engagement with decision-makers and programmers within UNICEF and within the wider humanitarian system. Providing clear, consistent and accurate information and messages to those with influence over resource allocation and humanitarian programming helps to draw attention to the problem of GBV from the very beginning of emergency response. This, in turn, helps to mobilize resources and encourages all actors to take up their responsibilities toward GBV prevention, mitigation and response.

## Advocating within UNICEF for action on GBViE

UNICEF has clear accountabilities and responsibilities for GBViE prevention, mitigation and response. These stem from UNICEF's mandate, policies, strategy and programming commitments as set out in key organizational documents and in humanitarian guidelines and standards, including the *Core Commitments for Children in Humanitarian Action* (CCCs),<sup>1</sup> the Inter-Agency Standing Committee (IASC) *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (referred to as the '**IASC GBV Guidelines**')<sup>2</sup> and the *Minimum Standards for Child Protection in Humanitarian Action*.<sup>3</sup>

As a cluster lead agency, UNICEF is responsible for system-wide action on GBV. As such, it must ensure the clusters for which it is responsible integrate GBV risk mitigation and prevention activities – in line with the **IASC GBV Guidelines** – across all areas of their work in all stages of humanitarian response.

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

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

3 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)>.



However, senior management, UNICEF cluster coordinators, and colleagues across UNICEF programmes, sections and departments are not always aware of the problem of GBViE. They may also lack knowledge and awareness about UNICEF's responsibilities toward preventing, mitigating and responding to GBV, both as a cluster lead agency and within UNICEF's own emergency programming.

As such, there is a need to build understanding internally about UNICEF's mandate on GBV, the agency's role in serving women as well as children, and complementarity with other actors working on GBViE, such as UNFPA and UN Women.

Internal advocacy is an important strategy for making sure UNICEF management and staff are informed about GBV; knowledgeable about how it relates to UNICEF's work to protect children's rights; and committed to allocating resources and implementing GBV prevention, mitigation and response programming in emergencies.

## Advocating across the humanitarian system for action on GBViE

*"Advocacy on behalf of children and women is a core aspect of UNICEF's work in emergencies. Humanitarian advocacy involves deliberate efforts aimed at persuading decision-makers to adopt policies and take actions to promote and protect the rights of children and women. It aims to communicate the legitimacy and primacy of their perspectives and helps to address critical humanitarian programming or policy gaps."<sup>4</sup>*

Advocacy on behalf of children and women is a core aspect of UNICEF's work in emergencies. This includes advocating within the humanitarian system to mobilize resources and action to protect children and women from all forms of violence, abuse and exploitation – including GBV. Targets of such advocacy typically include:

- **Donors**, to share information about the problem of GBV, what is known about it in a country or context, and actions UNICEF and other actors are taking to prepare for or respond to GBV during an emergency;
- **National governments**, to make sure they are aware of their obligations under human rights and international humanitarian law in situations of armed conflict and to encourage them to incorporate GBV into government emergency preparedness and response plans and programmes;



Lake Region, Chad

4 United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*, UNICEF, 2010, pp. 11–12.





Raqqa, Syria

- **Humanitarian leadership**, to ensure the issue of GBV, including sexual exploitation and abuse (SEA) of children and women, is at the forefront of the humanitarian agenda during emergency preparedness and response;
- **Cluster lead and member agencies**, to guarantee that GBV risk mitigation actions in line with the **IASC GBV Guidelines** are integrated across sectoral policies, strategies and planning processes related to emergency preparedness and response; and

★  
See the IASC  
GBV Guidelines

- **In situations of armed conflict, those engaging with parties to the conflict**, to end human rights violations against children and women, including GBV, and prevent and respond to conflict-related sexual violence.

UNICEF's advocacy for children and women takes many forms, both public and private, formal and informal. It can range from quiet advocacy on the ground with commanders in an armed conflict, to participation in high-level public advocacy with military or political leaders for the purpose of securing commitments to adhere to international humanitarian law.

## Working with the media

Some public advocacy involves working with the media. The media is a pillar of civil society and a powerful tool for shaping public opinion and norms. As well as working with traditional mass media platforms, it is increasingly important to harness the power of social media in the process of social change. This is an exciting emerging area for innovation in GBV prevention and response, including in emergency settings. GBV and Child Protection specialists are encouraged to work with country office (CO) Communications teams to help ensure the media's reporting on GBV is done within a framework that promotes ethics and safety – and that it does not inadvertently reinforce harmful beliefs or behaviours regarding GBV. Resources for helping COs work with the media to promote ethical, safe and effective reporting on GBV can be found below.



### Resources

- ▶ **Best Practices in Trauma Reporting**  
*Dart Center for Journalism and Trauma (2005)*  
<[https://dartcenter.org/sites/default/files/da\\_best\\_practices\\_0\\_1.pdf](https://dartcenter.org/sites/default/files/da_best_practices_0_1.pdf)>
- ▶ **Reporting on Sexual Violence Tip Sheet**  
*Dart Center for Journalism and Trauma (2011)*  
<[https://dartcenter.org/sites/default/files/sexual%20violence%20tipsheet\\_final\\_27.08.11.pdf](https://dartcenter.org/sites/default/files/sexual%20violence%20tipsheet_final_27.08.11.pdf)>
- ▶ **Documenting Rape in War**  
*Dart Center for Journalism and Trauma (2011)*  
<<https://dartcenter.org/content/covering-sexual-violence-in-conflict>>
- ▶ **Resources for Intimate Partner Violence: Tip Sheets**  
*Dart Center for Journalism and Trauma (2011)*  
<[https://dartcenter.org/resources?topic\[0\]=72&type\[0\]=16](https://dartcenter.org/resources?topic[0]=72&type[0]=16)>
- ▶ **Conducting Interviews with Survivors of Sexual and Gender-Based Violence**  
*WITNESS and Dart Center for Journalism and Trauma (2013)*  
<<https://library.witness.org/product/guide-to-interviewing-survivors-of-sexual-and-gender-based-violence/>>
- ▶ **Eleven Ways to Boost Your Work with News Media: How you can help the media report prevention of violence against women**  
*Domestic Violence Victoria (2016)*  
<<http://apo.org.au/node/63545>>
- ▶ **Reporting on Gender-Based Violence in the Syria Crisis: Good practices in the media**  
*UNFPA (2016)*  
<[www.unfpa.org/publications/reporting-gender-based-violence-syria-crisis-good-practices-media](http://www.unfpa.org/publications/reporting-gender-based-violence-syria-crisis-good-practices-media)>
- ▶ **Reporting on Gender-Based Violence in the Syria Crisis: A journalist's handbook**  
*UNFPA (2015)*  
<[www.unfpa.org/resources/reporting-gender-based-violence-syria-crisis-journalists-handbook](http://www.unfpa.org/resources/reporting-gender-based-violence-syria-crisis-journalists-handbook)>
- ▶ **Nine Ethical Principles: Reporting Ethically on Gender-Based Violence in the Syria Crisis**  
*UNFPA (2015)*  
<[www.unfpa.org/resources/nine-ethical-principles-reporting-ethically-gender-based-violence-syria-crisis#sthash.5xKaqtUD.dpuf](http://www.unfpa.org/resources/nine-ethical-principles-reporting-ethically-gender-based-violence-syria-crisis#sthash.5xKaqtUD.dpuf)>
- ▶ **Edutainment: Using stories and media for social action and behaviour change**  
*Soul City (2013)*  
<[www.soulcity.org.za/research/published-articles/edutainment-using-stories-and-media-for-social-action-and-behaviour-change/](http://www.soulcity.org.za/research/published-articles/edutainment-using-stories-and-media-for-social-action-and-behaviour-change/)>

# Advocacy resources

A variety of internal and external resources are available to help UNICEF country office staff advocate with external actors for attention to be paid to GBViE prevention, mitigation and response. These include the GBV Area of Responsibility (AoR) Advocacy Handbook and the UNICEF Advocacy Toolkit.



## Tools

### Advocacy Tool 1: GBViE Advocacy Guide for Country Office Staff



## Resources

#### ► Gender-Based Violence in Emergencies Advocacy Handbook

*Global Protection Cluster (2014)*

<<http://gbvaor.net/sag/gbv-emergencies-advocacy-handbook/>>

#### ► Saving Lives, Protecting Children: Advocacy in emergencies

*UNICEF (2008)*

<[www.unicefinemergencies.com/downloads/eresource/docs/Advocacy/2008-11-12-UNICEFAdvocacyGuidelines.pdf](http://www.unicefinemergencies.com/downloads/eresource/docs/Advocacy/2008-11-12-UNICEFAdvocacyGuidelines.pdf)>

#### ► Advocacy Toolkit: A guide to influencing decisions that affect children's lives

*UNICEF (2010)*

<[www.unicef.org/evaluation/files/Advocacy\\_Toolkit.pdf](http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf)>

#### ► UNICEF in Emergencies Core Commitments for Children E-Resources Advocacy Materials

<[www.unicefinemergencies.com/downloads/eresource/Advocacy.html](http://www.unicefinemergencies.com/downloads/eresource/Advocacy.html)>

To be able to advocate on behalf of girls and women for attention, resourcing and action to address GBV, UNICEF staff and management must have a sound understanding of the issue, how it relates to UNICEF's work, and what effective humanitarian response to GBV looks like. A set of '**Issue Briefs**' have been developed for UNICEF staff and management to highlight important information and key messages about selected GBV-related topics. The Issue Briefs aim to demystify and build understanding about GBV, GBV programming, and how it relates to UNICEF's mission and other priorities in emergencies. They also aim to develop capacity and knowledge of UNICEF staff to advocate both internally and externally for appropriate action on GBV in emergencies.

The Issue Briefs cover the following topics:

**Issue Brief 1: Gender-Based Violence and Violence Against Children**

**Issue Brief 2: Why is GBV a Children's Health and Development Issue?**

**Issue Brief 3: GBV and the Sustainable Development Goals (SDGs)**

**Issue Brief 4: GBV in Emergencies**

**Issue Brief 5: UNICEF's Mandate and Commitments on GBViE**

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**Issue Brief 9: Critical Factors Underpinning Successful GBViE Programming**

**Issue Brief 10: Sexual Exploitation and Abuse**

**Issue Brief 11: GBV Data in Emergencies**

**Issue Brief 12: UNICEF WASH and Dignity Kits**

# Gender-Based Violence and Violence Against Children

This brief aims to build knowledge about the relationship between gender-based violence (GBV) and violence against children (VAC) so that UNICEF staff understand – and can explain to others – the relationship between the two forms of violence and why GBV is a core aspect of UNICEF's work.

- **Gender-based violence (GBV) is an umbrella term** for any harmful act that is based on socially ascribed differences between genders (e.g., 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 includes all forms of violence perpetrated against girls and women based on unequal power relations between men and women.** The term 'GBV' has historically been used to highlight the gender-based discrimination that underpins different forms of violence against girls and women throughout the life-cycle. The term is also used by some actors to describe violence targeted at lesbian, gay, bisexual, transgender and intersex (LGBTI) populations due to their perceived 'transgression' of societal gender norms and expectations.
- **The experience or threat of GBV affects most girls and women, either directly or indirectly.** One in three females will be targeted for violence simply because they are female.<sup>2</sup> Many more will be indirectly affected by GBV; for example, the threat of sexual violence can limit women's and girls' sense of safety and freedom of movement.
- **The underlying cause of GBV is gender inequality,** which means that girls and women have less power and control than men over their own bodies and over assets, resources and decision-making within the family and community.
- **Violence against children (VAC) includes all physical, sexual and psychological violence and neglect** experienced by a person under 18 years of age. This type of violence is linked to a person's age. Boys and girls both experience violence; however, a child's gender makes them more vulnerable to certain types of violence.<sup>3</sup>
- **Some forms of VAC are also GBV.** If we were to develop a list of all forms of VAC and GBV, we would see that some forms of violence occur on both lists – for example, child marriage, female genital mutilation/cutting (FGM/C) and sexual abuse of girls.
- **It can 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.

1 For more information, see 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 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.

3 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. Girls are at higher risk for infanticide, sexual abuse, educational neglect, nutritional neglect, forced prostitution and female genital mutilation/cutting. Children who are third gender, transgender, or another gender other than male or female are at higher risk for discrimination, abuse and assault based on a societal lack of acceptance of their gender identity.

- **GBV and VAC can overlap in other ways, as well.** For example, when a child is exposed to intimate partner violence (IPV) – the most common form of violence experienced by girls and women globally – it is also considered a form of child abuse or maltreatment.
- **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>4</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 especially face heightened vulnerability to many forms of GBV due to both gender- and age-based power relations. While focusing on interventions addressing GBV against girls and women in emergencies, UNICEF recognizes the needs of *all* survivors of sexual violence. As such, UNICEF's GBV response programming 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 VAC programming.

### Key messages

1. GBV includes all forms of violence perpetrated against girls and women based on their gender and on unequal power relations between men and women.
2. VAC includes all forms of violence, abuse or neglect against any person under 18.
3. VAC is linked to age, and GBV is linked to gender inequality.
4. Some forms of VAC are also forms of GBV, such as child marriage, female genital mutilation/cutting and sexual abuse of girls.
5. Exposure to intimate partner violence (IPV), the most common form of GBV, is also a form of child abuse.
6. Different forms of violence can have the same underlying drivers, such as social acceptance of the use of violence to discipline and control.
7. Carefully targeted interventions can prevent both VAC and GBV. For example, interventions to prevent IPV can also reduce forms of VAC.

4 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 and Neglect*, vol. 50, December 2015, pp. 128–140



# Why is GBV a Children's Health and Development Issue?

This issue brief looks at the effects of gender-based violence (GBV) on children's health and development. It aims to build understanding and knowledge about GBV as a critical child health, development and protection issue that is central to UNICEF's mission.

- **The effects of GBV on children are both direct and indirect.**
- **Children can be direct victims of GBV.** Child marriage, female genital mutilation/cutting (FGM/C), and sexual assault and exploitation in the family, in schools and in the community are all common forms of violence experienced by girls around the world. Many married girls experience intimate partner violence (IPV); in fact, one in three adolescent girls aged 15 to 19 worldwide has been the victim of emotional, physical or sexual violence committed by her husband or partner.<sup>1</sup>
- **Children are indirectly harmed by GBV.** IPV typically occurs in the home and therefore exposes other family members to violence, including children. Children who grow up in violent households are often present during episodes of violence. In addition to witnessing violence, which can be traumatic itself, they may be verbally or physically assaulted or abused themselves. Exposure to IPV is considered a form of child maltreatment.<sup>2</sup>
- **GBV has multiple detrimental and lasting effects** on children's physical health, psychological well-being, development and educational outcomes.<sup>3</sup>
- **Children who witness IPV are at a higher risk for a whole range of emotional and behavioural problems,** including anxiety, depression, poor school performance, low self-esteem, disobedience, nightmares and physical health complaints.<sup>4</sup>
- **Children live with the damaging impacts of violence on their mothers.** Children whose mothers live with GBV also suffer ill-effects of the violence, and their health, development and educational outcomes may all be affected.<sup>5</sup> For example:
  - Children who witness IPV are at higher risk of anxiety, depression, trauma, fear, low self-esteem, disobedience and aggression.<sup>6</sup>
  - Evidence suggests that violence may also directly or indirectly affect child mortality. Children of women who were physically and sexually abused by a partner were six times more likely to die before the age of 5 years than children of women who had not been abused.<sup>7</sup>

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

2 World Health Organization, 'Child Maltreatment Fact Sheet', WHO, Geneva, 2014.

3 United Nations Children's Fund, 'Six Strategies to End Violence against Children', UNICEF, New York, 2014.

4 In fact, studies from North America indicate that children who witness violence between their parents frequently exhibit many of the same behavioural and psychological disturbances as children who are themselves abused. For more information, see: World Health Organization, *World Report on Violence and Health*, WHO, Geneva, 2002.

5 When maternal levels of the stress hormone cortisol are raised during pregnancy, the result is often poor fetal growth and effects on brain development, including delays in brain growth. Further, some adverse outcomes of pregnancy and labour – such as miscarriage, low birth weight, stillbirth or the birth of a child with a disability – may be attributable to traumatic domestic violence. The stress of violence and abuse may lead to other consequences as well: for example, failure to obtain adequate nutrition, rest and medical care. For more information see: WHO, *World Report on Violence and Health*.

6 WHO, *World Report on Violence and Health*.

7 WHO, *World Report on Violence and Health*.



- IPV during pregnancy increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight.<sup>8</sup>
- Mothers whose physical and/or mental health is compromised by violence may be less able to care for their children or earn income to support their families, affecting children's nutrition and school attendance.
- **Child marriage can have negative consequences for children born of young girls.** Married 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 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>9</sup> Even if the infant survives, it is more likely to suffer from low birth weight, malnutrition and late physical and cognitive development.
- **More is being learned all the time about the impact of exposure to violence on children's brain development.** Children's brain structures can be adversely affected by stress.<sup>10</sup> Chronic stress caused by exposure to ongoing violence in the household can have a permanent negative effect on the chemical and physical structures of a child's brain, causing trouble with attention, concentration, memory and creativity.<sup>11</sup>
- **Children's health, behaviour, ability to learn and core biology are therefore all directly affected by adverse and traumatic experiences such as violence.** Children may even be more deeply affected by trauma than adults, depending on their age and developmental stage.<sup>12</sup>
- **Children learn early and powerful lessons about the use of violence to dominate others.** Boys exposed to IPV as children may grow up believing that violence is acceptable and go on to perpetrate violence against others, while girls may be more likely to grow up to be abused themselves, entrenching a cycle of violence and abuse.<sup>13</sup> Of course, not all children exposed to IPV will grow up to perpetrate or experience it.

8 World Health Organization, 'Intimate partner and sexual violence against women: Fact Sheet No. 239', WHO, Geneva, 2014.

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

10 National Scientific Council on the Developing Child, 'Persistent fear and anxiety can affect young children's learning and development: Working paper no. 9', 2010. Retrieved from <[www.developingchild.net](http://www.developingchild.net)>. See more at: <[www.childtrends.org/?indicators=childrens-exposure-to-violence#sthash.lxkGHpsK.dpuf](http://www.childtrends.org/?indicators=childrens-exposure-to-violence#sthash.lxkGHpsK.dpuf)>.

11 Anda, R., et al., 'The Enduring Effects of Abuse and Related Adverse Experiences in Childhood: Convergence of evidence from neurobiology and epidemiology', *Eur Arch Psychiatry Clinical Neuroscience*, vol. 256, no. 3, April 2006, pp. 174–186. In this article, it is noted that raised levels of the steroid hormone cortisol are a normal response to stress in humans. Frequent and prolonged exposure to elevated cortisol levels may affect the development of a major stress-regulating system in the brain, either heightening the stress feedback system (leading to hypervigilance; chronic fear and anxiety; negative mood; and problems in attending) or reducing it (leading to depression). Chronic stress can cause depression of the immune function as well as other body systems controlled by the brain.

12 Futures Without Violence, 'Safe, Healthy, and Ready to Learn: Policy Recommendations to Ensure Children Thrive in Supportive Communities Free from Violence and Trauma', Futures Without Violence, San Francisco, 2015.

13 UNICEF, 'Behind Closed Doors'.

## Key messages

1. Many victims of GBV are girls. Girls are exposed to sexual assault, female genital mutilation/cutting (FGM/C), child marriage and – for those who are married or in relationships – intimate partner violence (IPV). Both girls and boys may be exposed to IPV against their mothers.
2. IPV can seriously harm the children of abused mothers; these children are considered indirect victims of GBV.
3. Whether children are direct or indirect victims of GBV, their health, development and well-being are significantly damaged by GBV.
4. There is growing evidence of the harmful effects of exposure to violence on children's brains, cognitive development and behaviour.
5. Although it is still a hidden form of violence in many settings because it takes place 'behind closed doors' within the family, GBV is a key child protection issue affecting children everywhere. UNICEF must help to break the silence surrounding GBV and act to prevent it from occurring.

# GBV and the Sustainable Development Goals (SDGs)

This issue brief highlights why addressing gender-based violence (GBV) is fundamental to achieving the Sustainable Development Goals (SDGs).

- **Gender-based violence against girls and women impedes economic and social development.** It affects women's and girls' health, educational attainment, economic productivity, and capacity to care and provide for their families. GBV in the public and private spheres also limits women's and girls' agency at the household and community levels.
- **GBV is linked to gender equality, which is the fifth Sustainable Development Goal (SDG).** Gender inequality restricts and limits girls' and women's freedoms, choices and enjoyment of their rights. 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>1</sup>
- **GBV is both caused by and reinforces gender inequality.** SDG targets 5.2 and 5.3 focus on GBV because it is not possible to achieve gender equality and empowerment of women without addressing the violence that directly targets them for their gender.
- As well as being an impediment to gender equality, **GBV is an obstacle to achieving many of the other SDGs.** The following examples illustrate how GBV affects achievement of other SDGs.

## Goal 1: End poverty in all its forms everywhere.

- GBV affects female earning capacity, compounding household poverty and reducing children's access to health and education (both of which are linked to poverty).
- GBV takes a toll on national economies; it can cost billions in lost earnings and provision of government services to survivors. This can be especially challenging for countries emerging from crises.

## Goal 2: Ensure healthy lives and promote well-being for all at all ages.

- GBV has significant harmful effects on females' physical and mental health and well-being; the association of GBV with acute and chronic physical and mental health problems are well-documented.
- One in four women worldwide is physically or sexually abused during pregnancy. Intimate partner violence (IPV) against pregnant women is associated with a risk of miscarriage, premature labour and fetal distress, and it may be related to low birth weight. IPV rates often increase in emergencies.
- Exposure to IPV has detrimental impacts on children's health and development, including their brain development, and many of these effects last into adulthood.
- In crisis settings, the physical and mental health effects of exposure to sexual violence may be severe. Survivors are often exposed to multiple and/or ongoing traumatic incidents and face heightened risk of physical injury, trauma and exposure to diseases such as HIV/AIDS.

1 United Nations Children's Fund, 'Gender Action Policy (2018–2021)', UNICEF, New York, 2014.

- Child marriage, which is also known to increase in some humanitarian contexts, can lead to poor outcomes for the children of young girls and for the married girls themselves. 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 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>2</sup> Even if the infant survives, it is more likely to suffer from low birth weight, malnutrition and late physical and cognitive development.

### Goal 3: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

- GBV is a barrier to girls' education. In settings where there are high rates of school-related GBV, girls and their families may choose to forgo education as a protection strategy.
- Exposure to GBV in school can affect girls' self-esteem, sense of safety, participation and educational outcomes.

#### Key messages

1. GBV is a serious impediment to economic and social development.
2. GBV is an obstacle to achieving gender equality (SDG 5). SDG targets 5.2 and 5.3 focus on GBV because it is not possible to achieve gender equality and empowerment of women without addressing the violence that directly targets them for their gender.
3. GBV is an obstacle to achieving other SDGs, such as ending poverty; ensuring healthy lives and well-being for all at all ages; and ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all.

<sup>2</sup> United Nations Children's Fund, State of the World's Children, UNICEF, New York, 2009.

# GBV in Emergencies

This issue brief overviews the problem of gender-based violence (GBV) in emergencies.

- **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 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 disasters can make GBV worse.** During armed conflict and displacement due to natural disasters, girls and women may be exposed to new and/or higher levels of violence that were already occurring in a community during times of stability.
- **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 or abduct girls and women for sexual slavery.
  - Girls and women might be forced to trade sex for food, money or other resources needed to survive.
  - Girls and women in displaced camps might be at risk of being raped by other displaced community members. Girls separated from their families can be at particular risk.
- **Other forms of GBV already occurring in a community can be made worse.** The following have all been documented in different emergency-affected settings around the world:
  - Intimate partner violence (IPV) rates often increase because of the pressures on individuals and families to cope.
  - Families often marry girls off younger than usual as an economic coping strategy.
  - Communities that don't traditionally practice FGM/C sometimes adopt the practice when they start to inter-marry with other communities.
  - Human traffickers can exploit a crisis and target vulnerable children for sexual exploitation.

## Why is it important to do something about GBV in emergencies?

- **GBV interventions are life-saving.** All humanitarian agencies must implement essential actions to prevent, mitigate and respond to GBV from the outset of an emergency.
- **UNICEF has a mandate and duty to protect and assist emergency-affected girls and women.** UNICEF and sister agencies work to protect children, women and others affected by conflict and disasters according to each agency's mandate and capacity on the ground. UNICEF has a mandate, capacity and expertise to make a significant difference in the lives of girls and women in all emergency-affected areas.

<sup>1</sup> 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.

- **GBV harms large numbers of girls.** Adolescent girls in particular are at a high risk of GBV; and the short- and long-term physical, mental and psychosocial consequences of GBV for child and adult survivors can be severe.
- **To protect children, we need to protect women.** Protecting children's rights and safety is impossible without protecting the rights and safety of their mothers. Protecting mothers and women of child-bearing age from GBV is essential to enhance child development, protection, health and education.
- **Addressing GBV helps UNICEF to achieve outcomes for children in other areas.** Discrimination against women is an issue that goes to the heart of UNICEF's mission to protect the rights of all children. GBV intersects with and exacerbates other human rights issues and problems that UNICEF is dedicated to, including HIV/AIDS, child survival, and universal access to and participation in education.

### Key messages

1. GBV occurs in times and peace and stability, and it often increases during and in the aftermath of humanitarian emergencies.
2. Sexual violence and intimate partner violence (IPV) are common problems across humanitarian settings. Other forms of GBV may also be prevalent.
3. GBV interventions are life-saving. All humanitarian agencies must implement essential actions to prevent and mitigate GBV from the outset of an emergency.
4. Addressing GBV is core to securing children's rights to protection, health and development.
5. Discrimination against women is an issue that goes to the heart of UNICEF's mission.



# UNICEF's Mandate and Commitments on GBViE

This issue brief overviews UNICEF's mandate and commitments on gender-based violence in emergencies (GBViE) and clarifies the misperception that issues relating to women and gender equality are not core aspects of UNICEF's work.

- **UNICEF has a mandate and duty to protect and assist emergency-affected girls and women.** The mandate for promoting gender equality and the empowerment of girls and women is grounded in both the Convention on the Rights of the Child (CRC)<sup>1</sup> and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),<sup>2</sup> which are mutually reinforcing in the realization of the rights of children.
- **Addressing GBViE is at the heart of UNICEF's mission to protect the rights, health and well-being of children.** UNICEF's mission statement, informed by the CRC and CEDAW, commits the agency to special protection of children in crisis and the promotion of equal rights for girls and women.
- **UNICEF's work to address GBViE focuses on the rights and needs of girls and women,** recognizing their systematic exposure to and risk of gender-based violence (GBV). Girls, in particular, face heightened vulnerability to many forms of GBV due to both gender- and age-based power relations. While focusing on interventions addressing GBViE against girls and women, UNICEF recognizes the needs of *all* survivors of sexual violence. As such, UNICEF's GBV response programming 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.<sup>3</sup>
- **UNICEF's work in support of girls' and women's rights is also anchored in the landmark Beijing Declaration and Platform for Action.** UNICEF's work is guided by the requirement of all UN entities to mainstream gender as mandated by the Beijing Platform for Action,<sup>4</sup> defined by ECOSOC 1997 and reinforced by the quadrennial comprehensive policy review 2012 (General Assembly resolution 67/226)<sup>5</sup>. UNICEF adheres to the standards set in the UN System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP).
- **UNICEF's Strategic Plan emphasizes the empowerment of girls and women, as well as addressing gender-related needs and actions of girls, boys, fathers, mothers and communities.** Within the Strategic Plan, interventions concentrate on increasing girls' and women's access to services and opportunities, as well as 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.
- **UNICEF's Core Commitments for Children (CCCs)<sup>5</sup> put children and women at the centre of humanitarian action; humanitarian action for girls, boys and women, including action against GBV, is called for throughout the CCCs.** In fact, women are explicitly noted in all of the sector-specific strategic results areas, commitments and benchmarks for Child Protection, Nutrition, Health, WASH, HIV/AIDS, and Supply and Logistics.

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

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

3 Other dimensions of programming to address violence experienced by children are addressed through Child Protection in Emergencies and other violence against children (VAC) programming.

4 See <[www.un.org/womenwatch/daw/beijing/platform/](http://www.un.org/womenwatch/daw/beijing/platform/)>.

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

- **Within the Gender Action Plan (GAP), 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.
- **Under the Call to Action for Protection from Gender-Based Violence in Emergencies,<sup>6</sup> UNICEF has publicly embraced a set of agency commitments** to significantly improve staff capacity, advocacy, programming, research, and the development of tools and guidance.
- **The lives of women and children are tightly knit, as are their rights.** Women and children also both share the experience of being subjected to discrimination.<sup>7</sup> Protecting children's rights and safety is impossible without protecting the rights and safety of their mothers. Protecting mothers and women of child-bearing age from GBV is essential to enhancing child development, protection, health and education.
- **Addressing GBViE helps UNICEF to achieve outcomes for children in other areas.** Discrimination against women is an issue that goes to the heart of UNICEF's mission to protect the rights of all children. GBV intersects with and exacerbates other human rights issues and problems that UNICEF is dedicated to, including HIV/AIDS, child survival, and universal access to and participation in education.
- **Even before a child is born, their prospects for survival and development are directly related to their mother's health and social/economic status.** Women around the world are often the primary caregivers of children, and resources put in their hands are more likely to be used to benefit children than those given to men. Discrimination against women is thus detrimental not only to women themselves, but also to the next generation. Protecting women's rights is important as a goal, and it also reaps benefits for children.
- **Protecting the rights of children – particularly girls – is the first step in promoting gender equality.** If the rights of women and children are considered together, they can reinforce each other and make mutually supportive demands on society.

### Key messages

1. UNICEF has a mandate and duty to protect and assist emergency-affected girls and women.
2. Addressing GBViE is at the heart of UNICEF's mission to protect the rights, health and well-being of children.
3. UNICEF's work to address GBViE focuses on the rights and needs of girls and women, recognizing their systematic exposure to and risk of gender-based violence.
4. UNICEF's Core Commitments for Children (CCCs)<sup>8</sup> put children and women at the centre of humanitarian action; humanitarian action for girls, boys and women, including action against GBV, is called for throughout the CCCs.
5. Addressing GBViE helps UNICEF to achieve outcomes for children in other areas.
6. Protecting the rights of children – particularly girls – is the first step in promoting gender equality.

6 Launched in 2013 by the United Kingdom, the Call to Action on Protection from Gender-Based Violence in Emergencies ('Call to Action') is an initiative in which donors and humanitarian agencies commit to preventing and responding to GBV from the start of humanitarian emergencies. For more information, see the Women's Refugee Commission *communiqué* 2014, under its Partnership with the U.S. government on Call to Action.

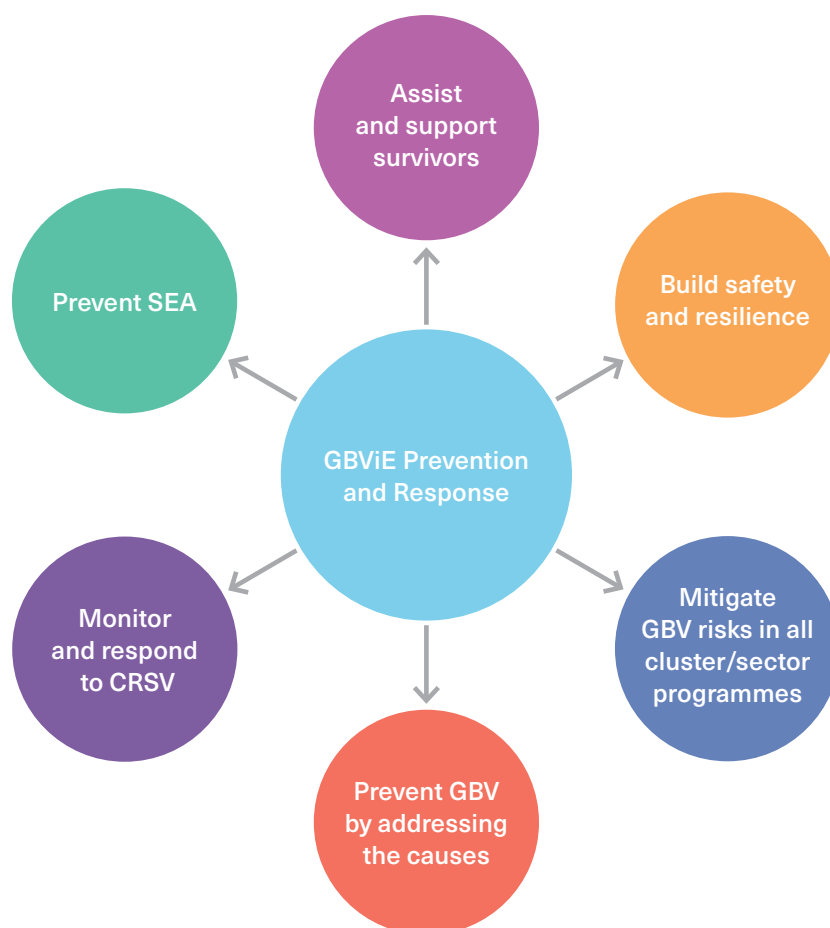
7 This and the following two bullet points are adapted from United Nations Population Fund and United Nations Children's Fund, *Women and Children's Rights: Making the connection*, UNFPA and UNICEF, 2011.

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

# Strategies for Addressing GBViE

This issue brief looks at the key strategies humanitarian and peace and security actors can take to prevent, mitigate and respond to gender-based violence (GBV) in emergency-affected settings.

Although it might seem like a complicated problem, there are clear, distinct strategies that different actors can and must take to prevent and respond to GBV in emergencies (GBViE). Of course, no single humanitarian organization or actor is expected to or can do all these things alone or at once; different stakeholders, including communities, have various roles to play in the following actions against GBV.



**Assist and support survivors:** International, national and community-based health, psycho-social 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 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 at-risk groups. For example, supplying gender-sensitive non-food items or initiating economic strengthening activities for adolescent girls can help to build their 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<sup>1</sup> clearly spell out essential actions that each cluster/sector must integrate into humanitarian programming to mitigate, prevent and – for some sectors – respond to GBV. *All humanitarian actors and agencies must implement the essential activities set out in the IASC GBV Guidelines for each sector.*

**Prevent GBV by addressing its 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 (CRSV):** Parties to a conflict and other duty bearers have a responsibility to uphold international law and not perpetrate CRSV. Monitoring CRSV and engaging with armed actors to prevent CRSV is the responsibility of mandated actors, including UNICEF.

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

### Key messages

1. Although GBV can seem complicated, there are clear and distinct strategies and actions for preventing and responding to it.
2. Key strategies – and responsible actors for each – include:
  - Assisting survivors (GBV specialized agencies);
  - Improving safety and resilience of affected girls and women (GBV and Protection specialized agencies);
  - Mitigating GBV risks in all humanitarian programmes and assistance (all humanitarian agencies and actors);
  - Addressing the causes of GBV (GBV specialized agencies);
  - Monitoring and responding to CRSV (mandated actors); and
  - Preventing SEA (all UN and non-government agencies and actors).

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

# UNICEF's GBV Responsibilities in Emergencies

This issue brief looks at UNICEF's responsibilities and programming priorities related to gender-based violence (GBV) in emergency settings.

- **Addressing GBV in emergencies (GBViE) is at the heart of UNICEF's mission to protect the rights, health and well-being of children.** UNICEF's mission statement, informed by the Convention on the Rights of the Child (CRC)<sup>1</sup> and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW),<sup>2</sup> commits the agency to special protection of children in crises and the promotion of equal rights for girls and women.
- **UNICEF's GBViE responsibilities are spelled out in numerous organizational documents approved by the Executive Board.** These include the Core Commitments for Children (CCCs)<sup>3</sup>, the Strategic Plan and the Gender Action Plan.
- **UNICEF leads/co-leads three humanitarian clusters and one sub-cluster:** Water, Sanitation and Hygiene (WASH); Nutrition; Education (co-led with Save the Children); and the Child Protection sub-cluster of the Protection cluster. As specified in UNICEF cluster guidance, UNICEF is obliged as a cluster lead agency to make sure these clusters integrate GBV mitigation and prevention into each phase of humanitarian response.

## What does UNICEF do to prevent, mitigate and respond to GBViE?

- **UNICEF's work to address GBViE 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.
- **While focusing on interventions addressing GBV against girls and women in emergencies, UNICEF recognizes the needs of *all* survivors of sexual violence.** As such, UNICEF's GBV response programming 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 (VAC) programming.
- **UNICEF's action to prevent, mitigate and respond to GBViE has three pillars:** 1) coordination; 2) mitigating GBV risks across humanitarian sectors and clusters; and 3) specialized GBV programming.

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

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

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



Coordination

Mitigating GBV risks  
across humanitarian  
clusters and sectors

Specialized GBV  
programming

## Coordination

UNICEF plays a vital role in ensuring a well-coordinated, strategic, adequate, coherent and effective humanitarian response to GBV. 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 addition to supporting 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 integration of GBV risk mitigation across all humanitarian sectors in line with the IASC GBV Guidelines.<sup>4</sup>

UNICEF is also responsible for ensuring GBV is addressed appropriately within other relevant coordination mechanisms, such as the Monitoring and Reporting Mechanism on grave violations of children's rights (MRM);<sup>5</sup> the Monitoring, Analysis and Reporting Arrangements on Conflict-Related Sexual Violence (MARA);<sup>6</sup> and other United Nations humanitarian, peace- and security-related fora in country that UNICEF leads or participates in.

## Mitigating GBV risks across humanitarian clusters and sectors

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>7</sup>

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

As a cluster lead agency for WASH, Nutrition, Education and Child Protection, UNICEF has additional responsibilities for making sure these clusters appropriately incorporate GBV into their needs assessments, 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.

<sup>4</sup> See <[www.gbvguidelines.org](http://www.gbvguidelines.org)>.

<sup>5</sup> Sexual violence is one of the grave violations against children monitored by the MRM.

<sup>6</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)>.

<sup>7</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.



## Specialized GBV 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.

- **GBV 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 more resilient 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 support States to strengthen and enforce legal protections and systems; and initiatives to transform harmful social norms that condone GBV.
- **Building accountability of duty bearers:** This includes supporting monitoring and response to conflict-related sexual violence (CRSV).

### Key messages

- UNICEF's work to address GBViE focuses on the rights and needs of girls and women, recognizing their systematic exposure to and risk of GBV.
- UNICEF recognizes the needs of *all* survivors of sexual violence, and UNICEF's GBV response programming also ensures that care, support and protection-related services are in place to meet the needs of boys who have experienced sexual violence in emergency settings.
- UNICEF has clear responsibilities for GBV prevention, mitigation and response in emergencies. These are set out in key humanitarian and organizational strategic, policy and operational documents.
- There are three pillars of response to GBViE:
  - Coordination;
  - GBV risk mitigation across humanitarian sectors and clusters; and
  - Specialized GBV programming.

# UNICEF's Minimum and Expanded Packages to Address GBViE

This issue brief overviews UNICEF's Minimum and Expanded GBViE Response Packages.

To ensure a consistent and coherent response to gender-based violence (GBV) in all emergency settings, UNICEF is committed to implementing a minimum set of actions during the initial response to a humanitarian crisis. UNICEF is also committed to ensuring expanded GBV prevention and response are in place in protracted crises and recovery contexts.

UNICEF's role and activities for delivering initial and expanded packages to address GBV in emergencies (GBViE) are based on the context and assessed needs in consultation with key stakeholders, including communities and governments.

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 resilience to GBV; and mitigate GBV risks across humanitarian sectors 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>1</sup>

In line with the IASC GBV Guidelines,<sup>2</sup> 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 GBViE Programme Resource Pack also contains guidance for implementing an **Expanded GBViE Response Package** during ongoing response and recovery. See the following table for an outline of minimum and expanded GBViE programming.

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

<sup>2</sup> See <[www.gbvguidelines.org](http://www.gbvguidelines.org)>.

Minimum GBViE Response Package	Expanded GBViE Response Package
<ol style="list-style-type: none"> <li><b>1. Coordinate</b> humanitarian action to address GBV.</li> <li><b>2. Assist and support survivors</b> through provision of good quality and age-appropriate health, psychosocial and safety services.</li> <li><b>3. Build girls' and women's safety and resilience<sup>3</sup></b> 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>4. Integrate GBV risk mitigation across UNICEF sectors and clusters</b> in line with the IASC GBV Guidelines.</li> </ol>	<ol style="list-style-type: none"> <li><b>1. Coordinate</b> humanitarian and recovery action to address GBV.</li> <li><b>2. Strengthen systems and services</b> for responding to survivors of all forms of GBV.</li> <li><b>3. 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>4. Integrate GBV risk mitigation across UNICEF sectors and clusters</b> in line with the IASC GBV Guidelines.</li> </ol>

### Key messages

1. UNICEF is committed to implementing a **Minimum GBViE Response Package** to meet the needs of girls and women in emergencies.
2. UNICEF implements a minimum set of actions during the initial response to a humanitarian crisis. In protracted crises and recovery contexts, UNICEF ensures that expanded GBV prevention, mitigation and response programming are in place.
3. The **Minimum** and **Expanded GBViE Response Packages** include coordination; GBV risk mitigation across UNICEF sectors and clusters in line with the IASC GBV Guidelines; and specialized GBV prevention and response programming.

<sup>3</sup> The term 'resilience' is used to draw attention to the capacities of emergency-affected people, including girls and women, and to encourage a focus on building on their strengths while also recognizing 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.

# Critical Factors Underpinning Successful GBViE Programming

A multi-country evaluation of UNICEF's gender-based violence in emergencies (GBViE) programming identified a set of factors across contexts that underpin effective response to GBViE and enhanced results for girls and women.<sup>1</sup> This issue brief presents these factors.

The following factors have been identified as essential to underpinning effective response to GBViE:

- **Strong commitment at all levels of the country office (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 – both 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-to-relief-to-development' approach** to leverage pre-emergency regular programming for humanitarian response, and 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, or 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.

<sup>1</sup> See United Nations Children's Fund, *Multi-Country Gender-based Violence in Emergencies Programme Evaluation Synthesis Report*, UNICEF, 2016.

# Sexual Exploitation and Abuse

This issue brief provides important information on sexual exploitation and abuse (SEA) by humanitarian and peacekeeping personnel and the minimum actions UNICEF country offices (COs) should take to prevent and respond to it.

- **All forms of 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 harms individuals and communities and undermines the integrity and reputation of the UN and its partners.** It can also threaten the security of staff and operations and prevent UNICEF 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.** Recently, sexual harassment and sexual assault of humanitarian workers by fellow staff has also been reported publicly.<sup>1</sup>
- **The UN has a zero tolerance approach to SEA, and its Code of Conduct clearly identifies prohibited behaviour** for all staff of the UN and of agencies in a partnership arrangement with the UN.

## Minimum essential actions

UNICEF COs must take minimum essential actions to prevent SEA from occurring and to respond appropriately to all SEA allegations that come to UNICEF's attention. 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.

<sup>1</sup> The Guardian, 'Ostracized, sacked ... and even arrested: the fate of whistleblowers at the UN' <<https://www.theguardian.com/world/2015/sep/14/un-united-nations-ostracised-sacked-arrested-whistleblowers>>, accessed 8 April 2017.

## ***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.

### ***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.

## **Responsibilities and accountabilities**

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.

<sup>2</sup> The UNICEF Notification Alert can be found in the Info Sheet on *Sexual Exploitation and Abuse* in this Resource Pack. Contact Child Protection in Emergencies Section at Headquarters for additional UNICEF SEA prevention and response resources and training materials.

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

### ***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.



# GBV Data in Emergencies

This issue brief aims to clarify some of the common misperceptions about gender-based violence (GBV) data; reaffirm UNICEF's position on sharing incident data; and share some good practices for using GBV data in reports.

- **Obtaining prevalence data on GBV in the early stages of an emergency is not advisable.** There are numerous challenges in undertaking population-based research on GBV in emergency settings. These include serious safety risks and ethical concerns, such as a lack of support services for survivors of GBV.
- **Even in stable, well-resourced settings, it can be very difficult to obtain accurate statistics** on how many girls and women have been raped, how common intimate partner violence (IPV) is or how many girls are being trafficked for sexual exploitation.
- **GBV prevention, mitigation and response interventions should never be delayed due to a lack of information/reporting on incidents of GBV.** Evidence continually shows that GBV is present in most communities and will be present in humanitarian situations – usually at even higher rates.
- **While it is helpful to have good data to help match resources to needs, this doesn't have to be prevalence data.** In the initial post-crisis phase, good quality information about the nature and scope of GBV in humanitarian contexts can be obtained from needs assessments, service delivery information and existing qualitative research, such as human rights monitoring and other reports.
- **UNICEF collects GBV-related information for the purposes of improving response** to meet the needs and promote the rights of girls and women. Appropriate programming cannot be done without information on risks associated with sexual violence. Questions about sexual or other gender-based violence should not be asked of community members in the absence of services, however. Best practice encourages referrals to individual-level assistance when collecting information about violations and abuse, and better information is collected when services and programmes are in place. Few survivors report violations without some guarantee of services or assistance. Therefore, programmes must lead data and information collection.
- **As soon as possible after a crisis, UNICEF should work with partners to implement a system to promote good quality GBV data collection.** In many settings, it will be appropriate to implement the GBV Information Management Systems (GBVIMS). The GBVIMS enables service providers to collect, store and analyse data to inform programming, donors and GBV advocacy. Coordinating agencies compile data from GBV service providers to help inform the humanitarian response to GBV.
- **Service statistics from healthcare facilities, the police, non-government organizations (NGOs) and other actors only provide information on reported cases.** While this evidence is important, it does not provide information about the scale of the problem. Girls and women often face significant obstacles in seeking services, and research suggests that the vast majority of GBV cases go unreported. Fear of family rejection and social exclusion leads many survivors to suffer in silence. Access to and utilization of services is also limited by security constraints, availability, distance and restrictions that families impose on girls' and women's freedom of movement.

- **Because of their lack of autonomy, child survivors may be under-represented within these statistics.** Girls' position in society can make it especially difficult for them to access services, overcome security barriers and advocate for themselves. Therefore, it is essential to make additional efforts to address the needs of child survivors.
- **It may not seem logical, but increased reporting of GBV is usually a good sign once services are established.** More survivors coming forward to report or to seek services does not necessarily indicate that rates of violence are increasing – it may actually mean that survivors who previously would not have sought help have growing confidence in the services and are breaking the silence surrounding GBV.
- **UNICEF's first duty is always to protect the safety and rights of girls and women.** UNICEF only ever shares information about specific GBV incidents with the consent of the survivor and, where relevant, her carers. This includes reporting for the Monitoring and Reporting Mechanism (MRM) and Monitoring, Analysis and Reporting Arrangements (MARA).

## Do's and Don'ts for including GBV-related issues in UNICEF and other reports<sup>1</sup>

### DOs

- ✓ **Do** highlight key activities (women's centre activities, trainings, awareness-raising, etc.) that took place during the reporting period. Though some information on the numbers of beneficiaries reached can be helpful, try to place most of the focus of the report on the programming itself: Why was it implemented in a certain way? What are the observed or expected results?
- ✓ **Do** provide an analysis of how the general security situation and/or recent events could affect the safety of women and girls. (For example: because food delivery has been delayed, women and girls are forced to employ dangerous coping mechanisms such as walking long distances to search for food, which expose them to the risk of sexual violence.)
- ✓ **Do** include information about available GBV response services and/or gaps, if relevant.
- ✓ **Do** discuss general findings from recent assessments. (Note: ensure someone with GBV experience is involved in planning and conducting any assessment which will examine GBV issues.)
- ✓ **Do** think carefully about how information is being reported and if there might be negative repercussions for survivors, their families and/or communities. (Take, for example, the phrase: "Armed Group X has been abducting and raping women from Ethnic Group Y." Reporting information in this way could further harm the survivors by exposing them to additional violence, community rejection and other backlash; it also has the potential to further fuel ethnic tensions and violence.)

<sup>1</sup> This list was developed by UNICEF South Sudan, 2014.

## ***DON'Ts***

- ✗ **Never** include information about individual survivors or cases. Even if it is without identifying information (such as name, age, etc.), this information is not appropriate for reports.
- ✗ **Don't** report information in a way that may be linked back to an individual or group of individuals.
- ✗ **Don't** include statistics of reported incidents (for example: "During the reporting period, service providers responded to 3 rape cases and 5 domestic violence cases"). Even if this information is taken from a safe and ethical data collection system, such as the GBVIMS, as a general rule, it should not be the focus of UNICEF reports.
- ✗ **Don't** assume that the number of reported GBV cases or trends in reports represent actual prevalence or trends. (For example, the conclusion "There has been an increase of GBV against children" cannot be drawn from an increase in the number of reported cases.)
- ✗ **Don't** focus too much on the number of beneficiaries reached through awareness-raising, training or other means. The focus of UNICEF's GBV interventions should be on **quality** and meeting the needs of the affected population, rather than quantity.

### **Key messages**

1. Exactly how many people have experienced GBV does not matter; research shows that GBV is always occurring, and in the initial response to an emergency, the priority is to establish GBV prevention and response services, even if the data is not yet available.
2. There are many sources of data on GBV that can help to build a picture of the problem. This includes needs assessment data, service statistics and qualitative research, such as human rights monitoring reports.
3. UNICEF should work with partners to establish a system of *good quality GBV data collection*. In many settings, this will be the GBVIMS.
4. An increase in the number of survivors reporting GBV actually tends to be a good sign, indicating there is confidence in services and survivors are seeking help.
5. UNICEF never shares case-specific GBV data without the consent of the survivor and, where relevant, her carers.

# UNICEF WASH and Dignity Kits

This issue brief overviews UNICEF WASH and Dignity Kits and clarifies why gender-sensitive non-food items (NFIs) are essential for promoting dignity and protection.

- After a crisis, women and adolescent girls have gender-specific reproductive health, hygiene and protection needs.
- Gender-sensitive non-food items (NFIs) can promote women's and girls' rights to health, dignity and protection in emergencies.
- Supplementing standard NFI distributions with menstrual management materials, culturally appropriate garments and protection items can have the following positive benefits:
  - Improved health and psychosocial well-being of girls and women;
  - Increased capacity to purchase other items needed for family survival;
  - Decreased likelihood of girls and women having to engage in transactional sex to raise money to meet basic needs;
  - Improved safety for girls and women in and around displaced settings;
  - Improved mobility and freedom for girls and women to move freely and securely in public; and
  - Increased participation of girls in school and other educational or psychosocial programmes.

## Examples of Gender-Sensitive NFIs

**Sanitary items** for menstrual hygiene management allow girls and women to move freely and continue with daily tasks.

**Suitable clothing**, such as headscarves, help girls and women maintain dignity and freedom of movement to attend school and move around in public.

**Torches and whistles** allow girls and women to light up areas where they may be at risk of attack and/or attract attention if they need help.

**Radios** keep girls and women informed about risks and threats.

**Firewood/energy saving stoves** decrease the amount of time girls and women must spend collecting firewood and, subsequently, minimize their risk of attack while traveling back and forth.

- UNICEF has two NFI kits to serve the needs of girls and women in emergencies. Both kits are designed for families of five people with up to two girls and women of reproductive age (13–49 years). These kits are:
  - 1. The Immediate Response WASH and Dignity Kit; and**
  - 2. The Family Hygiene and Dignity Kit.**
- The **Immediate Response WASH and Dignity Kit** is designed for distribution in the *first phase* (<8 weeks) of emergency response.
  - It is a lifesaving pre-packaged kit assembled by UNICEF Supply Division in Denmark.
  - In countries with frequent/recurring emergencies, local procurement options should be established as part of emergency preparedness.
- The **Family Hygiene and Dignity Kit** is designed for distribution in either the *first phase* (<8 weeks) or the *second phase* (>8 weeks) of emergency response.
  - In most situations, this kit should be locally procured and customized with culturally appropriate and context-specific items after discussion with girls and women on the ground (ideally as part of emergency preparedness).
  - In specific situations where there are limited supply options, a standard pre-packaged 15-item kit will be available from Supply Division.
- Distributing gender-sensitive NFIs is one of UNICEF's essential actions in emergencies.

### Key messages

1. Gender-sensitive NFI distributions are vital for promoting women's and girls' health, protection and dignity in emergencies.
2. UNICEF has two gender-sensitive NFI's: the **Immediate Response WASH and Dignity Kit** and the **Family Hygiene and Dignity Kit**.
3. Girls and women on the ground must be consulted to ensure the kits contain locally and culturally appropriate items.
4. Distributing the WASH and Dignity Kits is one of UNICEF's essential actions in emergencies.

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