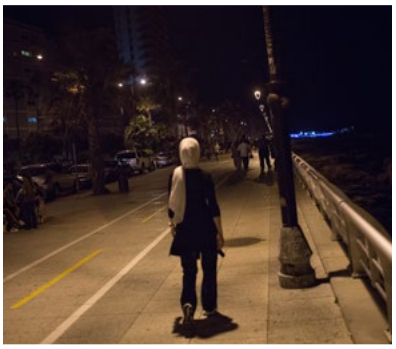
UNHCR
The UN Refugee Agency

SGBV PREVENTION and RESPONSE



TRAINING PACKAGE

October 2016

ACKNOWLEDGMENTS

This package has been created drawing from the knowledge and experiences of a number of practitioners, partners, and experts. UNHCR would like to thank Esther Dingemans for developing this training package, BakOS DESIGN for the design of the package, Mark Hughes for editing, numerous experts from UNHCR, and numerous other partners and colleagues who provided materials and feedback.

CONTENTS

SGBV PREVENTION AND RESPONSE: A TRAINING PACKAGE

Introduction

MODULE 1: INTRODUCTION TO SGBV IN DISPLACEMENT SETTINGS

Session 1: Scope of the Problem

Session 2: Gender, Sex, Gender Norms and Power

Session 3: Defining SGBV

Session 4: Human Rights and the International Legal Framework

Session 5: SGBV during the Life-Cycle and during the Phases of Displacement

MODULE 2: KEY APPROACHES FOR ADDRESSING SGBV

Session 1: Framework for Action

Session 2: The Rights-Based Approach

Session 3: Survivor-Centred Approach

Session 4: Community-Based Protection

Session 5: Age, Gender, and Diversity Approach

Session 6: Applying the Approaches

MODULE 3: PREVENTING SGBV

Session 1: Why Does SGBV Occur?

Session 2: Short-Term and Longer-Term Prevention Measures in Five Key Areas

Session 3: Programme Principles and Evidence Base

Session 4: Identifying Prevention Activities

MODULE 4: ENGAGING MEN AND BOYS IN SGBV PREVENTION WORK

Session 1: Positive Outcomes of Engaging Men and Boys

Session 2: Barriers in Engaging Men and Boys in SGBV Prevention

Session 3: Gender Socialization and Masculinity

Session 4: Male Engagement Approaches and Activities

Session 5: Programme Principles

MODULE 5: SAFE ACCESS TO FUEL AND ENERGY

Session 1: Risks of SGBV That Are Linked to Access to Fuel, Energy and Natural Resources

Session 2: Prevention Strategies

Session 3: Positive Outcomes of Safe Access to Fuel, Energy and Natural Resources

Session 4: Technical Guidance to Promote Safe Access to Fuel, Energy and Natural Resources

MODULE 6: MULTI-SECTORAL RESPONSE TO SGBV

Session 1: The Consequences of SGBV

Session 2: Promoting Recovery and Resilience

Session 3: Minimum Response Services

Session 4: Coordinating the response and taking action

MODULE 7: WORKING WITH MEN AND BOY SURVIVORS OF SGBV

Session 1: Scope and Types of SGBV Committed against Men and Boys

Session 2: Gender Dynamics

Session 3: Needs of Male Survivors and Barriers in Reporting, Accessing Services and Seeking Support

Session 4: Inclusive SGBV Programming

MODULE 8: ACCESS TO JUSTICE FOR SGBV SURVIVORS

Session 1: Access to Justice: What Does It Mean?

Session 2: Different Types of Justice Mechanisms

Session 3: Barriers Accessing Justice for SGBV Survivors

Session 4: Programmes

Session 5: Legal Aid (Optional)

MODULE 9: CHILDREN AND SGBV

Session 1: Risks of SGBV Affecting Children

Session 2: Which Laws Protect Children against SGBV?

Session 3: Preventing SGBV: Special Considerations for Children

Session 4: Responding to SGBV: Special Considerations for Children

MODULE 10: DISABILITY INCLUSION IN SGBV PROGRAMMING

Session 1: Understanding Disability

Session 2: Gender, Disability, and Displacement

Session 3: The Key Approaches Applied

Session 4: Disability Inclusion in SGBV Prevention and Response

MODULE 11: INCLUSION OF OLDER PERSONS IN SGBV PREVENTION AND RESPONSE

Session 1: Older Persons of Concern and the Risk of SGBV

Session 2: Elder Abuse

Session 3: Older Persons of Concern and SGBV Prevention and Response

MODULE 12: CHILD MARRIAGE

Session 1: Understanding Child Marriage

Session 2: The Causes and Context of Child Marriage

Session 3: The Impact of Child Marriage

Session 4: Supporting Married Children

Session 5: Preventing Child Marriage

MODULE 13: DOMESTIC VIOLENCE

Session 1: Understanding Domestic Violence

Session 2: The Root Cause of Domestic Violence

Session 3: The Cycle of Violence and Barriers to Disclosing Violence

Session 4: Response to Domestic Violence and Prevention Programming

MODULE 14: SURVIVAL SEX

Session 1: Survival Sex as a Coping Mechanism

Session 2: Causes and Consequences of Survival Sex in Displacement

Session 3: Addressing Survival Sex

MODULE 15: SGBV IN THE CONTEXT OF HUMAN TRAFFICKING

Session 1: Understanding Trafficking and Smuggling

Session 2: Trafficking, Smuggling SGBV and Forced Displacement

Session 3: Responding to the Needs of Survivors

Session 4: Prevention and Protection from Trafficking

MODULE 16: ADDRESSING SGBV IN EMERGENCIES

Session 1: Risks Factors Contributing to SGBV during Emergencies

Session 2: Emergency Response Plan

MODULE 17 SGBV INFORMATION MANAGEMENT

Session 1: Understanding Information Management

Session 2: Ethical Standards on SGBV Information Management

Session 3: SGBV and Conducting Assessments

Session 4: SGBV Information Management and the Survivor-Centred Approach

Session 5: The GBVIMS

MODULE 18 MONITORING AND EVALUATION OF SGBV PROGRAMMES

Session 1: Understanding SGBV Monitoring and Evaluation (M&E): *Why and What*

Session 2: SGBV Monitoring and Evaluation (M&E): *When and How*

Session 3: Designing a Monitoring and Evaluation (M&E) Plan

INTRODUCTION

HOW TO USE THIS TRAINING PACKAGE

WHAT IS THE PURPOSE OF THIS TRAINING PACKAGE?

The Training Package is designed to help facilitators deliver introductory, interactive training on the prevention of and response to sexual and gender-based violence (SGBV). Facilitators should have field-experience working on SGBV prevention and response, mainstreaming gender equality, working with communities affected by displacement, and be familiar with UNHCR's approach to addressing SGBV.

The training package can be used to:

- Introduce key concepts and approaches to staff new to this line of work or new to the organization.
- Develop the capacity of those who are already working in the area of SGBV prevention and response but require additional training on a particular topic.
- Promote a multi-sectoral approach to SGBV programming by training staff working in different areas of work such as livelihoods, site planning, registration and education.

HOW DOES IT WORK?

The guide consists of 18 training modules of four to five hours each covering different thematic issues. As the facilitator, you select the topic(s) appropriate to the learning needs of the group you are working with, read the materials for your training, and then follow the step-by-step instructions to deliver the training. You may wish to customise some of the modules to suit the local context of a training group. Similarly, you may adjust the length of the modules by skipping some exercises or adding others of your own. Also note that the indicated time for each activity is merely an indication – you may take more or less time for each activity as appropriate.

WHO IS THE TRAINING DESIGNED FOR?

This material is designed to be delivered to UNHCR and partner staff who work in a wide range of sectors. It may also include community groups, social service providers, and local authorities such as law enforcement officials.

HOW CAN I ACCESS THIS TRAINING PACKAGE?

The training package is available online and in hard copy in English, French, Spanish and Arabic.

Contingent upon availability, a printed copy of the training and an accompanying USB stick can be sent to your office.

WHICH TOPICS DOES THIS PACKAGE COVER?

Introduction	
1	Introduction to SGBV in Displacement Settings
2	Key Approaches for Addressing SGBV
SGBV Prevention	
3	Preventing SGBV
4	Engaging Men and Boys in SGBV Prevention Work
5	Safe Access to Fuel and Energy
SGBV Response	
6	Multi-sectoral Response to SGBV
7	Working with Men and Boy Survivors of SGBV
8	Access to Justice
Marginalized Groups	
9	Children and SGBV
10	Disability Inclusion in SGBV Programming
11	Inclusion of Older Persons of Concern
Common Types of SGBV in Displacement Settings	
12	Child Marriage
13	Domestic Violence
14	Survival Sex
15	SGBV in the Context of Human Trafficking
SGBV and the Programme Cycle	
16	Addressing SGBV in Emergencies
17	SGBV Information Management
18	Monitoring and Evaluation of SGBV Programmes

WHAT IS INCLUDED IN EACH MODULE?

Each Module contains the following components;

→ **Overview and step-by-step instructions for the facilitator**

The overview offers step-by-step guidance on how to facilitate each training session. It highlights objectives and key messages, lists useful reading material and resources related to the topic, and highlights what is needed to prepare for the training.

Prior to leading the training, you will need to thoroughly review all materials and become familiar with the content you will be presenting. ***Notes to the facilitator*** are included throughout each overview. The notes provide clarification and background information to help you communicate key learning points. They are not intended for use as lecture material or as hand-outs for participants.

→ **A set of presentation slides**

A presentation has been developed to accompany every module. Note that some slides are animated. Presentations can be easily adapted to include context-specific information.

→ **Activity sheets**

These accompany the practical activities. Unless otherwise stated, you will need to make copies for all participants prior to the training.

→ **Hand-outs**

Each module also includes hand-outs for participants. These provide a summary of the key content addressed during the training. Again, copies need to be made for all participants prior to the training.

→ **Pre-test and post-test**

For each module, you will find a test sheet containing multiple choice and open-ended questions for participants, as well as an answer sheet. You are encouraged to ask participants to take this test prior to (pre-test) and after (post-test) the training to help you determine how well the objectives of the training were achieved. You may also use this test to assess participants' knowledge only after the training, or use the questions in a more interactive way by using the questions to create a quiz, for example.

→ **Training evaluation**

This is a general evaluation form which can be used to obtain participants' feedback on the overall training experience. It does not test participants on particular areas of knowledge.

ARE THE TRAINING SESSIONS APPROPRIATE FOR EVERY CONTEXT?

In principle, the training is appropriate for any forced displacement context, including internal displacement and refugee settings, camp and urban settings. Where necessary, the modules can easily be adapted to fit the operational context. Facilitators might also wish to add or remove certain parts of the modules, depending on the participants' level of knowledge and the time available for the training.

Some of the modules make reference to short, publicly available videos which can be downloaded from the Internet. You should watch these videos before showing them during the training, to make sure they are appropriate for your training audience.

WHO SHOULD FACILITATE THIS TRAINING?

→ Facilitating the training requires some basic training skills. The facilitator should be able to manage large group discussions as well as small-group activities.

→ The facilitator should have direct experience working on SGBV prevention and response, mainstreaming gender equality and working with communities affected by displacement. Without knowledge or expertise working in these areas, it may be difficult to answer questions from participants about sensitive and often complicated topics.

→ The facilitator should be familiar with UNHCR's approach to addressing SGBV and be both sensitive to religious and cultural perspectives on gender, sex, sexual violence and sexuality, and at ease discussing these topics.

HOW MANY PARTICIPANTS ARE RECOMMENDED FOR A TRAINING SESSION?

Training sessions should be conducted for groups of 10-20 persons. This group size will encourage lively and active participation of all participants in plenary as well as activities in smaller groups.

HOW DO I DEVELOP A TRAINING AGENDA?

Select the modules you wish to use and prepare your own agenda, based on what would be most useful in the participants' particular operational context. Each module can be conducted as a stand-alone training session, or can be covered in combination with other modules. There is no need to adhere to a certain order, however Module 1: Introduction to SGBV in Displacement Settings, Module 2: Key Approaches for Addressing SGBV, Module 3: Preventing SGBV and Module 6: Multi-Sectoral Response to SGBV are essential learning for staff with no SGBV prevention and response experience.

Ideally, Module 17: SGBV Information Management and Module 18: Monitoring and Evaluation of SGBV Programmes are conducted in conjunction.

Each module or training session will take between 4 and 5 hours. Depending on the participants' level of knowledge and professional experience, the time may be adapted. With less experienced participants, a training session might take an entire day, while with other participants it might be possible to cover two modules in one day.

Given the length of this training package, it is unlikely that all of the modules will be included in a single training programme. Instead, the modules form a curriculum which can be delivered flexibly over a series of workshops (e.g., once per week, twice per month) with the aim of consolidating learning with practice.

HOW DO I PREPARE FOR THE TRAINING?

→ **Know your audience**

It is important to know your audience, the nature of their work, and their knowledge of SGBV, and adapt the training accordingly.

You may find it helpful to acquire information in advance about the participants' current level of knowledge. You may do this by asking questions such as:

- Have you attended any other SGBV or gender training courses?
- What do you hope to learn from this workshop?
- What are the main SGBV-related issues that you encounter in your work?

Suitable room: Find a space that will allow the whole group to work together, preferably sitting in such a way that facilitates interaction. The room should also allow participants to break up and work in small groups, too. Some exercises require a table.

→ **Collect necessary materials**

- Flip charts and stand
- Different colored markers
- Pens and paper
- Laptop and data projector. Consider alternative presentation formats if you are in a location with unpredictable energy (e.g., you may need to copy some presentation slides onto flip charts).
- Post-its
- Blue tack, pins, or sticky tape.
- Copies of the Activity Sheets and Hand-outs for all participants
- The training agenda, individual copies for participants or written on flip chart

→ **Identify a qualified co-facilitator, if necessary**

You can facilitate this training on your own or with a co-facilitator. If you wish to work collaboratively, doing training with a partner is often easier. For example, you may wish to team up with a colleague who has experience working on the particular issue addressed in a given module (e.g. information management).

WHAT KINDS OF FACILITATION SKILLS ARE NEEDED?

→ **Ground rules**

At the start of the workshop have participants set the ground rules (turn off cell phones, respect confidentiality, respect other participants' contributions, avoid using identifying information about survivors, etc.).

As a facilitator you need to be aware of and communicate to participants that even in a safe learning environment, participants may recall stressful work or personal experiences. You should communicate that this is normal, and reassure participants that at no time will anyone be expected to share anything private. Remind participants that the facilitators are there to help participants learn, so questions are welcome at all times.

→ **Managing discussions**

The subjects of gender, power relationships and SGBV usually stimulate many questions and debates. Useful learning can come out of such discussions, but sometimes it is necessary to move the session along and save questions until a time designated for questions and answers .

→ **"Parking" questions**

Explain to the participants that not every question can be answered in the time allowed. Post a flip-chart on the wall and use it to "park" questions that cannot be answered immediately. This is a way of acknowledging the question. Explain how answers will be provided, for example, by referring questions to an appropriate colleague.

→ **Manage time**

- Pay careful attention to the length of the workshop and chair the sessions strictly.
- Write the day's agenda on a flip chart and display it where all participants can see it. Use it to guide them through the day; make any changes to the agenda if that becomes necessary.
- In order to maintain the pace of the workshop, it is important to provide clear instructions and information about the length of the session. Five minutes before the end of each group exercise, tell the participants that five minutes remain; one minute before the end, tell them that they have one more minute. Always finish the session on time. Groups working under pressure tend to produce better results.

Note: *The times indicated for the discussions and activities is based on the assumption that the facilitator is experienced in conducting trainings, that the participants are demonstrating a strong interest in the topic and are actively participating, and that the training evolves smoothly. To be on the safe side, for the first training session, you might want to schedule more time to avoid rushing through the training if the process is slower than expected. This should then give you a realistic idea as to whether the indicated times are indeed suitable for your group of participants or if you will need to allow for more or less time in future sessions.*

→ **Group work**

During group work, circulate among the groups to make sure that they have understood the exercise and are working effectively. Make sure participants take turns chairing and presenting the group work.

→ **Encourage for self-reflection**

Emphasize that everyone has their own beliefs about gender, and thinking about different forms of SGBV in a professional context can be new and challenging. While it is important to respect individual beliefs, we must also challenge beliefs that implicitly or explicitly justify, support, or condone violence. As participants engage in SGBV-related work, it is important they critically engage with their own values, beliefs, attitudes, and actions.

→ **Emphasize the link between personal beliefs and UNHCR's protection mandate**

It can be difficult to reconcile personal beliefs with professional obligations and to recognize one's own biases while carrying out these professional obligations. Explain to participants that this training is meant to support them with that challenge and help them understand the topic of SGBV from a human rights perspective so that they can help prevent and respond to SGBV, a core component of UNHCR's protection mandate.

WHICH OTHER TOPICS MAY BE OF INTEREST TO YOU?

You will note that some key topics related to SGBV are not included in this training guide. The 18 topics that are covered were selected based on UNHCR priorities as well as the availability of existing training material. We found that on certain SGBV-related topics, training materials of very similar nature (in terms of methods) are available, eliminating the need to develop new material. Below you can find references to training materials on a range of key topics not included in this training guide:

Basic communication and engagement with survivors of SGBV (including by healthcare providers)	
Caring for Survivors of Sexual Violence in Emergencies Training Guide (IASC Gender Sub-Working Group and GBV Area of Responsibility, 2010). Available at: http://goo.gl/gnwnh5	A six-day training aimed at assisting professionals who come into direct contact with survivors of sexual violence. Day 2 and 3 in particular focus on survivor-centred communication skills and related topics such as case referral systems. Day 5 and 6 focus on medical support, addressing topics such as conducting a survivor-centred sexual assault exam, treating the consequences of sexual violence and collecting and documenting information to be used for legal justice processes.
Clinical care for sexual assault survivors (IRC, 2008). & **Clinical care for sexual assault survivors – psychosocial toolkit** (IRC, 2014). Available at: http://goo.gl/xFzuQe	This three-day training is intended for both clinical care providers and non-clinical health facility staff. It is divided into five sections: 1) What Every Clinic Worker Needs to Know 2) Responsibilities of Non-Medical Staff 3) Direct Patient Care 4) Preparing Your Clinic 5) Forensic Examination The *psychosocial toolkit* is aimed at helping health care providers develop the skills to confidently and competently respond to the psychosocial needs of sexual assault survivors when they seek treatment in a healthcare facility. Topic 3 focuses on survivor centred communication skills (duration of this topic is three and a half hours).
Case management (Global Protection Cluster, Child Protection, 2014). Available at: http://goo.gl/gIyzvA	In this eight-day training caseworkers gain knowledge and skills to manage child protection cases according to guidelines. The training addresses a range of topics related to case management which are relevant to supporting survivors of SGBV too, including case-management steps, communication skills and self-care.

Mental health and psychosocial support	
Mental health and gender-based violence. Helping survivors of sexual violence in conflict – a training manual (Health and Human Rights Info, 2014). Available at: http://hhri-gbv-manual.org/	This three-day training focuses on the immediate and longer-term effects of SGBV on mental health, and how to use this knowledge when engaging with survivors of SGBV. This training has been developed for use in situations where helpers have limited or no access to specialised health services.
Psychological First Aid (World Health Organization, War Trauma Foundation and World Vision) Available at: http://goo.gl/AX3RDp	A four-hour training session for orienting field workers on supporting persons recently affected by very stressful events. This Psychological First Aid training is suitable for staff of humanitarian organizations, volunteers, health workers, teachers, community, members, local government officials and others.
LGBTI	
Training package on the protection of LGBTI persons in forced displacement (UNHCR and IOM, 2015). Available at: http://goo.gl/AeD8Xl	A comprehensive training package on the protection of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) persons in forced displacement. It covers a wide variety of topics, including terminology, international law, communication and protection issues, including SGBV. The package includes a facilitation guide for a multi-day training, as well as a three-hour session on protection issues.
Protection from Sexual Exploitation and Abuse (PSEA)	
Inter-Agency Training for Focal Points on Protection from Sexual Exploitation and Abuse (UNHCR, 2016). Available at: https://goo.gl/3OJJrw	As part of the Ethics and Training Resource Kit, the Facilitators' Training Manual on Protection from Sexual Exploitation and Abuse (PSEA) aims to guide facilitators in conducting a training session on PSEA of persons concern by UNHCR personnel. A sample PowerPoint to accompany the session is available from the Ethics Office. The UNHCR Ethics Office can be reached at ethcisoffice@unhcr.org
SGBV and Livelihoods	
Training on Protection in Cash-Based Interventions. Building capacity to maximize benefits and minimize risks (Women's Refugee Commission and UNHCR, 2015). Available at: https://goo.gl/TP0UUD	This one-day training guide is aimed at program managers and technical experts across all areas or sectors of humanitarian response, and focuses on maximizing benefits of cash-based interventions and minimizing the protection risks associated with this intervention, including those related to SGBV.
VSLA Facilitator's Guide https://goo.gl/Eo1jlr	The VSLA facilitator's guide provides a step-by-step guide for facilitating Village Savings and Loans Associations (VSLA) training with self-selected groups. It includes the initial work planning, strategies for mobilizing communities and establishing groups, and training steps to help build groups' capacity to function independently. It is not intended as a guide for training of trainers (TOT).

Advocacy	
GBV Emergency Response and Preparedness in Emergencies: Participant handbook, 'Module 5: Advocating in emergencies' pg. 94-103 (IRC, 2011). Available at: http://goo.gl/gMJUYR	This training session provides guidance on advocating in emergencies and handling relationships with the media. Participants learn how to advocate effectively and quickly in emergencies, and how to leverage resources and support.
Coordination	
Coordination of Multi-Sectoral Response to GBV in Humanitarian Settings (UNFPA and ICRH, forthcoming). For more information contact Erin Kenny and Fabrizia Falcione: ekenny@unfpa.org falcione@unfpa.org	Designed to train field-based SGBV programme managers and related practitioners to coordinate multi-sectoral interventions to address SGBV in humanitarian settings. Objectives are to improve knowledge, understanding and communication skills to effectively prevent and respond to SGBV and to build technical capacity in the coordination of a multi-sectoral response to SGBV.

The development of this training package was made possible through the generous support of the American people through the **Bureau of Population, Migration and Refugees (BPRM) of the United States Department of State** as part of the *Safe from the Start* project. The content does not necessarily reflect the views of BPRM or the United States.

MODULE 1
Introduction to SGBV in Displacement Settings

MODULE OUTLINE

Session 1	Scope of the problem	50 minutes	1
Session 2	Gender, sex, gender norms and power	60 minutes	2
Session 3	Defining SGBV	1 hour and 20 minutes	3
Session 4	Human rights and the legal framework	1 hour and 20 minutes	4
Session 5	SGBV during the life-cycle and during phases of displacement	60 minutes	5

TIMING:

6 hours. If participants are new to the topic, a full day is appropriate.

SUMMARY

During this training session, participants will consider the scope of SGBV and review key concepts and terminology. They will use the definition of SGBV to analyse case-examples and determine whether SGBV occurred.

Participants will examine the human rights and legal framework related to SGBV. They will also explore the risks of SGBV that arise during the different stages of life, as well as different phases of displacement.

LEARNING OBJECTIVES

By the end of this module participants should be able to:

- ✓ Explain why SGBV occurs globally and why under-reporting is prevalent.
- ✓ Explain core concepts of SGBV such as gender and sex, consent, gender norms, power relationships, violence, threats of violence and coercion.
- ✓ Explain the root cause of SGBV as well as contributing factors.
- ✓ List four forms of violence: sexual, physical, psychological and denial of resources/access to services; and give examples.
- ✓ Use the definition of SGBV to analyse case-examples and determine whether SGBV occurred.
- ✓ Explain why SGBV constitutes a severe human rights violation and give examples.
- ✓ Describe the legal framework underpinning protection against SGBV.
- ✓ Identify types of SGBV that are most likely to occur during various stages in life.
- ✓ Identify types of SGBV that are common during various phases of displacement.

KEY MESSAGES

- → Sexual and gender-based violence is a serious, life-threatening, global problem affecting women, girls, boys and men.
- → SGBV is under-reported in all contexts.
- → Gender norms shape the power relationships between men and women. Gender norms are socially constructed and can change.
- → Gender norms and unequal power relationships is the root cause of SGBV.
- → SGBV is an abuse of unequal power relationships. Power is directly linked to choice, so persons with little power have fewer choices and are more vulnerable to abuse.
- → SGBV occurs against a person's will. An act is not consensual when obtained through violence or coercion. Coercion may include a threat to withhold a benefit, or a promise to provide a benefit.
- → Violence can be physical, psychological/emotional and sexual in nature. It can also take the form of a denial of resources or access to services.
- → Acts of SGBV violate human rights enshrined in international human rights instruments.
- → SGBV prevention and response is part of UNHCR's protection mandate.
- → SGBV can occur throughout an individual's life from infancy to old age.
- → Acts of SGBV can occur in both the public and private spheres. Most acts of SGBV are perpetrated by someone known to the survivor. This can include people in authority, including humanitarian workers.
- → Acts of SGBV can occur during each phase of displacement and may also be a trigger for displacement.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, projector/laptop, markers, post-its, pens, scotch tape or blue tack

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Gender Roles
- Activity Sheet 2: The Root Cause of SGBV *(Only the facilitator will require a copy)*
- Activity Sheet 3: Applying the Definition of SGBV
- Activity Sheet 4: Case Study
- Activity Sheet 5: SGBV During the Phases of Displacement

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: The Scope of SGBV
- Hand-out 2: Key Concepts
- Hand-out 3: Forms of SGBV
- Hand-out 4: The Definition of SGBV Applied
- Hand-out 5: Your Human Rights and the Laws That Protect Them
- Hand-out 6: The International Legal Framework and SGBV
- Hand-out 7: SGBV: A Developing Area of Work *(5 copies for the activity and 1 copy for each participant)*
- Hand-out 8: SGBV during the Life Stages and during the Phases of Displacement

OTHER:

- Research statistics on SGBV in participants' country of operation
- Prepare "Agree" and "Disagree" signs to post on the wall
- Photocopy and cut out the Rights Cards of Activity Sheet 2, so that each participant will have one set of four cards. Prepare four pieces of tape per participant. Cut out square shaped cards for half of the participants and circle shaped cards for the other half.
- For each participant an "S" card and a "G" card, ¼A4 size
- Identify national and regional laws governing SGBV relevant to participants' operation.

UNHCR READING MATERIALS AND RESOURCES

- → *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response*, 2003.
- → *Action against Sexual and Gender-Based Violence: An Updated Strategy*, 2011.
- → *Introduction to International Protection. Protecting Persons of Concern to UNHCR*, 2005.

UNHCR NEED TO KNOW GUIDANCE SERIES:

- → *Working with Persons with Disabilities in Forced Displacement*, 2011.
- → *Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement*, 2011.
- → *Working with Older Persons in Forced Displacement*, 2013.
- → *Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement*, 2012.
- → *Working with National or Ethnic, Religious, and Linguistic Minorities and Indigenous Peoples in Forced Displacement*, 2011.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 1: Introduction to SGBV has been produced for educational purposes only to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

- → *Caring for Survivors of Sexual Violence in Emergencies, Training Guide*, Inter-Agency Standing Committee, 2010.
- → *Interagency & Multisectoral Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict, Training Manual*, JSI Research & Training Institute/RHRC Consortium, 2004.
- → *Women, Girls, Boys and Men: Different Needs – Equal Opportunities*, IASC, 2006.
- → *Rethinking Domestic Violence: A Training Process for Community Activists*, Raising Voices, 1994.
- → *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit*, The International Rescue Committee, 2014.
- → *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience*, and Aiding Recovery, IASC, 2015.
- → *The OXFAM Gender Training Manual, Williams, Suzanne*; Seed, Janet; and Mwau, Adelina, 1994.
- → *Managing Gender-Based Violence Programmes in Emergencies, E-learning Companion Guide*, United Nations Population Fund, 2012.
- → *Handbook for the Protection of Internally Displaced Persons*, Global Protection Cluster, 2010.
- → *SASA! An Activist Kit for Preventing Violence against Women and HIV*, Raising Voices, 2009.

SESSION 1: Scope of the Problem

50 minutes

LEARNING OBJECTIVES

✓ Explain why SGBV occurs globally and why under-reporting is prevalent.

KEY MESSAGES

→ Sexual and gender-based violence is a serious, life-threatening, global problem affecting women, girls, boys and men.

→ SGBV is under-reported in all contexts.

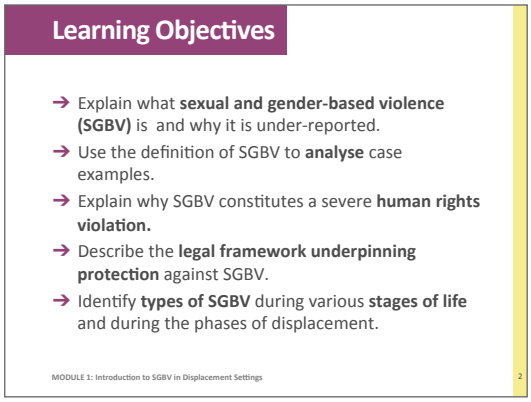
PREPARATION

- Hand-out 1: The Scope of SGBV.
- Research statistics on SGBV in participants' country of operation.
- Prepare "Agree"/"Disagree" signs to post on the wall.

Scope of the problem

GROUP ACTIVITY AND DISCUSSION (20 MINUTES)

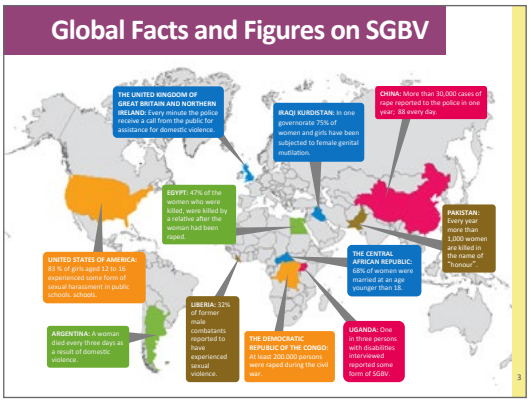
1. Using the Notes to the facilitator below, explain the purpose of this training session.



NOTES TO THE FACILITATOR:

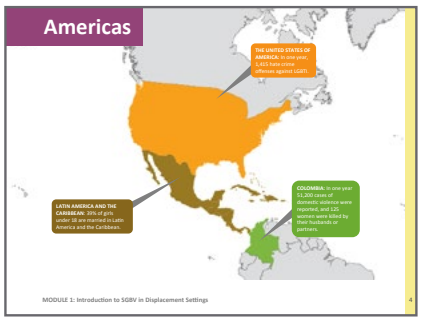
At the end of this training participants should be able to:

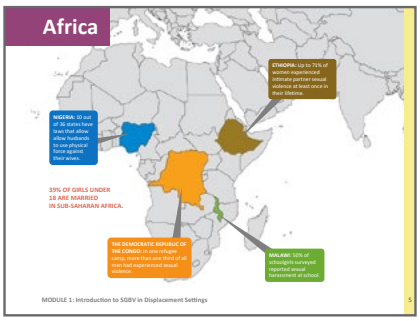
- *Explain what SGBV means and why it is under-reported*
- *Use the definition of SGBV to analyse case-examples*
- *Explain why SGBV constitutes a severe human rights violation and give examples*
- *Describe the legal framework underpinning protection against SGBV*
- *Identify types of SGBV that are most likely to occur during various stages in life and during various phases of displacement*

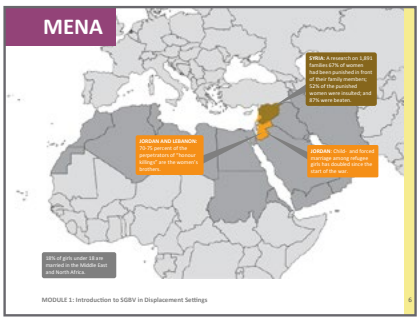


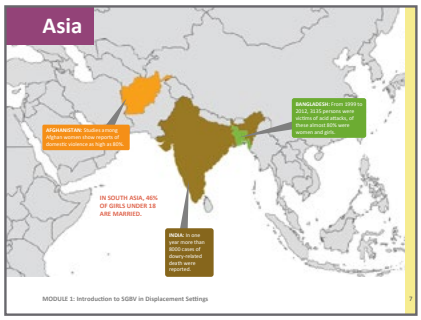
2. Display the map of the world. Distribute Hand-out 1: The Scope of SGBV, to the participants. Ask volunteers to read aloud the first set of 10 statements (statistics from around the world). While participants read aloud the statements, click the power point presentation for the statistics to appear one by one on the map of the world. (Note that slides are animated; statistics appear one by one on screen only if the slide-show function is used).

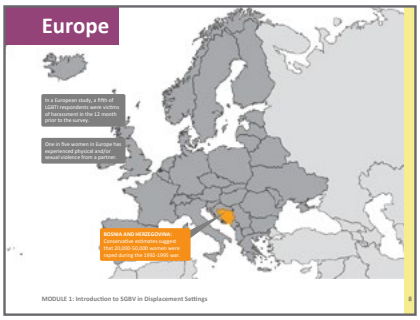
3. Continue this exercise by reading the statistics relevant to the regions of the world where the participants work. Again, display the accompanying presentation slide and click the arrow buttons for the statistics to appear.











4. Present available statistics on SGBV in the country of origin for persons of concern and/or the countries of operation of the participants. *Note: This requires doing some research prior to the training!*

5. Ask participants if they believe these figures present a realistic image of the scope of SGBV and then ask: *"Why do you thinks SGBV is under-reported?"* Facilitate a short brainstorm and write down the suggestions on the flip chart. Make sure the points below are covered.

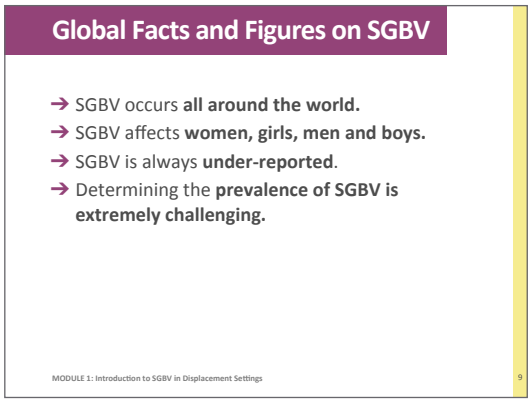
NOTES TO THE FACILITATOR:

Reasons for under-reporting

- *Personal safety or security of the survivors and their families, who risk retribution by the perpetrator or community members*
- *Stigmatization of survivors*
- *Lack of services*
- *Lack of reporting mechanism*
- *Cultural norms that condone some types of violence*
- *Taboos around certain forms of violence. For example, SGBV against men or against older persons may be reported even less.*

---

6. Using the Notes to the facilitator, emphasize the key points.



NOTES TO THE FACILITATOR:

Key Points: The Scope of SGBV

- ***SGBV is a serious global problem.*** *It does not only occur in conflict-affected situations. Some types of SGBV occur more frequently in some cultures or regions of the world.*
- ***SGBV affects women, girls, boys and men.*** *The majority of the data currently available on SGBV refers to women and girls, who represent the largest group affected. However the lack of data on the incidence of SGBV perpetrated against men and boys does not mean that they do not suffer SGBV, but rather that coming forward is problematic, or that data collected is not disaggregated by sex.*
- ***SGBV is always under-reported.*** *The number of individuals who report experiencing or surviving SGBV is likely much lower than the true number of SGBV cases.*
- *Determining the* ***prevalence of SGBV is extremely challenging.***

Beliefs about SGBV

GROUP ACTIVITY (30 MINUTES)

7. Select two corners of the room. On one side put a sign that says, "Agree" and on the opposite put a sign that says, "Disagree". Tell the participants that you will read aloud a few statements and that after deciding whether they agree or disagree with the statements, they should move to the corresponding end of the room, or stand somewhere in the middle if they are not sure. Participants can choose to stand anywhere on the imaginary line between the two opposites if they are not sure. Remind the participants that everyone has a right to their own opinion.

   Note: There will not be enough time to do all statements; please select those most relevant to the participants.

8. After each statement, ask one or two persons to explain their opinions about the statement. Ask a few others to respond and allow short discussion to take place. At the end of the discussion, ask if anyone wants to change their mind and move to another point on the imaginary line. Then bring everyone back together and read the next statement. Repeat this for each of the statements.

   Statements:

   1. A man should not show emotions.
   2. In conflict situations, violence against women is unavoidable.
   3. Sexual violence against men and boys is a taboo in our culture.
   4. Sexual intercourse is a man's right in marriage.
   5. A woman should tolerate violence in order to keep her family together.
   6. There are times when a woman deserves to be beaten.
   7. Children are too young and inexperienced to consent to decisions about marriage.
   8. Only a man who is gay would rape another man.
   9. No one would rape an old woman.
   10. Sometimes it is best for young girls to be married rather than stay at home or be chased by boys.

9. Emphasize that everyone has their own beliefs about the rights and roles of women and men. These beliefs come from our cultural, family and social backgrounds. While it is important to respect an individual's beliefs, we must also challenge those that might justify, support or condone violence. As we engage in SGBV related work, it is equally important to challenge our own values and beliefs. Indeed, thinking about different forms of SGBV in a professional context can be new and challenging. It can also be difficult to reconcile personal beliefs with professional obligations and to recognize our own biases while we carry out our professional obligations. This training is meant to support participants with that challenge and help them understand the topic of SGBV from a human rights perspective so that they can help prevent and respond to SGBV, a core component of UNHCR's protection mandate.

10. Point out that Module 3: Preventing SGBV will further explore norms and beliefs – the "root cause" – that support SGBV.

SESSION 2: Gender, Sex, Gender Norms and Power

80 minutes

LEARNING OBJECTIVES

- ✓ Explain the concepts of sex and gender, how gender affects power relationships between persons.
- ✓ Explain the root cause of SGBV as well as contributing factors.

KEY MESSAGES

- → Gender norms shape the power relationships between men and women. Gender norms are socially constructed and can change.
- → Gender norms and unequal power relationships are the root cause of SGBV.
- → SGBV is an abuse of unequal power relationships. Power is directly linked to choice, so persons with little power have fewer choices and are more vulnerable to abuse.

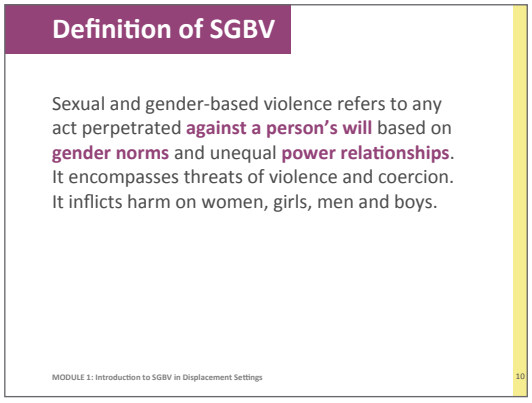
PREPARATION

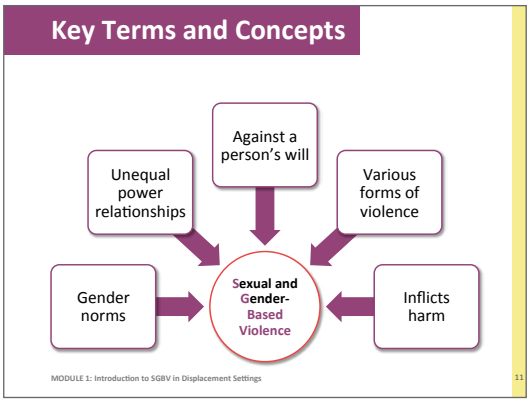
- Activity Sheet 1: Gender Roles (optional)
- Activity Sheet 2: The Root Cause of SGBV. For each participant, prepare an "S" card and a "G" card (1/4 A4 size). Photocopy and cut out the rights cards so that each participant will have one set of four cards. Prepare four pieces of tape per participant. Cut out square shaped cards for half of the participants and circle shaped cards for the other half.

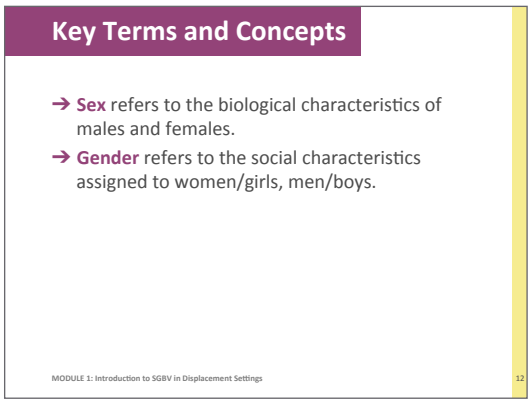
Gender

PRESENTATION, GROUP ACTIVITY AND DISCUSSION (20 MINUTES)

1. Ask the participants if anyone can define sexual and gender-based violence.
2. Display the definition of SGBV.







3. Point out that this definition contains several complex terms, which the training will explore further.

NOTES TO THE FACILITATOR:

Definition of SGBV

*Sexual and gender-based **violence** refers to any act perpetrated **against a person's will based on gender norms** and **unequal power relationships**. It encompasses threats of violence and coercion. It inflicts harm on women, girls, men and boys.*

4. Highlight that the term "gender" is often confused with "sex", but they are different concepts. If necessary, briefly explain difference between sex and gender using the notes to the facilitator.

NOTES TO THE FACILITATOR:

Sex versus Gender

*Sex is what we are **born with**; it describes the physical and biological difference between males and females. Gender is what society and culture teaches us about how we should behave based on our sex. Gender is concerned with what it means to be a boy or girl, woman or man, in a particular society or culture. Gender determines the roles, responsibilities, privileges, expectations and limitations of males and females in each culture. It includes the way men view themselves as men, and the way men view women as women. Similarly, it is the way women see themselves as women, and the way women see men as men.*

These perceptions and beliefs are influenced by social factors, such as history, tradition, religion and social norms.

Gender applies to both males and females and is a neutral term, neither right nor wrong.

5. Ask participants how the words "gender" and "sex" translate in their mother tongues and if there are distinct words for gender and sex in the language used by refugees in their operations.

6. Activity (adapted from Vann, 2004): Give each participant two cards prepared beforehand; one with a letter "G" on it (for gender) and one with the letter "S" (for sex). Explain that you will read aloud a few statements. At the end of each statement participants should either raise the G card if they think the statement refers to gender or the S card if they think the statement refers to sex. For each statement ask a volunteer to explain their choice.
   - → Because of this, boys' and girls' bodies develop differently.
   - → Because of this, women can breastfeed babies.
   - → Because of this, men in Ancient Egypt stayed at home and did weaving while women handled the family business.
   - → Because of this, men often feel less comfortable to express their emotions.
   - → Because of this, refugee girls are less often enrolled in secondary school than boys.
   - → Because of this, the majority of nurses are female.
   - → Because of this, the majority of police officers are men.

   Note: Instead of nurse or police officer, please choose any occupational examples applicable in participants' countries of operation.

7. Recap by saying that, although certain characteristics of women and men are partly innate, our roles as women/men are socially influenced (gender).

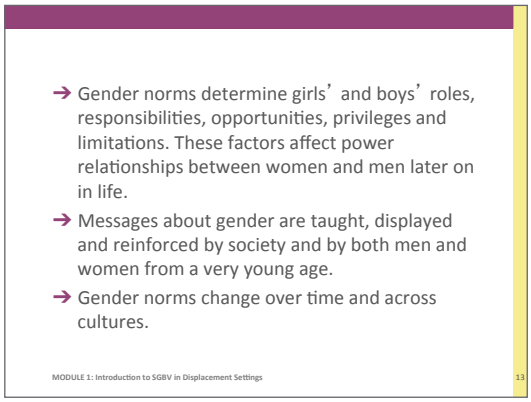
8. Highlight that the training will now move on to the question of how gender norms affect our opportunities in life.

Gender: a social construct

OPTIONAL GROUP ACTIVITY (25 MINUTES)

9. Conduct this optional activity for participants who are not yet familiar with the concept of gender. Divide participants into groups of five persons, and ask the groups to discuss for 20 minutes the questions listed in Activity Sheet 1: Gender Roles.

10. Ask the group for any notable observations that they would like to share. How can we summarize the key points of the discussion? See Notes to the facilitator.



NOTES TO THE FACILITATOR:

Key Points: Gender

Gender norms determine girls' and boys' roles, responsibilities, opportunities, privileges and limitations. These factors affect power relationships between women and men later on in life.

Messages about gender are taught, displayed and reinforced by society and by both men and women from a very young age.

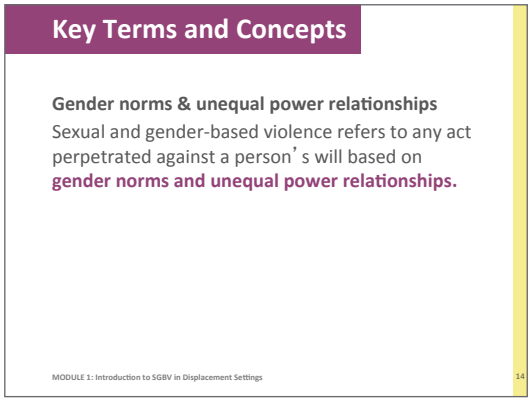
Gender norms change over time and across cultures. As gender norms are not fixed, these norms can also be changed by a society, a community, a family or an individual.

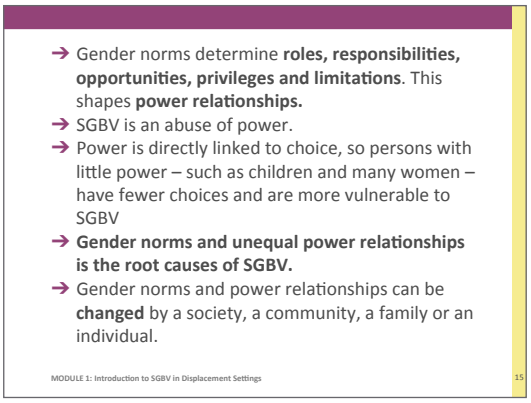
Root cause of SGBV

GROUP ACTIVITY AND DISCUSSION (40 MINUTES)

11. Follow the instructions on Activity Sheet 2: The Root Cause of SGBV. This activity reinforces awareness about gender norms and unequal power relations and their link to SGBV.

12. Reemphasize that deeply rooted gender norms and unequal power relationships are considered the root cause of sexual and gender-based. Or, as the definition of SGBV indicates, SGBV is **based on gender norms and unequal power relationships**. Mention that this session will explore this notion.





13. Highlight the key points of this session using the Notes to the facilitator.

NOTES TO THE FACILITATOR:

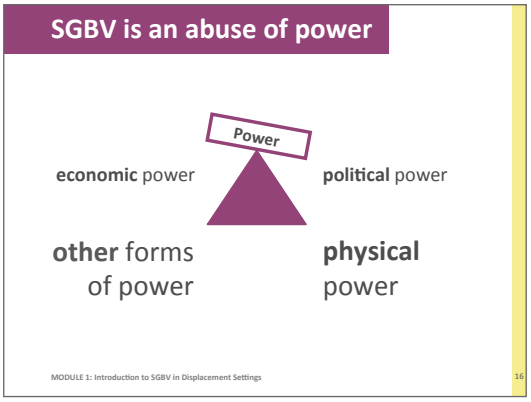
Gender norms and unequal power relationships

Gender norms determine roles, responsibilities, opportunities, privileges and limitations. This shapes power relationships. Deeply rooted gender norms and unequal power relationships is considered the ***root cause of SGBV****.*

SGBV is an abuse of power. Although power can be used for good purposes, and not all those who have power abuse it, power can *be used to dominate, to marginalize, to force other persons to act against their will and to impose restrictions in others people's lives.*

Power is directly linked to choice, so persons with little power – such as children and many women – have fewer choices and are more vulnerable to SGBV.

Although women and men have the same human rights, gender norms usually impose restrictions on women and girls in particular, who develop/are given low expectations of their rights.



14. Explain that when we refer to an abuse of power, we mean different things: abuse of physical power, economic power and political power; or an abuse of the *lack of power* of others.

15. Ask participants the following questions:

"Are men and boys also restricted by rigid gender norms?"

"Is SGBV affecting men and boys also caused by gender norms and unequal power relationships?"

NOTES TO THE FACILITATOR:

Are men and boys also restricted by rigid gender norms?

Yes, because gender encompasses ***both*** *male and female attributes. Rigid gender norms around masculinity – or what it means to be a man – can negatively affect men and boys. For example:*

- *Normative codes for men generally dictate that they control their emotions, provide financially for their family, deal with problems without asking for help (a perceived sign of weakness), and to be dominant. (Telling someone to be a real man, or asking, who wears the pants in that relationship? refer to ascribed male dominance.) Such rigid gender norms can have negative consequences for men and boys, especially when they cannot or do not want to conform to these norms. Stress, frustration, anger, and even violence may result, which can negatively affect families and communities.*
- *Men who have sex with men (MSM) or who identify as gay often face virulent discrimination because they do not conform to conventional or traditional notions of male gender roles. Such discrimination also applies to persons who identify as lesbian, bisexual, transgender, or intersex.*

Is SGBV against men and boys also caused by gender norms and unequal power relationships?

Yes, because ***gender norms and unequal power relationships*** *is the root cause of SGBV against women, girls, boys and men. For example:*

- *Sexual abuse of a boy by a religious leader, teacher, or caretaker in an institution is an abuse of an unequal power relationship. There is also an element of gender in this type of abuse perpetrated against boys: Society often dictates specific roles for one gender over the other, for example, some religious ceremonies assign a role only for boys. Male religious leaders who sexually harm children in such circumstances abuse them because they are boys, that is, because of boys' role in society, which gives their abusers easy access to them. Similarly, in some cultures pre-pubescent and adolescent boys are sold to wealthy men for domestic work, dancing, and other entertainment (a euphemism for sexual slavery). Here, cultural norms permit male community leaders access to young boys, who are targeted because of their gender.*
- *Conflict-related sexual violence is often intended to destroy men's masculine identity, and thus based on gender norms. Note that the concept of masculinity, and how it relates to SGBV, is further explored in Module 4: Engaging Men and Boys in SGBV Prevention Work and Module 8: Working with Men and Boy Survivors of SGBV.*
- *Also consider a range of coming-of-age ceremonies where young boys are subjected to acts of violence perpetrated against them in order to prove they are strong and capable of being real men when they grow up. This is clearly based on gender norms..*

---

16. Emphasize that as gender is a concept that is learned, gender and gender inequality can also be changed by society, a community or by individual.

Factors contributing to SGBV[1]

GROUP ACTIVITY (30 MINUTES)

17. Refer back to the previous activity (Activity Sheet 2). Explain that if the power imbalance between circles and squares had not existed, then circles would never have been allowed to take rights away from squares. Therefore, the unequal power relationship was the cause of squares' loss of status. Most societies give men power over women, just like the circles had over the squares.

18. Ask participants: *Does this mean that if the unequal gender norms and power relationships did not exist, would SGBV cease to exist as well?* Collect a variety of responses, without agreeing or disagreeing with participants. Just ask participants what they think. Do not record their responses.

19. Explain: There are many other factors that also seem related to SGBV, for example:
    - ✓ Forced displacement
    - ✓ Poverty
    - ✓ Cultural practices
    - ✓ Religion
    - ✓ Conflict/war

[1] Text and activity adapted from: "SASA! Understanding Power Imbalances (Session 2.1)", in: *An Activist Kit for Preventing Violence against Women and HIV*, Raising Voices, 2009

20. Ask participants to divide into five groups. Each group will be given one of the five topics above. Each group will have 5 minutes to determine if the factor assigned to them is the cause of SGBV; have them explain their reasoning: why their factor is or is not *the cause* of SGBV. After 5 minutes each group will be given exactly 1 minute to present their reasons.

21. After all the presentations, summarize as follows drawing on examples from each presentation:
    - ✓ Though these issues do not cause SGBV, they are contributing factors.
    - ✓ These factors provide a fertile environment for power imbalances to be abused.

SESSION 3: Defining SGBV

1 hour 20 minutes

LEARNING OBJECTIVES

- ✓ Explain the concepts of consent, violence, threats of violence and coercion.
- ✓ List four forms of violence: sexual, physical, psychological, and denial of resources/access to services; and give examples.
- ✓ Use the definition of SGBV to analyse case-examples and determine whether SGBV occurred.

KEY MESSAGES

- → SGBV is an abuse of unequal power relationships. Power is directly linked to choice, so persons with little power have fewer choices and are more vulnerable to abuse.
- → SGBV occurs against a person's will. An act is not consensual when obtained through violence or coercion. Coercion may include a threat to withhold a benefit or a promise to provide a benefit.
- → Violence can be physical, psychological/emotional and sexual in nature. It can also take the form of a denial of resources or access to services.

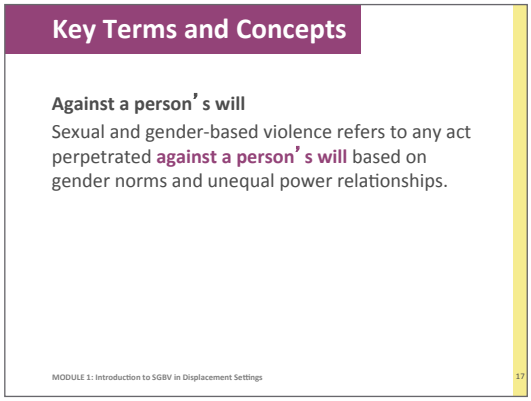
PREPARATION

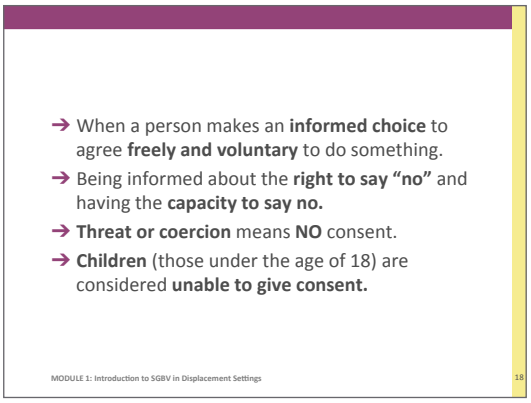
- Activity Sheet 3: Applying the Definition of SGBV
- Hand-out 2: Key Concepts
- Hand-out 3: Forms of SGBV
- Hand-out 4: The Definition of SGBV Applied

Against a person's will

DISCUSSION AND OPTIONAL VIDEO (10 MINUTES)

1. Point out the next concept: By definition, SGBV occurs **against a person's will** or **without consent**. Show the slide "Against a Person's Will" and explain the concept using the Notes to the facilitator.





2. Ask participants if they can think of examples of SGBV in which threats of violence or coercion occur. Then show the slide and make sure all key points are understood.

3. This animated video explores consent through an analogy of serving someone tea. Please note that this video focuses on consensual sex and may not apply to all forms of SGBV. Please watch the video prior to the session in order to determine whether or not it would be useful for your particular training.

   https://www.youtube.com/watch?v=fGoWLWS4-kU

4. Distribute Handout 2: Key Concepts

NOTES TO THE FACILITATOR:

Consent

When someone gives consent, that person is able to and makes an informed choice and agrees freely and voluntarily to do something. It is also important to note that consent can also be withdrawn. By definition, SGBV occurs without such consent, in other words it happens against a person's will.

*Lack of consent is often associated with a perpetrator who uses physical force to compel a victim to submit. But even the **threat of violence** can undermine a person's ability to give voluntary consent. Likewise, using intimidation, deception, manipulation and the promise to provide a benefit to obtain compliance are all types of **coercion** that prevent someone from making informed choices and giving genuine consent.*

Threats and Coercion

Threats include threatening to hurt someone physically or threatening to withhold a benefit. For example:

- *An employer threatening that an employee will lose her job if she does meet his demand for sexual favours.*
- *A child molester threatening to tell his victim's parents something damaging if he does not comply with demands.*
- *A caregiver threatening to withhold food and basic supplies from an older person in the family unless he gives up other resources.*

Examples of Coercion:

- *A humanitarian worker promising to provide a displaced woman extra food vouchers or access to resettlement if she has sex with him.*
- *A teacher offering to help a young boy pay school fees if he accepts his demand for sexual favours.*

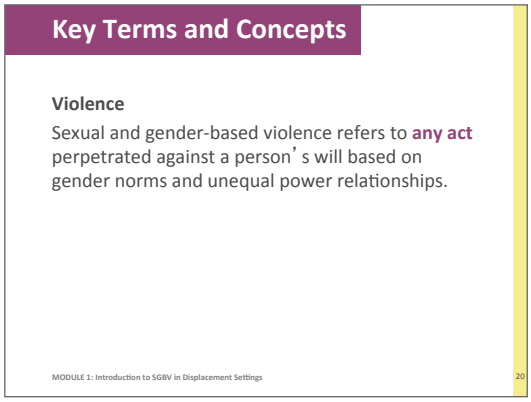
All these are examples of abuses of power.

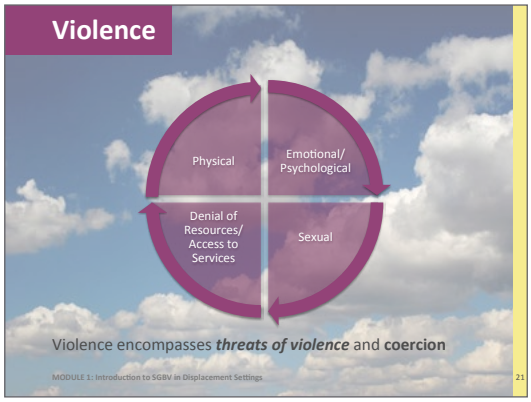
Consent also means that the person who is making the decision understands the consequences of that choice, and freely chooses to accept those consequences. Therefore, informed consent also means being informed about the right to say "No" and having the capacity to say no. For example, a student who is abused by a teacher may not be aware they have the right to say no. Or a person with hearing and speaking impairments may not be able to communicate easily their non-consent. Or an older person dependent on others for their basic needs may not understand that they are entitled to resources in their own right. ***Those under 18 are considered unable to give consent as they are often too young to fully understand the consequences of their choices.***

Violence

GROUP ACTIVITY (15 MINUTES)

5. Show the next slide and say that the discussion will now move on to **violence**. Violence takes many forms, or a combination of forms. Violence can be physical, emotional, psychological or sexual in nature. It can also take the form of a denial of resources or access to services. Violence encompasses threats of violence and coercion.





6. Divide the participants into four groups and assign each group one form of violence to discuss. The groups should write down on flip charts as many types or examples of SGBV as they can think of within 5 minutes. For examples, see the table below. Please note that these lists are not exhaustive.

7. Have the groups display their flip charts and ask participants to walk around and review the different lists. Guide this gallery walk by asking questions, such as:

   "*What do you notice?*"

   "*Is there anything missing?*"

   "*Is anything unclear?*"

Physical	**Sexual**
So-called honour related crimes (killing, maiming) Physical assault (beating, biting, burning, kicking) Using instruments to cause harm Slavery Infanticide/femicide Confinement Punishments for defying cultural norms Female Genital Mutilation/cutting	Rape, marital rape, attempted rape Child sexual abuse Online sexual abuse Sexual violence as a weapon of war or torture Genital mutilation Sexual harassment Sexual assault Sexual exploitation (for example at the workplace or school) Trafficking Commercial sexual exploitation Sexual violence based on sexual orientation
Emotional/Psychological	**Denial of access to resources and services**
Verbal abuse Confinement Forced marriage and child marriage Social exclusion based on sexual orientation or gender identity Humiliation Manipulation	Denying girls their right to education Depriving women of inheritance, property or landownership Giving boys/men preferential access to food or services Depriving women of the right to pass on nationality

8. Emphasize that the forms of violence overlap. Many acts of SGBV are a combination of different forms of violence and cannot be strictly assigned to one category. For example, FGM/C can be defined as both physical and sexual violence.

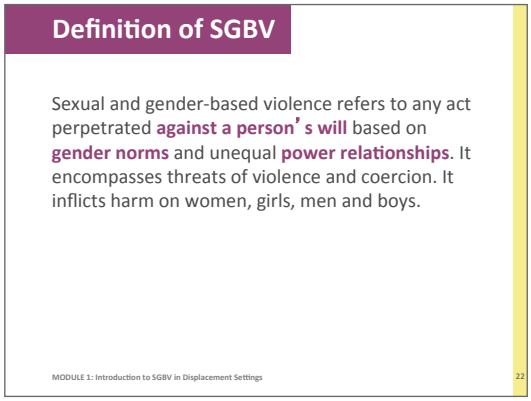
9. Distribute Hand-out 3: Forms of SGBV.

Applying the definition of SGBV

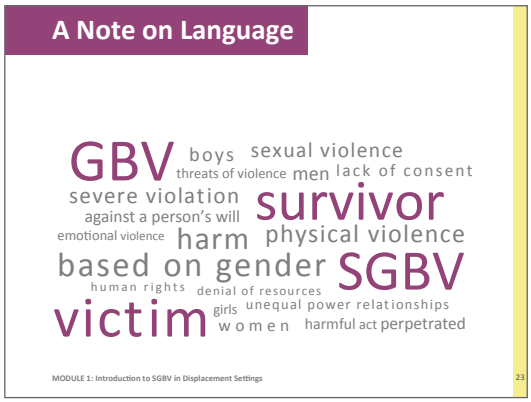
WORKGROUP ACTIVITY AND DISCUSSION (45 MINUTES)

10. Point out that all concepts of the definition of SGBV have now been explored. We will now apply our understanding of these concepts by analyzing some case-studies.

11. Display the complete definition of SGBV.



12. Ask participants if they use the term "SGBV" or "GBV". Using the Notes to the facilitator, explain why UNHCR uses the term "SGBV".



NOTES TO THE FACILITATOR:

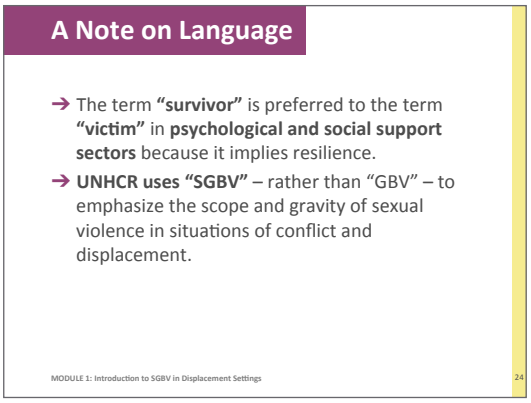
SGBV, GBV or Violence Against Women (VAW)?

UNHCR uses the term "SGBV" rather than "GBV" to emphasize the scope and gravity of sexual violence in situations of conflict and displacement. It should be noted, however, that other organizations use the term "gender-based violence", or "GBV", to refer to the same issue, for example at the interagency level or in IDP cluster settings. UNHCR has also opted for SGBV over "Violence Against Women" to encourage a more inclusive approach that does not focus exclusively on women and girls

Regardless of UNHCR's role in a given context (lead SGBV coordinating agency in refugee operations, Protection Cluster lead, or member of GBV sub-cluster led by UNICEF/UNFPA), it is essential from the very beginning to work with partners to develop a common understanding of the issue. This does not mean that all actors should adopt one terminology but that all parties should understand the different perspectives and approaches each actor brings to the table.

13. Divide participants into four groups and distribute Activity Sheet 3: Applying the Definition of SBGV. Assign each group one of the four case studies. Groups have 20 minutes to answer the questions on the activity sheet and prepare 5-minute presentations.

14. Use Hand-out 4: Applying the Definition of SGBV to guide the discussion after the presentations. At the end of this session, distribute the Hand-out to participants.



Terminology

DISCUSSION (10 MINUTES)

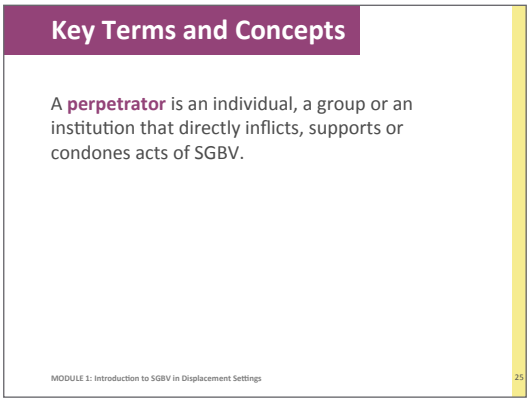
15. Ask someone to explain the terms "survivor" and "victim". Use the Notes to the facilitator below. Then show the slide.

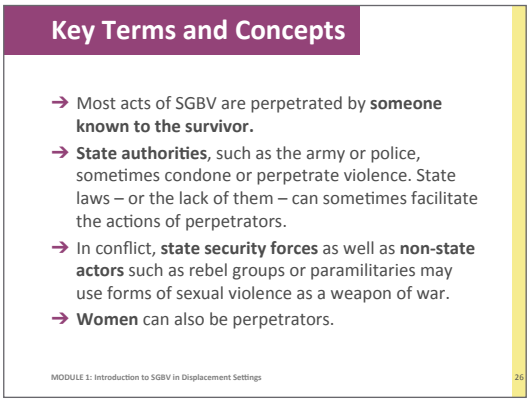
NOTES TO THE FACILITATOR:

Survivor or victim?

The terms "victim" and "survivor" refer to the person subjected to violence. The term "victim" is usually used in the legal fields. Early programmes to address sexual violence in conflict and displacement used this term. Today "survivor" is more commonly used and is preferred to "victim" in psychological and social support sectors because it implies resilience.

16. Facilitate a short discussion on the use of these terms in the participants' operations: How is "survivor" translated in participants' languages? And in the languages used by persons of concern? Does it make sense or does it lose the connotation of resilience? Which term would persons subjected to SGBV in participants' operations prefer?





17. Ask participants a few probing questions about perpetrators. Who are perpetrators? Does one need to directly subject someone to SGBV to be considered a perpetrator? Can women be perpetrators? Use the Notes to the facilitator to guide a short discussion. Then show the slides.

NOTES TO THE FACILITATOR:

Perpetrators

A perpetrator is an individual, a group or an institution that directly inflicts, supports or condones acts of SGBV. Potential perpetrators can be intimate partners, family members, close relatives and friends, influential community members who are in positions of authority, security forces and soldiers including peacekeepers, humanitarian workers, institutions, as well as persons or entities who are unknown to the survivor.

Most acts of SGBV are perpetrated by someone known to the survivor.

Anyone can perpetrate SGBV, but perpetrators are primarily men, who often use violence to assert or maintain their privileges, power and control over others. However, women can also be perpetrators, for example, a mother forcing a young child to marry, a female pimp, a human trafficker etc.

State authorities, such as the army or police, sometimes condone or perpetrate violence. State laws, or the lack of them, can sometimes facilitate the actions of perpetrators.

In conflict, state security forces as well as non-state actors such as opposition groups or paramilitaries may use forms of sexual violence as a weapon of war.

18. Refer to the final section of Hand-out 2: Key Concepts on Survivors and Perpetrators.

SESSION 4: Human Rights and the International Legal Framework

1 hour and 20 minutes

LEARNING OBJECTIVES

- ✓ Explain why SGBV constitutes a severe human rights violation and give examples.
- ✓ Describe the legal framework underpinning protection against SGBV.

KEY MESSAGES

- → Acts of SGBV violate human rights enshrined in international human rights instruments.
- → SGBV prevention and response is part of UNHCR's protection mandate.

PREPARATION

- Activity Sheet 4: Case study
- Hand-out 5: Your Human Rights and the Laws That Protect Them
- Hand-out 6: The International Legal Framework and SGBV
- Hand-out 7: SGBV: A Developing Area of Work *(5 copies for the activity and 1 copy for each participant)*
- Identify national and regional laws governing SGBV, relevant to participants country of operation.

Human rights and the legal framework

DISCUSSION (20 MINUTES)

1. Start by asking a few probing questions: *How important are human rights in your life? Where can you find the human rights you are entitled to?* See Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Human rights

Everyone is entitled to human rights. The Universal Declaration of Human Rights and core international human rights law treaties recognize the entitlement of all people to human rights "without distinction of any kind, such as race, color, sex, religion, language, political or other opinion, national or social origin, property, birth, sexual orientation or other status". (Universal Declaration of Human Rights, United Nations General Assembly, 1948).

The prohibition of discrimination means that the rights and freedoms recognized by international human rights law apply to everyone (are universal) and no distinction (for example on the basis of sex) can be made among people in protecting these rights.

2. Distribute Hand-out 5: Your Human Rights and the Laws That Protect Them.

3. Ask participants why, if everyone is entitled to the same human rights, specific conventions addressing women's rights were developed? Use the Notes to the facilitator below to complement the responses.

NOTES TO THE FACILITATOR:

CEDAW

In principle, men and women have equal rights as enshrined in international human rights treaties. However, there was a general consensus in the international community that the rights of women were not adequately protected by the existing international framework, e.g. the principle of non-discrimination was seen to be insufficient to achieve equality among the sexes; injustices in the private sphere had not been addressed; and there was tension between women's rights and some cultural norms.

As a result, in 1979 the United Nations General Assembly adopted the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which is considered the women's international bill of rights and the most comprehensive set of rules relating to non-discrimination and equality.

CEDAW ensures that women and men are entitled to the equal enjoyment of all human rights and freedoms.

Complementing CEDAW is the Declaration on the Elimination of Violence against Women (DEVAW), 1993, which provides a comprehensive definition of violence against women as well as principles and standards that are key to addressing this global problem.

4. Point out that SGBV is a serious human rights violation and explain the key points related to human rights. See notes to the facilitator.

NOTES TO THE FACILITATOR:

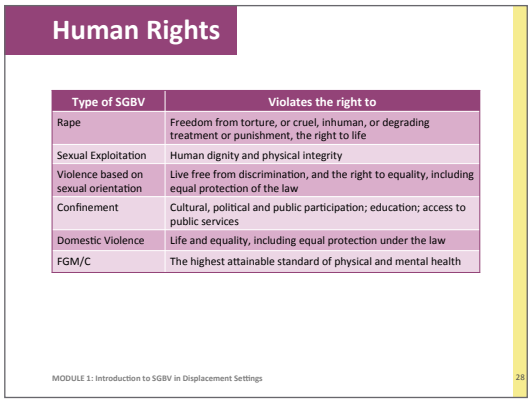
Key Points: Human Rights

SGBV is one of the most widespread, yet socially accepted, human rights violations.

Different types of sexual and gender-based violence infringe upon different human rights.

Human rights are non-negotiable *and* indivisible. *They all have equal status. Denial of one right invariably impedes enjoyment of other rights. Thus, the right of everyone to an adequate standard of living cannot be compromised at the expense of other rights, such as the right to health or the right to education.*

5. Ask participants to think about the case study in the previous exercise (Applying the SGBV definition) and ask them to identify some of the rights violated as a result of the acts of SGBV perpetrated. Use the Notes to the facilitator below to fill the gaps. Then show the slide.



NOTES TO THE FACILITATOR:

Which rights are violated?

Rape: *The right to freedom from torture, or cruel, inhuman, or degrading treatment or punishment, the right to life.*

Sexual exploitation: *The right to human dignity and physical integrity.*

Violence based on sexual orientation: *The right to live free from discrimination, and the right to equality, including equal protection of the law.*

Confinement: *The right to cultural, political and public participation; the right to an education; equal access to public services; the right to live free from discrimination.*

Domestic violence: *The right to life and the right to equality, including equal protection of the law.*

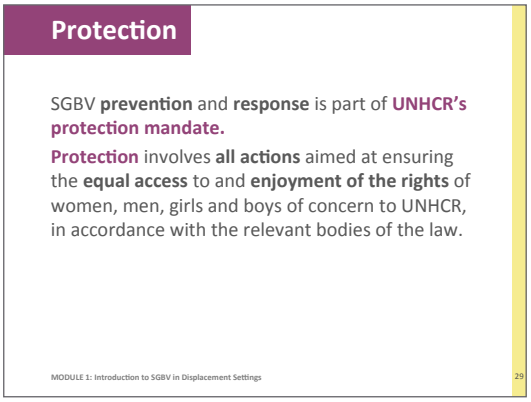
FGM/C: *The right to the highest attainable standard of physical and mental health.*

Trafficking: *The right to liberty, security of person, and freedom from slavery. Being trafficked also contravenes one's right to physical and mental health, and potentially to the right to education.*

6. Point out that acts of SGBV can be a direct violation of human rights, but also an *obstacle to realizing other rights*. For example, human trafficking is a violation of one's right to liberty, security of person, and freedom from slavery. But being trafficked also contravenes one's right to physical and mental health, and potentially the right to education.

UNHCR and SGBV protection

DISCUSSION (15 MINUTES)



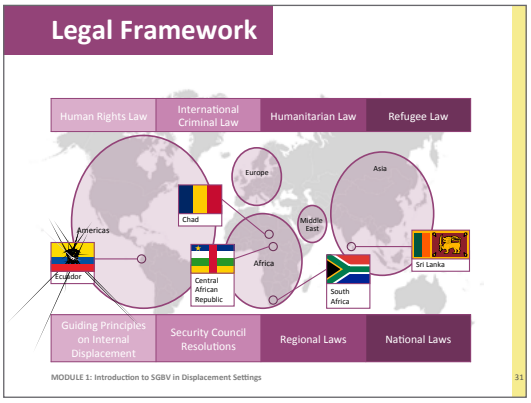
7. Ask participants why SGBV prevention and response is an important part of UNHCR's protection mandate. Facilitate a short discussion, making sure to address the key points in the Notes to the facilitator.

NOTES TO THE FACILITATOR:

Protection and SGBV

Protection involves "all actions aimed at ensuring the equal access to and enjoyment of the rights of women, men, girls and boys of concern to UNHCR, in accordance with the relevant bodies of the law".

SGBV constitutes a human rights violation and is a major protection concern during displacement. SGBV prevention and response is thus part of UNHCR's protection mandate and a strategic priority of the organization.



8. Ask participants:

   "In addition to international human rights laws, which bodies of law are relevant to addressing SGBV?"

   Present the legal framework using the notes to the facilitator below.

NOTES TO THE FACILITATOR:

The legal framework

Human Rights are enshrined in various international and regional treaties and often codified in national and international laws. This legal framework forms the basis of UNHCR's SGBV protection work.

International legal framework: *Hand-out 6 describes various sources of international law as they relate to SGBV in displacement situations. Together, these laws constitute the international protection regime:*

- *International human rights law*
- *International humanitarian law*
- *International criminal law*
- *International refugee law*
- *United Nations Security Council resolutions*
- *Other United Nations-sanctioned principles, resolutions and declarations (including Guiding Principles on Internal Displacement)*

In addition to the international framework, rights are enshrined in national and regional legal frameworks.

National legal framework: *All States have a responsibility to ensure that their actions, national laws and policies reflect their obligations under international law. This includes, for example, legislation related to sexual violence, and family law (e.g., marriage, divorce, inheritance, domestic violence, child abuse).*

For example:

- *In Ecuador, marital rape is a criminal offence.*
- *In Chad, FGM/C is prohibited.*
- *In the Central African Republic, same-sex sexual activity is legal.*
- *In South Africa, same sex marriage is legal.*
- *In Sri Lanka, the legal age for marriage is 18.*

Regional legal framework:

Certain regions have well-developed legal frameworks that provide protection, and which complement international treaties. Examples of regional laws:

- *Organization of the Islamic Conference (OIC) Covenant on the Rights of the Child in Islam (2005)*
- *Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol, promoting African Women's Rights and calling for an end to FGM/C) (2003)*
- *The South Asian Convention on Preventing and Combating Trafficking in Women and Children for Prostitution (2002)*
- *The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (1994)*
- *Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2014)*

---

9. Ask participants:

   "What do you know about the legal frameworks that apply in your operation?"

   "The International Legal Framework? Regional laws?"

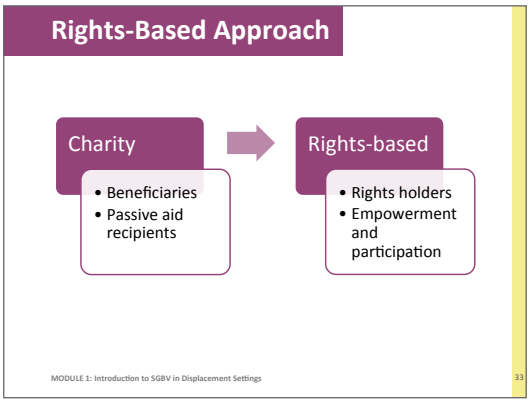
   "The national laws in your country?"

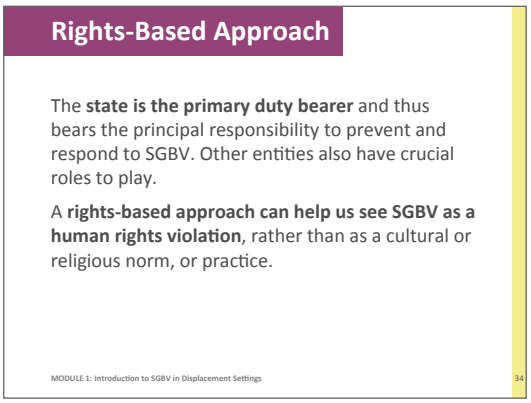
10. Share information on relevant national and regional laws governing SGBV in the country of participants.

11. Distribute Hand-out 6: The international Legal Framework and SGBV

Rights holders and duty bearers

GROUP ACTIVITY (30 MINUTES)





12. Ask participants what is meant by "UNHCR uses a rights-based approach to address sexual and gender-based violence". Complement the responses using the notes to the facilitator below).

NOTES TO THE FACILITATOR:

Rights-based approach

Adopting a rights-based approach reflects a change in thinking from a charity model towards a human rights model. This approach stresses that people should not be seen as passive aid recipients, but as rights-holders with legal rights to protection and assistance. It also emphasizes the obligations and accountabilities of the corresponding duty bearers for upholding those rights.

All persons of concern to UNHCR are rights-holders. Survivors are rights-holders, as are perpetrators. For example, survivors are entitled to the protection of their human rights and vindication of violations against them. Perpetrators are entitled to fair trial.

A rights-based approach recognizes that SGBV cannot be justified or condoned for reasons of culture or religion. Rights cannot be traded away (are indivisible) based on such justifications.

The state is the primary *duty bearer and thus bears the principal responsibility to prevent and respond to SGBV. But other entities, such as UNHCR, NGOs and community members, have crucial roles to play in securing individuals' rights. For example, individuals need to respect other persons' rights, parents have a duty to send their children to school.*

13. Distribute Activity Sheet 4. Divide the participants into smaller groups and allow 10 minutes for them to answer the questions. Ask each group to present their findings on one of the questions of interest. Make sure the key points in the Notes to the facilitator are addressed.

NOTES TO THE FACILITATOR:

Feedback case-study:

Rights holders: *All persons of concern to UNHCR are rights-holders. This includes Mira, her father and her mother.*

Duty bearers

The State. The State is the primary duty bearer. Protection against SGBV is a legal responsibility of the State. The State includes all State authorities, such as the police and public institutions.

- *A State must* ***respect*** *people's rights. In Mira's case, however, her country of origin was involved in the brutal violence she experienced, leading her to flee.*

- *The State must **protect** children from child marriage, for example, by setting a minimum age for marriage in national legislation. In Mira's case, the country to which she has fled has ratified treaties prohibiting discrimination against women, but has not passed a law that criminalizes child marriage.*
- *The State must **fulfill** rights. In this scenario, the State should provide adequate support, care and protection in response to the SGBV that Mira and her mother have experienced.*

UNHCR. UNHCR has a duty to promote States compliance with international human rights standards and to protect Mira from SGBV. Local and international non-governmental organizations also have a duty to respect human rights, to protect persons of concern from human rights violations, and support authorities in fulfilling their rights.

Community. Although not the primary duty bearer, members of a community have a responsibility to other members. In Mira's case, community members could have tried to intervene or to report the violence. They do not carry the same authority or responsibility as the State however, which has a duty to protect.

***Human Rights Violations:** In the case of child marriage, the right to enter into marriage with free and full consent is violated. This violation presents an obstacle to realizing other rights, such as the right to education and the right to the highest standard of physical and mental health. Sexual violence and domestic violence also contravene the right to the highest attainable standard of physical and mental health, and the right to human dignity and physical integrity.*

***International legal framework:** In addition to human rights law, refugee law applies in this displacement setting. Certain United Nations Security Council resolutions also apply.*

Policies and practices reinforcing protection against SGBV

OPTIONAL GROUP ACTIVITY (15 MINUTES)

14. Explain that since the adoption of the 1951 Refugee Convention, many new international human rights instruments have been adopted. As such, UNHCR and other key actors have taken steps to adopt policies and practices to reinforce protection against SGBV among persons of concern.

15. Hand-out 7: SGBV: A Developing Area of Work presents a chronology of actions undertaken since the late 1980s by UNHCR, WHO, IASC, and the GBV AoR to recognize SGBV as a main protection risk in displacement, set up standards and provide guidance to establish multi-sectoral prevention and response programming. Cut out five sets of year cards and action cards.

16. Divide the participants into five groups, and give each group a set of year cards and a set of action cards. Ask participants to match each action with the year it was accomplished. This should be a very quick exercise, lasting a maximum of 5 minutes. At the end of the exercise distribute a copy of Hand-out 7 and have groups review each other's work. The group with most correct matches is the winning group.

SESSION 5: SGBV during the Life-Cycle and during the Phases of Displacement

60 minutes

LEARNING OBJECTIVES

- ✓ Identify types of SGBV that are most likely to occur during various stages in life.
- ✓ Identify SGBV-related risks during the various phases of displacement.

KEY MESSAGES

- → SGBV can occur throughout an individual's life, from infancy to old age.
- → Acts of SGBV can occur in both the public and private spheres. Most acts of SGBV are perpetrated by someone known to the survivor.
- → Acts of SGBV can occur during each phase of displacement and may also be a trigger for displacement.

PREPARATION

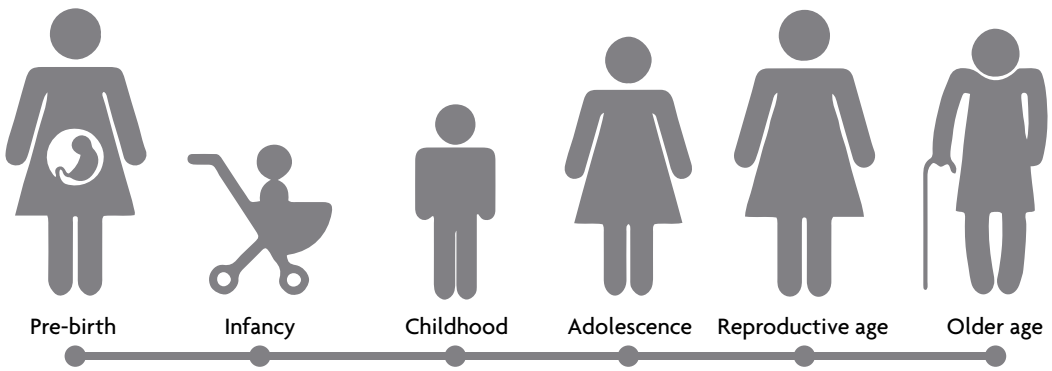
- Activity Sheet 5: SGBV during the Phases of Displacement
- Hand-out 8: SGBV during the Life Stages and during the Phases of Displacement

SGBV during the life stages

GROUP ACTIVITY AND DISCUSSION (20 MINUTES)

1. State that sexual and gender-based violence can occur throughout an individual's life: pre-birth, infancy, childhood, adolescence, reproductive age, older age.

2. Draw symbols for all stages of life on the flip chart and invite participants to write down examples of the types of SGBV that typically occur during these stages of life. See Hand-out 8: SGBV During the Life Stages and during the Phases of Displacement.



SGBV and the phases of displacement

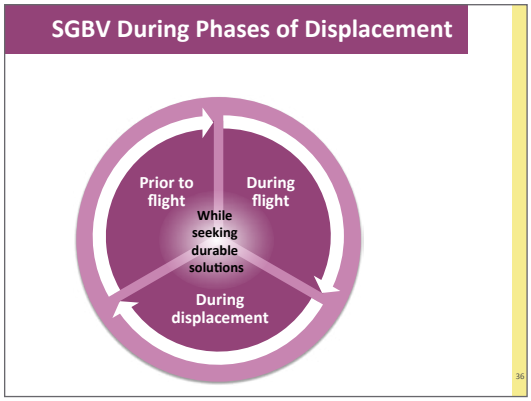
VIDEO AND GROUP ACTIVITY (40 MINUTES)

3. Point out that generally, risks of exposure to SGBV increase dramatically during conflict situations, influenced by many factors. (These factors will be further explored in Module 3: Preventing SGBV.)

4. To emphasize how conflict and displacement may lead to increased violence, show *Violence Against Women and Girls in the Iraq Crisis*, a short video produced by the Women's Refugee Commission that focuses on SGBV during the phases of displacement. Explain that the 6-minute video features female Iraqi refugees in Jordan, who describe how the conflict has led to increased risks of SGBV prior to and during displacement. You may want to choose a different video which relates to your region of the world. Ask participants to identify risks of SGBV.

   http://goo.gl/OLQ9Hu

5. Sexual and gender-based violence can occur at every stage of displacement. Divide participants into four groups. Assign each group one of the phases of displacement as described in Activity Sheet 5. Have each group read the case study and give them 15 minutes to list their answers on flip charts. Arrange the flip chart s on the wall so the phases of displacement are represented in chronological order.



NOTES TO THE FACILITATOR:

Durable solutions

There are many potential durable solutions for displaced people, including voluntary repatriation, local integration, resettlement, migration to another country, and taking up a new nationality in cases of statelessness. SGBV risks pertain to all potential durable solutions.

Prior to displacement	During flight	During displacement	Durable solutions

6. Have participants walk around and ask questions. What do they notice? Complement the information and guide the discussion using Hand-out 8.

Wrap-up

(15 MINUTES)

7. Ask participants to reflect on how they can take stock of what they have learned in the training today. Ask everyone to write down three eye-openers, or remarkable issues, they have learned. Ask participants to share these with the persons next to them.

8. Depending on the time available, you can allocate as much time to this activity as deemed appropriate. Otherwise, reconvene the group after 15 minutes and ask a few volunteers to share their reflections in plenary.

9. If necessary, re-emphasize any important learning points that did not come out of the reflection.
   - ✓ Sexual and gender-based violence refers to any harmful act that is perpetrated against a person's will. SGBV is based on deeply rooted gender norms and unequal power relationships.
   - ✓ SGBV is an abuse of unequal power relationships. Power is directly linked to choice, and so persons with little power have fewer choices and are more vulnerable to abuse.
   - ✓ SGBV occurs against a person's will. An act is not consensual when obtained through violence, which includes coercion and threats of violence. A threat to withhold a benefit or a promise to provide a benefit is an abuse of power. An act is not consensual where either element is present.
   - ✓ SGBV affects women, girls, men and boys.
   - ✓ SGBV is a human rights violation.
   - ✓ Violence can be physical, psychological, emotional or sexual in nature. It can also take the form of a denial of resources or access to services.
   - ✓ SGBV can occur throughout an individual's life, from infancy to old age, and can take different forms during the various phases of displacement.

10. Emphasize that this training session covered understanding how to define SGBV, the forms it takes, and some of the legal framework in place to combat it. The following training session will explore what we can do about it.

11. Address any unanswered questions and sum up with the key messages for the module.

REFERENCES:

Global Protection Cluster (GPC), *Handbook for the Protection of Internally Displaced Persons*, 2010, available at: http://www.refworld.org/docid/4790cbc02.html

Inter-Agency Standing Committee (IASC), *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery*, Inter-Agency Standing Committee, 2015, available at: http://gbvguidelines.org/

IASC, *Women, Girls, Boys and Men: Different Needs – Equal Opportunities. IASC Gender Handbook in Humanitarian Action*, 2006, available at: http://www.refworld.org/docid/46978c842.html

The International Rescue Committee (IRC), *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit*, 2014, available at: http://goo.gl/IeoRrT

Raising Voices, "Becoming Aware of Gender and Rights (Section 1)", in *Rethinking Domestic Violence: A Training Process for Community Activists*, 1994, available at: http://goo.gl/vP0eDS

Raising Voices, "SASA! Awareness 2.1 – Understanding Power Imbalances", in: *An Activist Kit for Preventing Violence against Women and HIV*, 2009, available at: http://goo.gl/0M3e9K

United Nations General Assembly, *Universal Declaration of Human Rights*, 1948, 217 A (III), available at: http://www.refworld.org/docid/3ae6b3712c.html

UNHCR, *Action against Sexual and Gender-Based Violence: An Updated Strategy*, June 2011, available at: http://www.refworld.org/docid/4e01ffeb2.html

UNHCR, *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons*. Guidelines for Prevention and Response, May 2003, available at: http://www.refworld.org/docid/3edcd0661.html

UNHCR, *Gender Training Kit on Refugee Protection and Resource Handbook*, 2002, available at: http://www.refworld.org/docid/3f463b632.html

UNHCR, *Working with Persons with Disabilities in Forced Displacement*, 2011, available at: http://www.refworld.org/docid/4e6072b22.html

UNHCR, *Working with National or Ethnic, Religious and Linguistic Minorities and Indigenous Peoples in Forced Displacement*, 2011, available at: http://www.refworld.org/docid/4ee72a2a2.html

UNHCR, *Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement*, 2011, available at: http://www.refworld.org/docid/4e6073972.html

UNHCR, *Working with Older Persons in Forced Displacement*, 2013, available at: http://www.refworld.org/docid/4ee72aaf2.html

UNHCR, *Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement*, 2012, available at: http://www.refworld.org/docid/5006aa262.html

United Nations Population Fund (UNFPA), *Managing Gender-based Violence Programmes in Emergencies*, 2012, available at: http://goo.gl/UBkVtu

Vann, Beth, *Training Manual Facilitator's Guide: Multisectoral & Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict*, JSI Research & Training Institute/ RHRC Consortium, 2004, available at: http://goo.gl/WqPDT1

Williams, Suzanne; Seed, Janet; and Mwau, Adelina, *The OXFAM Gender Training Manual*, 1994, available at: http://goo.gl/TzSnCi

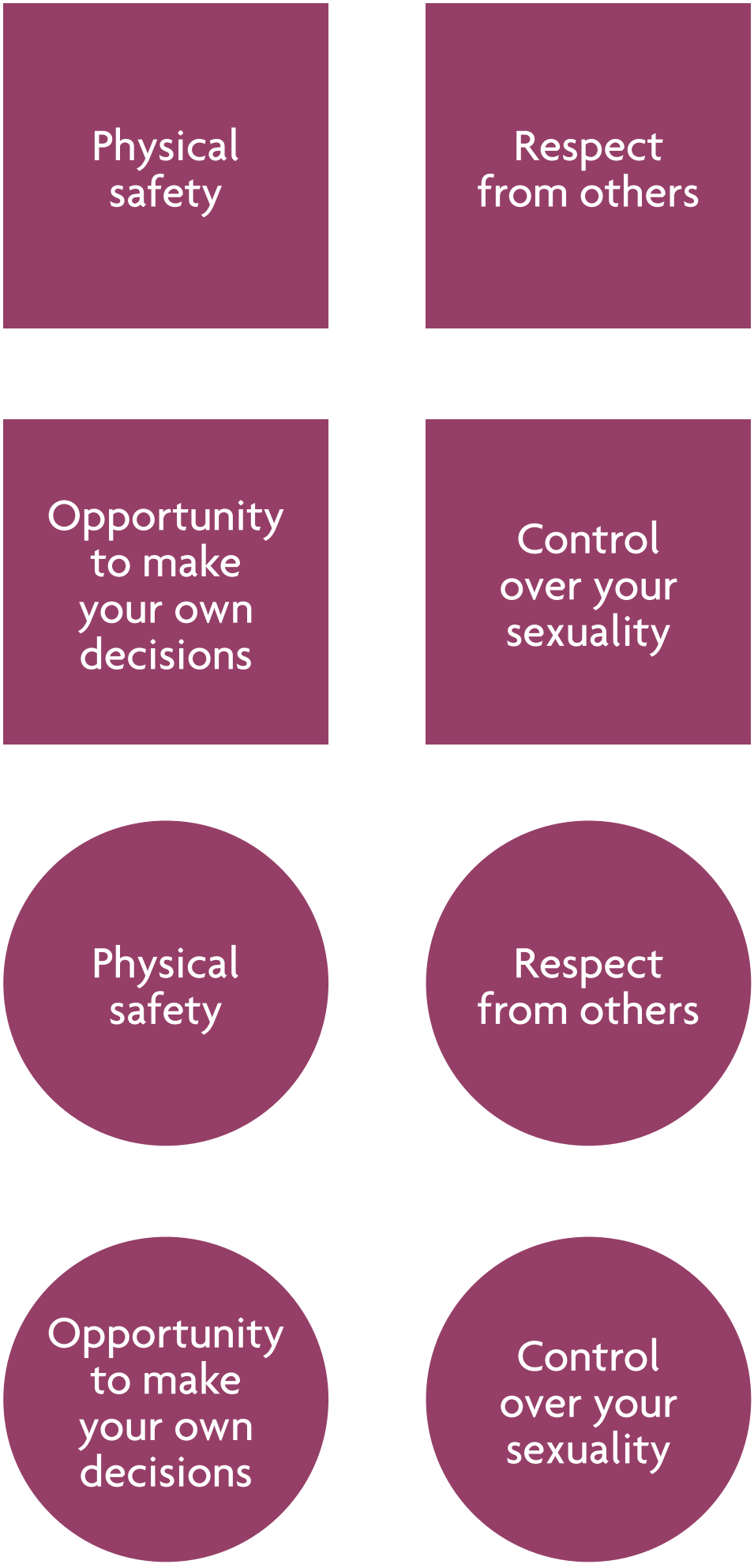
Activity Sheet 1

20 minutes

Gender Roles

IN YOUR GROUP, DISCUSS:

- What messages were relayed to you as a child about what it means to be a boy/girl? Think about how you were expected to behave, how you were treated, what you were allowed/not allowed to do etc.
- How were these messages relayed to you and by whom? Are the same messages instilled in children today?
- Did you ever feel restricted because of your gender roles as a child?
- Can you think of situations in which boys and girls no longer assume their traditional gender roles? Who brought about this changed role: society in general, a community, a family, an individual, yourself?


Physical safety
Respect from others
Opportunity to make your own decisions
Control over your sexuality
Physical safety
Respect from others
Opportunity to make your own decisions
Control over your sexuality

Activity Sheet 2

30 minutes

Root Cause and Contributing Factors

This activity is adapted from "SASA! Understanding Power Imbalances (Session 2.1)", in *An Activist Kit for Preventing Violence against Women and HIV, Raising Voices*, 2009

TO BE GUIDED BY THE FACILITATOR

PREPARATION:

- Photocopy and cut out the rights cards, so that each participant can get one set of four cards.
- Prepare four pieces of tape per participant.
- Square cards for half of the participants and circle cards for the other half

1. Ask participants to walk around the room and introduce themselves by name to everyone, one by one. Every time they meet someone for a second or third time, they should provide some new information about themselves, e.g., where they live, if they have children.

2. After 2 minutes of participants introducing themselves, call Stop! Get participants undivided attention and ensure they remain standing.

3. Say:

   As we can see this is a community of happy people, eager to meet someone new, and ready to share something about themselves. All members in this community have the right to four things:

   - *First, you have the right to* **physical safety**, *which protects you from being physically hurt. You will each get this card that represents your right to physical security.* [Show the physical safety card to the group.]
   - *Second, you have a right to* **respect from others**, *which protects you from people treating you unkindly or discriminating against you. You will each get this card that represents your right to respect from others.* [Show the respect from others card to the group.]
   - *Third, you have a right to the* **opportunity to make your own decisions**, *which protects you from people who prevent you from having money, paid work, property, or access to education. You will each get this card that represents your right to the opportunity to make your own decisions.* [Show the opportunity to make your own decisions card to the group.]
   - *Fourth, you have a right to* **control over your sexuality**, *which protects you from people forcing you into marriage, sex, commercial sex work, or any type of unwanted sexual activity. You will each get this card that represents your right to control over your sexuality.* [Show the control over your sexuality card to the group.]

4. Invite participants to each come and collect their four cards and stick these on their chest. Then they should continue their conversations, asking each other what they do in life, what their occupations are (still using their own identities).

5. After 3 minutes call *Stop*! Explain:

   → *The community will now be divided into two parts. Half of you will now become squares, and the other half will become circles.*

   Ask each person to randomly collect a card and tape it on their chest. Then ask them continue talking to each other. Encourage circles to talk to squares.

6. After 3 minutes call *Stop!* and say:

   → *Times have changed in this community. Now circles have more power than squares. If I clap my hand (wring bell/blow whistle) while a circle and a square are talking together, the circle can take one of the of the square's four rights. If the square has no more rights, he or she must stand frozen in place for the rest of the game. Even though squares know of this risk, they must continue greeting circles.*

7. Periodically clap your hands. When a third of the participant are standing frozen, end the game by calling *Stop*!

8. Have the group sit in the large circle. Discuss the experience of living in this community:

   → *How did you feel when you received your rights?*
   → *How did you feel when you were divided into circles and squares?*
   → *Squares, how did you feel when the circles where given more power? How did you feel being at risk of having your rights taken at any time? How did it affect your behaviour?*

9. Draw comparisons between this community and real life:

   → *Does every human have the right to these four things?*
   → *How in our own life is the community divided into different categories of people?* [Make sure *female and male and adults and children* are among the responses.]
   → *What happens when society gives one group more power than another?*
   → *Who is usually given more power in our community?*
   → *Do some people use this power to disregard the rights of others?*
   → *How do imbalances of power between women and men limit women's lives in the world?*

Activity Sheet 3

20 minutes

Applying the Definition of SGBV

CASE 1

Adam is 19. He left his country because of persecution related to his sexual orientation. When his friends at high school in his country of asylum found out that he had no interest in girls, he started receiving threats. One day, one of his friends, who is openly gay, is severely beaten by a group of men. Adam visits him in hospital. When he arrives back on campus, he finds a note on his room: "We know you are a sinner; leave this town or you will be next."

- → Was violence used in this case?
- → Was it against the will of the person/did Adam consent?
- → Was it based on gender norms?
- → Was it based on unequal power relationships?

CASE 2

Zetta, a refugee woman with children, approaches an armed soldier at a checkpoint. She has been separated from her family and community. She wishes to seek refuge in a town on the other side of the checkpoint. The armed soldier asks for money as a bribe. Zetta says she has no money and nothing of value. He says he will let her through if she has sex with him. She agrees.

- → Was violence used in this case?
- → Did the woman consent?
- → Was it based on gender norms?
- → Was it based on unequal power relationships?

CASE 3

Sushila is the second child in her family. She is 10 years old. Her father is a farmer who lost all his land in a conflict, and currently her family does not have sufficient food. As in most families in her community, her father and brothers eat first and get the larger share of the food available. Then Sushila and her sister eat, followed by their mother who eats what is left, which is often very little. When Sushila reaches the age of 12, her parents decide that she must stop going to school so that she can help her mother in the household. Sushila is very disappointed, especially since her two brothers can continue their education.

Questions:

- → Is violence used in this case?
- → Is it against the person's will?
- → Is it based on gender norms?
- → Is it based on unequal power relationships?

CASE 4

Brigitta has just turned 15 years old; she lives in a refugee camp. Brigitta has developed a friendship with a 35-year-old aid worker who is employed by an NGO that is active in the camp. He is also friends with her father and offers to watch Brigitta when her father goes away to work in the fields. Recently, Brigitta has reported that she and the man are involved in a sexual relationship. It appears that her father is aware of the relationship and condones it since the man regularly buys him cigarettes, soap and rice.

- → Is violence used in this case? Does it constitute SGBV?
- → Is it against the person's will?
- → Is it based on gender?
- → Is it based on unequal power relationships?

Activity Sheet 4

10 minutes

Case Study

Mira is a 13-year-old refugee girl living in a large town. She fled her war-torn country of origin to escape brutal violence committed by the national army and militia groups.

In displacement, Mira's father decides that she should marry her 26-year-old neighbour to help the family financially. Her mother does not agree, but does not dare to say anything as she herself is beaten by her husband and fears further violence. She is not economically independent and is registered on her husband's ration card.

The State has not passed any laws that prevent child marriage in the country. The practice is common and culturally accepted amongst the refugee and host communities.

- Who are the rights holders in this situation?
- Who are the duty bearers?
- Which human rights are violated in this case?
- With the information available, using Hand-out 8, which sources of international law apply?

Activity Sheet 5

15 minutes

SGBV during the Phases of Displacement

PRIOR TO DISPLACEMENT

Lee, 21 years old, reported that she underwent a forced abortion in her country of origin. Lee's community does not accept relationships between people who belong to different ethnic or religious groups. There have been frequent reports of infanticide and forced abortion.

- Can you think of other types of SGBV that people face prior to displacement?
- Why types of SGBV are common triggers for displacement?

DURING FLIGHT

Petro, 14 years old, leaves his war-torn country by himself. On his way, he meets a man who tells him that the country they are going to no longer accepts refugees but that through his connections he can make sure Petro gets refugee status. He asks sexual favours in return.

- Can you think of other types of SGBV that may occur during flight?
- Who may be at particular risk?

DURING DISPLACEMENT

Sandra is 17 and attends secondary school in the town where she and her older sister sought refuge after their village came under attack. The school is overcrowded and has a shortage of teachers. With little supervision at the school premises, Sandra faces regular sexual harassment from male students.

→ Can you think of other types of SGBV that people experience during displacement?

→ Who may be at particular risk?

DURABLE SOLUTIONS

- Suraya's husband beats her severely. During the resettlement interview, she covers her bruises with make-up. She is terrified the resettlement will be stopped and that she may lose custody of her children if her husband's violent behaviour is disclosed.

- Kim's son was conceived through rape. Her country does not let women pass their nationality to their children, and as the father is unknown, Kim fears her son will not be recognised.

- Azma, 43, made the decision to repatriate. When she arrived at her place of origin, her worst fears came true: her cousins confiscated her parents' property and all her belongings. Without a husband or father to stand up for her, she is unable to establish a claim to regain her inheritance.

- Adam is a survivor of torture. During his time in captivity he was subjected to sexual violence. As a result he is severely traumatized. He finds it difficult to commit to skills training that might help him integrate socially and economically to eventually build a new life.

→ Can you think of other SGBV related risks in the context of durable solutions?

→ Who may be at particular risk?

Hand-out 1

The Scope of SGBV

WORLDWIDE

Studies show that:

1. **Here, 32.6 per cent of former male combatants have experienced sexual violence** (Sexual Violence Research Initiative 2010).
2. **Here, in one district more than 75 per cent of women and girls have been subjected to female genital mutilation.**[1]
3. **Here, at least 200,000 persons were raped during the civil war** (DPI 2014).
4. **Here, in one year more than 30,000 cases of rape were reported to the police. That is 88 every day** (U.S. Department of State 2009).
5. **Here, 68 per cent of women were married at an age younger than 18** (UNICEF 2014).
6. **Here, in one year 47 per cent of the women who were killed, were killed by a relative after the woman had been raped** (World Health Organization 2002).
7. **Here, a woman died every three days as a result of domestic violence** (U.S. Department of State 2009).
8. **Here, 83 per cent of girls aged 12 to 16 experienced some form of sexual harassment in public schools** (European Union Agency for Fundamental Rights 2014).
9. **Here, in one year more than 1,000 women were killed in the name of so-called honour** (UN Commission on Human Rights 2002).
10. **Here, every minute the police receive a call for assistance for domestic violence** (Amnesty International 2013).
11. **Here, one in three persons with disabilities reported some forms of SGBV** (Human Rights Watch 2010).

[1] Stop FGM Kurdistan 2014

AMERICAS

According to the National Institute of Legal Medicine and Forensic Sciences in Colombia, 125 women were killed by their husbands or partners, and nearly 51,200 cases of domestic violence were reported in 2010 alone (UNHCR 2013).

In the United States of America in 2006, 1,415 hate-crime offences against LGBTI persons were reported as motivated by sexual orientation bias (Human Rights First 2008).

In Latin America and the Caribbean, 39 per cent of girls under 18 are married (UNICEF 2014).

AFRICA

In Nigeria, Federal, state-level and customary laws directly condone certain forms of violence. The Penal Code in northern states, allows the "correction of child, pupil, servant or wife" as long as it does not amount to grievous hurt (Section 55) (Ekhator 2015).

In Malawi, 50 per cent of schoolgirls surveyed reported having suffered sexual harassment at school (DPI 2008).

Up to 71 per cent women in an Ethiopian province reported either sexual or physical partner violence, or both (Garcia-Moreno, Jansen, Ellsberg, Heise and Watts 2006).

In 2013, screening of male refugees from the Democratic Republic of the Congo arriving into Rwamwanja refugee camp in western Uganda found that more than one third had experienced sexual violence. (Refugee Law Project, Plan international, War Child 2014).

In sub-Saharan Africa, 39 per cent of girls under 18 are married (UNICEF 2014).

MENA

A study of 1,891 families in the Syrian Arab Republic showed that 67 per cent of women had been punished in front of family members; 52 per cent of the punished women were insulted; and 87 per cent were beaten (UNIFEM 2005).

In the Middle East and North Africa, 18 per cent of girls under 18 are married (UNICEF 2014).

In Jordan and Lebanon, 70-75 per cent of perpetrators of so-called honour killings are the women's brothers (UNIFEM 2007).

In Jordan, early and forced marriage among Syrian refugee girls and women have doubled since the start of the civil war in 2011 (The Guardian 2014).

ASIA

In Bangladesh, from 1999 to 2012, 3,135 persons were victims of acid attacks, of these almost 80 per cent were women and girls (Acid Survivors Foundation).

In South Asia, 46 per cent of girls under 18 are married (UNICEF 2014).

Studies among Afghan women show reports of domestic violence as high as 80 per cent (The Reproductive Health for Refugees Consortium 2002).

In India, 8,093 cases of dowry-related death were reported in 2007 (European Union Agency for Fundamental Rights 2014).

EUROPE

According to an EU survey, a fifth of all LGBTI respondents were victims of harassment in the 12 months prior to the survey. Lesbian women (23 per cent) and transgender respondents (22 per cent) were the most likely to have been harassed in the preceding 12 months because they were perceived to be LGBTI. (European Union Agency for Fundamental Rights 2013).

A little over one in five women in Europe has experienced physical and/or sexual violence from a partner (European Union Agency for Fundamental Rights 2014).

Conservative estimates suggest that 20,000-50,000 women were raped during the 1992-1995 war in Bosnia and Herzegovina (European Union Agency for Fundamental Rights 2014).

THE SCOPE OF SGBV: KEY CONSIDERATIONS

- **SGBV is a serious, life-threatening, global problem.** It does not only occur in conflict-affected situations. Some types of SGBV occur more frequently in some cultures or regions of the world.
- **SGBV affects women, girls, boys and men.** The majority of the data currently available on SGBV refers to women and girls, who represent the largest group affected. However, the lack of data on the incidence of SGBV perpetrated against men and boys does not mean that they do not suffer SGBV, but rather that coming forward is problematic, or that data collected is not disaggregated by sex.
- Determining the prevalence of SGBV is extremely challenging in any environment as SGBV is underreported for many reasons, such as:
  - Personal safety or security risks (such as retribution by the perpetrator)
  - Stigmatization of survivors
  - Lack of services
  - Lack of reporting mechanism
  - Cultural norms that condone some types of violence.
- Thus **the number of individuals who report experiencing or surviving SGBV is likely much lower than the true number of SGBV cases**.

REFERENCES

Acid Survivors Foundation, *Annual Report*, 2010, available at: http://www.acidsurvivors.org/images/PDF_asf/Annual Report-2010.pdf

Amnesty International UK, *Violence against Women*, 2013, available at: http://www.amnesty.org.uk/violence-against-women – .VEUCa51Bu70

C. Dolan, Refugee Law Project, Plan, War Child, I*nto the Mainstream: Addressing Sexual Violence against Men and Boys in Conflict*, 2014, available at: http://goo.gl/hAJ2Td

C. Garcia-Moreno, H. AFM Jansen, M. Ellsberg, L. Heise and C. H. Watts, *Prevalence of Intimate Partner Violence: Findings from the WHO Multi-country Study on Women's Health and Domestic Violence*, 2006, available at: http://goo.gl/581Wzj

Ekhator, Eghosa Osa. *Women and the Law in Nigeria: A Reappraisal*. Journal of International Women's Studies 16(2), 2015, available at: http://vc.bridgew.edu/jiws/vol16/iss2/18/

European Union Agency for Fundamental Rights, *European Union Lesbian, Gay, Bisexual and Transgender Survey*, 2013, available at: http://goo.gl/vkAqi

United Nations Entity for Gender Equality and the Empowerment of Women, *Fast Facts: Statistics on Violence against Women and Girls*, 2014, available at: http://goo.gl/ykYta

European Union Agency for Fundamental Rights, *Homophobia and Discrimination on Grounds of Sexual Orientation and Gender Identity in the EU Member States. Part II: The Social Situation*, 2009, available at: http://www.refworld.org/docid/49997afe11.html

Human Rights First, *Violence Based on Sexual Orientation and Gender Identity Bias*, 2008, available at: http://www.humanrightsfirst.org/wp-content/uploads/pdf/fd-080924-lgbt-web2.pdf

Human Rights Watch, "As If We Weren't Human": *Discrimination and Violence against Women with Disabilities in Northern Uganda*, 2010, available at: https://goo.gl/hyQExb

The Reproductive Health for Refugees Consortium, Jean Ward, If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-conflict Settings, 2002, available at: http://goo.gl/DzsTXl

Sexual Violence Research Initiative, *Care and Support for Male Survivors of Conflict-Related Sexual Violence*, 2010, available at: http://www.svri.org/CareSupportofMaleSurviv.pdf

Stop FMG in Kurdistan, *Female Genital Mutilation; It Is a Crime Not Culture*, 2014, available at: http://www.stopfgmkurdistan.org/html/english/fgm_e.htm – mape

The Guardian, *Child Marriage Soars among Syrian Refugees in Jordan*, 16 June 2014, available at: http://goo.gl/Q2WQp5

United Nations Children Fund (UNICEF), *The State of the World's Children, Table 9: Child Protection*, 2014, available at: http://www.unicef.org/sowc2014/numbers/

United Nations Department of Public Information (DPI), *Unite to End Violence Against Women: Factsheet*, 2008, available at: http://www.un.org/en/women/endviolence/pdf/VAW.pdf

United Nations Department of Public Information (DPI), *The Justice and Reconciliation Process in Rwanda*, 2014, available at: http://goo.gl/6Rs7Sy

United Nations Development Fund for Women (UNIFEM), *Violence Against Women Study Syria 2005*, 2005, available at: http://goo.gl/MC2G5s

United Nations Development Fund for Women (UNIFEM), *Facts and Figures, UNIFEM, Violence against Women – Facts and Figures*, 2007, available at: http://goo.gl/ebVc7I

UN Commission on Human Rights, *Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences, Ms. Radhika Coomaraswamy, Submitted in Accordance with Commission on Human Rights Resolution 2001/49: Cultural Practices in the Family That Are Violent Towards Women*, 2002, E/CN.4/2002/83, available at: http://www.refworld.org/docid/3d6ce3cc0.html

UN High Commissioner for Refugees (UNHCR), *Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based violence. Case Study, Colombia*, 2013, available at: http://www.refworld.org/docid/51dc1c384.html

U.S. Department of State, *2009 Human Rights Reports: Argentina*, 2010, available at: http://www.state.gov/j/drl/rls/hrrpt/2009/wha/136098.htm

U.S. Department of State, *2008 Human Rights Report: China (Includes Tibet, Hong Kong, and Macau)*, 2009, available at: http://www.state.gov/j/drl/rls/hrrpt/2008/eap/119037.htm

World Health Organization, *World Report on Violence and Health*, 2002, available at: http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf

Hand-out 2

Key Concepts

Sexual and Gender-Based Violence refers to any act perpetrated against a person's will based on gender norms and unequal power relationships.

Violence encompasses threats of violence and coercion. It includes physical, emotional/psychological and sexual violence as well as denial of resources or access to services. SGBV inflicts harm on women, girls, men and boys.

SEX AND GENDER

Sex is what we are **born with**; it describes the physical and biological difference between males and females. **Gender** is what society/our culture teaches us about how we should behave based on our sex. Gender is concerned with what it means to be a boy or girl, woman or man, in a particular society or culture. Although certain characteristics of women and men are partly innate, our roles as women/men are socially influenced. Gender determines the roles, responsibilities, privileges, expectations, and limitations of males and females in each culture. It includes the way men view themselves as men, and the way men view women as women. Similarly, it is the way women see themselves as women, and the way women see men as men.

These perceptions and beliefs are influenced by social factors, such as history, tradition, religion and social norms. Gender norms usually impose restrictions on women and girls in particular. Women usually have less power than men. Women develop/are given low expectations of their rights. On the other hand, the rigid gender norms about masculinity ("what it means to be a man") also affect men. For example, masculinity norms may prescribe men to control their emotions, to be dominant, to gain the family income and to handle problems without asking for help. Persons who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI) face unique discriminations.

These deeply rooted gender norms are considered the **root cause of SGBV.**

Gender is a neutral term, neither right nor wrong, and applying to both males and females.

UNEQUAL POWER RELATIONSHIPS

SGBV is an abuse of power. As in the definition: it is based on unequal power relationships. Power relationships can be based on physical power, economic power, political power, the lack of power of others etc.

Although power can be used for good purposes, and not all those who have power abuse it, power *can* be used to dominate, marginalize, to force other persons to act against their will and to impose restrictions in others people's lives.

Power is directly linked to choice, so persons with little power, such as children and many women, have fewer choices and are more vulnerable to SGBV.

AGAINST A PERSON'S WILL

When someone gives **consent**, that person is able to and makes an informed choice and agrees freely and voluntarily to do something. By definition, SGBV occurs without such consent, in other words it happens against a person's will.

This lack of consent is often associated with a perpetrator who uses physical force to compel a victim to submit. But even the **threat of violence** can undermine a person's ability to give voluntary consent. Likewise, using intimidation, deception, manipulation and the promise to provide a benefit to obtain compliance are all types of **coercion** that prevent someone from making informed choices and giving genuine consent.

Consent also means that the person who is making the decision understands the consequences of that choice, and freely chooses to accept the consequences. Therefore, informed consent also means being informed about the right to say *no* and having the capacity to say no. For example, a student who is abused by a teacher may not be aware of his or her right to say no. Or a person with a hearing and speaking impairment may not be able to communicate easily their non-consent. Or an older person dependent on others for their basic needs may not understand that they are entitled to resources in their own right. **Those under 18 are considered unable to give consent as they are often too young to fully understand the consequences of their choices.**

Examples:

Threats include threatening to hurt someone physically or threatening to withhold a benefit.

- An employer threatening an employee that she will lose her job if she does meet his demand for sexual favours.
- A child molester threatening to tell his victim's parents something damaging if he does not comply with demands.
- A caregiver threatening to withhold food and basic supplies from an older person in the family unless he gives up other resources.

Coercion:

- A humanitarian worker promising to provide a displaced woman extra food vouchers or access to resettlement if she has sex with him.
- A teacher offering to help a young boy pay school fees if he accepts his demand for sexual favours.

SURVIVOR OR VICTIM?

The terms victim and survivor refer to the person subjected to violence. *Victim* is usually used in the legal and medical fields. Early programmes to address sexual violence in conflict and displacement used this term. Today *survivor* is more commonly used and is preferred in psychological and social support sectors because it implies resilience.

PERPETRATORS

A **perpetrator** is an individual, a group or an institution that directly **inflicts, supports or condones** acts of SGBV. Potential perpetrators can be intimate partners, family members, close relatives and friends, influential community members who are in positions of authority, security forces and soldiers including peacekeepers, humanitarian workers, institutions, as well as persons or entities who are unknown to the survivor.

Most acts of SGBV are perpetrated by **someone known to the survivor**.

State authorities, such as the army or police, sometimes condone or perpetrate violence. State laws, or the lack of them, can sometimes **facilitate** the actions of perpetrators.

In conflict, state security forces as well as non-state actors such as rebel groups or paramilitaries may use forms of **sexual violence as a weapon of war**.

Hand-out 3

Forms of Violence and Types of SGBV

Violence takes many forms or a combination of forms. Violence can be physical, emotional, psychological or sexual in nature. It can also take the form of a denial of resources or access to services.

The forms of violence overlap. Many acts of SGBV are a combination of different forms of violence and cannot be strictly assigned to one category.

Physical

- So-called honour related crimes (killing, maiming)
- Physical assault (beating, biting, burning, kicking)
- Using instruments to inflict harm
- Slavery
- Infanticide/femicide
- Confinement
- Punishments for defying cultural norms
- Female Genital Mutilation/cutting

Emotional/Psychological

- Verbal abuse
- Confinement
- Forced marriage and child marriage
- Social exclusion based on sexual orientation or gender identity
- Humiliation
- Manipulation

Sexual

- Rape, marital rape, attempted rape
- Child sexual abuse
- Online sexual abuse
- Sexual violence as a weapon of war or torture
- Genital mutilation
- Sexual harassment
- Sexual assault
- Sexual exploitation (for example at the workplace or school)
- Trafficking
- Commercial sexual exploitation
- Sexual violence based on sexual orientation

Denial of access to resources and services

- Denying girls their right to education
- Depriving women of inheritance, property or landownership
- Giving boys/men preferential access to food or services
- Depriving women of the right to pass on nationality

Hand-out 4

Applying the Definition of SGBV

Adam is 19. He left his country because of persecution related to his sexual orientation. When his friends at high school in his asylum country found out that he had no interest in girls, he started receiving threats. One day, one of his friends, who is openly gay, is severely beaten by a group of men. Adam visits him in hospital. When he arrives back on campus he finds a note on his room: "We know you are a sinner; leave this town or you will be next."

Violence was used in this case. Remember: Violence encompasses *threats* of violence. Adam's friend was beaten up (physical assault), and the note on Adam's door served as a threat that the same may happen to him. This is clearly **against Adam's** will. It is **based on gender norms** (Adam is a male adolescent not interested in girls). Being male and at his age, he was expected to behave in a certain way in his society, and because he didn't, he was subjected to abuse. The incident is based on an **unequal power relationship**. The men who beat up Adam's friend operated as a group outnumbering him, so he had less physical power than they did. The same would apply to Adam. It could be that the persons threatening Adam also had political power over him, if, for example the laws in the country criminalize homosexuality.

Zetta, a refugee woman with children approaches an armed soldier at a checkpoint. She has been separated from her family and community. She wishes to seek refuge in a town on the other side of the checkpoint. The armed soldier asks for money as a bribe. Zetta says she has no money and nothing of value. He says he will let her through if she has sex with him. She agrees.

In this case, Zetta agreed under duress, under force by the soldier. Therefore, she did not consent and the act was perpetrated **against her will**. (Common defences for acts of sexual violence include "She did not protest" or "She agreed", in reality, the victim felt threatened, feared for her safety and felt she had little choice.) **Violence** was used against Zetta; she was subjected to rape. Violence encompasses threats of violence and coercion. The woman felt threatened and was forced to act against her will, out of fear of the consequences for herself and her children. It was based on **gender norms**. The root cause of sexual violence is gender inequality in society. It was based on **unequal power relationships**. The soldier was in a position of power, had a weapon and was physically stronger. Zetta had no money to pay him a bribe. The soldier also had political power over her. She had been separated from her family and community. He acted in an environment where there may be no accountability for his actions.

Sushila is the second child in her family. She is 10 years old. Her father is a farmer who lost all his land in a conflict, and currently her family does not have sufficient food.. As in most families in her community, her father and brothers eat first and get the larger share of the food available. Then Sushila and her sister eat, followed by their mother who eats what is left, which is often very little. When Sushila reaches the age of 12, her parents decide that she must stop going to school so that she can help her mother in the household. Sushila is very disappointed, especially since her two brothers can continue their education.

This case constitutes SGBV. As we have seen, violence can take many forms, including **denial of resources and/or access to services**. Sushila probably feels she has little choice in how much food she receives compared to her brothers. Sushila stops school **against her will**. As a child she cannot make a fully informed choice about such matters. The decision to pull Sushila out from school was based on **rigid gender norms** in a society where girl's education is less valued than that of boys. Similar to giving girls less food than boys, it is a form of gender discrimination deeply rooted in Sushila's culture. Sushila's father has much more power than she does, so the decision was based on an **unequal power relationship**.

Brigitta has just turned 15 years old; she lives in a refugee camp. Brigitta has developed a friendship with a 35-year-old aid worker who is employed by an NGO that is active in the camp. He is also friends with her father and offers to watch Brigitta when her father goes away to work in the fields. Recently, Brigitta has reported that she and the man are involved in a sexual relationship. It appears that her father is aware of the relationship and condones it since the man regularly buys him cigarettes, soap and rice.

This case involves sexual exploitation by a humanitarian worker, which is a form of sexual **violence**. Although Brigitta may not have actively opposed the relationship, she is still a child and **not considered to be in a position to agree** fully and voluntary to the relationship. Sexual exploitation, like other forms of sexual violence, is based on deeply rooted **gender norms** in a society. The relationship is based on **unequal power relationships** as the humanitarian worker abuses his position of power over Brigitta, based on age, and her father, based on economic situation. Brigitta's father is able to benefit from his daughter's abuse because of his position of power over his daughter.

Hand-out 5

Your Human Rights and the Laws That Protect Them

SOME OF YOUR HUMAN RIGHTS:

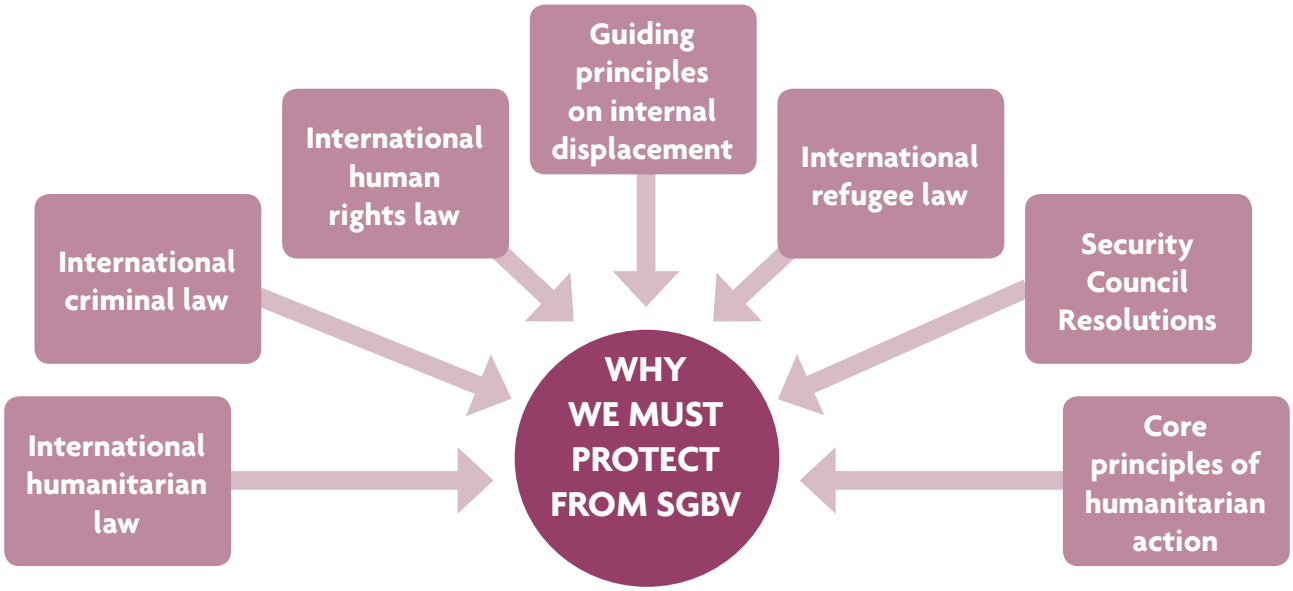
- Everyone has the right to **life, liberty and security** of person.
- Women and children have the right to **protection from all forms of traffic** for the purposes of prostitution or any other forms of exploitation.
- You have the right to **live without suffering, torture or any form of cruel, inhuman or degrading treatment or punishment**.
- You have the right to be **treated by the law in the same way as everyone else, and to be protected by the law without discrimination**.
- If your rights under the law are violated, you have the right to an **effective remedy**.
- If you are **detained**, you have the right to be **treated with dignity**.
- You have the right to the **highest attainable level of physical and mental health** and the right to **equal access to health services**, including family planning.
- You have the right to an **education**. Elementary education shall be free and compulsory, secondary education shall be accessible to all, higher education shall be equally accessible to all on the basis of merit.
- Ethnic, religious, linguistic or indigenous minorities have the right to **enjoy their own culture**, to **practice their own religion and to use their own language**.
- In any situation, the **best interests of a child** shall be a primary consideration. At the same time, parents' rights and responsibilities must also be taken into account.
- **Children** have the right to be **protected from sexual exploitation and abuse**, including unlawful sexual activity, prostitution and pornography.
- Persons with disabilities have the right to full and effective participation and **inclusion** in society

AND THE LAWS THAT PROTECT THEM:

- Universal Declaration of Human Rights **(UDHR) 1948**
- International Covenant on Civil and Political Rights **(ICCPR) 1966**
- International Covenant on Economic, Social and Cultural Rights **(ICESCR) 1966**
- International Convention on the Elimination of All Forms of Racial Discrimination **(ICERD) 1965**
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment **(CAT) 1984**
- Convention on the Rights of the Child **(CRC) 1989**
- Convention on the Elimination of All Forms of Discrimination Against Women **(CEDAW) 1979**
- Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others, **1951**
- Convention on the Rights of Persons with Disabilities, **2006**

Hand-out 6

The International Legal Framework and SGBV



INTERNATIONAL HUMAN RIGHTS

Everyone is entitled to human rights. The Universal Declaration of Human Rights and core international human rights law treaties recognize the entitlement of all people to human rights "without distinction of any kind, such as race, color, sex, religion, language, political or other opinion, national or social origin, property, birth, or other status" (Universal Declaration of Human Rights, UN General Assembly 1948). The prohibition of discrimination means that the rights and freedoms recognized by international human rights law, apply to everyone (are universal) and no distinction (for example, on the basis of sex) can be made among people in protecting these rights.

All states are bound by these international norms and commit to respect, protect, and fulfil these human rights.

These rights include the right to live, to personal security and safety, and to be free from torture and from cruel, inhuman or degrading treatment. Human rights are non-negotiable and indivisible. They all have equal status. Denial of one right invariably impedes enjoyment of other rights. Thus, the right of everyone to an adequate standard of living cannot be compromised at the expense of other rights, such as the right to health or the right to education

International Human Rights Law clearly prohibit sexual and gender-based violence. In fact, SGBV is one of the most widespread, yet socially accepted of human rights violations. Different types of sexual and gender-based violence infringe upon different human rights.

EXAMPLES OF TYPES OF SGBV AND THE HUMAN RIGHTS THAT ARE VIOLATED:

- **Rape:** The right to freedom from torture, or cruel, inhuman, or degrading treatment or punishment, the right to life.
- **Sexual exploitation:** The right to human dignity and physical integrity.
- **Violence based on sexual orientation:** The right to live free from discrimination and the right to equality, including equal protection of the law.
- **Confinement:** The right to cultural, political and public participation; the right to an education; equal access to public services; the right to live free from discrimination.
- **Domestic violence:** The right to life and the right to equality, including equal protection of the law.
- **FGM/C:** The right to the highest attainable standard of physical and mental health.

SGBV can be a direct violation of human rights, but also an obstacle to realizing other rights. For example, human trafficking is a violation of one's right to liberty, security of person and freedom from slavery. But being trafficked also contravenes one's right to physical and mental health, and potentially to the right to education.

International Human Rights treaties codify these rights, and States that ratify them commit themselves to respect, protect and fulfil the rights contained therein, including ensuring that national laws are consistent with them. Examples include the Convention on the Elimination of Discrimination Against Women (CEDAW), ratified by 189 countries, the International Covenant on Civil and Political Rights (ICCPR) with 168 signatories, and the Convention on the Rights of the Child (CRC), 194 signatories.

Unfortunately, as not all countries have ratified every convention, or may have done so with reservations, it is important that you know what your country of operation has signed and can be held accountable for upholding.

CEDAW AND DEVAW

In principle, men and women have equal rights as enshrined in international human rights treaties. However, there was a general consensus in the international community that the rights of women were not adequately protected by the existing international framework; e.g., the principle of non-discrimination was seen to be insufficient to achieve equality among the sexes; injustices in the private sphere had not been addressed; and there was tension between women's rights and some cultural norms.

As a result, in 1979 the United Nations General Assembly adopted the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which is considered the women's international bill of rights and the most comprehensive set of rules relating to non-discrimination and equality.

CEDAW ensures that women and men are entitled to the equal enjoyment of all human rights and freedoms.

Complementing CEDAW is the Declaration on the Elimination of Violence against Women (DEVAW), which provides a comprehensive definition of violence against women as well as principles and standards that are key to addressing this global problem.

International criminal law: The Rome Statute of the International Criminal Court defines "Rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity" as:

- a "crime against humanity" when committed "as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack" and
- as a "war crime" when committed during international and non-international armed conflicts.

International humanitarian law: The laws of war apply in situations of international and non-international armed conflict. These provide protection for persons not taking part in hostilities and regulate the methods of warfare. The laws of war prohibit some forms of SGBV. Rape and any form of indecent assault are prohibited in all circumstances for all parties to the armed conflict.

Guiding principles on internal displacement: Although not binding law, these Principles are based on international law and set out many rights including freedom from rape, forced prostitution and indecent assault.

International refugee law: In conflict, women and girls, and boys and men, can be subjected to SGBV due to their nationality, race, religion, membership to a particular social group, or gender. This can form the basis for being granted refugee status under the 1951 Convention.

Security Council resolutions: Since 2000, the United Nations Security Council has recognised the centrality of women, peace and security by adopting seven core resolutions: 1325, 1820, 1888, 1889, 1960, 2106 and 2122. For example Security Council resolutions 1960, 2106 and the most recent one, 2122, aim to increase protection against sexual violence in conflict and recognize sexual violence as tactic of war. The resolutions also require that information on parties suspected of engaging in sexual abuse in armed conflict be made available. UNHCR, for example, has specific global obligations to monitor and report on conflict-related sexual violence against persons of concern. The Security Council Resolutions are considered binding.

Core Principles of Humanitarian Action: Humanitarian workers are bound by codes of conduct and the core principles of humanitarian action, including to do no harm. Humanitarian workers must never under any circumstance encourage or engage in any form of sexual exploitation or abuse. This includes all forms of rape and sexual assault, as well as transactional or survival sex in exchange for food, access to shelter, education and other services. (Our responsibilities as humanitarians are outlined in the United Nations Secretary General's Bulletin on Protection from Sexual Exploitation and Abuse.)

In addition to the international framework, rights are enshrined in National and Regional legal frameworks.

National Legal Framework: All States have a responsibility to ensure that their actions, national laws and policies reflect their obligations under international law. This includes, for example, legislation related to sexual violence and family law (e.g., marriage, divorce, inheritance, domestic violence, child abuse).

THE UPDATED LIST

- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) (2003)
- African Charter on the Rights and Welfare of the Child (1990)
- African Youth Charter (2006)
- Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belem do Para) (1994)

Hand-out 7

SGBV: A Developing Area of Work

1989

Appointment of a Senior Coordinator for Refugee Women to UNHCR.

LATE 80'S EARLY 90'S

UNHCR's Women Victims of Violence Project was started in Kenya.

1993

UNHCR's Executive Committee adopted Conclusion No. 73 (XLIV) on Refugee Protection and Sexual Violence.

Beginning to recognize that sexual violence survivors are in need of specialized services and supports

1995

UNHCR published *Sexual Violence Against Refugees: Guidelines on Protection and Response*, which highlighted some of the major legal, medical and psychosocial components of prevention and response to sexual violence.

1996

First SGBV programmes initiated

- Focusing on outreach, counselling, and health care
- International Rescue Committee in Tanzania

1997

UNHCR released a policy on Harmful Traditional Practices.

2001

International conference sponsored by UNHCR and attended by international and field-based UNHCR personnel, as well as field staff working in or on behalf of anti-violence programmes. Conference activities culminated in the publication of Prevention and Response to *Sexual and Gender-Based Violence in Refugee Situations, Inter-Agency Lessons Learned Conference Proceedings*.

In follow-up to the recommendations from the Dialogue with Refugee Women, UNHCR made five commitments to refugee women with a specific commitment on development of SGBV strategies.

2002

UNHCR issued *Guidelines on International Protection: Gender-Related Persecution within the context of article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees.*

2003

UNHCR issued *Sexual and Gender-based Violence Against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response.*

The initial focus on sexual violence was expanded to incorporate multiple forms of SGBV, and the initial focus on refugee populations was expanded to include returnees and internally displaced persons.

2005

WHO/UNHCR published a revised and updated version of *Clinical Management of Rape Survivors: Developing Protocols for Use with Refugees and Internally Displaced Persons.*

2005

IASC published *Guidelines for GBV Interventions in Humanitarian Settings.*

These guidelines enabled communities, governments and humanitarian organizations, including United Nations agencies, NGOs, and CBOs, to establish and coordinate a set of minimum multi-sectoral interventions to prevent and respond to sexual violence during the early phase of an emergency.

2006

UNHCR's Executive Committee adopted Conclusion 105 on Women and Girls at Risk, which recognizes that forced displacement can expose women and girls to a range of factors which may put them at risk of further violations of their rights.

The GBV Information Management System (GBVIMS) was created. This initiative is an inter-agency partnership lead by UNFPA, UNHCR, UNICEF, WHO and IRC. It was created to help facilitate safe and ethical data sharing between agencies and to help inform the humanitarian community's response to SGBV.

2007

WHO published *Ethical and Safety Rrecommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.*

UN Action was established uniting the work of 12 United Nations entities to prevent all forms of gender-based violence.

2008

UNHCR published its *Handbook for the Protection of Women and Girls*, which replaced the 1991 Guidelines. The Handbook describes some of the protection challenges faced by women and girls of concern to UNHCR, sets out the legal standards and principles that guide UNHCR's work, and outlines strategies and suggests actions that UNHCR and partners should adopt to support women's and girls' enjoyment of their rights.

GBV AoR published *GBV Standard Operating Procedures (SOP) Guide*. This guide is based on the SOP model developed by UNHCR in 2006.

UNHCR issued its *Guidance Note on Refugee Claims Relating to Sexual Orientation and Gender Identity.*

2010

GBV AoR added new essential resource publications to support GBV programming:

- Training manual as a companion to the GBV SOP Guide
- *GBV Coordination Handbook*
- Caring for Survivors training pack (IRC)

2011

UNHCR publishes *Action against SGBV: An Updated Strategy*, calling, inter alia, for more focus on specific topics/groups of survivors, such as child survivors, LGBTI, persons engaged in survival sex, elderly and persons with disabilities.

2012/13

UNHCR issued *Need to Know Guidance on Working with Men and Boys Survivors of Sexual and Gender-Based Violence in Forced Displacement.*

UNHCR issued *Guidelines on International Protection No. 9: Claims to Refugee Status Based on Sexual Orientation and/or Gender Identity within the Context of Article 1A(2) of the 1951 Convention and/or Its 1967 Protocol Relating to the Status of Refugees.*

2013

Call to Action was launched as a high-level call whereby governments, United Nations agencies, international NGOs and civil society organizations came together to endorse a global commitment to prioritize the protection of girls and women from violence in emergency situations.

2015

Launch of updated IASC guidelines to support communities and all relevant sectors taking actions to prevent, and for some sectors respond to, SGBV as part of the work in their respective areas. All relevant sectors have contributed to these guidelines.

2015

UNHCR launches e-based SGBV learning mandatory for all staff.

Hand-out 8

SGBV during the Life Stages and during the Phases of Displacement

SGBV DURING THE LIFE STAGES

State that sexual and gender-based violence can occur throughout an individual's life: pre-birth, infancy, childhood, adolescence, reproductive age, older age.

Pre-birth: Forced abortion, battering during pregnancy, sex-selective abortion, and coerced pregnancy (e.g. in the context of genocide).

Infancy: Physical abuse, emotional abuse, female infanticide (killing an infant based on her sex), and differential access to food and medical care between boys and girls.

Childhood: Sexual abuse, Female Genital Mutilation/Cutting; early marriage, trafficking of persons, and differential access to education.

Adolescence: So-called honour-related crimes, child and/or forced marriage, sexual exploitation (e.g. sex for school fees), sexual harassment, sexual abuse in the workplace, violence by boyfriend, rape, violence due to sexual orientation, trafficking, survival sex, commercial sexual exploitation, and sexualized torture in detention.

Reproductive age: Domestic violence, so-called honour-related crimes, abuse of widows, rape and sexual assault, violence due to sexual orientation, survival sex, forced confinement, and commercial sexual exploitation.

Older age: Elder abuse or sexual abuse (abuse by intimate partner, younger family members or caretaker), abuse of widows including property grabbing, accusations of witchcraft, forced confinement, and forced marriage (e.g. wife inheritance).

SGBV DURING THE PHASES OF DISPLACEMENT

Generally, risks of exposure to SGBV increase dramatically during conflict situations, influenced by many factors. Sexual and gender-based violence can occur at every stage of displacement.

Prior to flight: Sexual violence and torture of women, girls, boys and men is widespread during conflict and often is a reason for flight. Other common forms of SGBV include abduction, sexual slavery, and forced pregnancy.

Sexual violence and other forms of SGBV, such as female genital mutilation or cutting and persecution related to sexual orientation, can constitute grounds for refugee status.

During flight: SGBV can occur at the hands of traffickers or border guards and other individuals in positions of authority. For example, sex in exchange for free passage or for "protection" during flight.

Individual risk factors such as disability, sexual orientation, age, and separation from other family and community members can also increase one's risk.

During displacement: Many factors influence whether different types of SGBV occur. Those in refugee camps or displaced communities in isolated urban or rural areas face different threats. Common types of SGBV during displacement include domestic violence, sexual assault and rape, forced marriage, survival sex, sexual exploitation and abuse by humanitarian workers, and sexual abuse in schools, and sexual and gender-based violence by host community as retribution over depletion of natural resources.

Durable solutions: UNHCR's protection mandate includes helping governments in supporting persons of concern to find durable solutions. Voluntary repatriation and return, local integration, resettlement and relocation, and the take up of a nationality are potential durable solutions for displaced and stateless people. A durable solution decision must be voluntary, based on a free choice by an individual, which cannot be implied or assumed. It must also be an informed choice, based on relevant and reliable information. However, not everyone may be as sufficiently empowered to make a free choice and for some this final phase of displacement carries its own SGBV risks. Following are examples of specific risks faced by persons of concern during this phase.

- Prior to repatriation or resettlement, domestic violence may occur if, for example, one spouse wants to return to the country of origin, but the other spouse refuses because they feel it is unsafe.
- Community leaders are often male and may want to make communal decisions on durable solutions. Often cultural norms, language, education and lack of time to attend mass information sessions, prevent women from participating fully in discussions. Families are represented by the husband and father who might make a choice that he has never discussed with his wife or female children.
- Survivors of rape may fear going to a place where they were abused in the past, without recourse or support for their psycho-social or mental health needs.
- Sometimes community and family members pressure a survivor not to report domestic violence due to the perceived adverse effects this may have on their resettlement case.
- Questions about nationality, succession (inheritance) laws and boundary or land disputes may mean that some vulnerable persons or minorities are denied access to their property upon return to their country of origin.
- Some countries do not let women pass their nationality to her children. If a child is conceived through rape, the child may not be recognized, which has many implications
- Married girls living with the family of their spouse may prefer to integrate, to repatriate or to resettle with their own family but may not be able to express their wishes freely.
- Sometimes, at the end of a cessation exercise (for refugees) or a solutions strategy, those who experienced trauma including SGBV prior to flight do not opt to return. It is often members of groups without significant social or structural support (elderly or single women, or adolescents) who stay behind on their own. These people are at risk of social isolation, poverty and exploitation, including sexual exploitation.
- Someone who has a certain disability may feel compelled to base choices related to durable solution on the choice of a caregiver.
- Child marriage may increase as families fear not finding appropriate spouses for their children in resettlement countries.
- Persons who are lesbian, gay, bisexual, transgendered or intersex (LGBTI) may face security concerns in the country of origin, but if they have not disclosed their sexual orientation, may feel pressured to return with other family and community members.
- FGM/C can, in some cases, rise before resettlement, as refugees know that such procedures are illegal and could not be performed in resettlement countries.
- During integration in a host community, SGBV may occur for a number of reasons. If refugees do not obtain the right to work, they may be vulnerable to exploitation and abuse.

Pre-/Post-test

Module 1:
Introduction to SGBV in Displacement Settings

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) SGBV is under-reported in every operation
   b) It is generally considered good practice to wait to implement SGBV programming until there is reliable data on the extent of the problem
   c) All types of sexual and gender-based violence constitute human rights violations
   d) Sexual and gender-based violence does not occur in every country
   e) Inequality among the sexes is a root cause of SGBV

2. Which of the following characteristics pertain to *gender* (and not sex)? Choose all that apply:
   a) A woman's ability to breastfeed a baby
   b) A man's ability to earn a higher wage
   c) Higher school attendance among boys
   d) Collection of firewood by women and girls
   e) More male law enforcement officers
   f) Menstruation / menses

3. What are the four main forms of SGBV?
   a) Sexual
   b) Physical
   c) Psychological
   d) Social
   e) Denial of resources/access to services
   f) Educational

4. Who can be perpetrators of SGBV? Choose all that apply:
   a) States
   b) Family members
   c) Women
   d) Men
   e) Teachers
   f) Children

5. Explain the meaning of SGBV in your own words.

6. Please explain in your own words why SGBV prevention and response is an important part of UNHCR's protection mandate.

7. List an example of SGBV common in each of the following phases of displacement:
   - Prior to flight:
   - During flight:
   - During displacement:
   - Durable solutions:

Pre-/Post-test: Answer Sheet

Module 1:
Introduction to SGBV in Displacement Settings

(Correct responses are highlighted in **bold**)

1. True or False? Please select all TRUE statements.
   - **a) SGBV is under-reported in every operation**
   - b) It is generally considered good practice to wait to implement SGBV programming until there is reliable data on the extent of the problem
   - **c) All types of sexual and gender-based violence constitute human rights violations**
   - d) Sexual and gender-based violence does not occur in every country
   - **e) Inequality among the sexes is a root cause of SGBV**

2. Which of the following characteristics pertain to gender (and not sex)? Choose all that apply:
   - a) A woman's ability to breastfeed a baby
   - **b) A man's ability to earn a higher wage**
   - **c) Higher school attendance among boys**
   - **d) Collection of firewood by women and girls**
   - **e) More male law enforcement officers**
   - f) Menstruation/menses

3. What are the four main forms of SGBV?
   - **a) Sexual**
   - **b) Physical**
   - **c) Psychological**
   - d) Social
   - **e) Denial of resources/access to services**
   - f) Educational

4. Who can be perpetrators of SGBV? Choose all that apply:

   a) States

   b) Family members

   c) Women

   d) Men

   e) Teachers

   f) Children

NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exclusive; they serve as *examples* of correct answers.

5. Explain the meaning of SGBV in your own words.

   Participants should explain/highlight as many of the following concepts:

   - **An act perpetrated against a person's will/without consent.**
   - **It is based on gender norms and unequal power relationships (against a woman because she is a woman, against a men because he is a man).**
   - **It encompasses threats of violence and coercion.**
   - **It includes physical, emotional/psychological and sexual violence as well as denial of resources or access to services.**

6. Please explain in your own words why SGBV prevention and response is an important part of UNHCR's protection mandate.

   Protection involves "all actions aimed at ensuring the equal access to and enjoyment of the rights of women, men, girls and boys of concern to UNHCR, in accordance with the relevant bodies of the law". SGBV constitutes a human rights violation and is a major protection concern during displacement. SGBV prevention and response is thus part of UNHCR's protection mandate and a strategic priority of the organization.

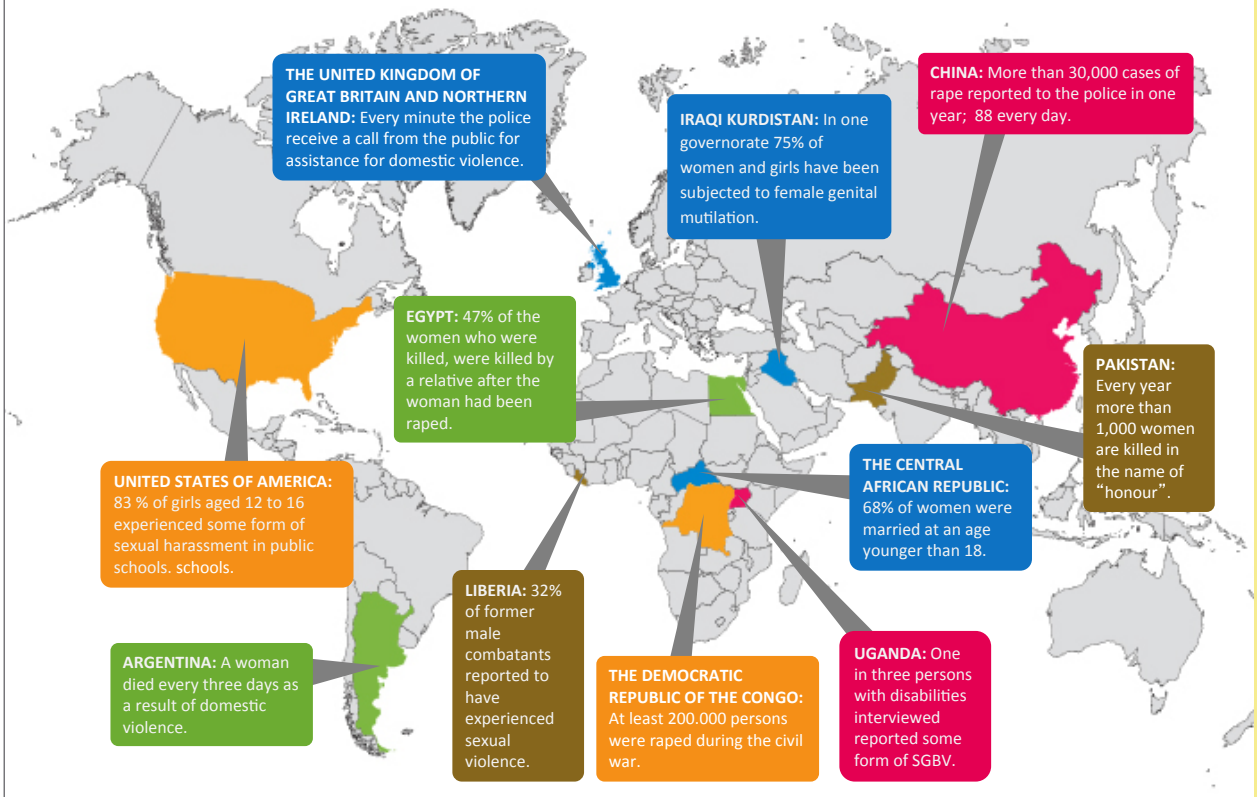
7. List an example of SGBV common in each of the following phases of displacement:

   - Prior to flight: **Rape and other forms of violence in detention, rape as a weapon of war, sexual slavery, so-called honour related crimes**
   - During flight: **Trafficking, sexual exploitation**
   - During displacement: **Child marriage, domestic violence, sexual assault and rape**
   - Durable solutions: **Domestic violence, denial of access to resources or opportunities (for example, denial to pass on nationality, property grabbing, denial of inheritance rights)**

Learning Objectives

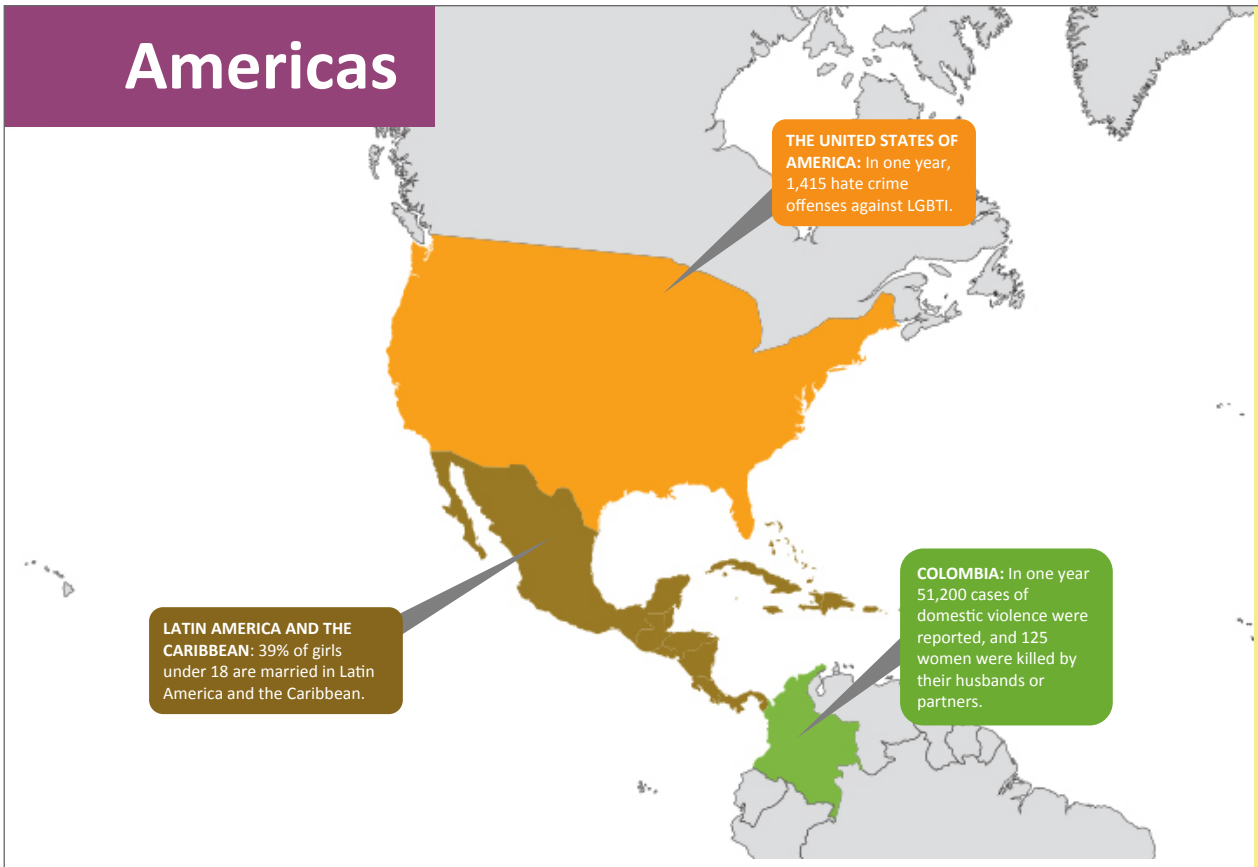
- Explain what **sexual and gender-based violence (SGBV)** is and why it is under-reported.
- Use the definition of SGBV to **analyse** case examples.
- Explain why SGBV constitutes a severe **human rights violation.**
- Describe the **legal framework underpinning protection** against SGBV.
- Identify **types of SGBV** during various **stages of life** and during the phases of displacement.

Global Facts and Figures on SGBV



3

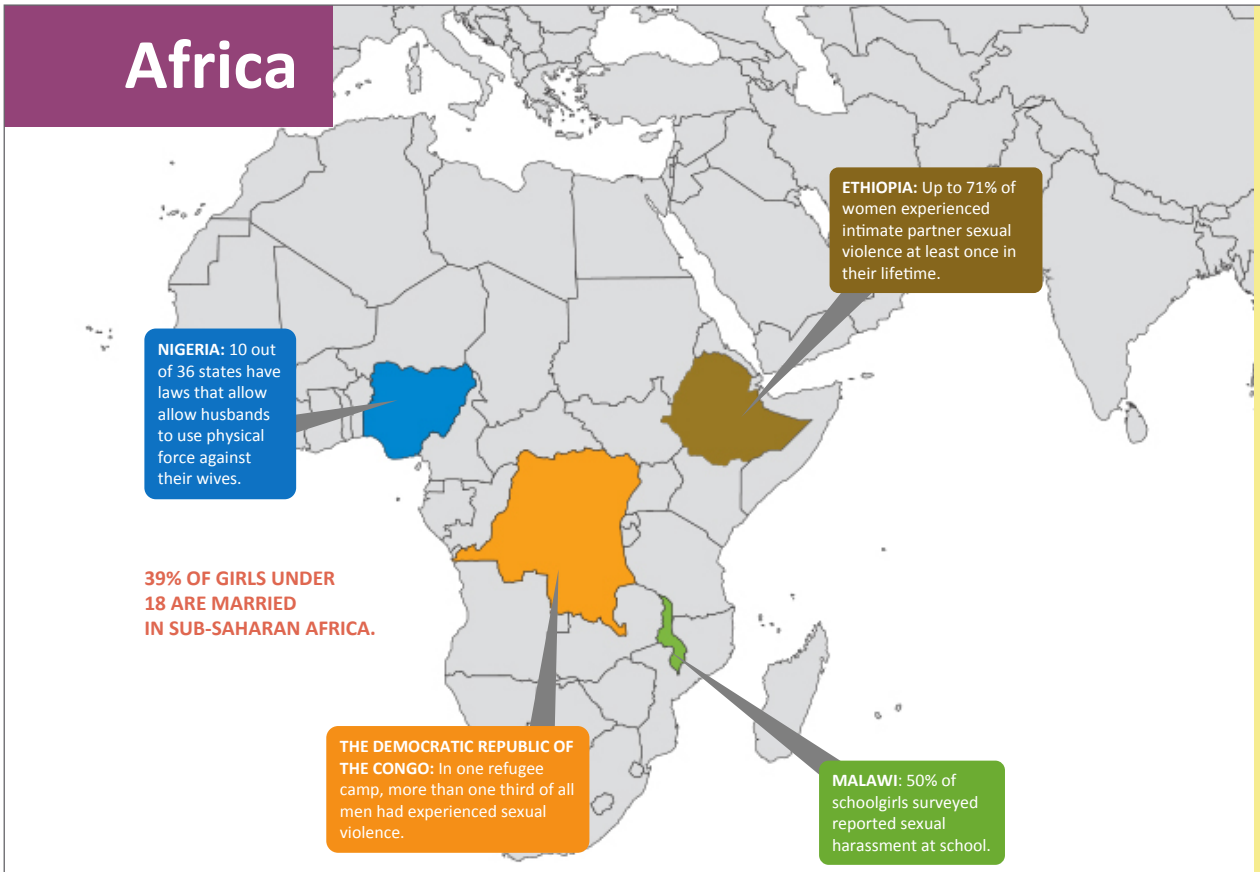
Americas



MODULE 1: Introduction to SGBV in Displacement Settings

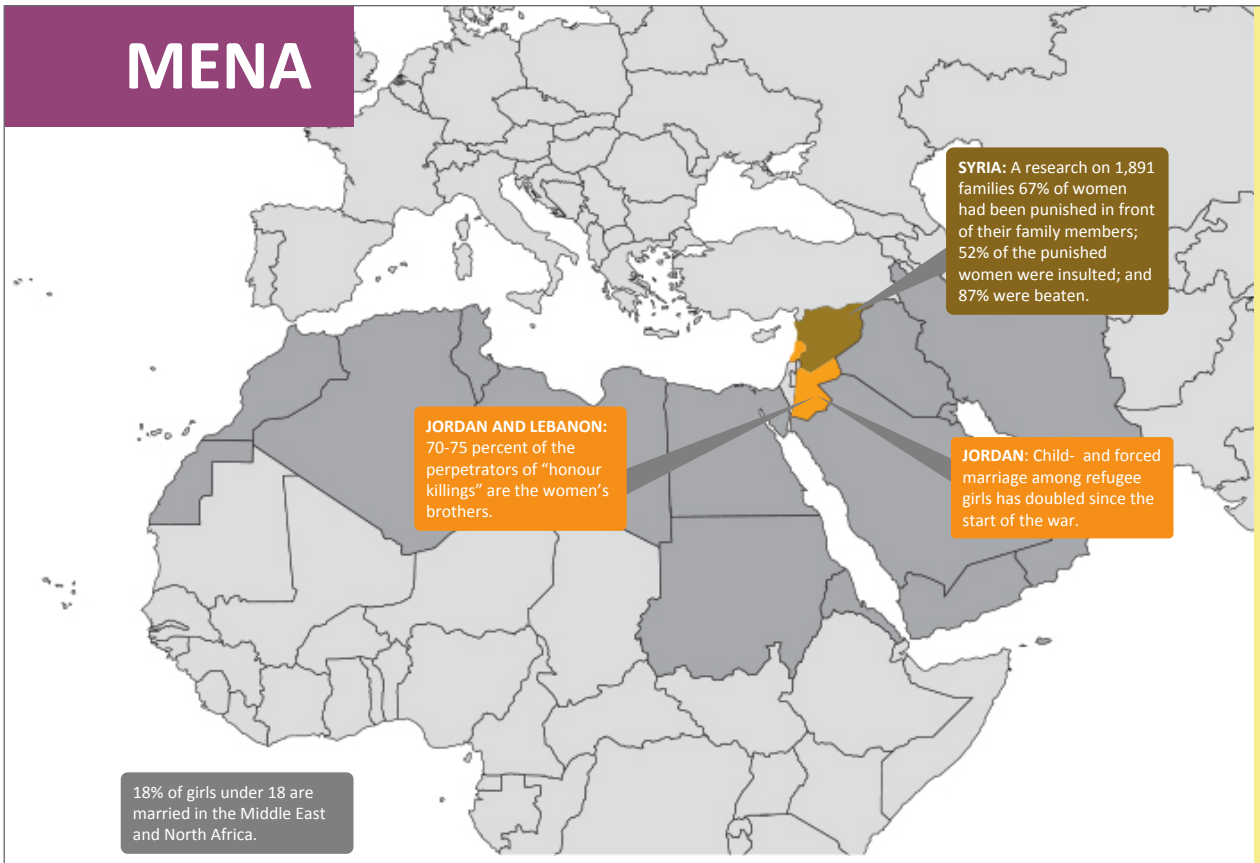
4

Africa

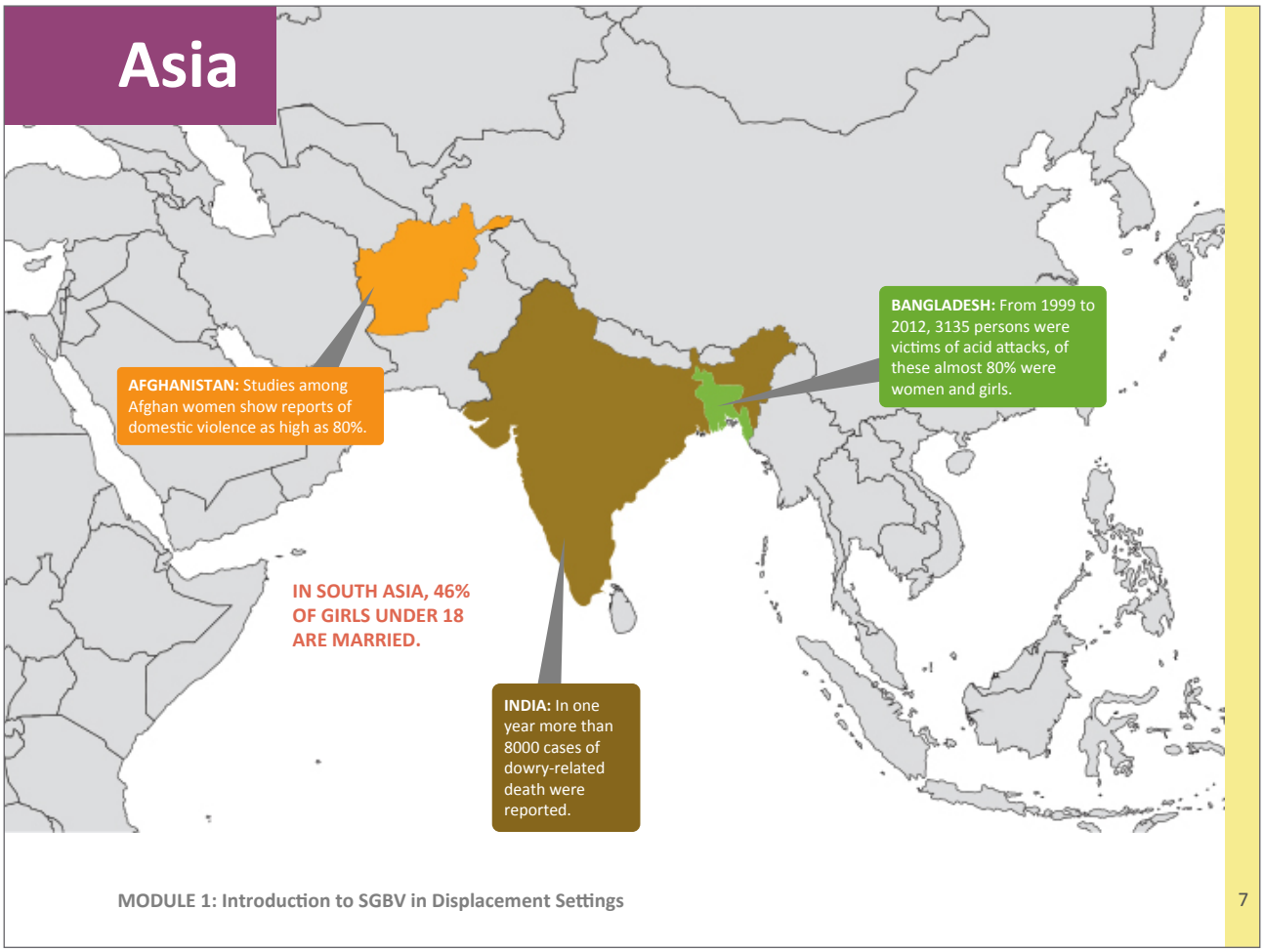


MODULE 1: Introduction to SGBV in Displacement Settings 5

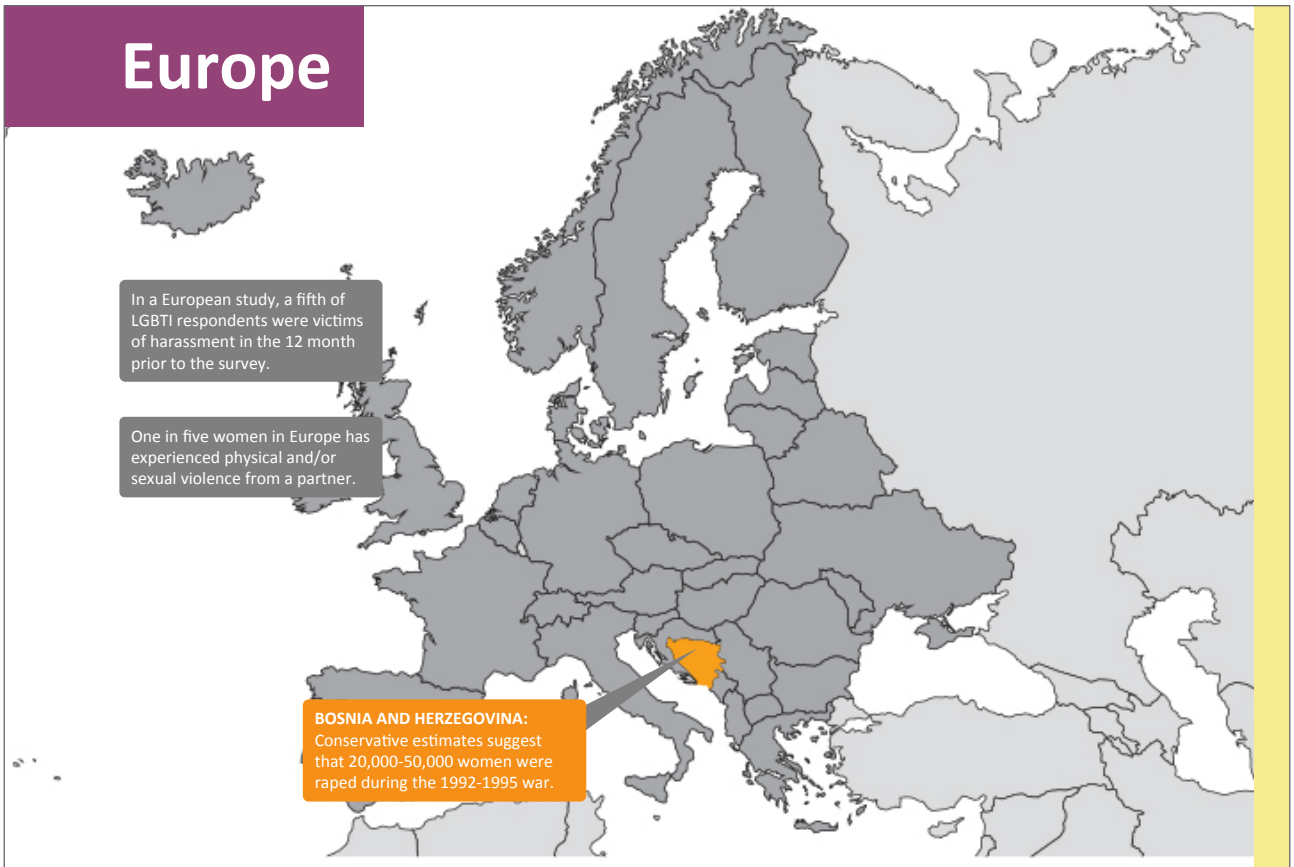
MENA



MODULE 1: Introduction to SGBV in Displacement Settings 6



MODULE 1: Introduction to SGBV in Displacement Settings 7



MODULE 1: Introduction to SGBV in Displacement Settings 8

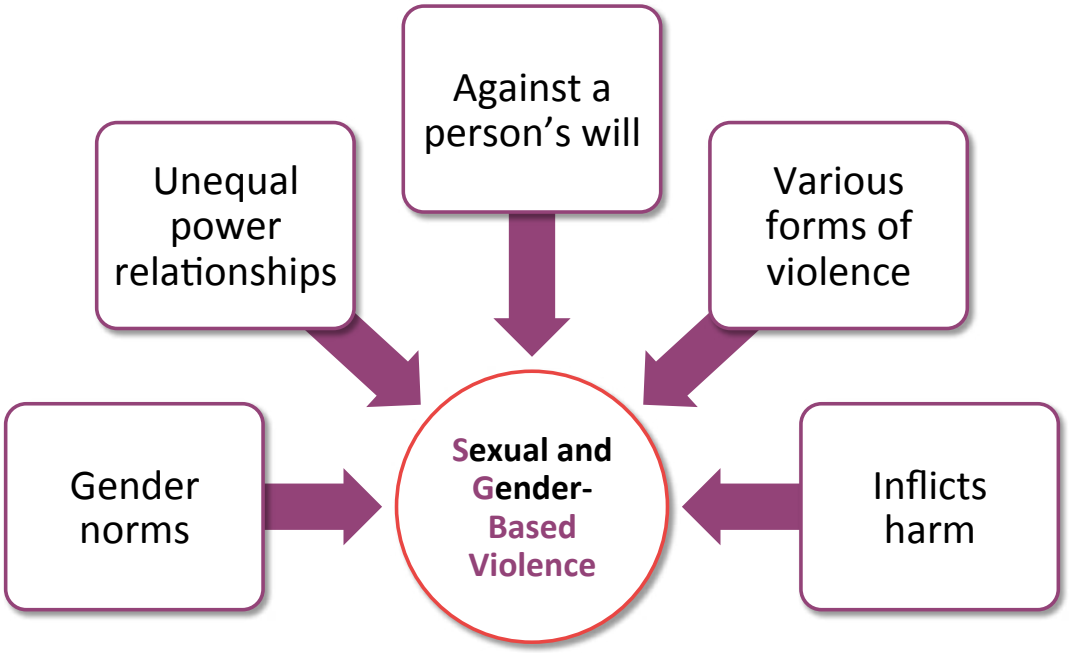
Global Facts and Figures on SGBV

- SGBV occurs **all around the world.**
- SGBV affects **women, girls, men and boys.**
- SGBV is always **under-reported**.
- Determining the **prevalence of SGBV is extremely challenging.**

Definition of SGBV

Sexual and gender-based violence refers to any act perpetrated **against a person's will** based on **gender norms** and unequal **power relationships**. It encompasses threats of violence and coercion. It inflicts harm on women, girls, men and boys.

Key Terms and Concepts



Key Terms and Concepts

- **Sex** refers to the biological characteristics of males and females.
- **Gender** refers to the social characteristics assigned to women/girls, men/boys.

- Gender norms determine girls' and boys' roles, responsibilities, opportunities, privileges and limitations. These factors affect power relationships between women and men later on in life.
- Messages about gender are taught, displayed and reinforced by society and by both men and women from a very young age.
- Gender norms change over time and across cultures.

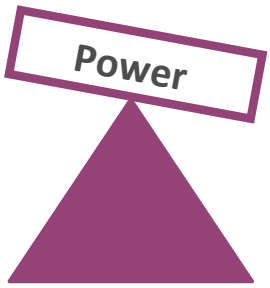
Key Terms and Concepts

Gender norms & unequal power relationships

Sexual and gender-based violence refers to any act perpetrated against a person's will based on **gender norms and unequal power relationships.**

- Gender norms determine **roles, responsibilities, opportunities, privileges and limitations**. This shapes **power relationships.**
- SGBV is an abuse of power.
- Power is directly linked to choice, so persons with little power – such as children and many women – have fewer choices and are more vulnerable to SGBV
- **Gender norms and unequal power relationships is the root causes of SGBV.**
- Gender norms and power relationships can be **changed** by a society, a community, a family or an individual.

SGBV is an abuse of power



economic power

political power

other forms of power

physical power

Key Terms and Concepts

Against a person's will

Sexual and gender-based violence refers to any act perpetrated **against a person's will** based on gender norms and unequal power relationships.

- When a person makes an **informed choice** to agree **freely and voluntary** to do something.
- Being informed about the **right to say "no"** and having the **capacity to say no.**
- **Threat or coercion** means **NO** consent.
- **Children** (those under the age of 18) are considered **unable to give consent.**

Video

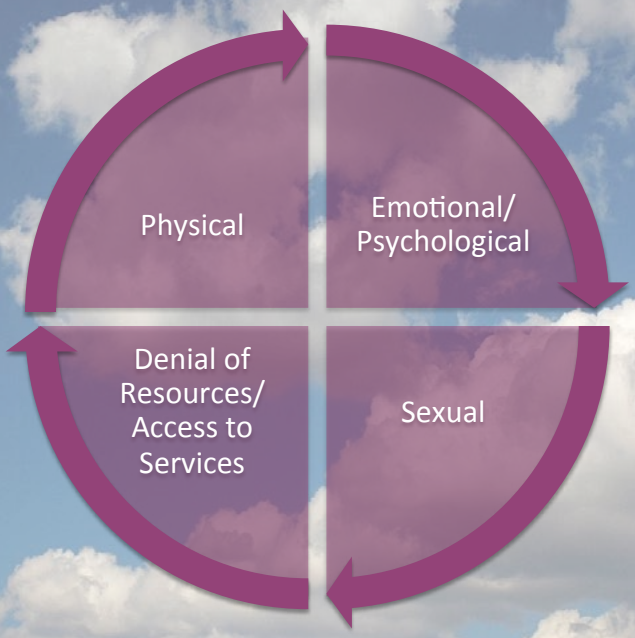
https://www.youtube.com/watch?v=fGoWLWS4-kU

Key Terms and Concepts

Violence

Sexual and gender-based violence refers to **any act** perpetrated against a person's will based on gender norms and unequal power relationships.

Violence

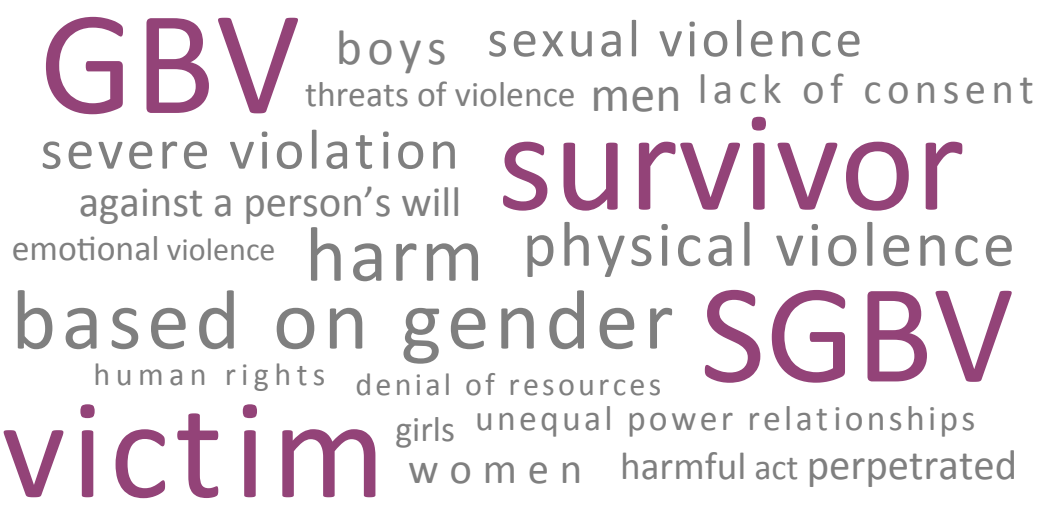


Violence encompasses ***threats of violence*** and **coercion**

Definition of SGBV

Sexual and gender-based violence refers to any act perpetrated **against a person's will** based on **gender norms** and unequal **power relationships**. It encompasses threats of violence and coercion. It inflicts harm on women, girls, men and boys.

A Note on Language



A Note on Language

- ➔ The term **"survivor"** is preferred to the term **"victim"** in **psychological and social support sectors** because it implies resilience.
- ➔ **UNHCR uses "SGBV"** – rather than "GBV" – to emphasize the scope and gravity of sexual violence in situations of conflict and displacement.

Key Terms and Concepts

A **perpetrator** is an individual, a group or an institution that directly inflicts, supports or condones acts of SGBV.

Key Terms and Concepts

- ➔ Most acts of SGBV are perpetrated by **someone known to the survivor.**
- ➔ **State authorities**, such as the army or police, sometimes condone or perpetrate violence. State laws – or the lack of them – can sometimes facilitate the actions of perpetrators.
- ➔ In conflict, **state security forces** as well as **non-state actors** such as rebel groups or paramilitaries may use forms of sexual violence as a weapon of war.
- ➔ **Women** can also be perpetrators.

Human Rights

- → SGBV is a **human rights violation.**
- → SGBV is perhaps the most **widespread** and yet **socially tolerated** of human rights violations.
- → **Different types** of SGBV violate **different human rights.**
- → **Human rights are *indivisible.***

Human Rights

Type of SGBV	Violates the right to
Rape	Freedom from torture, or cruel, inhuman, or degrading treatment or punishment, the right to life
Sexual Exploitation	Human dignity and physical integrity
Violence based on sexual orientation	Live free from discrimination, and the right to equality, including equal protection of the law
Confinement	Cultural, political and public participation; education; access to public services
Domestic Violence	Life and equality, including equal protection under the law
FGM/C	The highest attainable standard of physical and mental health

Protection

SGBV **prevention** and **response** is part of **UNHCR's protection mandate.**

Protection involves **all actions** aimed at ensuring the **equal access** to and **enjoyment of the rights** of women, men, girls and boys of concern to UNHCR, in accordance with the relevant bodies of the law.

Legal Framework

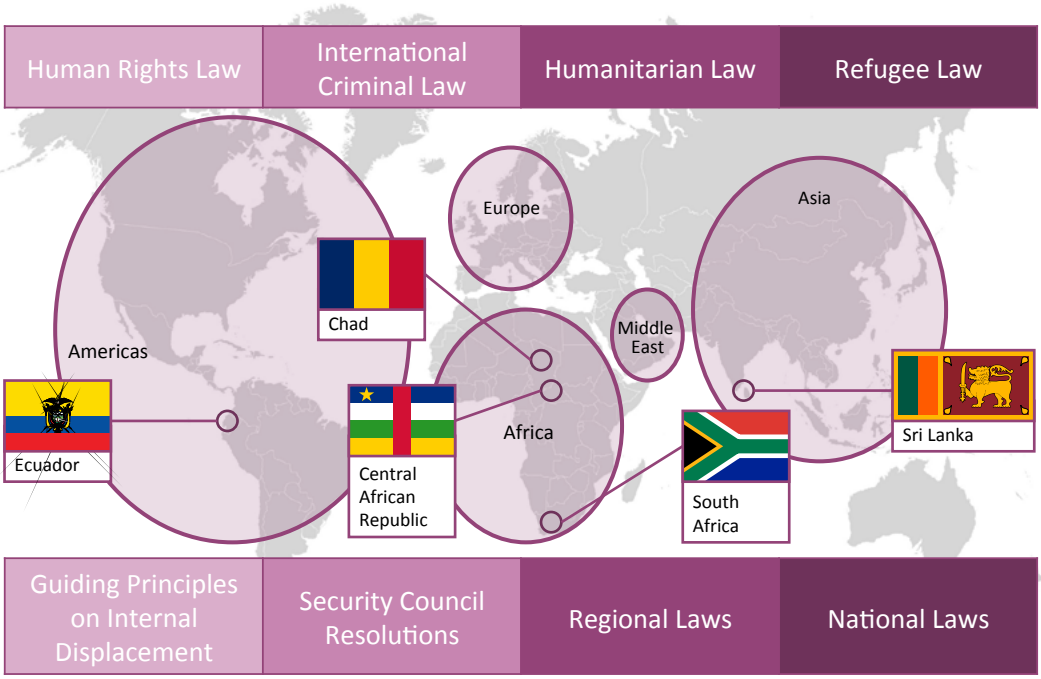
International law:

- International human rights law
- International humanitarian law
- International criminal law
- International refugee law
- United Nations Security Council resolutions
- Other United Nations-sanctioned principles, resolutions and declarations (including Guiding Principles on Internal Displacement)

Regional treaties

National law

Legal Framework

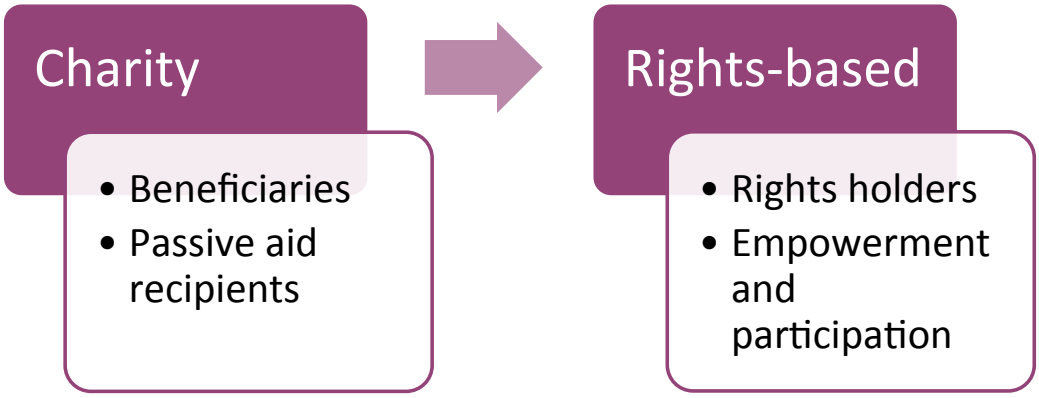


Legal Framework

What do you know about:

- ➔ The **international** laws that apply in your operation?
- ➔ **Regional** laws?
- ➔ **National** laws?

Rights-Based Approach



Rights-Based Approach

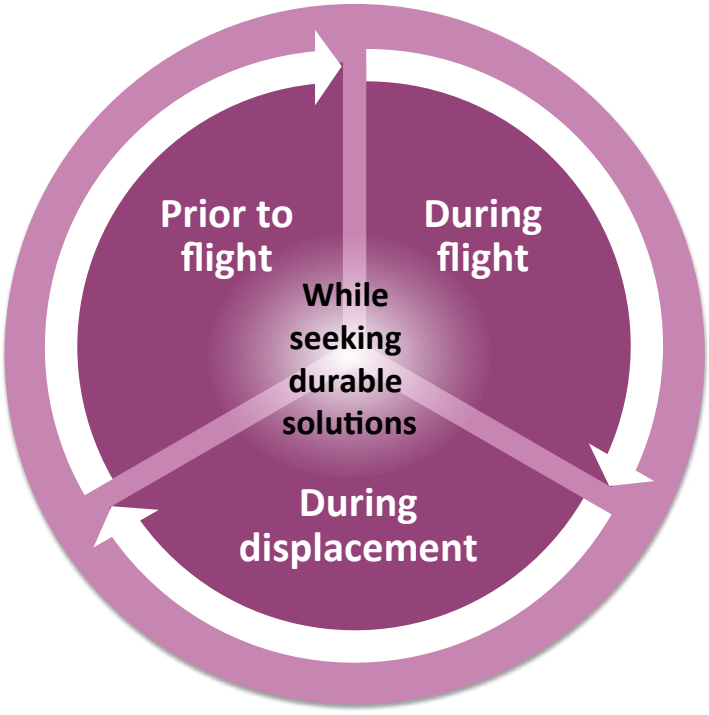
The **state is the primary duty bearer** and thus bears the principal responsibility to prevent and respond to SGBV. Other entities also have crucial roles to play.

A **rights-based approach can help us see SGBV as a human rights violation**, rather than as a cultural or religious norm, or practice.

Video

http://goo.gl/OLQ9Hu

SGBV During Phases of Displacement



MODULE 2

Key Approaches for Addressing SGBV

MODULE OUTLINE

Session 1	Framework for action	45 minutes	1
Session 2	Rights-based approach	45 minutes	2
Session 3	Survivor centered approach	60 minutes	3
Session 4	Community-based protection	60 minutes	4
Session 5	Age, gender diversity approach	45 minutes	5
Session 6	The four approaches applied	45 minutes	6

TIMING:

5 hours

SUMMARY

During this training session participants explore four key approaches that should guide UNHCR's SGBV prevention and response work. Participants will explore the rights-based approach, survivor-centred approach, community-based protection, and the Age, Gender and Diversity approach. For each approach, participants will reflect on its practical application in SGBV programming using case studies.

LEARNING OBJECTIVES

By the end of this module participants should be able to:

- ✓ Describe UNHCR's framework for taking action against SGBV
- ✓ Explain how the four approaches are interrelated and describe the principles underpinning all approaches
- ✓ List concrete examples of how the four key approaches for addressing SGBV issues can be applied

KEY MESSAGES

- → SGBV prevention and response work should be guided by the rights-based approach, the survivor-centred approach, community-based protection, and the Age, Gender and Diversity (AGD) approach. These four approaches are inseparable.
- → The four approaches are founded on common principles of empowerment, participation, ownership and accountability. They all put individuals and communities at the centre of SGBV programmes and aim to ensure that all persons of concern are able to fulfil their rights on an equal basis.
- → Failure to adopt the four approaches will result in increased risks of SGBV, ineffective responses, and lack of ownership and accountability.
- → The rights-based approach can help us see SGBV as a human rights violation that cannot not be condoned or justified by cultural norms. Rights cannot be negotiated.
- → The survivor-centered approach recognizes the fact that each person is unique, reacts differently to SGBV and has different needs. Failing to adopt this approach may put survivors at risk.
- → Community-based protection requires us to make serious efforts to understand all community members, women, men, girls and boys, and those within specific needs groups; to engage with communities in a structural way; and to support and work with existing community structures.
- → Community-based protection balances communities' protection priorities and strategies with UNHCR's mandate to protect and respect people's rights.
- → The AGD perspective recognizes the SGBV risks that different groups in the community may face and seeks to include all those groups in SGBV prevention and response activities.
- → In order to make sure all persons have equal access to SGBV services we need to be inclusive *and* address specific needs and realities of certain groups

PREPARATION

COLLECT SUPPLIES:

- Flip chart, projector/laptop, markers, post-its
- A copy of UNHCR Community Based Protection paper

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Case Study: Rights-Based Approach
- Activity Sheet 2: Scenarios
- Activity Sheet 3: Applying the Four Key Approaches

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Framework for Action against SGBV
- Hand-out 2: SGBV and the Rights-Based Approach
- Hand-out 3: Implementing the Survivor-Centred Approach
- Hand-out 4: SGBV and Community-Based Protection
- Hand-out 5: SGBV and the Age, Gender and Diversity (AGD) Approach

OTHER:

- Visit the Tostan website at www.tostan.org to become familiar with their approach to community development which incorporates much of the material described in this module.

UNHCR READING MATERIALS AND RESOURCES

→ *Protection Policy Paper: Understanding Community Based Protection,* 2013.

→ *Tool for Participatory Assessment in Operations,* 2006.

→ *Listen and Learn: Participatory Assessment with Children and Adolescents,* 2012.

UNHCR NEED TO KNOW GUIDANCE SERIES:

→ *Working with Persons with Disabilities in Forced Displacement,* 2013.

→ *Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement,* 2011.

→ *Working with Older Persons in Forced Displacement,* 2013.

→ *Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement,* 2012.

→ *Working with National or Ethnic, Religious, and Linguistic Minorities and Indigenous Peoples in Forced Displacement,* 2011.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 2: Key Approaches for Addressing SGBV has been produced for educational purposes only, in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge:

→ *Managing Gender-based Violence Programmes in Emergencies, E-learning Companion Guide,* United Nations Population Fund (UNFPA), 2012

→ *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit,* International Rescue Committee (IRC), 2014

SESSION 1: Framework for Action

45 minutes

LEARNING OBJECTIVES

- ✓ Describe UNHCR's framework for taking action against SGBV
- ✓ Explain how the four approaches are interrelated and describe the principles underpinning all approaches

KEY MESSAGES

- → SGBV prevention and response work should be guided by the rights-based approach, the survivor-centred approach, community-based protection, and the Age, Gender and Diversity (AGD) approach. These four approaches are inseparable.
- → The four approaches are founded on common principles of empowerment, participation, ownership, and accountability. They all put individuals and communities at the centre of SGBV programmes and aim to ensure that all persons of concern are able to fulfil their rights on an equal basis.

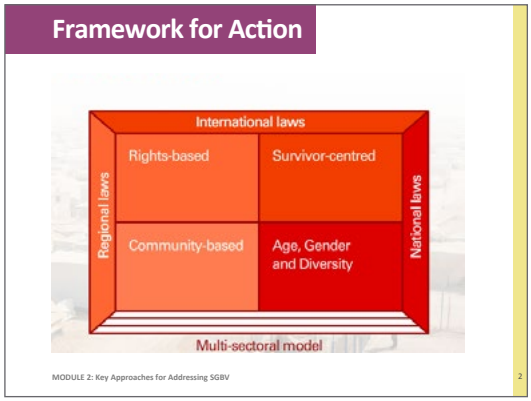
PREPARATION

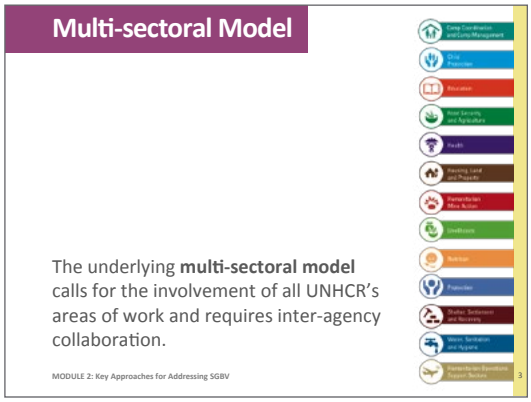
- Hand-out 1: Framework for Action against SGBV

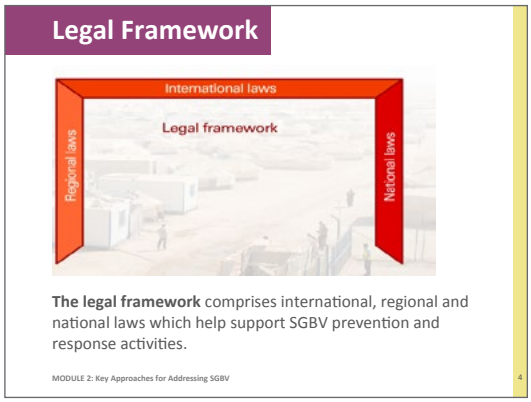
Framework for Action against SGBV

DISCUSSION (10 MINUTES)

1. Start by asking how UNHCR takes action against SGBV. Ask participants if in their jobs they use any specific approaches or models to prevent and respond to SGBV? If so, can they name them? Elicit a few responses, for example, through partners, by working with communities, etc.







2. Explain that to answer these questions, UNHCR has developed a Framework for Action. Use the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Framework for Action against SGBV

The Framework for Action presents four key approaches for SGBV prevention and response activities. These are the rights-based approach, the survivor-centred approach, community-based protection, and the Age, Gender and Diversity (AGD) approach.

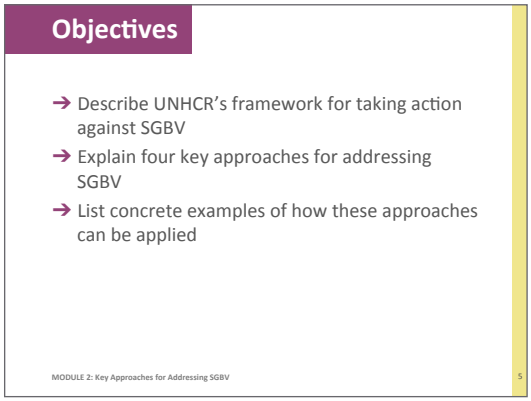
These approaches are not limited to addressing SGBV and should guide all work with persons of concern.

*All four approaches are supported by the underlying **multi-sectoral model**. Because no single area of work can by itself address SGBV prevention and response, this model calls for the involvement of all UNHCR areas of work and for inter-agency collaboration. Further guidance on the multi-sectoral model is addressed in:*

- *Module 3: Preventing SGBV of this Facilitators' Guide*
- *Module 6: Multi-sectoral Response to SGBV of this Facilitators' Guide*
- *UNHCR e-learning on SGBV (2015)*
- *Inter Agency Standing Committee (IASC)* Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery *(2015). These guidelines are designed to support staff working across different sectors in taking concrete actions to prevent SGBV in their area of work.*

*Underlying these approaches **is the legal framework**, comprising international, regional and national laws which help support SGBV prevention and response activities. The legal framework is addressed in Module 1: Introduction to SGBV in Displacement Settings.*

3. Explain the focus of this training session will be the four key approaches to addressing SGBV.



NOTES TO THE FACILITATOR:

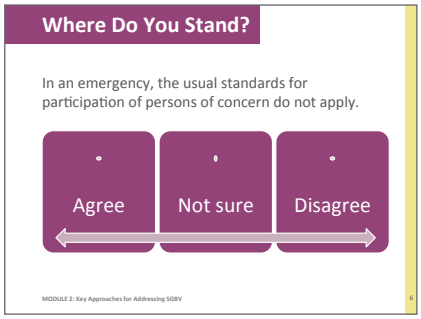
At the end of this training session participants should be able to:

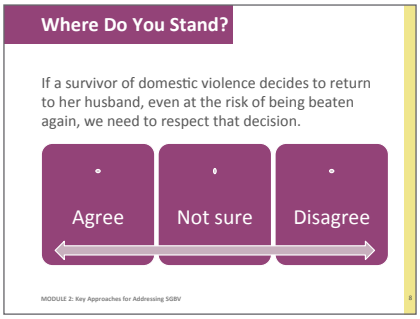
- *Describe UNHCR's framework for taking action against SGBV*
- *Explain how the four approaches are interrelated and describe the principles underpinning them*
- *List concrete examples of how the four key approaches for addressing SGBV issues can be applied.*

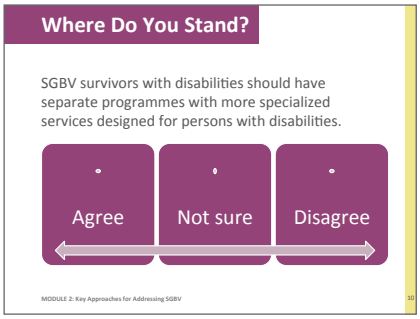
Where do you stand?

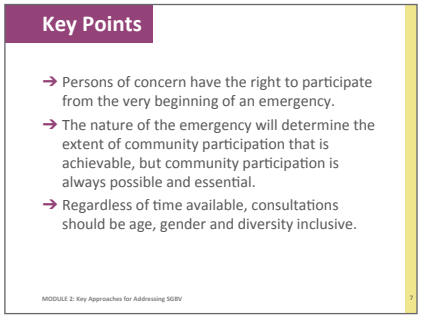
GROUP ACTIVITY (25 MINUTES)

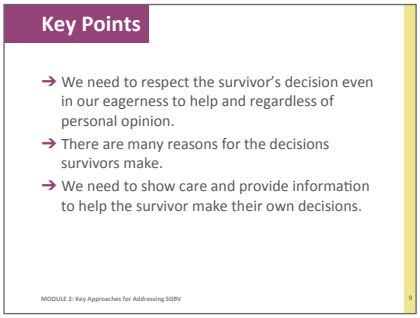
4. Have the group stand up and move to one side of the room. Read the statement from presentation slide 6 aloud and ask participants to decide whether they agree or disagree. Ask those who agree with the statement to move to the other end of the room. Have those who disagree stay where they are. Those who are not sure may move to the middle of the room. Participants should be encouraged to share their perceptions about the statement. After participants have taken their stands, show the corresponding slide with key points and discuss which approaches they reflect. Repeat this exercise for the statements on the following presentation slides.

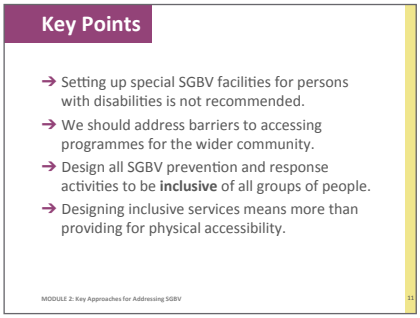


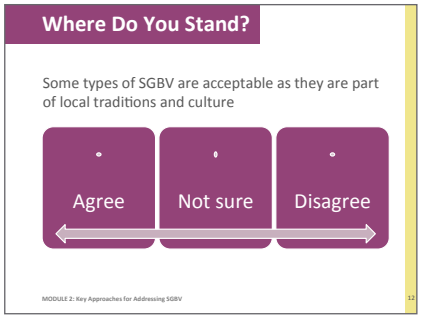


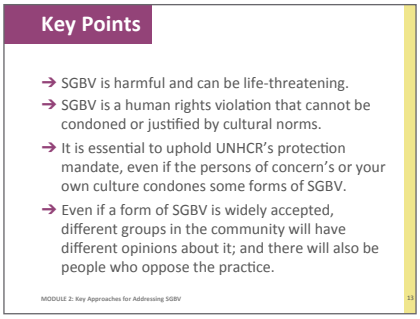












NOTES TO THE FACILITATOR:

Statements and feedback

Statement 1: In an emergency, the usual standards for participation of persons of concern do not apply.

- *Persons of concern have the right to participate from the onset of an emergency.*
- *The nature of the emergency will determine the extent of community participation that is achievable, but community participation – of all groups in the community – is always possible and essential from the very beginning of an emergency. What may change is the time available for consultation with persons of concern. Regardless of time available, consultations should be age, gender and diversity inclusive and gender-sensitive.*

(Community-based protection).

Statement 2: If a survivor of domestic violence decides to return to her husband, even at the risk of being beaten again, we need to respect that decision.

- *We need to respect the survivor's decision even in our eagerness to help and regardless of our personal opinion.*
- *There are many reasons survivors make certain decisions. For example, in this case, the survivor may fear her life, she may feel she has no other option, she may believe she is protecting her children or she may fear losing custody of children.*
- *We need to show care and provide information to help the survivor make decisions.*

(Survivor-centred approach)

Statement 3: SGBV survivors with disabilities should have separate programmes with more specialized services designed for persons with disabilities.

- *Setting up special SGBV facilities for persons with disabilities is not recommended. Instead we should analyse and address any barriers to accessing programmes for the wider community.*
- *We need to design all SGBV prevention and response activities to be* ***inclusive*** *of all people including those needing specialized services.*
- *Designing inclusive services means more than providing for physical accessibility.*

(Age, Gender and Diversity approach)

Statement 4: Some types of SGBV are acceptable as they are part of local traditions and culture.

- *SGBV is harmful and can be life-threatening.*
- *SGBV is a human rights violation that cannot be condoned or justified by cultural norms.*
- *It is essential to uphold UNHCR's protection mandate, even if your own culture condones some forms of SGBV.*
- *Even if a form of SGBV is widely accepted, different groups in the community will have different opinions about it; and there will also be people who oppose the practice.*

(Rights-based approach)

Common principles

BRAINSTORM (10 MINUTES)

5. Remind participants that this session will explore four key approaches in further detail. Emphasize that these approaches should underpin our SGBV prevention and response work.

6. The four approaches are founded on common principles. Ask participants what kind of programming principles are most important when addressing SGBV. Write these up as principles on a flip chart and complement with the principles listed in Hand-out 1: Framework for Action against SGBV.

   Note: there is no need to discuss all principles in detail as they will come back in the discussion on the four approaches. For now it is sufficient to do a quick brainstorm on principles participants believe are important.

7. Distribute Hand-out 1: Framework for Action against SGBV.

SESSION 2: The Rights-Based Approach

45 minutes

LEARNING OBJECTIVES

✓ Explain what is meant by the rights-based approach and how it applies to SGBV programming

KEY MESSAGES

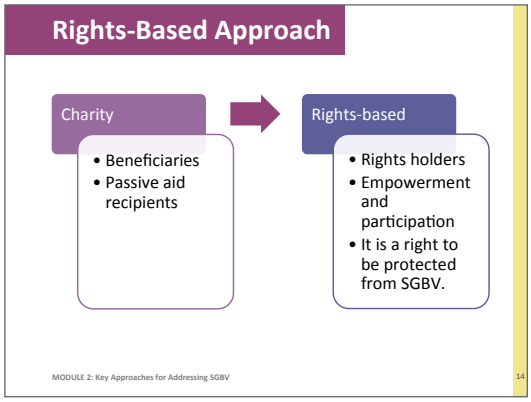
→ The rights-based approach can help us see SGBV as a human rights violation that cannot not be condoned or justified by cultural norms. Rights cannot be negotiated.

PREPARATION

- Activity Sheet 1: Case Study: Rights-Based Approach
- Activity Sheet 2: Scenarios
- Hand-out 2: SGBV and the Rights-Based Approach

Rights-based approach

GROUP ACTIVITY (30 MINUTES)



1. Start the session by explaining that the rights-based approach reflects a change in thinking about persons of concern.

NOTES TO THE FACILITATOR:

Rights-based approach

UNHCR uses a rights-based approach to address SGBV. This reflects a change in thinking from a charity model towards a human rights model. The rights-based model emphasizes that people are not passive aid recipients, but rather are rights holders with legal rights to protection and assistance.

*The rights-based approach is founded on the principles of **participation** and **empowerment** of individuals and communities to enable them to exercise their rights and comply with their duties. Duty bearers are **accountable** for meeting their responsibilities towards rights holders.*

2. Show the animated slide, and ask participants to respond to each question prior to showing the answers.

NOTES TO THE FACILITATOR:

Which legal rights do we refer to?
The rights-based approach to programming is based on various ***international*** *and* ***regional*** *treaties often codified in national law.*

Who should make sure rights holders know and exercise these rights?
Duty bearers are those with a responsibility to respect, protect and fulfil the rights of rights holders. The state is the primary *duty bearer and thus bears the principal responsibility to prevent and respond to SGBV. But other entities, such as UNHCR, NGOs and community members, have crucial roles to play in securing individuals' rights.*

3. Read out the following case-study:

Note: Time allowing, this activity can also be carried out in small groups. The case study can be found in Activity Sheet 1: Case Study: Rights-Based Approach.

Carena is a 16-year-old internally displaced girl living with her father and mother in a large town.

Since fleeing her area of origin with her family, Carena has not gone to school and helps her mother at home. The family is unable to make ends meet, and when Carena meets Francis, a refugee from the same area of origin, her parents gladly accept his offer to marry Carena. Carena has dreams to continue her education and become a teacher one day, but she does not oppose the marriage as she feels there is no choice. Francis soon turns out to be a violent husband who regularly beats her. Carena does not tell her parents as she knows they won't be able to pay back the dowry if the marriage collapses. Although child marriage and domestic violence are criminalized in the country where she is living, Carena does not report her marriage or her husband's violence as she fears losing the support of her family. Community members know about the violence in Carena's home, but they do not intervene. They believe Carena's parents are aware of what is going on and consider it a private matter.

4. Ask participants:
   - → Who are the rights holders in this case?
   - → Who are the duty-bearers?
   - → Which rights are violated?

   Use the Notes to the facilitator for feedback.

NOTES TO THE FACILITATOR:

Feedback to the case study

Rights holders and duty bearers

- *Carena is a rights holder. She has the right to the highest attainable standard of health, including sexual and reproductive health, physical and mental health; she has the right to live free from violence and to an education and to all other human rights.*
- *Francis is a rights holder. International human rights law guarantees fundamental rights to everyone, including perpetrators. Francis also has a duty to treat Cara with human dignity and to respect her physical integrity.*
- *Carena's parents are rights holders. But they also have a crucial role to play in securing Cara's rights, for example, they have a duty to send her to school and to not force her to marry illegally.*
- *The state is the primary duty bearer. Protection against SGBV is a legal responsibility of the state.*
- *Although not primary duty bearers, members of a community have a duty to other members. In Carena's community, domestic violence is common, and community members do bear the duty to intervene to try to stop the violence.*
- *United Nations agencies are duty bearers and are mandated to respect international human rights norms regardless of whether a state has ratified core human rights treaties. They also have a duty to respect and even implement international human rights standards. For example, Article 5 of the Declaration on Elimination of All Forms of Violence against Women states that United Nations agencies should contribute to the realization of women's rights. Similarly, INGOs must uphold international human rights norms.*
- *UNHCR has a global mandate to ensure that the human rights of all persons of concern, including Carena, are upheld in accordance with international human rights standards, international humanitarian law and the international obligations of states hosting persons of concern.*

Which rights are violated?

Child marriage violates the right to marry with free and full consent. And it violates national laws concerning the minimum age of marriage. This violation presents an obstacle to realizing other rights, such as the right to education and the right to the highest attainable standard of physical and mental health, including sexual and reproductive health.

Domestic violence violates the right to equality, to human dignity and to physical integrity.

---

5. Emphasise that Carena's rights were violated. She is *entitled* to protection and support. The duty bearers are *obliged* to protect and support her even if the community sees it as a private matter.

6. Show presentation slide 16 and ask a volunteer to explain their understanding of the statement. Use the notes to the facilitator to make sure everyone understands this important concept.

NOTES TO THE FACILITATOR:

Feedback rights-based approach

As we have seen in Carena's case, the rights-based approach can help us see SGBV as a human rights violation that should not be condoned or justified by cultural or religious norms. This also applies to other forms of SGBV, such as FGM/C, so called honour crimes or excluding girls from education.

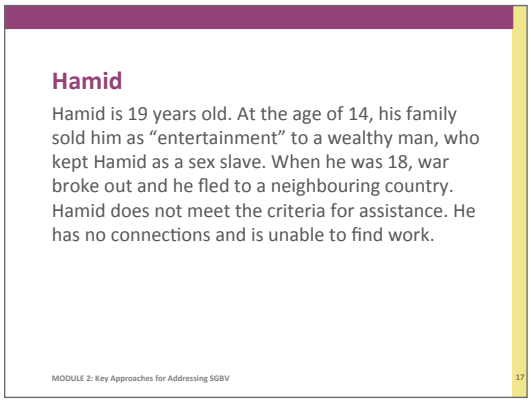
How do you see this?

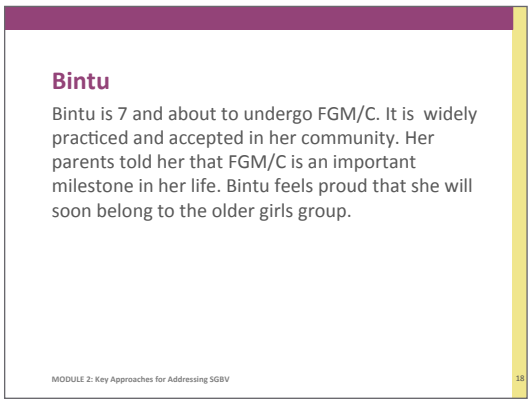
OPTIONAL GROUP ACTIVITY (15 MINUTES)

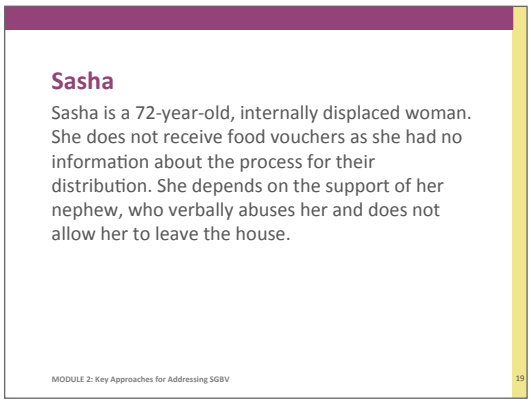
7. *If the participants clearly understand the rights-based approach, you can skip this optional activity, or select only one of the scenarios.* Show the short scenarios on the presentation slides 17, 18, and 19 or distribute Activity Sheet 2: Scenarios. Ask participants to describe these individuals and their situations using the rights-based approach. Make sure the following points are made.

   - ✓ Each survivor is *entitled* to protection and assistance.
   - ✓ The practices described are human rights violations and should not be condoned
   - ✓ The state as a primary duty bearer has a duty to protect and provide support.
   - ✓ UNHCR has an obligation to intervene and hold duty bearers accountable.
   - ✓ We should empower the rights holders to enable them to exercise their rights.
   - ✓ We should enable duty bearers to comply with their duties and hold them accountable.

   Distribute Hand-out 2: SGBV and the Rights-Based Approach.







SESSION 3: Survivor-Centred Approach

60 minutes

LEARNING OBJECTIVES

- ✓ Explain what is meant by the survivor-centred approach and the four Guiding Principles
- ✓ List concrete examples of how the Guiding Principles can be applied in our work with survivors

KEY MESSAGES

- → The survivor-centered approach recognizes the fact that each person is unique, reacts differently to SGBV and has different needs. Failing to adopt this approach may put survivors at risk.

PREPARATION

- Hand-out 3: Implementing the Survivor-Centered Approach

What does it entail?

GROUP ACTIVITY (20 MINUTES)

1. Read the following case study to the participants[1]:

Mirel is 27. She is a widow living with her two children and her late husband's family. Mirel's in-laws treat her badly. They make her do all the work in the house and beat her whenever they feel like it. Mirel's brother-in-law has raped her on two occasions. Recently, the family have started organizing parties at home. During those parties they encourage Mirel to have sex with a man unknown to her. Mirel suspects the man pays her in-laws in exchange for the sexual favours. Mirel is too afraid to refuse.

People in the neighbourhood know that Mirel is being abused. One day, a woman in the same building comes to talk to Mirel and tries to convince her to go to the police. She tells her that the abuse will not stop and that she is worried about Mirel. Mirel denies that her in-laws are abusing her and says that everything is fine.

The neighbours do not understand her reaction and begin speaking badly about her. Why does she not stop this? She must be enjoying what she is doing. She must be getting money for it. *The neighbours start to avoid contact with Mirel and she and her children become more and more isolated. The abuse continues.*

---

[1] This activity is adapted from: The International Rescue Committee (IRC), *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit*, 2014

2. Ask participants to speculate why Mirel refuses help. Among the reasons may be the following.
   - Mirel may be too afraid to speak out; she may be threatened with further violence to her or her children if she speaks to other people about what is happening.
   - She doesn't trust the authorities to help her and may feel she has nowhere else to go.
   - She may worry that she'll lose custody or care of her children.
   - She may suffer the consequences of poor mental health and feel unable to make decisions.

3. Ask the participants what people in the community might do to help Mirel. Summarize responses on post-its. Examples could include the following.
   - Not judging her
   - Continuing to make contact with her, trying to get to know her better
   - Giving her a point of contact if she wishes to get help
   - Not telling stories about her to others
   - Not telling her what she should do, but informing her about options to find help

4. Read the second part of the story:

Mirel is feeling isolated and afraid and she sees no way out of the abuse. Her health status is poor and she has chronic lower abdominal pain. Every time she goes to the health centre, the nurse gives her antibiotics and painkillers and sends her home. The nurse suspects something is wrong, but does not bring it up.

---

5. Ask participants what might be the barriers that prevent Mirel from speaking out? Make sure the following points are made.
   - There may be not enough confidentiality.
   - The health clinic may not be able to provide a space to allow for a private conversation.
   - She may not be aware that she can raise this issue at the health clinic.
   - She may not dare to speak to the nurse if he is a man.

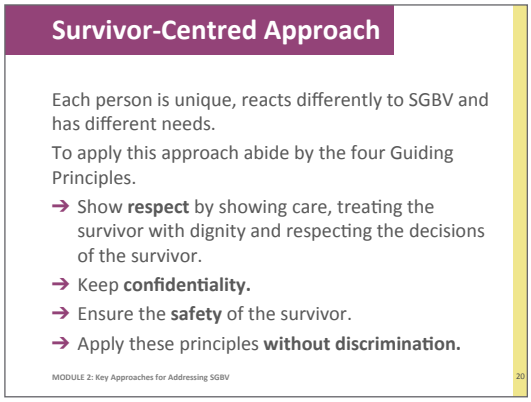
6. Ask participants; what can the health care provider do to help Mirel? Make sure the following points are made.
   - Ask Mirel about her home situation.
   - Ask Mirel if she is facing any problems she may want to talk about.
   - Show empathy and try to gain Mirel's trust.
   - Remain non-judgmental.
   - Provide information about different services available to her.
   - Provide Mirel with information, for example, about the referral process, services offered and the rules of confidentiality.

7. Explain that sometimes survivors remain silent even when you show them care and try to gain their trust. Ask participants what to do in such situations. Use the Notes to the facilitator to explain.

NOTES TO THE FACILITATOR:

What if a survivor remains silent?

Whatever our area of work – registration, resettlement, community services, or protection – any SGBV survivor must be able to confide in us. The survivor may be traumatized and may be unable to open up. They may feel that they need to stay silent to stay safe. In such cases, the survivor-centred approach tells us to abide by the Guiding Principle of respecting the survivor's choice, even if, in our eagerness to help, we think the survivor is making the wrong choice. Only then can we create a climate in which a survivor feels safe enough to eventually talk in their own time.



8. Explain what is meant by the survivor-centred approach.

NOTES TO THE FACILITATOR:

The survivor-centred approach and the Guiding Principles

Note: The survivor-centred approach will be addressed in more detail in Module 6: Multi-sectoral Response to SGBV

The survivor-centred approach recognizes the fact that each person is unique, reacts differently to SGBV and has different needs. This approach promotes respect for survivors' rights by placing them at the centre of the support system. The survivor-centred approach should be applied by everyone who is in contact with survivors regardless of their role in the community or professional position.

- *Show respect by showing care, treating the survivor with dignity and respecting the decisions of the survivor.*
- *Keep confidentiality.*
- *Ensure the safety of the survivor.*
- *Apply these principles without discrimination.*

Where to I stand?

OPTIONAL ACTIVITY (30 MINUTES)

9. Module 6: Multi-sectoral response to SGBV contains an optional activity on how participants can use the Guiding Principles in their work. Please refer to Module 6, Activity Sheet 3: The Guiding Principles Statements. This activity is designed for staff who engage with SGBV survivors as part of their work. It encourages participants to reflect on issues such as:
   - Sharing information about a survivor
   - Informed consent
   - Providing information versus advising
   - Keeping files securely

How do we apply the survivor-centred approach?

GROUP ACTIVITY (40 MINUTES)

10. Ask the participants to divide into four groups. Assign each group one of the guiding principles. Ask each group to brainstorm concrete actions that service providers can do to put its assigned Guiding Principle into practice. Encourage participants to identify those areas where they think they, or their organization, can do better and what is needed to do that?

11. After 20 minutes, ask each group to present their work. Complement responses using Hand-out 3: Implementing the Survivor-Centred Approach.

12. Distribute Hand-out 3: Implementing the Survivor-Centred Approach. Point out the exceptions to confidentiality and ask participants how this applies in their operations. Allow discussion to take place.

SESSION 4: Community-Based Protection

60 minutes

LEARNING OBJECTIVES

✓ Explain what is meant by community-based protection and list concrete SGBV prevention and response activities reflecting a community-based approach.

KEY MESSAGES

→ Community-based protection requires us to make serious efforts to understand all community members, women, men, girls and boys, and those within specific needs groups; to engage with communities in a structural way; and to support and work with existing community structures.

→ Community-based protection balances communities' protection priorities and strategies with UNHCR's mandate to protect and respect people's rights.

PREPARATION

- Hand-out 4: SGBV and Community-Based Protection
- Visit the Tostan website to become familiar with their approach (www.Tostan.org).

Community-based protection

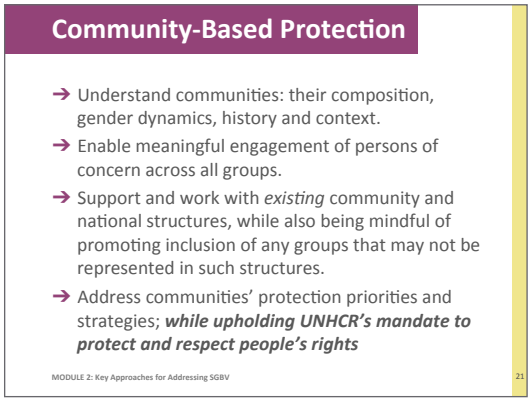
DISCUSSION (15 MINUTES)

1. Ask participants to write what they think are the key characteristics of community-based protection on post-its.

2. Post signs with the following four titles on the wall:
   1. **Understanding** communities
   2. **Engaging with communities** and participation
   3. Supporting and working with **existing structures**
   4. Supporting the community's **own goals and protection strategies**

3. Ask participants to study the signs and then decide which of the characteristics they have written go with which sign. Have them place the post-its on the appropriate signs.

4. Using the post-its and the Notes to the facilitator, summarize the key points of this approach.



NOTES TO THE FACILITATOR:

Community-based protection

Community-based protection recognizes the resilience, capacities, skills and resources of persons of concern and builds on these to deliver protection and solutions. It promotes ownership, sustainability and long-term change. The approach entails the following key points.

- *Understand communities: their composition, gender dynamics, history and context*
- *Enable meaningful and substantial engagement of persons of concern across all groups and in all aspects of programmes that affect them: in assessment, prioritization, planning, implementation, and monitoring and evaluation.*
- *Support and work with* existing *community and national structures, while also being mindful of promoting inclusion of any groups that may not be represented in such structures.*
- *Address communities' protection priorities and strategies* ***while upholding UNHCR's mandate to protect and respect people's rights***

5. Emphasize that the text highlighted in red is important as some community protection measures can cause harm. Ask participants for examples.

NOTES TO THE FACILITATOR:

Community-led solutions that uphold human rights

Different groups in a community may rank the urgency of protection issues differently, and may have different ideas about solutions. What is considered a protection strategy to some, may do harm to others. For instance, some communities try to protect vulnerable girls by marrying them off at a young age. They do this because they think that by finding a girl a husband, they are protecting her from potential harm. Or they may want to protect other children in a household by reducing the number of mouths to feed.

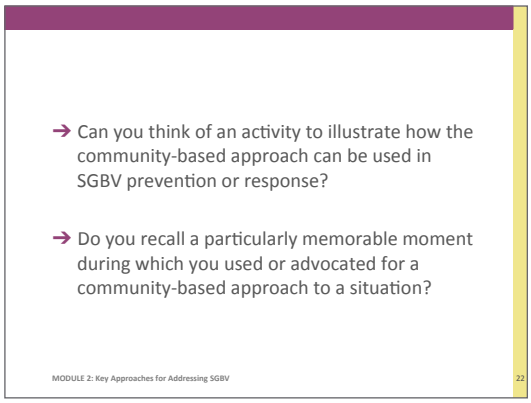
It is important to work with the community to replace harmful strategies and mitigate their effects. In addition, using a community-based approach does not remove the need for formal protection mechanisms.

Overall, priorities that the community identifies need to be balanced against organizational capacity and a human rights framework. Skillful facilitation can enable communities to understand, identify and prioritize protection issues differently.

Community-based SGBV programmes

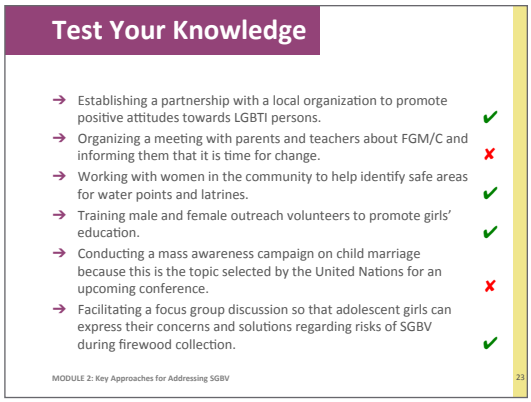
GROUP ACTIVITY (30 MINUTES)

6. Highlight that community-based protection is not new. All too often, however, the approach remains more a matter of rhetoric than of practice.



7. Ask participants to spend 10 minutes talking about the community-based approach with the person sitting next to them. Can they explain how the community-based approach can be used in SGBV prevention or response? Do they recall a particularly memorable moment when they used or advocated for a community-based approach to a situation?

8. After the exercise ask a few volunteers to share what they discussed with their neighbor. While they are speaking write down key words on flip-chart.



9. End this activity by showing a few more examples of SGBV prevention and response activities. *(Note that the slide is animated.)* For each example ask participants to knock on the table firmly if the activity reflects a community-based approach. If they are not sure, they should tap the table gently. If they believe the activity does *not* reflect community-based protection, they should remain silent and not knock on the table at all.

- → Establishing a partnership with a local organization to promote positive attitudes towards LGBTI persons *(Yes)*
- → Organizing a meeting with parents and teachers about female genital mutilation and informing them that it is time for change *(No)*
- → Working with women in the community to help identify safe areas for water points and latrines *(Yes)*
- → Training male and female outreach volunteers to promote girls' education *(Yes)*
- → Conducting a mass awareness campaign on child marriage because this is the topic selected by the United Nations for an upcoming conference *(No)*
- → Facilitating a focus group discussion so that adolescent girls can express their concerns and offer solutions regarding risks of SGBV during firewood collection *(Yes)*

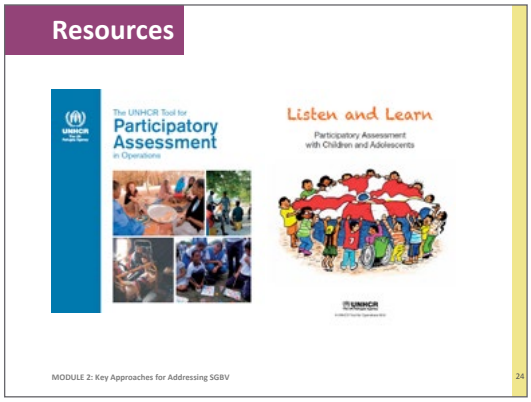
10. Make sure participants understand that community-based protection involves working with the community to find ways to respond to the priorities of the community. Informing the community that it is time for change or selecting protection topics *for* them, rather than having the community identify protection issues relevant to their context, compromises this approach. Facilitate a discussion of this point among participants.

11. Go back to presentation slide 21 (Community-Based Protection). Ask participants to rate on a scale from 1 to 10 the level of community engagement in the (SGBV) programmes they are involved in. Count up from 1 to 10 and ask participants to raise their hand at the number they have given their own work. Ask a few participants to explain their rating. Ask questions such as the following.
    - → During which stages of the programme cycle do persons of concern participate?
    - → How do they participate? In identifying needs? In finding solutions? In implementing solutions?
    - → Is this part of a structural process? Or more ad hoc?
    - → Do all groups in the community have an opportunity to participate on an equal basis?
    - → How much time do you spend engaging with communities?
    - → What tools are you using?

12. Ask participants what it would take to reach a higher level of participation by and engagement with the communities in their operations? If, for example, participants are working with refugees living in town, focus the discussion on what it takes to meaningfully engage with persons of concern in an urban setting.

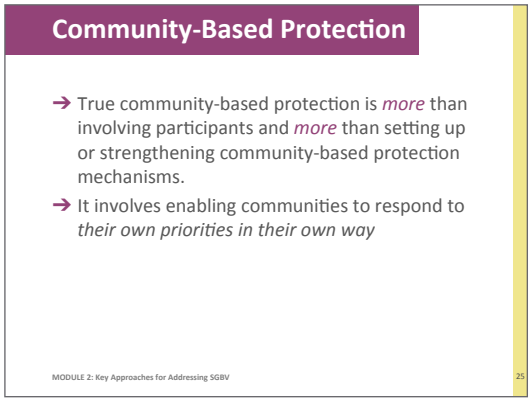
13. Summarize the responses on a flip chart. Be sure the following points are raised.
    - Engaging with communities in a structural manner
    - Reaching out to and building capacity of all groups in the community to participate
    - Spending time in communities and, at every opportunity, speaking to individuals; holding focus group discussions and informal meetings; conducting participatory assessments, observation, spot-checks etc.
    - Gaining expertise and training in community engagement
    - Developing tools to facilitate the participation process
    - Understanding of the community's composition, history and context
    - Raising awareness within communities of the right to participate
    - Understanding of community-based protection mechanism

14. Point out important tools to enhance participation of persons of concern:
    - → UNHCR's policy paper on community-based protection
    - → *The UNHCR Tool for Participatory Assessment in Operations*
    - → UNHCR, *Listen and Learn: Participatory Assessment with Children and Adolescents*



Practice from the field

SHARING GOOD PRACTICE (15 MINUTES)

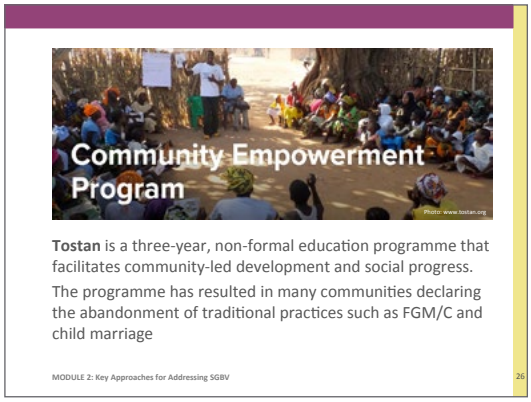


15. Emphasize that true community-based SGBV programmes require more than consulting with programme participants. It also involves *more* than setting up or strengthening community-based protection mechanisms. In the development context, innovative programmes exist aimed at enabling communities to respond in their own ways to their own protection priorities while ensuring that human rights are upheld.

16. Ask participants if they are aware of any truly community-led programmes in a development or humanitarian context.

17. If available, present field practice from the region where participants work.

    (Note to the facilitator: this requires doing some research prior to the training!)



18. As an alternative, highlight the work of Tostan, an international NGO working in six African countries. Tostan's Community Empowerment Program enables communities to identify and address their own protection issues using a human rights approach. The three-year, non-formal education programme facilitates community-led development and social progress. Critically, Tostan requires that trained facilitators live in communities for the full three-year programme period. The programme has resulted in many communities declaring the abandonment of traditional practices such as FGM/C and child marriage.

    (Note to the facilitator: Prior to the training, go to www.Tostan.org to become familiar with their approach.)

19. Ask participants how we can build on the knowledge, expertise and existing development programmes in a humanitarian context. Allow discussion to take place.

20. Distribute Hand-out 4: SGBV and Community-Based Protection.

SESSION 5: Age, Gender, and Diversity Approach

45 minutes

LEARNING OBJECTIVES

- ✓ Explain why it is essential to use the AGD approach in SGBV prevention and response programming
- ✓ List concrete examples to promote the inclusion of all groups in SGBV prevention and response activities

KEY MESSAGES

- → The AGD perspective recognizes the SGBV risks that different groups in the community may face and seeks to support the inclusion of those groups in SGBV prevention and response activities.
- → In order to make sure all persons have equal access to SGBV services we need to be inclusive *and* address specific needs and realities of certain groups

PREPARATION

- Hand-out 5: SGBV and the Age, Gender and Diversity (AGD) Approach

What does the approach entail?

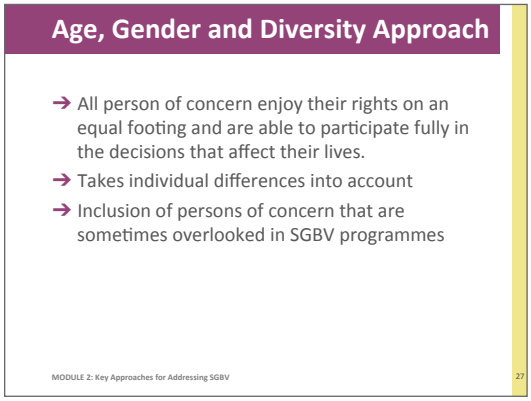
(DISCUSSION, 15 MINUTES)

1. Ask participants what UNHCR seeks to achieve by adopting an Age, Gender and Diversity (AGD) approach? Elicit a few responses before showing the slide.

NOTES TO THE FACILITATOR:

The Age, Gender and Diversity (AGD) approach

By adopting an Age, Gender and Diversity (AGD) approach, UNHCR seeks to ensure that all persons of concern enjoy their rights on an equal footing and can participate fully in decisions that affect their lives regardless of their age, sex, or other characteristics.



SGBV prevention and response activities are often designed to meet the needs of the largest survivor groups, particularly those of women, who are most commonly the victims of SGBV. However, not all survivors are women, and indeed, not all women fall into the same homogeneous group. The AGD approach helps us take individual differences into account.

The AGD approach supports the inclusion, on an equal basis, of those persons of concern who are sometimes overlooked in SGBV programmes, for example, male survivors, LGBTI, older persons, persons with disabilities and persons that belong to ethnic, religious or linguistic minorities and/or indigenous peoples.

2. Ask participants what happens if we fail to adopt the AGD approach in SGBV programming? Use the Notes to the facilitator complement the responses.

NOTES TO THE FACILITATOR:

Failing to adopt an AGD approach in SGBV programming leads to:

Overlooking SGBV and increased risks of SGBV

By considering age, gender and other individual characteristics, SGBV programmes can better assess particular risks and provide appropriate solutions. Failing to understand and address the different realities that certain people face can lead to increased risks of SGBV. For example, adolescent girls belonging to a certain ethnic group may not be able to access education or obtain legitimate work due to language barriers. Failure to recognize this fact may leave these girls exposed to the risk of trafficking. Likewise, failure to acknowledge that sexual violence also affects men can mean such violence will go unnoticed and continue with impunity.

Exclusion of certain groups from response services

Some groups of survivors may face unique barriers to accessing response services. For instance, staff may not be trained to recognize male survivors of sexual violence or to speak to child survivors, or they may not be aware of the fact that older persons face abuse, too. A person with disabilities may be unable to travel to where services are provided or may fear their confidentiality will be compromised if they depend on others to tell their story. Adopting an AGD approach helps us identify and understand these barriers and find community-led solutions to remove them.

Missing out on valuable resources

Failing to reach out for and recognize the capacity of certain groups means that opportunities to address SGBV will be missed. For example, older men can play an important role in influencing gender norms. Similarly, women with disabilities when given the chance can contribute to women's empowerment programmes. And young people – girls and boys – are an invaluable resource for changing norms and ending harmful practices.

What do you see?

GROUP ACTIVITY (30 MINUTES)

3. On separate pieces of paper, write down short descriptions of persons in the community, keeping diversity in mind. For example: a man in a wheelchair, a girl with a visual impairment, an adult man, an adolescent girl, an older woman, a lesbian couple, a toddler. Ask each participant to randomly pick one of the short descriptions. Give participants 2 minutes to draw the person they selected on a piece of paper.

4. Invite participants to find someone in the classroom to share their images with. Encourage participants to ask each other questions about the images they have drawn. Be sure participants consider the following questions.
   - → What do they see?
   - → What are the SGBV risks this person may face?
   - → What can you say about their access to support services?
   - → What concrete things can we do to make sure this person is not excluded from SGBV prevention and response?
   - → What are the person's strengths?
   - → How can this person contribute in SGBV programmes?

5. After each pair finishes their conversation, they should split up and find another person in the group to discuss their image with. Continue this process until everyone has had a few conversations.

6. Reassemble the group and ask for observations.
   - → Was there anything surprising?
   - → Who was at particular risk?
   - → What barriers do different people face accessing services?
   - → Which concrete measures can we take to remove the barriers?
   - → Any untapped resources?

7. Complement participants' responses using the table on Hand-out 5: SGBV and the Age, Gender and Diversity (AGD) Approach.

8. Using the Notes to the facilitator, explain that in order to make sure all persons have equal access to SGBV services we need to be inclusive and address specific needs *and* realities of certain groups.

NOTES TO THE FACILITATOR:

Do we need to set up separate, specialized SGBV programmes for groups with specific needs?

No, as a general rule a twin-track *approach is recommended.*

- *Design all SGBV prevention and response activities to be inclusive of all groups.*
- *Include actions to address the* ***specific SGBV-related needs and capacities*** *of certain groups.*

Setting up separate SGBV programmes for specific groups, such as men, LGBTI, older persons, children or persons with disabilities, is not recommended. Such programs are often not necessary and in many situations can lead to increased risk. For example, a programme for LGBTI persons may draw specific attention to them and may inadvertently lead to discrimination. Or, a programme for child survivors of SGBV may lead to exclusion and stigmatization by the community. Instead, we should analyse and address those barriers that prevent any individual from accessing programmes designed for the wider community. By offering outreach communication material for persons with visual impairments, for example, or training outreach health workers to identify and respond to the needs of male survivors, programs can become more inclusive. At the same time, targeted interventions or programmes to address the specific SGBV-related needs and capacities of certain groups may be appropriate. For example, it may be advisable to establish a support group for male survivors or a programme aimed at supporting victims of trafficking within the existing framework of an SGBV programme.

---

9. Distribute Hand-out 5: SGBV and the Age, Gender and Diveristy (AGD) approach.

SESSION 6: Applying the Approaches

45 minutes

LEARNING OBJECTIVES

- ✓ List concrete examples of how the four key approaches for addressing SGBV issues can be applied

KEY MESSAGES

- → The rights-based approach, the survivor-centred approach, community-based protection and the AGD approach are inseparable. They all put individuals and communities at the centre of SGBV programmes and aim to ensure all persons of concern are able to fulfil their rights on an equal basis.
- → Failure to adopt the four approaches will result in increased risks of SGBV, ineffective responses, and lack of ownership and accountability.

PREPARATION

- Activity Sheet 3: Applying the Four Key Approaches

Applying the four approaches

GROUP ACTIVITY (30 MINUTES)

1. Emphasize that the AGD approach, the survivor-centred approach, the rights-based approach and community-based protection are inseparable. They all put individuals and communities at the centre of the process with the goal that all persons of concern are able to fulfil their rights on an equal basis.

2. Ask participants to split into four groups. Hand out Activity Sheet 3: Applying the Four Key Approaches.

3. Allow groups 20 minutes to analyse the case study.

4. Bring the group back to plenary and ask each group to share their thoughts. Ask if one of the key approaches was adhered to and if so how. Use the Notes to the facilitator for feedback.

NOTES TO THE FACILITATOR:

Feedback to the case study

The AGD approach

The AGD approach takes into account individual characteristics such as age and gender when engaging with persons of concern. In this case, the team recognized that adolescents may not feel comfortable expressing their views on sensitive protection issues in the presence of the opposite sex. By taking the AGD approach, the team was able to help girls and boys better understand the issues they face.

Survivor-centred approach

Confidentiality is one of the guiding principles of the survivor-centred approach. While the protection officer interviewed the girls in a private setting, she compromised their confidentiality by revealing their identities to the community by visiting them in their homes. In addition, if the girls had not yet told their parents, the protection officer may have put them in a difficult and perhaps even unsafe situation. She should have explored ways to contact the girls through an intermediary, for example, an SGBV focal point in school or an outreach worker who knows the girls and who could have asked the girls for permission for the protection officer to speak to them.

The protection officer could not fully understand the girls' needs as they did not provide a clear picture of what happened. Yet, she reported the incident to the police. Though she meant well, this demonstrates a lack of respect for the girls and compromises their safety and confidentiality, thereby undermining three core elements of the survivor-centred approach.

Community-based protection

The agencies drafted a plan of action with community participation. By consulting with existing community organizations, like the Parent Teacher Association and the Women's Leadership Committee, to better understand the problem, they are tapping into the knowledge and expertise of local people and are therefore adhering to community-based protection.

Rights-based approach

The rights-based approach was also undermined. The girls were treated as passive recipients of the available services, not as rights holders entitled to make their own decisions. Although holding the perpetrators accountable is extremely important, the protection officer should have made an effort to understand if the girls wanted to make reports to the police. The protection officer should also have explored other ways of holding the perpetrators accountable, for example, by discussing the issue with camp managers in charge of security without revealing the girls' identity.

Wrap-up

(10 MINUTES)

5. Re-emphasize that failure to adopt the four approaches will result in increased risks of SGBV, ineffective responses, and lack of ownership and accountability.

6. End this session by asking participants to take 5 minutes to reflect on how they can take stock of the issues addressed in this training session. How can they better apply the four key approaches in their own work?

7. Encourage participants to share some of their reflections in plenary.

8. Address any unanswered questions and sum up with the key messages for the module.

REFERENCES:

Inter Agency Standing Committee (IASC), *Accountability to Affected Populations: Tools to Assist in Implementing the IASC AAP Commitments*, 2012, available at: http://goo.gl/yzrQhR

Inter Agency Standing Committee (IASC), *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery*, 2015, available at: www.gbvguidelines.org

The International Rescue Committee (IRC), *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit*, 2014, available at: http://goo.gl/IeoRrT

Internews, Center for Innovation & Learning, *Accountability, Affected Populations and Open Data*, 2014, available at: https://goo.gl/fkqw84

United Nations Population Fund (UNFPA), *Managing Gender-based Violence Programmes in Emergencies, E-learning Companion Guide*, 2011, available at: http://goo.gl/UBkVtu

UNHCR, *Listen and Learn: Participatory Assessment with Children and Adolescents*, 2012, available at: http://www.unhcr.org/50f6d1259.html

UNHCR, *Protection Policy Paper: Understanding Community Based Protection*, 2013, available at: http://www.refworld.org/pdfid/5209f0b64.pdf

UNHCR, *The UNHCR Tool for Participatory Assessment in Operations*, 2006, available at: http://www.unhcr.org/450e91c14.html

UNHCR, *Working with Persons with Disabilities in Forced Displacement*, 2011, available at: http://www.refworld.org/docid/4e6072b22.html

UNHCR, *Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement*, 2011, available at: http://www.refworld.org/docid/4e6073972.html

UNHCR, *Working with Older Persons in Forced Displacement*, 2013, available at: http://www.refworld.org/docid/4ee72aaf2.html

UNHCR, *Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement*, 2012, available at: http://www.refworld.org/docid/5006aa262.html

Activity Sheet 1

10 minutes

Case Study

RIGHTS-BASED APPROACH

Carena is a 16-year-old internally displaced girl living with her father and mother in a large town.

Since fleeing her area of origin with her family, Carena has not gone to school and helps her mother at home. The family is unable to make ends meet, and when Carena meets Francis, a refugee from the same area of origin, her parents gladly accept his offer to marry Carena. Carena has dreams to continue her education and become a teacher one day, but she does not oppose the marriage as she feels there is no choice. Francis soon turns out to be a violent husband who regularly beats her. Carena does not tell her parents as she knows they won't be able to pay back the dowry if the marriage collapses. Although child marriage and domestic violence are criminalized in the country where she is living, Carena does not report her marriage or her husband's violence as she fears losing the support of her family. Community members know about the violence in Carena's home, but they do not intervene. They believe Carena's parents are aware of what is going on and consider it a private matter.

Question: Who are the rights holders in this case? And who are the duty-bearers? Which rights are violated?

Activity Sheet 2

15 minutes

Scenarios

HAMID

Hamid is 19 years old. At the age of 14, his family sold him as "entertainment" to a wealthy man, who kept Hamid as a sex slave. When he was 18, war broke out and he fled to a neighbouring country. Hamid does not meet the criteria for financial assistance. He has no connections and is unable to find work.

BINTU

Bintu is 7 years old and about to undergo FGM/C. It is widely practiced and accepted in her community. Her parents told her that FGM/C is an important milestone in her life. Bintu feels proud that she will soon belong to the older girls group.

SASHA

Sasha is a 72-year-old, internally displaced woman. She does not receive food vouchers as she had no information about the process for their distribution. She depends on the support of her nephew, who verbally abuses her and does not allow her to leave the house.

Activity Sheet 3

20 minutes

Applying the Four Key Approaches

CASE STUDY

UNHCR organizes a discussion with adolescents to learn more about the protection issues they face. Some girls tend to be reluctant to talk when boys are present, so the UNHCR team considers holding separate discussions, one for girls and one for boys.

During one of the focus group discussions, the teenagers mention that some girls have been sexually assaulted on their way to school. They mention two specific cases involving an 18-year-old girl and a 19-year-old girl. There are rumours that these were not isolated incidents, and that the perpetrators may have been security guards.

As a result, the UNHCR team and other NGOs engaged in addressing SGBV must now produce an action plan. Before drafting the plan, the team decides to consult the local Parent Teacher Association and the Women's Leadership Committee to get deeper on-the-ground insight.

As part of the action plan, a female UNHCR protection officer visits the girls who may have been assaulted in their homes and asks their parents if she can speak to the girls. The parents collect the children and introduce them to the protection officer. The protection officer interviews the girls privately in her office.

During the interview, the girls do not provide a clear picture of what happened. They do not confirm that security guards were involved or what type of support they may wish to receive. To be on the safe side, the protection officer reports the incidents to the police

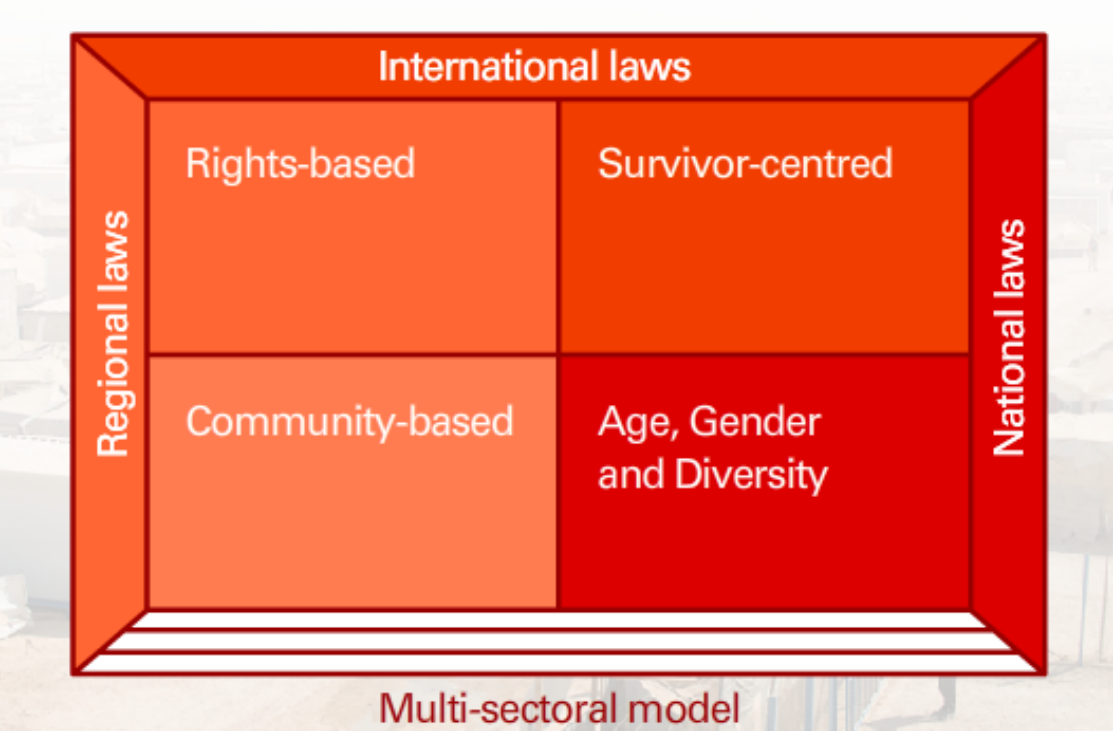
Take 15 minutes to discuss the following question:

To what extent do the actors in this case study adopt the rights-based, community-based, survivor-centred and AGD approach? What can they do better?

Hand-out 1

Framework for Action against SGBV

The Framework for Action presents four key approaches for SGBV prevention and response activities. These are the rights-based approach, the survivor-centred approach, the community-based protection, and the Age, Gender and Diversity (AGD) approach. *These approaches are not limited to addressing SGBV, but should guide all work with persons of concern.*



All four approaches are supported by the underlying **multi-sectoral model**. Because no single area of work by itself can fully address SGBV prevention and response, this model calls for the involvement of all UNHCR's areas of work and for inter-agency collaboration.

IMPORTANT PROGRAMME PRINCIPLES UNDERLYING THE FRAMEWORK FOR ACTION:

Empowerment: Being empowered is the capacity to make informed choices and the freedom to take action. Empowerment is a process by which women, men, girls and boys gain access to knowledge, skills and resources, enabling them to increase their control over their environment and to take an active role in decisions on issues which affect their lives. Examples of empowerment include political empowerment (e.g., voter education so citizens can effectively participate in electoral processes); and economic empowerment (e.g., helping women learn financial as well as technical skills to establish small business). Empowerment integrally involves educating people about their rights and responsibilities.

Participation: Participation is a right. It means full and equal involvement of all members of the community in decision-making processes and activities that affect their lives. It requires special efforts to ensure that those traditionally marginalized, such as women, children, older persons, persons with disabilities and minority groups, are given support and specific opportunities to contribute to and benefit from the decision-making process. Participation must be meaningful: it requires that instead of "informing and deciding for people", we listen to and learn from them.

Ownership: Ownership is achieved when persons of concern assume full responsibility for the planning, implementation and evaluation of services and activities. Programmes are sustainable when the desired results and impact are achieved in a continuous process that involves the target stakeholders and that eventually proceeds without outside help. Maximum ownership and sustainability are achieved when interventions are responses to community-driven demands by the rights holders for the rights holders.

ACCOUNTABILITY:

Accountability is "the means through which power is used responsibly. It is a process of taking account of, and being held accountable by, different stakeholders, and primarily those who are affected by the exercise of power". More meaningfully, accountability in humanitarian settings includes, among other elements, a requirement participation, consent and transparency. Participation and consent include listening and responding to feedback from persons of concern when planning, implementing, monitoring and evaluating programs, and making sure that they "understand and agree with the proposed humanitarian action and are aware of its implications". Transparency necessitates "being honest and open in communications and sharing relevant information, in an appropriate form". (Internews, Centre for Innovation & Learning 2014).

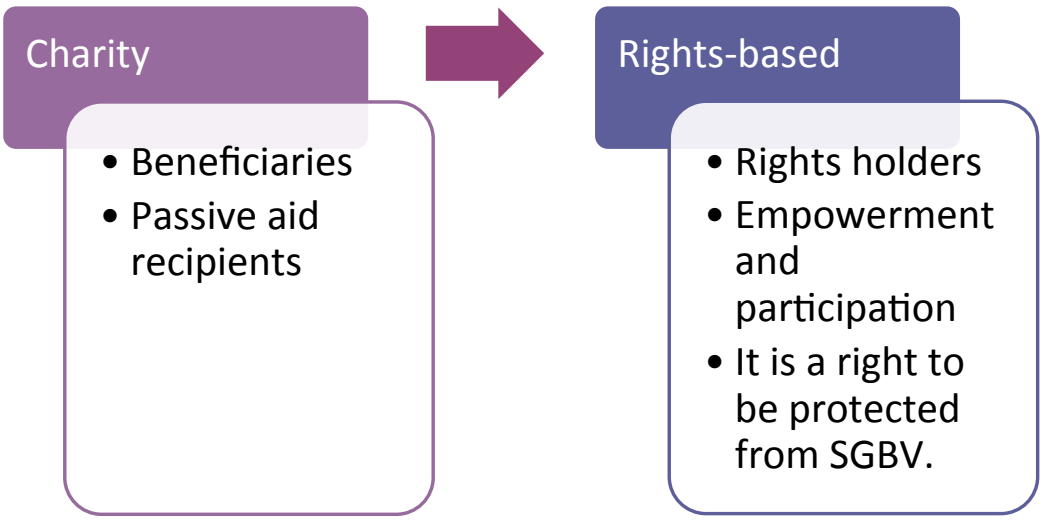
The Inter-Agency Standing Committee reference guide on *Accountability to Affected Populations* emphasizes programme design that "strives to enhance capacity of affected people to prevent, minimise or better cope with the effects of future hazards". In short, building resilience is also an important part of accountability (IASC 2012).

Hand-out 2

SGBV and the Rights-Based Approach

UNHCR uses a rights-based approach to address SGBV. This reflects a change in thinking from a charity model towards a human rights model. This means that people should not be seen as passive aid recipients but as rights holders with legal rights to protection and assistance.

The rights-based approach can help us see SGBV as a human rights violation that cannot be condoned or justified by cultural norms. Rights cannot be negotiated.



The rights-based approach is founded on the principles of **participation** and **empowering** individuals and communities to enable them to exercise their rights and comply with their duties. Duty bearers are **accountable** for meeting their responsibility towards rights holders.

WHO ARE THE RIGHT HOLDERS?

International human rights law guarantees fundamental rights to everyone, including all persons of concern to UNHCR. Survivors of SGBV are rights holders; perpetrators are also rights holders.

WHICH LEGAL RIGHTS DO WE REFER TO?

The rights-based approach to programming is based on various **international** and **regional** treaties and is often codified in national law.

WHO SHOULD MAKE SURE THE RIGHTS HOLDERS KNOW AND EXERCISE THESE RIGHTS?

Duty bearers are those with a responsibility to respect, protect and fulfil the rights of rights holders. The state is the *primary* duty bearer and thus bears the principal responsibility to prevent and respond to SGBV.

United Nations agencies are duty bearers and are mandated to respect international human rights norms regardless of whether a state has ratified core human rights treaties. They also have a duty to respect and even implement international human rights standards. Similarly, INGOs must uphold international human rights norms.

UNHCR has a global mandate to ensure that the human rights of all persons of concern are upheld in accordance with international human rights standards, international humanitarian law and the international obligations of states hosting persons of concern.

Although not the primary duty bearers, members of a community have a duty to other members of that community.

Hand-out 3

Implementing the Survivor-Centred Approach[1]

The survivor-centred approach recognizes the fact that each person is unique, reacts differently to SGBV and has different needs. This approach promotes the respect of survivors' rights by placing them at the centre of the support system. The survivor-centred approach should be applied by everyone who is in contact with survivors, regardless of their role in the community or professional position. Failing to adopt this approach may put survivors at risk.

To apply this approach we need to abide by four Guiding Principles. This hand-out lists examples of concrete things we should do and things we should avoid doing as we implement each Guiding Principle in our day-to-day work.

CONFIDENTIALITY:

Dos	Don'ts
Conduct interviews in a private setting.	Do not interview survivors in the presence of others. Do not talk about cases in public places.
Give survivors the opportunity to be interviewed alone, without presence of relatives or caregivers.	Do not assume children want to be interviewed in the presence of their caretakers. Do not assume older persons or persons with disabilities are comfortable speaking with the person helping them to access services.
Obtain consent from the survivor (or their caregiver where it is assessed as in the best interest of the child) before sharing relevant information with others. Make sure that the survivor understands the potential risks and consequences of sharing their personal data before they give or don't give their explicit authorization to share it.	Do not assume survivors always understand what is meant by *sharing information*.
Keep all documents secure and have a plan to move or destroy SGBV case files in the event of an emergency.	Do not let personal survivor files pile up on your desk or take files home.
Use a coding system to refer to individual survivors. In meetings, refer to survivors in a neutral way, without revealing individual characteristics.	Do not share general characteristics about clients (ethnicity, age, family situation), even if individual names are not used. There is always a risk that an individual can be identified.

[1] Some material adapted from: *Managing Gender-based Violence Programmes in Emergencies, E-learning Companion Guide*, UNFPA, 2012

EXCEPTIONS TO CONFIDENTIALITY

It is important to note that there are exceptions to confidentiality including:

- Situations in which there are threats of ongoing violence or harm to a child and the need to protect them in line with their best interest overrides confidentiality
- Situations in which laws or policies require mandatory reporting of certain types of violence or abuse (such as sexual exploitation and abuse by humanitarian staff)
- Situations in which it is believed that a survivor might try to hurt themself

SAFETY:

Dos	Don'ts
Maintain confidentiality and respect the wishes of the survivor.	Do not press the survivor to take steps they are not ready for.
Always get the survivor's consent before taking any action.	Do not assume that the survivor will agree with your actions.
Carefully assess the potential risks at each step in the process of supporting the survivor.	Do not take decisions for the survivor and do not rush to action without considering the consequences.
Help the survivor address safety risks using community-based solutions and services available.	Do not immediately refer survivor to a safe-house without carefully assessing the consequences.
Keep in mind the safety of others involved, including children, family members and those who have helped the survivor.	Do not focus on the safety of the survivor only. Other people's safety may be affected too.

RESPECT:

Dos	Don'ts
Show that you believe the survivor.	Do not question or minimalize the violence.
Minimize the number of times a survivor needs to retell their story.	Do not make the survivor repeat their story unnecessarily.
Show willingness to listen to the story and provide the survivor an opportunity to talk.	Do not press for details or push the survivor to talk.
Show a caring attitude and acknowledge the survivor's feelings.	Do not downplay the survivor's feelings.
Make it clear it is not the survivor's fault.	Do not blame or judge the survivor; do not ask *why* questions, such as "Why didn't you run?"
Assist the survivor in making their own decisions.	Do not tell the survivor what to do.
Share information on options for support, including benefits and risks, and empower the survivor to make their own decisions	Do not force the survivor to access services.
Approach the survivor with an open mind. Be sensitive to the cultural and social context.	Do not be judgemental. Do not make assumptions about the history or background of the survivor or let your own prejudices and opinions influence the way you treat a survivor.

Dos	Don'ts
Recognize the strength of the survivor to cope with what happened.	Do not belittle the survivor.
Ensure the availability of female staff for interviewing and examining women and child survivors. Let male survivors choose whether they want to speak to male or female case workers.	Do not assume that male survivors want to be seen by male case workers.

NON-DISCRIMINATION:

Dos	Don'ts
Make sure your services are accessible to and meet the needs of all groups of survivors, including men and boys, persons with disabilities, children, and older persons, people who do not speak the dominant language, people of all ethnic backgrounds and LGBTI persons.	Do not assume all survivors have the same needs.
Demonstrate that services are there for all survivors, e.g., by displaying educational material for male survivors, children, LGBTI, elderly, persons with disabilities and persons of varying ethnic backgrounds.	Do not use educational material that only displays adult female survivors.
Address values, attitudes and beliefs among staff that may promote discrimination.	Do not assume that all staff working for the United Nations or other humanitarian organizations have the same values.

Hand-out 4

SGBV and Community-Based Protection

Community-based protection recognizes the resilience, capacities, skills and resources of persons of concern and builds on these to deliver protection and solutions. It promotes ownership, sustainability and long-term change.

WHAT DOES COMMUNITY-BASED PROTECTION ENTAIL?

- Understanding communities: their composition, gender dynamics, history and context
- Enabling meaningful and substantial engagement of persons of concern across all groups in all aspects of programmes that affect them: in assessment, prioritization, planning, implementation, and monitoring and evaluation
- Supporting and working with *existing* community and national structures, while also being mindful of promoting inclusion of any groups that may not be represented in such structures
- Addressing communities' protection priorities and strategies **while upholding UNHCR's mandate to protect and respect people's rights**

WHAT ARE PRACTICAL EXAMPLES OF COMMUNITY-BASED PROTECTION ACTIVITIES THAT ADDRESS SGBV?

- Working with women in a community to help identify safe areas for water points and latrines
- Working with male volunteers and youth groups to raise awareness of the consequences of child marriage
- Training male and female outreach volunteers to promote girls' education
- Establishing a partnership with a local organization to promote positive attitudes towards LGBTI persons
- Facilitating a focus group discussion so that adolescent girls can express their concerns and suggest solutions regarding the risks of SGBV during firewood collection
- Providing training for health staff in a government clinic to enable proper medical care of survivors of sexual violence

COMMUNITY-LED SOLUTIONS WHILE UPHOLDING HUMAN RIGHTS

Different groups in a community may rank the urgency of protection issues differently and may have different ideas about solutions. What is considered a protection strategy to some may do harm to others. For instance, some communities try to protect vulnerable girls by marrying them off at a young age. They do this because they think that by finding a girl a husband, they are protecting her from potential harm. Or they may want to protect other children in a household by reducing the number of mouths to feed.

It is important to work with the community to replace harmful strategies and mitigate their effects. In addition, using a *community-based approach does not remove the need for formal protection mechanisms.*

Overall, priorities that the community identifies need to be balanced against organizational capacity and a human rights framework. Skillful facilitation can enable communities to understand, identify and prioritize protection issues differently.

True community-based SGBV programmes require more than consulting with programme participants. It also involves more than setting up or strengthening community-based protection mechanisms. In the development context innovative programmes exist aimed at enabling communities to respond in their own ways to their own protection priorities.

GOOD PRACTICE

Tostan is an international NGO working in six African countries. The organization's Community Empowerment Program enables communities to identify and address their own protection issues using a human rights approach. The three-year, non-formal education programme facilitates community-led development and social progress. Critically, Tostan requires that trained facilitators live in communities for the full three-year programme period. The programme has resulted in many communities declaring the abandonment of traditional practices such as FGM/C and child marriage.

See: www.Tostan.org

Hand-out 5

SGBV and the Age, Gender and Diversity (AGD) Approach

By adopting an Age, Gender and Diversity (AGD) approach, UNHCR seeks to ensure that all persons of concern enjoy their rights on an equal footing and can participate fully in decisions that affect their lives regardless of how they identify.

SGBV prevention and response activities are often designed to meet the needs of the largest survivor groups, particularly those of women, who are most commonly the victims of SGBV. However, not all survivors are women, and indeed, not all women fall into the same homogeneous group. The AGD approach helps us take individual differences into account.

The AGD approach supports the inclusion, on an equal basis, of those persons of concern who are sometimes overlooked in SGBV programmes, for example, male survivors, LGBTI, older persons, persons with disabilities and persons that belong to ethnic, religious or linguistic minorities and/or indigenous peoples.

Failing to adopt an AGD approach in SGBV programming can have negative outcomes.

OVERLOOKING SGBV AND INCREASED RISKS OF SGBV

By considering age, gender and other individual characteristics, SGBV programmes can better assess particular risks and provide appropriate solutions. Failing to understand and address the different realities that certain people face can lead to increased risks of SGBV. For example, adolescent girls belonging to a certain ethnic group may not be able to access education or obtain legitimate work due to language barriers. Failure to recognize this fact may leave these girls exposed to the risk of trafficking. Likewise, failure to acknowledge that sexual violence also affects men, can mean such violence will go unnoticed and continue with impunity.

EXCLUSION OF CERTAIN GROUPS FROM RESPONSE SERVICES

Some groups of survivors may face unique barriers to accessing response services. For instance, staff may not be trained to recognize male survivors of sexual violence or to speak to child survivors, or they may not be aware of the fact that older persons face abuse, too. A person with disabilities may be unable to travel to where services are provided or may fear their confidentiality will be compromised if they depend on others to tell their story. Adopting an AGD approach helps us identify and understand these barriers and find community-led solutions to remove them.

MISSING OUT ON VALUABLE RESOURCES

Failing to reach out for and recognize the capacity of certain groups means that opportunities to address SGBV will be missed. For example, older men can play an important role in influencing gender norms. Similarly, women with disabilities when given the chance can contribute to women's empowerment programmes. And young people – girls and boys – are an invaluable resource for changing norms and ending harmful practices.

DO WE NEED TO SET UP SEPARATE, SPECIALIZED SGBV PROGRAMMES FOR GROUPS WITH SPECIFIC NEEDS?

No, as a general rule a *twin-track* approach is recommended.

- Design all SGBV prevention and response activities to be **inclusive** of all groups.
- Include actions to address the **specific SGBV-related needs and capacities** of certain groups.

Setting up parallel SGBV programmes for specific groups, such as men, LGBTI, older persons, children or persons with disabilities, is not recommended. Such programs are often not necessary and in many situations can lead to increased risk. For example, a programme for LGBTI persons may draw specific attention to them and may inadvertently lead to discrimination. Or, a programme for child survivors of SGBV may lead to exclusion and stigmatization by the community. Instead, we should analyse and address those barriers that prevent any individual from accessing programmes designed for the wider community. By offering outreach communication material for persons with visual impairments, for example, or training outreach health workers to identify and respond to the needs of male survivors, programs can become more inclusive. At the same time, targeted interventions or programmes to address the specific SGBV-related needs and capacities of certain groups may be appropriate. For example, it may be advisable to establish a support group for male survivors or a programme aimed at supporting victims of trafficking within the existing framework of an SGBV programme.

EXAMPLES OF AT-RISK GROUPS THAT MAY OFTEN BE OVERLOOKED, AND ACTION TO ENSURE INCLUSION

At risk group	Type of SGBV	Action to ensure inclusion and use their capacity
Older Persons	Domestic violence affecting older persons of concern is a very common problem. Yet they are the least likely to speak out on domestic violence and are often overlooked as a result.	Create a community outreach team, consisting of persons of diverse backgrounds, ages, genders and abilities, to work on improving access to services for older persons.
Persons with Disabilities	Persons with disabilities may be at particular risk of exploitation and abuse due to their isolation and dependency on others. For example, parents sometimes marry off a daughter with a disability because they see little value in letting her go to school.	Help persons with disabilities find creative ways to disclose violence. For example, in Nepal, deaf persons were engaged to develop sign language on this topic.
LGBTI Persons	Persons who are lesbian, gay, bisexual, transgendered or intersex (LGBTI) may be exposed to discrimination and abuse linked to their sexual orientation or gender identity. This is especially true in displacement settings where their isolation from family and community can be profound.	Conduct workshops with boys and men addressing issues of SGBV, masculinity and diversity.
Male Survivors	Male survivors of sexual violence are often marginalized because of cultural and religious taboos. In some cases, service providers do not accept that males can be victims of SGBV. Communities are frequently ashamed of male survivors and are consequently reluctant to acknowledge them at all.	Train outreach health workers to identify and respond to male survivors of SGBV. If appropriate, male survivors can be encouraged to break the silence on sexual violence against men thus encouraging others to seek help.
Children	Children who are victims of sexual violence can be excluded simply because, unlike many adults, they often lack understanding of what has happened to them and have little idea of where to look for help.	In collaboration with children and adults, establish child-friendly mechanisms to help children recognize and report acts of SGBV and other types of violence.

Pre-/Post-test

Module 2:
Key Approaches for Addressing SGBV

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) In an emergency the usual standards for participation of persons of concern do not apply.
   b) Community-based protection involves working with the community to find ways to respond to the priority needs of the community.
   c) Some forms of SGBV may be acceptable if they are condoned by the local culture.
   d) The State is the *primary* duty bearer and thus bears the principal responsibility to prevent and respond to SGBV.
   e) Setting up special facilities for persons with disabilities to address SGBV is recommended.
   f) Persons belonging to marginalized groups can make an important contribution in SGBV programming.
   g) We always need to respect the survivor's decisions even if in our eagerness to help it is contrary to our personal opinion.
   h) A key element of the survivor-centred approach is to refer all survivors to receive services.

2. Which are the four Guiding Principles for engaging with survivors of SGBV?
   a) Show respect
   b) Work together
   c) Maintain confidentiality
   d) Ensure the safety of the survivor
   e) Refer all survivors
   f) Non-discrimination

3. Describe in your own words each of the four key approaches that should guide UNHCR's SGBV prevention and response work:

   - Survivor-centred approach

   - Rights-based approach

   - Community-based protection

   - Age, Gender and Diversity approach

Pre-/Post-test: Answer Sheet

Module 2:
Key Approaches for Addressing SGBV

(Correct responses are highlighted in **bold**)

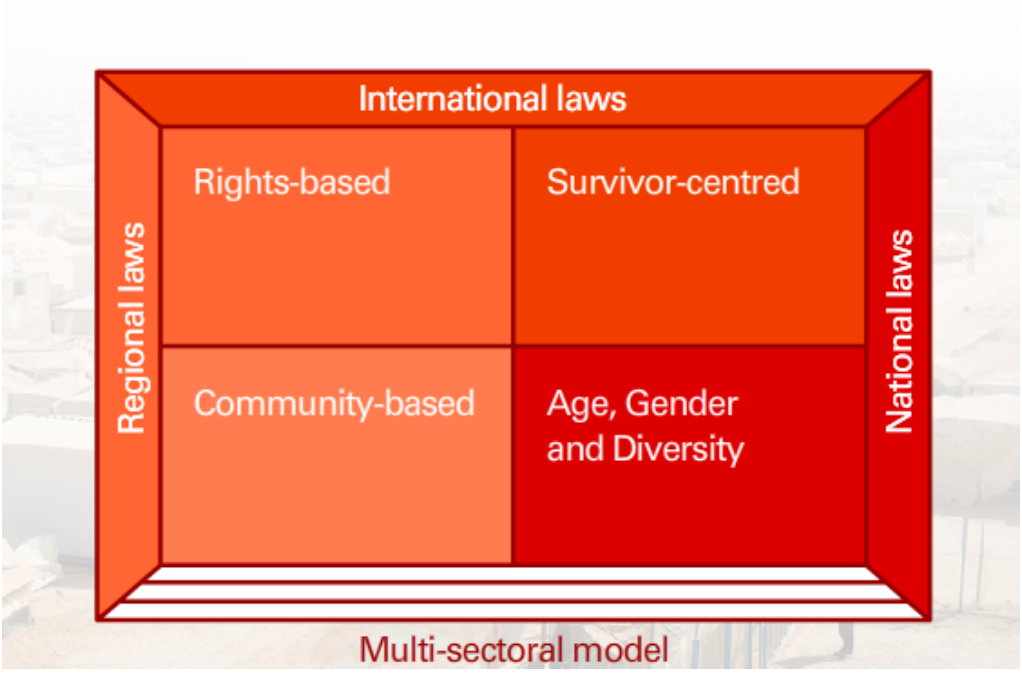
1. True or False? Please select all TRUE statements.
   a) In an emergency the usual standards for participation of persons of concern do not apply.
   b) Community-based protection involves working with the community to find ways to respond to the priority needs of the community.
   c) Some forms of SGBV may be acceptable if they are condoned by the local culture.
   d) The State is the *primary* duty bearer and thus bears the principal responsibility to prevent and respond to SGBV.
   e) Setting up special facilities for persons with disabilities to address SGBV is recommended.
   f) Persons belonging to marginalized groups can make an important contribution in SGBV programming.
   g) We always need to respect the survivor's decisions even if in our eagerness to help it is contrary to our personal opinion.
   h) A key element of the survivor-centred approach is to refer all survivors to receive services.

2. Which are the four Guiding Principles for engaging with survivors of SGBV?
   a) Show respect
   b) Work together
   c) Maintain confidentiality
   d) Ensure the safety of the survivor
   e) Refer all survivors
   f) Non-discrimination

3. Describe in your own words each of the four key approaches that should guide UNHCR's SGBV prevention and response work:
   - Survivor-centred approach
   - Rights-based approach
   - Community-based protection
   - Age, Gender and Diversity approach

   For possible responses: See Hand-outs 1-4.

Framework for Action



Multi-sectoral Model

The underlying **multi-sectoral model** calls for the involvement of all UNHCR's areas of work and requires inter-agency collaboration.

Legal Framework

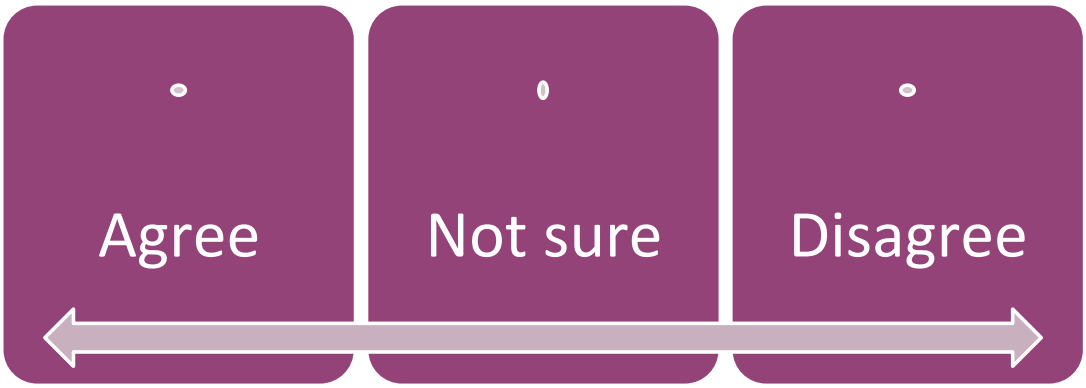
The legal framework comprises international, regional and national laws which help support SGBV prevention and response activities.

Objectives

- Describe UNHCR's framework for taking action against SGBV
- Explain four key approaches for addressing SGBV
- List concrete examples of how these approaches can be applied

Where Do You Stand?

In an emergency, the usual standards for participation of persons of concern do not apply.

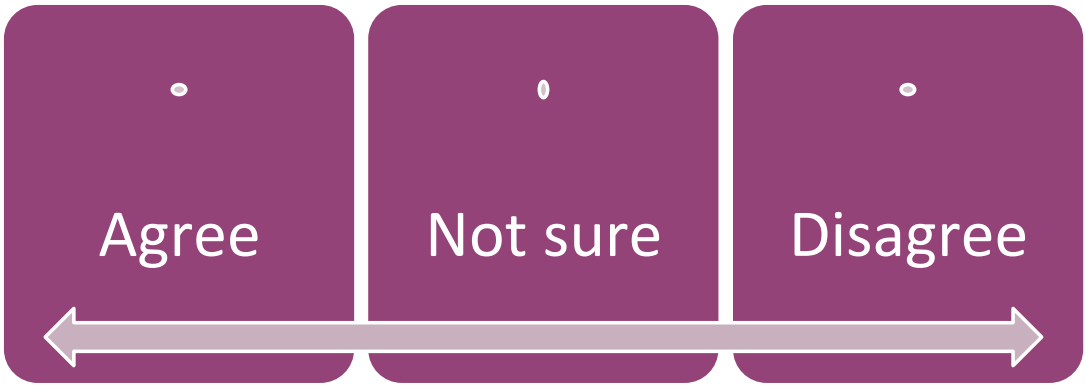


Key Points

- ➔ Persons of concern have the right to participate from the very beginning of an emergency.
- ➔ The nature of the emergency will determine the extent of community participation that is achievable, but community participation is always possible and essential.
- ➔ Regardless of time available, consultations should be age, gender and diversity inclusive.

Where Do You Stand?

If a survivor of domestic violence decides to return to her husband, even at the risk of being beaten again, we need to respect that decision.

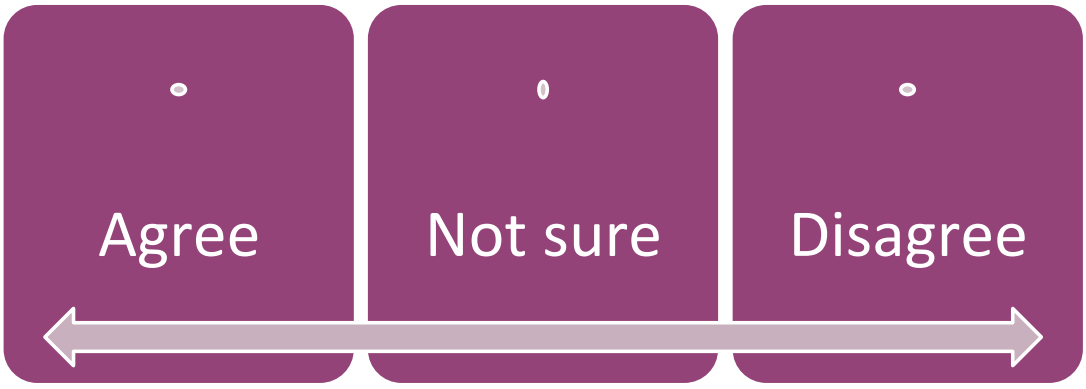


Key Points

- ➔ We need to respect the survivor's decision even in our eagerness to help and regardless of personal opinion.
- ➔ There are many reasons for the decisions survivors make.
- ➔ We need to show care and provide information to help the survivor make their own decisions.

Where Do You Stand?

SGBV survivors with disabilities should have separate programmes with more specialized services designed for persons with disabilities.

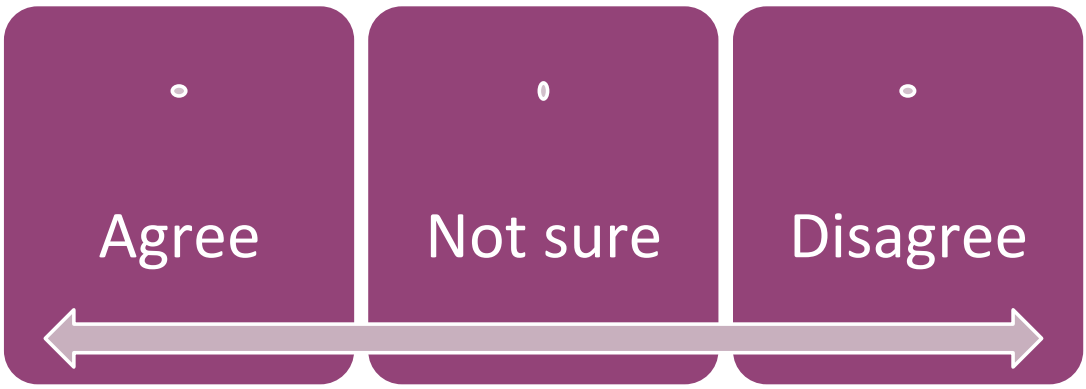


Key Points

- ➔ Setting up special SGBV facilities for persons with disabilities is not recommended.
- ➔ We should address barriers to accessing programmes for the wider community.
- ➔ Design all SGBV prevention and response activities to be **inclusive** of all groups of people.
- ➔ Designing inclusive services means more than providing for physical accessibility.

Where Do You Stand?

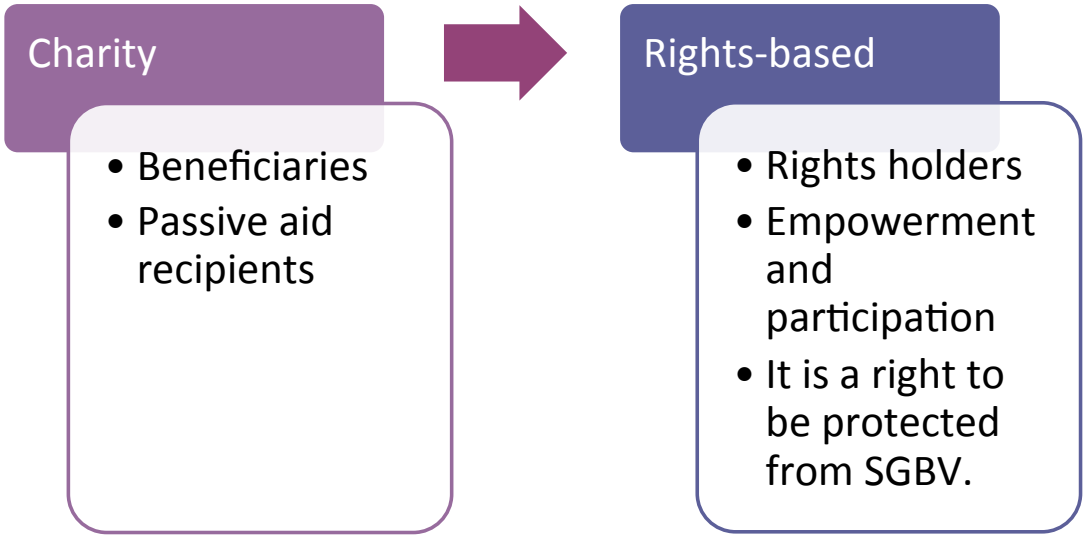
Some types of SGBV are acceptable as they are part of local traditions and culture



Key Points

- ➔ SGBV is harmful and can be life-threatening.
- ➔ SGBV is a human rights violation that cannot be condoned or justified by cultural norms.
- ➔ It is essential to uphold UNHCR's protection mandate, even if the persons of concern's or your own culture condones some forms of SGBV.
- ➔ Even if a form of SGBV is widely accepted, different groups in the community will have different opinions about it; and there will also be people who oppose the practice.

Rights-Based Approach



Rights-Based Approach

- **Which rights do we refer to?**
  - ✓ International laws
  - ✓ Regional treaties
  - ✓ National
- **Who should make sure that rights holders know and exercise these rights?**
  - ✓ Duty bearers are those with a responsibility to respect, protect and fulfil the rights of rights-holders. The state is the *primary* duty bearer and thus bears the principal responsibility to prevent and respond to SGBV.

Rights-Based Approach

The rights-based approach can help us see SGBV as a human rights violation, rather than as a cultural or religious norm or practice.

Hamid

Hamid is 19 years old. At the age of 14, his family sold him as “entertainment” to a wealthy man, who kept Hamid as a sex slave. When he was 18, war broke out and he fled to a neighbouring country. Hamid does not meet the criteria for assistance. He has no connections and is unable to find work.

Bintu

Bintu is 7 and about to undergo FGM/C. It is widely practiced and accepted in her community. Her parents told her that FGM/C is an important milestone in her life. Bintu feels proud that she will soon belong to the older girls group.

Sasha

Sasha is a 72-year-old, internally displaced woman. She does not receive food vouchers as she had no information about the process for their distribution. She depends on the support of her nephew, who verbally abuses her and does not allow her to leave the house.

Survivor-Centred Approach

Each person is unique, reacts differently to SGBV and has different needs.

To apply this approach abide by the four Guiding Principles.

- ➔ Show **respect** by showing care, treating the survivor with dignity and respecting the decisions of the survivor.
- ➔ Keep **confidentiality.**
- ➔ Ensure the **safety** of the survivor.
- ➔ Apply these principles **without discrimination.**

Community-Based Protection

- Understand communities: their composition, gender dynamics, history and context.
- Enable meaningful engagement of persons of concern across all groups.
- Support and work with *existing* community and national structures, while also being mindful of promoting inclusion of any groups that may not be represented in such structures.
- Address communities' protection priorities and strategies; ***while upholding UNHCR's mandate to protect and respect people's rights***

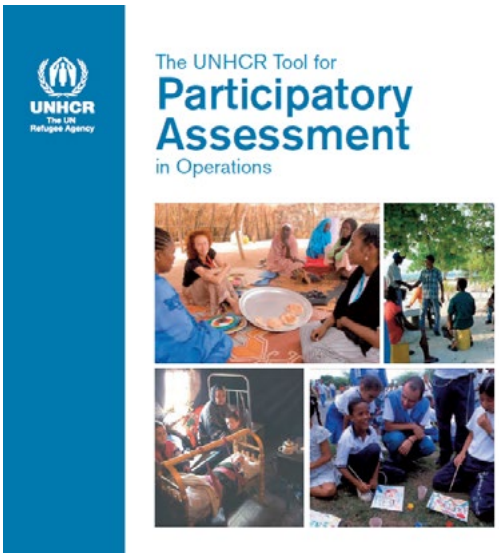
- Can you think of an activity to illustrate how the community-based approach can be used in SGBV prevention or response?

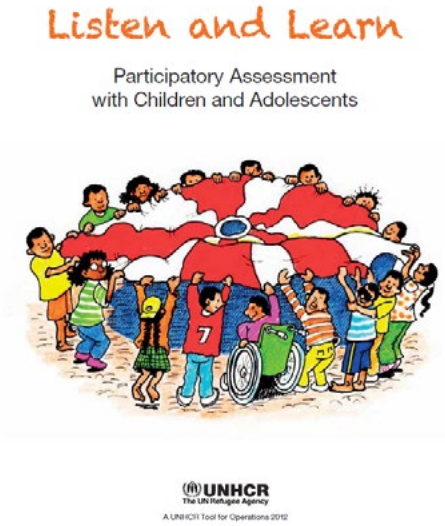
- Do you recall a particularly memorable moment during which you used or advocated for a community-based approach to a situation?

Test Your Knowledge

- ➔ Establishing a partnership with a local organization to promote positive attitudes towards LGBTI persons. ✔
- ➔ Organizing a meeting with parents and teachers about FGM/C and informing them that it is time for change. ✘
- ➔ Working with women in the community to help identify safe areas for water points and latrines. ✔
- ➔ Training male and female outreach volunteers to promote girls' education. ✔
- ➔ Conducting a mass awareness campaign on child marriage because this is the topic selected by the United Nations for an upcoming conference. ✘
- ➔ Facilitating a focus group discussion so that adolescent girls can express their concerns and solutions regarding risks of SGBV during firewood collection. ✔

Resources





Community-Based Protection

- ➔ True community-based protection is *more* than involving participants and *more* than setting up or strengthening community-based protection mechanisms.
- ➔ It involves enabling communities to respond to *their own priorities in their own way*

Tostan is a three-year, non-formal education programme that facilitates community-led development and social progress.

The programme has resulted in many communities declaring the abandonment of traditional practices such as FGM/C and child marriage

Age, Gender and Diversity Approach

- ➔ All person of concern enjoy their rights on an equal footing and are able to participate fully in the decisions that affect their lives.
- ➔ Takes individual differences into account
- ➔ Inclusion of persons of concern that are sometimes overlooked in SGBV programmes

What happens if we fail to adopt this approach?

- ➔ We may overlook incidents of SGBV and may increase risks of SGBV.
- ➔ We risk excluding certain groups from prevention and response services.
- ➔ We miss out on valuable resources.

MODULE 3
Preventing SGBV

MODULE OUTLINE

Session 1	Why does SGBV occur?	100 minutes	1
Session 2	Short- and longer-term prevention activities in five key areas	70 minutes	2
Session 3	Programme principles and evidence base	50 minutes	3
Session 4	Exploring prevention activities	80 minutes	4

TIMMING:

5 hours

SUMMARY

This module focuses on how to prevent SGBV in various areas. Participants will explore the root cause of SGBV and the factors contributing to its occurrence. Participants will consider key challenges in SGBV prevention work, will start exploring what makes prevention activities effective, and consider short-term and longer-term prevention measures appropriate to their operation.

LEARNING OBJECTIVES

By the end of this module participants should be able to:

- ✓ Explain the root cause of SGBV and the factors that contribute to its occurrence, and link these to SGBV prevention
- ✓ Describe examples of short- and longer-term prevention measures across the Ecological Model in five key areas
- ✓ Describe programme principles underlying effective prevention activities
- ✓ Explore prevention activities appropriate for their own operation

KEY MESSAGES

- → Prevention activities are life saving and need to be implemented at the onset of an emergency.
- → Preventing SGBV requires identifying, understanding and addressing its root cause and contributing factors.
- → Gender norms and unequal power relationships is the root cause of SGBV. Addressing these requires immediate action, as well as sustained, long-term prevention strategies aimed at attitude and behaviour change.
- → Prevention activities can be categorized as those targeting 1) Gender norms and power relationships, 2) Physical safety and security, 3) Legal framework and access to justice, 4) Safe access to basic needs, and 5) Economic/educational/social opportunities.
- → Effective prevention programmes operate across the Ecological Model, use a multi-sectoral approach and facilitate critical reflection on gender norms and the use of violence.
- → Prevention requires active and meaningful participation by all groups in society, including persons at risk of SGBV.
- → Women and girls, as well as men and boys, need to be engaged as actors of change.
- → Prevention outcomes are difficult to measure. However, there is evidence that successful activities are effective, and monitoring and evaluating the progress and impact of prevention work is important.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector, laptop

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity sheet 1: Case studies
- Activity sheet 2: Video Questions
- Activity sheet 3: Designing a Prevention Project

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Root Cause and Contributing Factors of SGBV
- Hand-out 2: Sample Prevention Activities
- Hand-out 3: Effective Prevention Programmes and Evidence Base
- Hand-out 4: Prevention: Multiple Stakeholders and Multiple Sectors

OTHER:

- Place two flip charts side by side and draw a picture of the Model.
- Take as many pieces of paper as the number of participants. On each piece of paper write down one of the levels of the Ecological Model. For the purpose of this exercise merge the individual and relationships levels. For example; if there are 18 participants, you will have six pieces of paper with society written on them, six pieces of paper with *community*, six with *relationships and individual*.
- Prepare five signs to be put on the wall:
  - Promoting equal gender norms and addressing unequal power relations
  - Mitigating risks through physical protection/safety
  - Addressing legal or policy frameworks and ending impunity
  - Safe access to basic needs
  - Affirmative action for economic, educational and social opportunities

UNHCR READING MATERIALS AND RESOURCES

- → *Action against Sexual and Gender-Based Violence: An Updated Strategy*, 2011.
- → *Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response*, 2003.
- → *Working with Older Persons in Forced Displacement*, 2013.
- → *Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement*, 2011.
- → *Working with Persons with Disabilities in Forced Displacement*, 2011.
- → *Understanding Community-Based Protection*, 2013.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 3: Preventing SGBV has been produced for educational purposes only in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge:

- → *Preventing Gender-based Violence: Getting it Right*, Buscher, Dale, 2014.
- → *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, Inter-Agency Standing Committee, 2015.
- → *Prevention of Violence against Women and Girls: Lessons from Practice*, Lori Michau, Jessica Horn, Amy Bank, Malika Dutt, Cathy Zimmerman, 2014.
- → *Prevention of Violence against Women and Girls: What Does the Evidence Say?*, Mary Ellsberg, Diana J. Arango, Matthew Morton, Floriza Gennari, Sveinung Kiplesund, Manuel Contreras, Charlotte Watts, 2015.
- → *Training Manual Facilitator's Guide: Multisectoral & Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict*, JSI Research & Training Institute/RHRC Consortium, 2004.
- → *Preventing Intimate Partner and Sexual Violence against Women: Taking Action and Generating Evidence*, World Health Organization (WHO), 2010.

SESSION 1: Why Does SGBV Occur?

100 minutes

LEARNING OBJECTIVES

✓ Explain the root cause of SGBV and the factors that contribute to its occurrence, and link these to SGBV prevention

KEY MESSAGES

→ Prevention activities are life-saving and need to be implemented at the onset of an emergency.

→ Preventing SGBV requires identifying, understanding and addressing its root cause and contributing factors.

→ Gender norms and unequal power relationships is the root cause of SGBV. Addressing these requires immediate action, as well as sustained, long-term prevention strategies aimed at attitude and behaviour change.

PREPARATION

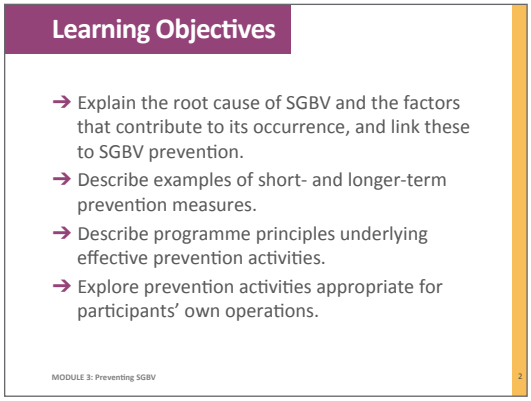
- Activity Sheet 1: Case Studies
- Hand-out 1: Root Cause and Contributing Factors of SGBV
- Place two flip charts side by side and draw a picture of the Ecological Model

The Ecological Model

GROUP ACTIVITY AND DISCUSSION (40 MINUTES)

To prepare for this session, place two flip-charts side by side and draw a picture of the Ecological Model. Like this:

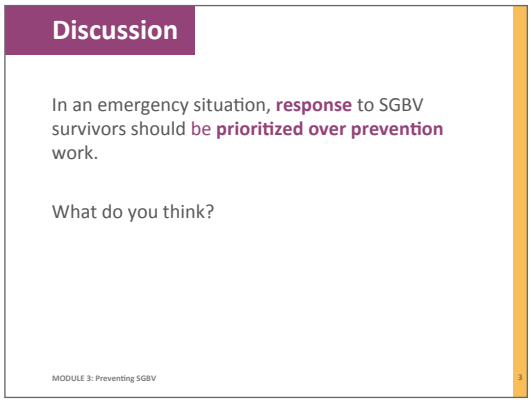
1. Using the Notes to the facilitator below, explain the purpose of this training session.



NOTES TO THE FACILITATOR:

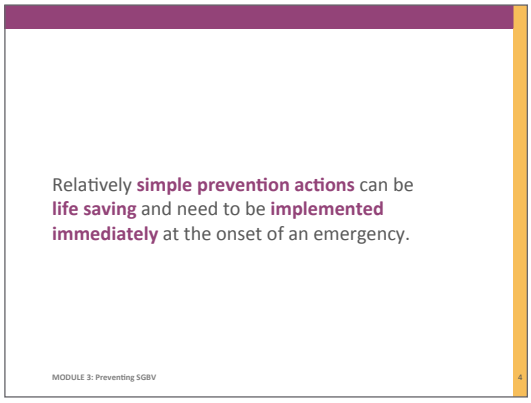
At the end of this training session participants should be able to:

- *Explain the root cause of SGBV and the factors that contribute to its occurrence, and link these to SGBV prevention*
- *Describe examples of short- and longer-term prevention measures*
- *Describe programme principles underlying effective prevention activities*
- *Explore prevention activities appropriate for their own operation*



2. Start this session by showing the following statement:

   "In an emergency situation, response to SGBV survivors should be prioritized over prevention (of SGBV) work."

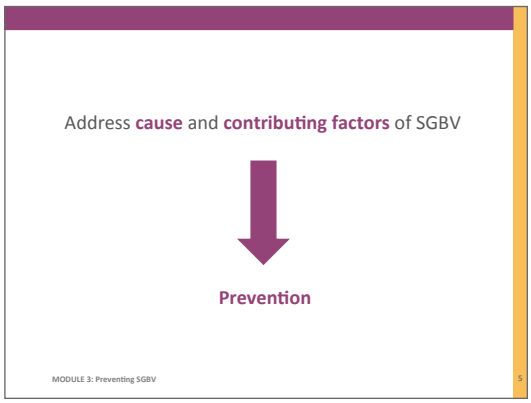


3. Ask what participants think about this statement. Do they agree? Why or why not? Can anyone give a concrete example of an SGBV prevention activity that can be implemented at the very beginning of an emergency? Facilitate a short discussion using the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Prevention is life saving.

SGBV prevention often receives less attention during emergencies as it is seen as less urgent than providing support to survivors. Prevention activities may be perceived as longer-term measures to be considered at a later phase of displacement. However, ***relatively simple mitigation actions can be life-saving and need to be implemented immediately, at the onset of an emergency****. If an incident of rape can be prevented by installing a water pump in a safe location, or if we can prevent a girl from exchanging her body in exchange for food by ensuring that everyone has access to basic needs, lives can be saved.*



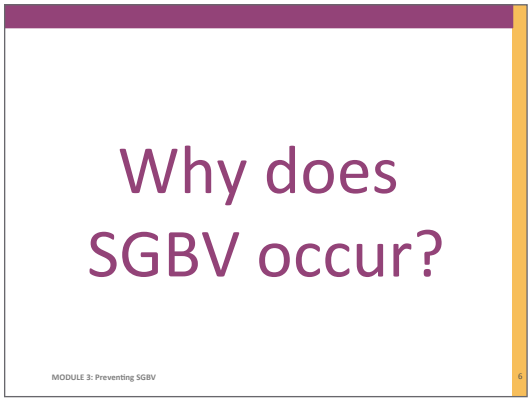
4. Explain:

   In order to take actions to prevent SGBV we need to understand why SGBV occurs. This is a complex question. In this training session we will analyze the underlying cause and risk factors contributing to SGBV – as well as protective factors – and based on this knowledge consider steps that can be taken to prevent SGBV.

   Note: The following activity assumes participants have some understanding of the distinction between the root cause of SGBV and its contributing factors. If participants are not yet familiar with these concepts, it is recommended to do facilitation points 10 to 20 including Activity Sheet 2: Root Cause and Contributing Factors from session 2 of Module 1: Introduction to SGBV in Displacement Settings.

5. Display the following question on the screen and ask participants to write down several responses on separate post-it notes, using key words.

   → **Why does SGBV occur?**



6. Proceed by showing the Ecological Model[1] on the flip chart. Explain that this model is widely used to help analyze why SGBV occurs and to identify SGBV risk and protective factors in the four spheres. Briefly explain these spheres:

   ✓ The individual sphere: Individual characteristics such as a person's sex, age, socio-economic status, disability, personal history, health, and educational level are all factors that may affect one's risk of exposure to SGBV.

   ✓ The relationship sphere: Relationships with others and the influence of close relationships, for example, family, friends and colleagues.

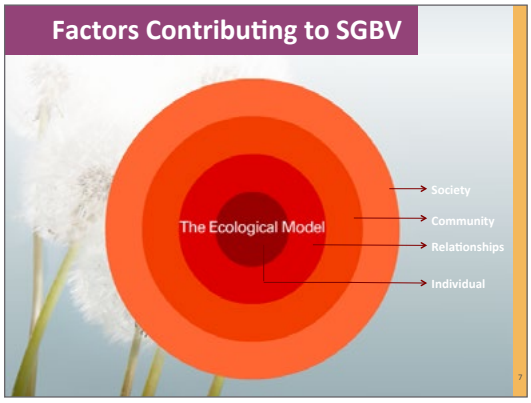
   ✓ The community sphere: Characteristics of the community setting in which a person lives have an impact on protection or risks of SGBV, such as the availability of (safe) services, poverty and cultural practices.

   ✓ The societal sphere: Gender norms and power relationships in society.

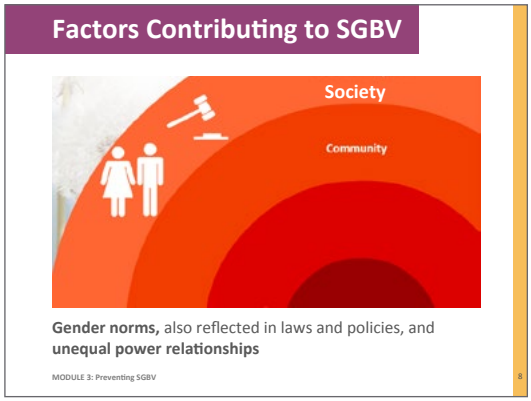
7. Ask all participants to come to the front of the room and stick their post-its with their responses on the flip chart in the sphere of life corresponding to their response. This should be a very quick exercise. Discussion will take place once all post-its are placed.

8. Once everyone's post-its are assigned to the four spheres, discuss what you see: **SGBV is caused and influenced by many factors in different spheres at the same time.** Some are concrete and easy to point out, while others are deeply rooted in society's traditions or beliefs.

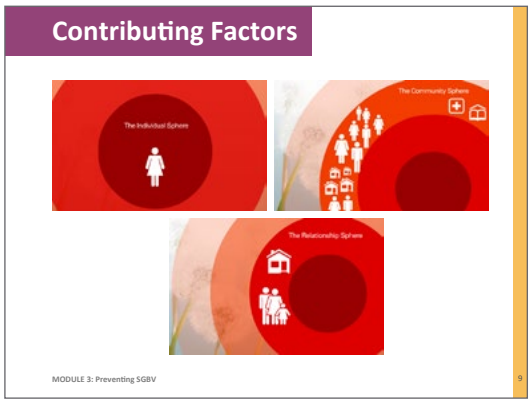
9. Show the slide and using Hand-out 1: Root Cause and Contributing Factors of SGBV. Summarize some of the factors at individual, relationship, community and societal levels. Ask for clarification where needed and encourage participants to share examples. If necessary, move post-its to the most appropriate sphere and add post-its if important factors are missing.



[1] This model is widely used to better understand the causes and contributing factors of SGBV and inform prevention programming. See for example: Dahlberg L, Krug E, *Violence – a global public health problem*. In: World Report on Violence and Health. World Health Organization; 2002, available at: http://apps.who.int/iris/bitstream/10665/42495/1/9241545615_eng.pdf



10. Explain: Factors that are considered the root cause of SGBV are mostly at the society and community levels of the Ecological Model (i.e., gender norms and unequal power relationships).



11. Explain that there are other contributing factors, such as lack of education, poverty, displacement, conflict, alcohol abuse, and the presence of armed forces.

12. Use the Notes to the facilitator below to further explain the difference between the root cause of SGBV and the contributing factors.

NOTES TO THE FACILITATOR:

Root cause versus contributing factors

Contributing factors are likely to increase the risk *of SGBV and influence the types of SGBV that occur, but do not necessarily cause SGBV. For instance, the presence of armed actors is likely to increase the risk of rape; alcohol or drug abuse is often associated with a rise in domestic violence; and poverty may increase the incidence of child marriage and survival sex. However, these factors are* not *the root cause of SGBV. Not all armed actors commit acts of sexual violence, not all persons with alcohol addiction are abusive, and not all persons in power will abuse a vulnerable child.*

The real difference lies in deeply rooted gender norms and power relationships. As addressed in Module 1: Introduction to SGBV in Displacement Settings, gender norms are deeply rooted in a society's notions of how women and men "should be" and "should behave" within their culture. These preconceptions determine what society expects of men and women, their roles, privileges and limitations.

---

13. Distribute Hand-out 1: Root Cause and Contributing Factors of SGBV

Gender norms and unequal power relationships

GROUP ACTIVITY (20 MINUTES)

14. Put three signs on the wall around the room: *Agree, Disagree* and *Not sure*. Show the first discussion slide. Ask participants to move to the sign reflecting their opinion about the statement on the slide. Ask participants to explain their opinion and allow discussion to take place. Then show and discuss the key points on the following slide. Repeat the same process for the remaining statements.

NOTES TO THE FACILITATOR:

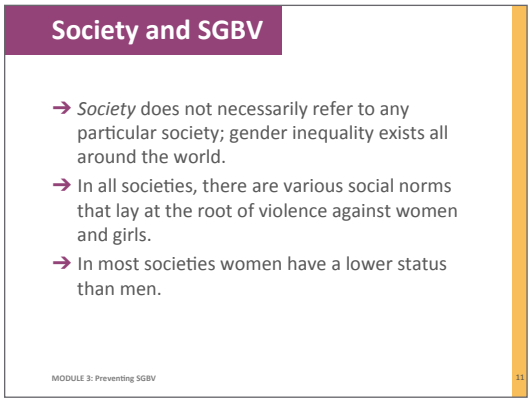
In all societies, there are certain social norms that permit violence against women and girls.

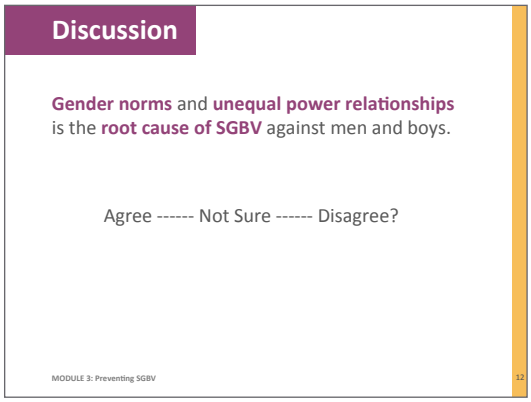
Note that gender inequality exists all around the world and that society does not necessarily refer to a particular society. In all societies, there are various social norms that permit violence against women and girls. Most societies have traditional beliefs that view women as subordinate to men. Additionally, the different roles and expectations of females impose restrictions on women and girls as compared to men and boys.

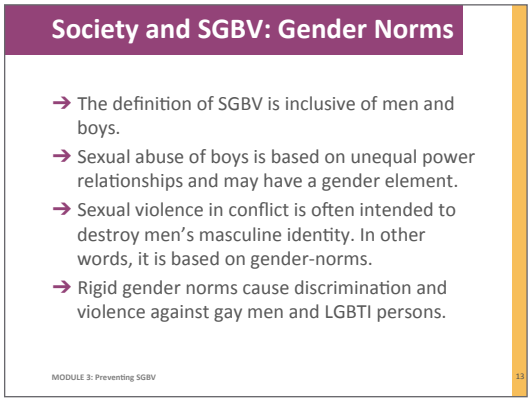
Gender norms and unequal power relationships is the root cause of SGBV against men and boys.

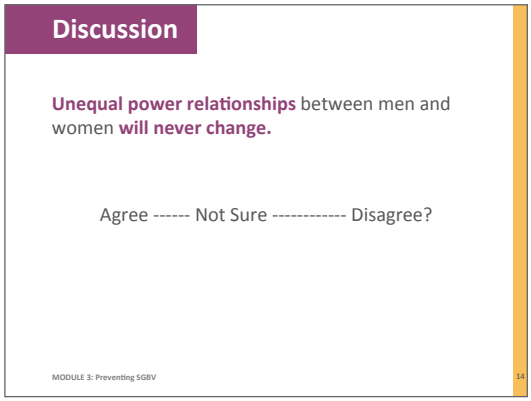
The definition of SGBV is inclusive of men and boys. It refers to any act perpetrated against a person's will based on gender norms and unequal power relationships.

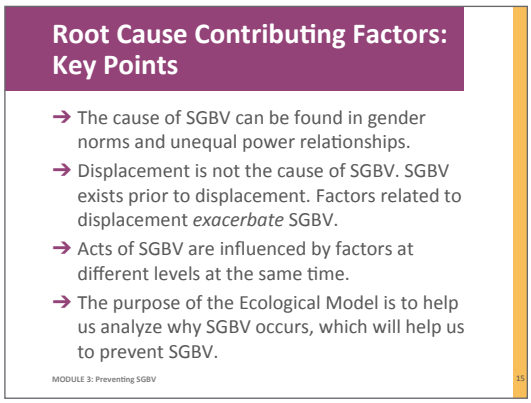
Sexual abuse of boys, just like abuse of girls, is clearly based on unequal power relationships whether during times of peace or in conflict. As we will explore later on, sexual violence in conflict is often intended to destroy men's masculine identity and, therefore, is based on gender-norms. Rigid gender norms of what men and women "should be" also cause discrimination and violence against gay men and all LGBTI persons.











Unequal power relationships between men and women will never change.

Power relationships and gender norms are socially constructed (influenced by history, tradition, culture and religion), all of which change over time. As history shows, women and men around the world have gained (and lost) many privileges and opportunities over the course of time.

The fact that gender norms can change is an important entry point for prevention work.

Many successful programmes engage women and men in challenging gender norms and unequal psower relationships, both at the local level and internationally. Some of these programmes have demonstrated results in terms of more equal gender norms and less acceptance of SGBV.

Note: this is addressed in more detail in Module 4: Engaging Men and Boys and in SGBV Prevention Work.

15. Brainstorm with participants to think of examples from their own countries of gender inequality, a root cause of SGBV. For example:
    - → The belief that boys should receive preferential access to education over girls
    - → The belief that men should have decision-making power over women
    - → Rigid gender roles that define masculinity in terms of honour, dominance, aggression and being the family protector and decision-maker
    - → Rigid ideas about masculinity and femininity
    - → National or traditional justice systems that support child and forced marriage and do not recognize domestic violence (including intimate partner violence) or sexual violence against men
    - → Beliefs and practices, including laws, that blame the victim
    - → A perceived lack of value for women's work and their contribution to society
    - → Discriminatory land, inheritance and property rights

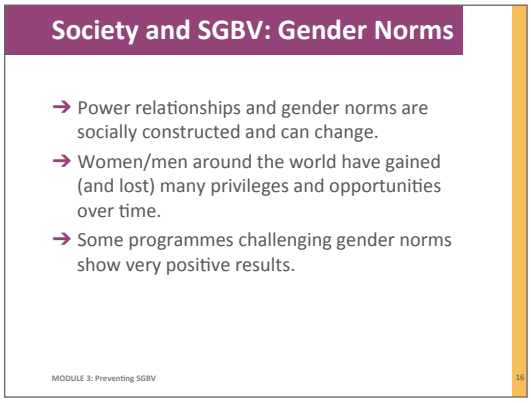
Case studies

GROUP ACTIVITY AND DISCUSSION (40 MINUTES)

16. Ask participants to split into four groups and distribute Activity Sheet 1: Case Studies. Assign one case study to each group. Groups have 20 minutes to identify factors at individual, relationship, community and society levels that contribute to SGBV in their scenario. At the end of the group work, each group will be asked to share their main discussion points.

17. Reconvene and ask one person from each group to highlight a few key issues they discussed.

18. End this session by highlighting the key points. See Notes to the facilitator below.



NOTES TO THE FACILITATOR:

Root Cause and Contributing Factors: Key Points

- *Gender norms and unequal power relationships is the root cause of SGBV. These **exist prior to displacement**. Factors related to displacement, including increasingly rigid gender norms, exacerbate SGBV.*
- *Usually, someone's vulnerability to violence or a particular incident of SGBV is influenced by factors at **different levels at the same time**.*
- *Similarly, sometimes it is not easy to say in which sphere a certain factor has an impact, and the **factors overlap**. For example: as we have seen in one of the case studies, the fact that many men in displacement lose their traditional status as breadwinners has impact at the individual level (being unemployed, loss of status), relationship level (change of roles within the household causing tension) community level (increasing portion of the population that is frustrated and unoccupied) and societal level (society-wide gender norms influence individual beliefs).*
- ***Some factors are easily identified, others are more subtle, and we should be cautious not to over-generalize.** For example, whereas in some cases, lack of education may render a person vulnerable to abuse, not all persons with a lower educational level are at increased risk of SGBV. More specifically it is often assumed that child marriage or domestic violence especially occurs in families with little education, whereas in fact these types of SGBV exist across all sectors of society.*
- *The purpose of the Ecological Model is not to allocate each factor to the "correct" sphere, but rather to **help us identify and analyze contributing factors and the root cause** of SGBV, which can then be addressed as part of prevention work.*

19. Point out that this first session has set the stage for the rest of the module. Now that we have identified the factors that cause and contribute to SGBV, we will explore how to prevent it.

SESSION 2: Short-Term and Longer-Term Prevention Measures in Five Key Areas

50 minutes

LEARNING OBJECTIVES

✓ Describe examples of short- and longer-term prevention measures in five key areas

KEY MESSAGES

→ Prevention activities can be categorized as those targeting 1) Gender norms and power relationships, 2) Physical safety and security, 3) Legal framework and access to justice, 4) Safe access to basic needs, and 5) Economic/educational/social opportunities.

PREPARATION

- Hand-out 2: Sample Prevention Activities
- Prepare five signs to be put on the wall:
  - Promoting equal gender norms and addressing unequal power relations
  - Mitigating risks through physical protection/safety
  - Addressing legal or policy frameworks and ending impunity
  - Safe access to basic needs
  - Affirmative action for economic, educational and social opportunities
- Take as many pieces of paper as the number of participants. On each piece of paper write down one of the levels of the Ecological Model and put them in a hat or box. For the purpose of this exercise merge the individual and relationships levels. For example; if there are 18 participants, you will have six pieces of paper with society written on them, six pieces of paper with *community*, six with *relationships and individual*.

Five areas of prevention work

GROUP ACTIVITY AND DISCUSSION (50 MINUTES)

1. Explain that prevention activities take place at all four levels of the Ecological Model.

2. Ask participants one by one to randomly select a piece of paper from the hat or box. Then ask each participant to mention an example of an SGBV prevention activity responding to the level of the Ecological Model written on the piece of paper. This should be a fast-paced exercise. If they cannot think of anything, ask others to help. The purpose is to have a quick guided brainstorm, encouraging participants to think out of the box.

3. Explain that prevention activities can be organised around five key areas:

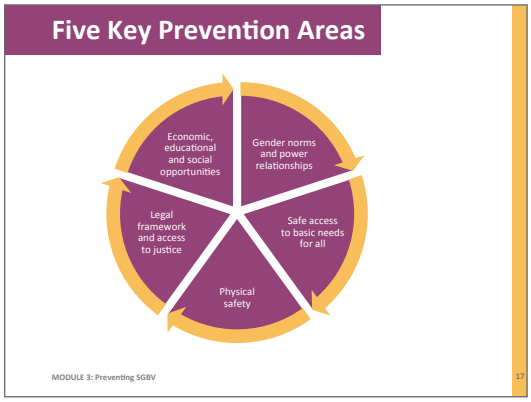
   a) Promoting equal gender norms and addressing unequal power relations (addressing the root cause of SGBV)

   b) Mitigating risks through physical protection/ safety

   c) Addressing legal or policy frameworks and ending impunity

   d) Safe access to basic needs

   e) Affirmative action for economic, educational and social opportunities



4. Put five signs on the wall, each with one of the five prevention areas written on it. Ask participants to write the activity they thought of during the previous exercise on a post-it note. Invite each to come to the front of the room and stick their note to the sign with the prevention area under which they believe it fits best.

5. Then split participants into five groups and assign each group one of the key prevention areas. Ask the groups to write on post-its the activities ongoing in their operations that fall under their assigned prevention area. Using a different colour post-it note (or a different colour marker), they can write down other activities they can think of in this area, which are currently not being implemented. Allow 20 minutes for the group work.

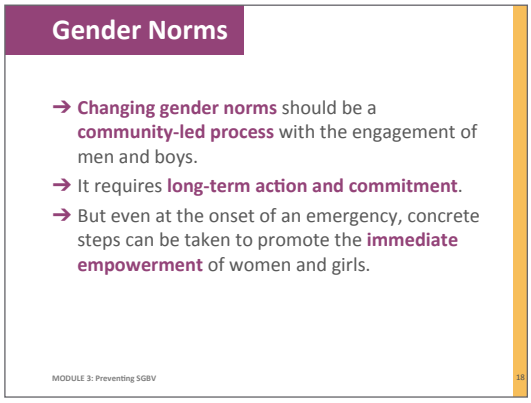
6. After 20 minutes, invite groups to display their flip charts and ask participants to walk around and review the different lists. Guide this gallery walk by asking questions, such as:

   → *Is there anything missing?*

   → *Is anything unclear?*

   Invite participants to add activities to other lists if they feel something is missing.

7. Using Hand-out 2: Sample Prevention Activities, highlight important activities that have not been mentioned.



8. Using the Notes to the facilitator below, highlight the importance of long-term initiatives as well as immediate steps that can be taken to promote gender equality.

NOTES TO THE FACILITATOR:

Long-term processes and immediate steps

Changing gender norms should be a community-led process, with the engagement of men and boys. It requires long-term, sustained action and commitment.

Note: Evidence shows that changes in attitudes and behaviour do not need a generation and can be achieved within shorter time frames if prevention interventions adhere to the key principles for effective prevention[2] See the next session.

On the other hand, even at the onset of an emergency, concrete steps can be taken to promote the immediate empowerment of persons at risk of SGBV. One example is making sure that women have a truly representational and meaningful voice on site governance committees or other community structures, such as child protection groups, livelihood committees etc. Steps to achieve this may include:

- *Addressing the practical barriers faced by women and girls to participating in committee meetings (e.g., transportation, child care, meeting times and locations)*
- *Ensuring the composition of committees is representationally inclusive of women and the ground rules are gender-sensitive*
- *Adapting discussion forums in ways that are culturally sensitive, such as by holding separate meetings for men and women so that each group can freely express their views or having a female meeting facilitator so that participants feel free to raise sensitive issues such as SGBV*
- *Providing female leadership training following participatory approaches*

[2] Lori Michau, Jessica Horn, Amy Bank, Malika Dutt, Cathy Zimmerman, "Prevention of Violence against Women and Girls: Lessons from Practice", in: Lancet, November 2014

9. Emphasise the importance of the principle of do no harm in everything we do. Ask participants to give examples of how we can do harm when implementing prevention work, if done without regard to potential risks. See Notes for the facilitator.

NOTES TO THE FACILITATOR:

SGBV prevention work: do no harm

- *If we single out survivors of SGBV in our programmes, this targeting could unintentionally draw attention to survivors or even breach their confidentiality and put them at risk.*
- *If we focus on one group in society, leaving out others, this action may cause harm. For example a programme focusing only on girls without also providing programmes for boys, leaves boys at risk of SGBV. It may also lead to retribution against girls.*
- *If we actively promote women as leaders in situations where taking up leadership roles is traditionally assigned to men, this promotion could trigger retaliation against women if not done gradually and using participatory approaches.*

---

10. Re-emphasize that all personnel have obligations pursuant to *The Secretary-General's Bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse* of 2003.

11. Distribute Hand-out 2: Sample Prevention Activities.

SESSION 3: Programme Principles and Evidence Base

70 minutes

LEARNING OBJECTIVES

✓ Describe programme principles underlying effective prevention activities

KEY MESSAGES

→ Effective prevention programmes operate across the Ecological Model, use a multi-sectoral approach and facilitate critical reflection on gender norms and the use of violence.

→ Prevention requires active and meaningful participation by all groups in society, including persons at risk of SGBV.

→ Women and girls, as well as men and boys, need to be engaged as actors of change.

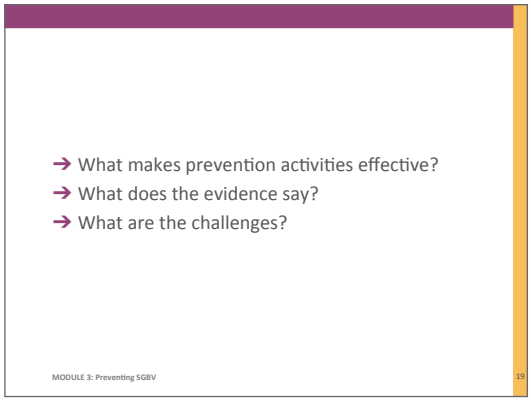
→ Prevention outcomes are difficult to measure. However, there is evidence that successful activities are effective, and monitoring and evaluating the progress and impact of prevention work is important.

PREPARATION

- Activity Sheet 2: Video Questions
- Hand-out 3: Effective Prevention Programmes and Evidence Base
- Hand-out 4: Prevention: Multiple Stakeholders and Multiple Sectors

Prevention challenges

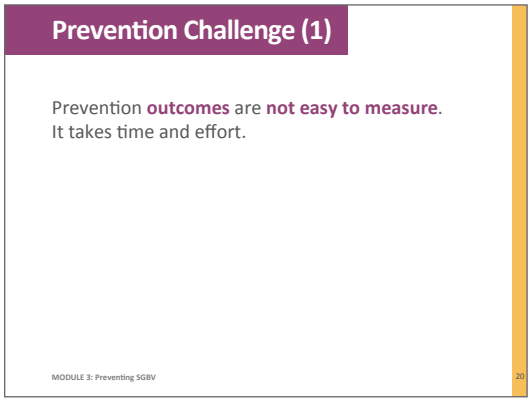
GROUP ACTIVITY AND DISCUSSION (30 MINUTES)



1. Explain that now we will explore the following questions:
   → What makes prevention activities effective?
   → What does the evidence say?
   → What are the challenges?

2. Ask participants if any prevention projects they are aware of are systematically evaluated for effects and impact.

3. Explain that prevention outcomes are not easy to measure. Use the Notes to the facilitator to explain the challenges in measuring prevention outcomes.



NOTES TO THE FACILITATOR

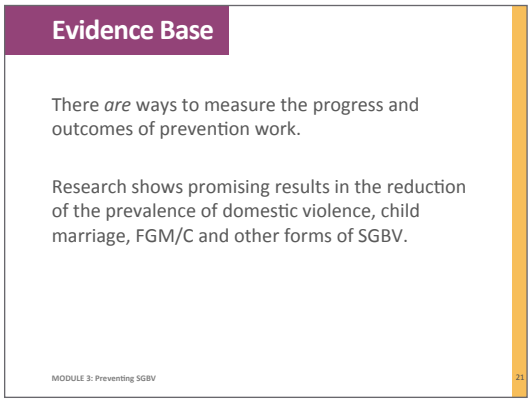
Measuring the impact of prevention activities[3]

Prevention involves addressing the ***root cause*** *of SGBV and* ***factors that contribute to (and protect against) SGBV****. Addressing the root cause (i.e., changing attitudes, gender-norms and power relationships) is a long-term process and an evaluation of outcomes is therefore not easily achieved. Similarly, many contributing factors, such as addressing the legal framework or reducing poverty, only show results in the medium to long term. Even where action involves concrete and short-term prevention measures, such as ensuring the displacement setting is sufficiently lit or making sure all persons of concern have access to basic needs, it is not easy to demonstrate how and which specific factor(s) have an impact on the levels of SGBV occurring.*

Moreover, the prevalence of SGBV is hard to measure. A decrease in reported SGBV incidents does not necessarily indicate that fewer acts of SGBV are being committed. This could also point to many other factors, for example a decrease of quality services, weak reporting mechanisms, or survivors' fear of reprisal following disclosure.

In other words, it is easier to say how many SGBV survivors received treatment than to point out how many people did not experience *SGBV thanks to prevention interventions. This is one reason why prevention work receives less attention during emergencies. Resource constraints may lead humanitarian actors to focus on visible and measurable services to respond to the needs of survivors, especially at the onset of an emergency.*

4. Emphasize that despite the challenges there are ways to measure the progress and outcomes of some aspects of prevention work. Monitoring and evaluating impact is an important aspect of prevention work, and despite the shortcomings, some promising trends have emerged.



NOTES TO THE FACILITATOR:

Evidence base[4]

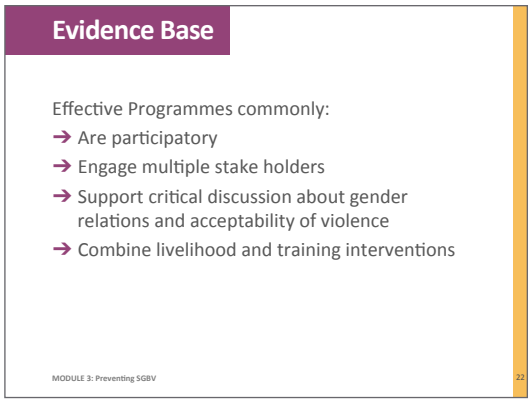
Over recent years there is an increasing focus on measuring the outcomes of SGBV prevention projects, with some research showing promising results in the reduction of the prevalence of domestic violence, child marriage, FGM/C and other forms of SGBV.

Note: Most research is conducted in development settings, though, and few evaluations are conducted in displacement situations.

[3] See: Dale Buscher, "Preventing Gender-Based Violence: Getting It Right", Humanitarian Exchange Magazine, 2014

[4] See: Mary Ellsberg, Diana J. Arango, Matthew Morton, Floriza Gennari, Sveinung Kiplesund, Manuel Contreras, Charlotte Watts, "Prevention of Violence against Women and Girls: What Does the Evidence Say?", Lancet, April 2015

5. Distribute Hand-out 3: Prevention: Effective Prevention Programmes and Evidence Base and ask participants to read the table showing samples of prevention activities and the demonstrated results.



6. Highlight what such effective programmes tend to have in common.

NOTES TO THE FACILITATOR:

What does the research show?

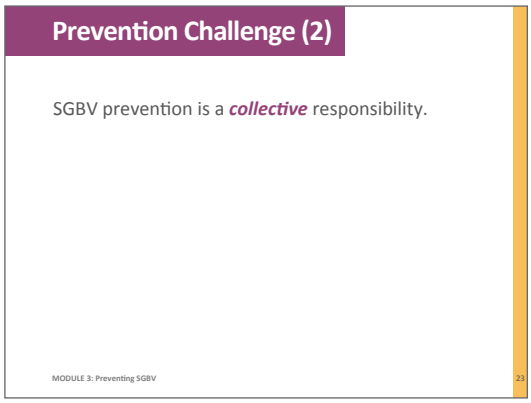
Research shows that effective programmes are those that:

- *Are participatory*
- *Engage multiple stake holders (e.g., women and men, youth, religious leaders, teachers, police, political leaders)*
- *Support critical discussion about gender relations and acceptability of violence*
- *Support communication and shared decision making among family members while discouraging violent behaviour*
- *Combine livelihood and training interventions for women*

7. Ask participants what other factors they believe make prevention programmes effective. What principles do we want to encourage? Write these up as principles for activities and programmes and point to those included in the Hand-out.

Multi-sectoral approach

DISCUSSION (20 MINUTES)



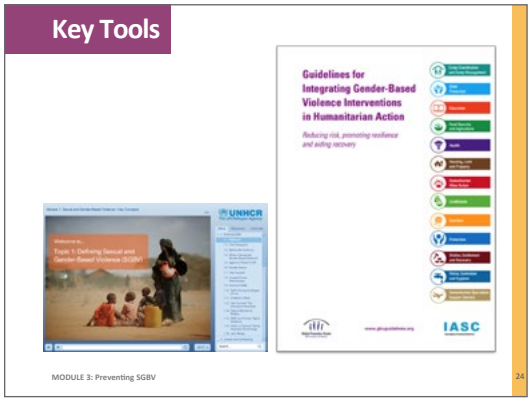
8. Explain that we now will further explore the second aspect of effective programmes: sustained multi-sector efforts. Refer back to Module 2: Key Approaches for Addressing SGBV, which highlighted that SGBV prevention requires collective action and a multi-sectoral approach. Ask participants why, in their views, this is a challenge. And how do they address this challenge? Use Notes to the facilitator below to complement the responses if necessary.

NOTES TO THE FACILITATOR:

Challenge and opportunity: A multi-sectoral approach

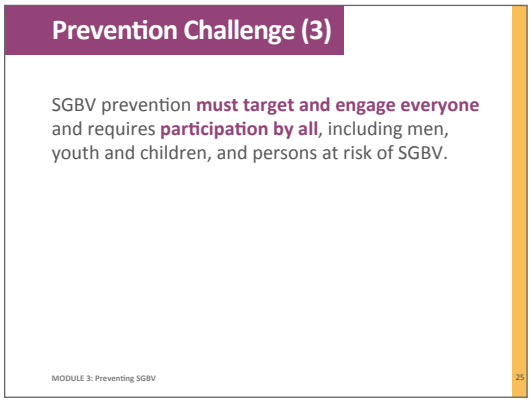
- *Humanitarian actors working in different areas do not always consider SGBV as a* ***collective responsibility****. Preventing SGBV is often relegated to the SGBV experts or the protection officers, while responding to the needs of survivors is left to the health sector, AGD to the gender advisors, and violence affecting children to the child protection specialists.*
- *Prevention of SGBV is not the sole responsibility of one or a few sectors. Health, education, protection, access to justice, livelihoods: all are key and* joint *efforts are required.*
- ***Close coordination*** *between many different actors can be difficult to achieve. Yet, it is essential in order to ensure that everyone has a clear understanding of their roles and responsibilities in addressing SGBV. Actors must agree on issues such as how to avoid doing harm and how to collect and share information in a safe and ethical way etc.*

9. Point out the 2016 UNHCR e-learning 'SGBV Prevention and Response' and the *Inter Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery* (2015). Both are designed to support staff working across different sectors in taking concrete actions to prevent SGBV in their area of work.

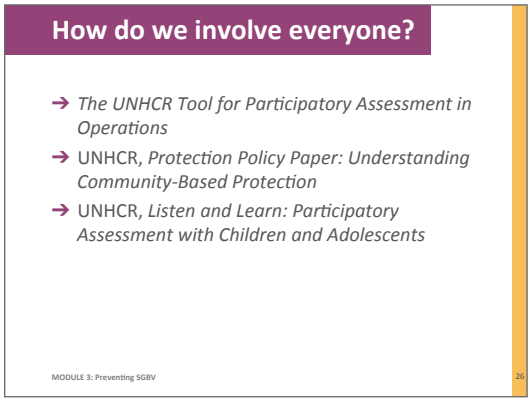


10. Ask participants if they are familiar with the guidelines, noting that the original guidelines were published in 2005 but updated in October 2015. Ask how they are using them in their work.

11. Ask participants: *Bearing in mind the five key ares of prevention work, who can be involved; who are the multiple stakeholders? And who are the stakeholders currently involved in your operation?*
Use Hand-out 4: Prevention: Multiple Stakeholders and Multiple Sectors to complement the responses.



12. Refer participants to important tools in developing SGBV prevention strategies, such as:
    - ✓ *UNHCR Tool for Participatory Assessment in Operations*
    - ✓ UNHCR, *Protection Policy Paper, Understanding Community-Based Protection*
    - ✓ UNHCR, *Listen and Learn: Participatory Assessment with Children and Adolescents*



13. Highlight a few effective prevention programmes from across the world, emphasizing programmes used in the region where participants work. (Note: this requires research prior to the training).

    Bel Bajao (India) http://www.bellbajao.org/

    SASA! (East Africa) http://raisingvoices.org/sasa/

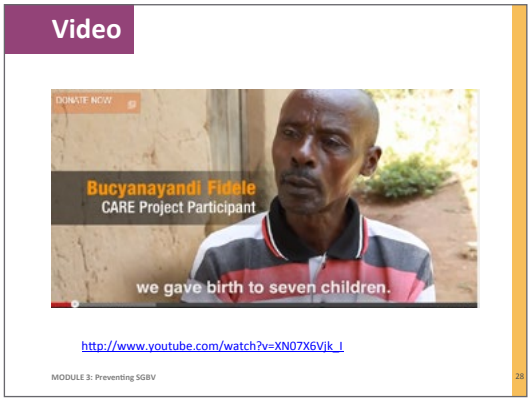
    TOSTAN (West Africa) http://www.tostan.org

    Puntos de Encuentro (Nicaragua) http://puntosdeencuentro.org/index.php/en/

14. Distribute Hand-out 3: Effective Prevention Programmes and Evidence Base and Hand-out 4: Prevention: Multiple Stakeholders and Multiple Sectors.

Good practice

VIDEO AND DISCUSSION (20 MINUTES)



15. Play *Engaging Men and Boys in the Prevention of Gender-Based Violence*, a 5-minute video produced by CARE that presents an SGBV prevention project in Rwanda. Prior to watching the video, divide participants into three groups and distribute Activity Sheet 2: Video Questions.

    http://www.youtube.com/watch?v=XN07X6Vjk_I

16. After watching the video, ask volunteers from each group to share their findings. Use the Notes to the facilitator below to highlight issues not mentioned.

NOTES TO THE FACILITATOR:

Feedback to the group work:

GROUP 1:

- *Deeply rooted gender norms are the cause of SGBV: girls are perceived as having less value, women are blamed for the sex of their babies, husbands are perceived as having the right to dominate their wives, and women are treated as inferior to men.*
- *Contributing factors include poverty, pressure from other community members, alcohol abuse, and lack of knowledge about reproductive health issues.*

GROUP 2:

- *The programme operates at various levels: individual, relationships and community.*
- *This is a good example of a prevention activity involving different areas of work including livelihoods, reproductive health and protection.*
- *Stakeholders include men and women. Men are engaged as a target group as well as advocates for change.*
- *Measuring outcomes, for example, change in attitudes, and impact on domestic violence, requires some expertise, but is definitely possible. Knowledge, attitudes and behavior must be evaluated throughout the lifecycle of the activity, not just at the end, using standardized indicators. The evaluation process would entail interviewing persons of concern, UNHCR, partners and service providers. An example of an outcome could be, "Men's self-reported perpetration of physical and sexual violence decreases."*

GROUP 3:

- *Changing gender norms*
- *Building economic (village loan scheme), educational (reproductive health education) and social (reinforcing community support network through peer educators) opportunities.*

SESSION 4: Identifying Prevention Activities

80 minutes

LEARNING OBJECTIVES

✓ Explore prevention activities appropriate for one's own operation

KEY MESSAGES

→ Effective prevention programmes operate across the Ecological Model, use a multi-sectoral approach, and facilitate critical reflection on gender norms and the use of violence.

PREPARATION

- Activity Sheet 3: Designing an SGBV Prevention Project.

Designing a prevention project

GROUP WORK (60 MINUTES)

1. Divide participants into three smaller groups and distribute Activity Sheet 3: Designing an SGBV Prevention Project. Groups have 40 minutes to prepare their presentation. Encourage them to work together to share experiences and best practices on how to prevent SGBV most effectively.

2. After 40 minutes reconvene and invite the three different groups to present their proposals while you act as the donor representative. Allow 5 to 7 minutes for each presentation. Be strict on time as "the donor has very little time".

3. Ask for clarification where necessary.

4. Take 5 minutes to consider all proposals and then announce the winning project. Explain your choice using the criteria as defined in the activity sheet.

Wrap-up

(20 MINUTES)

5. Ask participants to reflect on how they can take stock of these issues in their own work. Organize participants in a way that makes sense to their daily work, e.g., have participants from the same operation or organization sit together and ask them to write down some ideas on how prevention practices can be adjusted or expanded in the context in which they work.

6. Encourage participants to share some of their reflections in plenary.

7. Address any unanswered questions and sum up with the key messages for the module.

REFERENCES:

Dahlberg L, Krug E, *Violence – a global public health problem.* In: World Report on Violence and Health. World Health Organization; 2002, available at: http://goo.gl/jy4vCU

Dale Buscher, "Preventing Gender-Based Violence: Getting It Right", in: Humanitarian Exchange Magazine, 2014, available at: http://goo.gl/sbZNGz

Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, 2015, available at: http://gbvguidelines.org/

Lori Michau, Jessica Horn, Amy Bank, Malika Dutt, Cathy Zimmerman,"Prevention of Violence against Women and Girls: Lessons from Practice", in: Lancet, November 2014, available at: http://goo.gl/jqBqxk

Mary Ellsberg, Diana J. Arango, Matthew Morton, Floriza Gennari, Sveinung Kiplesund, Manuel Contreras, Charlotte Watts, "Prevention of violence against women and girls: what does the evidence say?", in: Lancet, April 2015, available at: http://goo.gl/gkLOZr

Sexual Violence Research Initiative, *Briefing Paper: Care and Support of Male Survivors of Conflict-Related Sexual Violence*, 2011, available at: http://www.svri.org/CareSupportofMaleSurviv.pdf

UNHCR, *Action against Sexual and Gender-Based Violence: An Updated Strategy*, June 2011, available at: http://www.refworld.org/docid/4e01ffeb2.html

UNHCR, *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response*, May 2003, available at: http://www.refworld.org/docid/3edcd0661.html

UNHCR, *Working with Older Persons in Forced Displacement*, 2013, available at: http://www.refworld.org/docid/4ee72aaf2.html

UNHCR, *Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement*, 2011, available at: http://www.refworld.org/docid/4e6073972.html

UNHCR, *Working with Persons with Disabilities in Forced Displacement*, 2011, available at: http://www.refworld.org/docid/4e6072b22.html

UNHCR, *Understanding Community-Based Protection*, 2013, available at: http://www.refworld.org/docid/5209f0b64.html

Vann, Beth, JSI Research & Training Institute/ RHRC Consortium, *Training Manual Facilitator's Guide: Multisectoral & Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict*, 2004, available at: http://goo.gl/gy2C18

World Health Organization (WHO), *Preventing Intimate Partner and Sexual Violence against Women: Taking Action and Generating Evidence*, 2010, available at: http://goo.gl/gX71s8

Activity Sheet 1

20 minutes

Case Studies

CASE 1

13-year-old Hamid is living with his parents in a rural area of the country. When rebel forces attack their village, his mother is killed. Soon after, his father decides to join a pro-government militia group, and Hamid flees with his aunt and uncle to the capital. Hamid has a good relationship with his relatives. He is in the last year of primary school, but starts working in a restaurant because his relatives do not earn enough money to take care of him. He makes a reasonable salary, and his boss was initially very kind to him. The boss drinks a lot of alcohol, and when he is drunk, which happens often, he starts touching Hamid inappropriately and requests sexual favours. Hamid is terrified to tell his uncle and aunt, as they depend on his salary. Besides, he feels extremely embarrassed and fears he will not be believed. He does not know whom else he could possibly ask for help.

→ From what we know of Hamid's case, which factors at the individual, relationship, community and society levels make him more vulnerable to the threat of violence? Are there any factors that could reduce his vulnerability?

CASE 2

Irina is a 29-year-old woman living in a city that has come under heavy bombardments. Her parents send her with Dana, a close friend of the family, and Igor, Dana's son, to flee the violence. Dana and Igor promise they will accompany Irina and bring her to her sister, who fled to a neighbouring country. Irina is illiterate and has never travelled outside the region. Igor takes the lead on their week-long journey: he arranges places to sleep, holds Irina's passport and visa documents and negotiates their way through various checkpoints. After the third day of travel, he pressures Irina to sleep with him. She refuses at first, but then Igor tells her that her parents have not given him enough money for the journey, and that he is paying a lot of bribes for her at the checkpoints. He threatens Irina that if she wants to continue the journey and see her sister, she needs to give him something in return. Irina feels she has no option other than to submit to his demands.

→ From what we know of Irina's case, which factors at the individual, relationship, community and society levels make her more vulnerable to the threat of violence? Are there any factors that could reduce her vulnerability?

CASE 3

Mariam is 27 years old. She and her husband Adam, 43, are living in a refugee camp. Adam used to be a salesman, but ran out of business when conflict in their country started and is now unemployed. Mariam works as domestic help with a family from the host community. Adam and Mariam have always had a good relationship, but in displacement things started to change. Adam began having bad moods and became withdrawn. He made malicious comments about the food Mariam prepared and about her looks, and shouted at her whenever she came back from work late. Recently he started beating her. Mariam's days are filled with worry and fear. To the outside world, she pretends that all is fine because she is afraid of people's reaction. Domestic violence is widely accepted in their culture and not considered a crime, and disclosing family problems is seen as shameful. Besides, Mariam hopes that Adam will change.

→ From what we know of Mariam's case, which factors at the individual, relationship, community and society levels make her more vulnerable to the threat of violence? Are there any factors that could reduce the vulnerability?

CASE 4

Fourteen-year-old Su lives with both her parents in an IDP camp. Her father has made plans to marry her off to one of his friends, a 38-year-old man who will pay her father a bride price for Su. There are many young single men in the camp who have little to do. Many girls complain of being harassed, especially in school. One of Su's cousins was sexually assaulted on the school's premises, and when she complained to the school's administration, they said there was nothing they could do. Su's father believes it is better to take Su out of school and marry her off soon to avoid the risk of Su engaging in "inappropriate behavior" with boys. Su's mother, who herself was forced to marry at 15 and gave birth at 16, tried to convince her husband to let Su continue her education. However, this was to no avail, as ultimately it is Su's father who makes all decisions.

→ From what we know of Su's case, which factors at the individual, relationship, community and society levels make her more vulnerable to the threat of violence? Are there any factors that could reduce her vulnerability?

Activity Sheet 2

15 minutes

Video Questions

GROUP 1:

Look for the cause of SGBV and contributing factors. What is the root cause of violence in this situation? Which contributing factors perpetuate the situation?

GROUP 2:

As you consider this video, what can you say about the prevention principles discussed earlier?

- At which level(s) of the Ecological Model does this programme operate?
- How is the multi-sectoral approach reflected in this programme?
- Which stakeholders are involved?
- Can the outcomes of this intervention could be measured? If so, how?

GROUP 3:

Look for the types of prevention activities. Within which category(ies) do they fall?

- → Changing gender norms? How does the programme aim to influence these?
- → Physical safety?
- → Legal/policy framework?
- → Access to basic needs?
- → Economic, educational and social opportunities?

Activity Sheet 3

40 minutes

Designing an SGBV Prevention Project

The SGBV working group has taken part in a UNHCR participatory assessment. As part of this assessment, focus group discussions are held separately with boys, girls, men and women in the community. Below is a summary of the findings:

- Men face lack of employment and meaningful activity leading to increased consumption of alcohol, loss of self-esteem and respect. Men say they fail to protect their family members.
- Women continue their domestic roles, and some women and girls have found jobs as domestic workers with host community families. They face exploitation by employers, and harassment and assault on the route to and from work.
- Tensions are high in families, and domestic violence is on the increase.
- Child marriages have increased as a negative-coping mechanism to ensure that girls are "under the protection of a man" and, in some cases, to lessen the family's economic burden.
- In order to support themselves and their families, some women and girls exchange sex for money or goods.

A donor has made a call for SGBV prevention proposals. The best proposal will be rewarded with two-year funding of 150,000 USD. To meet the criteria for funding the project must:

- Use a multi-sectoral approach with activities in several key areas of prevention
- Work across the Ecological Model
- Facilitate reflection and critical discussion about gender norms and the use of violence
- Involve multiple stake-holders using participatory approaches
- Encompass evidence-informed approaches and measurable outcomes

You have 40 minutes to design a proposal which you will then present to the donor. Your group has 5 to 7 minutes for the presentation. It is recommended you focus on the presentation of *concrete* activities, highlighting target groups and specifying who will be engaged in the implementation.

Please note the description of the situation is incomplete and that information that would be necessary to plan for activities may be missing. For the purpose of the exercise, feel free to assume the situation has been thoroughly assessed and fill in information gaps by using your imagination.

Hand-out 1

Root Cause and Contributing Factors of SGBV

Preventing SGBV requires identifying, understanding and addressing its root cause and contributing factors. Gender norms and unequal power relationships is the root cause of SGBV. In the Ecological Model[1], this is represented by the society sphere. Contributing factors are mostly found at the individual, relationship and community levels.

INDIVIDUAL:

This sphere includes individual characteristics: a person's sex, age, socio-economic status, the presence of a disability, personal history, health and educational level are all factors that may affect one's risk of exposure to SGBV. For example, an unaccompanied child, an adolescent head of household, a person with a disability, and an older woman with decreased mobility all may face increased risk of SGBV. In some cases, belonging to an indigenous group or being of a particular sexual orientation may increase the likelihood that an individual will be subjected to SGBV.

RELATIONSHIP:

Influences in this sphere include friends, intimate partners, colleagues and family members. For example, parents or other family members in positions of power usually make the decision about female genital mutilation or cutting (FGM/C) or child marriage. Similarly, teenagers can find themselves in exploitative situations, or even trafficked, due to the influence of peer pressure. A colleague can discourage a co-worker from reporting abuse at the work place, which allows the violence to continue. Conversely, influences at the relationship level can help protect against SGBV.

[1] The ecological framework is widely used to better understand SGBV and to inform prevention programming. See for example: Dahlberg L, Krug E, *Violence – a global public health problem*. In: World Report on Violence and Health. World Health Organization

COMMUNITY:

This sphere pertains to the community context in which social relationships are embedded, such as the characteristics of a particular neighbourhood or displacement setting. Some contributing factors at the community level common during displacement include:

- Poverty
- High level of family separation
- Social isolation
- Lack of access to services
- Physical insecurity (within and outside the displacement site)
- Presence of armed groups
- Absence of a functioning accountability system for humanitarian personnel
- Food insecurity
- Lack of educational opportunities
- Disintegration of leadership structures and lack of gender equality in leadership structures
- Limitations on the right to work, leading to unemployment and unregulated or harmful work
- Lack of documentation, preventing people from reporting incidents of abuse and increasing vulnerability to exploitation
- Poor design of facilities, for example, facilities that lack sex-segregated latrines or adequate lighting
- Poor neighbourhood lay-out (e.g., street access that forces people to walk through insecure locations)
- Population density
- Lack of access to services

SOCIETY:

Finally, in the societal sphere, **gender norms and unequal power relationships is the root cause of SGBV**. The definition of SGBV states, "SGBV is based on gender norms and unequal power relationships."

Gender norms are deeply rooted in a society's notions of how women and men "should be" and "should behave" in one's culture. These preconceptions determine what society expects of men and women, their roles, privileges and limitations. Examples of violence based on gender norms include confining a woman to the house because that is her perceived role in society, or sexually violating a man in order to destroy his sense of masculinity and his traditionally defined role as protector.

Gender inequality between women and men exists in all societies. Gender norms are often reflected and maintained by the legal framework. Many countries have legal systems that do not recognize acts of SGBV.

Gender norms are influenced by history, tradition, culture, and religion, all of which change over time. Gender norms may change as a result of displacement. They can become more rigid as people may hold onto cultural norms and practices even more strongly if they have lost nearly everything else. On the other hand, displacement may be an opportunity for positive change. For example, ideas about the ability of women to contribute in society may change if women have to assume the role of breadwinner while in displacement.

The fact that gender norms can change is an important entry point for prevention work.

Examples of deeply rooted gender norms:

- The belief that boys should receive preferential access to education over girls
- The belief that men should have decision-making power over women
- Rigid gender roles that define masculinity in terms of honour, dominance, aggression and being the family protector and decision-maker
- Rigid ideas about masculinity and femininity
- National or traditional justice systems that support child and forced marriage and do not recognize domestic violence (including intimate partner violence) or sexual violence against men
- Beliefs and practices, including laws, that blame the victim
- A perceived lack of value for women's work and contributions to society
- Discriminatory land, inheritance and property rights

KEY POINTS TO REMEMBER:

- Unequal gender norms and power relationships, and SGBV, **exist prior to displacement. Factors related to displacement** – including increasingly rigid gender norms – **exacerbate SGBV**.
- Usually, someone's vulnerability to violence, or a particular incident of SGBV, is influenced by factors at **different levels at the same time**.
- Similarly, sometimes it is not easy to say in which sphere a certain factor has an impact, and the **factors overlap**. For example, the fact that many men in displacement lose their traditional status as breadwinner has impact at the individual level (being unemployed, loss of status), relationship level (change of roles within the household causing tension), community level (increasing portion of the population that is frustrated and unoccupied) and society level (society-wide gender norms influence individual beliefs).
- **Some factors are easily identified, others are more subtle, and we should be cautious not to over-generalize.** For example, whereas in some cases, lack of education may render a person vulnerable to abuse, not all persons with a lower educational level are at increased risk of SGBV.
- The purpose of the Ecological Model is not to allocate each factor to the "correct" sphere, but rather to **help us identify and analyze the contributing factors and root cause of SGBV**, which can then be addressed as part of prevention work.

Hand-out 2

Sample Prevention Activities

1. PROMOTING GENDER EQUALITY AND ADDRESSING UNEQUAL POWER RELATIONS (ADDRESSING THE ROOT CAUSE OF SGBV)

Gender norms are those beliefs and practices which, along with unequal power relations, are considered the root cause of SGBV. Some examples of interventions that have shown positive results in addressing this include:

- Life-skills for adolescent boys and girls addressing communication, conflict-resolutions, rights, reproductive health etc.
- Community mobilization interventions (e.g., through social media; educational entertainment, including mobile phone applications, street theatre, radio and television; and large scale campaigns)
- More specialized activities such as gender dialogues, transformative gender work or masculinity work to challenge negative gender norms and replace them with more balanced gender norms (e.g., workshops with men and women, or group training for couples on shared decision making and non-violent behaviour)
- Introducing gender-sensitive school curricula

An important lesson learned is that achieving change should be a **community-led** process.

Influencing gender norms requires **long-term**, **sustained action** and commitment. But, even at the onset of an emergency, **concrete steps** can be taken to promote the immediate empowerment of women and girls, while challenging rigid gender norms in the longer term. One example is to ensure that women have a real voice in site governance committees and other community committees, such as child protection bodies and assistance delivery committees. Steps to achieve this may include:

- Addressing the practical barriers faced by women and girls to participating in committee meetings (e.g., transportation, child care, meeting times and locations)
- Adapting discussion forums in ways that are culturally sensitive, such as holding separate meetings for men and women so that each group can freely express their views, or having a female meeting facilitator so that participants feel free to raise sensitive issues such as SGBV
- Providing female leadership training following participatory approaches

---

2. PHYSICAL PROTECTION/SAFETY

Measures in this area that can mitigate the risks of SGBV:

- Building schools and play areas in safe locations
- Monitoring school premises
- Involving women in the distribution of shelter materials
- Providing lighting in communal areas
- Providing separate latrines for males and females
- Adopting fuel-efficient strategies
- Engaging the community in organizing security patrols or community watch groups
  - Ensure police/military/peacekeepers are present in camps/settlements and trained on SGBV
- Advocating with police and security forces and promoting confidence building between them and communities, advocating for zero tolerance policies (e.g., code of conduct that prohibits SEA)
- Ensuring women's participation in establishing security measures (e.g., community watch committees) and advocating to ensure female police officers are recruited

3. ADDRESSING LEGAL OR POLICY FRAMEWORKS AND WORKING TO END IMPUNITY

National and traditional justice mechanisms that function can help end impunity. Thus, interventions that address the broader legal framework, promote survivor-centred judicial processes and law-enforcement, and support survivors access to justice are key prevention activities. Examples include:

- Raising awareness in the community so that persons of concern fully understand their rights, the remedies available to SGBV survivors, how to access justice and the legal mechanisms in place
- Training personnel in formal and informal legal systems about the rights of SGBV survivors
- Advocating for laws and legal systems to conform to international human rights standards

This issue is addressed in more detail in the Module 8: Access to Justice.

4. SAFE ACCESS TO BASIC NEEDS

Safe access to basic needs is essential for SGBV prevention. If people cannot meet their basic needs, they may resort to harmful coping mechanisms. A family may consider marrying off an underage daughter to obtain needed funds through dowry and to reduce the number of mouths to feed. Displaced women, may engage in survival sex in exchange for shelter, food and clothes. Moreover, simple logistics may place people at increased risk of SGBV. Women in displaced situations may be forced to travel long distances through unsafe areas to collect firewood or to find work. Limited resources, such as water supplies and latrines, may be in unsafe areas, poorly lit and with poor security measures.

When providing assistance to persons of concern, the humanitarian community must ensure that populations have safe and equal access to assistance to help mitigate the risk of SGBV. One such risk is sexual exploitation by humanitarian workers. This can be prevented by taking measures such as:

- Involving persons at risk of SGBV in identifying risks and designing appropriate service delivery systems
- Making sure women have a real voice in assistance delivery committees
- Implementing code of conduct policies, which are established with the involvement of the community, include complaint mechanisms, and meet all other obligations pursuant to *The Secretary-General's Bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse of 2003*
- Undertaking outreach work using multi-functional teams
- Ensuring equal representation of female staff members

5. EDUCATIONAL, ECONOMIC AND SOCIAL OPPORTUNITIES

Education is a key protection tool, especially where schools provide a safe learning environment. In displacement contexts, rates of school attendance and retention are often low, particularly for girls. Those most at risk of SGBV are often the least likely to attend school, such as unaccompanied children, young married girls and/or girls with children, and children with disabilities. Key activities to protecting girls and boys against SGBV through education include:

- Promoting equal participation and retention of girls in schools, including at secondary level
- Responding to the needs of boys and girls who have dropped out of school
- Providing support classes and accelerated learning programmes
- Raising awareness among teachers and parents about children's rights
- Ensuring that schools adopt and use codes of conduct for teachers and peers
- Helping schools adopt child-friendly confidential SGBV complaint mechanisms and reporting systems

A lack of social opportunities for children, adolescents and adults can also increase their exposure to SGBV, both inside and outside the home. Providing social opportunities is therefore also an important prevention activity. For example, establishing safe spaces for adolescent girls to meet and participate in activities, such as mentorship programmes and life skills courses, can increase their awareness about their rights, help them make better life choices and protect them against exploitation.

Economic opportunities for women and female youth can reduce the risk that they will be exposed to SGBV. However, these must be designed carefully, otherwise, they can actually do more harm than good. For example, women can be exposed to SGBV while travelling to and from work and in the workplace itself, by employers, co-workers and customers. If designed well, economic opportunities can empower women, enabling them to leave abusive relationships and assume some control over family resources.

If designing prevention activities, we need to understand how participation in them might increase exposure to SGBV risk. For example:

- If we single out survivors of SGBV in our programmes, this targeting could unintentionally draw attention to survivors and put them at risk. (Nonetheless, targeted interventions to address the specific SGBV-related needs and capacities of certain groups can be appropriate, for example, a support group for male survivors or a programme aimed at supporting victims of trafficking.)
- If we focus on one group in society, leaving out others, this may cause harm. For example a programme focusing only on girls, without also providing programmes for boys, leaves out at-risk boys, and may increase girls' risks of exposure to SGBV.
- If we actively promote women as leaders in situations where taking up leadership roles traditionally assigned to men, this could trigger retaliation against women if not done gradually and using participatory approaches.

Hand-out 3

Effective Prevention Programmes and Evidence Base

MEASURING THE IMPACT OF PREVENTION ACTIVITIES[2]

Prevention involves addressing the **root cause** of SGBV and **factors that contribute to (and protect against) SGBV**. Addressing the root cause (i.e., changing attitudes, gender-norms and power relationships) is a long-term process and an evaluation of outcomes is therefore not easily achieved. Similarly, many contributing factors, such as addressing the legal framework or reducing poverty, only show results in the medium to long term. Even where action involves concrete and short-term prevention measures, such as ensuring the displacement setting is sufficiently lit or making sure all persons of concern have access to basic needs, it is not easy to demonstrate how and which specific factor(s) have an impact on the levels of SGBV occurring.

Moreover, the prevalence of SGBV is hard to measure. A decrease in reported SGBV incidents does not necessarily indicate that fewer acts of SGBV are being committed. This could also point to many other factors, for example, a decrease of quality services, weak reporting mechanisms or survivors' fear of reprisal following disclosure.

In other words, it is easier to say how many SGBV survivors received treatment than to point out how many people did *not experience* SGBV thanks to prevention interventions. This is one reason why prevention work receives less attention during emergencies. Resource constraints may lead humanitarian actors to focus on visible and measurable services to respond to the needs of survivors, especially at the onset of an emergency.

EVIDENCE BASE[3]

Over recent years there has been an increasing focus on measuring the outcome of SGBV prevention projects, with some research showing promising results in the reduction of the prevalence of domestic violence, child marriage, FGM/C and other forms of SGBV.

Effective programmes commonly:

- Are participatory
- Engage multiple stake holders (e.g., women and men, youth, religious leaders, teachers, police, political leaders)
- Support critical discussion about gender relations and acceptability of violence
- Support communication and shared decision making among family members while discouraging violent behavior
- Combine livelihood and training interventions for women

[2] Adapted from: Dale Buscher, "Preventing Gender-Based Violence: Getting It Right", Humanitarian Exchange Magazine, 2014

[3] Adapted from: Mary Ellsberg, Diana J Arango, Matthew Morton, Floriza Gennari, Sveinung Kiplesund, Manuel Contreras, Charlotte Wats, *Prevention of Violence against Women and Girls: What Does the Evidence Say?*, 2015

Type of prevention programmes:	Demonstrated results
Group training for couples on shared decision making and non-violent behaviour	Reduction of violence in couples who attended the programme
Life-skills for adolescent boys and girls (addressing communication, conflict-resolutions, rights, reproductive health, etc.)	Changes of attitudes towards gender equality and the use of violence
Empowerment programmes for young women (economic and life-skills)	Changes in reported experienced violence as opposed to control group
Community mobilization interventions (e.g., through social media; educational entertainment, including mobile phone applications, street theatre, radio and television; and large scale campaigns)	Changes in knowledge and use of services, attitude towards gender, acceptance of violence against women and girls
Group training for men	Reduction of men's self-reported perpetration of physical and sexual violence

PRINCIPLES OF EFFECTIVE PREVENTION

In the Lancet, authors Michau, Horn, Bank, Dutt, and Zimmerman describe a set of core principles of effective prevention programmes.[4] Note that these partly overlap with the characteristics of effective programmes listed above.

Effective prevention programmes:

- **Work across the Ecological Model.** Interventions work at all levels (society, community, relationship and individual).
- **Use a gender-power analysis.** They should be based on a systematic analysis of the drivers of SGBV, understanding power dynamics in a specific context and culture.
- **Use sustained multi-sector coordinated efforts.** Efforts involve various areas of work, such as access to justice, education, livelihoods and health.
- **Include theory and evidence-informed approaches.** They use programme models that have been proven to show results.
- **Encourage personal and collective critical thought.** Programmes use participatory processes that facilitate reflection.
- **Provide aspirational programming that inspires activism.** They offer discourse on safer, happier, healthier relations between women and girls and men and boys, and do not point solely to reliance on humanitarian organisations and governments, but recognize the potential leadership roles of individuals, communities, the media and the private sector.

[4] From: Lori Michau, Jessica Horn, Amy Bank, Malika Dutt, Cathy Zimmerman, "Prevention of Violence against Women and Girls: Lessons from Practice", in: Lancet, November 2014

Hand-out 4

Multiple Stakeholders and Multiple Sectors

MULTIPLE SECTORS

Humanitarian actors working in different areas do not always consider SGBV as a **collective responsibility**. Preventing SGBV is often relegated to the SGBV experts or protection officers; while responding to the needs of survivors is left to the health sector; AGD to gender advisors; and violence affecting children to child protection specialists. Yet, prevention of SGBV is not the sole responsibility of one or a few sectors. Health, education, protection, access to justice, livelihoods are all essential in preventing SGBV effectively, and *joint* efforts are required.

MULTIPLE STAKEHOLDERS

SGBV prevention requires participatory processes involving many groups in the community, recognizing their leadership roles. Stakeholders include:

- Displaced people
- Host country nationals
- Government authorities
- Humanitarian staff
- Persons at risk of SGBV
- Women and men, girls and boys
- Community leaders
- Religious leaders
- Youth, both boys and girls
- Adolescents, both boys and girls

Bringing these individuals and groups together is not easily achieved, especially as each target group has different needs and capacities, which call for tailored approaches. A one-message-fits-all approach, common in mass awareness campaigns, is not enough to prevent SGBV.

Engaging persons at risk of SGBV: Preventing SGBV also requires empowering those most at risk of SGBV and involving them in the design and implementation of intervention activities. However, those most at risk of SGBV, such as children, adolescent girls, persons with disabilities and older persons, are often less visible than others. Significant outreach efforts using a truly community-based protection approach are needed to allow for meaningful, broad participation. (For more detail, refer to Module 2: Key Approaches for Addressing SGBV.)

Similarly, the **involvement of men and boys** in preventing SGBV is essential. In practice, this proves quite challenging. While ad hoc, small-scale initiatives exist, it is rarely standard practice for men and boys to be engaged throughout SGBV prevention activities. Achieving increased involvement requires a level of expertise that is not always readily available. Strategies for community participation and for engaging men and boys are addressed in more detail in training Module 4: Engaging Men and Boys in SGBV Prevention Work and Module 2: Key Approaches for Addressing SGBV.

Involving children and young people in prevention activities to advocate for change for themselves and on behalf of others is essential. Ensuring that children and young people can express their views on SGBV within their communities can be an effective strategy in changing social norms. In some countries, children's groups have also been involved in identifying girls at risk of SGBV, such as child marriage, and reporting them through community structures which can lead to intervention with the parents of the children involved. For more on involving children in prevention work, refer to Module 10: Children and SGBV.

Pre-/Post-test

Module 3: Preventing SGBV

Please take a few minutes to respond to the following questions. Answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) Because response activities are life saving, they should be prioritized over prevention activities.
   b) Gender norms and unequal power relationships is the root cause of SGBV.
   c) The root cause of SGBV can only be addressed through long-term prevention activities.
   d) Contributing factors of SGBV are mostly found at the society level of the Ecological Model.
   e) Unequal gender norms exist throughout societies around the world.
   f) SGBV against men and boys has the same root cause as SGBV against women and girls

2. Which of the following are considered contributing factors to SGBV? Choose all that apply:
   a) Poverty
   b) Individual factors, such as age and sex
   c) Submissive character innate to most women
   d) Individual characteristics of a person, such as age.
   e) Lack of educational opportunities
   f) Absence of a functioning accountability system for humanitarian personnel
   g) Lack of documentation
   h) Social isolation

3. What are the five key areas of SGBV prevention?
   a) Addressing gender norms and power relationships
   b) Physical safety and security
   c) Distribution of firewood and other natural resources
   d) Legal frameworks
   e) Gender sensitive peace and reconciliation
   f) Safe access to basic needs
   g) Economic/educational/social opportunities

4. Who should be involved in SGBV prevention work? Choose all that apply:
   a) State authorities
   b) Persons at risk of SGBV
   c) Men
   d) Children
   e) Women

5. Please explain in your own words which groups in the community should be engaged in prevention work and why this is a challenge.

6. Please list an example of how SGBV can be addressed as part of the ongoing work in the following sectors:
   - Food Security:
   - Education:
   - Water, Sanitation and Hygiene (WASH):

Pre-/Post-test: Answer Sheet

Module 3: Preventing SGBV

(Correct responses are highlighted in **bold**)

1. True or False? Please select all TRUE statements.
   a) Because response activities are life saving, they should be prioritized over prevention activities.
   b) Gender norms and unequal power relationships is the root cause of SGBV.
   c) The root cause of SGBV can only be addressed through long-term prevention activities.
   d) Contributing factors of SGBV are mostly found at the society level of the Ecological Model.
   e) Unequal gender-norms exist throughout societies around the world.
   f) SGBV against men and boys has the same root cause as SGBV against women and girls.

2. Which of the following are considered contributing factors to SGBV? Choose all that apply:
   a) Poverty
   b) Individual factors, such as age and sex
   c) Submissive character innate to most women
   d) Individual characteristics of a person, such as age.
   e) Lack of educational opportunities
   f) Absence of a functioning accountability system for humanitarian personnel
   g) Lack of documentation
   h) Social isolation

3. What are the five key areas of SGBV prevention?
   a) Addressing gender norms and power relationships
   b) Physical safety and security
   c) Distribution of firewood and other natural resources
   d) Legal frameworks
   e) Gender sensitive peace and reconciliation
   f) Safe access to basic needs
   g) Economic/educational/social opportunities

4. Who should be involved in SGBV prevention work? Choose all that apply.

   a) State authorities

   b) Persons at risk of SGBV

   c) Men

   d) Children

   e) Women

NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exclusive; they serve as *examples* of correct answers.

---

5. Please explain in your own words which groups in the community should be engaged in prevention work and why this is a challenge.

   Change can only be achieved with the involvement of all groups in the community, including those at risk of SGBV. This means involving displaced people, host country nationals, and government authorities. This is not easily achieved, especially as each target group has different needs and capacities, which call for tailored approaches. A one-message-fits-all approach, common in mass awareness campaigns, is not enough to prevent SGBV. Further, some groups are not easy to reach, and power balances in the community do not always promote the voices of all people who need to be heard.

6. Please list an example of how SGBV can be addressed as part of the ongoing work in the following sectors:

   - Food Security:
     - ✓ **Put procedures in place to share information about SGBV incidents and to report, investigate and take disciplinary action in case of sexual exploitation and abuse during food security activities, including distribution of food assistance in the form of in-kind food, cash or vouchers.**
     - ✓ **Ensure equal ratios of males to females on food security committees and among staffs, including in positions of leadership.**
   - Education:
     - ✓ **Put systems in place in schools to identify, report and refer children at risk of SGBV or survivors of SGBV.**
     - ✓ **Ensure equal employment opportunities among female and male staff members.**
     - ✓ **Address barriers girls face in accessing education such as domestic responsibilities and safety en route to school.**
   - Water, Sanitation and Hygiene (WASH):
     - ✓ **Ensure WASH facilities are safe, have sufficient lighting and adequate privacy, are equipped with doors that lock from the inside, are culturally appropriate, are segregated by gender and are adequately located/screened to ensure dignity.**
     - ✓ **Ensure equal ratios of male to female members on WASH committees and among staffs, including in leadership positions**

Learning Objectives

- Explain the root cause of SGBV and the factors that contribute to its occurrence, and link these to SGBV prevention.
- Describe examples of short- and longer-term prevention measures.
- Describe programme principles underlying effective prevention activities.
- Explore prevention activities appropriate for participants' own operations.

Discussion

In an emergency situation, **response** to SGBV survivors should be **prioritized over prevention** work.

What do you think?

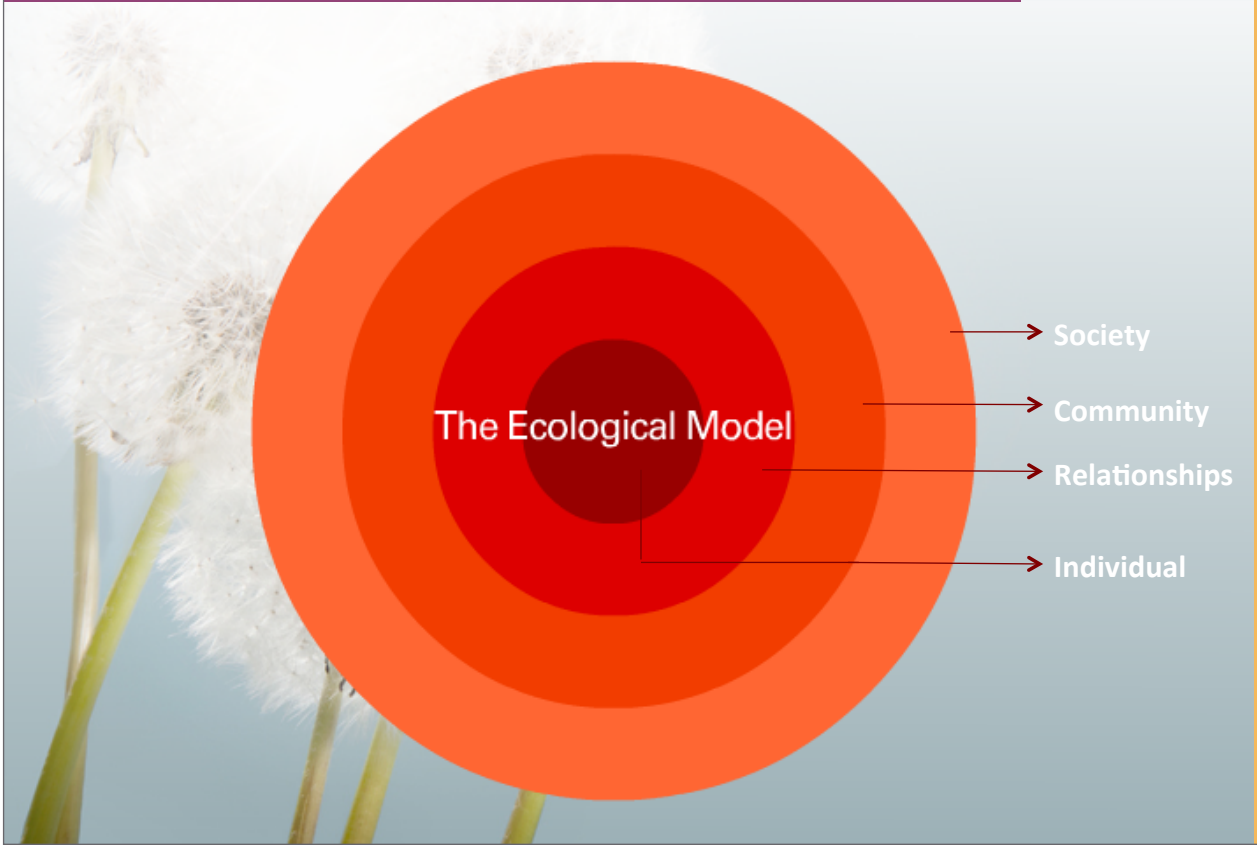
Relatively **simple prevention actions** can be **life saving** and need to be **implemented immediately** at the onset of an emergency.

Address **cause** and **contributing factors** of SGBV

Prevention

Why does SGBV occur?

Factors Contributing to SGBV



7

Factors Contributing to SGBV

Gender norms, also reflected in laws and policies, and **unequal power relationships**

MODULE 3: Preventing SGBV

8

Contributing Factors

Discussion

In **all societies**, there are certain **social norms** that **permit sexual and gender-based violence.**

Agree ------ Not Sure ------- Disagree?

Society and SGBV

- ➔ *Society* does not necessarily refer to any particular society; gender inequality exists all around the world.
- ➔ In all societies, there are various social norms that lay at the root of violence against women and girls.
- ➔ In most societies women have a lower status than men.

Discussion

Gender norms and **unequal power relationships** is the **root cause of SGBV** against men and boys.

Agree ------ Not Sure ------ Disagree?

Society and SGBV: Gender Norms

- ➔ The definition of SGBV is inclusive of men and boys.
- ➔ Sexual abuse of boys is based on unequal power relationships and may have a gender element.
- ➔ Sexual violence in conflict is often intended to destroy men's masculine identity. In other words, it is based on gender-norms.
- ➔ Rigid gender norms cause discrimination and violence against gay men and LGBTI persons.

Discussion

Unequal power relationships between men and women **will never change.**

Agree ------ Not Sure ---------- Disagree?

Root Cause Contributing Factors: Key Points

- ➔ The cause of SGBV can be found in gender norms and unequal power relationships.
- ➔ Displacement is not the cause of SGBV. SGBV exists prior to displacement. Factors related to displacement *exacerbate* SGBV.
- ➔ Acts of SGBV are influenced by factors at different levels at the same time.
- ➔ The purpose of the Ecological Model is to help us analyze why SGBV occurs, which will help us to prevent SGBV.

Society and SGBV: Gender Norms

- ➔ Power relationships and gender norms are socially constructed and can change.
- ➔ Women/men around the world have gained (and lost) many privileges and opportunities over time.
- ➔ Some programmes challenging gender norms show very positive results.

Five Key Prevention Areas

Gender Norms

- → **Changing gender norms** should be a **community-led process** with the engagement of men and boys.
- → It requires **long-term action and commitment**.
- → But even at the onset of an emergency, concrete steps can be taken to promote the **immediate empowerment** of women and girls.

- ➔ What makes prevention activities effective?
- ➔ What does the evidence say?
- ➔ What are the challenges?

Prevention Challenge (1)

Prevention **outcomes** are **not easy to measure**.
It takes time and effort.

Evidence Base

There *are* ways to measure the progress and outcomes of prevention work.

Research shows promising results in the reduction of the prevalence of domestic violence, child marriage, FGM/C and other forms of SGBV.

Evidence Base

Effective Programmes commonly:

- ➔ Are participatory
- ➔ Engage multiple stake holders
- ➔ Support critical discussion about gender relations and acceptability of violence
- ➔ Combine livelihood and training interventions

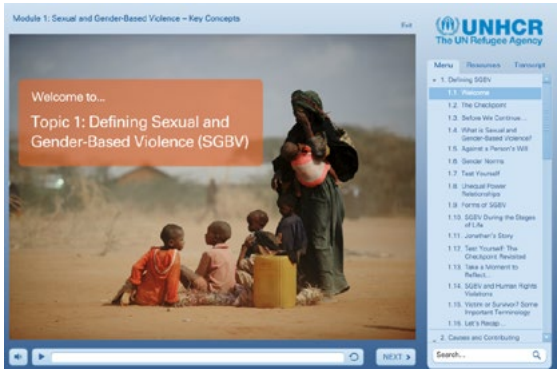
Prevention Challenge (2)

SGBV prevention is a ***collective*** responsibility.

MODULE 3: Preventing SGBV

23

Key Tools



MODULE 3: Preventing SGBV

24

Prevention Challenge (3)

SGBV prevention **must target and engage everyone** and requires **participation by all**, including men, youth and children, and persons at risk of SGBV.

How do we involve everyone?

- ➔ *The UNHCR Tool for Participatory Assessment in Operations*
- ➔ UNHCR, *Protection Policy Paper: Understanding Community-Based Protection*
- ➔ UNHCR, *Listen and Learn: Participatory Assessment with Children and Adolescents*

Existing Programmes

Video

http://www.youtube.com/watch?v=XN07X6Vjk_I

MODULE 4

Engaging Men and Boys in SGBV Prevention Work

MODULE OUTLINE

Session 1	Positive outcomes of engaging men and boys in sgbv prevention work	40 minutes	1
Session 2	Barriers in engaging men and boys	45 minutes	2
Session 3	Gender socialization and masculinity	60 minutes	3
Session 4	Male engagement approaches and activities	45 minutes	4
Session 5	Programme principles and taking action	70 minutes	5

TIMING:

4 hours and 20 minutes excluding two 30-minute optional activities

SUMMARY

In this training session participants identify the reasons why men and boys are important partners in preventing SGBV. Participants explore different ways in which men and boys are engaged in SGBV prevention, identify the challenges and review good practice from the field. Emphasis is placed on how gender socialization affects SGBV and how this can be addressed through so-called transformative gender work. Participants will then start identifying practical ways to engage men and boys in their own operations and consider ways to scale up existing initiatives.

LEARNING OBJECTIVES

By the end of this module participants will be able to:

- ✓ Explain the value of positively engaging men and boys in the prevention of SGBV
- ✓ Describe barriers to male engagement and ways to address them
- ✓ Explain how rigid gender norms and perceptions about masculinity can put men themselves and their families at risk
- ✓ Describe three approaches to male engagement (or roles for men and boys) in SGBV prevention work and list concrete activities for each approach
- ✓ Describe programme principles for engaging men and boys in SGBV prevention work

KEY MESSAGES

- → SGBV and gender are not exclusively women's issues, but are society wide issues.
- → There is a growing awareness and evidence that men and boys, in partnership with women and girls, can play a significant role in preventing SGBV.
- → Engaging men and boys as part of the solution, instead of approaching them as perpetrators, is most effective.
- → Displacement can provide unique opportunities to engage men and boys in SGBV prevention.
- → Rigid gender norms and perceptions about masculinity can have negative outcomes for men, women and children, and can lead to violence. This may be exacerbated in displacement.
- → Men and boys can avoid violence in their own lives, take the position of role models in their community or become actors for change.
- → Programmes focusing on gender norms are necessary to address the root cause of SGBV and to achieve long-term change.
- → Programmes engaging men and boys need to be developed and implemented in conjunction with and by learning from existing programmes that often involve women.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector, laptop

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Men as Role Models Scenarios
- Activity Sheet 2: Engaging Men and Boys in Your Operation

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Reasons for Engaging Men and Boys in SGBV Prevention
- Hand-out 2: International Commitment to Engaging Men and Boys
- Hand-out 3: Barriers in Engaging Men and Boys in SGBV Prevention
- Hand-out 4: Male Engagement Campaigns and Programmes
- Hand-out 5: Gender Norms and Masculinity
- Hand-out 6: Male Engagement Approaches
- Hand-out 7: Male Engagement Activities
- Hand-out 8: Programme Principles

OTHER:

- Prepare four flip charts with the following headings:
  - Accountability barriers
  - Awareness barriers
  - Privilege barriers
  - Barriers related to fear
- Prepare three flip charts with the following titles:
  - *Men as supporters*
  - *Men as role models*
  - *Men as agents of change*
- Look up sample campaigns/activities engaging men and boys in the country or region where participants work.
- Search for examples of male role models engaged in the fight against SGBV in participants' work context.

UNHCR READING MATERIALS AND RESOURCES

→ *Action against Sexual and Gender-Based Violence: An Updated Strategy,* 2011.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 4: Engaging Men and Boys in SGBV Prevention Work has been produced for educational purposes only in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

→ *Engaging Men through Accountable Practice*, International Rescue Committee, 2013.

→ *From Work with Men and Boys to Changes of Social Norms and Reduction of Inequities in Gender Relations: A Conceptual Shift in Prevention of Violence against Women and Girls*, Rachel Jewkes, Michael Flood, James Lang, *The Lancet*, 2015.

→ *Men and Boys Knowledge Module*, Alessandro Guedes, UNIFEM, MenEngage, 2012.

→ *Engaging Boys and Men in GBV Prevention and Reproductive Health in Conflict and Emergency-Response Settings: A Workshop Module*, The ACQUIRE Project/EngenderHealth, 2008.

→ *Working with Men To Prevent Violence against Women: An Overview*, Alan D. Berkowitz, Applied Research Forum, National Network on Violence Against Women, 2004.

→ *Gender Equity and Diversity Module Five: Engaging Men and Boys for Gender Equality*, CARE, 2013.

→ *Engaging Men and Boys to Reduce and Prevent Gender-Based Violence*, White Ribbon Campaign, 2011.

→ *Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned*, UNFPA, 2013.

→ *Engaging Men and Boys in Changing Gender-Based Inequity in Health: Evidence from Programme Interventions*, WHO, 2007.

SESSION 1: Positive Outcomes of Engaging Men and Boys

40 minutes

LEARNING OBJECTIVES

✓ Explain the value of positively engaging men and boys in the prevention of SGBV

KEY MESSAGES

→ SGBV and gender are not exclusively women's issues, but are society wide issues.

→ There is a growing awareness and evidence that men and boys, in partnership with women and girls, can play a significant role in preventing SGBV.

→ Engaging men and boys as part of the solution, instead of approaching them as perpetrators, is most effective.

PREPARATION

- Hand-out 1: Reasons for Engaging Men and Boys in SGBV Prevention
- Hand-out 2: International Commitment to Male Engagement

Agree or disagree[1]?

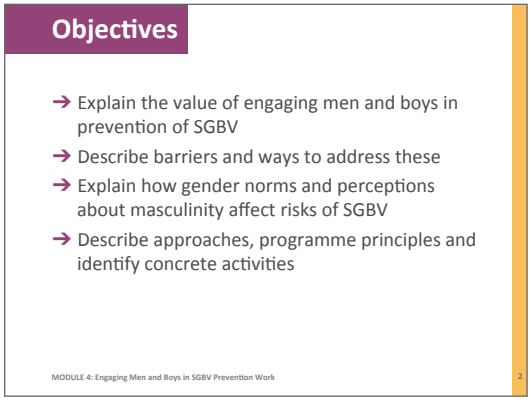
GROUP ACTIVITY (25 MINUTES)

1. Use the Notes to the facilitator below to explain the purpose of this training session.

NOTES TO THE FACILITATOR:

At the end of this training session participants should be able to:

- *Explain the value of positively engaging men and boys in the prevention of SGBV*
- *Describe barriers to male engagement and ways to address these*



[1] This session is adapted from: The ACQUIRE Project/EngenderHealth, *Engaging Boys and Men in GBV Prevention and Reproductive Health in Conflict and Emergency-Response Settings, A Workshop Module*, 2008.

- *Explain how rigid gender norms and perceptions about masculinity can put men themselves and their families at risk*
- *Describe three approaches to male engagement (or roles for men and boys) in SGBV prevention work and identify concrete activities for each approach*
- *Describe programme principles for engaging men and boys in SGBV prevention work*

---

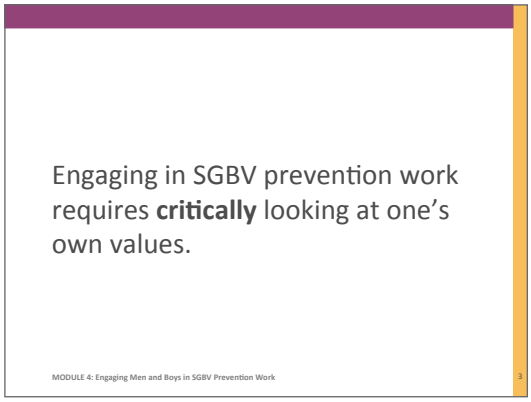
2. Post three signs around the room: *Agree*, *Disagree*, and *Not Sure*. Explain to participants that you will read aloud a few statements. After each statement, participants should stand near the sign that best expresses their opinion about the statement. Remind participants that everyone has a right to their own opinion, and that the workshop is a safe space to explore beliefs and share openly.

3. After you have read each statement and participants have moved to the signs of their choice, ask for volunteers from in each group (Agree/Not sure/Disagree) why they feel the way they do. After a few people have talked about their attitudes toward the statement, ask if anyone wants to change their mind and move to another sign. Then bring everyone back together and read the next statement. Repeat this for each statement.

   Statements:

   1. *Gender is mostly a women's issue.*
   2. *Sometimes a woman deserves to be beaten.*
   3. *If a man is sad, he should be strong and not show his emotions.*
   4. *In a heterosexual couple, the man should be the dominant partner.*
   5. *If a man sees another man harassing a woman he should intervene.*
   6. *Involving men in SGBV prevention is possible in every culture.*

4. Ask participants how in their view, people's personal attitudes and beliefs do or don't help to improve gender equality and reduce or prevent SGBV?



5. Emphasize: Everyone has their own attitudes and beliefs about the roles of men and women. Sometimes, those beliefs may be in conflict. It is important to respect an individual's beliefs, but also to challenge those that might be harmful to that individual or to others. As one engages in SGBV related work, it is equally important to challenge one's own values and beliefs about gender.

Why do we engage men and boys?

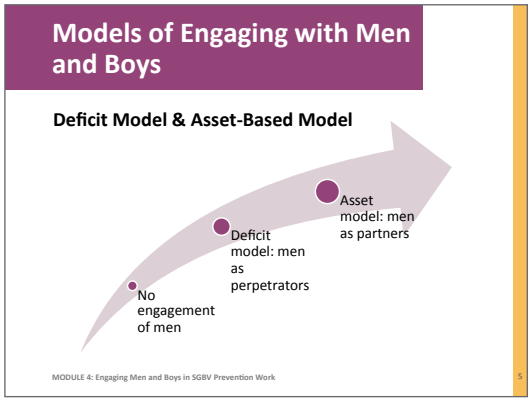
DISCUSSION (15 MINUTES)

6. Explain that there is a growing awareness and evidence that men, in partnership with women and girls, can play a significant role in preventing SGBV. This has led to an increase in SGBV prevention programmes that engage men and boys.

7. Ask participants what programmes and/or policies are in place in their operations or countries to engage men and boys in SGBV prevention. (This should be a quick brainstorm as this will be discussed in greater detail later during this training session.) Then highlight some examples of programmes or campaigns engaging men and boys relevant to the region where participants are working. See the examples in Hand-out 4: Male Engagement Campaigns and Programmes.

8. Ask participants to identify some of the reasons for engaging men and boys in SGBV prevention work. Write the responses on a flip chart. You can use Hand-out 1: Reasons for Engaging Men and Boys in SGBV Prevention Work and the accompanying slide to complement participants' responses.

9. Highlight that the growing consensus on the importance of working with men and boys is also reflected in international commitments. The most recent can be found in the *Report on the Fifty-Seventh Session of the United Nations Commision on the Status of Women* (held in March 2013; see "Agreed Conclusions on the Elimination and Prevention of All Forms of Violence against Women and Girls"). Hand-out 2: International Commitment to Engaging Men and Boys also provides other examples of international agreements highlighting the need to engage men and boys. Also, *UNHCR Updated Strategy for Prevention and Response to SGBV 2011-2016* includes an action area for engaging men and boys.



10. Using the Notes to the facilitator below, point out that both the campaigns and programmes, and the international commitment reflect a change in how boys and men are "seen".

NOTES TO THE FACILITATOR:

Deficit model and asset-based model

In the past, reproductive health and violence prevention programmes engaged men using a deficit *model, which viewed men and boys as perpetrators, as "problems" to be addressed. Now, male-engagement practitioners look at men and boys more holistically, adopting an* asset-based *model, which recognizes that men and boys can be* partners *in SGBV prevention who do care what happens to the women in their lives, their families and their communities. The approach also recognizes that men and boys have their own needs.*

Research has found that the asset-based model is more effective. Engaging men and boys as part of the solution *instead of approaching them as perpetrators to be blamed helps diminish their defensiveness and hostility to SGBV prevention. In this way, focusing on men's positive role in protecting and providing for their spouses and daughters, rather than on the negative effects of SGBV and the ways in which it violates human rights, shows better results. (The ACQUIRE Project).*

11. Distribute Hand-out 1: Reasons for Engaging Men and Boys in SGBV Prevention and Hand-out 2: International Commitment to Engaging Men and Boys.

SESSION 2: Barriers in Engaging Men and Boys in SGBV Prevention

45 minutes

LEARNING OBJECTIVES

✓ Describe barriers to male engagement and ways to address them

KEY MESSAGES

→ Displacement can provide unique opportunities to engage men and boys in SGBV prevention.

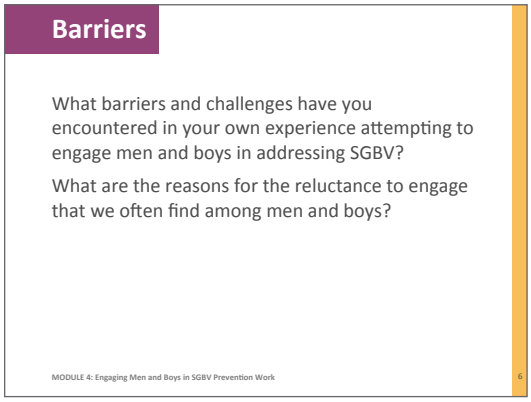
PREPARATION

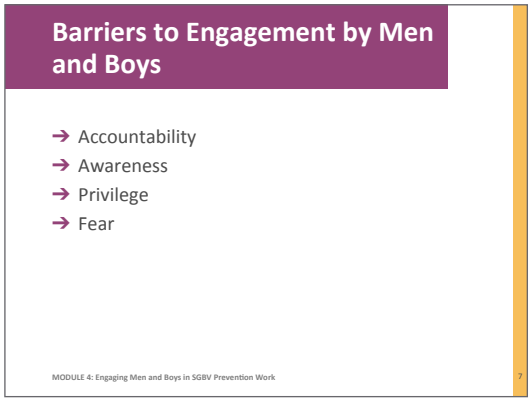
- Hand-out 3: Barriers in Engaging Men and Boys in SGBV Prevention
- Prepare four flip charts, with the following headings:
  - Accountability barriers
  - Awareness barriers
  - Privilege barriers
  - Barriers related to fear

Identifying barriers

GROUP ACTIVITY (30 MINUTES)

1. Divide participants into small groups and ask them to reflect on the following questions:
   – *What barriers and challenges have you encountered in your own experience – or would you anticipate if you haven't done so already – in attempting to engage men and boys in addressing SGBV? Please discuss specific examples.*
   – *What are the reasons for the reluctance to engage among men and boys that we often see?*





2. After 15 minutes, reconvene and ask each group to share some barriers and reasons behind reluctance in plenary. While they speak, summarize the responses on post-its. Explain the four types of barriers using the Notes to the facilitator. Then, in consultation with the group, assign the post-its to four prepared flip charts, with the following headings:
   - → Accountability barriers
   - → Awareness barriers
   - → Privilege barriers
   - → Barriers related to fear

NOTES TO THE FACILITATOR:

Examples of barriers to engaging men and boys in preventing SGBV[2]

Accountability barriers: *Even when men are ready to acknowledge that they have a role to play in matters around SGBV, they often point the finger to other men as the real problem: "I don't beat my wife, go and talk to those who do." This kind of response indicates that many men and boys do not consider violence against women as a personal issue to them, even though it may affect others in their family or community.*

Awareness barriers: *Many men actually do not think SGBV is a serious issue in our society or do not know what to do about it.*

Privilege barriers: *Privilege is the advantage or benefit that you get from belonging to a dominant group. Some men experience even greater power and privilege over others, and will utilize that power to protect their own self-interest.*

Barriers related to fear: *Barriers related to fear of resistance and ridicule may prevent many men from getting involved. Fear can manifest in several ways. Men may not want to look foolish or appear too "feminine" or too sensitive. They may fear facing other men's anger and resistance.*

Other challenges *include lack of capacity, staff knowledge and expertise, funding and time.*

---

3. Ask participants to share some ideas to *overcome* the barriers. Write down the responses on a flip chart entitled *Overcoming the barriers* and keep this page for use later on.

[2] Adapted from: White Ribbon Campaign, I*ssue Brief: Engaging Men and Boys to Reduce and Prevent Gender-Based Violence*, 2011

Barriers and opportunities in displacement settings

DISCUSSION (15 MINUTES)

4. Take 20 minutes to discuss the following questions with participants. Note their responses on a flip chart. Use the Notes to the facilitator to complement participants' responses.
   - *What type of problems do men and boys in displacement settings face?*
   - *What may be some of the unique barriers and opportunities to engaging boys and men in SGBV prevention that occur in displacement settings that might not exist otherwise?*
   - *How could a deficit model (approaching men as perpetrators) affect work with boys and men in displacement settings? How could an asset model (recognizing men as partners in prevention) affect the work with men and boys?*

NOTES TO THE FACILITATOR:

Issues men and boys face in displacement settings:

- *In most societies men are seen as the primary breadwinners. But in displacement settings we often see that women are the ones making an income or that a large share of family needs is supplied by aid agencies. This has an impact on the way men see themselves and the way they are seen by women and children. Men may question their role in the family, which can negatively affect their relationships with their partners, in their families and in communities.*
- *Like girls, boys face a special set of issues in displacement and conflict settings:*
  - *They may be recruited to fight as child soldiers*
  - *They may be required to work to help support their families*
  - *They may not have access to education*
- *Men and boys can also be survivors of sexual violence, especially in conflict situations.*

Unique barriers and opportunities for engaging men and boys:

Barriers:

- *As a reaction to conflict and displacement, people may hold on strongly to traditional norms and gender inequality may increase. In some displacement settings men may become more conservative in their beliefs.*

Opportunities:

- *Displacement is a period of transition, which may provide an opportunity for reflecting on and challenging old beliefs and experimenting with new ideas.*
- *The high prevalence of violence in many displaced communities – and the effect this has on individuals, families, and communities – becomes very visible. This visibility may be create an opportunity to engage men and boys.*
- *The presence of humanitarian aid programs may create an opportunity to engage men and boys in SGBV prevention. For example, reproductive health programs (that often have experience engaging men and boys in issues such as HIV or family planning) may be an entry point to engage men and boys on SGBV.*

How can the deficit and asset models affect the work with men and boys in displacement settings?

The deficit and asset models of thinking look at behaviour from different points of view. The deficit model focuses on fixing what is wrong, while the asset model focuses on building upon what is right. In working to engage men, the deficit model may alienate by focusing on fault and finding blame. The asset model may engage men, by emphasizing and encouraging their positive role in supporting women and girls during times of crisis.

---

5. Allow discussion to take place. Do participants recognize unique barriers and opportunities in displacement settings in their own operations?

6. Distribute Hand-out 3: Barriers in Engaging Men and Boys in SGBV Prevention.

SESSION 3: Gender Socialization and Masculinity

60 minutes

LEARNING OBJECTIVES

- ✓ Explain how rigid gender norms and perceptions about masculinity can put men themselves and their families at risk

KEY MESSAGES

- → Rigid gender norms and perceptions about masculinity can have negative outcomes for men, women and children, and can lead to violence. This may be exacerbated in displacement.

PREPARATION

- Hand-out 4: Male Engagement Campaigns and Programmes
- Hand-out 5: Gender Norms and Masculinity
- Look up sample campaigns/activities engaging men and boys in the country or region where participants work.

Gender socialization, masculinity and SGBV[3]

GROUP ACTIVITY AND DISCUSSION (25 MINUTES)

1. Point out that though there is an increasing number of programmes that are engaging men and boys, in displacement settings very few programmes focus on the socialization of boys and men – and women and girls – which is necessary for long-term change.

2. This activity is aimed at understanding this innovative type of work, which focuses on influencing gender norms and is called *masculinity work or gender transformative programming.*

[3] The Gender Boxes exercise was originally created by the Oakland Men's Project, but has been adapted and used in many other sources.

3. Ask the group to identify messages that society and communities send to a boy when he is told to "be a man". Write the messages on a flip chart and facilitate a short discussion around the following questions:
   - → Who transmits these messages?
   - → When do boys first receive these messages?

NOTES TO THE FACILITATOR:

Messages about what it takes to "be a man"

Examples of messages that boys receive about what it takes to "be a man": "Be tough", "Do not cry", "Be in control", "Don't show too much emotion", "Be strong", "Be dominant", "Use physical strength".

Boys receive these from the moment they are born, from their parents, relatives, friends, community and the media. For example, in many cultures, boys' names are associated with power, strength and victory, whereas girls' names are often associated with sweet and beautiful things, like flowers, or gem stones. (To highlight this, you may ask a few participants to share the meaning of their names.)

Both men and women *reinforce these messages. For example, in many societies it is the mother who looks after the children, however, often when discipline is required, it is referred to the father ("Wait 'til your father gets home!")*

---

4. Continue the exercise by drawing a box around the messages and explain that these represent the traditional view of how to act like a man.

5. Ask participants to list behaviors and roles that lie outside the box. Look especially for behaviour typically seen as feminine.

6. Point out that socially constructed ideas of what is and is not masculine (what is inside and outside the box) affect men's attitudes and behaviour and the power dynamics between men and women in a society.

NOTES TO THE FACILITATOR:

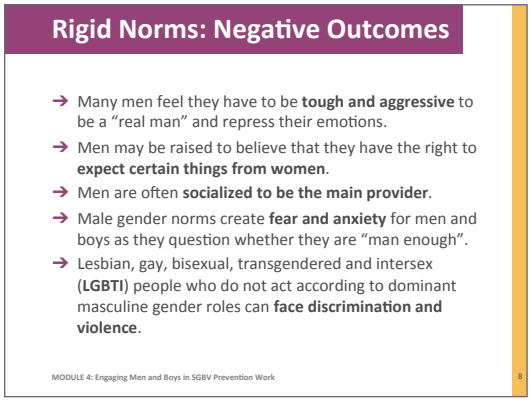
Masculinity

Masculinity *refers to the socially defined ways of being male. It includes behaviour, appearance, social interaction, sexual orientation and tasks that are considered "appropriate" for men and boys. Generally, masculinity is considered in opposition to femininity.*

Masculinity varies from one society to another and may vary over time, yet in most countries/ societies, masculinity is perceived to be superior to femininity and in most societies men are given more power and privileges than women.

---

7. Ask participants to give examples of the consequences (negative impacts) men and boys experience if they always stay inside the box. In other words, what are the downsides of rigid, socially assigned gender norms? How can this lead to violence? Look for examples as mentioned in the Notes to the facilitator.



NOTES TO THE FACILITATOR:

Negative outcomes of rigid gender norms

Rigid norms around masculinity can have negative outcomes for men, women and children, and can lead to violence.

- *Many men grow up with the idea that they have to be tough and aggressive to be a "real man" and that they have to repress their emotions. Anger is sometimes one of the few socially acceptable ways for men to express their feelings. This can have negative outcomes that manifest in the way they treat other people, including their partners and children.*
- *Men are sometimes raised to believe that they have the right to expect certain things from women (domestic tasks or sex, for example), and the right to use physical or verbal abuse if women do not provide these things.*
- *Men are often socialized to belief they have to be the provider of the family. They pay significant costs in terms of their health (work longer, higher incidence of stress related illness, shorter lives) but also in terms of emotional and social well-being (pressure to provide, alienation from themselves and others).*
- *Men and boys are under considerable pressure to stick to their gender roles, which makes it difficult to be different. Male gender norms create fear and anxiety for men and boys as they question whether they are "man enough".*
- *Lesbian, gay, bisexual, transgendered and intersex (LGBTI) people who do not act according to dominant masculine gender roles, can face discrimination and violence.*

8. Ask participants what happens if men go outside the box.

NOTES TO THE FACILITATOR:

Going "outside the box"

- *Men and boys pay significant costs, such as fear, stigmatization, discrimination and rejection, if they choose to stay outside the gender box and to not conform to the traditional masculine stereotypes.*
- *Going outside the box may also have advantages, though, discussed later in this session.*

Masculinity in displacement

DISCUSSION AND VIDEO (15 MINUTES)

9. Facilitate a short discussion on how this gender discourse (in and out of the box) is impacted by displacement, raising the following questions:

   – *In conflict or displacement situations, what messages might men get around being a "real man"?*

   – *How may this put men and their partners and families at risks?*

   Take note of the responses on a flip chart.

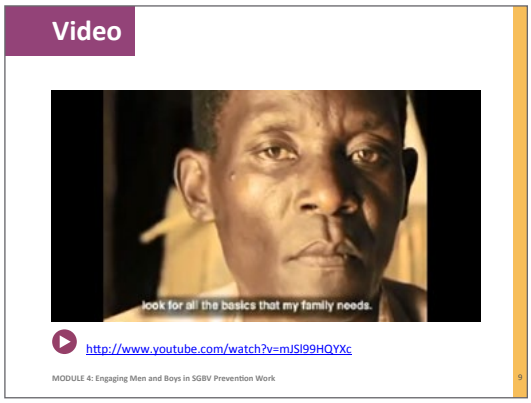
NOTES TO THE FACILITATOR:

Masculinity and displacement

Messages emphasized in conflict or displacement situations around what it is to be "a real man" might include: "Engage in the fighting", "Do not back down", "Be strong", "Don't access health care or psychological help unless it is serious", "Defend your people", "Take care of and protect your family".

Many men feel they are not able to live up to the image of what it is "to be a real man" in displacement or conflict situations. It is not always possible to protect one's family members from sexual violence, men may lose their role as providers for the family, and in some situations men themselves face sexual violence, which may be perpetrated as an act to destroy their masculinity or "manhood".

These are all factors that affect men's ability to conform and "stay inside the box", which may in turn create frustration within men and conflict and tension within their families.



10. To illustrate how gender norms are affected by conflict and displacement; show a 5-minute clip (23:37 to 28:52) from *Gender against Men*, a video produced by the Refugee Law Project, Uganda.

    http://www.youtube.com/watch?v=mJSl99HQYXc

11. Ask participants if they can think of how this situation may lead to violence? Be sure participants mention domestic violence, men retaliating against women if aid is exclusively distributed to females, man joining armed groups etc.

Programmes challenging gender norms

GOOD PRACTICE REVIEW (20 MINUTES)

12. Point out that so far we have seen that rigid masculinity norms can have negative outcomes for men, women and children, and can lead to violence. This may be exacerbated in displacement.

13. Ask participants what might be the advantages for men, women and children if gender norms were less rigid and more diverse (for both men and women)? If masculinity was less defined in terms of aggression, dominance etc.? Participants should mention: less violence, equal partnerships, less stress for fathers to conform to rigid norms of what it is to "be a man", fathers' involvement in children's lives (which research suggests has a positive impact on child development).

14. Ask participants if they know examples of projects addressing rigid gender norms in order to create equal and healthier gender norms and end SGBV.

15. Distribute Hand-out 4: Male Engagement Campaigns and Programmes and highlight some of the SGBV prevention programmes that have successfully engaged men and boys. Many of these programmes work with men and boys to examine gender norms that negatively affect their lives and those of their partners and families and then help them develop healthier alternatives.

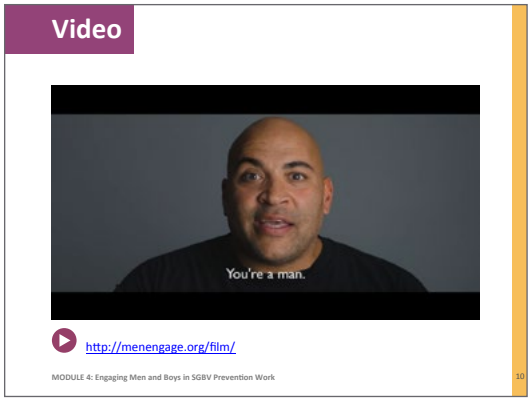
16. Ask participant to read through the document and see if they recognize some concrete activities that examine and confront these harmful stereotypes of what it means to be a man. Allow some time for this, and then ask participants to highlight a few examples that they found interesting.

17. Emphasize that these programmes use the asset approach. Instead of blaming and shaming men, they support men in recognizing their power and privilege so they can use them for the benefit of women and girls.

18. Refer to successful campaigns and programmes implemented in the region or country where participants work.

19. Point out MenEngage's website (www.menengage.org) and explain that it brings together a network of organizations engaging men in the prevention of SGBV and challenging unequal gender norms. The website has information about organizations engaged in this type of work for every region of the world. Show the 2-minutes video that introduces their work.

    http://menengage.org/film/



20. Distribute Hand-out 5: Gender Norms and Masculinity.

SESSION 4: Male Engagement Approaches and Activities

45 minutes

LEARNING OBJECTIVES

- ✓ Describe three approaches to male engagement (or roles for men and boys) in SGBV prevention work and list concrete activities for each approach
- ✓ Identify concrete activities engaging men and boys in prevention programmes

KEY MESSAGES

- → Men and boys can avoid violence in their own lives, take the position of role models in their community, or become actors for change.

PREPARATION

- Activity Sheet 1: Men as Role Models Scenarios
- Hand-out 6: Male Engagement Approaches
- Hand-out 7: Male Engagement Activities
- Prepare three flip charts with the following titles:
  - *Men as supporters*
  - *Men as role models*
  - *Men as agents of change*
- Find examples of male role models engaged in the fight against SGBV in participants' work contexts.
- Cut out all male engagement activities listed in Hand-out 7: Male Engagement Activities.

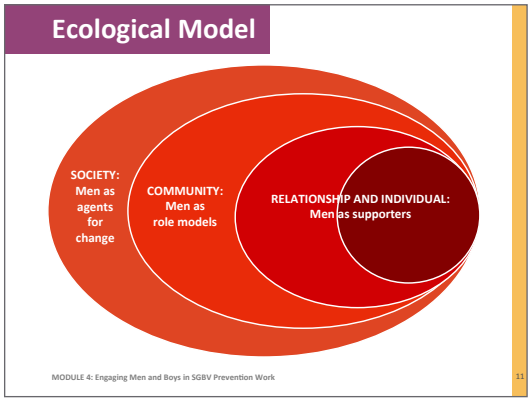
Three approaches

DISCUSSION (15 MINUTES)

1. Explain to participants that in the next session we will explore approaches and practical ways of engaging men and boys in the prevention of SGBV by using the ecological model[4]. (For details on the ecological model please refer to Module 3: Preventing SGBV.) Participants will also start thinking of how to start integrating male engagement in their own work.

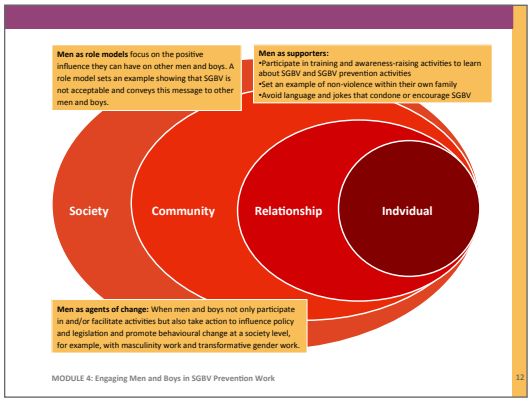
[4] The ecological model is widely used to better understand SGBV and to inform prevention programming. See for example: Dahlberg L, Krug E, "Violence – A Global Public Health Problem, in *World Report on Violence and Health*, World Health Organization, 2002.

2. Highlight the three approaches often used in engaging men in the prevention of SGBV. Point out that these intervene at different levels of the ecological model:
   - Men as supporters (programme interventions at the individual and relationship levels)
   - Men as role models (programme intervention at the community level)
   - Men as agents of change (programme interventions at the society level)

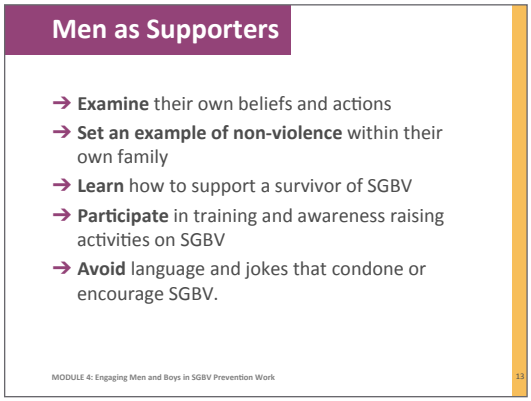


3. Emphasize that the approaches are not exclusive. Often programmes intervene at different levels at the same time, and this is recommended.

4. To explain the three approaches use the slide. Note that this slide is animated; it only works using the slideshow function in PowerPoint. For each level of the ecological model a window will pop up.



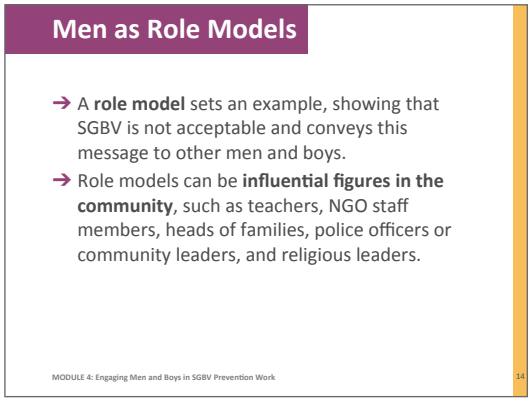
5. Explain that under the first approach, men as supporters, men are targeted in SGBV prevention programmes to act as *supporters* in their own life. Ask participants what they think are things a supporter would do to prevent SGBV? Then show the slide and explain.



NOTES TO THE FACILITATOR:

Men as supporters

- *Examine their own beliefs and actions*
- *Set an example of non-violence within their own family*
- *Learn how to support a survivor of SGBV*
- *Participate in training and awareness raising activities on SGBV*
- *Avoid language and jokes that condone or encourage SGBV*

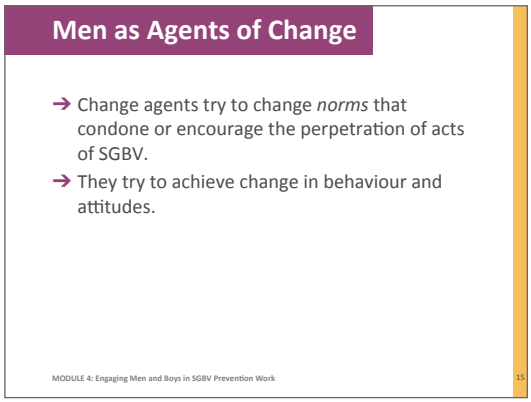


6. Ask participants to describe how in their view men can serve as role models. Then, using the slide and the notes below, explain the second approach, engaging men as role models.

NOTES TO THE FACILITATOR:

Men as role models

Using this approach, programmes focus on the positive influence men can have on other men and boys. A role model sets an example, showing that SGBV is not acceptable, and conveys this message to other men and boys. This is an effective strategy because men seek the approval of other men and are more likely to listen to men they respect. Role models can be any influential figures in the community, such as teachers, NGO staff members, heads of families, police officers or community leaders, and religious leaders. Community leaders, for example, have the potential to mentor young men and share the skills and tools boys need to become men who are able to develop healthy relationships free from violence.



7. Ask participants to describe what in their view men can do as agents of change. Then, using the slide and the Notes to the facilitator, explain the third approach, men as agents of change.

NOTES TO THE FACILITATOR:

Men as agents of change

In this approach, men are proactively involved in trying to change norms that put women and girls, but also men and boys, at risk of SGBV. They are engaged in challenging stereotypes and social norms that condone or encourage the perpetration of acts of SGBV, and try to influence policies and bring about organizational changes in their communities.

This approach is often the most intensive and difficult to carry out because the environment is not always supportive of the behaviour change it aims for. This type of programmes also requires solid training of the facilitators.

8. The difference between the third approach and the first two is that change agents are explicitly involved in activities directed at the *root cause of SGBV: unequal gender norms*. Look, for example, to the masculinity work discussed in the previous session.

9. Distribute Hand-out 6: Male Engagement Approaches.

Male engagement activities[5]

GROUP ACTIVITY (30 MINUTES)

10. Tell participants that we will now look at practical ways to implement the three approaches based on the ecological model. Shuffle the slips of paper with the male engagement activities cut out from Hand-out 7: Male Engagement Activities and distribute them to participants.

11. Post the flip charts with the following titles:
    - *Men as supporters*
    - *Men as role models*
    - *Men as agents of change*

12. Explain that each activity will fall under one of the headings posted on the wall and invite participants to tape the activities they have been given under the headings where they think they belong. Remind them that a few activities can be placed under more than one, highlighting the fact that interventions often use multiple approaches to engage men and boys.

13. Once all the slips of paper have been posted on the wall, review them and move any that the group feels belong under a different approach.

14. Conclude the activity by facilitating a discussion using the following questions:
    – *What do you think of the three approaches presented to engage boys and men?*
    – *Which of these approaches is currently implemented in your operation?*
    – *Can these approaches be applied to your work?*
    – *If so, what interventions might you implement in your programme?*
    – *What would be the challenges?*
    – *Does this provide you with ideas about male-engagement activities?*

15. Distribute Hand-out 7: Male Engagement Activities.

16. **Optional:** Wrap this session up with a quick exercise: Ask participants to read Hand-out 7 and take a moment to reflect on how they themselves are engaged in preventing SGBV. Then read the following questions and after each one ask the men in the group to rap on the table if they feel they would answer yes.
    – *Do you see yourself as a supporter?*
    – *Do you see yourself as a role model?*
    – *Do you see yourself as an actor for change?*

17. Ask if anyone would like to explain in which role they recognize themselves the most, and praise the men in the room for being engaged in addressing SGBV.

18. Re-emphasize that it is important that programmes use all approaches to allow change to occur, both in terms of policy change, gender norms and attitudes and in terms of individual/inter-relational behaviour.

[5] Activity adapted from: The ACQUIRE Project/EngenderHealth, *Engaging Boys and Men in GBV Prevention and Reproductive Health in Conflict and Emergency-Response Settings*, A Workshop Module, 2008

Men as role-models

OPTIONAL CASE-STUDY ACTIVITY (30 MINUTES)

Below is an optional activity to help participants reflect on their own roles in preventing SGBV. If you do this activity, it is recommended you skip the last activity (facilitation point 17 and 18).

19. Divide participants into four small groups and assign each group one of the scenarios described in Activity Sheet 1: Men as Role Models Scenarios. Give groups 15 minutes to discuss their scenario.

20. Invite the first group to present their conclusions on scenario A to the larger group. This should not take longer than 3 minutes. The second group with scenario A should share any additional points not covered by the first group.

21. Invite the third group to present their conclusions on scenario B. The fourth group may complement this presentation with any points not already covered.

22. Allow some discussion for each scenario. Ask the participants how it felt to challenge these statements. Do they think they could do this in real life? Why?

23. Ask participants for examples of concrete actions that men and boys can take in their daily life to be supporters. Encourage participants to think about different types of SGBV.

24. Ask participants if they know of any of men acting as role models in the context of their operations. If possible, share examples of male role models you have identified prior to the training. Do participants think these role models are effective? Why or why not?

25. Wrap this session up by emphasizing that most men do not support the violence of other men, yet do not challenge it or try to end it. The role of men and boys in challenging and changing unequal power relations is critical. Not only can they choose not to perpetrate acts of violence, they can choose to challenge the attitudes and assumptions that support SGBV.

SESSION 5: Programme Principles

70 minutes

LEARNING OBJECTIVES

✓ Describe programme principles for engaging men and boys in SGBV prevention work

KEY MESSAGES

→ Programmes focusing on gender norms are necessary to address the root cause of SGBV and to achieve long-term change.

→ Programmes engaging men and boys need to be developed and implemented in conjunction with and by learning from existing programmes that often involve women.

PREPARATION

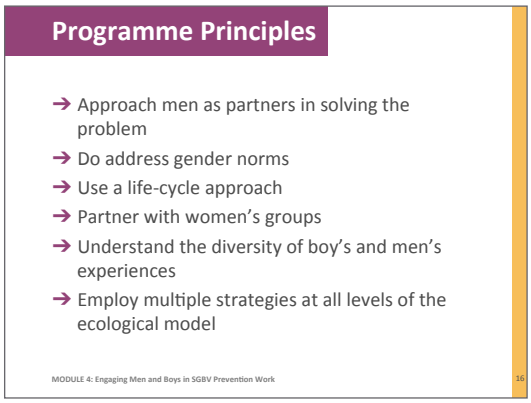
- Activity Sheet 2: Engaging Men and Boys in Your Operation
- Hand-out 8: Programme Principles

Programme Principles

DISCUSSION (10 MINUTES)

1. Guide a quick brainstorm on which principles, in participants' views, are important when working with men and boys in SGBV prevention.

2. Distribute Hand-out 8. Programme Principles and complement the responses if necessary.



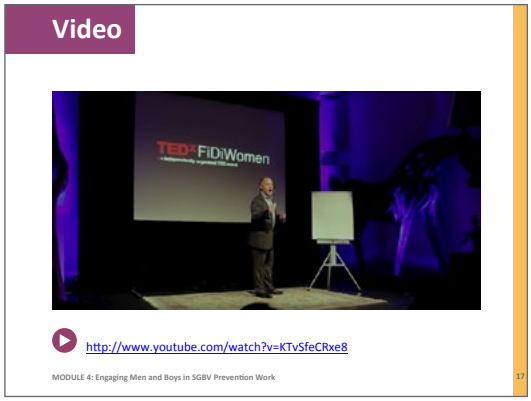
NOTES TO THE FACILITATOR:

Programme Principles

- *Approach men as partners in solving the problem*
- *Do address gender norms*
- *Use a life-cycle approach: take age differences into account (see Hand-out 8)*
- *Partner with women's groups*
- *Understand the diversity of boy's and men's experiences*
- *Employ multiple strategies*

Violence against Women, It's a Men's Issue

OPTIONAL VIDEO AND DISCUSSION (30 MINUTES)



3. Show the video Violence against *Women, It's a Men's Issue* (19 minutes).

   Ask participants to look out for the following and allow some discussion on this afterwards:

   - Which role does Jackson Katz take up in addressing SGBV?
   - Do you recognize some of the programming principles discussed?

   https://www.youtube.com/watch?v=KTvSfeCRxe8

4. To wrap up, stress that with regard to SGBV, talking to and about men and boys is not enough, men and boys have to be involved in the prevention of SGBV and that they **must help in defining the nature of their participation**. Success will only be achieved when men and boys feel ownership in the promotion of gender equality and non-violent behavior.

Taking action in your operation

GROUP ACTIVITY (45 MINUTES)

Note: The purpose of this activity is to help participants think about ways to strengthen and scale up the engagement of men and boys in their ongoing prevention work, bearing in mind some of the work they have learned about in this module. Hence, this activity is only suitable for staff who are directly implementing or overseeing SGBV prevention work.

5. Explain to participants that during this activity they will focus on how to engage men and boys in the programmes they are currently involved in.

6. Have the group determine the best way to divide into smaller groups of 5 or 6. For example, those involved in the same programme or organization, or people from the same operation, may wish to sit together.

7. Distribute Activity Sheet 2: Engaging Men and Boys in Your Operation. Allow 20 minutes for the group work.

8. As a last session, invite the groups to present their work.

   Option 1: Have groups display their work and facilitate a gallery walk. While walking around, encourage participants to ask questions and highlight similarities and differences between the suggested activities to strengthen the existing work.

   Option 2 (Requires more time): Ask groups to make 5-minute presentations of their work in plenary. Allow a short time for feedback from the larger group and for clarification.

Wrap-up

(15 MINUTES)

9. Address any unanswered questions and sum up with the key messages for the module.

10. Remind participants that men and boys need to be engaged as allies in the prevention of SGBV, can challenge SGBV in their own lives and in their own communities, and can also challenge unequal gender norms at society level. Many successful innovative initiatives exist in this domain, both at local level and internationally, and we should build on this readily available expertise!

REFERENCES:

The ACQUIRE Project/EngenderHealth, *Engaging Boys and Men in GBV Prevention and Reproductive Health in Conflict and Emergency-Response Settings, A Workshop Module*, 2008, available at: http://goo.gl/3a8lBP

Berkowitz, Alan D., *Working with Men To Prevent Violence Against Women: An Overview (Part One)*, Applied Research Forum, National Network on Violence Against Women, 2004, available at http://goo.gl/f8HTZd

Burden, A., W. Fordham, T. Hwang, M. Pinto and P. Welsh, *Gender Equity and Diversity Module Five: Engaging Men and Boys for Gender Equality*, Cooperative for Assistance and Relief Everywhere, Inc. (CARE), 2013, available at http://goo.gl/S7mx6p

Guedes, Allessandra, *Men and Boys Knowledge Module*, 2012, UNIFEM and MenEngage, available at http://goo.gl/OuueH5

International Rescue Committee, Engaging Men through Accountable Practice (EMAP) Resource Package, 2014, available at: http://goo.gl/s2t0ah

Jewkes, Rachel, Michael Flood, James Lang, "From Work with Men and Boys to Changes of Social Norms and Reduction of Inequities in Gender Relations: A Conceptual Shift in Prevention of Violence against Women and Girls", in: *The Lancet*, 18 April 2015, available at: http://goo.gl/RKGvYD

Minerson, Todd, H. Carolo, T. Dinner, C. Jones. *Issue Brief: Engaging Men and Boys to Reduce and Prevent Gender-Based Violence*, Status of Women Canada, 2011, available at http://goo.gl/ZBIQze

United Nations Population Fund, *Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned*, 2013, available http://goo.gl/RzdoOi

United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN), *Men and Boys* in: *Virtual Knowledge Centre to End Violence against Women and Girls*, 2012, available at: http://goo.gl/zLH7H

World Health Organization, *Engaging Men and Boys in Changing Gender-Based Inequity in Health: Evidence from Programme Interventions*, 2007, available at http://goo.gl/1dgc9W

World Health Organization, "Violence - A Global Public Health Problem", in: *World Report on Violence and Health*, 2002, available at: http://goo.gl/jy4vCU

Activity Sheet 1

15 minutes

Men as Role Models Scenarios

SCENARIO 1

You are a refugee representative. While waiting for the weekly meeting with other leaders, you hear a man telling this story to some friends: "Last night I went home and found dinner was not yet ready. I told her, 'Don't ever think you can disrespect me again, I am the head of this family and will teach you how to obey.' I had to beat her. After all, as my father used to say, 'Some women think you don't love them if you don't hit them.'" Other men around are laughing, but you do not think his story is funny – or right.

ASSIGNMENT

Prepare a list of five arguments you would use to explain the importance of a non-violent approach towards women and girls.

1

2

SCENARIO 2

In a weekly meeting, you overhear two UNHCR colleagues talking about the weekend. One colleague makes a joke about the fact that "women like to say 'No' to any sexual relations when in reality they mean yes". You hear him say, "They just pretend that they are hard to get." The other colleague is laughing, but you think what he is saying is wrong.

ASSIGNMENT

Prepare a list of five arguments you would use to explain why you think your colleague is wrong.

Activity Sheet 2

20 minutes

Engaging Men and Boys in Your Operation

The purpose of this activity is to think about ways to strengthen and scale up the engagement of males in the ongoing prevention work in your operation, bearing in mind some of what we have learned today.

- Take a few minutes to reflect on how men and boys are involved in the SGBV prevention work that you are involved in. List existing initiatives on a flip chart.
- List three activities that you could implement to scale up, expand or strengthen this work.
- What, if any, resources would you need in order to do so?
- What are some of the challenges you would face?
- How would you address those challenges?

You have 20 minutes to discuss. Please prepare a 5-minute presentation.

Hand-out 1

Reasons for Engaging Men and Boys in SGBV Prevention

- **Violence affects women *and* men.**

  Just as with women, SGBV directly affects men who have experienced SGBV. But it also has indirect affects. In communities where SGBV is present, women may develop fear or suspicion of all men due to the actions of a few. In addition, behaviour and attitudes that foster violence can keep men from having close and meaningful relationships with each other[1].

- **Men have a responsibility to help prevent violence.**

  SGBV occurs because of the actions that some men (and some women) take. It is allowed to continue with impunity because non-violent men often do not get involved in changing the attitudes and beliefs that lead to violence. This allows harmful ideas, such as viewing women as property or expecting them to be subservient to men, to continue, and violence is the result. Men can choose to either support or challenge the underlying causes of SGBV[2].

- **Men are in leadership positions.**

  Men are the decision makers and power holders in most communities and families throughout the world. They have a greater ability to shape societal norms and ideas about gender.

- **Engaging men and boys can lead to sustainable change.**

  Gender norms and unequal power relationships, particularly those between men and women, underlie SGBV. By leaving out men and boys, SGBV programmes only address half of the equation. Such programmes focus more on symptoms and contributing factors; but can not bring about sustainable change.

- **Engaging men and boys is an international commitment.**

  Engaging men and boys is an international commitment and in line with a human rights approach. It is a must, not an option!

- **Men engaged in addressing SGBV report personal benefits.**

  Men who are engaged in addressing SGBV and choose not to engage in violence themselves report having better relationships with spouses, children, and friends and better health and a greater sense of happiness.

[1] Adapted from: Berkowitz, Alan D., *Working with Men To Prevent Violence Against Women: An Overview (Part One)*, Applied Research Forum, National Network on Violence Against Women, 2004, available at http://www.alanberkowitz.com/articles/VAWNET.pdf

[2] Adapted from: International Rescue Committee, Engaging Men through Accountable Practice (EMAP) Resource Package, 2013, available at: http://gbvresponders.org/prevention/emap-tools-resources/

Hand-out 2

International Commitment to Engaging Men and Boys

The international commitment to engage men and boys is reflected most recently in the conclusions on the elimination and prevention of all forms of violence against women and girls, as agreed and adopted by the Commission on the Status of Women at its 57th session in 2013. "The Commission recognizes the important role of the community, in particular men and boys,...in the efforts to eliminate all forms of violence against women and girls." The commitments highlight, for example, the need to "design and implement national policies that aim at transforming those social norms that condone violence against women and girls, and work to counteract attitudes by which women and girls are regarded as subordinate to men and boys or as having stereotyped roles that perpetuate practices involving violence or coercion".

Forty-Fifth Session of the Commission on Population and Development focusing on Adolescents and Youth" (April 2012): Strongly promotes gender equality in a resolution on adolescents and youth and calls upon governments "to take measures to encourage boys and young men to participate fully in all actions towards gender equality".

The United Nations Commission on the Status of Women (CSW), at its 48th session in 2004, adopted agreed conclusions calling on governments, entities of the United Nations system and other stakeholders to, among other things, do the following:

- Encourage the active involvement of men and boys in eliminating gender stereotypes
- Implement programmes to enable men to adopt safe and responsible sexual practices
- Support men and boys to prevent gender-based violence
- Implement programmes in schools to accelerate gender equality

The 1994 International Conference on Population and Development affirmed the need to "promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles".

The Programme of Action of the World Summit on Social Development (1995) and its review held in 2000 paid particular attention to men's roles and responsibilities with regards to sharing family, household and employment responsibilities with women.

The Beijing Platform for Action (1995) affirmed that women's concerns could only be addressed "in partnership with men".

Hand-out 3

Barriers to Engaging Men and Boys in SGBV Prevention[3]

Accountability barriers: Even when men are ready to acknowledge they have a role to play in matters around SGBV, they often point the finger to other men as the real problem: "I don't beat my wife, go and talk to those who do." This kind of finger pointing indicates that men and boys do not consider violence against women as an issue personal to them, although it may affect others in their family or community.

Awareness barriers: Many men actually do not think SGBV is a serious issue in society or do not know what to do about it.

Privilege barriers: Privilege is the advantage or benefit that you get from belonging to a dominant group. Some men experience even greater power and privilege over others, and will utilize that power to protect their own self-interest.

Barriers related to fear: Barriers related to fear of resistance and ridicule may prevent many men from getting involved. Fear can manifest in several ways. Men may not want to look foolish or appear too "feminine" or sensitive. They may fear facing other men's anger and resistance.

UNIQUE BARRIERS AND OPPORTUNITIES FOR ENGAGING MEN AND BOYS IN DISPLACEMENT SETTINGS

Barriers:

- As a reaction to conflict and displacement, people may hold on strongly to traditional norms and gender inequality may increase. In some displacement settings, men may become more conservative in their beliefs.

Opportunities:

- Displacement is a period of transition, which may provide an opportunity for reflecting on and challenging old beliefs and experimenting with new ideas.
- Violence – and the effect it has on individuals, families, and communities – becomes very visible in many displaced communities due to its prevalence. This visibility may trigger opportunities to engage men and boys.
- The presence of humanitarian aid programs may create opportunities to engage men and boys in SGBV prevention. For example, reproductive health programs (that often have experience engaging men and boys in issues such as HIV or family planning) may be an entry point to engage men and boys on SGBV.

[3] Adapted from: *White Ribbon Campaign, Engaging Men and Boys to Reduce and Prevent Gender-Based Violence*, 2011, available at: http://goo.gl/OcvXFr

HOW CAN THE *DEFICIT AND ASSET MODELS* AFFECT THE WORK WITH MEN AND BOYS IN DISPLACEMENT SETTINGS?

The *deficit and asset models* of thinking look at behaviour from different points of view. The deficit model focuses on fixing what is wrong, while the asset model focuses on building upon what is right. In working to engage men, the deficit model may alienate by focusing on fault and finding blame. The asset model can engage men, by emphasizing and encouraging their positive role in supporting women and girls during times of crisis.

Other challenges include lack of capacity, staff knowledge and expertise, funding and time.

Hand-out 4

Male Engagement Campaigns and Programmes[4]

WHITE RIBBON CAMPAIGN (CANADA AND NUMEROUS OTHER COUNTRIES)

www.whiteribbon.ca

White Ribbon positively engages men, young men and boys through relevant educational programming that challenges language and behaviour, as well as harmful ideas of manhood that lead to violence against women. In over 55 countries, campaigns are led by both men and women, even though the focus is on educating men and boys. Programming includes:

- Workshops, presentations and talks for middle, high-school and post-secondary students as well as people from all walks of life
- Training and presentations for educators and teacher candidates that promote gender equality in classrooms and schools
- Sessions that explore realities for women and girls as well as pressures on men and boys and ways they can become allies for change that affects everyone
- Sessions and topics include *Who's The Man?, Blueprints for Change, Behind The Mask and How Homophobia Impacts Heterosexual Males.*

THE ONE MAN CAN CAMPAIGN (SONKE GENDER JUSTICE, SOUTH AFRICA)

The One Man Can Campaign supports men and boys who take action to end domestic and sexual violence. It has developed an action kit for men designed for government representatives, NGOs, CBOs and community groups, which includes materials such as stickers, music, clothing, video clips, posters and fact sheets. In addition, the One Man Can Action Kit provides information and strategies on how men can:

- Support a survivor
- Use the law to demand justice
- Challenge other men to take action
- Make schools safer for girls and boys
- Raise awareness in places of worship
- Build a human rights culture

[4] Text in this hand-out is adapted from the websites of the respective programmes.

MY STRENGTH IS NOT FOR HURTING CAMPAIGN (MEN CAN STOP RAPE, UNITED STATES OF AMERICA)

www.mystrength.org (FaceBook page)

A media campaign intended to prevent rape and other forms of dating violence among youth. The main goals are:

- To educate young men about their role as allies with women in preventing dating violence
- To promote positive, nonviolent models of male strength

The campaign's main message – that men can be strong and empowered without overpowering others or resorting to violence in relationships – has been communicated to male and female youth through advertisements on buses and in bus shelters, posters placed in high schools, mini-magazines distributed in classrooms, and in-school workshops. In addition, guidebooks have been made available to school personnel. While the social context for men's role in rape prevention campaign materials has traditionally been blame and shame, Men Can Stop Rape offers an affirmative alternative: a social context where men are actively involved and acting responsibly.

VIOLENCE AGAINST WOMEN – IT'S AGAINST ALL THE RULES (AUSTRALIA)

http://www.lawlink.nsw.gov.au/lawlink/vaw/ll_vaw.nsf/vwPrint1/vaw_vaw_iaatrcampaign

This 2001 campaign targeted men aged 21 to 29 and took the form of posters, booklets, and radio advertisements. It used high profile athletes and the language of sports to deliver the message that violence against women is unacceptable. Messages include:

- From a famous rugby league player: "Force a woman into touch? That's sexual assault."
- From a well-known cricketer: "Sledging a woman? That's abuse."
- A soccer player: "Mark a woman, watch her every move? That's stalking."
- And another: "Striking a woman? That's assault."

ZERO TOLERANCE (UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND)

www.zerotolerance.org.uk

Zero Tolerance challenges society's attitudes and values and the structures that sustain inequality and male violence against women and children. One of Zero Tolerance's main strategies is the Respect Education Initiative, which developed curricular materials for use in primary and secondary schools and informal youth settings. Teachers, youth workers, health promotion specialists and young people were involved in the design of the packs, which aim to empower young people with useful knowledge, skills and understanding and promote positive, non-violent relationships based on equality and respect. Materials use a mix of interactive games, puzzles, history and discussion that encourages young people to explore gender stereotypes, discrimination, power and the abuse of power, communication in relationships and how they themselves can become active in making a positive contribution to their community.

TURKISH FOOTBALL FEDERATION (TURKEY)

In partnership with the Government of Turkey and with support from UNFPA, the Turkish Football Federation involved 18 of its teams in a mass campaign to raise awareness on violence against women that was widely disseminated through television, print and radio.

CUENTA TRES: TÚ, ELLA, TU FAMILIA. (VENEZUELA)

The overarching goal of the campaign was to overcome stereotypes that legitimize violence against women in relationships. It addresses males, without judging or blaming them, urging them to count to three and to reflect upon their violent behavior. The campaign's slogan, *"Cuenta tres: tú, ella, tu familia. Saca lo mejor de ti. Detén la violencia"* roughly translated as "Count to three: You, she, your family. Bring out what's best in you. Stop violence." Campaign materials were displayed in print media, in movie theatres, on the radio and television and on public transportation.

PLANIM SAVE, KAMAP STRONGPELA (PAPUA NEW GUINEA, PARTNERS FOR PREVENTION)

Planim Save, Kamap Strongpela (Plant Knowledge, Grow Strong) is an intervention to prevent violence against women in Papua New Guinea by the Partners for Prevention (P4P). The project uses two key strategies. The first is focused on community education programmes utilizing a community conversations model. Community conversations aim to encourage wider conversations around violence, gender norms and community change to influence community norms and will be conducted with men, women, youth and community leaders. The second strategy focuses on improving access to counseling and trauma support.

PROMUNDO (BRAZIL AND OTHER COUNTRIES)

http://promundoglobal.org

Founded in Brazil, Promundo works to engage men and boys in partnership with women and girls to promote gender justice and prevent violence in societies, communities, and homes. The organization considers changing norms and power dynamics related to masculinities as a strategic part of building safe and equitable homes and communities and achieving equitable gender relations. It conducts extensive research into factors that lead men to violence and those that help prevent it. They test and evaluate ways to engage men and boys in empowering women and girls, such as using sports, schools, and health clinics as entry points to transform harmful norms around what it means to be a man. In addition to working with individual men and women, Promundo uses campaigns and local activism to build community support and advocates with institutions and governments to adopt policies and scale up programmes that reinforce personal and social change. Its advocacy campaigns, group education, and group therapy create safe spaces for men and women in post-conflict and high-violence settings to heal from trauma; for youth in over 22 countries to question harmful gender norms; and for men around the world to discuss the benefits of involved fatherhood and shared decision-making, and the costs of violence and exploitation.

ARE YOU MAN ENOUGH? (GREAT LAKES REGION OF AFRICA)

http://www.logica-wb.org/PDFs/AreYouManEnoughtoStopSGBVManual_eng_lr.pdf

This training guide outlines a one-year campaign aimed at rural young men in the Great Lakes Region of central Africa. The guide's aim is to raise awareness of violence against women and girls and to help the target audience redefine manhood. The first step is discussions focused on manhood which work to shift the conversation into "respectful manhood" and then "what it means to be a 'real man'". Participants then elect positive male role models within their villages, based on those discussions. These role models serve as daily reminders of how "real men" act. As the campaign evolves through four different stages, connections between respectful manhood and the prevention of SGBV become apparent. The campaign progresses in stages to slowly ease the audience into discussions of manhood and SGBV.

PREVENTING VIOLENCE AGAINST WOMEN AND GIRLS: ENGAGING MEN THROUGH ACCOUNTABLE PRACTICE (EMAP)

The International Rescue Committee (IRC)

http://gbvresponders.org/prevention/emap-tools-resources/

Using an evidenced-based curriculum and best practices and working with conflict-affected communities, the IRC developed a primary prevention resource package that contains an eight-month, individual-behavior-change intervention. The programme aims to reduce violence against women and girls by addressing its root cause: gender inequality and the patriarchal norms and beliefs that shape how individuals and groups are socialized. EMAP contains a curriculum for weekly lessons for working with women and men in single-sex groups, as well as tips for practitioners to effectively introduce and implement the intervention. It also includes a training guide to prepare EMAP facilitators. The EMAP training consists of 15 training days that are intended to be facilitated over a period of four weeks.

TEDX: JACKSON KATZ: VIOLENCE AGAINST WOMEN – IT'S A MEN'S ISSUE

https://www.youtube.com/watch?v=KTvSfeCRxe8

Jackson Katz, Phd, is an anti-sexist activist and expert on violence, media and masculinities. An author, filmmaker, educator and social theorist, Katz has worked in gender violence prevention work with diverse groups of men and boys in sports culture and the military, and has pioneered work in critical media literacy. Katz is the creator and co-founder of the Mentors in Violence Prevention (MVP) program, which advocates the *bystander approach* to sexual and domestic violence prevention.

THE CHAMPION PROJECT (THE UNITED REPUBLIC OF TANZANIA)

https://www.engenderhealth.org/our-work/major-projects/champion.php

This programme linked the prevention of SGBV with engaging men and boys in addressing reproductive health issues. The CHAMPION Project was an innovative six-year initiative (2008-2014) to increase men's positive involvement in preventing the spread of HIV in the United Republic of Tanzania. The project took a holistic approach to HIV prevention and addressed the underlying gender issues and related power imbalances in sexual relationships. It also addressed men's high-risk sexual behaviour that contributes to HIV transmission. CHAMPION was built on EngenderHealth's 'Men as Partners' and HIV Programmes and involved collaboration with diverse local partners, including the Tanzania Commission for AIDS, the National Muslim Council of Tanzania, and soccer clubs.

MENENGAGE

http://www.menengage.org

MenEngage is an alliance of NGOs working together with men and boys to promote gender equality. Its member organizations work with individuals in communities around the world to create new ideas about gender and masculinity, and to learn healthier ways to relate to each other. The alliance includes several major international organizations as well as local and national groups with extensive experience in engaging men and boys in gender equality and the reduction of gender-based violence.

Hand-out 5

Gender Norms and Masculinity

MASCULINITY

Masculinity refers to the socially defined ways of being male. It includes behaviour, appearance, social interaction, sexual orientation and tasks that are considered "appropriate" for men and boys. Generally, masculinity is considered in opposition to femininity. Masculinity varies from one society to another and may vary over time, yet, in most countries/societies masculinity is perceived to be superior to femininity and in most societies men are given more power and privileges than women.

- Masculinity starts being shaped from the moment boys are born. For example, in many cultures boys' names are associated with power, strength and victory, whereas girls' names are often associated with sweet and beautiful things, like flowers or gem stones. Messages that boys often receive from their parents, the media and their communities include: "Be tough", "Do not cry", "Do not show too much emotion", "Be strong", "Use physical strength".
- Rigid norms around masculinity can have negative outcomes for men, women and children, and can lead to violence. Many men grow up with the idea that they have to be tough and aggressive to be a "real man" and that they have to repress their emotions. Anger is sometimes one of the few socially acceptable ways for men to express their feelings. This can have negative impact on other people, including partners and children.
- Men are sometimes raised to believe that they have the right to expect certain things from women, such as sex or the performance of domestic tasks, and the right to use physical or verbal abuse if women do not provide them.
- Men are often socialized to belief they have to be the provider of the family. They pay significant costs in terms of their health (work longer, higher incidence of stress related illness, shorter lives) but also in terms of emotional and social well-being (pressure to provide alienation from themselves and others).
- Men and boys are under considerable pressure to stick to their gender roles, which makes it difficult to be different. Male gender norms create fear and anxiety for men and boys as they question whether they are "man enough".
- If they do not conform to traditional masculine stereotypes, men and boys may pay significant costs, such as living in fear, stigmatization, discrimination and rejection. Lesbian, gay, bisexual, transgendered and intersex (LGBTI) people, who do not conform to dominant masculine gender roles, can face discrimination and violence.

MASCULINITY AND DISPLACEMENT:

Messages related to what it is to be "a real man" that are emphasized in conflict or displacement situations might include: "Engage in the fighting", "Do not back down", "Be strong", "Don't access health care or psychological help unless it is serious", "Defend your people", and "Take care of and protect your family". Many men feel they are not able to live up to the image of a "real man" in displacement or conflict situations. It is not always possible to protect one's family members from sexual violence, men may lose their role as providers for the family, and in some situations men themselves face sexual violence, which may be perpetrated specifically to destroy their masculinity or "manhood".

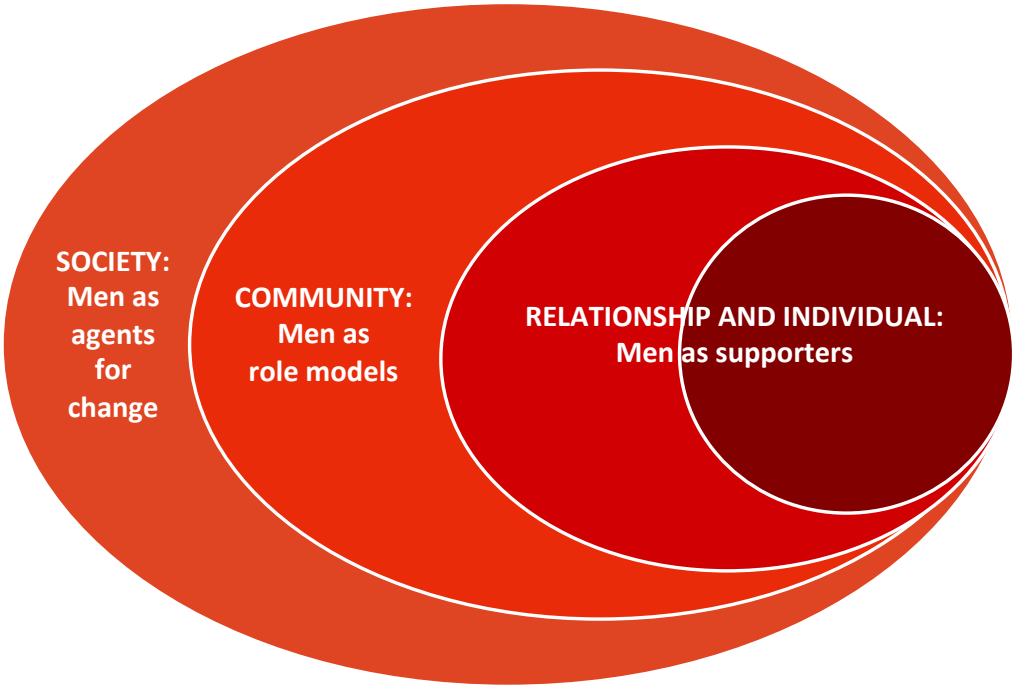
When masculinity is defined less in terms of aggression and strength and gender norms for both men and women are less rigid, there are a number of advantages for men, women and children. There is less violence, men and women begin to form equal partnerships, and men can create stronger relationships with their children, to name a few. There is an increasing number of programs that help men and boys examine gender norms that negatively affect their lives and those of their partners and families and work with them to develop healthier understandings of gender and masculinity. See Hand-out 4: Male Engagement Campaigns and Programmes.

Hand-out 6

Male Engagement Approaches

This hand-out describes three approaches based on an ecological model that are often used in engaging men in the prevention of SGBV[5]. The approaches are not exclusive. Often programmes intervene at different levels at the same time, and indeed this is recommended.

- Men as supporters (programme interventions at the individual and relationship levels)
- Men as role models (programme interventions at the community level)
- Men as agents of change (programme interventions at the society level)



MEN AS SUPPORTERS

In this approach men are targeted in SGBV prevention programs to act in their own lives as *supporters*. Men as supporters:

- Examine their own beliefs and actions
- Set a non-violent example within their own family
- Learn how to support a survivor of SGBV
- Participate in training and awareness raising activities on SGBV
- Avoid language and jokes that condone or encourage SGBV

[5] The ecological model is widely used to better understand SGBV and to inform prevention programming. See for example: Dahlberg L, Krug E, "Violence – A Global Public Health Problem, in *World Report on Violence and Health*, World Health Organization, 2002.

MEN AS ROLE MODELS

Using this approach, programs focus on the positive influence men can have on other men and boys. A role model sets an example showing that SGBV is not acceptable and conveys this message to other men and boys. This is an effective strategy because men seek the approval of other men and are more likely to listen to men they respect. Role models can be any influential figures in the community, such as teachers, NGO staff members, heads of families, police officers or community leaders, and religious leaders. Community leaders, for example, have the potential to mentor young men and share the skills and tools boys need to become men who are able to develop healthy relationships free from violence.

MEN AS AGENTS OF CHANGE

In this approach, men are proactively involved in trying to change norms that put women and girls, but also men and boys, at risk of SGBV. They are engaged in challenging stereotypes and social norms that condone or encourage the perpetration of acts of SGBV and try to influence policies and bring about organizational changes in their communities.

This approach is often the most intensive and difficult to carry out because the environment is not always supportive of the behaviour change it aims for. This type of programme also requires a certain level of expertise. The difference between this last approach and the other two is that change agents are explicitly involved in activities directed at the *root cause of SGBV: unequal gender norms*. For examples, see Hand-out 4: Male Engagement Campaigns and Programmes.

Hand-out 7

Male Engagement Activities[6]

Men and boys as supporters	Men and boys as role models	Men and boys as agents of change
A man has attended a range of workshops on SGBV and decides to no longer use violence to solve problems at home.	A male lawyer visits the community centre and organizes a session for men on the national laws related to domestic violence.	A men's action group advocates for a law to criminalize domestic violence.
A man decides to collect the water for household use. This is traditionally perceived a women's chore, but there are rumours of women being assaulted when leaving the IDP settlement, and he wants to protect his wife.	Some men in the community organize themselves to accompany and assist women in collecting firewood. They speak to other men in the community about the dangers women face when collecting firewood.	A group of men initiate a safety analysis of the town where many refugees are residing. Together with women, they identify locations where women and children are at risk of SGBV. They organize a meeting with the local authorities to advocate for actions to make the town a safer place.
A man accompanies his friend to a medical clinic after he was subjected to rape in detention.	A refugee leader explains to men in the community the importance of rape survivors seeking timely medical care.	An organization organizes workshops in the community promoting positive attitudes to survivors of sexual violence.
A man and his wife together decide not to have their new-born daughter undergo the practice of FGM/C.	Men tell other men in the community what they have learned in a workshop on the negative health consequences of FGM/C.	A group of men advocate with the local authorities to enforce an existing law prohibiting FGM/C.
A displaced man who has lost his job due to conflict decides to take care of the children while his wife is out working.	A religious leader in the community tells others about the benefits he experiences from being a caring and non-violent father.	As part of a radio campaign organized by a men's association, boys have discussions about the meaning and benefits of gender equality and its impact on boys, their partners and their families.

[6] Activity adapted from: The ACQUIRE Project/EngenderHealth, *Engaging Boys and Men in GBV Prevention and Reproductive Health in Conflict and Emergency-Response Settings, A Workshop Module*, 2008.

Men and boys as supporters	Men and boys as role models	Men and boys as agents of change
A married man, the father of one child, is aware his female neighbour, who is a single mother of four children, exchanges sex for food. He decides to help her by inviting her children to share his family's evening meals. He also refers the neighbour to an NGO that specializes in SGBV.	A billboard shows a photograph of a famous sportsman with the message, "Having sex for money is not what you would want for your child. Give support; don't exploit."	A male doctor sensitizes health workers on the topic of survival sex, with the aim of changing negative perceptions and attitudes towards persons engaged in survival sex.
A man stands up to a group of men when they make jokes about one of his friends who is transgender and when they say that he "deserves to be beaten".	A famous singer publicly says he is gay and speaks out against violence against LGBTI persons.	A former police officer organizes workshops on LGBTI and human rights. The aim of the workshops is to promote more positive attitudes towards LGBTI persons.
A 16-year-old boy intervenes when his friend harasses a girl.	Together with their teacher, a male youth group organizes an anti-violence campaign at school.	A mixed sex theatre group gives a performance about societal norms entitled Act Like a Man, Speak Out against Assault! The performance is followed by community discussions on gender norms and masculinity.

Hand-out 8

Programme Principles

APPROACH MEN AS PARTNERS IN SOLVING THE PROBLEM

Men *should* take responsibility for confronting SGBV and not act as perpetrators or bystanders. The best way to accomplish this is to encourage men to be partners in solving the problem rather than by criticizing or blaming them. Research and experience have shown that approaching men as perpetrators is not effective. A starting point is identifying and valuing what men are already doing right and connecting it to positive outcomes that relate to the reduction and prevention of SGBV[7].

ADDRESS GENDER NORMS

Programmes that focus on changing gender norms have the potential to change the versions of masculinity that promote violence. These programmes should not only focus on men and boys, but also on women and girls. These programmes should[8]:

- Avoid gender stereotypes and emphasize differences and inequalities between men
- Address men's vulnerability to other men
- Address similarities between men and women
- Address men's other vulnerabilities, e.g., health and poverty
- Address homophobia
- Challenge male privilege
- Empower women and raise consciousness of power imbalances

[7] Adapted from: Berkowitz, Alan D., *Working with Men To Prevent Violence Against Women: An Overview (Part One)*, Applied Research Forum, National Network on Violence Against Women, 2004, available at http://www.alanberkowitz.com/articles/VAWNET.pdf

[8] Adapted from of Raewyn Connell's gender theory to build interventions. See table in Rachel Jewkes, Michael Flood, James Lang, "From Work with Men and Boys to Changes of Social Norms and Reduction of Inequities in Gender Relations: A Conceptual Shift in Prevention of Violence against Women and Girls", in *The Lancet*, April 2015.

USE A LIFE-CYCLE APPROACH

Gender roles are learned at an early age, and evolve throughout different stages of the life cycle. Our programs should take this into account by adapting activities to each life stage[9].

- **Young boys/primary school age:** Engaging men as caregivers in the family and child care settings; training of teachers, after-school programs, educational activities, introduction to equality, respect, empathy.
- **Adolescence and early adulthood:** Promoting critical thinking about gender roles and stereotypes, information campaigns, group educational activities, promoting healthy relationships, consent education, sexual health education.
- **Adulthood:** Men's roles and fathers, role model, engaging men in maternal and child health, violence prevention strategies, modeling equitable relationships, peer educator.
- **Late adulthood:** Men as grandfathers, elders, story tellers

PARTNER WITH WOMEN'S GROUPS

Collaborating with women who are working in SGBV prevention, and recognizing and respecting their leadership and expertise on the issue, is crucial to sustaining action against SGBV.

UNDERSTAND THE DIVERSITY OF BOY'S AND MEN'S EXPERIENCES

Programmes should recognize that not all men are equal. Differences in age, language, rural/urban context, marriage status, education levels, socio-economic status, and experiences of racism, homophobia and other factors need to be addressed.

For each programme, developing a **situation analysis** is crucial. The analysis should focus on boys' and men's perceptions about SGBV; existing capacities and interest to prevent and respond to SGBV, and the nature of the existing legal/administrative framework[10].

EMPLOY MULTIPLE STRATEGIES

Employ *mutually-reinforcing strategies*, such as small workshops with men, group education, media campaigns and gender dialogues with men and womencoms; all sending out similar messages[11].

---

9 Adapted from: White Ribbon Campaign, *Engaging Men and Boys to Reduce and Prevent Gender-Based Violence*, 2011, available at: http://goo.gl/ZBIQze.

10 United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN), Virtual Knowledge Centre to End Violence against women and girls: *Men and Boys*, 2012, available at: http://goo.gl/zLH7H

11 World Health Organization, *Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions*, 2007, available at http://goo.gl/1dgc9W

Pre-/Post-test

Module 4:
Engaging Men and Boys in SGBV Prevention Work

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or false? Please select all TRUE statements.
   a) As one engages in SGBV related work, it is important to challenge one's own values and beliefs about gender.
   b) The main reason why men and boys need to be engaged in SGBV prevention is the fact the majority of perpetrators are male.
   c) One of the reasons why men and boys are not engaged in SGBV prevention is that they may not be aware of the scale of the problem.
   d) Engaging men and boys to work toward gender equality is an international commitment.
   e) Fear of ridicule may prevent many men from getting involved.
   f) As this is a recent field of intervention, little evidence exist suggesting that engaging men and boys is effective in SGBV prevention.

2. Which of the following activities is aimed at changing gender norms? Choose all that apply.
   a) A refugee leader explains to men in the community the importance of rape survivors seeking timely medical care.
   b) A male youth group presents a theatrical performance about societal norms, titled "Act like a Man, Speak Out against Assault!"
   c) A doctor gives a presentation to a group of men on the negative consequences of FGM/C.
   d) A group of local men and women is involved in condom distribution.
   e) An NGO organizes a workshop on caring fatherhood.

3. Select the three key roles men and boys play in SGBV prevention:
   a) Men as agents of change
   b) Men as role models
   c) Men as former perpetrators
   d) Men as supporters
   e) Men as devils' advocates
   f) Men as peer supporters

4. Which four programme principles apply to working with men and boys?
   a) Approach men as partners in solving the problem
   b) Let men take the lead
   c) Don't hold men accountable for behavior of other men
   d) Use a life-cycle approach
   e) Partner with women's groups
   f) Understand the diversity of boy's and men's experiences

5. Explain in your own words why displacement can provide unique opportunities for engaging men and boys in SGBV prevention.

6. Can you explain what is meant by *programmes challenging masculinity or gender transformative programming* in the context of SGBV prevention?

Pre-/Post-test: Answer Sheet

Module 4:
Engaging Men and Boys in SGBV Prevention Work

(Correct responses are highlighted in **bold**)

1. True or false? Please select all TRUE statements.
   - **a) As one engages in SGBV related work, it is important to challenge one's own values and beliefs about gender.**
   - b) The main reason why men and boys need to be engaged in SGBV prevention is the fact the majority of perpetrators are male.
   - **c) One of the reasons why men and boys are not engaged in SGBV prevention is that they may not be aware of the scale of the problem.**
   - **d) Engaging men and boys to work toward gender equality is an international commitment.**
   - **e) Fear of ridicule may prevent many men from getting involved.**
   - f) As this is a recent field of intervention, little evidence exist suggesting that engaging men and boys is effective in SGBV prevention.

2. Which of the following activities is aimed at changing gender norms? Choose all that apply.
   - a) A refugee leader explains to men in the community the importance of rape survivors seeking timely medical care.
   - **b) A male youth group presents a theatrical performance about societal norms, titled "Act like a Man, Speak Out against Assault!"**
   - c) A doctor gives a presentation to a group of men on the negative consequences of FGM/C.
   - d) A group of local men and women is involved in condom distribution.
   - **e) An NGO organizes a workshop on caring fatherhood.**

3. Select the three key roles men and boys play in SGBV prevention:
   - **a) Men as agents of change**
   - **b) Men as role models**
   - c) Men as former perpetrators
   - **d) Men as supporters**
   - e) Men as devils' advocates
   - f) Men as peer supporters

4. Which four programme principles apply to working with men and boys?

   a) Approach men as partners in solving the problem

   b) Let men take the lead

   c) Don't hold men accountable for behavior of other men

   d) Use a life-cycle approach

   e) Partner with women's groups

   f) Understand the diversity of boy's and men's experiences

---

NOTE TO THE FACILITATOR:

For the *open* test questions below, please note that these responses are not exclusive; they serve as *examples* of correct answers.

---

5. Explain in your own words why displacement can provide unique opportunities for engaging men and boys in SGBV prevention.

   ✓ **Displacement is a period of transition, which may provide an opportunity for reflecting on and challenging old beliefs and experimenting with new ideas.**

   ✓ **Violence – and the effect it has on individuals, families, and communities – becomes very visible in many displaced communities due to its prevalence. This visibility may trigger opportunities to engage men and boys.**

   ✓ **The presence of humanitarian aid programs may create opportunities to engage men and boys in SGBV prevention. For example, reproductive health programs (that often have experience engaging men and boys in issues such as HIV or family planning) may be an entry point to engage men and boys on SGBV.**

6. Can you explain what is meant by *programmes challenging masculinity or gender transformative programming* in the context of SGBV prevention?

   Masculinity varies from one society to another and may vary over time, yet often masculinity is defined in terms of aggression and dominance. In most countries masculinity is perceived to be superior to femininity and men are given more power and privileges than women. Less rigid and more diverse gender norms can have advantages for men, women and children. Gender transformative programming challenges rigid perceptions of masculinity, as a means to create equal and healthier gender norms and end SGBV. Many of these programmes help men and boys examine gender norms that negatively affect their lives and those of their partners and families and work with them to develop healthier understandings of gender and masculinity. Activities include workshops with men and media campaigns challenging stereotypes around masculinity.

MODULE 4

Engaging Men and Boys in SGBV Prevention Work

Objectives

- ➔ Explain the value of engaging men and boys in prevention of SGBV
- ➔ Describe barriers and ways to address these
- ➔ Explain how gender norms and perceptions about masculinity affect risks of SGBV
- ➔ Describe approaches, programme principles and identify concrete activities

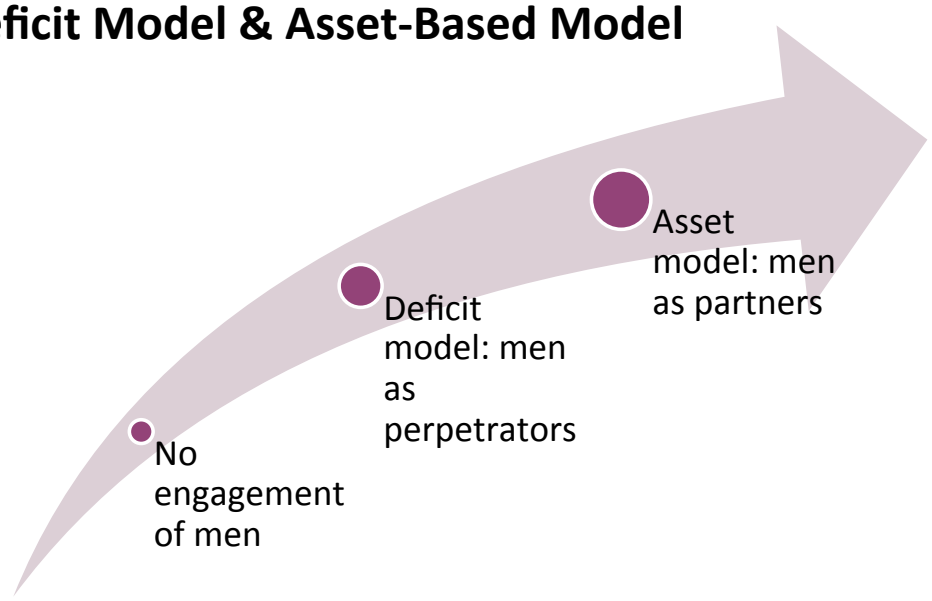
Engaging in SGBV prevention work requires **critically** looking at one's own values.

Reasons to Engage Men and Boys

- ➔ Violence affects women and men, boys and girls.
- ➔ Men and boys can be perpetrators or bystanders, but also part of the solution.
- ➔ Men engaged in addressing SGBV report positive outcomes for themselves.
- ➔ Engaging men and boys is an international commitment.
- ➔ Men challenging violence of other men has long-term results on reduction of violence.
- ➔ Other reasons?

Models of Engaging with Men and Boys

Deficit Model & Asset-Based Model



Barriers

What barriers and challenges have you encountered in your own experience attempting to engage men and boys in addressing SGBV?

What are the reasons for the reluctance to engage that we often find among men and boys?

Barriers to Engagement by Men and Boys

- Accountability
- Awareness
- Privilege
- Fear

Rigid Norms: Negative Outcomes

- Many men feel they have to be **tough and aggressive** to be a "real man" and repress their emotions.
- Men may be raised to believe that they have the right to **expect certain things from women**.
- Men are often **socialized to be the main provider**.
- Male gender norms create **fear and anxiety** for men and boys as they question whether they are "man enough".
- Lesbian, gay, bisexual, transgendered and intersex (**LGBTI**) people who do not act according to dominant masculine gender roles can **face discrimination and violence**.

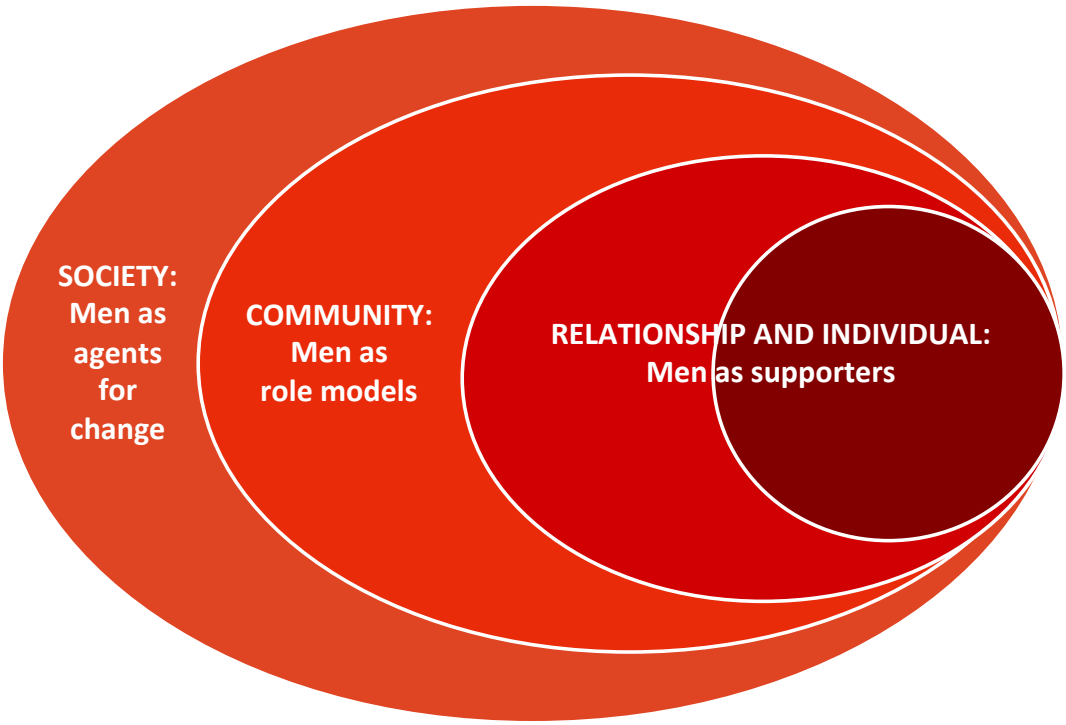
Video

http://www.youtube.com/watch?v=mJSl99HQYXc

Video

http://menengage.org/film/

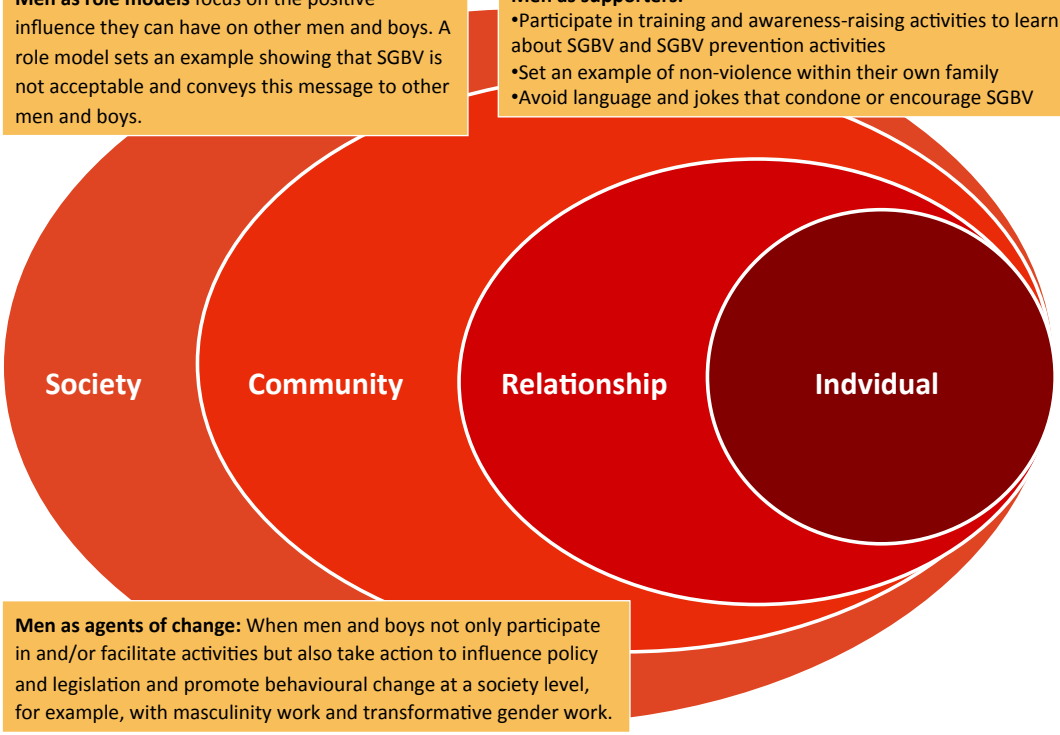
Ecological Model



MODULE 4: Engaging Men and Boys in SGBV Prevention Work 11

Men as role models focus on the positive influence they can have on other men and boys. A role model sets an example showing that SGBV is not acceptable and conveys this message to other men and boys.

Men as supporters:
- Participate in training and awareness-raising activities to learn about SGBV and SGBV prevention activities
- Set an example of non-violence within their own family
- Avoid language and jokes that condone or encourage SGBV



Men as agents of change: When men and boys not only participate in and/or facilitate activities but also take action to influence policy and legislation and promote behavioural change at a society level, for example, with masculinity work and transformative gender work.

MODULE 4: Engaging Men and Boys in SGBV Prevention Work 12

Men as Supporters

- **Examine** their own beliefs and actions
- **Set an example of non-violence** within their own family
- **Learn** how to support a survivor of SGBV
- **Participate** in training and awareness raising activities on SGBV
- **Avoid** language and jokes that condone or encourage SGBV.

Men as Role Models

- A **role model** sets an example, showing that SGBV is not acceptable and conveys this message to other men and boys.
- Role models can be **influential figures in the community**, such as teachers, NGO staff members, heads of families, police officers or community leaders, and religious leaders.

Men as Agents of Change

- Change agents try to change *norms* that condone or encourage the perpetration of acts of SGBV.
- They try to achieve change in behaviour and attitudes.

Programme Principles

- Approach men as partners in solving the problem
- Do address gender norms
- Use a life-cycle approach
- Partner with women's groups
- Understand the diversity of boy's and men's experiences
- Employ multiple strategies at all levels of the ecological model

Video

http://www.youtube.com/watch?v=KTvSfeCRxe8

MODULE 5
Safe Access to Fuel and Energy

MODULE OUTLINE

Session 1	SGBV risks that are linked to access to fuel, energy and natural resources	40 minutes	1
Session 2	Prevention strategies	60 minutes	2
Session 3	Positive outcomes of safe access to fuel and energy	60 minutes	3
Session 4	Technical tools	45 minutes	4

TIMING:

3 hours and 25 minutes

SUMMARY

In this training session, participants explore risks of SGBV linked to the lack of safe access to fuel, energy and natural resources. Participants will learn about various fuel-efficient technologies and renewable energy options, and how these can help prevent SGBV. Participants will consider a range of concrete SGBV prevention strategies that can be implemented in their operation.

LEARNING OBJECTIVES

At the end of the module, participants should be able to:

- ✓ List three forms of SGBV that may occur as a direct or indirect consequence of a lack of safe access to fuel, energy and natural resources
- ✓ Describe three strategies that can be implemented (in the operation or within the organisation) to prevent SGBV due to lack of safe access to fuel, energy and natural resources
- ✓ Explain how improved access to energy can lead to enhanced safety and economic, educational and social opportunities
- ✓ Identify resources for technical guidance on promoting safe access to fuel, energy and natural resources

KEY MESSAGES

- → Lack of safe and sustainable access to fuel, energy and natural resources increases the risk of exposure to SGBV.
- → Inadequate community and household lighting contributes to risks of SGBV.
- → While rape and assault may be the most well-known examples, they are not the only forms of SGBV linked to lack of safe access to fuel and energy.
- → As the primary collectors of firewood and other natural resources for energy use, women and children are particularly at risk of violence due to a lack of safe and sustainable access to these resources.
- → Safe access to fuel, energy and natural resources is a multi-sectoral issue that cannot be addressed by one singularly mandated agency, cluster or sector acting alone.
- → Direct provision of fuel and natural resources, fuel-efficient technologies and renewable energy, lighting of communal areas, and enhancing physical safety/protection are all effective mitigation and prevention strategies. There is no single prevention strategy appropriate for all contexts or operations.
- → Ensuring safe access to fuel, energy and natural resources is an important component of SGBV prevention, and provides economic, educational and social opportunities.
- → Staff working on SGBV should be familiar with existing guidance for implementing and coordinating interventions related to safe access to fuel, energy and natural resources and use these as part of inter-agency prevention efforts.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector, laptop

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: A Call for Proposals

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Fuel, Energy and Natural Resources
- Hand-out 2: Fuel, Energy, and Natural Resources and Risks of SGBV
- Hand-out 3: Mitigation and Prevention Strategies
- Hand-out 4: Global Initiatives for Safe Access to Fuel and Energy

OTHER:

- A few copies of the UNHCR *Global Strategy for Safe Access to Fuel and Energy (SAFE)*
- A few copies of the SAFE Matrix and SAFE Decision Tree Diagram. These are not incorporated in this training guide, please refer to the web-links in the resources section.

UNHCR READING MATERIALS AND RESOURCES

- → *Global Strategy for Safe Access to Fuel and Energy (SAFE): A UNHCR Strategy 2014-2018*, 2014.
- → *Action against Sexual and Gender-Based Violence: An Updated Strategy*, 2011.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 5: Safe Access to Fuel, Energy and Natural Resources has been produced for educational purposes only in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge:

- → *Beyond Firewood: Fuel Alternatives and Protection Strategies for Displaced Women and Girls*, Women's Refugee Commission, 2006
- → *Darkness Was Gone*, Global Bright Light Foundation. Available from: https://vimeo.com/95968697
- → The SAFE website which houses numerous reports, fact sheets, strategies and other resources related to safe access to fuel and energy. Available at: www.safefuelandenergy.org
- → *Handbook on Safe Access to Firewood and Alternative Energy*, World Food Programme, 2012
- → *Fuel and Firewood Initiative*, Women's Refugee Commission, 2009
- → *Poor People's Energy Outlook*, Practical Action, 2014
- → *Matrix on Agency Roles and Responsibilities for Ensuring a Coordinated, Multi-Sectoral Fuel Strategy in Humanitarian Settings*, IASC, 2009
- → *Decision Tree Diagrams on Factors Affecting Choice of Fuel Strategy in Humanitarian Settings*, IASC, 2009
- → *Online Guide to the "SAFE" tools*, IASC, 2009, available at: http://itbeginswithme.files.wordpress.com/2009/10/mini-training-iasc.pdf
- → Solar Lamps Improving Lives by Illuminating Rwanda, 2015, available at: http://www.theblot.com/solar-lamps-improving-lives-by-illuminating-rwanda-772810

SESSION 1: Risks of SGBV That Are Linked to Access to Fuel, Energy and Natural Resources

40 minutes

LEARNING OBJECTIVES

✓ List three forms of SGBV that may occur as a direct or indirect consequence of a lack of safe access to fuel, energy and natural resources

KEY MESSAGES

→ Lack of safe and sustainable access to fuel, energy and natural resources increases the risk of exposure to SGBV.

→ Inadequate community and household lighting contributes to risks of SGBV.

→ While rape and assault may be the most well-known examples, they are not the only forms of SGBV linked to lack of safe access to fuel and energy.

→ As the primary collectors of firewood and other natural resources for energy use, women and children are particularly at risk of violence due to a lack of safe and sustainable access to these resources.

PREPARATION

- Hand-out 1: Fuel, Energy and Natural Resources
- Hand-out 2: Fuel, Energy, and Natural Resources and Risks of SGBV

What is meant by fuel, energy and natural resources

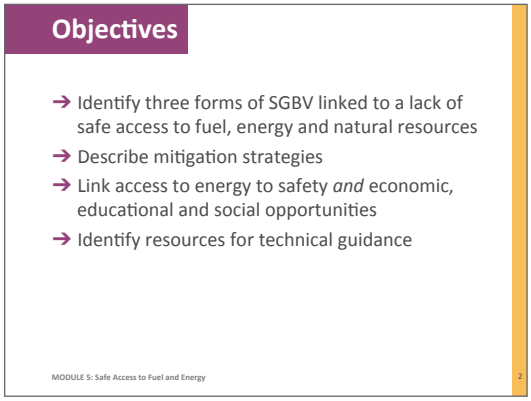
DISCUSSION AND VIDEO (20 MINUTES)

1. Using the Notes to the facilitator below, explain the purpose of this training session.

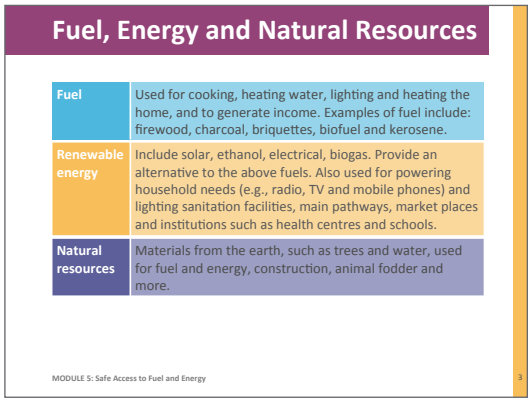
NOTES TO THE FACILITATOR:

At the end of the module, participants should be able to:

- *List three forms of SGBV that may occur as a direct or indirect consequence of a lack of safe access to fuel, energy and natural resources*



- *Describe three mitigation strategies that can be implemented (in the operation or within the organisation) to prevent SGBV due to lack of safe access to fuel, energy and natural resources*
- *Explain how improved access to energy can lead to enhanced safety and economic, educational and social opportunities*
- *Identify resources for technical guidance on promoting safe access to fuel, energy and natural resources*



2. Start the session by asking participants for their understanding of the title of the session. Use the Notes to the facilitator below for feedback, then show the slide.

NOTES TO THE FACILITATOR:

What do we refer to by fuel? *And energy? And* natural resources?

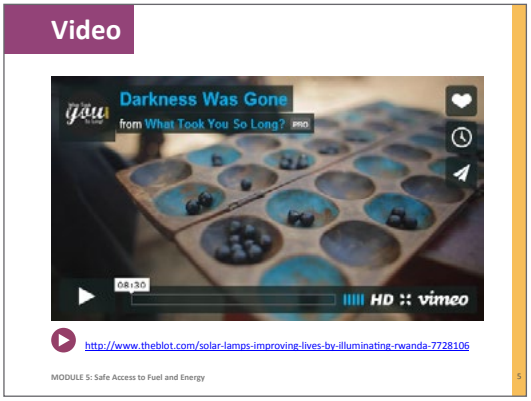
- ***Fuel*** *refers to fuel such as firewood, charcoal, briquettes, biofuel and kerosene used for domestic purposes such as cooking, heating water, lighting, and heating the home. It also includes fuel collected/made for selling to generate an income.*
- ***Renewable energy*** *refers energy options such as solar, ethanol, electrical, or biogas that provide alternatives to the above mentioned fuels. These options are also used for cooking, lighting, heating, and powering household needs (e.g., radio, TV and mobile phone batteries). In this context renewable energy has a somewhat broader meaning than it usually has as we also use it to refer to energy used for lighting of communal areas including sanitation facilities and for powering displacement settings, for example main pathways, market places and institutions such as health centres and schools.*
- ***Natural resources*** *refers to materials from the earth, such as trees and water, which are often used for fuel and energy, construction, thatching, animal fodder and more.*

3. Continue by showing a portion of *Safe Access to Fuel and Energy: Cross-Sectoral Programming to Protect Women*, a short video produced by the Women's Refugee Commission. Show the video up to the 2-minute mark.

   https://www.youtube.com/watch?v=EPw_7S7nvnM

   As an alternative, use this 8-minute video, *Darkness Was Gone*, produced by the Global BrightLight Foundation on a solar lighting project in Rwanda.

   http://www.theblot.com/solar-lamps-improving-lives-by-illuminating-rwanda-7728106



4. At the end of the segment, ask participants their reactions and facilitate a short discussion using some of the questions in the Notes to the facilitator.

NOTES TO THE FACILITATOR:

- *Fuel and natural resources*

  What is the current situation related to firewood collection or collecting other natural resources in participants' operational context? What concerns have been reported by persons of concern related to firewood collection? What are the purposes of collecting firewood? Who in the community is responsible for firewood collection, and why? What is the average distance someone must walk to collect firewood? How many times a week do persons of concern go out to collect firewood? How long does it take?

  Note: In case firewood is not an issue in participants' context, focus on collecting other cooking fuel or natural resources used for other purposes, such as building shelters, selling, feeding animals etc., and adjust the questions accordingly.

- *Energy and lighting*

  What is the current lighting situation in participants' operational context? What concerns have been reported by persons of concern in relation to this? Are communal infrastructures such as latrines, water points, market areas and washing areas lit at night? What type of energy is used? Are there any street lights? If so, who identified the areas to be lit? Are major pathways lit at night? Do persons of concern have access to lighting in their shelters? What concerns have been reported? Has there been any audit of lighting and other safety issues conducted? If lighting is available, what improvements have been reported? How do people access energy used for other household needs? For heating, cooling, or running mobile phones?

---

5. Distribute Hand-out 1: Fuel, Energy and Natural Resources.

Risks of SGBV

GROUP ACTIVITY (20 MINUTES)

6. Divide participants in two groups. Ask each group to brainstorm for 10 minutes about the types of SGBV that may result from a lack of safe access to fuel, energy and natural resources.

7. Ask the groups to write their findings on a flip chart and report back in plenary. (These findings will be used as a starting point for the next session.)

8. Use Hand-out 1 for examples to complement the group work.

9. End this session asking participants to imagine facing these risks for many hours per day, many times a week. Use the numbers of hours and days that participants gave when asked how much time the women and boys and girls in their contexts spent venturing for fuel or natural resources.

10. Distribute Hand-out 2: Fuel, Energy, and Natural Resources and Risks of SGBV.

SESSION 2: Prevention Strategies

60 minutes

LEARNING OBJECTIVES

✓ Describe three mitigation strategies that can be implemented (in the operation or within the organization) to prevent SGBV due to lack of safe access to fuel, energy and natural resources

KEY MESSAGES

→ Safe access to fuel, energy and natural resources is a multi-sectoral issue that cannot be addressed by one singularly mandated agency, cluster or sector acting alone.

→ Direct provision of fuel and natural resources, fuel-efficient technologies and renewable energy, lighting of communal areas and enhancing physical safety/ protection are all effective mitigation and prevention strategies. There is no single prevention strategy appropriate for all contexts or operations.

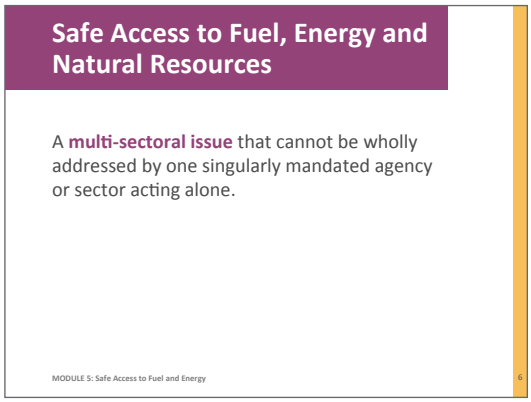
PREPARATION

- Hand-out 3: Mitigation and Prevention Strategies

4 Categories of prevention strategies

DISCUSSION AND GROUP ACTIVITY (60 MINUTES)

1. Highlight that safe access to domestic energy and natural resources is one of the action areas identified in UNHCR's updated strategy against SGBV.



2. Using the Notes to the facilitator below, emphasize that humanitarian actors in many sectors share responsibility for interventions to address concerns related to fuel, energy and natural resources.

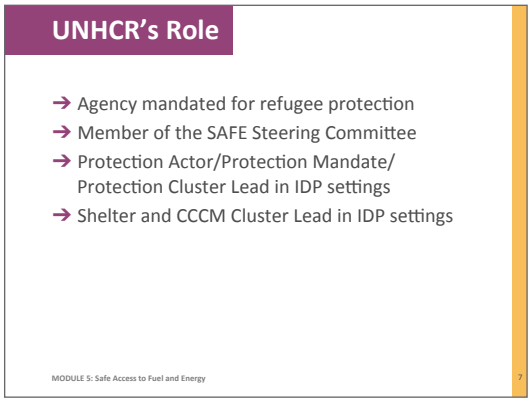
NOTES TO THE FACILITATOR:

Safe access to fuel, energy and natural resources: a multi-sectoral issue

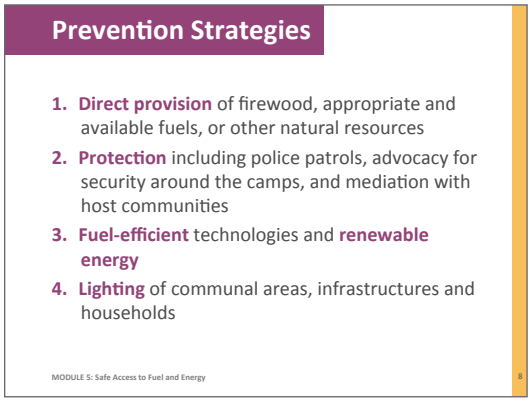
The issues surrounding energy provision in refugee and IDP sites, including lighting, the collection and use of fuel and natural resources and the associated risks such as SGBV but also environmental degradation and indoor air pollution leading to respiratory infections, rarely fit neatly into the existing mandates of operational NGOs and United Nations agencies (Women's Refugee Commission 2006).

While no single humanitarian agency has been held responsible for addressing these issues, humanitarian agencies should seek to engage a multi-sectoral approach, including organizations that have experience working on energy issues

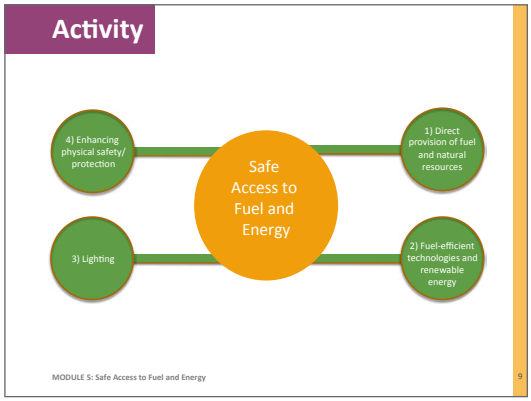
3. Explain that UNHCR has several responsibilities within the framework of providing safe access to energy. In particular, UNHCR serves as:
   - Agency mandated for refugee protection
   - Member of the SAFE Global Interagency Steering Committee
   - Protection Cluster Lead in IDP settings
   - Shelter and CCCM Clusters Co-Lead in IDP settings



4. Before dividing participants into groups and giving instructions on the group work, explain that in the following exercise participants will look at a range of mitigation and prevention strategies in four categories.
   1. **Direct provision** of firewood, appropriate and available fuels, or other natural resources
   2. **Protection**, e.g., police patrols, advocacy for security around displacement settings and mediation with host communities
   3. **Fuel-efficient** technologies and **renewable energy**
   4. **Lighting** of communal areas, infrastructures and households



5. Divide participants into three groups. Give each group a blank flip chart to be used in the landscape (horizontal) orientation. Once complete, the page will have a central point from which four lines or branches extend, similar to the image in the presentation slide.



6. Using the Notes to the facilitator, explain the group work:

NOTES TO THE FACILITATOR:

Instructions for group work:

- *In the middle of the flip chart, write "Access to fuel, energy and natural resources and risks of SGBV". Or select one specific issue appropriate for participants' settings, for example "Risks of SGBV in the displacement site at night".*
- *Next, draw four branches radiating from the centre for each of the four prevention strategies.*
- *Write the mitigation/prevention strategy along each branch:*

  1) Direct provision of firewood or other fuel or natural sources

  2) Physical protection

  3) Fuel-efficient technologies and renewable energy

  4) Lighting.
- *Distribute Hand-out 3: Mitigation and Prevention Strategies and point out to participants that they can refer to it for background information and sample activities related to these different strategies.*
- *Ask participants to draw a line from each branch for each action that is currently being implemented, using only key words. They should use one colour for SGBV actions and another colour for other sectoral activities: Safe Access to Fuel and Energy, Camp Coordination and Camp Management (CCCM), Health, Livelihoods, Shelter, Water Sanitation and Hygiene (WASH), etc.*
- *Ask the groups to draw additional lines using different colours for actions that could be implemented in addition to those already ongoing.*
- *For each of the activities, ask participants to indicate which actors would need to be involved (e.g., other units or sections within their own organization and/or other agencies).*
- *Groups have 30 minutes for their work.*

7. At the end of the exercise, reconvene the groups and ask them to put their maps on the wall for a gallery walk. Together walk and look at the various displays while highlighting important points. Complement these with points from the Notes to the facilitator.

NOTES TO THE FACILITATOR:

Fuel and Energy: Key Points

- *Safe access to fuel, energy and natural resources is a multi-sectoral issue that cannot be addressed by one singularly mandated agency, cluster or sector acting alone.*
- *SGBV-focused actors are best placed to access information about risks of SGBV linked to the collection of fuel and natural resources and to the lack of lighting and other safety issues in displacement sites. They have expertise in consulting and mobilizing communities for the prevention of SGBV. They promote gender, age and diversity frameworks. However, SGBV-focused actors alone do not have the responsibility or the technical expertise to ensure that an appropriate fuel and energy strategy is implemented. They will have to collaborate closely with other clusters/sectors and/or UNHCR units to ensure that the identified prevention strategy contributes to effective protection from violence and SGBV in particular.*
- *There is no single prevention strategy appropriate for all contexts or operations. Each strategy might be more or less appropriate depending on a variety of factors unique to each situation, but may need to be tailored for each situation.*
- *The community (women, men, youth, and community leaders) plays a key role in identifying the appropriate strategy throughout the planning, implementation and monitoring process. Women play a particularly important role as they are largely responsible for household energy issues.*

SESSION 3: Positive Outcomes of Safe Access to Fuel, Energy and Natural Resources

60 minutes

LEARNING OBJECTIVES

- ✓ Explain how improved access to energy can lead to enhanced safety *and* economic, educational and social opportunities

KEY MESSAGES

- → Guaranteeing safe access to fuel, energy and natural resources is an important component of SGBV prevention, *and* provides economic, educational and social opportunities.

PREPARATION

- Activity Sheet 1: A Call for Proposals

Designing a proposal

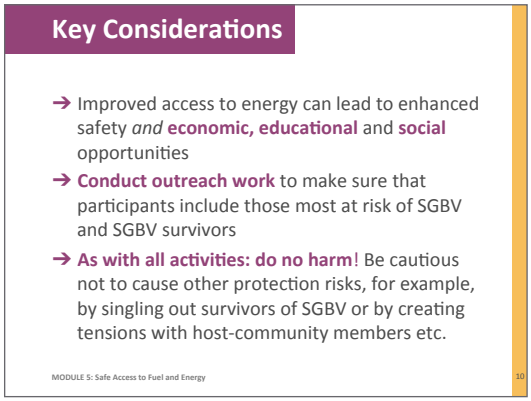
GROUP ACTIVITY (60 MINUTES)

1. Distribute Activity Sheet 1: A Call for Proposals. Refer to the activity sheet for instructions. Groups have 30 minutes to brainstorm ideas and prepare their presentations.

2. When the groups have finished, they will present their work to the facilitator, who will play the role of donor representative. Make it very clear that the donor is pressed for time, and groups have 5 minutes only to present their project.

3. Once all groups have presented their project, ask for clarifications if necessary. Then take a few minutes to reflect on what you have heard and select and announce the winning project. Explain your decision referring to the following criteria:
   - ✓ Protection from SGBV
   - ✓ Safe access to fuel, energy or natural resources
   - ✓ Livelihood/education/ social opportunities
   - ✓ Innovative
   - ✓ Community-driven
   - ✓ Cost-effective
   - ✓ Sustainable
   - ✓ Gender/age/diversity sensitive

4. Using the Notes to the facilitator, end this session by highlighting a few key considerations. Note that slide is animated.



NOTES TO THE FACILITATOR:

1. ***Improved access to energy can lead to enhanced safety and economic, educational and social opportunities.*** *Increased access to electricity, for example, can create a safe environment for social gatherings and thus opportunities for educational and livelihood activities. Likewise, livelihood activities can increase safe access to fuel, energy and natural resources. For example, producing and selling biomass briquettes or fuel efficient stoves not only support livelihoods but also provide fuel that can be accessed safely.*
2. ***Conduct outreach work*** *to make sure that among the participants are those most at risk of SGBV, including persons with specific needs and SGBV survivors, whose recovery and economic independence can be supported by participating in livelihood/education projects.*
3. ***As with all activities: do no harm!*** *If not managed properly, energy-related projects implemented to reduce protection risks can have negative health or environmental consequences (WRC 2006). We must be cautious not to inadvertently create other protection risks, for example, by singling out survivors of SGBV or creating tensions with host-community members.*

SESSION 4: Technical Guidance to Promote Safe Access to Fuel, Energy and Natural Resources

45 minutes

LEARNING OBJECTIVES

✓ Identify resources for technical guidance on promoting safe access to fuel, energy and natural resources

KEY MESSAGES

→ Staff working on SGBV should be familiar with existing guidance for implementing and coordinating interventions related to safe access to fuel, energy and natural resources and use these for interagency prevention efforts.

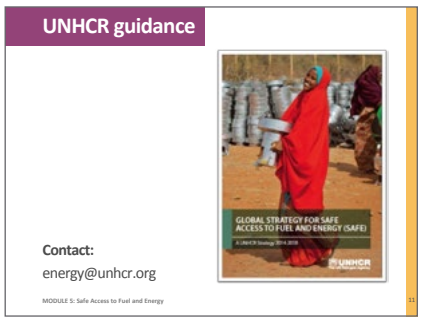
PREPARATION

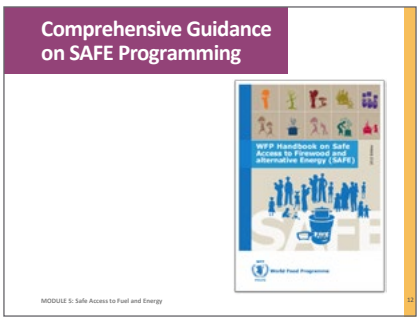
- A few copies of the UNHCR *Global Strategy for Safe Access to Fuel and Energy (SAFE)* and the SAFE matrix and SAFE decision tree.
- Hand-out 4: Global Initiatives for Safe Access to Fuel and Energy

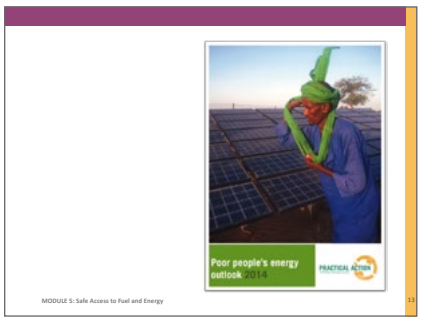
Technical Guidance

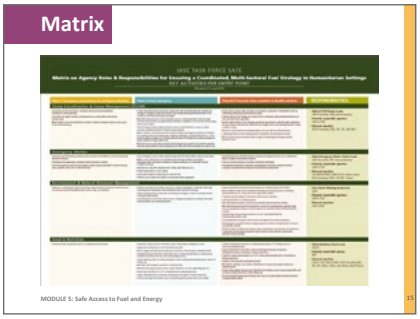
DISCUSSION (20 MINUTES)

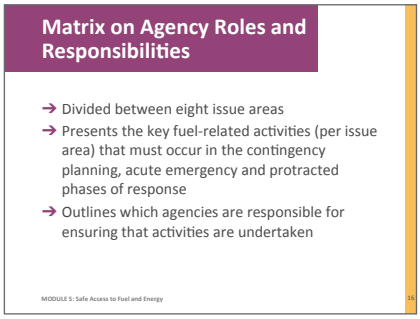
1. PUsing Hand-out 4: Global Initiatives for Safe Access to Fuel and Energy and presentation slides 9-16, highlight existing resources and guidance for implementing and coordinating interventions related to safe access to fuel, energy and natural resources.

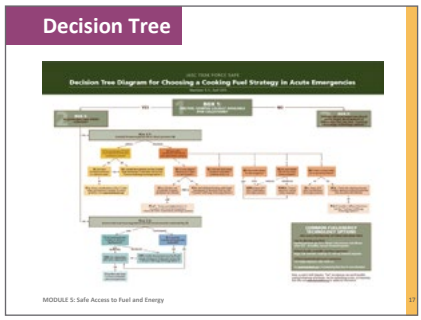


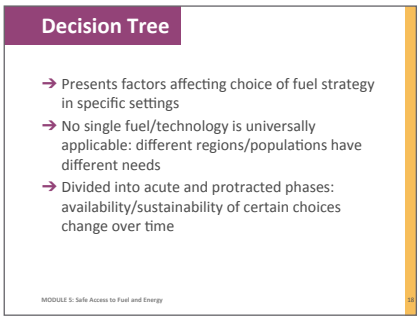












2. Share copies of the UNHCR *Global Strategy for Safe Access to Fuel and Energy (SAFE)* and the SAFE matrix and SAFE decision tree with participants.

3. Referring to the SAFE decision tree, ask participants what they think should be some of the criteria in selecting alternative energy strategies. See Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Examples of criteria in selecting alternative energy strategies:

- *Safe transport, provision and use*
- *Culturally acceptable*
- *Appropriate for use with traditional staple foods or supplied rations*
- *Locally available or producible*
- *Potential for livelihoods*
- *Sustainable both in terms of cost and environmental impact, or with a clear transition plan to a more sustainable fuel*
- *Will not increase tensions with local communities*
- *Will not increase or reinforce gender inequality*

---

4. Ask participants to explain the different areas of humanitarian work that can be involved in addressing matters related to fuel, energy and natural resources.

   Examples:

   - **Livelihoods:** Promote strategies that directly contribute to sound environmental management (reforestation, production of fuel efficient stoves). Promote involvement of women in finding their own solutions, including training opportunities to support environmental management.
   - **Camp management and camp coordination:** Facilitate dialogue between displaced persons/hosts regarding access to fuel and natural resources. Facilitate community participation in projects.
   - **Education:** With participation of persons of concern, include information on fuel efficiency and energy in curricula. Engage students in innovation. Provide lighting in schools.
   - **Community-based protection:** Promote inclusion of persons at risk in fuel efficiency programmes. Consult with community on what steps can be taken to enhance physical protection.
   - **Fuel and energy:** Together with persons of concern, explore appropriate fuel and energy strategies.
   - **WASH:** Provide lighting in communal areas, such as latrines and bathing areas.

Wrap-up

(15 MINUTES)

5. End this session by asking participants to reflect on which steps they can take in their own job capacities and in coordination with others to promote safe access to energy and fuel. Would any of the mentioned tools be of use to them? If so, what initial steps will they take?

6. Encourage participants to share some of their reflections in plenary.

7. Address any unanswered questions and sum up with the key messages for the module.

REFERENCES:

Global Bright Light Foundation, *Darkness Was Gone*, available at: https://vimeo.com/95968697

Inter-Agency Standing Committee (IASC), *IASC Task Force on Safe Access to Firewood & Alternative Energy in Humanitarian Settings*, website: http://www.safefuelandenergy.org

Inter-Agency Standing Committee (IASC), *Decision Tree Diagrams on Factors Affecting Choice of Fuel Strategy in Humanitarian Settings*, August 2009, http://goo.gl/DnPb3S

Inter-Agency Standing Committee (IASC), *Matrix on Agency Roles and Responsibilities for Ensuring a Coordinated, Multi-Sectoral Fuel Strategy in Humanitarian Settings*, April 2009, available at: http://www.refworld.org/docid/4ac5f1b22.html

Inter-Agency Standing Committee (IASC), *Online Guide to the "SAFE" tools*, 2009, available at: http://goo.gl/mRGbbL

Practical Action, *Poor People's Energy Outlook 2014*, available at: http://practicalaction.org/ppeo2014

UNHCR, *Action against Sexual and Gender-Based Violence: An Updated Strategy*, June 2011, available at: http://www.refworld.org/docid/4e01ffeb2.html

UNHCR, *Global Strategy for Safe Access to Fuel and Energy (SAFE): A UNHCR Strategy 2014-2018*, 2014, available at: http://www.unhcr.org/530f11ee6.html

Women's Refugee Commission, *Beyond Firewood: Fuel Alternatives and Protection Strategies for Displaced Women and Girls*, March 2006, available at: http://goo.gl/Ej30Wt

Women's Refugee Commission, *Fuel and Firewood Initiative*, 2009, available at: http://goo.gl/wOYzGC

World Food Programme, *WFP Handbook on Safe Access to Firewood and Alternative Energy (SAFE)*, 2012, available at: http://goo.gl/4pPl4Y

Activity Sheet 1

30 minutes

A Call for Proposals

A donor agency has made a call for proposals for an innovative SGBV prevention project combining safe access to fuel, energy and natural resources with livelihood/educational/social opportunities. You have about 30 minutes to come up with an innovative project. Then you will have 5 minutes to present your plan to the donor. Three other agencies will also present their plans, and only the best proposal will be rewarded with funding.

It is important that the planned activities clearly promote:

a) Safe access to fuel and/or energy and/or natural resources

b) Protection from SGBV

c) Livelihood/Education/Social opportunities

Each project should be innovative in the sense that it can be an entirely new, creative idea or can be simply good practices from one region or sector that you think could be adapted to another location or to the humanitarian context.

The donor would like to hear a clear explanation of how you will make sure the project is Age, Gender and Diversity sensitive, community-driven, and (relatively) cost-effective and sustainable.

Hand-out 1

Fuel, Energy and Natural Resources

WHAT DO WE MEAN BY *FUEL*? AND *ENERGY*? AND *NATURAL RESOURCES*?

- **Fuel** refers to fuel such as firewood, charcoal, briquettes, biofuel and kerosene used for domestic purposes such as cooking, heating water, lighting and heating the home. It also includes fuel collected/made for selling to generate an income. Coal also can serve as a domestic fuel, but may be difficult to find near many camp settings and so will not be dealt with in this hand-out.
- **Renewable energy** refers energy options such as solar, ethanol, electrical, or biogas that provide alternatives to the above mentioned fuels. These options are also used for cooking, lighting, heating, and powering household needs (e.g., radio, TV and mobile phone batteries). In this context renewable energy has a somewhat broader meaning than it usually has as we also use it to refer to energy used for lighting of communal areas including sanitation facilities and for powering displacement settings, for example main pathways, market places and institutions such as health centres and schools.
- **Natural resources** refers to materials from the earth, such as trees and water, which are often used for fuel and energy, construction, thatching, animal fodder and more.

EXAMPLES OF FUEL AND ENERGY SOURCES INCLUDE[1]:

FIREWOOD

- Firewood is the most commonly used cooking fuel in nearly all camp settings and indeed in most of the non-displaced world. It is easy to use, provides flexibility in cooking time and temperature, cooks food quickly and most refugee and IDP communities are familiar with it. Fire often plays a central role in the cultural life of a family or community. For this reason, many refugee and IDP communities are reluctant to accept fuels that do not create a fire (WRC 2006).
- However, in addition to the risks associated with its collection, burning firewood creates significant smoke – increasing the risk of respiratory infections – and can be unsafe used indoors or in windy or crowded environments (WRC 2006).

[1] Adapted from: Women's Refugee Commission, *Beyond Firewood: Fuel Alternatives and Protection Strategies for Displaced Women and Girls*, March 2006, available at: http://www.refworld.org/docid/4a54bbfe3.html

CHARCOAL AND BIOMASS BRIQUETTES

- Charcoal briquettes provide a fire, allowing flexibility of cooking time and temperature, and can be re-used if not completely burned. They cook food relatively quickly but produce more smoke than many other non-wood based fuels.
- So-called biomass briquettes (also known as "honeycomb" or "beehive" briquettes), are typically produced in or near camps from locally available materials such as bagasse, ground nut shells, municipal solid waste and agricultural waste. They burn without smoke and are fairly inexpensive. The production process tends to be labour-intensive, however, and requires a large amount of raw materials to make relatively few briquettes. There is no flexibility in cooking time or temperature. Further, biomass briquettes present a potential for tension between refugees and host communities regarding use of forest products (WRC 2006).
- All charcoal and briquette-based fuels, regardless of composition, share a common problem: they typically require more energy to produce than they emit during use. This fact may be less important in areas where fuel in general is not scarce and/or where the production cost of fuel is less of a priority than obtaining the fuel. However, in other displacement situations, particularly those in arid and/or very remote environments, energy itself may be a primary concern. In such cases, charcoal or other types of briquettes would not be a logical choice (WRC 2006).

OTHER NATURAL MATERIALS

- A variety of naturally occurring materials or waste products have been tried as cooking fuel in various rural and/or camp settings worldwide. Such products have included grass, peat, agricultural waste (such as rice husk), food waste (such as maize /corn cobs) or animal dung, and have been either burned in raw form or compressed into briquettes. None, however, has proven to be efficient or sustainable enough for widespread promotion (WRC 2006).

KEROSENE

- Those who use kerosene are typically pleased with it, since it cooks food quickly, burns relatively cleanly and can be used both indoors and outside. It is also a tradable commodity, and refugees and IDPs have been known to sell their kerosene in exchange for cash or ration supplements. Kerosene is far from a perfect fuel, however. Users not familiar with the fuel have experienced potentially serious complications, including explosions and fire. In fact, these risks become greater if kerosene is not stored properly, increasing fire hazards in and around homes. Additionally, the harmful fumes from opened jerry cans used to store kerosene can have a long-term impact on health. As with most petroleum-based fuels, kerosene is very expensive. Its price is continually increasing and is subject to fluctuations making it unsustainable in the longer term (WRC 2006).

RENEWABLE ENERGY FOR COOKING: BIOGAS AND SOLAR ENERGY

Biogas

- Biogas is a methane-based fuel created from the fermentation of human, animal or kitchen (vegetable) waste. It can be used for cooking or lighting purposes. The gas itself is without cost, but the capital investments required to build a biodigester can be significant. However, as biogas is a renewable energy and burns cleanly, recurring costs are only related to the maintenance of biogas systems. Biogas digesters can also be used as a waste management tool, as is being done in refugee camps in Bangladesh.

- Biodigesters require a significant amount of space and can be considered permanent structures. Host governments are typically reluctant to allow the construction of permanent structures within refugee camps. However, the technology is evolving, and more portable biodigesters are being developed. Acceptability may also be a challenge, as certain cultures may find the source of fuel distasteful.
- UNHCR is looking in to expanding the use of biogas, particularly in regions where biogas is a proven and successful fuel.

Solar

- There are different types of solar cookers, varying in size, portability, cooking time and – especially – cost. In many ways, using solar energy in refugee or IDP camps makes sense, since most camps are located in regions with ample sunlight. Further, apart from the initial costs of the cooking device, which in itself can be inexpensive, solar energy is free, sustainable and does not negatively impact the environment surrounding the camp. Displaced women can safely use solar cookers in the immediate vicinity of their huts, without putting themselves at risk of attack while collecting firewood (WRC 2006).
- Despite the free use of the sun, achieving effectiveness and acceptability of solar cookers in refugee and IDP camps is often prohibitively expensive for humanitarian agencies alone.
- UNHCR has experienced varying successes with solar cookers given the limitations of the technology. Cultural acceptance and convenience are two major factors that can influence the success of solar cooker interventions.
- Solar cookers require a lot of time to cook a meal, particularly given the amount of energy needed to cook foods such as beans and rice. Some solar cookers have to be shifted every 15 minutes to face the sun, making cooking inconvenient. This labour-intensive effort adds to the burden of domestic work already carried disproportionately by women and girls and can have unintended consequences on their participation in other activities.
- Solar cookers should be tested first to gauge whether or not they are suitable to the culture and cooking preferences of a community. Given the issues with ease of use and cooking time, solar cookers are not likely to replace cookers that use other fuels, including firewood. However, they can be considered as a supplement to other means of cooking.

SOLAR ENERGY AND OTHER RENEWABLE ENERGY SOURCES FOR LIGHTING AND POWER

- Renewable energy, such as solar, hydropower or wind, can offer a steady supply of energy for lighting and power provision. This energy, while having a high upfront cost, can reduce recurring future costs. UNHCR is exploring solar energy, given the location of several camps in areas with ample sunlight.
- In several UNHCR operations, solar lanterns and solar street lights have been distributed or installed to bring light to the community. These can improve safety at night and allow for livelihood, educational and social activities after dusk.
- Refugees should be involved in the design of solar interventions, for example, with planning the placement of solar street lights around camps or targeting the distribution of solar lanterns. Working closely with site planners or energy officers is also necessary to ensure strategic placement of solar street lights.
- Equipment maintenance is an important consideration. For example, in desertified areas, clearing heavy dust from solar panels is critical. Such maintenance represents a potential livelihood opportunity for refugees if training can be provided.
- Power provision from renewable sources is new to UNHCR. Options such as solar mini-grids and solar farms are currently being explored. This is particularly useful for powering health centres, training centres, schools and administrative buildings. Renewable energy, such as solar, can also be coupled with diesel generators, creating hybrid systems to provide continuous power to better facilitate the provision of services.

UNHCR SAFE STRATEGY

Given the pressing fuel and energy needs of refugees, and the cross-sectoral implications of energy poverty, UNHCR launched the Safe Access to Fuel and Energy (SAFE) Strategy in March 2014. The strategy provides guidance on addressing energy in a holistic manner, with a view to tailor energy interventions to specific contexts. It also looks at different approaches to energy, including local and innovative technologies, local capacity, strong partnerships and links with other sectors.

UNHCR has an energy and environment unit at Headquarters that can be contacted for technical guidance on issues related to safe access to fuel, energy and natural resources. Contact: energy@unhcr.org.

Hand-out 2

Fuel, Energy, and Natural Resources and Risks of SGBV[2]

RISK OF PHYSICAL ASSAULT, RAPE AND SEXUAL ASSAULT

Women and children – girls in particular – collecting firewood, other fuel or natural resources are at heightened risk of sexual harassment, physical assault, sexual violence and rape. This risk can be due to the presence of bandits, militias or armed elements who seek to make their presence known and assert control over displaced populations and the territory where they live by instilling fear. It can also be due to the presence of men and male youths from the host community or refugee population who take advantage of/seek opportunities to harass or assault women and children.

Collection and supply of fuel, energy and natural resources is associated with a variety of health and protection risks, including SGBV. These activities are highly gendered and the associated risks are exacerbated by displacement. In many communities, activities linked to the household, including water and firewood collection, are considered to be "women's work". As a result women and children are usually the most affected.

Deforestation, which is common in many areas hosting refugees and IDPs, forces women and girls to walk even longer distances thereby increasing the risk further. Women and girls can also be at risk of violence by members of the host community who suffer the strain on their natural resources and seek to discourage displaced or refugee communities from collecting water, wood, animal fodder, thatching etc.

If communal areas and infrastructures such as pathways, market places, latrines, washing areas and water points are not well lit, this can also increase exposure to rape and assault.

Providing electricity can enhance livelihood activities, e.g., by powering commercial centres, allowing the charging of mobile batteries, or allowing people to continue working after sundown.

Risk of abduction of women and girls forced into "marriage" with soldiers or militia serving as sex slaves, cooks, porters and soldiers.

RISK OF ABDUCTION

Some women and children collecting firewood, other fuel or natural resources, are abducted by armed groups. They are forced into "marriage" serving as sex slaves, cooks, porters and soldiers.

[2] Adapted from: Women's Refugee Commission (WRC), Beyond Firewood: *Fuel Alternatives and Protection Strategies for Displaced Women and Girls*, March 2006, available at: http://www.refworld.org/docid/4a54bbfe3.html

RISK OF SEXUAL EXPLOITATION AND ABUSE

Just as with food or other commodities, the distribution of fuel by humanitarian agencies can create opportunities for sexual exploitation and abuse.

Similarly, if women and children are forced to carry heavy loads over long distances, this too can increase the risk of SGBV. Thus, UNHCR and its partners need to carefully assess and monitor fuel distribution.

ARREST

Firewood collection and sale is very often a key form of income generation for refugees and IDPs. If natural resources are scarce, refugees and IDPs may venture into protected areas where firewood collection is illegal. Additionally, some governments may have banned refugees from collecting firewood altogether. These factors put women and girls at risk of being harassed or arrested by government authorities. As a result, women may have to pay bribes (money or sex) to local officials and forest guards in order to be allowed to collect firewood.

RISK OF SURVIVAL SEX

When availability of firewood or other forms of fuel is limited, for example, in remote areas where firewood has been depleted, households must purchase fuel. Women and girls in households that cannot afford to buy firewood or fuel may be compelled to engage in survival sex in order to ensure that their families have access to food.

RISK OF DENIAL OF RESOURCES, OPPORTUNITIES AND SERVICES

Children, and in particular girls, may be kept out of school in order to collect firewood or other natural resources with their mothers or to tend to younger children and household chores while their mothers are out collecting. In some cases, families may be required to contribute firewood to school feeding programmes, and children may be kept from schools if their families cannot find enough wood to bring to school.

Hand-out 3

Mitigation and Prevention Strategies[3]

Direct provision of fuel and natural resources, fuel-efficient technologies and renewable energy, lighting of communal areas, and enhancing physical safety/protection are all effective mitigation and prevention strategies. There is no single prevention strategy appropriate for all contexts or operations. Below a description of sample activities under each category.

1. DIRECT PROVISION OF FIREWOOD, APPROPRIATE AND AVAILABLE FUELS, OR OTHER NATURAL RESOURCES

Direct provision of fuel can eliminate the need to search for firewood or other fuels used in the household. Sample activities include:

- Advocate, both internally and with external actors, to ensure adequate funding to meet temporary fuel needs during the early stages of an emergency.
- Distribute firewood or alternative cooking fuel (such as biomass briquettes) to members of the community who are unable to collect their own fuel, for example persons with disabilities, older persons of concern, or child-headed households. It is important to involve those most at risk in decisions about who should benefit from the distribution.
- Consider renewable energy or renewable energy systems that are self-sustaining and easily maintained and managed by members of the refugee community.

Note: There are four main problems associated with any direct provision strategy, regardless of which fuel is being provided:

1) Direct provision is expensive over the long term and therefore difficult to sustain.
2) It can contribute to environmental degradation.
3) It tends to increase the dependency of refugees or IDPs not just on the providing agency, but on the fuel in general (WRC 2006).
4) It does not take into account the livelihood component of firewood collection. Many women sell a portion of the firewood they collect to support their families.

[3] **Excerpted and adapted from:**

Women's Refugee Commission (WRC), *Beyond Firewood: Fuel Alternatives and Protection Strategies for Displaced Women and Girls*, March 2006, available at: http://www.refworld.org/docid/4a54bbfe3.html

UNHCR, *Global Strategy for Safe Access to Fuel and Energy (SAFE)*: A UNHCR Strategy 2014-2018, 2014, available at: http://www.unhcr.org/530f11ee6.html

2. SAFETY AND PROTECTION, E.G., POLICE PATROLS, ADVOCACY FOR SECURITY AROUND THE CAMPS, AND MEDIATION WITH HOST COMMUNITIES

Work with the community to identify safety patrol options to minimize SGBV related risks around the displacement site.

Sample activities include:

- Support the creation of intercommunity structures, which include women and girls, and men and boys, from both the host community and persons of concern, to discuss the risk of SGBV and protection strategies as they relate to the collection of fuel and natural resources.
- Consult with members of the community about their own protection measures to enhance safety in the displacement site and during collection of fuel and natural resources. Strategies could include the formation of groups to collect firewood more safely or community watch teams of men and women to monitor risks and report incidents of violence in the displacement site.
- In consultation with women and girls of concern, and according to their needs and concerns, advocate for peacekeeping escorts/national or international security forces, police or human rights monitors – including women – at appropriate times and in appropriate areas.
- Collect data on SGBV incidents according to the safe and ethical guidelines on SGBV reporting; provide non-identifying information about the locations and circumstances of incidents reported during the collection of fuel and natural resources.
- Encourage the development of community-based, intercommunity collectives, consisting of members of the host community and persons of concern, male and female, to jointly collect firewood from areas agreed upon with the host community.
- During awareness activities include information about risks related to the collection of fuel and natural resources.

3. FUEL-EFFICIENT TECHNOLOGIES AND RENEWABLE ENERGY

The promotion of fuel efficiency can reduce the frequency with which persons of concern need to collect firewood or other fuel and the distance that they must travel. UNHCR has recently begun promoting various new and improved cook stoves, recognizing that no one model will work in all circumstances. We need to take into account the lack of familiarity with new technologies, a cultural preference to cook in a certain way, or a dislike of the manner in which certain food items might be cooked.

In addition to renewable energy for household lighting and cooking, heating should be considered as well as methods of reducing energy demand such as appropriate ventilation in shelters, or drop ceilings to minimise heat loss. (UNHCR 2014)

Sample activities include:

- Promote fuel-efficient cooking techniques, such as pre-soaking beans and sheltered cooking fires. These techniques are inexpensive and easily implemented, and can complement other fuel strategies in displacement settings.
- Promote fuel-efficient stoves to help reduce the threat to women and girls by decreasing the frequency of firewood collection. These stoves, however, must be suited to the cooking preferences of the refugee or IDP population. UNHCR has seen instances in which distributed stoves have been sold in markets because they don't suit the cooking practices of a community, e.g., they don't allow for the cooking of flat breads. Similarly, alternative fuel sources can require longer cooking times, which may prove inconvenient.
- Provide support to mobilize communities, particularly women and community leaders, to promote the use of fuel-efficient stoves and/or alternative fuel.

- Link alternative energy interventions with women's economic self-reliance programmes. For example, programmes can teach participants how to produce biomass briquettes for sale or how to manufacture fuel efficient stoves.
- Engage with current and new partners, including technology partners, to explore the potential of different approaches to energy programming that use renewable and other energy technologies suitable to camp conditions and contexts (UNHCR 2014). Applicable knowledge and skill often reside in refugee and IDP settings; persons of concern can be involved in the design, implementation and maintenance of certain systems.
- With participation of persons of concern develop an awareness-raising and training package for any new technology/fuel being introduced (UNHCR 2014).

4. LIGHTING OF COMMUNAL AREAS, INFRASTRUCTURES AND HOUSEHOLDS

Artificial light is essential for modern life. For persons of concern, artificial light can greatly support self-reliance and create a better social dynamic in communities. UNHCR and partners have distributed solar lanterns and street lights to various operations to address security concerns as well as to improve opportunities for livelihood, educational and social activities. Solar technology is advancing quickly, and as prices drop, it has proven itself useful, particularly for off-grid communities or to reduce long-term expenses related to the provision of electricity.

Sample activities and considerations

- Ensure the community collaborates with energy officers/partners and site planners to designate areas for lighting. These should include communal areas, such as latrines and bathing areas, areas that are considered unsafe, and pathways. Areas deemed at a high risk for SGBV should be a particular focus.
- When installing street lights, consider the impact that they may have. For example, high-intensity lights are best used in areas of activity or places where social gatherings are encouraged. Installing these lights in areas such as latrines can have unintended consequences, as they encourage people to gather in the evenings. They may even make latrine/shower walls transparent, inadvertently exposing users. For security purposes, for example to light a street, low-intensity security lights are preferred. These lights create convenient and safe routes from one point in a camp to another, e.g., from shelters to a marketplace. When installing street lights for protection purposes, careful consideration must be taken to ensure that safety challenges in one area are not simply shifted to another area with less light.
- If street lights are not feasible, provide solar lanterns for people to use as they move around at night. Like cooking stoves, solar lanterns must be suitable for the context and durable to avoid costs associated with replacement. Solar lanterns can also be used effectively by community watch groups as part of a larger protection strategy.
- Make solar street lights and solar lanterns available for sale in local markets. Solar street lights, in particular, can be stripped and sold as separate parts. These interventions should therefore be planned carefully with the refugee community, who should be encouraged to take ownership of these technologies.

GOOD PRACTICE IN UGANDA

In close collaboration with community groups, UNHCR partners installed solar lights under the Safe from the Start initiative on pathways and in risk and communal areas in off-grid refugee settlements in Uganda. Solar lights were used to enhance safety and security at night and to reduce incidents of SGBV. Locations for the lights were mapped out in collaboration with the community before installation.

Low-intensity lights were used on paths and roads, while high-intensity lights were used in locations where community gatherings were encouraged. The light poles also served as informal notice boards, where SGBV prevention messages could be posted. Some poles were even equipped with solar mobile phone charging stations. In this way, once dark locations were transformed into bright community gathering spots.

In order to create a sustainable and community-owned system, a small fee was charged for use of the communal charging stations, making them a source of community income. Funds raised were in turn used as a cost-recovery mechanism to clean and maintain the solar street lights and charging stations. The community elected a charging station committee, to manage and oversee the income generated, and established cleaning groups for the lights.

The community was involved in assessing the impact of the solar lights, particularly in reducing risks of SGBV. A recent study showed that 53 per cent of the population reported feeling safer at night.

Among the lessons learned were the following:

- Ensure community involvement, including women and youth, from the beginning.
- Map movement within the community and design lighting to cover convenient and well used pathways in addition to communal areas and areas of risk. This reduces security risk due to movement between lighted gathering places.
- Provide security for solar lights and equipment in order to avoid vandalism and theft.

Hand-out 4

Global Initiatives for Safe Access to Fuel and Energy

UNHCR GLOBAL STRATEGY FOR SAFE ACCESS TO FUEL AND ENERGY (SAFE)

Given the pressing fuel and energy needs of refugees and the cross-sectoral implications of energy poverty, UNHCR launched the SAFE Strategy in March 2014. The strategy provides guidance on addressing energy in a holistic manner, with a view to tailor energy interventions to specific contexts. It also looks at different approaches to energy, including local and innovative technologies; local capacity; strong partnerships; and links with other sectors.

UNHCR has an energy and environment unit at Headquarters that can be contacted for technical guidance on issues related to safe access to fuel, energy and natural resources. Contact: energy@unhcr.org.

HANDBOOK ON SAFE ACCESS TO FIREWOOD AND ALTERNATIVE ENERGY (SAFE), WORLD FOOD PROGRAMME

This resource provides comprehensive SAFE program guidance

https://www.wfp.org/content/wfp-handbook-safe-access-firewood-and-alternative-energy-safe

POOR PEOPLE'S ENERGY OUTLOOK, PRACTICAL ACTION

The NGO Practical Action publishes a yearly report on energy access. This is a source of information on innovative approaches related to energy, which promotes access to energy for all.

http://policy.practicalaction.org/policy-themes/energy/poor-peoples-energy-outlook

THE SAFE STEERING COMMITTEE (FORMER IASC SAFE TASK FORCE)

The SAFE Steering Committee/Humanitarian Working Group is an association of humanitarian organizations addressing the needs of the world's most vulnerable populations. The mission of the SAFE Humanitarian Working Group is to facilitate a more coordinated, timely, and effective response to the fuel and energy needs of crisis-affected populations. Key partners include Women's Refugee Commission (WRC), Global Alliance for Clean Cookstoves, UNHCR, World Food Programme, Food and Agricultural Organization, Mercy Corps and others.

- **SAFE WEBSITE** www.safefuelandenergy.org

Two particularly useful resources provided by the SAFE Humanitarian Working Group are the SAFE Matrix and the SAFE Decision tree.

- **SAFE MATRIX (IASC APRIL 2009):**

This Matrix defines agency roles and responsibilities for developing a coordinated energy strategy and essential activities that must be undertaken. Most of the activities listed in the Matrix are not new to humanitarian response, and, in fact, most of them should already be ongoing in one capacity or another. The added value of the Matrix is that it presents a clear framework for cross-sectoral coordination of fuel-related activities. However, the Matrix does not focus on lighting in the displacement site.

http://www.safefuelandenergy.org/files/IASC%20Task%20Force%20Matrix.pdf

- **THE SAFE DECISION TREE (IASC AUGUST 2009):**

The SAFE Decision Tree presents factors affecting the choice of fuel strategy in specific settings. Note that the SAFE Decision Tree does not focus on lighting in the displacement setting. It was designed with the understanding that there is no single fuel/technology that is universally applicable and that different regions/populations have different needs. With this in mind, the tree is a tool to help humanitarian workers choose the most appropriate fuel strategies for the acute and protracted phases of humanitarian response in individual settings.

http://www.safefuelandenergy.org/files/IASC%20Task%20Force%20Decision%20Tree.pdf

Pre-/Post-test

Module 5:
Safe Access to Fuel and Energy

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. Which of the following statements are true? Select all TRUE statements.
   a) SGBV experts alone have the technical expertise to ensure that a safe fuel and energy strategy is implemented.
   b) The camp coordination and camp management sectors are solely responsible for safe access to fuel and energy.
   c) Safe access to fuel and energy should be addressed by one mandated agency.
   d) Survival sex can be a consequence of lack of safe access to fuel, energy and natural resources
   e) UNHCR has its own strategy on safe access to fuel and energy.
   f) UNHCR envisions having one single fuel or technology that will be universally applicable in all camp contexts.

2. When we speak about fuel, energy and natural resources, to which of the following do we refer? Choose all that apply:
   a) Fuel for heating the home
   b) Fuel for cooking
   c) Water
   d) Firewood for selling to generate income
   e) Fuel to transport humanitarian assistance
   f) Energy for lighting shelters
   g) Lighting of sanitation facilities
   h) Lighting of market places
   i) Wood used for construction shelters
   j) Animal fodder

3. Explain in your own words how improved access to fuel and energy can lead to enhanced safety and economic, educational and social opportunities.

4. Please list a concrete example for each prevention strategy listed below, and explain how it may prevent SGBV:

   - Direct provision of firewood, appropriate and available fuels, or other natural resources

   - Physical protection

   - Fuel-efficient technologies and renewable energy

   - Lighting of communal areas, infrastructures and households

Pre-/Post-test: Answer Sheet

Module 5:
Safe Access to Fuel and Energy

(Correct responses are highlighted in **bold**)

1. True or False? Select all TRUE statements.
   a) SGBV experts alone have the technical expertise to ensure that a safe fuel and energy strategy is implemented.
   b) The camp coordination and camp management sectors are solely responsible for safe access to fuel and energy.
   c) Safe access to fuel and energy should be addressed by one mandated agency.
   d) Survival sex can be a consequence of lack of safe access to fuel, energy and natural resources.
   e) UNHCR has its own strategy on safe access to fuel and energy.
   f) UNHCR envisions having one single fuel or technology that will be universally applicable in all camp contexts.

2. When we speak about fuel, energy and natural resources, to which of the following do we refer? Choose all that apply:
   a) Fuel for heating the home
   b) Fuel for cooking
   c) Water
   d) Firewood for selling to generate income
   e) Fuel to transport humanitarian assistance
   f) Energy for lighting shelters
   g) Lighting of sanitation facilities
   h) Lighting of market places
   i) Wood used for construction shelters
   j) Animal fodder

NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exhaustive; they serve as *examples* of correct answers.

3. Explain in your own words how improved access to fuel and energy can lead to enhanced safety and economic, educational and social opportunities.

   Strategies for safe access to fuel, energy and natural resources can create opportunities for livelihood activities such as producing and selling biomass briquettes or manufacturing fuel efficient stoves. Maintenance of energy technologies can also be a potential livelihood opportunity for refugees if training can be offered. Providing electricity can in turn create safe evening gathering places and opportunities for social activities, as well as for educational and livelihood activities.

4. Please list a concrete example for each prevention strategy listed below, and explain how it may prevent SGBV:

   - Direct provision of firewood, appropriate and available fuels, or other natural resources
   - Physical protection
   - Fuel-efficient technologies and renewable energy
   - Lighting of communal areas, infrastructures and households

   See Hand-out 3: Prevention Strategies for possible answers.

Objectives

- ➔ Identify three forms of SGBV linked to a lack of safe access to fuel, energy and natural resources
- ➔ Describe mitigation strategies
- ➔ Link access to energy to safety *and* economic, educational and social opportunities
- ➔ Identify resources for technical guidance

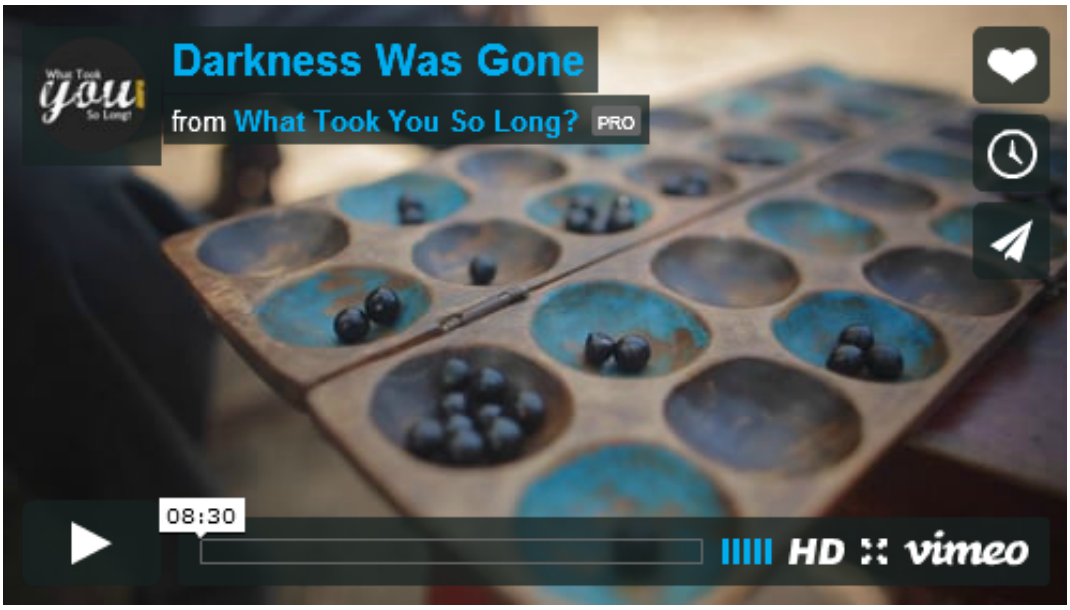
Fuel, Energy and Natural Resources

Fuel	Used for cooking, heating water, lighting and heating the home, and to generate income. Examples of fuel include: firewood, charcoal, briquettes, biofuel and kerosene.
Renewable energy	Include solar, ethanol, electrical, biogas. Provide an alternative to the above fuels. Also used for powering household needs (e.g., radio, TV and mobile phones) and lighting sanitation facilities, main pathways, market places and institutions such as health centres and schools.
Natural resources	Materials from the earth, such as trees and water, used for fuel and energy, construction, animal fodder and more.

Video

https://www.youtube.com/watch?v=EPw_7S7nvnM

Video



http://www.theblot.com/solar-lamps-improving-lives-by-illuminating-rwanda-7728106

Safe Access to Fuel, Energy and Natural Resources

A **multi-sectoral issue** that cannot be wholly addressed by one singularly mandated agency or sector acting alone.

UNHCR's Role

- ➔ Agency mandated for refugee protection
- ➔ Member of the SAFE Steering Committee
- ➔ Protection Actor/Protection Mandate/ Protection Cluster Lead in IDP settings
- ➔ Shelter and CCCM Cluster Lead in IDP settings

Prevention Strategies

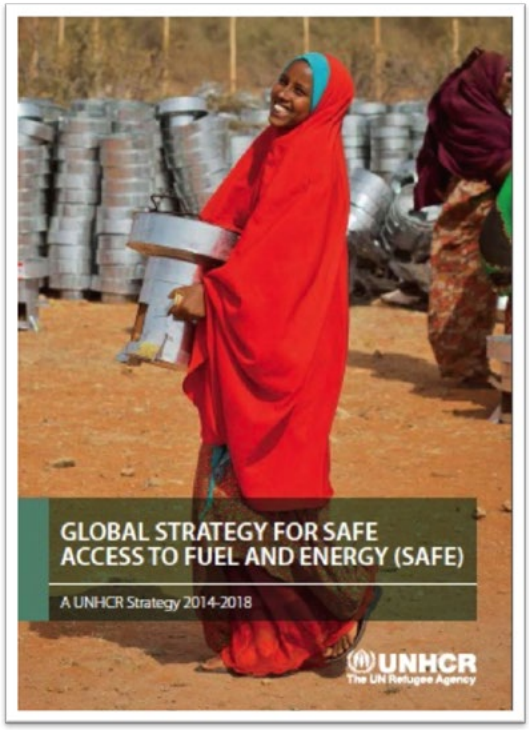
1. **Direct provision** of firewood, appropriate and available fuels, or other natural resources
2. **Protection** including police patrols, advocacy for security around the camps, and mediation with host communities
3. **Fuel-efficient** technologies and **renewable energy**
4. **Lighting** of communal areas, infrastructures and households

Activity

Key Considerations

- ➔ Improved access to energy can lead to enhanced safety *and* **economic, educational** and **social** opportunities
- ➔ **Conduct outreach work** to make sure that participants include those most at risk of SGBV and SGBV survivors
- ➔ **As with all activities: do no harm**! Be cautious not to cause other protection risks, for example, by singling out survivors of SGBV or by creating tensions with host-community members etc.

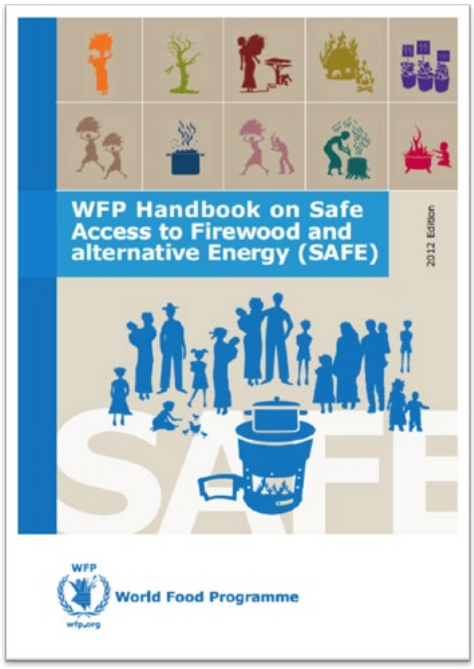
UNHCR guidance

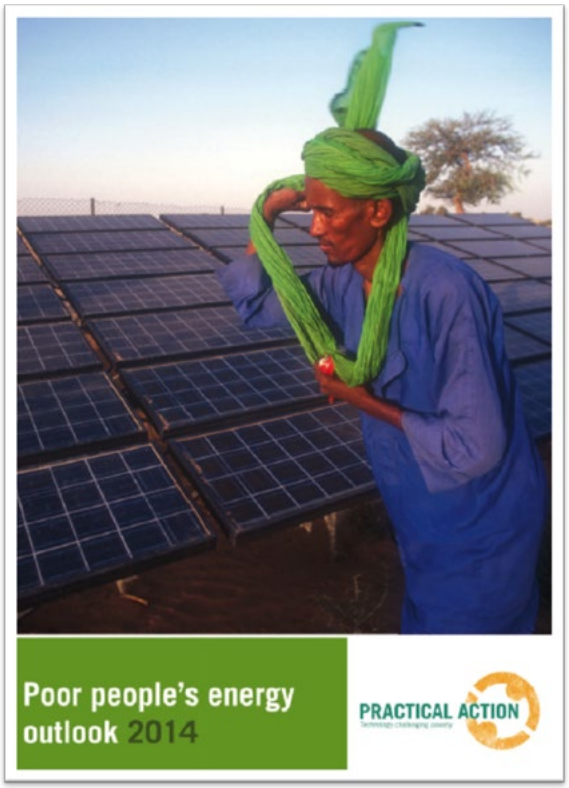


Contact:

energy@unhcr.org

Comprehensive Guidance on SAFE Programming

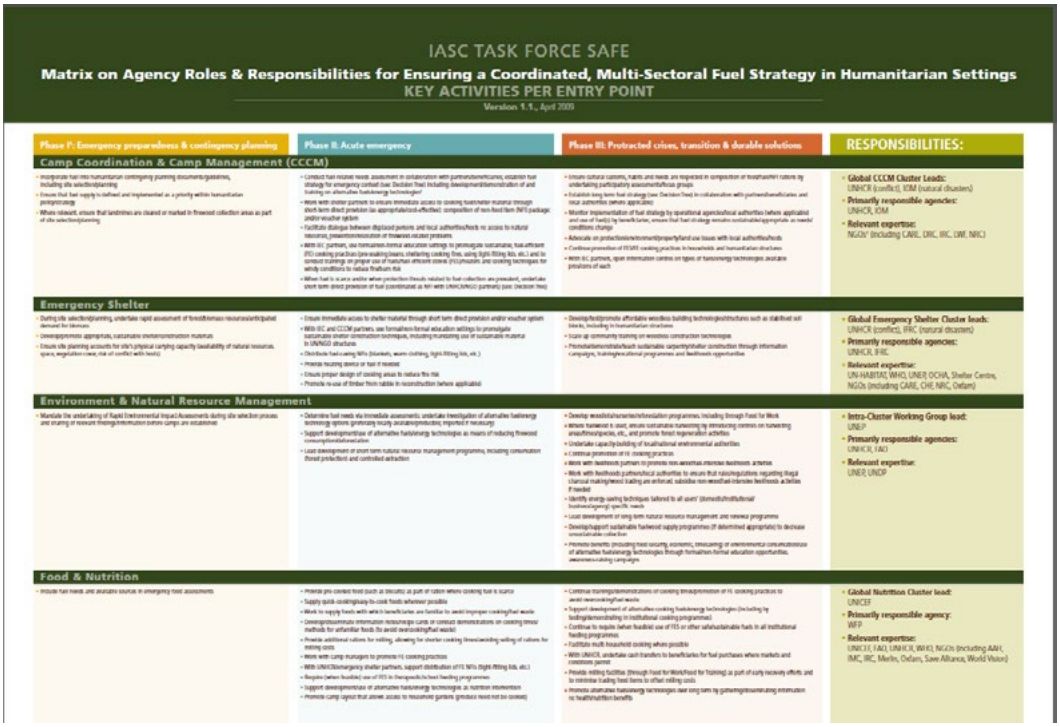




SAFE Steering Committee

- **Matrix** on Agency Roles and Responsibilities for Ensuring a Coordinated, Multi-Sectoral Fuel Strategy in Humanitarian Settings
- **Decision Tree Diagrams** on Factors Affecting Choice of Fuel Strategy in Humanitarian Settings
- **SAFE Website** www.safefuelandenergy.org

Matrix



IASC TASK FORCE SAFE

Matrix on Agency Roles & Responsibilities for Ensuring a Coordinated, Multi-Sectoral Fuel Strategy in Humanitarian Settings

KEY ACTIVITIES PER ENTRY POINT

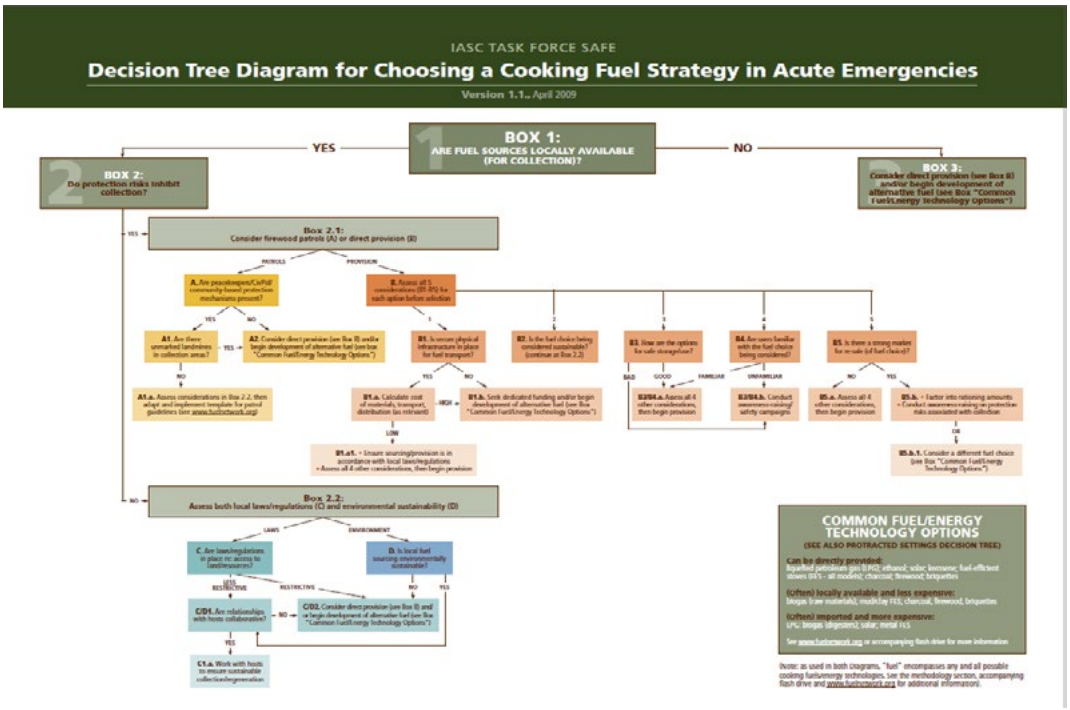
Version 1.1., April 2009

Phase I: Emergency preparedness & contingency planning	Phase II: Acute emergency	Phase III: Protracted crises, transition & durable solutions	RESPONSIBILITIES:
Camp Coordination & Camp Management (CCCM)			
Emergency Shelter			
Environment & Natural Resource Management			
Food & Nutrition			

Matrix on Agency Roles and Responsibilities

- ➔ Divided between eight issue areas
- ➔ Presents the key fuel-related activities (per issue area) that must occur in the contingency planning, acute emergency and protracted phases of response
- ➔ Outlines which agencies are responsible for ensuring that activities are undertaken

Decision Tree



Decision Tree

- ➔ Presents factors affecting choice of fuel strategy in specific settings
- ➔ No single fuel/technology is universally applicable: different regions/populations have different needs
- ➔ Divided into acute and protracted phases: availability/sustainability of certain choices change over time

MODULE 6
Multi-sectoral Response to SGBV

MODULE OUTLINE

Session 1	The consequences of SGBV	50 minutes	1
Session 2	Promoting recovery and resilience	70 minutes	2
Session 3	Minimum response services	120 minutes	3
Session 4	Coordinating the response and taking action	45 minutes	4

TIMING:

4 hours and 50 minutes

SUMMARY

This module focuses on the roles, responsibilities and accountabilities of the different actors involved in supporting survivors of SGBV. Participants will identify the many consequences of SGBV for survivors, their families and communities, and what can be done to address these. Participants will explore the Guiding Principles that all actors engaging with survivors should abide by, and how these can be implemented.

LEARNING OBJECTIVES

By the end of this module, participants should be able to:

- ✓ Identify the consequences of sexual and gender-based violence for an individual, and describe the impact on the family, the community and the society
- ✓ List factors that promote survivor recovery
- ✓ Explain why SGBV is under-reported
- ✓ Identify the minimum response services that must be available to respond to the needs of survivors
- ✓ Explain what is meant by a referral pathway
- ✓ Describe the Guiding Principles for engaging with survivors of SGBV and list concrete steps that service providers and other stakeholders can take to abide by these principles

KEY MESSAGES

- → SGBV has a wide range of consequences that impact a survivor, their family, community and society. Some consequences are visible, but many are hidden, go unrecognized or may manifest long after an incident.
- → A survivor may experience one or more SGBV incidents or may be repeatedly/chronically exposed to SGBV.
- → The consequences of SGBV depend on the type of SGBV suffered, the context in which it happened, how UNHCR and partners respond, and other protective factors, such as the presence of close support networks and the community's reaction.
- → *Response* refers to the provision of services and support to survivors to reduce the consequences of SGBV, to protect from and prevent further harm, and to promote recovery.
- → Stigma and fear of rejection by family, community and society are among the major causes for not reporting SGBV incidents.
- → Socio-economic empowerment, psychosocial support, legal aid and health care may not be enough to facilitate recovery. Promoting a supportive community environment is also essential.
- → No single actor can address all aspects of SGBV response.
- → A clear referral pathway must be established in each operation to enable survivors to seek and receive assistance in a timely manner.
- → To avoid further harm, all actors engaged in supporting survivors need to comply with the Guiding Principles.
- → Clarifying rules and procedures for inter-agency SGBV information sharing in an information sharing protocol will help ensure ethical and safety guidelines are met.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector, post-its, laptop

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Case Study
- Activity Sheet 2: Minimum Response Services for Survivors of SGBV
- Activity Sheet 3: The Guiding Principles Statements
- Activity Sheet 4: The Response Web *(only the facilitator will require a copy)*

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Consequences of Common Types of SGBV
- Hand-out 2: Responding to SGBV
- Hand-out 3: Protective Factors and Resilience
- Hand-out 4: Minimum Response Services for Survivors of SGBV
- Hand-out 5: Steps We Can Take to Follow the Guiding Principles
- Hand-out 6: Mobilizing Community Support

OTHER:

- Prepare five flip-chart pages, each listing a common type of SGBV in displacement settings: 1) Rape, 2) Domestic violence, 3) FGM/C, 4) Child marriage, 5) Survival sex. *Note: These can be adapted to the country context.*
- Prepare five signs, each listing one of the factors promoting recovery: 1) Survivor characteristics, 2) Access to support services for survivors, 3) Supportive environment, 4) Basic needs, 5) Social, socio-economic or educational activities
- Ball of string and 12 name tags (see Activity Sheet 4: The Response Web)

UNHCR READING MATERIALS AND RESOURCES

- → *Handbook for the Protection of Women and Girls*, 2008.
- → *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response*, 2003.
- → *Clinical Management of Survivors of Rape. A Guide to the Development of Protocols for Use in Refugee and Internally Displaced Person Situations,* United Nations World Health Organization (WHO) and UNHCR, 2005.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 6: Responding to SGBV has been produced for educational purposes only in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

- → *Caring for Survivors of Sexual Violence in Emergencies*, Inter-Agency Standing Committee (IASC), 2010.
- → *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit,* The International Rescue Committee, 2014.
- → *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery*, IASC, 2015.
- → *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, Global Protection Cluster (GPC), 2010.
- → *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, United Nations Population Fund (UNFPA), 2012.
- → *Meeting the Sexual and Reproductive Health Needs and Rights of Survivors of Gender Based Violence: A Good Practice Training Module for Health Care Professionals*, International Planned Parenthood Federation, 2007.
- → *Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: Principles and Interventions*, WHO, 2012.
- → *Training Manual Facilitator's Guide: Multisectoral & Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict*, JSI Research & Training Institute/ RHRC Consortium, 2004.
- → *Women, Girls, Boys and Men: Different Needs - Equal Opportunities. Gender Handbook in Humanitarian Action*, IASC, 2006.

SESSION 1: The Consequences of SGBV

50 minutes

LEARNING OBJECTIVES

✓ Identify the consequences of sexual and gender-based violence for an individual, and describe the impact on the family, the community and the society

KEY MESSAGES

→ SGBV has a wide range of consequences that impact a survivor, their family, community and society. Some are visible, but many are hidden, go unrecognized, or may manifest long after an incident.

→ A survivor may experience one or more SGBV incidents, or may be repeatedly/chronically exposed to SGBV.

→ The consequences of SGBV depend on the type of SGBV suffered, the context in which it happened, how UNHCR and partners respond, and other protective factors, such as the presence of close support networks and the community's reaction.

PREPARATION

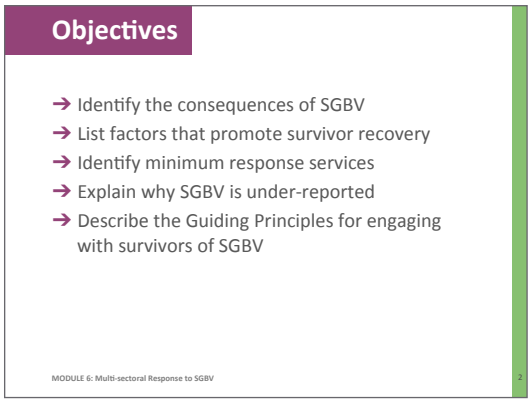
- Hand-out 1: Consequences of Common Types of SGBV
- Five flip-chart pages, to be posted on the wall, each listing a common type of SGBV in displacement settings: 1) Rape, 2) Domestic violence, 3) FGM/C, 4) Child marriage, 5) Survival sex.

  Note: These can be adapted to the country context.

Consequences of common types of SGBV

GROUP ACTIVITY (50 MINUTES)

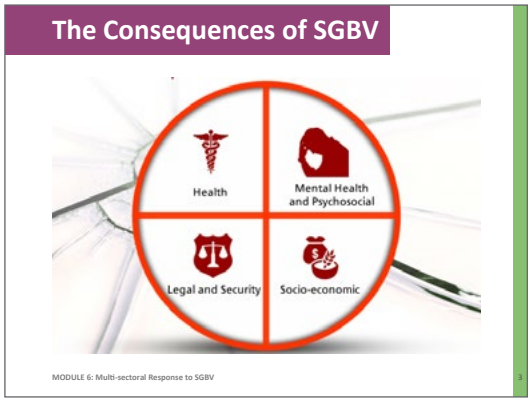
1. Using the Notes to the facilitator below, explain the purpose of this training session.



NOTES TO THE FACILITATOR:

At the end of this training session participants should be able to:

- *Identify the consequences of sexual and gender-based violence for an individual, and describe the impact on the family, community and society*
- *List factors that promote survivor recovery*
- *Identify the minimum response services that must be available to respond to the needs of survivors*
- *Explain why SGBV is under-reported*
- *Describe the Guiding Principles for engaging with survivors of SGBV and list concrete steps that service providers and other stakeholders can take to abide by these principles*



2. Explain that acts of SGBV have serious and sometimes life-threatening consequences for survivors that can be direct or indirect, immediate or manifested in the long term, or all of the above. SGBV also impacts survivors' families, communities and even entire societies. The consequences of SGBV can largely be grouped into four main areas:
   - Health
   - Psycho-social
   - Legal and Security
   - Socio-economic.

3. Post on the wall the five flip-chart pages which list five common types of SGBV in displacement settings. *Note: These can be adapted to the country context.*
   1. Rape
   2. Domestic violence
   3. FGM/C
   4. Child marriage
   5. Survival sex

4. Divide the group into five smaller groups. Give groups 15 minutes to write on post-its the possible consequences of the type of SGBV assigned to them. Be sure the groups think in terms of all four categories of consequences (use a different colour post-it or marker for each category).

5. When finished, have participants walk around to read the work done by all groups. As you review the work, share important observations, ask for clarifications and highlight those consequences not mentioned by participants. Use Notes for the facilitator below and Hand-out 1: Consequences of Common Types of SGBV.

6. It is likely that most consequences highlighted refer to the survivors and their relationship with others. Ask how sexual violence and other forms of SGBV impact communities? And the wider society?

NOTES TO THE FACILITATOR:

Consequences of SGBV

- *A wide range of consequences affects survivors and their families. Some consequences are clearly visible,* ***others are more hidden****.*
- *Some consequences only* ***manifest long after an initial incident****.*
- *The consequences of SGBV depend on the type of SGBV suffered, the context in which it happened, how and if UNHCR and other actors respond, and other protective factors, such as the presence of close support networks and the community's reaction.*
- *Examples of the* ***impact of SGBV on communities****:*
  - *Climate of fear, including fear of retaliation if SGBV is reported*
  - *Sense of powerlessness*
  - *Victim shaming, marginalization*
  - *Acceptance of (sexual) violence as the norm*
- *SGBV can also affect entire* ***societies****. If large groups in society are discriminated against or are subjected to violence, important social and economic capacity and productivity diminishes. In addition, the support required by survivors in terms of legal, medical and psychosocial services comes at a financial cost to society. High levels of sexual violence may also affect future generations' norms/views vis-à-vis relationships and sexuality.*

Some important comments with regards to ***mental health/psychosocial consequences****: Mental health consequences to SGBV range from distress to anger, self-blame, and feelings of isolation.* ***Note that these are normal reactions to an abnormal situation.***

In most cases, the reactions to extreme distress will decrease over time, without outside intervention. For some survivors, however, the emotional, physical, cognitive and behavioural effects may continue for months and even years, and may manifest in a range of psychological problems, including depression, post-traumatic stress disorder (PTSD), anxiety disorders, suicidal thinking and other forms of self-harm (IRC, 2014).

Note: Even though it is technically correct, some who work with survivors prefer to avoid using the term mental health***, which they argue pathologizes normal reactions, preferring instead*** emotional wellbeing.

---

7. Distribute Hand-out 1: Consequences of Common Types of SGBV.

SESSION 2: Promoting Recovery and Resilience

70 minutes

LEARNING OBJECTIVES

- ✓ List factors that promote survivor recovery
- ✓ Explain why SGBV is under-reported

KEY MESSAGES

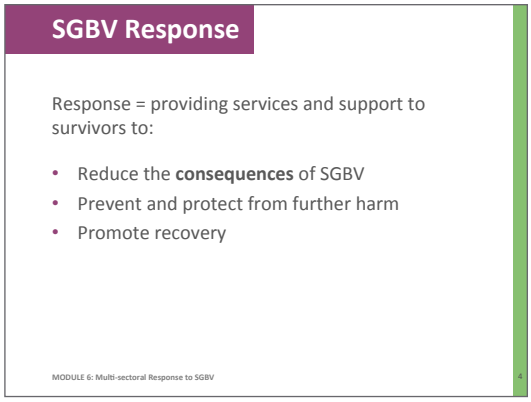
- → *Response* refers to the provision of services and support to survivors to reduce the consequences of SGBV, to protect from and prevent further harm, and to promote recovery.
- → Stigma and fear of rejection by family, community and society are among the major causes for not reporting SGBV incidents.

PREPARATION

- Activity Sheet 1: Case Study
- Hand-out 2: Responding to SGBV
- Hand-out 3: Protective Factors and Resilience
- Five signs to be posted on the wall, each listing one of the factors promoting recovery: 1) Survivor characteristics, 2) Access to support services for survivors, 3) Supportive environment 4) Basic needs 5) Social, socio-economic or educational activities

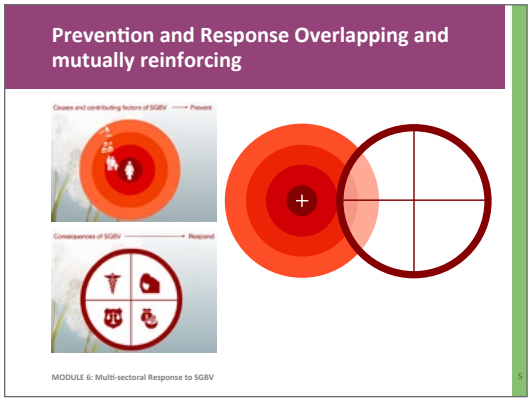
Promoting recovery and resilience

GROUP ACTIVITY AND DISCUSSION (70 MINUTES)



1. Remind participants that a successful response reduces the harmful consequences of SGBV, protects from and prevents further harm, and promotes recovery.

2. Highlight where *response* fits into UNHCR's model for addressing SGBV by showing the presentation slide. Point out that prevention and response activities intersect. One cannot be done without the other. Ask participants for an example of the linkage between prevention and response.



NOTES TO THE FACILITATOR:

Prevention and Response

Response → Prevention: The way we respond today to SGBV will impact the protection environment in the long term and help prevent SGBV in the future. For example, providing legal aid to survivors – a response activity – may in the long run help reduce impunity and contribute to the prevention of SGBV.

Prevention → Response: If communities and actors engage in SGBV prevention work, it will likely lead to some survivors coming forward to report incidents of SGBV and seek assistance.

3. Distribute Activity Sheet 1: Case Study. Ask participants to move into the same groups as for the previous exercise. Groups have 20 minutes to read the case study and discuss their feedback to the three questions.

4. Invite one group to share the **health** and **psychosocial** consequences they identified, and another group to share the **legal and security** and **socio-economic** consequences.

NOTES TO THE FACILITATOR:

Feedback for question 1

- *Health consequences for Lydia: She experienced an unwanted pregnancy. Her abdominal pains may indicate that she suffers from an STI or other reproductive health issue.*
- *Mental health/psychosocial: Lydia seems to have flashbacks from the rape. This could be a sign of post-traumatic stress disorder. Lydia seems to blame herself for the incident and for not seeking help. She lives in constant fear; fear of running into the perpetrators again, fear of retaliation, fear of the possible consequences for her daughter, and fear of how people in the community might react if they found out what had happened.*
- *Psychosocial consequences: Lydia's father rejects her and her baby.*
- *Legal and security-related consequences: in Lydia's country, a child whose father is unknown cannot be registered at birth. Further, Lydia fears that she may still be at risk as the whereabouts of the perpetrator are unknown.*
- *Socio-economic consequences: Lydia gave up her dream to become lawyer. Lydia's daughter was not registered at birth, which may affect her chances to go to school when she is older.*

5. Invite a third group to share their thoughts in relation to the second question: What prevents Lydia from seeking help? Ask the remaining groups to complement their answers with any missing information.

NOTES TO THE FACILITATOR:

Feedback for question 2

Lydia is afraid of further stigmatization, and fears for her safety should information about what happened to her become known.

The response by UNHCR and service providers prevented her from seeking help.

- *Lydia seemed either not to trust the registration assistant or at least was not comfortable with him because he was male.*
- *There was no privacy at the registration centre.*
- *She was dismissed quickly by the nurse at the clinic when she was about to disclose the violence.*
- *Lydia did not seem to be aware of available services at the clinic; perhaps there was a trained focal point for complaints related to sexual violence that she did not know about.*

6. Emphasize that social stigma is a very common reason for survivors not to report SGBV or seek help. Ask participants to describe what the stigmatization for Lydia might look like.

7. Ask participants what other factors might deter survivors from disclosing violence and use the Notes to the facilitator to complement their responses. Then show the slide.

NOTES TO THE FACILITATOR:

SGBV is under-reported. Assume it is occurring.

SGBV is always under-reported. We should assume SGBV is taking place, regardless of the availability of concrete data or the number of reported incidents. There are several reasons why survivors do not report violence or seek assistance:

- *Social stigma and related factors such as family rejection, social exclusion, and a fear of losing socio-economic opportunities and support. Negative attitudes towards survivors may result in feelings of shame and self-blame.*
- *Fear for their own safety, for example, due to retaliation by the perpetrator or community members*
- *Lack of quality services, lack of trust in services or authority, or no knowledge of available services*
- *Cultural acceptance of certain forms of violence, for example, in countries where child marriage, domestic violence or male rape is not criminalized*

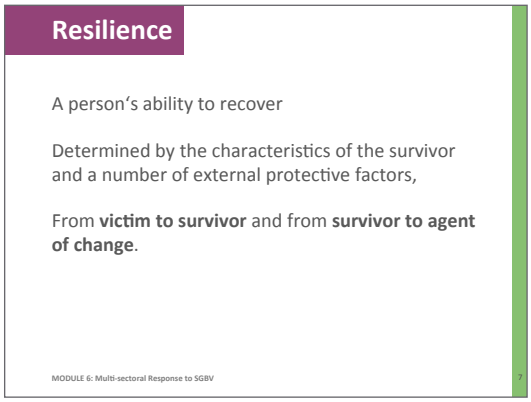
8. Ask participants in groups four and five to list factors that could potentially reduce the harmful consequences of SGBV, prevent further harm and promote recovery for Lydia.

NOTES TO THE FACILITATOR:

Feedback for question 3

Potential factors that could support Lydia and prevent further harm include: having a support network, speaking to a family member about her feelings, resuming her studies, knowing there are others in the community who have also experienced traumatic events, being able to register her daughter, living in a safe environment, enrolling in a skills-training programme and having access to confidential services run by trained staff, including health and psychosocial support services, as well as legal advice if she so desires.

9. Explain the concept of resilience. See Notes to the facilitator below.



NOTES TO THE FACILITATOR:

Resilience

***Resilience** refers to a person's ability to overcome difficulties and adapt to change. It is determined by the characteristics of the survivor and a number of external **protective factors**, such as having a supportive network. Our resilience helps us to overcome difficult situations. It is the capacity to manage oneself when faced with difficult circumstances, to recover or rebound (IRC, 2014).*

The concept of resilience emphasizes the ability to recover, but also suggests the survivor's ability to move beyond recovery, emphasizing a process of personal growth: from victim to survivor and from survivor to agent of change.

10. Ask all participants to take a moment to think of a survivor of SGBV (without mentioning names) whom they know from their work or their personal lives. What do they think has helped this person deal with their experience? Ask them to summarize this in a few words on post-its. Put the signs with the five categories of factors that promote recovery and resilience on the wall. Then ask participants to stick their post-its under the category that best describes what they have written.
    1. Survivor characteristics
    2. Access to support services for survivors
    3. Supportive environment
    4. Basic needs
    5. Social, socio-economic or educational activities

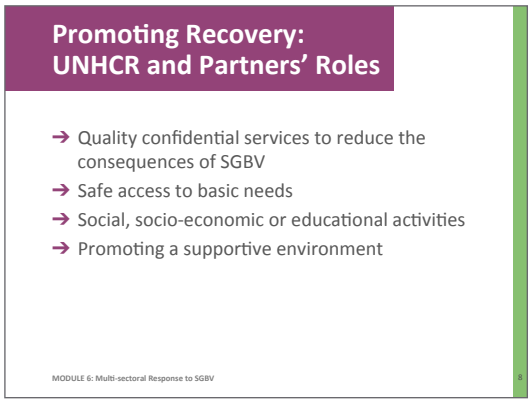
11. Summarize and ask participants for other protective factors that promote recovery and resilience that are not displayed. Add these to the lists.

NOTES TO THE FACILITATOR:

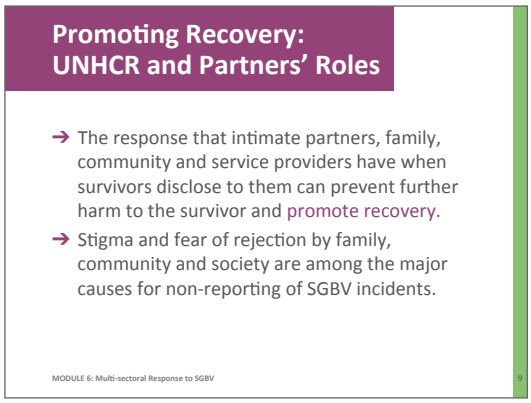
- *Examples of factors that promote resilience*
- *Having positive relationships with family and friends*
- *Being able to access support*
- *Having basic needs met (such as food, shelter, safety, physical health)*
- *Feeling connected to family, community, culture*
- *Having a sense of spirituality or spiritual belief*
- *Being engaged in positive social activities*
- *Having access to education or livelihood activities*
- *Having someone whom one can trust*
- *Having a sense of safety and stability*
- *Peer support of other survivors*

---

12. Distribute Hand-out 2: Responding to SGBV and Hand-out 3: Protective Factors and Resilience. Give participants 5 minutes to read Hand-out 3, then respond to any questions they may have.



13. Using the animated slide highlight UNHCR and partners' role in promoting recovery:
    - Providing access to quality, reliable and confidential services to reduce the consequences of SGBV
    - Providing safe access to basic needs
    - Access to social, socio-economic or educational activities
    - Promoting a supportive environment.



14. Emphasize that the last point is an important and challenging issue. Stigma and fear of rejection by family, community and society are among the major causes for non-reporting of SGBV incidents. The response that intimate partners, family, community and service providers have when survivors disclose to them can potentially prevent any further harm to the survivor and promote recovery. What UNHCR can do to promote a supportive environment is discussed later in this module.

SESSION 3: Minimum Response Services

120 minutes

LEARNING OBJECTIVES

- ✓ Identify the minimum response services that must be available to respond to the needs of survivors
- ✓ Describe the Guiding Principles for engaging with survivors of SGBV and list concrete steps that service providers and other stakeholders can take to abide by these principles

KEY MESSAGES

- → Socio-economic empowerment, psychosocial support, legal aid and health care may not be enough to facilitate recovery. Promoting a supportive community environment is also essential.
- → To avoid further harm, all actors engaged in supporting survivors need to comply with the Guiding Principles.

PREPARATION

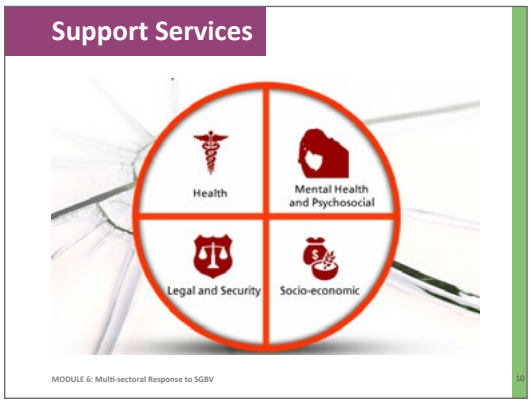
- Activity Sheet 2: Minimum Response Services for Survivors of SGBV
- Activity Sheet 3: The Guiding Principles Statements
- Hand-out 4: Minimum Response Services for Survivors of SGBV
- Hand-out 5: Steps We Can Take to Follow the Guiding Principles.
- Hand-out 6: Mobilizing Community Support
- Space on the floor to accommodate two flip-chart pages

Minimum response services

GROUP ACTIVITY, PART 1 (60 MINUTES)

1. Explain that we will now explore the provision of minimum response services. Ask the group what kinds of **services** or **support** a survivor might need in order to reduce harmful consequences and to reduce further harm. While participants provide their responses, divide a flip-chart page into four areas under the following headings:
   - Health
   - Mental and psychosocial health
   - Legal and Security
   - Socio-economic

   Add a few key words under each heading.



2. Ask participants to split into four groups and assign each group one of the four response services as outlined on Activity Sheet 2: Minimum Response Services for Survivors of SGBV. Explain to participants that examples should be general, i.e., they do not have to come from their own operation. Give groups 20 minutes to discuss part 1 of this activity and to prepare a 5-minute presentation. Explain that they will complete part 1 and then discuss as a group before proceeding to part 2.

NOTES TO THE FACILITATOR:

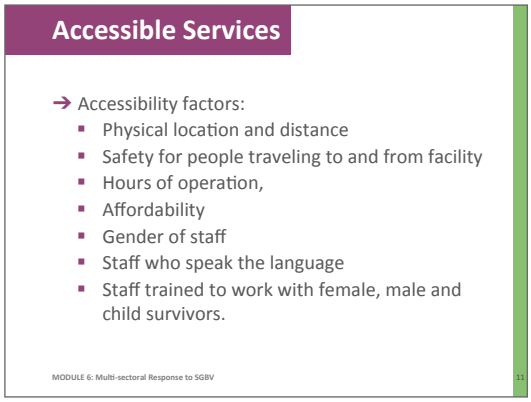
A note on the four categories of response services or support

Legal and Security *are considered separate categories but are grouped together as they are closely linked.*

Socio-economic support *is a separate category because many types of SGBV have a significant and sometimes devastating impact on survivors' socio-economic situation. (Note that this is sometimes grouped in the* ***psychosocial*** *category).*

---

3. Using Hand-out 4: Minimum Response Services for Survivors of SGBV, discuss, clarify, and complement the presentations to ensure all response services areas have been well covered. Once all groups have presented, distribute Hand-out 4.



4. Emphasize that not all survivors need or want all types of support. Our duty is to identify and provide *quality* services that are *accessible*. Ask participants their understanding of *accessible services* and explain using the presentation slide and the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Accessible services

Accessibility of services *relates to more than just the physical location of facilities, accessibility for persons with disabilities and the distance that people seeking service must travel (often by foot) to arrive at a clinic or police station. It also includes safety for people travelling to and from a facility and hazards they may face on the way, the affordability of services, the hours of operation, the gender of staff, and the availability of staff who can both speak the same language as the survivor and who have been trained in working with female and male survivors. The absence of female staff might render certain services inaccessible to some survivors. Child survivors have unique needs and staff need to be child-sensitive and trained appropriately. In addition, if services are available, community members must be* aware *of the services and how to access them.*

---

5. Ask participants how they would rate on a scale from 0-10 the accessibility for each category of services (health, mental health and psychosocial, legal and security, and socio-economic services) in their operations. You can have participants write down a number and hold it up for everyone to see. Allow discussion to take place.

6. Ask participants what in their view are *quality* services. Then show the slide. *(Note that the slide is animated so that the four approaches appear one by one.)* For each approach, mention one example referring back to participants' responses to the question. Use the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Quality services

Quality of services *refers to the availability of supplies and commodities, for example in health clinics or in livelihood programmes, as well as the competence of service providers and their adherence to the approaches discussed in Module 2: Key Approaches for Addressing SGBV.*

- ***Survivor-centred:*** *The survivor-centred approach recognizes that each person is unique, reacts differently to SGBV, and has different needs. It promotes respect of the survivor's rights by placing them at the centre of the support system. In adopting a survivor-centred approach, we need to abide by the four Guiding Principles, which are the topic of the second part of the activity. Staff must treat all survivors with dignity and respect. We need to respect decisions of the survivor. Services must be confidential, safe and offered without discrimination.*
- ***Age, gender and diversity sensitive:*** *Support services should be appropriate for both female and male survivors' needs as well as age-appropriate to ensure they are accessible to children, adolescents, adults and elderly persons.*
- ***Rights-based approach:*** *Service providers must treat survivors as rights holders entitled to make their own choices and able to exercise control and choice with regard to how their situations should be addressed.*
- ***Community-based approach:*** *Services need to be culturally appropriate and should be planned, designed, implemented and monitored with the involvement of persons of concern. Where possible and appropriate, services need to be integrated into existing community initiatives.*

Adopting these approaches requires staff at all levels to be trained. If service providers are not properly trained, a survivor who approaches for help might face more problems and is likely to experience further trauma and harm.

The Guiding Principles

OPTIONAL ACTIVITY (30 MINUTES)

7. Please note that the second part of the group work (Implementing the Guiding Principles) assumes participants have gone through Module 2: Key Approaches for Addressing SGBV and are therefore familiar with the Guiding Principles. If participants have not attended this training session or if learning needs to be reinforced, it is recommended to first do the activity described in Activity Sheet 3: The Guiding Principles Statements before proceeding to the next part of the group work.

   When finalized, distribute the Activity Sheet to all participants.

Implementing the Guiding Principles

GROUP ACTIVITY, PART 2 (30 MINUTES)

8. Continue the group work. Allocate 15 minutes for participants to complete part 2 of Activity Sheet 2: Minimum Response Services for Survivors of SGBV. Emphasize listing *concrete* examples of how to implement each Guiding Principle.

9. Ask each group to list one or two concrete examples for each Guiding Principle. Write key words on a flip chart. Distribute Hand-out 5: Steps We Can Take to Follow the Guiding Principles.

The role of the community in supporting survivors

GROUP ACTIVITY AND DISCUSSION (30 MINUTES)

10. Ask participants to stand or sit in a circle and put a large sheet of paper (or two flip-chart pages attached together) on the floor. *(If participants are not all from the same operation, adapt the exercise and conduct it in smaller groups.)*

11. Ask participants to roughly map out the community in which they work. They should draw roads and significant reference points such as market places, health care centres, schools, religious areas, sports areas, local associations, bars, etc.

12. Invite volunteers to use coloured post-its and markers to point out where a survivor can get help, using different colours for different services. Emphasize that in addition to more official service providers, this can also include community actors such as community groups, child protection committees, teachers, religious leaders, youth groups, etc.

13. Ask participants to mark with an asterisk where they think a survivor can access good quality care.

14. Then facilitate the following discussion:
    - → What are the gaps? Why do they exist?
    - → What obstacles do survivors face in accessing quality services in your operation? Is there a lack of information about services, female staff or staff speaking the same language as persons of concern? A lack of community involvement or confidentiality? Is there fear of being stigmatized or of retaliation? Are distances prohibitively long?
    - → What is the (potential) role of community actors in supporting survivors and enhancing access to services? Do these community initiatives comply with the Guiding Principles?
    - → What is needed to create a supportive environment for survivors?
    - → How can we promote supportive attitudes towards survivors within the community? Use Hand-out 6: Mobilizing Community Support to guide the discussion.

15. Distribute Hand-out 6: Mobilizing Community Support.

SESSION 4: Coordinating the response and taking action

45 minutes

LEARNING OBJECTIVES

- ✓ Explain what is meant by a referral pathway

KEY MESSAGES

- → No single actor can address all aspects of SGBV response.
- → A clear referral pathway must be established in each operation (and possibly each camp/location, if availability of services differ) to enable survivors to seek and receive assistance in a timely manner.
- → Clarifying rules and procedures for inter-agency SGBV information sharing in an information sharing protocol will help ensure ethical and safety guidelines are met.

PREPARATION

- Activity Sheet 4: The Response Web *(only the facilitator will require a copy)*
- Ball of string and 12 name tags (see Activity Sheet 4)

Coordinating the response

GROUP ACTIVITY AND DISCUSSION (30 MINUTES)

1. Conduct the activity on Activity Sheet 4: The Response Web.

2. Once the activity is completed, highlight that this exercise shows how all four sectors complement one another. If Samira would like to file criminal charges against her husband, it requires a proper police investigation and a medical examination. Samira may require legal assistance to help her understand the processes and to advocate for her rights. For her to endure the process, she will need to be physically and mentally strong and may benefit from psychosocial support. If she decides to leave her husband, she will need economic independence, which requires her to have access to basic services and livelihood opportunities.

3. Recall the multi-sectoral model, which recognizes that no single actor can address all aspects of SGBV prevention and response. The model calls for inter-agency efforts that promote the participation of persons of concern as well as cooperation and coordination across agencies and sectors.

4. In the scenario, the social worker shared detailed case information with the protection officer, without Samira and her mother's consent. Use the Notes to the facilitator to explain the importance of ethical and safe information sharing.

NOTES TO THE FACILITATOR:

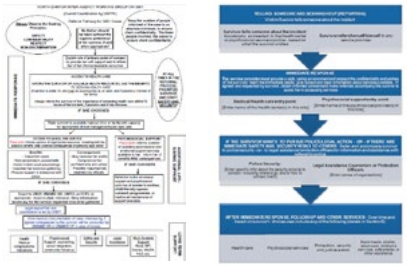
Ethical and safe information sharing

Individual level SGBV information should be treated as strictly confidential at all times, and case details should only be shared on a need to know basis*, i.e., with those service providers who are directly involved in the case's management* and with the explicit approval of the survivor.

Note: The survivor must grant consent even for sharing non-identifying *information between agencies, for the purpose of information management.*

Clarifying rules and procedures for inter-agency SGBV information sharing in an information sharing protocol will help avoid misunderstandings around data sharing and ensure ethical and safety guidelines are met.

Sample Referral Pathways



Source: Global Protection Cluster, *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, 2010

MODULE 6: Multi-sectoral Response to SGBV

13

5. Highlight the importance of developing a *help-seeking and referral pathway* when various service providers and other actors are involved in the response. Ask participants if they have any experience establishing a referral pathway in their operation. How was the community engaged in that process? If available, show an example of the referral pathway in the operation where participants work. Otherwise show the example on the slide.

NOTES TO THE FACILITATOR:

The referral pathway

The ***referral pathway*** *links survivors to various services such as medical care, mental health and psychosocial support, socio-economic support, legal assistance and security actors. The referral pathway starts with an SGBV survivor telling someone about their experience. This is the so-called entry point where an SGBV survivor can be identified and future referrals and follow-up can be established. A few important points:*

- *Reporting may not always take place through a designated entry point, but could take place during refugee status determination interviews, the registration interview or resettlement interviews.*
- *It is important to note that the referral pathway is not a linear path; that is, it is not essential for a survivor to have seen a particular service before accessing another. For example, it is not essential that they report to police before seeing a health provider. Referral pathways are to communicate the range of services available for the survivor to choose. Thus, they are often diagrammed in a star formation, with the survivor at the centre.*
- *The community plays a key role as an entry point to SGBV support services. Involving the community, including men and boys, in establishing the referral pathway and identifying entry points, will raise awareness and help survivors access services.*

6. Refer to Handbook for *Coordination Gender-based Violence Interventions in Humanitarian Settings* (2010) for more guidance on coordination SGBV prevention and response.

7. Explain that understanding and responding to the needs of survivors requires a systematic process of undertaking a holistic assessment of an individual survivor's needs, providing information, making referrals, and following-up. These are steps of the **case-management process**. Addressing case management does not fall within the scope of this training session, but training materials are available elsewhere.

   Note to facilitator: please see the Introduction to this training guide for reference to training material on this topic.

Wrap-up

(20 MINUTES)

8. Ask participants to reflect on how they can apply what they have learned today in their own work. Ask participants to organize themselves in a way that makes sense to their daily work. For example, have participants from the same operation or organization sit together and ask them to write down some ideas on how response practices can be adjusted or expanded in the context in which they work.

   Note: depending on the time available, you can allocate as much time to this activity as deemed appropriate. Otherwise, reconvene the group after 15 minutes and ask each group to share some of their reflections in plenary.

9. Address any unanswered questions and sum up with the key messages for the module.

REFERENCES:

Global Protection Cluster (GPC), *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, 2010, available at: http://www.refworld.org/docid/52146d634.html

Inter-Agency Standing Committee (IASC), *Caring for Survivors of Sexual Violence in Emergencies*, 2010, available at: http://goo.gl/LN6ONm

IASC, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery*, 2015, available at: http://gbvguidelines.org/

IASC, *Women, Girls, Boys and Men: Different Needs – Equal Opportunities. IASC Gender Handbook in Humanitarian Action*, 2006, available at: http://www.refworld.org/docid/46978c842.html

International Planned Parenthood Federation, *Meeting the Sexual and Reproductive Health Needs and Rights of Survivors of Gender Based Violence: A Good Practice Training Module for Health Care Professionals*, 2007, available at: http://goo.gl/tg9j4u

The International Rescue Committee (IRC), *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit*, 2014, available at: http://goo.gl/IeoRrT

UN High Commissioner for Refugees (UNHCR), *UNHCR Handbook for the Protection of Women and Girls*, 2008, available at: http://www.refworld.org/docid/47cfc2962.html

United Nations Population Fund (UNFPA), *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, 2012, available at: http://goo.gl/UBkVtu

UN World Health Organization (WHO) and UNHCR, *Clinical Management of Survivors of Rape. A Guide to the Development of Protocols for Use in Refugee and Internally Displaced Person Situations*, 2005, available at: http://www.refworld.org/docid/403b79a07.html

Vann, Beth, *Training Manual Facilitator's Guide: Multisectoral & Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict*, JSI Research & Training Institute/ RHRC Consortium, 2004, available at: http://goo.gl/WqPDT1

WHO, *Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: Principles and Interventions*, 2012, available at: http://goo.gl/6bndXN

Activity Sheet 1

20 minutes

Case Study

LYDIA'S STORY

There were three men. They abducted me and my brother when we were on our way to university. They took us to a house somewhere out of town. They locked me up in a room where we stayed for some time. I don't remember exactly how long, but it seemed to last forever. They raped me many times, in front of my brother, one man after the other.

When I recall their smell or their faces, I feel like throwing up. I am still so scared that one day I will have to face them again. Who knows if they have fled to the same country where I am now?

It was only by chance that we escaped when a bomb exploded near the house. My brother and I agreed to tell no one what had happened. If people find out, what will happen to us? However, when my pregnancy started to show, I was forced to tell my parents. I don't think they will tell anyone else, but until this day, my father hardly speaks to me or my daughter. Although my mother would not show it in the presence of my father, she loves my little girl, and I feel that she supports me. She does not say much, but sometimes she looks at me in a way that makes me know she cares.

I had to give up my studies and my dream to become a lawyer. But the biggest problem I face now is that my daughter was not registered at birth because the name of the father is unknown. So my little girl was born without all the rights that other children have.

This is the first time I have told a UNHCR staff member about the incident. When I first registered, I was interviewed by a man and did not feel comfortable speaking about it. There were many people around, and anyone could have overheard. I told him that my daughter's father had passed away. One time, I went to the clinic for abdominal pains. I told the nurse that I was feeling stressed about something: she prescribed me anti-stress medication and before I knew it, I was sent home. I felt so hopeless, I wish I was braver and dared to ask for help. If only I had listened to my dad and not gone to the university on foot....

→ 1. **Can you identify the consequences of what happened to Lydia? What impact has it had on her and her family? Highlight consequences in four areas: health, mental health and psychosocial, legal and security, and socio-economic.**

→ 2. What prevents Lydia from seeking help?

→ 3. Can you highlight factors that could potentially support Lydia's recovery and could prevent further harm? *(Not all information is provided in the case-study; please use your imagination.)*

Activity Sheet 2

40 minutes

Minimum Response Services for Survivors of SGBV

GROUP 1:

Brainstorm the key elements of the health response	
PART 1 (20 minutes)	
Who are considered health care providers?	
Can you list key actions for each of the following three basic elements of a health response?	Clinical care:
	Clinical investigation:
	Referral:
PART 2 (20 minutes)	
Can you list examples of what health actors can do to respect the Guiding Principles? (Respect, Safety, Confidentiality, Non-discrimination)? Please list concrete actions or examples.	
What could happen if health actors do not comply with these principles? List examples.	

GROUP 2:

Brainstorm the key elements of the mental health and psychosocial response	
PART 1	
Who are considered the key actors involved in providing mental health and psychosocial support?	
Can you list activities for each of the levels of the MHPSS response?	Basic services and security:
	Family and community support:
	Focused, non-specialized support:
	Specialized services:
PART 2	
Can you list what MHPSS actors can do to respect the Guiding Principles? (Respect, Safety, Confidentiality, Non-discrimination)? Please list concrete actions or examples.	
What could happen if MHPSS actors do not comply with these principles? List examples.	

GROUP 3:

Brainstorm the key elements of the legal and security response	
PART 1	
Who are considered the key actors involved in the legal and security response?	
Please list sample interventions in the legal/security response, targeting different aspects of accessing justice.	Addressing the broader legal framework:
	Promoting survivor-centred judicial and law enforcement processes and procedures:
	Supporting survivors in accessing justice:
	Ensuring safety of survivors:
PART 2	
Can you list examples of what legal/security actors can do to respect the Guiding Principles? (Respect, Safety, Confidentiality, Non-discrimination)? Please list concrete actions or examples.	
What could happen if legal and security actors did not comply with these principles? List examples.	

GROUP 4:

Brainstorm the key elements of a socio-economic response	
PART 1	
Who are considered the key actors involved in the socio-economic response?	
Please list examples of activities that contribute to the provision of gender sensitive and inclusive socio-economic support to survivors.	Socio-economic activities that potentially promote the recovery of survivors:
	Steps that ensure survivors of SGBV are included in existing livelihood programmes:
PART 2 (20 minutes)	
Can you list examples of what actors involved in socio-economic activities can do to respect the Guiding Principles (Respect, Safety, Confidentiality, Non-discrimination)? Please list concrete actions or examples.	
What could happen if actors involved in socio-economic activities did not comply with these principles? List examples.	

Activity Sheet 3

30 minutes

The Guiding Principles Statements

Ask the group to stand up and move to one side of the room. Select two corners of the room. On one put a sign that says *Agree* and on the opposite put a sign that says *Disagree*. Read some of the statements below aloud and asks the participants to decide whether they agree or disagree and move to the corresponding end of the room. Participants can also choose to stand anywhere on the imaginary line between the two opposites to indicate the strength of their opinions. For each statement, ask some participants to explain their choice and allow discussion to take place. Highlight the key points for clarification. See Notes for Facilitator following each statement.

→ *Statement 1: It is OK to share information about a survivor without their explicit consent if the purpose is to organize a referral in their interest.*

No. The principle of confidentiality means that we can only share information about the survivor if the survivor agrees to the referral and understands what this implies and has given consent beforehand. This does not only mean providing an explanation on the purpose of the information sharing (including *which* information would be shared, with *whom* it would be shared and *how* it would be used), but also ensuring that the person *fully understands* this information and explaining that they have the *right* to decline or refuse an intervention or a referral. This includes explaining such information to a child (in an age appropriate way) and to a person with a mental impairment.

But it it is important to note that there are exceptions to confidentiality including:

- Situations in which there are threats of ongoing violence or harm, for example when the survivor is a child or an adult with recognized diminished mental capacity, and the need to protect them overrides confidentiality
- Situations in which laws or policies require mandatory reporting of certain types of violence or abuse, such as sexual exploitation and abuse by humanitarian staff
- Situations in which it is genuinely believed that a survivor might try to hurt themself

Guiding Principle: confidentiality

→ *Statement 2: If a survivor is in distress, a service provider is in a better position than the survivor to decide what is good for them.*

No. The role of the service provider is to provide information and to help the survivor to overcome their immediate stress by showing respect and treating them with dignity. Even if a survivor is in distress, they should maintain control over deciding how their case is dealt with. This is a first step towards regaining control over a very stressful situation.

Guiding Principle: respect

→ *Statement 3: It is OK to share anonymous information about a case with colleagues from another organization if needed, for the purpose of obtaining technical advice. This is not considered a breach in confidentiality.*

Yes. Provided that the information is truly non-identifying, and the explicit purpose is to seek advice, sharing anonymous information about a specific situation or case is permitted. However, we do need to inform survivors about the limits of confidentiality, not only for the purpose of seeking advice, but also if the country has mandatory reporting laws, for example, in the case of child abuse.

Guiding Principle: confidentiality

→ *Statement 4: If a survivor of domestic violence decides to stay with her husband, we need to respect this decision, even if her safety is at risk.*

Yes. Although the first priority is the safety of the survivor, we cannot impose an intervention. This may put them at even greater risk. The right thing to do is to help the survivor to assess the safety of their situation and discuss with them whether they have a safe place to go if necessary. The survivor should be fully informed about all referral options.

Guiding Principle: Safety and Respect

→ *Statement 5: It is OK to try to convince a survivor to get medical treatment because this will reduce the harmful consequences of SGBV.*

No. Survivors should not be pressured to undergo any treatment, examination or other intervention against their will. After a survivor is informed of all options possible for support and referral, as well as the pros and cons of treatment or lack of treatment, it is their right to decide which type of support they want.

Guiding Principle: respect

→ *Statement 6: In the case of a child survivor, informed consent should only be asked of the parents or legal guardians.*

No. For children, their best interests should be the primary consideration and they should be able to participate in decisions concerning their lives, according to their age and stage of development. Depending on their age, children can express willingness to participate in decisions that affect their lives and may have the legal capacity to give informed consent. These are important factors to consider when determining whether and to what extent parents'/guardians' consent should be sought.

Guiding Principle: respect

→ *Statement 7: It is OK to pass on SGBV cases involving LGBTI survivors to a colleague, if one prefers not handling such cases due to one's personal opinion about LGBTI.*

No. There are many diverse opinions and feelings about LGBTI, because people come from diverse, cultural, religious and social backgrounds. Reconciling our own beliefs with our professional obligations is something we do on a regular basis, and this topic is no exception. As UNHCR staff we have an obligation to treat persons of concern, including SGBV survivors, equally and in a dignified way independently from factors such as their sex and sexual orientation, race, religion and nationality. These obligations apply to all persons of concern, including those who are LGBTI, and to all staff members regardless of where we come from. Of course, all those who interact with survivors – services providers or members of the community – should receive training and be aware of their own biases and opinions and not let these influence the way they assist survivors.

Guiding Principle: non-discrimination and respect

→ *Statement 8: As long as files are anonymous, files can be kept at home if the need arises.*

No. We need to keep survivors' records in a safe and secure place, such as locked file cabinets. However, it is also important to ensure that there is a policy on how and under what conditions staff, such as medical personnel working in a health facility, can access personal records. This is particularly valid in situations where there is a staff rotation system, and survivors may not always be seen by the same staff.

Guiding Principle: confidentiality

→ *Statement 9: As long as individual names are not used, it is OK to share general characteristics about survivors, such as ethnicity and age, at SGBV coordination meetings.*

No. It is OK to talk about general trends, but even if individual names are not used, it is important not to share general characteristics, such as ethnicity, age, and family situation about clients. There is always a risk that an individual can be identified.

Guiding Principle: confidentiality

→ *Statement 10: In some situations service providers should share SGBV case files with UNHCR for information management purposes.*

No. This is a breach of confidentiality. Individual level SGBV information should be treated as strictly confidential at all times, and staff of one organization should never request another organization to share case files.

In accordance with safe and ethical information sharing guidelines, case information should only be shared on a *need to know basis*, i.e., with those individual service providers who are directly involved in a case's management and with the explicit approval of the survivor.

With the consent of the survivor, *non-identifying* information can be shared (but not requested) between agencies for information management purposes, for example between those agencies using GBVIMS. Clarifying these rules and procedures for *inter-agency* SGBV information sharing in an information sharing protocol is recommended and will help avoid misunderstandings around data sharing and ensure ethical and safety guidelines are met.

It is recommended to include SGBV information sharing in partner agreements with UNHCR's implementing partners and to sign a data transfer agreement with operational partners. The partner agreement or data transfer agreement can contain the following components:

- Purpose and scope of information sharing, including the specific purposes for which data is to be shared and the data elements to be shared
- Process of information sharing, including data flow and data security measures

Guiding principle: confidentiality

Activity Sheet 4

20 minutes

The Response Web[1]

TO BE USED BY THE FACILITATOR

Supplies needed:

Ball of string

12 name tags with each of the following roles clearly marked:

- Mother
- Elder
- Social worker
- Traditional birth attendant
- NGO doctor
- Police officer 1 (central station)
- Police officer 2 (local station)
- Doctor at the hospital
- UNHCR receptionist
- UNHCR protection assistant
- UNHCR protection officer
- Lawyer

Instructions

1. Invite 12 volunteers to role-play the above characters. Ask the volunteers to sit in a circle, with their chairs fairly close together. Give each volunteer a name tag that identifies their role.

2. Ask the remaining participants to stand outside the circle and observe the exercise.

3. Explain that the exercise is based on a story about Samira, a 15-year-old refugee girl who was severely beaten and raped by her husband. The ball of string represents Samira.

4. Each time a service provider or other actor is named in the story, the ball of string is tossed across the circle to that actor. The actor who receives the ball will wrap the string around a finger and then toss the ball to the next actor as instructed.

5. Start the exercise by reading out the following introduction to the story:

   → *Fifteen-year-old Samira is married to Yan, a 24-year-old man living in a large town that hosts many refugees. Samira is 5-months pregnant. Yan treats Samira badly. He confines her to the house and beats her regularly. One day, Samira comes home from visiting her aunt to find her husband drunk and extremely upset. He beats her, using a belt, and then rapes her violently. In the morning, Samira manages to escape and run away to her mother's house where she tells what happened.*

[1] Activity adapted from Module 3, Session 3.8 in RHRC Consortium *Training Manual Facilitator's Guide: Multisectoral & Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict*, JSI Research & Training Institute/ RHRC Consortium, 2004, available at: http://goo.gl/WqPDT1

6. Give the ball to the person playing the role of Samira's mother, the first person that Samira tells her story to, and continue reading:

   → *Samira's **mother** doesn't know where to go and takes her daughter to an **elder** from the same background, who lives on the same street.*

7. Instruct the mother to hold the end of the string firmly, do not let go, and gently toss the ball to the participant playing the role of the elder. The elder takes hold of the string and then tosses the ball to the next character that is named and so on as each character is named in the story.

   → *The elder sends them to the **social worker** at the women's centre in the same neighbourhood.*

   → *Samira tells the social worker about what happened, and the woman refers Samira to a **traditional birth attendant** that she knows well.*

   → *The traditional birth attendant examines Samira and treats her wounds. She then recommends they go and see an **NGO doctor** at the clinic run by a local NGO.*

   → *The doctor examines Samira, and refers her back to the **social worker** at the women's centre for emotional support, as Samira is in severe distress.*

   → *Samira and her mother tell the social worker that they want to report the incident to the police, and the social worker writes down the address of the police station for them.*

   → *At the central town police station Samira tells her story to **police officer 1**, the officer in charge, who refers them to **police officer 2** at the local police station in Samira's own neighbourhood.*

   → *At the local police station, Samira is referred to the emergency room at the hospital for a medical certificate. The **doctor at the hospital** examines Samira and documents his findings. When Samira and her mother tell him they want to press charges, the doctor advises them to go to the UNHCR office to request support in the legal process.*

   → *Samira and her mother first go back to the **social worker** to ask for information about UNHCR services and how they can be accessed. The social worker explains they need to go to the weekly consultation hour at the UNHCR office on the other side of town. Samira and her mother go to the UNHCR office and speak to the **receptionist**.*

   → *The receptionist asks their reason for coming and schedules an appointment with the **protection assistant**.*

   → *The protection assistant feels that Samira is uncomfortable telling her story, and thinks this may be due to the fact that he is a man, so he calls in the help of a female **protection officer**.*

   → *To Samira and her mother's surprise, the UNHCR protection officer is already aware of their situation as she has received case details from the social worker. The protection officer talks with Samira and her mother and explains all the services available. Samira's mother asks if Samira can be added to her registration card in order to receive additional cash vouchers. She has decided that Samira should not go back to her husband, but since the mother has no income, she won't be able to provide for Samira. The UNHCR protection officer says they should come back next week to meet a registration officer, or call the UNHCR hotline. She also gives Samira and her mother the contact details for a lawyer.*

   → *The **lawyer** works at the town's community centre and has a weekly visiting hour. When they get to speak to him the lawyer says that he needs a detailed account of what happened and a copy of the police report.*

   → *Samira and her mother go back to the **elder** in their neighbourhood as they feel very confused about the process.*

8. Stop the game. There will be a large web in the centre of the circle, with each actor holding parts of the string. Ask participants to look at the web created during the exercise and guide a discussion using the following questions:

   - → What do you see in the middle of this circle?
   - → Was this a survivor-centred process? Why not?
   - → How many times did Samira have to repeat her story?
   - → Did Samira have a say in whom she wanted to talk to and when?
   - → What impact did this have on Samira and her mother?
   - → Did Samira agree to her information being shared?
   - → Could a situation like this occur in your operation?
   - → How could such a situation be avoided?

NOTES FOR THE DEBRIEFING:

- Asking a survivor to repeat their story several times to different persons, every time recalling the traumatic experience, can expose them to further psychological and even physical harm. It can also jeopardize their safety if confidentiality is breached.
- Timely access to crucial services is critical.
- The lack of clear procedures may discourage or prevent survivors from seeking further help and may discourage others from coming forward.
- The lack, or perceived lack, of confidentiality may discourage others from coming forward.
- The lack of a proper referral system can result in a survivor being sent to actors lacking awareness and capacity in interacting with survivors of SGBV, which can lead to further harm.

Hand-out 1

Consequences of Common Types of SGBV

Acts of SGBV have serious and sometimes life-threatening consequences for survivors that can be direct or indirect, immediate or manifested in the long term, or all of the above. SGBV also impacts survivors' families, communities and even entire societies. The consequences of SGBV can largely be grouped into four main areas: health, mental health/psycho-social, legal and security, and socio-economic.

Consequences of Rape			
Health	**Mental Health and Psychosocial**	**Legal and Security**	**Socio-economic**
Unwanted pregnancy, unsafe abortions Injuries (bruises, lacerations, burns, bites, fractures) Complications related to the reproductive system including menstrual disorders, childbearing problems, infections, miscarriages HIV/AIDS and other sexually transmitted diseases Fistulas (tears or holes that form in vaginal or rectal tissue through which urine or faces pass without control) Damage to the rectum and genitalia Death	Long-lasting psychological consequences such as depression, anxiety, eating and sleep disorders, fear and feelings of isolation Self-blame, shame, self-hate, self-harm, suicidal thoughts Relationship problems with an intimate partner, domestic violence Loss of ability to take care of children or other dependents Community perception that rape survivors (both female and male) bring shame to their family and to the community Children born through unwanted pregnancy and attachment issues in mother Gossip, judgments made about the survivor, blaming the survivor, treating the survivor as a social outcast	Retribution by the perpetrator or by community or family members for reporting the violence Risk of further violence or harm, such as forced marriage to the perpetrator In some countries, difficulty securing legal recognition for children born as a result of rape Where same-sex relations are criminalized, male survivors are at risk of being interrogated about their sexual orientation and prosecuted for having engaged in same-sex activity.	Severe health and mental health problems may cause inability to continue daily tasks, including livelihood activities. This can cause a loss of income. When rape survivors are stigmatized they may lose socio-economic support from their partner, relatives and community members. Dropping out from school or other education programmes Cost related to accessing care (legal, health, mental health)

Consequences of Domestic Violence			
Health	**Mental Health and Psychosocial**	**Legal and Security**	**Socio-economic**
Being denied access to health services Injuries (bruises, lacerations, burns, acid burns, bites, fractures, broken teeth) In the case of marital or familial rape, physical consequences of rape (see above)	Poor self-esteem, isolation, fear, anxiety, eating and sleeping disorders, depression Withdrawal from family and community life Being denied access to social, economic or educational opportunities Children are also at risk of physical/ psychological abuse by the partner who uses violence. Confinement/ curtailment of personal freedom Loss of ability to take care of children or other dependents Children who have witnessed domestic violence are more likely to accept and resort to violence in later life. Potential normalization of domestic violence in the community	Being at continuous risk if the violence is ongoing Risk of being punished by family members if the survivor runs away Losing custody of children in case of separation or divorce No protection by the law if domestic violence is not criminalized	Complete economic dependence Denial of access to livelihood or other economic opportunities Denial of access to basic needs such as food Losing all socio-economic support and being forced into poverty in case of abandonment, separation or divorce Being disowned by family members

Consequences of Child Marriage			
Health	**Mental Health and Psychosocial**	**Legal and Security**	**Socio-economic**
Reproductive health consequences related to premature (and forced) intercourse and premature childbearing: • Mother and child mortality • Premature labour and low birth-weight • Complications during delivery • Obstetric fistula • Sexually transmitted diseases Domestic violence Health consequences for the girl's children if she lacks the knowledge and capacity to look after them adequately	Curtailment of personal freedom Discontinuation of education Psychological consequences of childbearing at a very young age and living in isolation Psychological consequences of domestic violence Denial of opportunities that others may have during adolescence (personal development, learning new skills, interaction with peers, engaging in social activities) Confinement to the home Girls who run home to their parents may be subjected to abuse and sent back to their husbands. Discrimination if the husband dies and child/young woman becomes a widow	Girls who refuse to marry the partner chosen for them, or those who run away, may be punished or even killed by their family. If the husband passes away, a girl may be forced to marry one of his relatives. If she resists, she may be treated as an outcast. No protection by the law if child marriage is not criminalized Denial of land and property rights if the husband passes away	Denial of educational and economic opportunities, which creates full dependence on the husband In the case of abandonment, divorce, or death of the husband, the girl/woman is left without any work experience or qualifications and forced into poverty. Denial of land and property rights if the husband passes away

Consequences of Survival Sex			
Health	**Mental Health and Psychosocial**	**Legal and Security**	**Socio-economic**
High risk of physical and sexual abuse, for example, at the hands of a perpetrator who refuses to pay, or refuses to use a condom Exposure to HIV and unwanted pregnancy	Feelings of self-blame, shame, self-hate, self-harm, suicidal thoughts Living in isolation Stigmatization by family members and by the wider community (including the police and health providers) Gossip, judgments made about the survivor, blaming the survivor, treating the survivor as a social outcast Children of persons engaged in survival sex may be bullied and excluded. Children born through unwanted pregnancy and mother may suffer attachment issues.	Stigmatization by the judicial system, punishment in contexts where prostitution is illegal Risk of arbitrary arrest and refoulement Risk of harassment and exploitation by persons in authority	Being disowned by family members Having property destroyed by community members Discrimination which prevents those engaged in survival sex from reintegrating into the regular job market Being unable to access formal financial services such as banking, small loans

Consequences of Female Genital Cutting/Mutilation			
Health	**Mental Health and Psychosocial**	**Legal and Security**	**Socio-economic**
Fistulas (holes that form in vaginal or rectal tissue through which urine or feces pass without control) Chronic pain and infections, shock, excessive bleeding, hemorrhage, and even death depending on the type of FGM/C, the cleanliness of the tools used and the girl's physical condition Prolonged or obstructed child birth Problems with menstruation, painful sexual intercourse and sexual dysfunction	Emotional damage, including anger, resentment, self-hate Women who develop traumatic fistula are frequently abandoned by their husbands, rejected by their communities and forced to live in isolation. Painful sexual intercourse	In many countries, FGM/C is a criminal act. However, lack of enforcement and/or a culture of impunity allows the practice to continue. Women who refuse to undergo the practice often have no legal redress or are afraid to testify for fear of reprisal.	Women who have experienced FGM/C often face high costs for intensive medical care, for example, during delivery. Women who develop traumatic fistula and who are abandoned by their husbands are often forced into poverty. Health problems related to FGM/C prevent many women from participating in the workforce, which impacts individuals and society.

Hand-out 2

Responding to SGBV

Responding to SGBV	
Reducing the harmful consequences of SGBV, protecting from and preventing further harm	Providing access to quality services
Promoting recovery	Providing: • A supportive environment • Access to basic needs • Access to social, socio-economic or educational activities

PREVENTION AND RESPONSE INTERSECT

Response → Prevention: The way we respond today to SGBV will impact the protection environment in the long term and help prevent SGBV in the future. For example, providing legal aid to survivors – a response activity – may in the long run help to reduce impunity and contribute to the prevention of SGBV.

Prevention → Response: If communities and actors engage in SGBV prevention work, it will likely lead to some survivors coming forward to report incidents of SGBV and seek assistance.

We need to respond to SGBV regardless of the number of incidents reported.

SGBV is always under-reported. We should assume SGBV is taking place, regardless of the availability of concrete data or the number of reported incidents. There are several reasons why survivors do not report violence or seek assistance.

- Social stigma and related factors such as family rejection, social exclusion, and a fear of losing socio-economic opportunities and support. Negative attitudes towards survivors may result in feelings of shame and self-blame.
- Fear for their own safety, for example due to retaliation by the perpetrator or community members
- Lack of quality services, lack of trust in services or authority, or no knowledge of available services
- Cultural acceptance of certain forms of violence, for example, in countries where child marriage, domestic violence or male rape is not criminalized

ACCESS TO SERVICES

The *accessibility* of services relates to more than just the physical location of facilities, accessibility for persons with disabilities and the distance that people seeking service must travel (often by foot) to arrive at a clinic or police station. It also includes safety for people travelling to and from a facility and hazards they may face on the way, the affordability of services, the hours of operation, the gender of staff, and the availability of staff who can both speak the same language as the survivor and who have been trained in working with female and male survivors. The absence of female staff might render certain services inaccessible to some survivors. Child survivors have unique needs and staff need to be child-sensitive and trained appropriately. In addition, if services are available, community members must be *aware* of the services and how to access them.

QUALITY SERVICES

Quality of services refers to the availability of supplies and commodities, for example, in health clinics or livelihood programmes, as well as the competence of service providers and their adherence to the approaches discussed in Module 2: Key Approaches for Addressing SGBV.

- **Survivor-centred:** The survivor-centred approach recognizes that each person is unique, reacts differently to SGBV and has different needs. It promotes respect of the survivor's rights by placing them at the centre of the support system. In adopting a survivor-centred approach, we need to abide by the four Guiding Principles, which is the topic of the second part of the activity. Staff must treat all survivors with **dignity** and **respect**. We need to respect the decisions of the survivor. Services must be **confidential**, **safe** and offered **without discrimination**.
- **Age, gender and diversity sensitive:** Support services should be appropriate for both female and male survivors' needs as well as age-appropriate to ensure they are accessible to children, adolescents, adults and elderly persons.
- **Rights-based approach:** Service providers must treat survivors as rights holders entitled to make their own choices and able to exercise control and choice with regard to how their situation should be addressed.
- **Community-based approach:** Services need to be culturally appropriate and should be planned, designed, implemented and monitored with the involvement of persons of concern. Where possible and appropriate, services need to be integrated into existing community initiatives.

Adopting these approaches requires staff at all levels to be trained. Survivors who seek help may face more problems and are likely to experience further trauma and harm if service providers are not properly trained.

Hand-out 3

Protective Factors and Resilience[1]

Resilience is the ability to overcome difficulties and adapt to change. It is determined by the characteristics of the individual survivor and a number of external protective factors. Our resilience helps us to overcome difficult situations. It is our capacity to manage oneself when faced with difficult circumstances, to recover or rebound (IRC, 2014).

Factors that promote resilience:

- Having positive relationships with family and friends
- Being able to access support
- Having basic needs met (such as food, shelter, safety, physical health)
- Feeling connected to family, community, culture
- Having a sense of spirituality or spiritual belief
- Engaging in positive social activities
- Having access to education or livelihood activities
- Having someone in whom one can trust
- Having a sense of safety and stability
- Having peer support from other survivors

The concept of resilience emphasizes the ability to recover, but also suggests the survivor's ability to move beyond recovery. It emphasizes a process of personal growth: from victim to survivor, and from survivor to agent of change.

COPING MECHANISMS

Even though trauma disrupts a person's life for a time, experience shows that it is possible to move through difficult times. People use many coping skills to help rebuild their lives after a traumatic event. Each person has unique ways of coping.

Recovery is promoted by recognizing resilience and supporting protective factors.

[1] Adapted from: The International Rescue Committee (IRC), *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit*, 2014, available at: http://goo.gl/IeoRrT

Hand-out 4

Minimum Response Services for Survivors of SGBV

HEALTH

Health care providers: In humanitarian settings, medical care is often provided in health facilities run by government or non-governmental agencies. Other health service providers include private doctors, community health workers, traditional birth attendants or traditional healers, and mental health and psychosocial professionals such as psychologists, psychiatrists and associate health professionals.

The basic elements of the health sector response to sexual violence are

1) **clinical care,**
2) **collecting clinical evidence if appropriate in the context** and
3) **referral to other services if requested by the survivor.**

Important: Never pressure the survivor to undergo a medical examination or treatment: they must make their own decisions.

This information focuses on sexual violence; however, other forms of SGBV should also be addressed such as the physical consequences of domestic violence, FGM/C, or complications related to pregnancy and giving birth in cases of child marriage.

CLINICAL CARE[2]:

- Preparing the survivor, explaining the procedures of a medical examination
- Discussing confidentiality and patient rights with the survivor
- Obtaining detailed information about the incident in a compassionate way
- If the survivor is a child, ensuring any examination and discussion are conducted in a child-sensitive, age-appropriate way
- Gaining consent for and conducting a medical examination; and documenting the findings
- Providing treatment for injuries
- Providing advice and information on possible future health consequences and how to address them
- Providing presumptive treatment and education for sexually transmitted diseases (STDs)
- Providing post-exposure prophylaxis (PEP) and education to prevent HIV-infection

[2] Section adapted from: United Nations Population Fund (UNFPA), *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, 2012, available at: http://goo.gl/UBkVtu [accessed 15 December 2014]

- Providing emergency contraception to prevent pregnancy
- Facilitating access to abortion services where legally permissible and if requested
- Providing psychosocial support
- Offering follow-up health care including ensuring adherence to post-exposure prophylaxis

Community information initiatives should emphasise the importance of seeking medical care as soon as possible following an incident of sexual violence. Certain life-saving treatments, such as PEP, are only effective if administered within 72 hours (or 3 days) of being raped. Also, the physical evidence of rape diminishes as time passes and should therefore be collected – with consent – as soon as possible after the incident, in case the survivor decides to press charges.

COLLECTING CLINICAL EVIDENCE TO SUPPORT A CRIMINAL INVESTIGATION (WHEN APPROPRIATE)

The key action is to perform a forensic examination and record all findings accurately. This should be done upon the request of the survivor only. Never pressure the survivor to undergo a medical examination or treatment.

Collecting clinical evidence includes collecting a biological specimen belonging to the perpetrator that may have been left on the survivor's body or clothing as a result of the attack. The health provider does not determine whether rape has occurred; this is the responsibility of legal actors. However, the evidence collected by health actors can be used if the survivor decides to take legal action.

Health care providers need to be aware of the medico-legal context in the country of operation. In some countries, health care providers may be legally required to report incidents of violence, such as rape, domestic violence or child abuse. Even when specimen collection is not possible, the accurate documentation of injuries, including pictograms, could be of great use in a court of law.

REFERRAL TO ADDITIONAL SERVICES

For many survivors, accessing health care is the entry point to additional services. Health professionals should provide survivors with contact information about other available services, such as mental health or psychosocial support, livelihood programmes, legal aid and safe houses. Note that it is always the *survivor* who makes the decision whether to pursue a referral or not.

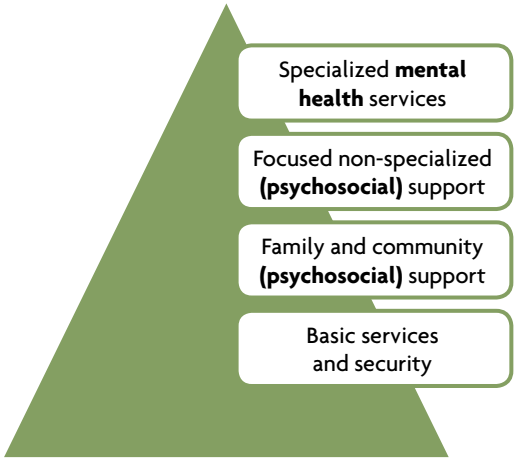
MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT[3]

MHPSS actors include social workers, religious leaders, spiritual healers, community outreach workers, health professionals, peer supporters, psychologists and psychiatrists.

Many survivors do not want or need assistance; they receive adequate support from their own networks and have strong coping skills, helping them to recover. For other survivors, more formal forms of support, such as psychological support and mental health interventions, will be beneficial. Therefore, a wide range of interventions should be available involving both the community and health professionals.

[3] Section adapted from: UN World Health Organization (WHO), *Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: Principles and Interventions Developed*, 2012, available at: http://goo.gl/A7Aj3J [accessed 15 December 2014]

This diagram sets out the range of MHPSS interventions, from basic services at the community level to specialized mental health services.



Basic services and Security: Making sure that survivors' basic needs are met is a requirement for their recovery. Basic services should be delivered in *safe* and *inclusive* ways. This is essential for the psychosocial well-being of survivors as well as those at risk of SGBV. Examples include ensuring that survivors and their dependents are living in a safe place, such as community-based care or a safe shelter, and that survivors have access to food and clothes.

When considering safety measures, we should first seek community-based solutions, including in the survivor's immediate support network, before referring a survivor to a safe house (if available).

Community and Family Support: Family and community support are crucial in supporting survivors' psychosocial well-being. Some actions we can take to support this include:

- Engaging local leadership (women, men, young people) in community-awareness actions to reduce stigma and promote access to services for survivors
- Strengthening community and family support systems such as child protection committees, self-help groups, parenting groups, youth groups, women's groups, and child friendly spaces

Focused non-specialized support: This involves creating safe spaces where survivors can receive compassionate, culturally appropriate and confidential assistance. This includes culturally appropriate psychosocial support from community workers including nurses, outreach workers, teachers, social workers etc. The support can be individual (holistic case management) or at group level, guided by a trained and supervised facilitator.

Specialized mental health services: This includes care provided by trained mental health workers including psychologists and psychiatrists to prevent or treat persistent mental health problems among survivors who have significant difficulties functioning. Services may include psychotherapy, counselling, group therapy, and the provision of medication.

Mental health and psychosocial support programming for survivors should, as far as possible, be integrated into general health services and existing community support mechanisms.

What is the difference between psychosocial support (PSS) and mental health interventions? Psychosocial support includes all processes and actions that promote the holistic well-being of people in their social environment. It includes support provided by family, friends and the wider community. It can be used to describe what people (individuals, families and communities) do themselves to protect their psychosocial well-being, and to describe the interventions by outsiders to serve the psychological, social, emotional and practical needs of individuals, families, and communities, with the goal of improving psychosocial well-being. This includes peer support groups, psychological first aid training, and activities to minimize social isolation and increase social cohesion.

Psychological first aid (PFA) is a humane, supportive response to a fellow human being who is suffering or who may need support. Non-specialized workers can be trained in PFA using UNHCR endorsed materials. Training focuses on assessing needs and concerns, helping people to address basic needs and to connect to services, and comforting and listening to people without pressuring them to talk.

Psychosocial interventions also entail restoring everyday recreational, social and vocational activities in order to promote psychosocial well-being. Psychosocial interventions usually aim to improve one or more of the following domains:

- **Skills and knowledge:** knowing how to communicate and listen, knowing how to make decisions, using culturally appropriate coping mechanisms, vocational skills, conflict management skills, and knowing whom to go to for information
- **Emotional well-being:** feeling safe, having trust in others, feeling a sense of self-worth, being hopeful for the future with realistic goals, and not worrying about being hungry or sick
- **Social well-being:** attachment to caregivers, relationships with peers, sense of belonging to a community, resuming cultural activities and traditions

An important difference with *mental health interventions* is that psychosocial interventions do not specifically focus on people with mental disorders.

LEGAL AND SECURITY

LEGAL SUPPORT:

Legal and security actors include formal sector actors such as relevant ministries, courts, judges and prosecutors, security personnel, prison authorities, lawyers, other United Nations agencies, and NGOs, but also includes informal justice sector actors including traditional justice mechanisms, customary or religious councils or associations, and survivor networks.

A functioning justice mechanism could help to end impunity as well as promote healing and recovery for survivors and communities. However, promoting justice can be extremely challenging.

As further explored in Module 8: Access to Justice, informal justice systems that function in many (rural) displacement settings often do not take into consideration the needs of women or children, or male survivors, and do not comply with international standards. Decisions made in informal justice systems are often not punitive or necessarily beneficial to the survivor, for example, if the decision entails a payment of money to the survivor's family. In more extreme situations, direct harm is inflicted on the survivor, for example, if the decision involves a settlement whereby the survivor is forced to marry the perpetrator.

If survivors are able to access state law enforcement and judicial systems on paper, in reality this access is often inadequate and does not meet survivors' needs. Procedures may be slow, cost money or be influenced by corruption and often compromise confidentiality. Perpetrators often get minimal sentences or are not punished at all. In such cases, the process of seeking justice may in fact add to the trauma, instead of promoting healing and recovery. In addition, in many settings,

some forms of SGBV are not considered crimes under the national legal framework. Examples include domestic violence, marital rape, sexual violence against men, FGM/C and child marriage. Further, survivors may fear stigma and retribution in the community if they disclose violence. For these reasons, many survivors choose not to report incidents to the police.

We should not encourage survivors to take legal action. It is our role to make sure survivors receive comprehensive information about their legal options and the potential risks and benefits of pursuing legal action. It is the survivor's right to decide their own course of action.

What could UNHCR and partners do to promote justice? Interventions in the justice/legal response sector target different aspects of justice.

1) **Address the broader legal framework.** For example:
   - Advocate for governments to ratify human rights treaties.
   - Establish partnerships and alliances among humanitarian organizations, human rights groups, lawyer groups, judges, prosecutors, and others to advocate for legal reform.
   - Advocate for formal and informal legal systems to conform to international human rights standards.

We must keep in mind that the criminalization of SGBV, such as domestic violence or child marriage, is not enough alone to prevent such practices. The expected loss of social rewards and family honour for not complying with a social norm can be stronger than the fear of legal sanctions. So legal reform must be part of a broader reform process that promotes human rights and involves communities in longer-term attitudinal changes.

---

2) **Promote survivor-centred judicial and law enforcement processes.** For example:
   - Work with the government and partners in building the capacity of justice and law enforcement officers including police, lawyers and judges. Provide training on the rights of SGBV survivors, survivor-centred interviewing and investigation techniques, gender sensitivity as well as child sensitive procedures. Advocate for private court hearings, support the establishment of a special unit for women and children at police posts, etc.
   - Provide training and support to informal justice actors to ensure that they are well-informed about the rights of SGBV survivors and that they function in a way that complies with international human rights standards. Focus particularly on gender equality, the specific rights of female, male and child survivors, and the importance of complying with the national legal framework on SGBV.

3) **Support survivors in accessing justice.** For example:
   - Rather than persuading survivors to take legal action, support survivors in accessing justice if they so desire.
   - Provide material and practical support, including legal aid, for survivors who decide to take legal action.
   - Follow up on cases within the informal justice sector and address any protection issues that arise.
   - Raise awareness in the community on survivors' rights, the remedies available to survivors, how to access justice and the legal mechanisms in place.

4) Ensuring safety of survivors. For example:

- In the context of camps and settlements, ensure that there is sufficient security presence, including female security officers.
- Work with local communities to support and strengthen their own security systems and measures.
- Work with formal and informal legal systems to ensure they have adequate witness protection systems for people who take part in SGBV cases.
- Support survivors who seek safe places to live, either through family and community support networks or, in serious cases, in shelters or safe houses.

UNHCR does not support SGBV cases that are criminal in nature being handled by the informal justice system.

UNHCR's focus when it comes to informal justice systems is on capacity building and promoting the rights of survivors. UNHCR, in collaboration with other actors, can provide training and support to informal justice actors. This can include training on the rights of survivors, including male and child survivors; the Guiding Principles; and the importance of complying with the national legal framework on SGBV provided it is consistent with international human rights law.

UNHCR should monitor the informal justice system to understand which cases are being processed and to respond to any protection issues that arise. Very often, survivors have little say regarding which system handles their cases. The system that is opted for might be the only one accessible, or survivors may be pressured to take their cases to the informal justice system. Where the survivor is a child, we should monitor the case particularly closely and must always act in the best interests of the child. Depending on the circumstances, this might entail advocating with the parents not to pursue the informal justice system or reporting the case to the authorities.

SOCIO-ECONOMIC SUPPORT

Actors involved in the socio-economic response include livelihood programme providers, community and family members, community committees, education actors, relevant national ministries and local government actors.

Socio-economic support can make an important contribution to the reintegration and recovery of a survivor. This type of support may take several forms ranging from a livelihood cash grant to skills training, job placement, or access to business development services or loans. It also involves supporting survivors as they continue education. It is recommended that survivors are also given access to practical skills training such as financial management, marketing and natural resource management as well as general life-skills training around topics like conflict management, negotiation, leadership, reproductive health and self-esteem.

Examples:

- Supporting a victim of domestic violence to earn her own income, which may help her to leave the abusive situation
- Providing alternative livelihood and life-skills training for those engaged in survival sex
- Mobilizing community support for an older woman whose property has been seized
- Providing an emergency cash grant for a survivor of rape who needs time to recover before being able to resume their livelihood activities

In providing economic support to survivors, it is important to build upon existing systems in the community to support persons in need. For example, a community may have had a village savings scheme in place prior to the conflict that with some support could be reinvigorated.

Important: Livelihood programmes should not exclusively target survivors, as this may lead to public identification, stigma and further violence. Instead, reach out to survivors and make sure they can participate in existing livelihood programmes. Barriers to participation can be reduced in a number of ways, including by promoting acceptance across the community, providing child care and scheduling times and locations that meet participants' needs.

Women-only livelihood projects are often necessary and desirable to address the gender gap. However, we need to undertake a good situational analysis and apply do no harm principles when implementing programmes for women only in order to avoid any potential backlash against participants. It is important that men and boys support the livelihoods programmes for women, and that men also have access to livelihoods programmes.

As with all other activities, we need to engage participants and the community in the design of livelihood programmes to avoid putting participants at risk. Risks can include those associated with selling produced goods door-to-door, assault if vocational classes take place in the evening or in an isolated area, or theft if money and goods are not safely stored.

Hand-out 5

Steps We Can Take to Follow the Guiding Principles

Adapted from United Nations Population Fund (UNFPA), *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, 2012, available at: http://www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies

What are the Guiding Principles? The Guiding Principles strive to ensure that survivors, their family and community receive the best care possible and that no further harm comes to them. In fact, to ensure access to services it is crucial that survivors are not only aware of available services, but also that they feel safe and trust service providers and are able to access services easily and discreetly. No matter what our roles and responsibilities are, every actor has to ensure that each interaction with survivors is carried out with a survivor-centred approach that abides by the Guiding Principles.

Safety: Ensure that survivors and their family members are not at risk of further harm by the perpetrator or other members of the community. Be informed of all options available for referral (for example to safe houses, to the police, or for resettlement) and be aware of the safety and security of those assisting the survivor. Examples of steps we can take:

- Carefully assess the potential risks (to survivor, to family members or to the service provider) at all stages during the process of supporting the survivor.
- Help the survivor address safety risks, using community-based solutions and the services available.
- Maintain confidentiality and respect the wishes of the survivor.
- Do not take action without the survivor's consent.

Confidentiality: Share only necessary information as requested and agreed to by the survivor. Maintaining confidentiality helps to ensure that survivors are not exposed to further harm. Examples of steps we can take include:

- Obtain consent. Ask the survivor for permission to share information about them with others. This requires ensuring that the survivor understands which information will be shared, with whom and how it will be used. Explain that they have the right to decline or refuse services, or to refuse to have their information used. Inform the survivor about any mandatory reporting requirements.
- Ensure that children's best interests are the primary consideration when making decisions about referrals and accessing services. Depending on their age and stage of development, children can express willingness to participate in decisions that affect their lives and may have the legal capacity to give informed consent.
- Conduct interviews/consultations in a private setting, ensuring that survivors will not be heard or seen from outside the room.
- Make sure that survivors have the opportunity to see staff alone (without partners, family, or friends). If a child survivor, ensure the presence of an appropriate support person. Child survivors should not be interviewed alone, without at least one other appropriate person present.

- Make sure that survivors are not made to disclose information about their cases to administrative staff, such as at a reception desk.
- When working with interpreters, ensure they sign a confidentiality agreement. Preferably, recruit interpreters from outside the community.
- Keep all documents secure and develop a plan to move or destroy case files in the event of an emergency.

It is important to note that there are exceptions to confidentiality including:

→ Situations in which there are threats of ongoing violence or harm, for example when the survivor is a child or an adult with recognized diminished mental capacity, and the need to protect them overrides confidentiality.

→ Situations in which laws or policies require mandatory reporting of certain types of violence or abuse, such as sexual exploitation and abuse by humanitarian staff.

→ Situations in which it is genuinely believed that a survivor might try to hurt themself.

Respect the wishes, needs and capacities of the survivor: Behave in a culturally sensitive and age-appropriate way. Maintain a non-judgmental attitude and do not pressure a survivor to talk. Treat the survivor with dignity and maintain a supportive attitude. Provide information on services available – remain neutral, do not give advice or opinion, but inform. Ensure that survivors are referred to and are able to access the services they choose. Never pressure a survivor to undergo a medical examination or treatment. Do not make assumptions about a survivor's background or the circumstances of the incident. Examples of steps we can take include:

- Provide information to survivors on their options and the benefits and risks of these options, and empower them to make their own decisions.
- Ensure that those working with survivors demonstrate appropriate values, knowledge and skills.
- Ensure those working with survivors are non-judgmental and sensitive to the cultural, age and social context.
- Minimize the number of times a survivor needs to retell their story.
- Ensure the availability of female staff for interviewing and examining women and child survivors.

Non-discrimination: Survivors must receive equal care and support regardless of factors such as race, religion, nationality, sexual orientation, HIV status, disability or any other personal aspects. Examples of steps we can take:

- Ensure that services meet the specific needs of particular groups of survivors, such as men and boys or people with disabilities.
- Demonstrate to the community that services are available to all survivors, e.g., by displaying awareness-raising material targeted to survivors who are male, LGBTI, elderly, persons with disabilities and persons of varying ethnic backgrounds.
- Address values, attitudes and beliefs among staff that may promote discrimination.
- Have a clear written policy on non-discrimination.

Hand-out 6

Mobilizing Community Support

It is not only service providers that are involved in responding to SGBV. The community plays a very important role, not only by referring survivors to services but also by reducing stigma and discrimination associated with SGBV.

In all communities, initiatives exist to support survivors. In addition to support from intimate partners, relatives and friends, other community members can also promote recovery. For example, traditional birth attendants may be involved in washing the body of someone who has been raped; female community leaders may be involved in mobilizing socio-economic support for survivors; and spiritual leaders may play a part in the healing processes. It is our role to strengthen these initiatives and make sure they comply with the Guiding Principles. These types of support should never be imposed on the survivor, put their safety at risk, or breach confidentiality.

Not everyone in the community will have a positive attitude towards survivors, and survivors are often blamed and stigmatized. Promoting a more supportive environment requires long-term attitudinal change. (See Module 3: Preventing SGBV and Module 4: Engaging Men and Boys in SGBV Prevention Work). But in the meantime, **concrete steps can be taken to engage community members in supporting survivors** and promoting positive attitudes. For example:

- Community groups and leaders, such as community outreach workers, health outreach workers, school personnel, child protection committees and youth groups, can be engaged in **disseminating important information**. Key messages should explain:
  - → *Why* survivors benefit from receiving timely medical, psychosocial and legal support and the negative effects of delayed access to services (health consequences, loss of therapeutic opportunities, loss of forensic materials)
  - → *Where* survivors can go for services
  - → *When* services are available, including after-hour emergency contact information where possible
- Community members can provide support in various capacities. They can be trained to provide psychological first aid or support more focused psychosocial support programmes. Similarly, they can be trained as paralegal workers or as health **outreach workers**.
- Community members can refer survivors as well as those who are at risk and in need of socio-economic support. Community members can also be involved in establishing a referral pathway for seeking help and procedures for reporting cases.

Pre-/Post-test

Module 6:
Multi-sectoral Response to SGBV

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) In most cases, survivors of SGBV speak out about the effects an SGBV incident has had on them.
   b) *Response to survivors* focuses on the consequences of SGBV and the factors contributing to SGBV.
   c) Amongst other factors, the consequences of SGBV depend on the context in which incidents happen.
   d) The Guiding Principles are recommendations to survivors to ensure they receive the best possible care and that no further harm comes to them.
   e) Mental health consequences, such as depression, are normal reactions to SGBV.
   f) The way we respond in the present to SGBV will impact prevention in the long-term.
   g) Establishing referral pathways and identifying entry points should only involve women.

2. Which factors promote survivors' recovery? Choose all that apply.
   a) Having positive relationships with family and friends
   b) Having experienced SGBV before
   c) Having basic needs met (such as food, shelter, safety, physical health)
   d) Having a sense of spirituality or spiritual belief
   e) Having access to education or livelihood activities
   f) Having someone in whom one can trust
   g) Keeping what has happened to oneself

3. Select the four key sectors involved in SGBV response:
   a) Health
   b) Water, Sanitation and Hygiene
   c) Mental and psychosocial support
   d) Legal and Security
   e) Socio-economic support/livelihood
   f) Faith based support

4. Explain in your own words why SGBV is under-reported.

5. Please list *three concrete steps* that service providers can take to abide by each of the four Guiding Principles.

Pre-/Post-test: Answer Sheet

Module 6:
Multi-sectoral Response to SGBV

(Correct responses are highlighted in **bold**)

1. True or False? Please select all TRUE statements.
   a) In most cases, survivors of SGBV speak out about the effects an SGBV incident has had on them.
   b) *Response to survivors* focuses on the consequences of SGBV and the factors contributing to SGBV.
   c) Amongst other factors, the consequences of SGBV depend on the context in which incidents happen.
   d) The Guiding Principles are recommendations to survivors to ensure they receive the best possible care and that no further harm comes to them.
   e) Mental health consequences, such as depression, are normal reactions to SGBV.
   f) The way we respond in the present to SGBV will impact prevention in the long-term.
   g) Establishing referral pathways and identifying entry points should only involve women.

2. Which factors promote survivors' recovery? Choose all that apply.
   a) Having positive relationships with family and friends
   b) Having experienced SGBV before
   c) Having basic needs met (such as food, shelter, safety, physical health)
   d) Having a sense of spirituality or spiritual belief
   e) Having access to education or livelihood activities
   f) Having someone in whom one can trust
   g) Keeping what has happened to oneself

3. Select the four key sectors involved in SGBV response.
   a) Health
   b) Water, Sanitation and Hygiene
   c) Mental and psychosocial support
   d) Legal and Security
   e) Socio-economic support/livelihood
   f) Faith based support

NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exclusive; they serve as *examples* of correct answers.

4. Explain in your own words why SGBV is under-reported.
   - **Social stigma and related factors such as family rejection, social exclusion, and a fear of losing socio-economic opportunities and support; negative attitudes towards survivors may result in feelings of shame and self-blame.**
   - **Fear for their own safety, for example, fear of retaliation by the perpetrator or community members**
   - **Lack of quality services, lack of trust in services or authority, or no knowledge of available services**
   - **Cultural acceptance of certain forms of violence, for example in countries where child marriage, domestic violence, or male rape is not criminalized**

5. Please list *three concrete steps* that service providers can take to abide by each of the four Guiding Principles.
   - **Safety:**
     – Carefully assess the potential risks (to survivor, to family members or to the service provider) at all stages during the process of supporting the survivor.
     – Help the survivor address safety risks, using community-based solutions and the services available.
     – Do not take action without the survivor's consent as this may put the survivor at risk.
   - **Confidentiality:**
     – Obtain consent, which means asking the survivor for permission to share information with others.
     – Conduct interviews/consultations in a private setting, ensuring that survivors will not be heard or seen from outside the room.
     – Make sure that survivors have the opportunity to see staff alone (without partners, family, or friends).
     – Make sure that survivors are not made to disclose information about their case to administrative staff, such as at a reception desk.
     – When working with interpreters, ensure they sign a confidentiality agreement. Preferably, interpreters should be recruited from outside the community.
     – Keep all documents secure and develop a plan to move or destroy case files in the event of an emergency.

- **Respect the wishes, needs and capacities of the survivor:**
  - Provide information to the survivor on their options and the benefits and risks of these options, and empower the survivor to make their own decisions
  - Ensure that those working with survivors demonstrate appropriate values, knowledge and skills.
  - Ensure that those working with survivors are non-judgmental and sensitive to the cultural and social context.
  - Minimize the number of times a survivor needs to retell their story.
  - Ensure the availability of female staff for interviewing and examining women and child survivors.
- **Non-discrimination:**
  - Ensure that services meet the specific needs of particular groups of survivors, such as men and boys or people with disabilities.
  - Demonstrate to the community that services are available to all survivors, e.g., by displaying awareness-raising material related to male survivors, LGBTI, older persons, persons with disabilities and persons of varying ethnic backgrounds.
  - Address values, attitudes and beliefs among staff that may promote discrimination.
  - Have a clear written policy on non-discrimination.

Objectives

- ➔ Identify the consequences of SGBV
- ➔ List factors that promote survivor recovery
- ➔ Identify minimum response services
- ➔ Explain why SGBV is under-reported
- ➔ Describe the Guiding Principles for engaging with survivors of SGBV

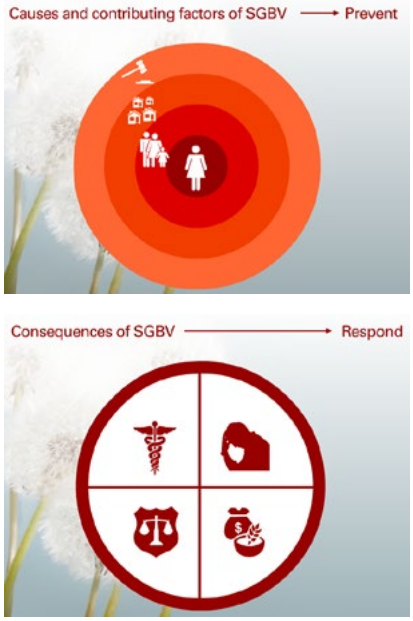
The Consequences of SGBV

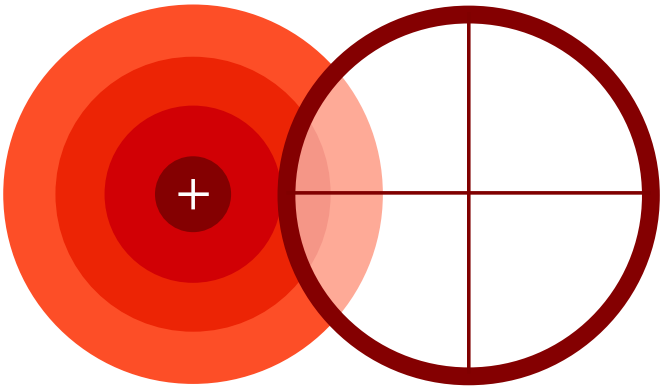
SGBV Response

Response = providing services and support to survivors to:

- Reduce the **consequences** of SGBV
- Prevent and protect from further harm
- Promote recovery

Prevention and Response Overlapping and mutually reinforcing





Reasons for Not Reporting

- ➔ Social stigma
- ➔ Fear for safety
- ➔ Lack of access to quality services or lack of trust in services or authorities
- ➔ Cultural acceptance of some forms of violence

- ➔ Other reasons?

Resilience

A person‘s ability to recover

Determined by the characteristics of the survivor and a number of external protective factors,

From **victim to survivor** and from **survivor to agent of change**.

Promoting Recovery: UNHCR and Partners’ Roles

- ➔ Quality confidential services to reduce the consequences of SGBV
- ➔ Safe access to basic needs
- ➔ Social, socio-economic or educational activities
- ➔ Promoting a supportive environment

Promoting Recovery: UNHCR and Partners' Roles

- The response that intimate partners, family, community and service providers have when survivors disclose to them can prevent further harm to the survivor and promote recovery.
- Stigma and fear of rejection by family, community and society are among the major causes for non-reporting of SGBV incidents.

Support Services

Accessible Services

➔ Accessibility factors:

- Physical location and distance
- Safety for people traveling to and from facility
- Hours of operation,
- Affordability
- Gender of staff
- Staff who speak the language
- Staff trained to work with female, male and child survivors.

Quality Services

Availability of supplies and commodities as well as the **competence of service providers** and their adherence to the **key approaches**:

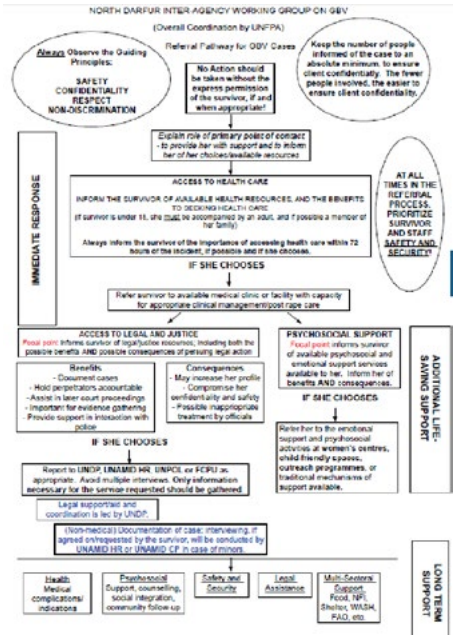
➔ Survivor-centred

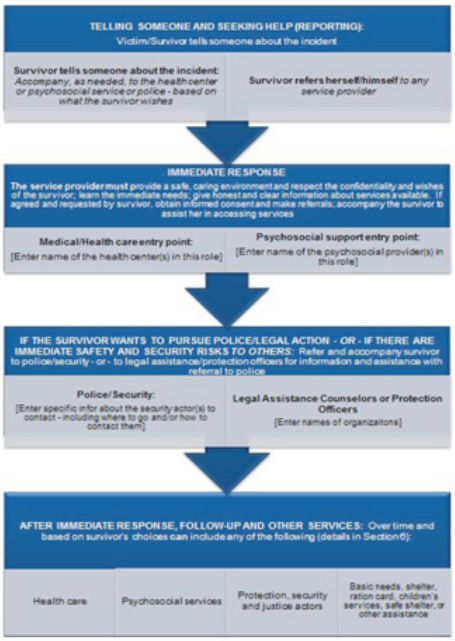
➔ Age, gender and diversity sensitive

➔ Rights-based approach

➔ Community-based protection

Sample Referral Pathways





Source: Global Protection Cluster, *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, 2010

MODULE 7

Working with Men and Boy Survivors of SGBV

MODULE OUTLINE

Session 1	Scope and types of SGBV against men and boys	50 minutes	1
Session 2	Gender and power dynamics	50 minutes	2
Session 3	Needs of male survivors and barriers in reporting, accessing services	60 – 90 minutes	3
Session 4	Inclusive programming	80 minutes	4

TIMING:

4 hours to 4 hours and 30 minutes

SUMMARY

In this training session participants explore the types of SGBV inflicted on men and boys, and the power and gender dynamics behind these forms of violence. Participants identify the challenges that hinder men and boy survivors from reporting and seeking support, emphasizing the taboos and stigma associated with SGBV against males. The session then addresses the specific needs of male survivors and explores the steps UNHCR can take to ensure SGBV response programmes are inclusive of men and boys.

LEARNING OBJECTIVES

At the end of the module, participants should be able to:

- ✓ List common types of SGBV against males
- ✓ Explain how gender norms shape SGBV against males
- ✓ Describe the main challenges that hinder/keep men and boy survivors from disclosing SGBV and seeking support
- ✓ Describe the needs of male survivors of SGBV and list indicators for identification
- ✓ Describe concrete actions that can be implemented to ensure SGBV prevention and response programmes are inclusive of men and boys

KEY MESSAGES

- → SGBV against men and boys is seriously under-reported.
- → In conflict, sexual violence is inflicted on men as a means of disempowerment, dominance and undermining concepts of masculinity.
- → Stigma and taboos are among the biggest barriers to reporting SGBV, accessing services or seeking other forms of support.
- → Services providers and humanitarian workers may be insensitive to or lack training on the extent to which men and boys suffer from SGBV, SGBV's impact, or how the needs of survivors can be addressed.
- → While not all countries have criminalized rape of men, it is always a violation of internationally recognized human rights.
- → SGBV is a risk for men and boys as well as for women and girls. This must be reflected systematically in the design and delivery of all SGBV prevention and response initiatives.
- → Information, education, and communication (IEC) materials about SGBV must be inclusive of male survivors.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector, laptop, green, orange, and red coloured pens or pencils
- Copies of *Need to Know Guidance: Working with Men and Boy Survivors of SGBV*

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Working with Men and Boy Survivors of SGBV Activity Matrix

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: The Scope and Types of SGBV against Men and Boys
- Hand-out 2: Conflict-Related Sexual Violence against Men and Boys: Gender and Power Dynamics
- Hand-out 3: Understanding the Needs of Men and Boy Survivors of SGBV
- Hand-out 4: Barriers to Reporting, Accessing Services and Seeking Support
- Hand-out 5: Indicators for Identification
- Hand-out 6: Men and Boy Survivors: The International Legal Framework
- Hand-out 7: Key Considerations for Inclusive SGBV Programming
- Hand-out 8: Good Practice

OTHER:

- Select video most suitable for participants' context using list in session 3.

UNHCR READING MATERIALS AND RESOURCES

- → *Need to Know Guidance: Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement*, 2012.
- → *Action against Sexual and Gender-Based Violence: An Updated Strategy*, 2011.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 7: Working with Men and Boy Survivors of SGBV has been produced for educational purposes only, in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

- → *Sexual Violence Against Men in Armed Conflict,* Sandesh Sivakumaran, in *European Journal of International Law*, Volume 18, Issue 2, 2007.
- → *Lost in Translation: UN Responses to Sexual Violence Against Men and Boys in Situations of Armed Conflict,* Sandesh Sivakumaran, in *International Review of the Red Cross*, March 2010.
- → *Briefing Paper: Care and Support of Male Survivors of Conflict-Related Sexual Violence*, Sexual Violence Research Initiative, 2011.
- → *Sexual Violence Against Men and Boys,* Wynne Russell, in *Forced Migration Review*, January 2007.
- → *Discussion Paper 2: The Nature, Scope and Motivation for Sexual Violence against Men and Boys in Armed Conflict*, UN OCHA, 2008.
- → *Report of Workshop on Sexual Violence Against Men and Boys in Conflict Situations New York*, Office of the United Nations Special Representative of the Secretary-General on Sexual Violence in Conflict, 2013.
- → *Into The Mainstream: Addressing Sexual Violence Against Men And Boys In Conflict: A Briefing Paper Prepared for the Workshop Held at the Overseas Development Institute*, Chris Dolan, 2014.
- → *Preventing and Responding to Sexual and Domestic Violence against Men: A Guidance Note for Security Sector Institutions*, Callum Watson, 2014.

SESSION 1: Scope and Types of SGBV Committed against Men and Boys

50 minutes

LEARNING OBJECTIVES

✓ List common types of SGBV against males

KEY MESSAGES

→ SGBV against men and boys is seriously under-reported.

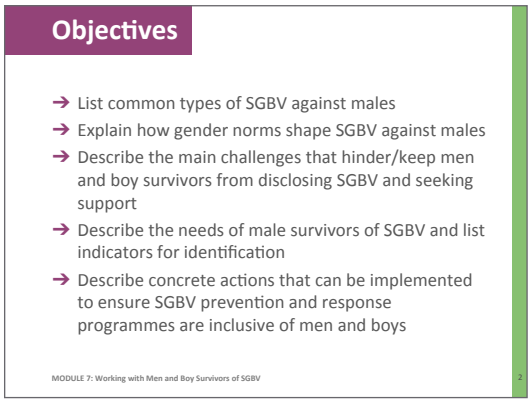
PREPARATION

- Hand-out 1: The Scope and Types of SGBV against Men and Boys

Scope of the problem

GROUP ACTIVITY (20 MINUTES)

1. Using the Notes to the facilitator below, explain the purpose of this training session.

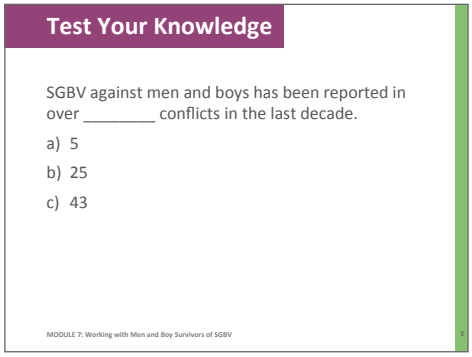


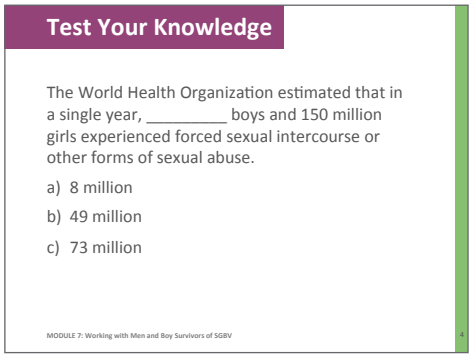
NOTES TO THE FACILITATOR:

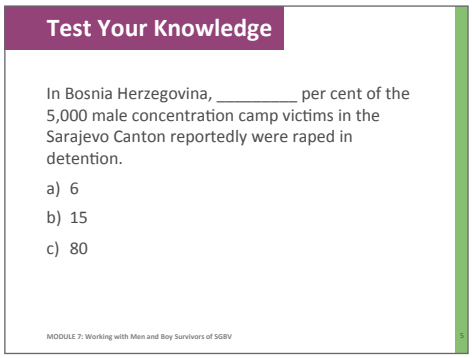
At the end of the module, participants should be able to:

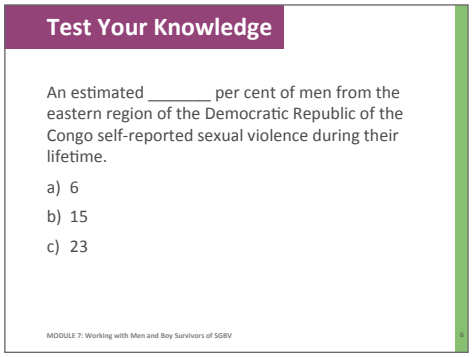
- *List common types of SGBV against males*
- *Explain how gender norms shape SGBV against males*
- *Describe the main challenges that hinder/keep men and boy survivors from disclosing SGBV and seeking support*
- *Describe the needs of male survivors of SGBV and list indicators for identification*
- *Describe concrete actions that can be implemented to ensure SGBV prevention and response programmes are inclusive of men and boys*

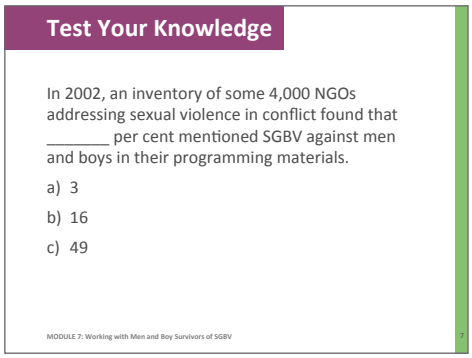
2. Distribute three sheets of paper to each participant and ask them to mark the sheets with the letters A, B and C respectively. Read out the first of the following four questions as well as the possible answers. Ask participants to raise the letter corresponding to the answer they think is correct. Explain the correct answer (highlighted in bold below). Repeat this for all four questions.











Question 1: *SGBV against men and boys has been reported in over _____ conflicts in the last decade?* (5, **25**, 43,)[1]
Countries include, among others, Afghanistan; Algeria; Burundi; the Central African Republic; Chechnya, Russian Federation; the Democratic Republic of the Congo; Iraq; Liberia; Libya; Malaysia; Rwanda; Sri Lanka; the Sudan; Sierra Leone; Uganda; Yemen; the Former Yugoslav Republic of Macedonia and the Syrian Arab Republic.

Question 2: *The World Health Organization estimated that in a single year (2002), _____ boys as well as 150 million girls experienced forced sexual intercourse or other forms of sexual abuse.* (8 million, 49 million, **73 million**)[2]

Question 3: *In Bosnia and Herzegovina, _____ per cent of the 5,000 male concentration camp victims in the Sarajevo Canton reportedly were raped in detention.* (9, 64, **80**)[3]

Question 4: *An estimated _____ per cent of men from the eastern region of the Democratic Republic of the Congo self-reported sexual violence during their lifetime?* (6, 15, **23**)[4]

Question 5: *In 2002, an inventory of some 4,000 NGOs addressing sexual violence in conflict found that _____ per cent mentioned SGBV against men and boys in their programming materials?* (**3**, 16, 49)[5]

Note: Explain that usually these types of statistics are generated through household surveys; self-reports of sexual violence are often much lower.

---

1 UN OCHA Research Meeting, 2008

2 World Health Organization, *Global Estimates of Health Consequences Due to Violence against Children,* cited in United Nations Secretary-General, *World Report on Violence against Children*, 2006

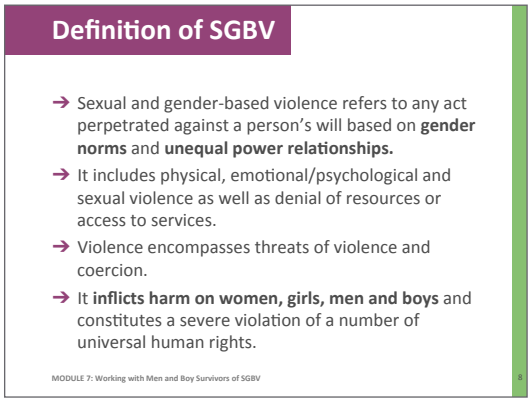
3 Mudrovčić, Z., *Sexual and Gender-Based Violence in Post-conflict Regions: The Herzegovina Case*, 2001, cited in *Briefing Paper: Care and Support of Male Survivors of Conflict-Related Sexual Violence*, Sexual Violence Research Initiative, 2011

4 Johnston MD, MPH, Kirsten; Jennifer Scott, MD; Bigy Rughita, MSc; Michael Kisielewski, MA; Jana Asher, MSc; Ricardo Ong, MD; Lynn Lawry, MD, MSPH, MSc, "The Association of Sexual Violence and Human Rights Violations with Physical and Mental Health in Territories of the Eastern Democratic Republic of the Congo", in Journal of the American Medical Association (JAMA), August 2010

5 Del Zotto, Augusta and Adam Jones, *Male-on-Male Sexual Violence in Wartime: Human Rights' Last Taboo*, paper presented to the Congress of International Studies Association (ISA), March 2002, available at: http://adamjones.freeservers.com/malerape.htm.

3. By the end of the exercise, elicit participants' reactions to these data. Were they aware of these facts? Are they surprised?

4. Use the Notes to the facilitator to emphasize that UNHCR's definition is inclusive of men and boys.



NOTES TO THE FACILITATOR:

UNHCR's definition of SGBV is inclusive of men and boys:

Sexual and gender-based violence refers to any act perpetrated against a person's will based on gender norms and unequal power relationships.

It includes physical, emotional/psychological and sexual violence as well as denial of resources or access to services.

Violence encompasses threats of violence and coercion.

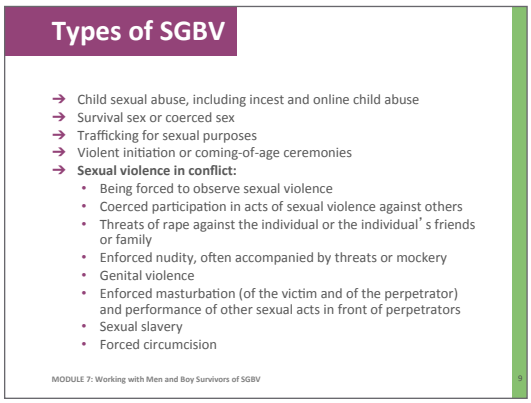
It inflicts harm on women, girls, men and boys and constitutes a severe violation of a number of universal human rights.

Types of SGBV committed against men and boys

DISCUSSION (20 MINUTES)

5. Ask participants what forms of SGBV against men and boys they have heard of.

6. Show the types of violence inflicted on men and boys and clarify if anything is unclear.



NOTES TO THE FACILITATORS:

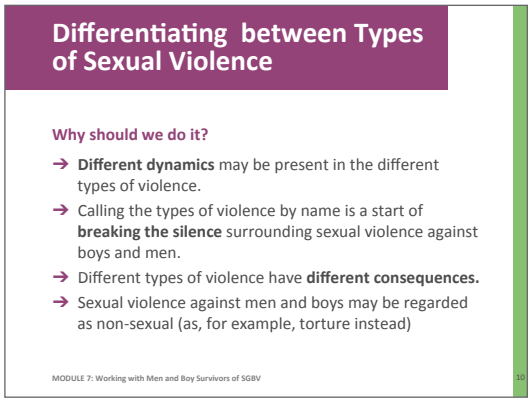
Types of SGBV against men and boys

- *Child sexual abuse, including incest and online child abuse*
- *Survival sex or coerced sex, the main triggers of which, as for women and girls, are a lack of alternative survival options/livelihoods*
- *Trafficking for sexual purposes*
- *In some cultures, initiation or coming-of-age ceremonies which subject young boys to acts of violence in order to prove they are strong and capable of being "men" when they grow up.*

In armed conflict, sexual violence against men and boys (and women and girls) is used as a weapon of war. It often takes the form of sexualized forms of torture in detention, but also occurs in public or private life.

Types of sexual violence include:

- *Rape or forced penetration, including with weapons or other objects.*
- *Being forced to observe sexual violence, for example, the rape of their wives, children or other relatives*
- *Coerced participation in acts of sexual violence against others*
- *Threats of rape against the individual or the individual's friends or family*
- *Enforced nudity, often accompanied by threats or mockery*
- *Genital violence, which may include shocks or beatings aimed at the testicles or penis and genital mutilation including biting or cutting off the penis*
- *Enforced masturbation (of the victim and of the perpetrator) and performing other sexual acts in front of perpetrators*
- *Sexual slavery*
- *Forced circumcision*



7. Ask participants why it is important to differentiate between the various types of SGBV that are committed against men and boys (Sivakumaran, 2007)? Complement their responses with the information on presentation slide 10.

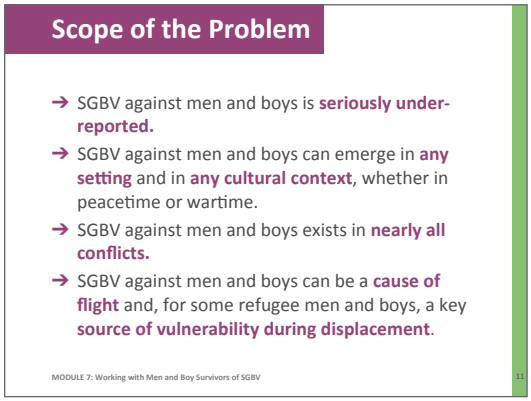
   → Different dynamics may be present in the different types of violence. Within the category *sexual violence* very different types of violence exist.

   → Calling the types of violence by name is a start to breaking the silence surrounding SGBV against boys and men

   → Different types of violence have different consequences.

   → Often certain forms of sexual violence against men and boys are disregarded because they are considered non-sexual and therefore are not reflected in statistics. For example, genital beatings may not be recognized as sexual torture and thus go unreported.

8. Emphasize the key messages related to the scope of SGBV against men and boys.



NOTES TO THE FACILITATOR:

The scope and types of SGBV against men and boys

SGBV against men and boys is poorly documented; existing information tends to be anecdotal. Like SGBV inflicted on women and girls, SGBV against men and boys is ***seriously under-reported*** *and likely more prevalent than the current statistics suggest.*

SGBV against men and boys can emerge in any setting and in any cultural context, whether in peacetime or wartime.

It is a fact that sexual violence against men and boys occurs in nearly every conflict. It can be a cause of flight and, for some refugee men and boys, a key source of vulnerability during displacement.

Although SGBV perpetrated during peacetime shares similarities with SGBV committed during wartime, the latter is distinct in several ways. For instance, in conflict settings, recruitment in armed forces, detention, power-shifts and mass displacement can facilitate abuse on a much larger scale.[6]

9. Distribute Hand-out 1: The Scope and Types of SGBV against Men and Boys.

[6] Lewis, D. "Unrecognized Victims: Sexual Violence against Men in Conflict Settings Under International Law", *Wisconsin International Law Journal*, 2009, available at: http://hosted.law.wisc.edu/wordpress/wilj/files/2012/02/lewis.pdf.

SESSION 2: Gender Dynamics

50 minutes

LEARNING OBJECTIVES

✓ Explain how gender norms shape conflict-related sexual violence against males

KEY MESSAGES

→ In conflict, sexual violence is inflicted on men as a means of disempowerment, dominance and undermining concepts of masculinity.

→ Stigma and taboos are among the biggest barriers to reporting SGBV, accessing services or seeking other forms of support.

PREPARATION

- Hand-out 2: Conflict-Related Sexual Violence against Men and Boys: Gender and Power Dynamics

Myth or reality?

GROUP ACTIVITY (20 MINUTES)

1. Explain that we will now explore the dynamics behind SGBV against men and boys and why it occurs.

2. Start this session with an activity designed to separate myth from reality. Select two corners of the room. On one side put a sign labelled *Myth* and on the opposite put one labelled *Reality*. Tell the participants that you will read aloud a few statements. After deciding whether each statement is myth or reality, they should move to the corresponding corner of the room. Participants may also choose to stand anywhere on the imaginary line between the two opposites if they are not sure.

3. After each statement, ask one or two persons to explain their decision. Ask a few others to respond and allow short discussion to take place. Then show the explanatory slide. Repeat this for each of the statements.

   Note: When presenting the explanatory slide emphasize that many people have incorrect assumptions about SGBV against men and boys, and that is exactly why we are discussing these issues and trying to reach common understanding.

NOTES TO THE FACILITATOR:

Myth or reality?

Boys make up stories or lie about sexual abuse; we can't always believe them.[7]: MYTH

FACT: *Children, including boys, rarely lie or make up stories about being sexually abused.*

- *Statistics show that the majority of reports of child sexual abuse are true.*
- *Children make up stories about other things, however, they rarely lie about sexual abuse.*
- *It's often adults who cannot accept or won't believe the child.*

Boys who are sexually abused by men or other boys may become gay.[8]: MYTH

FACT: *Abuse by a member of the same sex does not affect a person's sexual orientation.*

- *Current research suggests that sexual orientation is related to genetic and physiological factors.*
- *An experience of sexual abuse is* not *part of someone's sexuality because it was not a consensual experience.*
- *Nor does it take away "manliness" or change a man into a woman or a boy into a girl.*
- *Rape is rape, regardless of the survivor's sex, presumed or real gender identity, or sexual orientation.*

Note: This particular statement can often generate a lot of discussion because it is deeply connected with norms about masculinity and sexuality. It is important to emphasize that an experience of sexual abuse is not *part of someone's sexuality: it is* one *person (the perpetrator) having sex. The victim is not "having sex", they have been forced or coerced into the situation. It is important that participants understand this is true even for female survivors. (IRC 2015)*

7 Adapted from: The International Rescue Committee, "Module 5 Guiding Principles and Key Issues" in *Caring for Child Survivors Training Materials*, 2015, available at: http://goo.gl/53okT3.

8 Ibid.

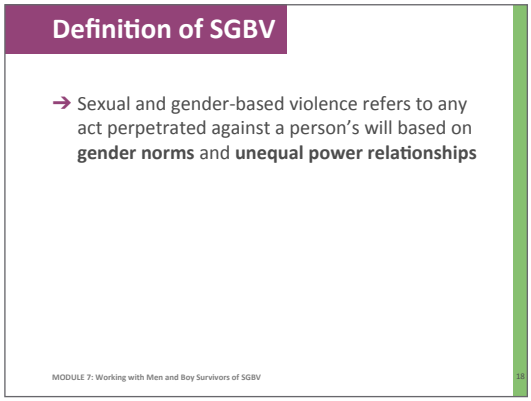
Men and boys can have physical reactions like an erection or ejaculation in response to the an assault: REALITY

FACT: *When subjected to sexual violence, men and boys can have a involuntary physical response that is not related to sexuality.*

- *Erection and ejaculation are physiological responses to stress and physical stimulation; they are not related to an individual's sexuality (Sexual Violence Research Initiative 2011).*
- *Men often feel ashamed by an involuntary physical response to an assault (Sexual Violence Research Initiative 2011).*
- *A physical reaction can occur regardless of someone's sexual orientation and does not mean the survivor will become gay.*
- *In conflict settings, perpetrators of sexual violence often seek to stimulate an erection or ejaculation in order to confuse the victim and make them feel that they are gay because they "enjoyed" the act.*

The dynamics behind SGBV inflicted on men and boys[9]

DISCUSSION (40 MINUTES)



4. Explain that we will now explore why SGBV against men and boys occurs. Remind participants of the definition of SGBV and point out that this definition is *inclusive* of men and boys. SGBV against men and boys, like SGBV inflicted on women and girls, is based on gender norms and unequal power relationships.

[9] Text adapted from: Sivakumaran, Sandesh, "Sexual Violence against Men in Armed Conflict", in *European Journal of International Law*, Volume 18, Issue2, 2007; and UNHCR, *Need to Know Guidance: Working with Men and Boy Survivors of SGBV*, 2012.

5. Ask participants to give examples to show that SGBV against men and boys is based on gender norms and unequal power relationships. Use the Notes to the facilitator to complement the responses.

NOTES TO THE FACILITATOR:

Gender norms and unequal power relationships

Gender norms and unequal power relationships is the root cause of SGBV against ***women, girls, boys and men****. This affects men and boys directly in many ways. Here are just a few examples.*

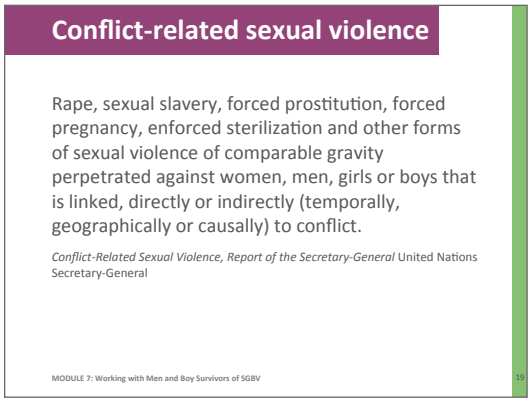
Sexual abuse of a boy by a religious leader, teacher, or caretaker in an institution is an abuse of an unequal power relationship. But gender roles often also place boys in harms way. Society often dictates specific roles for one gender, for example, some religious ceremonies assign roles only to boys. Because of boys' assigned gender roles, they are often the ones who become the easy targets of religious leaders who sexually harm children. Similarly, in some cultures pre-pubescent and adolescent boys are sold to wealthy men for domestic work, dancing, and other entertainment *(here a euphemism for sexual slavery). Cultural norms permit male community leaders access to young boys, who are targeted because of their gender.*

Also, consider the range of coming-of-age ceremonies in which young boys are subjected to acts of violence perpetrated against them so that they may prove they are strong and capable of being real men *when they grow up. These practices are clearly based on gender norms.*

In addition, conflict-related sexual violence is often intended to destroy men's masculine identity and, thus, is based on gender norms.

Note: In some situations, boys can be at greater risk for sexual abuse because they are more mobile and are monitored less than girls, who may be more confined to the home. Boys are also given less social protection then girls because gender norms sometimes hold that boys can take care of themselves due to their masculinity[10].

6. We will now focus on the dynamics behind conflict-related sexual violence against men and boys. Read aloud the definition of conflict-related sexual violence.



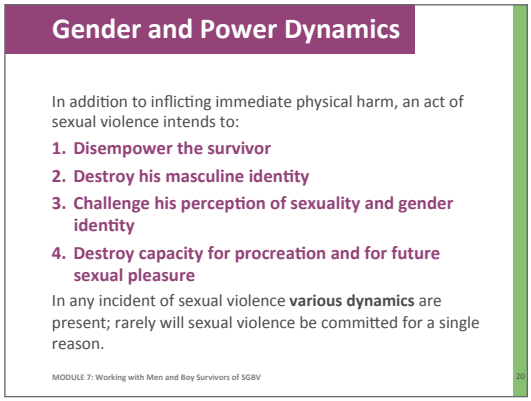
NOTES TO THE FACILITATOR:

Conflict-related sexual violence

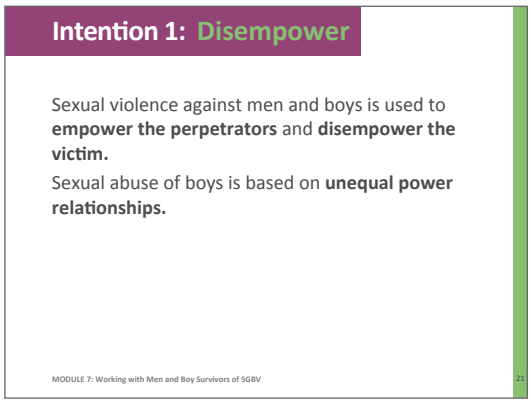
Conflict-related sexual violence refers to "rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization and other forms of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is linked, directly or indirectly (temporally, geographically or causally) to conflict. This link may be evident in the profile of the perpetrator; the profile of the victim; in a climate of impunity or State collapse; in the cross-border dimensions; and/or in violations of the terms of ceasefire agreement" [11].

[10] Frederick, John, *Sexual Abuse and Exploitation of Boys in South Asia: A Review of Research Findings, Legislation, Policy and Programme Responses*, UNICEF Innocenti Research Centre, 2010, available at: http://goo.gl/khWUGW.

[11] *Conflict-Related Sexual Violence, Report of the Secretary-General*, United Nations Secretary-General, March 2015, available at: http://goo.gl/CHL3Ou.



7. Emphasize that in any incident of sexual violence, various dynamics are present; rarely will SGBV be committed for a single reason. We will now explore these intentions one by one.



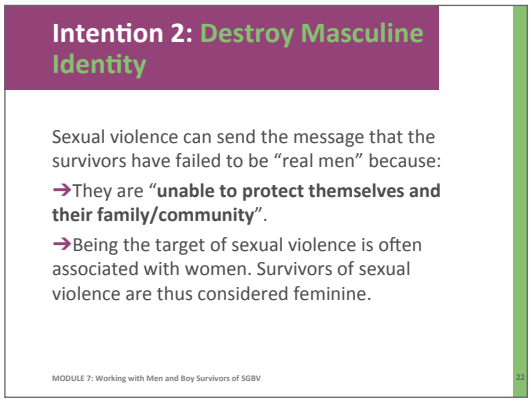
8. Using the Notes to the facilitator, explain that sexual violence against men and boys is used to *empower the perpetrators* and *disempower the victim*.

NOTES TO THE FACILITATOR:

Intention one: Disempower

Just like sexual violence against women and girls, sexual violence committed against men and boys is about power and dominance. SGBV against men and boys may be used as a tool to ***disempower****, to demoralize and destroy the* ***individual, family and community****. It thereby is used to* ***empower the perpetrators****.*

Moreover, in times of conflict, when law and order have broken down and the balance of power is in the process of being reshaped, acts of SGBV can be used as a tool to maintain, restore or re-shape power balances. For example, sexual violence may be used to disempower persons of a particular ethnicity or religion.



9. Using the Notes to the facilitator; explain that violence against men and boys is based on **gender norms**: it is often carried out against males to attack and destroy their sense of masculinity or manhood. It is intended to make the survivor feel he has failed to be a "real man". Sexual violence can also be intended to make a man feel that he has been "turned into a woman", because being a victim/survivor might be associated with femininity.

NOTES TO THE FACILITATOR:

Intention two: Destroy masculine identity

Power and dominance are linked with masculinity. In most societies, masculine identity is constructed upon dominance, strength, protecting women and children, and the ability to exert power over others. Perpetrators of sexual violence seek to destroy the victims' masculine identities, sending the message that the victims have failed to be "real men". The violence affects individual survivors, but also their families and the larger community, which receives the message that these men – the "protectors" – are unable to protect themselves. If they are unable to protect themselves, how will they protect their community? In this way, a man's "manliness" is lost, and the family and community are made to feel vulnerable. In a similar way, sexual violence against female members of a community may be intended to suggest that the men of the community have failed in their duty to protect "their" women.

Rigid gender norms may suggest that men cannot be victims, only perpetrators. Regardless of the actual gender of the perpetrator or victim, the characteristic of masculinity is attributed to the perpetrator and femininity to the target of the violence. ***Survivors of sexual violence are thus considered feminine.***

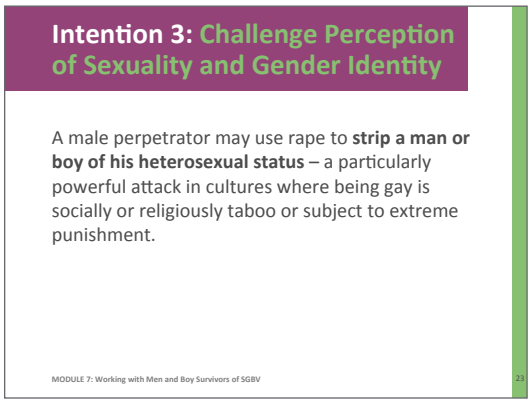
Feminization may be further reinforced through the general view in society, even amongst some humanitarian workers, that only women can be raped and, in some countries, by ***laws that do not recognize male rape****. A few facts:*[12]

- *Sixty-two countries (representing almost two-thirds of the world's population) only recognize female victims of rape.*
- *Sixty-seven States criminalize men who report abuse.*
- *Twenty-eight countries recognize only males as perpetrators of sexual violence, not females.*

Sexual violence against boys *is clearly based on unequal power relationships, but it* ***may also be gender-based****. For instance, a boy who is subjected to castration is not targeted because he is a child; he is castrated because he is a future man (Sexual Violence Research Initiative 2012).*

---

10. Use the Notes to the facilitator to explain that a male perpetrator may use rape to strip a man or boy of his heterosexual status. This is a particularly powerful attack in cultures where same sex relationships are socially or religiously taboo or subject to extreme punishment (IRC 2014).



NOTES TO THE FACILITATOR:

Intention three: Challenge perception of sexual orientation

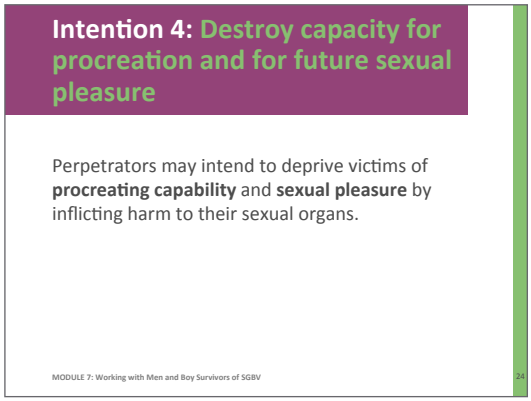
Where social norms and taboos on sexuality and sexual orientation marginalize or stigmatize same-sex relations, sexualized attacks against men not only serve to diminish the survivor's masculinity in his own eyes and the eyes of perpetrators, but also can be interpreted by the survivor, perpetrators, and the wider community as an expression of the survivor's sexual orientation or gender identity.

Perpetrators also often seek to confuse the victim's sense of sexuality by deliberately making them ejaculate during an attack.

In some societies, general opinion and mores deny that sexual violence can occur against men and boys on the grounds, for example, that any same-sex activity is consensual and therefore cannot be rape/sexual assault.

---

[12] Dolan, Chris, "Into The Mainstream: Addressing Sexual Violence against Men and Boys in Conflict", Overseas Development Institute, 2014, available at: https://goo.gl/T43djo.



11. Explain that perpetrators may intend to deprive the victim of his capacity for procreation and for future sexual pleasure by inflicting harm to their sexual organs.

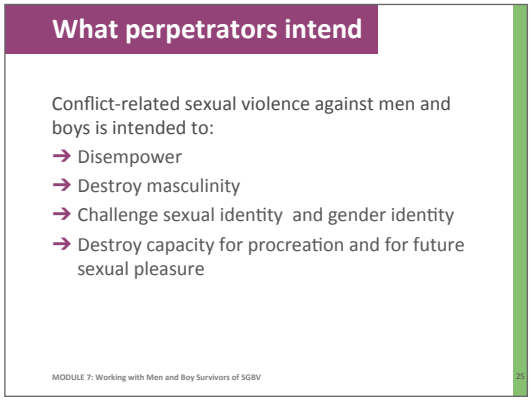
NOTES TO THE FACILITATOR:

Intention four: Destroy capacity for procreation and for future sexual pleasure

Perpetrators may intend to deprive victims of their capacity to procreate by inflicting harm to their sexual organs. Even if a survivor comes through an assault with their reproductive capabilities intact, they may experience psychological difficulties leading to sexual and relationship difficulties.

In some circumstances, attacks on a man's procreative abilities are a means of attacking his ethnicity and thus a component of genocide. For example, in former Yugoslavia, "a 'large number' of men who were beaten on their testicles in camps and occupied territories were told by their abusers, 'You will never again make Ustasha/Muslim children'". [13]

If the violence involves inflicting damage to the sexual organs, it can also be aimed at interfering with future sexual pleasure. (Sexual Violence Research Initiative 2011)



12. Summarize: In addition to immediate physical harm, an act of conflict-related sexual violence is intended to disempower the victim (intention 1), destroy his masculine identity (intention 2), challenge his perception of sexuality and gender identity (intention 3) and destroy his capacity for procreation and for future sexual pleasure (intention 4).

13. Allow for discussions to take place and clarify any points that are not clear.

14. Distribute Hand-out 2: Conflict-Related Sexual Violence against Men and Boys: Gender and Power Dynamics.

[13] From Medical Center for Human Rights in Zagreb, Croatia report "Characteristics of Sexual Abuse of Men During the War in the Republic of Croatia and Bosnia and Herzegovina", 1995, cited in Stener Carlson, Eric, "The Hidden Prevalence of Male Sexual Assault During War", in *British Journal of Criminology*, Volume 46, Issue 1, 2006.

SESSION 3: Needs of Male Survivors and Barriers in Reporting, Accessing Services and Seeking Support

60 – 90 minutes

LEARNING OBJECTIVES

- ✓ Describe the main challenges that hinder/keep men and boy survivors from disclosing SGBV and seeking support
- ✓ Describe the needs of male survivors of SGBV and list indicators for identification

KEY MESSAGES

- → Stigma and taboos are among the biggest barriers to reporting SGBV, accessing services or seeking other forms of support.
- → Services providers and humanitarian workers may be insensitive to or lack training on the extent to which men and boys suffer from SGBV, SGBV's impact, or how the needs of survivors can be addressed.

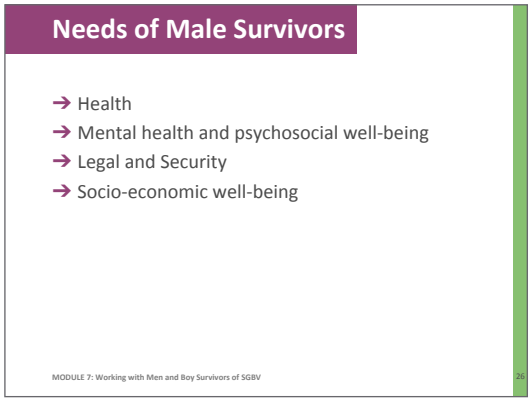
PREPARATION

- Hand-out 3: Understanding the Needs of Men and Boy Survivors of SGBV
- Hand-out 4: Barriers to Reporting, Accessing Services and Seeking support
- Hand-out 5: Indicators for Identification
- Select video most appropriate for participants

Consequences / needs

GROUP ACTIVITY (30 MINUTES)

1. Highlight that men and boy survivors experience a wide range of consequences of SGBV, some similar to and some different from those experienced by women and girls.



2. Divide the groups into four groups. Give each group the assignment of brainstorming consequences/needs in one of the four following categories:
   - Health
   - Mental health and psychosocial well-being
   - Legal and Security
   - Socio-economic well-being

   Note: Encourage participants to be specific how consequences may be different for child survivors (boys).

3. After 15 minutes, invite the groups to present the consequences/needs they came up with. Allow no more than 3 minutes per group. After each group's presentation ask other participants to add anything they think is missing. Highlight points that may not have been mentioned using Hand-out 3: Understanding the Needs of Men and Boy Survivors of SGBV as a guide.

4. Distribute Hand-out 3.

Barriers to accessing support

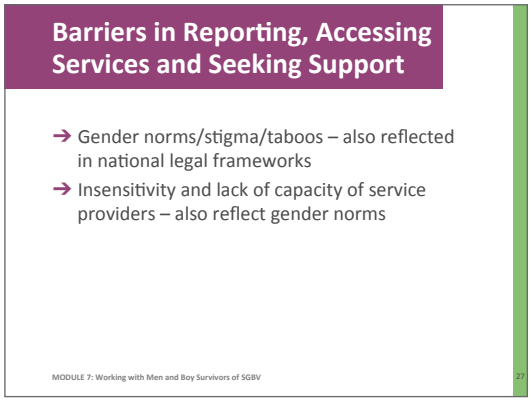
DISCUSSION (10 MINUTES)

5. Highlight that SGBV is under-reported by both women/girls and men/boys globally and that they may face the same barriers to reporting. Some research suggests that male survivors may be less likely to report assaults than women and girls.[14]

6. Ask participants which barriers, in their view, men and boys face in reporting SGBV, accessing services or seeking support.

7. Note participants' responses on two flip charts entitled *Detecting SGBV*, for factors related to services providers, and *Reporting SGBV and seeking support*, for factors related to the survivors, their families and communities.

8. Highlight any barriers that have not been raised by the group, using Hand-out 4: Barriers to Reporting, Accessing Services and Seeking Support as a guide.



9. Re-emphasize that fear, stigma and taboos are among the biggest barriers to reporting SGBV, accessing services or seeking support. Lack of capacity, knowledge and sensitivity on the side of service providers are also big challenges. In the next session we will consider how participants might deal with these issues in their current work settings.

[14] Callender, T. and E. Dartnall, Briefing Paper: *Mental Health Responses for Victims of Sexual Violence and Rape in Resource-Poor Settings*, Sexual Violence Research Initiative, 2011, cited in *Briefing Paper: Care and Support of Male Survivors of Conflict-Related Sexual Violence*, Sexual Violence Research Initiative, 2011.

10. Distribute Hand-out 4: Barriers to Reporting, Accessing services and Seeking Support.

11. Distribute Hand-out 5: Indicators for identification. Ask participants to read the hand-out and facilitate a short discussion. Do they recognize these signs of SGBV?

Consequences and barriers in accessing support

VIDEO (20 TO 50 MINUTES)

12. Time allowing, show one of the following videos and ask participants to look out for consequences and barriers in accessing support.

Gender Against Men available at:

http://www.youtube.com/watch?v=mJSl99HQYXc

A 44-minute documentary produced by the Refugee Law Project. Sections of particular interest:

- From 4:55 to 9:15: Overview of SGBV against men and boys
- From 11: 00 to 22:35: Story of a survivor (focus on Refugee Status Determination, legal framework, responses)

1st South-South Institute on Sexual Violence Against Men and Boys available at:

http://goo.gl/NNTaun

A 17-minute video produced by the Refugee Law Project on the South-South Institute, a week of discussion and reflection on inclusive responses to sexual and gender-based violence. Sections of particular interest:

- From 0:00 to 2:45: The work of the South-South Institute
- From 6:45 to 8:25: Men's experiences
- From 9:03 to 11:00: On barriers to accessing services

Inside the Story: The Silent Victims of Rape

http://goo.gl/yjE76m

A 25-minute documentary produced by Al Jazeera English on types of SGBV committed against men, the consequences, responses and the legal framework. Sections of particular interest:

- From 2:00 to 11:28: Types of SGBV, the legal framework, support services
- From 18:07 to 25:00: Consequences, impact, responses

The Refugee Law Project presents a number of videos in relation to their work.

All are available at: www.refugeelawproject.org/resources/video-advocacy.html.

Of particular interest to this module's topic are the following:

- Journeys to Activism*, the Refugee Law Project, produced these five short profiles, Aime Moninga, Joseph, Stephen Kighoma, Thierry Inongi, Alain Kabenga.*
- They Slept with Me*, also produced by the Refugee Law Project, this video is also available in French.*
- Unbearable Experiences*, a short video produced by Men of Peace, a Ugandan support organization for male survivors of SGBV.*

13. Ask participants to highlight a few points they have noticed and allow discussion to take place.

SESSION 4: Inclusive SGBV Programming

80 minutes

LEARNING OBJECTIVES

- ✓ Describe concrete actions that can be implemented to ensure SGBV prevention and response programmes are inclusive of men and boys

KEY MESSAGES

- → Information, education, and communication (IEC) materials about SGBV must be inclusive of male survivors.
- → Staff's verbal and non-verbal communication when discussing SGBV against men and boys should demonstrate respect and sensitivity. They can help disclosure by asking direct questions, as long as an environment of trust has been established and questions are posed in a sensitive fashion.

PREPARATION

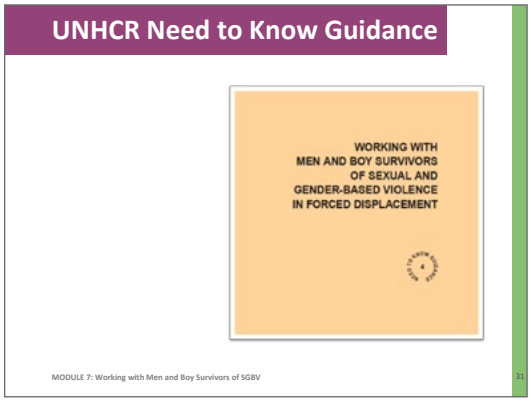
- Activity Sheet 1: Working with Men and Boy Survivors of SGBV Activity Matrix
- Hand-out 6: Men and Boy Survivors: The International Legal Framework
- Hand-out 7: Key Considerations for Inclusive SGBV Programming

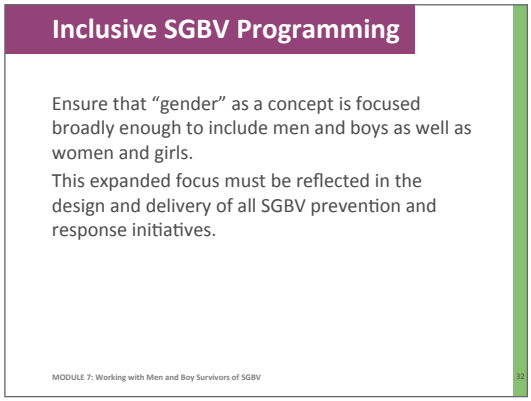
Inclusive SGBV programming

GROUP WORK (75 MINUTES)

1. Explain that in this last exercise participants will start exploring ways to address the concerns of men and boy survivors in their operations.

2. Refer to UNHCR's *Need to Know Guidance: Working with Men and Boy Survivors of SGBV*.





3. Explain that this document recommends steps towards inclusive SGBV programming. Use the Notes to the facilitator to explain what is meant by inclusive programming.

NOTES TO THE FACILITATOR:

Inclusive SGBV programming

It is essential that "gender" within the framework of SGBV programming be focused broadly enough to include ***men and boys*** *as well as* ***women and girls****.*

SGBV is a risk for men and boys as well as for women and girls. This must be reflected systematically in the design and delivery of all SGBV prevention and response initiatives.

Observing the considerations in Need to Know Guidance: Working with Men and Boy Survivors of SGBV *will help to promote programmes that are inclusive of men, women, boys and girls.*

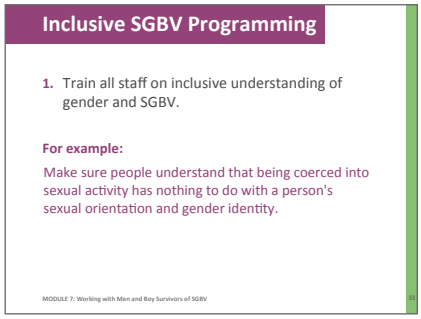
Note: Inclusive programming has been often challenged on the grounds that assisting men and boys as survivors would withdraw resources from women's programmes. However, when facing such considerations it is important to emphasize that:

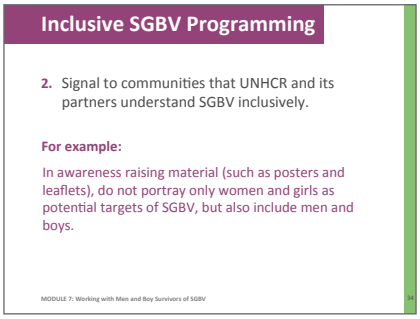
1) Working with men and boys as survivors of SGBV, not just as perpetrators or allies, has to be understood as an integral and essential component of any prevention and response initiative in light of the fact that SGBV is a human rights violation regardless of the sex of the survivor.

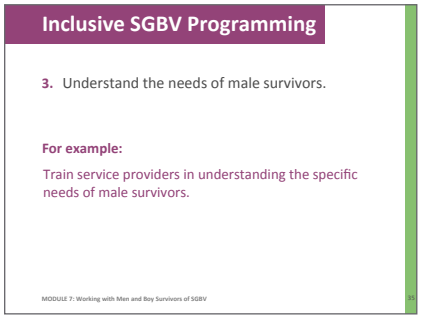
2) Responding to the needs of survivors of SGBV is a humanitarian imperative[15]*.*

4. Explain that most international human rights treaties and other sources of international law are gender neutral. They apply to both men and women. Distribute Hand-out 6: Men and Boy Survivors: The International Legal Framework, which provides more information on the international legal framework pertaining to men and boy survivors. Participants may read this after the training.

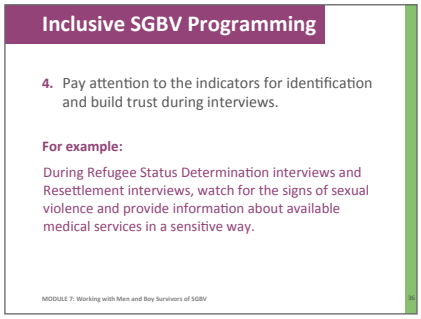
5. Using the animated slides, briefly list some of the key considerations from the UNHCR *Need to Know Guidance: Working with Men and Boy Survivors of SGBV*, giving an example of a concrete activity for each consideration. This should be a quick exercise.

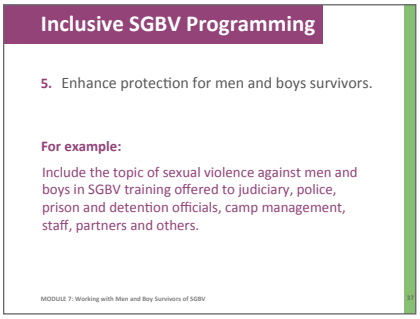


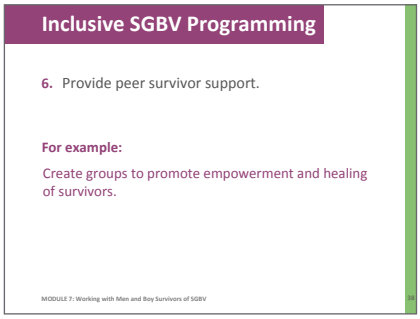




[15] Dolan, C., "Addressing Sexual Violence Against Men and Boys" in *Red Cross Red Crescent Review*, 2015, Issue 2.



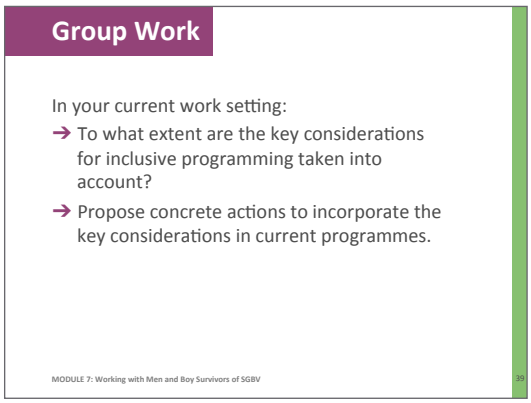




6. Have participants determine the best way to divide into smaller groups of five or six. For example, those involved in the same programme or organization, or from the same operation, may choose to sit together.

7. Distribute Activity Sheet 1: Working with Men and Boy Survivors of SGBV Activity Matrix to all participants and a few copies of the *Need to Know Guidance* to each group. Also, give each group a set of coloured pencils or pens and distribute Hand-out 7: Key Considerations for Inclusive SGBV Programming, which summarizes the key considerations.

8. Ask each group to browse through the *Need to Know Guidance* and for each key consideration evaluate which of the suggested activities they are already implementing in their current setting and to what extent. Groups should use the coloured pens: green for steps already completed, orange for activities in progress, and red for those items not yet acted upon. Explain that participants should not feel restricted by the information provided in the Activity Sheet or in the *Need to Know Guidance*. Any other ideas for inclusive SGBV programming are encouraged. The groups should then identify at least one activity they want to improve on and record steps they will take in the second column of the Activity Sheet. In the third column they can take note of what challenges they expect and the resources needed.



Note: Tell participants that they should focus primarily on developing the activities in the Activity Matrix. They should not spend too much time on challenges and resources, but should simply note any major challenges and significant human and other resources (not financial) that would be required.

9. Give the groups 45 minutes to work on this activity.

10. After 45 minutes, ask the groups to report back in plenary. Presentations should be no longer than 5 minutes. As much as possible each group should present plans or activities that have not been addressed by the other groups.

11. Make the link between the ideas generated during the group work and:
    - Making support services accessible to male survivors of SGBV and sensitive to their needs
    - Addressing gender norms and taboos that hamper reporting and seeking support

12. Highlight a good practice example, if possible, from the region where participants work. Alternatively, reference the Men of Peace and Men of Hope projects in Uganda listed in Hand-out 8: Good Practice.

13. Distribute Hand-out 8: Good Practice.

Wrap-up

14. Address any unanswered questions and sum up with the key messages for the module

- Gender is defined **inclusively** and should not be used only in reference to women and girls. Inclusive thinking will help defuse the idea that only women are victims/survivors and only men are perpetrators. It may also help reconstruct balanced gender roles and power dynamics among sexes.
- We need to address seriously the needs of men and boys who have experienced SGBV and break the silence around this topic. Men survivors need to be able to speak about what happened to them, and their communities must be able and willing to listen. The South-South Institute on Sexual Violence Against Men and Boys sets an excellent example.
- Empowering male survivors may also lead to a higher general involvement of men and boys as partners in addressing SGBV.

REFERENCES:

Callender, T. and E. Dartnall, *Mental Health Responses for Victims of Sexual Violence and Rape in Resources Poor Settings*, 2011, available at: http://www.svri.org/MentalHealthResponses.pdf.

Carlson, E. S., "The Hidden Prevalence of Male Sexual Assault During War: Observations on Blunt Trauma to the Male Genitals", *British Journal of Criminology*, 46/1, 2005, available at: http://goo.gl/9hRjYY

Del Zotto, Augusta and Adam Jones, "Male-on-Male Sexual Violence in Wartime: Human Rights' Last Taboo", presented to the Annual Convention of the International Studies Association (ISA), New Orleans, LA, 23-27 March 2002., available at: http://adamjones.freeservers.com/malerape.htm.

Dolan, C., "Into The Mainstream: Addressing Sexual Violence Against Men And Boys In Conflict: A Briefing Paper Prepared for the Workshop Held at the Overseas Development Institute, London, 14 May 2014", PLAN, Refugee Law Project, War Child, 2014, available at: http://goo.gl/aJguF4

Dolan, C., "Addressing Sexual Violence Against Men and Boys", *Red Cross Red Crescent Review*, 2015, Issue 2, available at: https://goo.gl/wrnAo7

Dolan, C., "Letting Go of the Gender Binary: Charting New Pathways for Humanitarian Interventions on Gender-Based Violence", *International Review of the Red Cross*, No. 894, 9 September 2015, available at: https://goo.gl/UVyeIE

End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT), *Protecting Children from Sexual Exploitation and Sexual Violence in Disaster and Emergency Situations*, 2006, available at: http://goo.gl/JuQEJd

Frederick, John, "Sexual Abuse and Exploitation of Boys in South Asia: A Review of Research Findings, Legislation, Policy and Programme Responses", UNICEF Innocenti Research Center, 2010, available at: http://goo.gl/khWUGW

Hilton, A, *"I thought it Could Never Happen to Boys": Sexual Abuse and Exploitation of Boys in Cambodia: An Exploratory Study*, Social Services of Cambodia (SSC) for HAGAR/World Vision, 2008, available at: http://goo.gl/wSxPsU

The International Rescue Committee (IRC), *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit*, 2014, available at: http://goo.gl/IeoRrT

The International Rescue Committee (IRC), "CCS Training Materials, Module 5: Guiding Principles and Key Issues" in *Caring for Child Survivors*, 2015, available at: http://goo.gl/53okT3

Johnson, K., Scott, J. Rughita B., Kisielewski, M., Asher, J., Ong, R. and Lawry, L., "The Association of Sexual Violence and Human Rights Violations with Physical and Mental Health in Territories of the Eastern Democratic Republic of the Congo", *Journal of the American Medical Association (JAMA)*, 4 August 2010, available at: http://goo.gl/0joiwT

Carlson, E. S., "The Hidden Prevalence of Male Sexual Assault During War: Observations on Blunt Trauma to the Male Genitals", *British Journal of Criminology*, 46/1, 2005, available at: http://goo.gl/bltP99

Lewis, D., "Unrecognized Victims: Sexual Violence against Men in Conflict Settings Under International Law", *Wisconsin International Law Journal*, 29 August 2009, available at: http://goo.gl/Yc4MoS

Living Well, "Men Dealing with the Effects of Childhood Sexual Abuse and Sexual Assault", available at: http://goo.gl/HQILTz

Mudrovčić, Z., *Sexual and Gender-Based Violence in Post-conflict Regions: The Herzegovina Case*, 2001, cited in *Briefing Paper: Care and Support of Male Survivors of Conflict-Related Sexual Violence*, Sexual Violence Research Initiative, 2011, available at: http://www.svri.org/CareSupportofMaleSurviv.pdf

Office of the United Nations Special Representative of the Secretary-General on Sexual Violence in Conflict, *Report of Workshop on Sexual Violence Against Men and Boys in Conflict Situations*, 2013, available at: http://goo.gl/x5QB7f

Refugee Law Project, *Male Survivors of Sexual Violence in Kampala Demand for Better Services*, 2014, available at: http://goo.gl/VfPwEm

Refugee Law Project, *Promoting Accountability for Conflict-Related Sexual Violence Against Men: A Comparative Legal Analysis of International and Domestic Lows Relating to IDP and Refugee Men in Uganda*, 2013, available at: http://goo.gl/T03Ki4

Russell, W., "Sexual Violence against Men and Boys", *Forced Migration Review*, January 2007, available at: http://www.fmreview.org/FMRpdfs/FMR27/12.pdf

Save the Children, Hidden Survivors – Sexual Violence Against Children, in Conflict, 2012, available at: http://goo.gl/UW1JvA

Sexual Violence Research Initiative, *Briefing Paper: Care and Support of Male Survivors of Conflict-Related Sexual Violence*, 2011, available at: http://www.svri.org/CareSupportofMaleSurviv.pdf

Sivakumaran, S. "Lost in Translation: UN Responses to Sexual Violence against Men and Boys in Situations of Armed Conflict", *International Review of the Red Cross*, March 2010, available at: https://goo.gl/adYWdw

Sivakumaran, S., "Sexual Violence Against Men in Armed Conflict", *European Journal of International Law*, April 2013, available at: http://ejil.org/pdfs/18/2/224.pdf

Ongwech, O. D., *Report on the 1st South-South Institute on Sexual Violence Against Men & Boys in Conflict & Displacement*, Refugee Law Project, 2013, available at: http://goo.gl/LCLgv6

Stener Carlson, E., "The Hidden Prevalence of Male Sexual Assault During War", *British Journal of Criminology*, 46/1, 2006, available at: http://goo.gl/bltP99

United Nations Department of Peacekeeping Operations, *Review of the Sexual Violence Elements of the Judgments of the International Criminal Tribunal for the Former Yugoslavia, the International Criminal Tribunal for Rwanda and the Special Court for Sierra Leone in the Light of the Security Council Resolution 1820*, 2010, available at: http://goo.gl/rbQmU9

United Nations High Commissioner for Refugees (UNHCR), *Need to Know Guidance: Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement*, 2012, available at: http://www.refworld.org/pdfid/5006aa262.pdf

United Nations Office for the Coordination of Humanitarian Affairs (UN OHCA) Policy Development and Studies Branch, "Discussion Paper 2: The Nature, Scope and Motivation for Sexual Violence against Men and Boys in Armed Conflict", 2008, available at: http://goo.gl/jdJrkw

United Nations Security Council, *Conflict-Related Sexual Violence: Report of the Secretary-General*, March 2015, available at: http://goo.gl/CHL3Ou

Watson, Callum, *Preventing and Responding to Sexual and Domestic Violence against Men: A Guidance Note for Security Sector Institutions*, DCAF, 2014, available at: http://goo.gl/aGDPfg

World Health Organization, *Global Estimates of Health Consequences due to Violence against Children*, cited in United Nations Secretary-General, World Report on Violence against Children, 2006, available at: http://goo.gl/IDLLD

Activity Sheet 1

xx minutes

Working with Men and Boy Survivors of SGBV Activity Matrix

Key considerations	To what extent implemented?*	What action can you take?	Resources Needed
Train all staff on inclusive understanding of SGBV.			
Staff directly engaging with survivors (e.g., RST, RSD, Registration)?			
Other staff?			
Signal to PoC communities that UNHCR and its partners understand SGBV inclusively.			
IEC materials (e.g., posters in office) inclusive?			
Is SGBV always explained as inclusive of men and boys?			
Understand the needs of men and boy survivors.			
Men have access to health services? (Or, for example, are services located in gynecology department?)			
Health staff trained?			
Male survivors included in socio-economic responses?			
MHPSS support for men available?			

* ● **yes,** ● **making progress,** ● **no**

Key considerations	To what extent implemented?*	What action can you take?	Resources Needed
Pay attention to the indicators for identification and build trust during interviews.			
Do staff ask men about sexual violence?			
Are staff sensitive to this issue?			
Can male survivors give preference for male/female interviewer?			
Enhance protection for men and boy survivors.			
Is SGBV against men and boys a topic in coordination (protection/SGBV) meetings and in training?			
Is SGBV against men and boys addressed in training offered to, for example, judiciary, police, camp management, staff, partners, communities?			
Provide peer survivor support.			
Do male survivors have access to peer support?			

* ● **yes,** ● **making progress,** ● **no**

Hand-out 1

The Scope and Types of SGBV against Men and Boys

The definition of SGBV is *inclusive* of men and boys.

DEFINITION OF SGBV:

Sexual and gender-based violence refers to any act perpetrated against a person's will based on gender norms and unequal power relationships. It includes physical, emotional/psychological and sexual violence as well as denial of resources or access to services. Violence includes threats of violence and coercion. SGBV inflicts harm on women, girls, men and boys and constitutes a severe violation of a number of universal human rights.

THE SCOPE OF SGBV AGAINST MEN AND BOYS

SGBV against men and boys is poorly documented. Existing information tends to be anecdotal, but it is a fact that SGBV against men and boys occurs in nearly every conflict. It can be a cause of flight and, for some refugee men and boys, a key source of vulnerability during displacement.

SGBV against men and boys can emerge in any setting and in any cultural context, whether in peacetime or wartime. Despite similarities to SGBV perpetrated during peacetime, SGBV committed during wartime entails certain distinctions. For instance, in conflict settings recruitment in armed forces, detention, power-shifts and mass displacement can facilitate abuse on a much larger scale.

Men are even less likely than women to report acts of SGBV, and humanitarian actors often fail to detect it. SGBV against men and boys is **seriously under-reported** and likely to be more prevalent than the current statistics suggest.

It is important to differentiate the various forms that SGBV can take and to distinguish the ways it can affect survivors (Sivakurmaran 2007). Remember:

- Different dynamics may be present in the different types of violence.
- Calling the types of violence by name is the first step in breaking the silence surrounding SGBV against boys and men.
- Different types of violence have different consequences.
- Often certain forms of sexual violence against men and boys are not regarded as SGBV (e.g., genital beatings may not be recognized as sexual torture) and hence not reflected in statistics.

TYPES OF SGBV AGAINST MEN AND BOYS

- Child sexual abuse, including incest and online child abuse
- Survival sex or coerced sex, the main triggers of which, as for women and girls, are lack of alternative survival options/livelihoods
- Trafficking for sexual purposes
- In some cultures, initiation or coming-of-age ceremonies which subject young boys to acts of violence to prove they are strong and capable of being "men"

In armed conflict, sexual violence against men and boys (and women and girls) is used as a weapon of war. It often takes the form of sexualized forms of torture in detention, but also occurs in public or private life. Types of sexual violence include:

- Rape or forced penetration, including with weapons or other objects
- Being forced to observe sexual violence, for example, the rape of wives, children or other relatives
- Coerced participation in acts of sexual violence against others
- Threats of rape against the individual or the individual's friends or family
- Enforced nudity, often accompanied by threats or mockery
- Genital violence, which may include shocks or beatings aimed at the testicles or penis and genital mutilation including biting or cutting off the penis
- Enforced masturbation (of the victim and of the perpetrator) and performing other sexual acts in front of perpetrators
- Sexual slavery
- Forced circumcision

Hand-out 2

Conflict-Related Sexual Violence against Men and Boys: Gender and Power Dynamics[1]

Conflict-related sexual violence refers to "rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization and other forms of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is linked, directly or indirectly (temporally, geographically or causally) to conflict. This link may be evident in the profile of the perpetrator; the profile of the victim; in a climate of impunity or State collapse; in the cross-border dimensions; and/or in violations of the terms of ceasefire agreement"[2].

In conflict, sexual violence against men and boys, like sexual violence against women and girls, is based on *gender norms and unequal power relationships*. In addition to immediate physical harm, an act of sexual violence is intended to disempower the victim, destroy his masculine identity, challenge his perception of sexuality and gender identity, and prevent his procreative capacity. In any incident of sexual violence, *various dynamics* are present; rarely will sexual violence be committed for a single reason.

POWER AND DISEMPOWERMENT

Sexual violence against men and boys is used to *empower the perpetrators* and *disempower the victim*.

Just as with sexual violence against women and girls, sexual violence committed against men and boys is about power and dominance. During armed conflict, rape and other forms of sexual violence are used as means of obtaining and maintaining power, and of disempowering particular individuals or groups in society, for example, those of a particular ethnicity or religion.

[1] Text adapted from: Sivakumaran, "Sexual Violence against Men in Armed Conflict" in *The European Journal of International Law*, Vol. 18 no. 2, 2007; and UNHCR, *Need to Know Guidance: Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement*, 2012.

[2] *Conflict-Related Sexual Violence, Report of the Secretary-General*, United Nations Security Council, March 2015, available at: http://reliefweb.int/sites/reliefweb.int/files/resources/N1508136.pdf.

GENDER NORMS: MASCULINITY

Sexual violence is often carried out against males to attack and destroy their sense of masculinity or manhood.

Power and dominance are linked with masculinity. In most societies, masculine identity is constructed upon dominance, strength, protecting women and children, and the ability to exert power over others. Perpetrators of sexual violence seek to destroy the victims' masculine identities, sending the message that the victims have failed to be "real men". The violence affects individual victims, but also their families and the larger community, which receives the message that these men – the "protectors" – are unable to protect themselves. If they are unable to protect themselves, how will they protect their community? In this way, a man's "manliness" is lost, and the family and community are made to feel vulnerable. In a similar way, sexual violence against female members of a community may be intended to suggest that the men of the community have failed in their duty to protect "their" women.

GENDER NORMS: SEXUALITY AND SEXUAL ORIENTATION

Rape by another male can be intended to strip a man or boy of his heterosexual status – a particularly powerful attack in cultures where same-sex relationships are socially or religiously taboo or subject to extreme punishment (IRC 2014).

In some societies, general opinion and mores deny that sexual violence can occur against men and boys on the grounds, for example, that any same-sex activity is consensual and therefore cannot be rape/sexual assault.

Where social norms and taboos on sexuality and sexual orientation marginalize or stigmatize same-sex relations, sexualized attacks against men not only serve to diminish the survivor's masculinity in his own eyes and the eyes of perpetrators, but also can be interpreted by the survivor, perpetrators, and the wider community as an expression of the survivor's sexual orientation or gender identity.

Perpetrators also often seek to confuse the victim's sense of his own sexuality by deliberately making him ejaculate during an attack. This is intended to make the survivor feel that he is gay because he "enjoyed" the act.

FACT: Erection and ejaculation are physiological responses to stress and physical stimulation; they are not related to an individual's sexuality or sexual orientation (Sexual Violence Research Initiative 2011). An experience of sexual abuse is *not* part of someone's sexuality because it was not a consensual experience.

GENDER NORMS: GENDER IDENTITY

Sexual violence can be intended to make men feel that that they have been "turned into a woman", because gender norms often associate being a victim or survivor with femininity.

Rigid gender norms may suggest that men cannot be victims, only perpetrators. Regardless of the actual gender of the perpetrator or victim, the characteristic of masculinity is attributed to the perpetrator and femininity to the victim. Being a survivor of sexual violence is thus considered feminine.

Feminization may be further reinforced through the general view in society, even amongst some humanitarian workers, that only women can be raped and, in some countries, by laws that do not recognize male rape.

An experience of sexual abuse does not take away a man or boy's masculinity, or change a man into a woman or a boy into a girl!

DESTROYING PROCREATIVE CAPACITY

Perpetrators may intend to deprive victims of the ability to procreate by inflicting harm to their sexual organs. Even if a survivor comes through an assault with their reproductive capabilities intact, they may experience psychological difficulties leading to sexual and relationship difficulties.

In some circumstances, attacks on a man's procreative abilities are a means of attacking his ethnicity and thus constitute genocide.

If the violence involves inflicting damage to the sexual organs, it can also be aimed at interfering with future sexual pleasure. (Sexual Violence Research Initiative 2011)

Hand-out 3

Understanding the Needs of Male Survivors of SGBV

As with female survivors, male survivors of sexual and gender-based violence are affected physically, psychologically and socially. This may be accompanied by the inability to engage in particular livelihoods and lack of legal redress.

As is the case for women and girls, many factors influence the impact of abuse, including the survivor's age, the duration and frequency of the abuse, the type of violence used, and the relationship to the perpetrator. Also critical is the level of support the survivor receives and the response to disclosure. If a survivor is confronted with disbelief and lack of support, the negative effect can be greater.

And, like women and girls, men and boys are also able to overcome difficulties and adapt to change. The capacity to heal is determined by the characteristics of the survivor and a number of external *protective factors*. Examples of factors that promote resilience include a supportive family environment, having someone to trust, and being engaged in positive social, educational, or livelihood activities.

CONSEQUENCES IN FOUR CATEGORIES

HEALTH

Physical consequences of sexual violence frequently include damage to the rectum and to the genitalia, urinary and sexually transmitted infections including HIV/AIDS, damage to reproductive capacity and sexual dysfunction.

At the intersection of the physical and the psychological levels, sexual violence survivors are highly likely to suffer from the physical manifestation, or *somatising*, of emotional trauma. Common somatic complaints among male survivors include chronic pain in the head, back, stomach, joints, pelvis or heart; problems urinating or defecating, high blood pressure, general malaise, loss of appetite and weight, exhaustion, palpitations, weakness, sleeplessness, and sexual dysfunction, including impotence and premature ejaculation, that cannot be attributed to physical damage (IRC 2014).

MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

Psychological symptoms include loss of self-esteem, depression, hopelessness, anxiety, anger (including desire for revenge), shame, humiliation, resentment, flashbacks, nightmares, guilt, emotional numbing, aversion to being touched, withdrawal from domestic and social activities, fear of certain people (such as soldiers or police) who remind the survivor of the perpetrators, sleep and eating disorders, increased drug and alcohol consumption, self-harm and suicidal tendencies.

Difficulties for the survivor may manifest in domestic relations, including problems with intimacy and sexual relationships (men may, for example, experience impotence as a consequence of sexual violence), abandonment by spouses, and losing the respect of their household.

Survivors often experience loneliness and may be socially stigmatized or ostracized by their community if their history becomes known. They may be excluded from places of worship, recreation, and employment.

Problems survivors experience may relate to their perceptions of what "a man should be", including[3]:

- Sense of being inadequate as a man
- Fear of inability to procreate
- Confusion over gender identity and sexual orientation
- Fear that the sexual abuse has caused or will cause homosexual desires or activity
- Homophobia, i.e., fear or intolerance of any form of homosexuality.
- Pressure to "prove" his manhood
  - Physically, by becoming bigger, stronger and meaner, by engaging in dangerous or violent behaviour
  - Sexually, by having multiple female sexual partners, by always appearing "up for it" and sexually in control

Specific consequences for children (boys and girls):

- Fear of not being believed, feelings of guilt and shame, low self-esteem
- Fear, anxiety, nightmares, inability to concentrate
- For young unmarried survivors: doubt of their capacity to establish a family.
- For boys who are gay and who are abused: internalization of societal attitudes that they are to blame for what happened (IRC 2015)
- Difficulties with relationships with other children
- For adolescent males subjected to rape: increased potential for substance abuse, violent behaviour, stealing and absenteeism from school[4]
- Sexually deviant behaviour

[3] Adapted from: "Men Dealing with the Effects of Childhood Sexual Abuse and Sexual Assault", *Living Well* online resources available at: http://www.livingwell.org.au/managing-difficulties/dealing-with-the-effects/.

[4] World Health Organization, "Sexual Violence" in *World Report on Violence and Health*, 2002, available at: http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf.

SOCIO-ECONOMIC WELL-BEING

Before, during and after treatment, many survivors find they are not able to engage in work that requires physical strength. While they recover from treatment, particularly from surgical interventions, survivors may need income and housing support for six to twelve months. Once a survivor is sufficiently recovered, assistance in re-establishing means of livelihood will reduce the chances that he will need to resort to high-risk survival strategies.

Specific consequences for children/boys:

- Absence from school, risk of dropping-out
- Unable to meet expectations to contribute to the household income

LEGAL AND SECURITY

Legal definitions of rape are often specific to women and children, making it impossible for adult men to bring a charge of rape. Where same-sex relations are criminalised, male survivors are at risk of being interrogated about their sexual orientation and prosecuted for having engaged in same-sex activity. Many survivors do not report incidents because they lack confidence in the judicial system. Failure to prosecute can increase the risk that SGBV offences are repeated.

Note: There is little research on the different consequences for girl and boy survivors of sexual violence in conflict. However, the different implications of stigma for boy survivors coupled with a lack of age- and gender – appropriate services often could mean that they are even less likely to seek support than girls – potentially compounding problems over the long term[5].

[5] Save the Children, Hidden Survivors – Sexual Violence Against Children, in Conflict, 2012, available at: http://www.savethechildren.org.uk/sites/default/files/docs/Hidden_Survivors_1.pdf

Hand-out 4

Barriers to Reporting, Accessing Services and Seeking Support

FROM THE POINT OF VIEW OF SERVICE PROVIDERS

Appropriate support services are frequently unavailable. Services providers and humanitarian workers may be insensitive to – or lack training on – the extent to which men and boys suffer from SGBV, SGBV's impact, or how the needs of survivors can be addressed. They may even turn men and boys away from treatment. During resettlement or RSD interviews, signs of SGBV may not be recognized. Moreover, even if survivors do speak up, they may not be believed; or if an interviewer does pick up the signs of SGBV, they may not recognize the gravity of the experiences. It is important to note that issues with support services are also a reflection of gender norms.

Barriers to reporting, accessing services and seeking support for men and boy survivors fall across several categories of services.

HEALTH/MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

- Lack of training of first responders may lead to failure to identify and treat male victims.
- Health professionals or counselors may not recognize the signs that a male is a survivor of sexual violence. If the abuse is recognized, they may be insensitive to the issue or afraid to talk about it. Sexual violence may be seen as generalized torture and not sexual violence.
- Intrusive questioning by medical staff (or fear of it) inhibits survivors from seeking assistance.
- In some contexts, medical services for survivors of sexual violence are located in gynecology departments, which can prevent men from using the services.

LEGAL AND SECURITY

- Provision of legal assistance to men and boy survivors may pose additional challenges either because the legal definition of rape is specific to women and children, or because same sex relations are criminalized and men survivors are at risk of being persecuted for having engaged in same sex activity (UNHCR 2012).
- Safety provisions, such as safe houses, are usually not accessible for boys over a certain age.

SOCIO-ECONOMIC WELL-BEING

- Men and boys survivors may be overlooked in assistance programmes, such a livelihood programmes or targeted socio-economic support to survivors of SGBV. In addition, the impact of SGBV on male survivors' capacity for self-reliance may be underestimated.

FROM THE POINT OF VIEW OF SURVIVORS AND COMMUNITIES

Stigma, fear and shame: Men and boy survivors of SGBV often suffer silently because of widely held gender norms and cultural taboos. Men and boy survivors may fear that they will not be believed, that they will lose the support from family members, that they will be considered a future child abuser; that they face criminal penalties for being forced to rape someone else; and that they will be labelled as homosexual (Sexual Violence Research Initiative 2011).

Perceptions about masculinity may also affect **help-seeking behaviour**. Cultural norms often hold that "real men" should be able to cope and do not show emotions or ask for help in dealing with problems. Communities may also be reluctant to acknowledge the experiences of male survivors because they may be seen as bringing shame to the entire community.

Because of the huge stigma and discrimination associated with SGBV, male survivors may not just remain silent but may also actively deny what happened to them.

Guilt: Men who have been forced to use violence against others or boys who have been manipulated or coerced into "taboo" sexual relations may feel guilt about their actions (Hilton, 2008).

Lack of awareness: Some men may experience difficulties/barriers in disclosing SGBV because they lack the words to describe the acts or the consequences of SGBV that they experienced. They may also be unaware of how to access available services (IRC 2014).

Hand-out 5

Indicators for Identification

Male survivors rarely report SGBV incidents immediately, and frequently do so only when the physical effects of attacks require urgent intervention. Some men and boys only dare to seek assistance several years after the event.

While not always present, particular behaviours are very frequently present among male survivors of SGBV, and sexual violence specifically.

- Often male survivors cannot sit comfortably and may sit on the edge of a chair or request to stand during an interview or meeting.
- They may complain about lower back problems, signalling rectal problems.
- They may avoid eye contact.
- They may show high levels of anger and irritability.
- They can show high levels of homophobia.
- They often show a strong gender preference in relation to who interviews them. This choice appears to be very survivor specific: some prefer to be interviewed by men and others prefer women.
- They may repeatedly discuss an apparently unrelated protection concern, even after it has been effectively addressed.
- They often lose interest in sexual relations or refuse intimacy. Note that if a woman who is being counselled reports that her male partner exhibits these behaviours, it is possible that he may be a survivor of sexual violence.
- Male survivors may be unable to relate to other persons, even their own children.
- They may withdraw from social or community activities and meeting spaces.

These behaviours may be reported by the survivor, spouse, other family members, or friends.

Note: These indicators apply to sexual violence against males. Signs of sexual abuse in children (girls and boys) are addressed in Hand-out 3 of Module 9: Children and SGBV.

Hand-out 6

Men and Boy Survivors: The International Legal Framework

INTERNATIONAL HUMAN RIGHTS LAW

Under international law, states are obligated to refrain from violating human rights and must take positive steps to prevent SGBV, protect individuals from such violence, punish perpetrators and provide remedy to victims. Most of the provisions in human rights treaties are gender neutral – they apply to all. But some international human rights instruments "specific to sexual violence predominantly use gender-specific language, conferring explicit protection only upon women" (Refugee Law Project 2013).

INTERNATIONAL HUMANITARIAN LAW

Additional Protocols I & II to the Geneva Convention (1949) employ sex-neutral language to prohibit rape, enforced prostitution and any form of indecent assault.

INTERNATIONAL CRIMINAL LAW

The Rome Statute of the ICC (International Criminal Court) expands the call of expressly enumerated crimes of sexual violence in international law and does so in sex-neutral terms. It classifies "rape, sexual slavery, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity" as depending on the situations predicate, crimes against humanity and/or war crimes. Article 7(3) introduces the first definition of "gender" in an international treaty: "the two sexes, male and female, within the context of society".

INTERNATIONAL TRIBUNALS[6]

The International Criminal Tribunal for the Former Yugoslavia (ICTY), the International Criminal Tribunal for Rwanda (ICTR), and the Special Court for Sierra Leone (SCSL) found women, children and men were victims of sexual violence. A few facts:

- SCSL noted that the definition of rape is broad enough to be gender neutral and noted further that "both men and women" can be victims of rape.
- ICTR noted that sexual violence "is not limited to the physical invasion of the human body and may include acts that do not involve penetration or even physical contact". Sexual violence against men and boys thus includes other actions directed at a victim's sexual or reproductive health or identity (e.g., enforced incest, or enforced rape of others whether female or male).
- Analysis of the jurisprudence of the ICTY, ICTR and SCSL suggests that no single judicial philosophy exists. Rather, individual judges and chambers will adopt their own approach in classifying sexual violence against men. By 2010, the ICTY had made findings of sexual violence in 24 out of 75 cases, the ICTR in 13 out of 24 cases, and the SCSL in both of its completed cases. However, perpetrators of sexual violence against men have reportedly received lighter sentences than those who targeted women.
- Also, a survey of the limited number of cases that involve sexual violence against men shows that "unlike sexual violence against women, sexual violence crimes against men are generally prosecuted under non-sexual criminal classifications" (Refugee Law Project 2013).

UNITED NATIONS FRAMEWORK (E.G., SECURITY COUNCIL RESOLUTIONS)

United Nations Security Council Resolution (UNSCR) 1820 refers to the victimization of "women and children" in conflict. The vast majority of UNSCR 1888 is phrased so as to be inclusive of all victims of sexual violence, and The Paris Principles and Guidelines on Children Associated with Armed Force or Armed Groups, point 2.1 includes "children, boys and girls, used as fighters, cooks, porters, messengers, spies or for sexual purposes". In 2013, United Nations Security Council Resolution 2106 recognized men and boy victims of conflict-related sexual violence for the first time.

GUIDING PRINCIPLES ON INTERNAL DISPLACEMENT

The Guiding Principles generally apply to women as well as to men and underline the need to not discriminate on basis of sex or ethnic or social origin.

[6] Adapted from: *Review of the Sexual Violence Elements of the Judgments of the International Criminal Tribunal for the Former Yugoslavia, the International Criminal Tribunal for Rwanda and the Special Court for Sierra Leone in the Light of the Security Council Resolution 1820*, UN DPKO 2010

Hand-out 7

Key Considerations for Inclusive SGBV Programming

(Adapted from: *Need to Know Guidance: Working with Men and Boys Survivors of SGBV*, UNHCR, 2012.)

WHAT IS INCLUSIVE SGBV PROGRAMMING?

Inclusive SGBV programming

It is essential that "gender" within the framework of SGBV programming be focused broadly enough to include **women and girls** as well as **men and boys**. SGBV is a risk for men and boys and for women and girls. This must be reflected systematically in the design and delivery of all SGBV prevention and response initiatives.

Observing the considerations in the *Need to Know Guidance: Working with Men and Boy Survivors of SGBV* will help to promote programmes that are inclusive of men, women, boys and girls.

Note: Inclusive programming has been often challenged on the grounds that assisting men and boys as survivors would withdraw resources from women's programmes. However, when facing such considerations it is important to emphasize the following:

1) Working with men and boys as survivors of SGBV, not just as perpetrators or allies, is an integral and essential component of any prevention and response initiative in light of the fact that SGBV is a human rights violation regardless of the sex of the survivor.

2) Responding to the needs of survivors of SGBV is a humanitarian imperative[7].

TRAIN ALL STAFF ON INCLUSIVE UNDERSTANDING OF SGBV

In depth training on the distinctions and connections between gender, sexuality, sexual orientation and sexual violence is essential for staff and partners. For example, make sure staff understand that being coerced into sexual activity has nothing to do with a person's sexual orientation and gender identity.

SIGNAL TO COMMUNITIES THAT UNHCR AND ITS PARTNERS UNDERSTAND SGBV INCLUSIVELY

The whole community should be aware of and sensitive to issues surrounding SGBV and that potential targets include males. Information, education, and communication (IEC) materials must be inclusive. For instance, posters in service providers' offices should show not only women and girls as potential victims but also men and boys. Examples of public information campaigns are offered by the Sexual Violence Research Initiative in a briefing paper, *Care and Support of Male Survivors of Conflict-Related Sexual Violence*, 2011, available at http://goo.gl/AFiarq.

[7] Dolan, C. "Addressing Sexual Violence Against Men and Boys" in *Red Cross Red Crescent Review*, 2015, Issue 2.

Men and boys need to know that threats or occurrences of SGBV against them are recognized, understood, and dealt with in confidentiality. Women and girls need to know that men and boys from their family or community might suffer from SGBV.

Always emphasize that UNHCR adopts an inclusive definition of SGBV, fully recognizing that men and boys can be victims of SGBV.

UNDERSTAND THE NEEDS OF MEN AND BOY SURVIVORS

In considering these needs, special emphasis should be placed on the importance of ensuring that appropriate medical services are available to treat the **health consequences** of SGBV. This also includes considerations about the location of services and the respect for confidentiality. For instance, would men access medical services for SGBV if they were located in the gynaecology/maternity department?

In considering **mental and social health consequences**, ensure service providers/staff/partners understand and address the potential fears male survivors may harbour of not being believed, of social exclusion and stigma, of feeling that they are "no longer a man", and of the loss of the capacity to maintain or establish a family.

In terms of **socio-economic support**, consider that often during and after treatment survivors may not be able to engage in work. Consequences may be further aggravated by the fact that sometimes men are the only income-providers within the family. Therefore, housing and livelihood support should be considered as part of the response. This support is important to reduce high-risk survival strategies, both for survivors and their families.

Finally, provision of **legal assistance** to men and boy survivors may pose additional challenges, either because the legal definition of rape in the host country is specific to women and children, or because same-sex relations are criminalized and thus male survivors are at risk of being persecuted for having engaged in same-sex activity, even if it was non-consensual. Engage in advocacy activities with legislators and policy makers to encourage adoption of gender-sensitive definitions of SGBV (particularly sexual violence and rape) that include acts of SGBV against men.

PAY ATTENTION TO THE INDICATORS FOR IDENTIFICATION AND BUILD TRUST DURING INTERVIEWS

The following considerations should inform all activities with individuals (be it refugee status determination interviews, resettlement interviews, general protection interviews, or other interactions):

Pick up the signs: Male survivors rarely report SGBV incidents immediately, and frequently do so only when the physical effects of attacks require urgent interventions. Signs may include the fact that they cannot sit comfortably or the fact that they report lower back problems. Other signs may include high levels of anger, irritability or homophobia. It is important to pay attention to these signs and provide information about available medical services in a sensitive way.

Gain trust and speak about SGBV: Male survivors often present as angry and it should not be misinterpreted. Staff can help disclosure by asking direct questions, as long as an environment of trust has been established and questions are posed in a sensitive fashion. Staff should convey the message that sensitive issues can be addressed confidentially when the person feels ready to talk about them. Staff can clarify and stress that coerced sexual acts are not linked to the survivor's sexual orientation.

Guiding Principles: Respect the guiding principles in every interaction. If possible, offer survivors a choice of interviewers and interpreters (male/female), have non-judgmental attitude, respect the survivor's narrative, and respect the survivor's wishes and refer to services accordingly.

ENHANCE PROTECTION FOR MEN AND BOY SURVIVORS

Use an **AGD approach** when designing SGBV prevention and response initiatives; ensure that working with male survivors is included in standard operating procedures and strategies, and establish clear and effective referral pathways, differentiated by sex and age if and where necessary.

Ensure that **SGBV budgets** include funds to support survivors' access to services and cover their basic needs during recovery, including material assistance such as shelter and food; ensure access to livelihood opportunities.

Include SGBV against men and boys as a topic in **coordination (protection/SGBV) meetings** and in **training opportunities** (judiciary, police, camp management, staff, partners, communities).

Develop **partnerships** to detect and monitor cases of detention of persons of concern in detention centres and prisons.

Special attention should be paid to the situation of **unaccompanied and separated children**, who are particularly vulnerable to trafficking and coercion or manipulation into prostitution. (ECPAT 2006).

PROVIDE PEER SURVIVOR SUPPORT

Create groups to promote empowerment and healing of male survivors. These groups, if properly managed particularly with regard to confidentiality, offer an alternative to coping in isolation.

Create safe referral pathways between services providers and peer-support groups, and encourage self-help activities, enabling members to support each other.

Programmes that may help boys are also essential, such as telephone helplines for boys to call into and safe-spaces where boys can come and talk about what they face.

Hand-out 8

Good Practice

MEN OF HOPE AND MEN OF PEACE

Men of Hope Refugee Association and the Men of Peace Association in Uganda are support groups that bring together male refugee survivors of sexual violence. Men of Hope started with two individual refugees who openly narrated their ordeals of male rape. Men of Peace started during a research project by Refugee Law Project and the Johns Hopkins University School of Public Health in a screening exercise to identify male survivors of sexual violence.

From those first few men speaking out, the numbers of men reporting rape increased and the groups were formed to provide mutual support. Today there are 80 members registered with Men of Hope and 200 with Men of Peace, and the numbers continue to increase. In addition to providing direct support to male survivors, the groups raise awareness of the plight of refugee male survivors with health workers and counsellors. They also work with community leaders to fight stigma and to promote more supportive attitudes to survivors of sexual violence. Some of the survivors are now writing a book about their experiences. They hope it will help victims overcome shame to speak openly about their ordeals (Refugee Law Project, 2014).

Men of Hope produced *The Bench*, a short video, after attending training in computer and participatory video production, available at: http://goo.gl/ZyBFdN.

Men of Peace produced *Unbearable Experiences*, a video which describes their work, available at: http://goo.gl/xpqFNC.

SOUTH-SOUTH INSTITUTE ON SEXUAL VIOLENCE AGAINST MEN AND BOYS: INTERNATIONAL CONFERENCES UGANDA AND CAMBODIA ON MALE SURVIVORS OF CONFLICT RELATED SEXUAL VIOLENCE

The First South-South Institute on Sexual Violence against Men and Boys was organized by the Refugee Law Project and brought together male survivors of sexual violence for a week of discussion and reflection on the theme of inclusive responses to sexual and gender-based violence. Other participants included service providers, governmental representatives, academics, policy makers and students. It was the first such event of its kind in sub-Saharan Africa, if not the world.

The video produced by the Video Advocacy Unit of the Refugee Law Project presents highlights and is available at: http://goo.gl/NNTaun.

Pre-/Post-test

Module 7:
Working with Men and Boys Survivors of SGBV

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or false? Please select all TRUE statements.
   a) Sexual violence against boys and men takes place in every armed conflict.
   b) Just as with women, male rape is criminalized in all countries.
   c) Overall, women are less likely than men to report acts of SGBV.
   d) Men and boys may also find themselves forced to exchange sex for goods or services in order to survive.
   e) Most international human rights treaties use gender-neutral language.

2. What are the reasons for underreporting of SGBV against men and boys? Choose all that apply.
   a) Support services may not be sensitive to men's distinct needs.
   b) It is considered a cultural taboo.
   c) Humanitarian workers do not recognize the signs of sexual violence against males.
   d) Men are better at coping by themselves than are women.
   e) Certain types of sexual violence against men and boys are disregarded because they are con sidered non-sexual.
   f) In some countries male survivors of rape may be accused of consensual same sex relationships.
   g) Consequences of sexual violence for men are less severe than those for women.
   h) Perceptions of masculinity in society may inhibit reporting.
   i) Lack of words or language to describe acts of SGBV against men and boys.

3. Which one of the following statements best describes UNHCR's approach in working with male survivors?
   a) SGBV prevention and response programmes should be inclusive of men and women.
   b) Decisions about the inclusion of men and boys in prevention and response programmes should be context driven.
   c) While widely acknowledging violence against men and boys as a form of SGBV, programmes should focus on women and girls who constitute by far the largest group of survivors.
   d) Programmes should be inclusive of men and women, as long as assisting male survivors does not take away resources from women's programmes.

4. Explain in your own words what is meant by "Sexual violence against men aims to disempower the victim and destroy his masculine identity."

5. Please list five types of sexual violence inflicted on men and boys

Pre-/Post-test: Answer Sheet

Module 7:
Working with Men and Boys Survivors of SGBV

(Correct responses are highlighted in **bold**)

1. True or false? Please select all TRUE statements.
   - **a) Sexual violence against boys and men takes place in every armed conflict.**
   - b) Just as with women, male rape is criminalized in all countries.
   - c) Overall, women are less likely than men to report acts of SGBV.
   - **d) Men and boys may also find themselves forced to exchange sex for goods or services in order to survive.**
   - **e) Most international human rights treaties use gender-neutral language.**

2. What are the reasons for under-reporting of SGBV against men and boys? Choose all that apply.
   - **a) Support services may not be sensitive to men's distinct needs.**
   - **b) It is considered a cultural taboo.**
   - **c) Humanitarian workers do not recognize the signs of sexual violence against males.**
   - d) Men are better at coping by themselves than are women.
   - **e) Certain types of sexual violence against men and boys are disregarded because they are considered non-sexual.**
   - **f) In some countries male survivors of rape may be accused of consensual same sex relationships.**
   - g) Consequences of sexual violence for men are less severe than those for women.
   - **h) Perceptions of masculinity in society may inhibit reporting.**
   - **i) Lack of words or language to describe acts of SGBV against men and boys.**

3. Which one of the following statements best describes UNHCR's approach in working with male survivors?
   - **a) SGBV prevention and response programmes should be inclusive of men and women.**
   - b) Decisions about the inclusion of men and boys in prevention and response programmes should be context driven.
   - c) While widely acknowledging violence against men and boys as a form of SGBV, programmes should focus on women and girls who constitute by far the largest group of survivors.
   - d) Programmes should be inclusive of men and women, as long as assisting male survivors does not take away resources from women's programmes.

NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exclusive; they serve as *examples* of correct answers.

4. Explain in your own words what is meant by "Sexual violence against men aims to disempower the victim and destroy his masculine identity."

   Just like sexual violence against women and girls, sexual violence committed against men and boys is about power and dominance. Power and dominance are linked with masculinity. In most societies, masculinity is constructed around dominance, strength, protecting women and children, and the ability to exert power over others. Perpetrators of sexual violence want to destroy the victim's masculine identity by sending the message that the victims have failed to be "real men" because they are unable to protect themselves and their community. Sexual violence against men can also be interpreted by the survivor, perpetrators, and the wider community to be an expression of the survivor's sexual orientation ("no longer heterosexual") or gender identity ("being feminine").

5. Please list five types of sexual violence inflicted on men and boys

   - **Rape or forced penetration, including with weapons or other objects.**
   - **Being forced to observe sexual violence**
   - **Coerced participation in acts of sexual violence against others**
   - **Enforced nudity**
   - **Genital violence, which may include shocks or beatings aimed at the testicles or penis and genital mutilation including biting/cutting off the penis**
   - **Enforced masturbation (of the victim and of the perpetrator) and performing other sexual acts in front of perpetrators**
   - **Sexual slavery**
   - **Forced circumcision**
   - **Survival sex or coerced sex.**
   - **Trafficking for sexual purposes**
   - **Child sexual abuse, including incest**

Objectives

- List common types of SGBV against males
- Explain how gender norms shape SGBV against males
- Describe the main challenges that hinder/keep men and boy survivors from disclosing SGBV and seeking support
- Describe the needs of male survivors of SGBV and list indicators for identification
- Describe concrete actions that can be implemented to ensure SGBV prevention and response programmes are inclusive of men and boys

Test Your Knowledge

SGBV against men and boys has been reported in over _____ conflicts in the last decade.

a) 5

b) 25

c) 43

Test Your Knowledge

The World Health Organization estimated that in a single year, _____ boys and 150 million girls experienced forced sexual intercourse or other forms of sexual abuse.

a) 8 million

b) 49 million

c) 73 million

Test Your Knowledge

In Bosnia Herzegovina, _____ per cent of the 5,000 male concentration camp victims in the Sarajevo Canton reportedly were raped in detention.

a) 6

b) 15

c) 80

Test Your Knowledge

An estimated _____ per cent of men from the eastern region of the Democratic Republic of the Congo self-reported sexual violence during their lifetime.

a) 6

b) 15

c) 23

Test Your Knowledge

In 2002, an inventory of some 4,000 NGOs addressing sexual violence in conflict found that _____ per cent mentioned SGBV against men and boys in their programming materials.

a) 3

b) 16

c) 49

Definition of SGBV

- ➔ Sexual and gender-based violence refers to any act perpetrated against a person's will based on **gender norms** and **unequal power relationships.**
- ➔ It includes physical, emotional/psychological and sexual violence as well as denial of resources or access to services.
- ➔ Violence encompasses threats of violence and coercion.
- ➔ It **inflicts harm on women, girls, men and boys** and constitutes a severe violation of a number of universal human rights.

Types of SGBV

- Child sexual abuse, including incest and online child abuse
- Survival sex or coerced sex
- Trafficking for sexual purposes
- Violent initiation or coming-of-age ceremonies
- **Sexual violence in conflict:**
  - Being forced to observe sexual violence
  - Coerced participation in acts of sexual violence against others
  - Threats of rape against the individual or the individual's friends or family
  - Enforced nudity, often accompanied by threats or mockery
  - Genital violence
  - Enforced masturbation (of the victim and of the perpetrator) and performance of other sexual acts in front of perpetrators
  - Sexual slavery
  - Forced circumcision

Differentiating between Types of Sexual Violence

Why should we do it?

- **Different dynamics** may be present in the different types of violence.
- Calling the types of violence by name is a start of **breaking the silence** surrounding sexual violence against boys and men.
- Different types of violence have **different consequences.**
- Sexual violence against men and boys may be regarded as non-sexual (as, for example, torture instead)

Scope of the Problem

- ➔ SGBV against men and boys is **seriously under-reported.**
- ➔ SGBV against men and boys can emerge in **any setting** and in **any cultural context**, whether in peacetime or wartime.
- ➔ SGBV against men and boys exists in **nearly all conflicts.**
- ➔ SGBV against men and boys can be a **cause of flight** and, for some refugee men and boys, a key **source of vulnerability during displacement**.

Myth or Reality

Boys make up stories or lie about sexual abuse; we can't always believe them.

Myth!

FACT: Children, including boys, rarely lie or make up stories about being sexually abused.

Myth or Reality

Boys who are sexually abused by men or other boys may become gay.

Myth!

FACT: Abuse by a member of the same sex does not affect a person's sexual orientation.

Myth or Reality

Men and boys can have physical reactions like an erection or ejaculation in response to an assault.

Reality!

FACT: When subjected to sexual violence, men and boys can have a involuntary physical response that is not related to sexuality.

Definition of SGBV

➔ Sexual and gender-based violence refers to any act perpetrated against a person's will based on **gender norms** and **unequal power relationships**

Conflict-related sexual violence

Rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization and other forms of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is linked, directly or indirectly (temporally, geographically or causally) to conflict.

Conflict-Related Sexual Violence, Report of the Secretary-General United Nations Secretary-General

Gender and Power Dynamics

In addition to inflicting immediate physical harm, an act of sexual violence intends to:

1. **Disempower the survivor**
2. **Destroy his masculine identity**
3. **Challenge his perception of sexuality and gender identity**
4. **Destroy capacity for procreation and for future sexual pleasure**

In any incident of sexual violence **various dynamics** are present; rarely will sexual violence be committed for a single reason.

Intention 1: Disempower

Sexual violence against men and boys is used to **empower the perpetrators** and **disempower the victim.**

Sexual abuse of boys is based on **unequal power relationships.**

Intention 2: Destroy Masculine Identity

Sexual violence can send the message that the survivors have failed to be "real men" because:

➔They are "**unable to protect themselves and their family/community**".

➔Being the target of sexual violence is often associated with women. Survivors of sexual violence are thus considered feminine.

Intention 3: Challenge Perception of Sexuality and Gender Identity

A male perpetrator may use rape to **strip a man or boy of his heterosexual status** – a particularly powerful attack in cultures where being gay is socially or religiously taboo or subject to extreme punishment.

Intention 4: Destroy capacity for procreation and for future sexual pleasure

Perpetrators may intend to deprive victims of **procreating capability** and **sexual pleasure** by inflicting harm to their sexual organs.

What perpetrators intend

Conflict-related sexual violence against men and boys is intended to:

- ➔ Disempower
- ➔ Destroy masculinity
- ➔ Challenge sexual identity and gender identity
- ➔ Destroy capacity for procreation and for future sexual pleasure

Needs of Male Survivors

- ➔ Health
- ➔ Mental health and psychosocial well-being
- ➔ Legal and Security
- ➔ Socio-economic well-being

Barriers in Reporting, Accessing Services and Seeking Support

- ➔ Gender norms/stigma/taboos – also reflected in national legal frameworks
- ➔ Insensitivity and lack of capacity of service providers – also reflect gender norms

Video

http://www.youtube.com/watch?v=mJSl99HQYXc

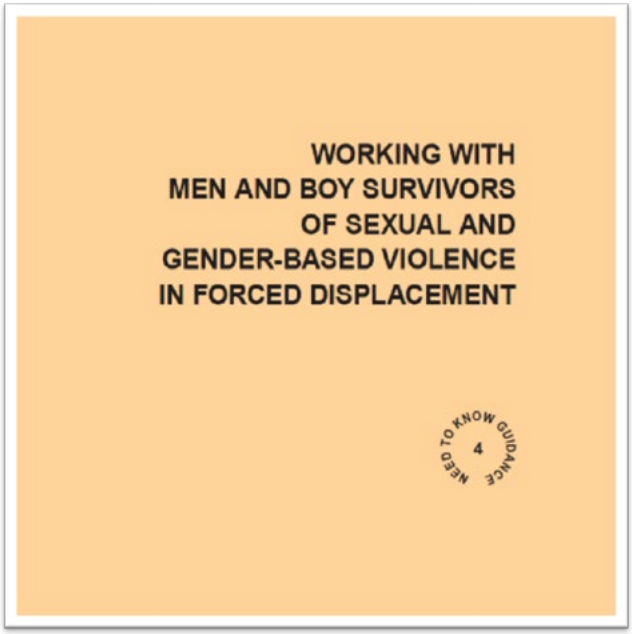
Video

http://goo.gl/NNTaun

Video

http://goo.gl/yjE76m

UNHCR Need to Know Guidance



Inclusive SGBV Programming

Ensure that "gender" as a concept is focused broadly enough to include men and boys as well as women and girls.

This expanded focus must be reflected in the design and delivery of all SGBV prevention and response initiatives.

Inclusive SGBV Programming

1. Train all staff on inclusive understanding of gender and SGBV.

For example:

Make sure people understand that being coerced into sexual activity has nothing to do with a person's sexual orientation and gender identity.

Inclusive SGBV Programming

2. Signal to communities that UNHCR and its partners understand SGBV inclusively.

For example:

In awareness raising material (such as posters and leaflets), do not portray only women and girls as potential targets of SGBV, but also include men and boys.

Inclusive SGBV Programming

3. Understand the needs of male survivors.

For example:

Train service providers in understanding the specific needs of male survivors.

Inclusive SGBV Programming

4. Pay attention to the indicators for identification and build trust during interviews.

For example:

During Refugee Status Determination interviews and Resettlement interviews, watch for the signs of sexual violence and provide information about available medical services in a sensitive way.

Inclusive SGBV Programming

5. Enhance protection for men and boys survivors.

For example:

Include the topic of sexual violence against men and boys in SGBV training offered to judiciary, police, prison and detention officials, camp management, staff, partners and others.

Inclusive SGBV Programming

6. Provide peer survivor support.

For example:

Create groups to promote empowerment and healing of survivors.

Group Work

In your current work setting:

- ➔ To what extent are the key considerations for inclusive programming taken into account?
- ➔ Propose concrete actions to incorporate the key considerations in current programmes.

MODULE 8

Access to Justice for SGBV Survivors

MODULE OUTLINE

Session 1	Access to justice: What does it mean?	30 minutes	1
Session 2	Different types of justice mechanisms	40 minutes	2
Session 3	Barriers to accessing justice for SGBV survivors	60 minutes	3
Session 4	Programmes	80 minutes	4
Session 5	Legal aid (optional)	60 minutes	5

TIMING:

3 hours and 30 minutes (4 hours and 30 minutes including optional exercise)

SUMMARY

This module addresses access to justice for SGBV survivors: women, men, girls and boys. Participants will explore what is meant by access to justice and identify the different types of justice mechanisms available. Participants will identify the main obstacles survivors face in accessing justice, as well as concrete actions that could be taken in their operation to address them.

LEARNING OBJECTIVES

By the end of this module participants should be able to:

- ✓ Explain what is meant by access to justice
- ✓ Describe different types of justice mechanisms (formal and informal) and their possible advantages and disadvantages in different contexts
- ✓ Explain the main obstacles SGBV survivors face in accessing justice
- ✓ Identify concrete actions that can be taken to improve access to justice in their operations, based on good practices and lessons learned
- ✓ Describe how legal assistance can play an important role in improving access to justice for SGBV survivors

KEY MESSAGES

- → Justice means different things to different people. It is crucial that we listen to those who are seeking it, respect their wishes and respond to their needs.
- → Access to justice means access to both formal and informal justice systems, as well as transitional justice processes where applicable.
- → The challenges faced by SGBV survivors in pursuing justice will differ depending on gender, special needs, age, and the context, particularly where there is a plural legal system, i.e., formal *and* informal justice systems.
- → The inequalities and discrimination faced by SGBV survivors in relation to the administration of justice tend to be exacerbated by displacement and statelessness.
- → Ensuring access to justice for SGBV survivors is a State responsibility. UNHCR, in partnership with relevant stakeholders, plays an important role in supporting States in fulfilling their obligations in this respect.
- → Legal aid clinics can play an important role in improving access to justice for SGBV survivors. Involvement of key stake holders, including local authorities and communities, is essential.

PREPARATION

COLLECT SUPPLIES:

- Flip charts, markers, projector, laptop

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: (Optional) Role Play, including Hand-outs A, B and C

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Access to Justice: What Does It Mean?
- Hand-out 2: Different Types of Justice
- Hand-out 3: Barriers to Accessing Justice for SGBV Survivors
- Hand-out 4: Steps UNHCR Can Take to Promote Access to Justice

OTHER:

- Prepare four signs to be put up on the wall: 1) Awareness of rights, 2) Ability to access justice systems, 3) A legal framework that conforms to international human rights standards, and 4) Judicial and law enforcement processes and procedures that adopt a survivor-centred approach

UNHCR READING MATERIALS AND RESOURCES

→ *Access to Justice and Sexual and Gender-Based Violence: UNHCR's Call for More Concerted Action*, 2012.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 8: Access to Justice for SGBV Survivors has been produced for educational purposes only in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge:

→ *Addressing Conflict-Related Sexual Violence: An Analytical Inventory of Peacekeeping Practice*, United Nations Development Fund for Women (UNIFEM), United Nations Department of Peacekeeping Operations (UN DPKO), and UN Action against Sexual Violence in Conflict (UN Action), 2010.

→ *Managing Gender-Based Violence Programmes in Emergencies, E-learning Companion Guide*, United Nations Population Fund (UNFPA), 2012.

→ *Review of the Sexual Violence Elements of the Judgments of the International Criminal Tribunal for the Former Yugoslavia, the International Criminal Tribunal for Rwanda and the Special Court for Sierra Leone in the Light of the Security Council Resolution 1820*, UN DPKO, 2010.

→ *Informal Justice Systems: Charting a Course for Human Rights-Based Engagement*, United Nations Development Programme (UNDP), UN Women, United Nations Children's Fund (UNICEF).

→ *The Rule of Law and Transitional Justice in Conflict and Post-Conflict Societies: Report of the Secretary-General to the Security Council* (S/2011/634), United Nations Security Council, 2011.

→ *Progress of the World's Women 2011-2012: In Pursuit of Justice*, UN Women, 2011.

→ *Delivering Justice: A Programme of Action to Strengthen the Rule of Law at the National and International Levels: Report of the Secretary-General*, United Nations Rule of Law, 2012.

→ *International Protocol on the Documentation and Investigation of Sexual Violence in Conflict: Basic Standards of Best Practices on the Documentation of Sexual Violence as a Crime under International Law*, The United Kingdom Foreign & Commonwealth Office, 2014.

→ *Guidance Note of the Secretary-General: United Nations Approach on Transitional Justice*, 2010.

→ *Improving Women's Access to Justice During and After Conflict: Mapping UN Rule of Law Engagement*, UN Women and UNDP, 2014.

→ *L'assistance Judiciaire des Victimes de Violences Sexuelles*, Avocats Sans Frontières, 2010.

SESSION 1: Access to Justice: What Does It Mean?

30 minutes

LEARNING OBJECTIVES

✓ Explain what is meant by access to justice

KEY MESSAGES

→ Justice means different things to different people. It is crucial that we listen to those who are seeking it, respect their wishes and respond to their needs.

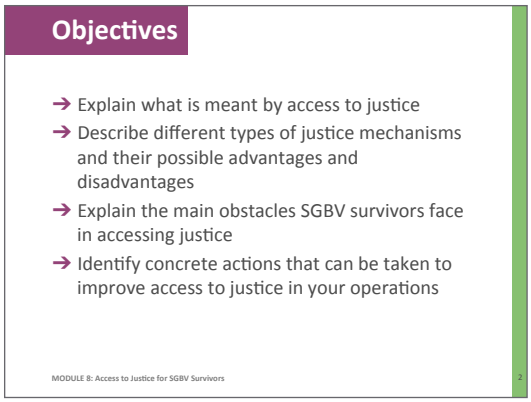
PREPARATION

- Hand-out 1: Access to Justice: What Does it Mean?
- Prepare four signs to be put up on the wall: 1) Awareness of rights, 2) Ability to access justice systems, 3) A legal framework that conforms to international human rights standards, and 4) Judicial and law enforcement processes and procedures that adopt a survivor-centred approach

What is justice?

DISCUSSION (30 MINUTES)

1. Using the Notes to the facilitator below, highlight the objectives of this training session.

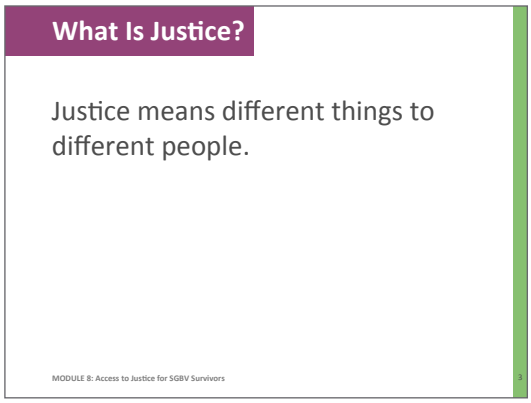


NOTES TO THE FACILITATOR:

At the end of this training session participants should be able to:

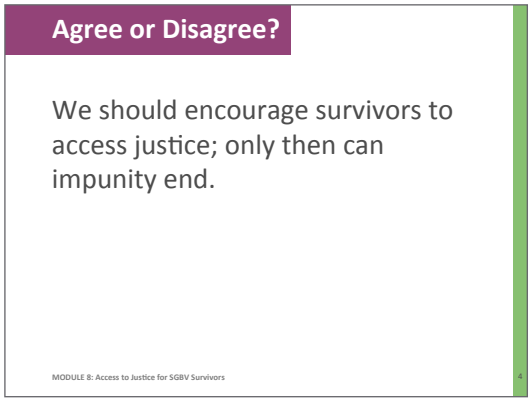
- *Explain what is meant by access to justice*
- *Describe different types of justice mechanisms (formal and informal) and their possible advantages and disadvantages in different contexts*
- *Explain the main obstacles SGBV survivors face in accessing justice*
- *Identify concrete actions that can be taken to improve access to justice in their operations, including gender and age sensitivity, based on good practices and lessons learned*
- *Describe how legal assistance can play an important role in improving access to justice for SGBV survivors*

2. Ask participants as a group: *If you were to experience SGBV, such as rape, what would justice mean to you?* Write some responses on a flip chart and complement with information from Hand-out 1: Access to Justice: What Does It Mean?

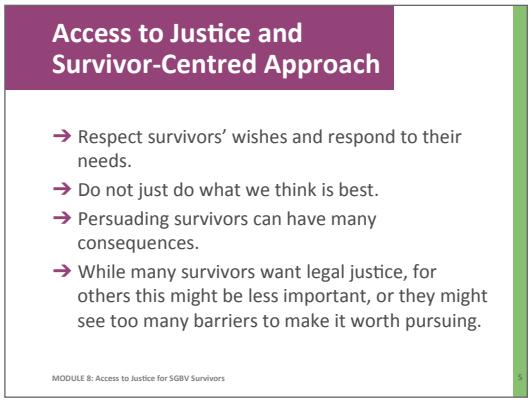


3. Emphasize that **justice means different things to different people**, and depends upon a person's gender, age, specific needs and context.

4. Point out that ensuring access to justice for SGBV survivors is not only part of the **response to SGBV**, but is also a crucial aspect of **SGBV prevention**. If SGBV goes unreported and unpunished, it sends a dangerous message to perpetrators and the rest of the community that SGBV can be committed with impunity. Ensuring that perpetrators are brought to justice has implications beyond the individual survivor and perpetrator.



5. Ask participants whether they agree or disagree with the following statement: *We should encourage survivors to access justice; only then can impunity end.* Ask participants to bang their tables loudly if they agree with this statement. If they are not sure, or partially agree, they should bang the table gently. It they disagree they should remain silent. Ask a few volunteers to explain their response.



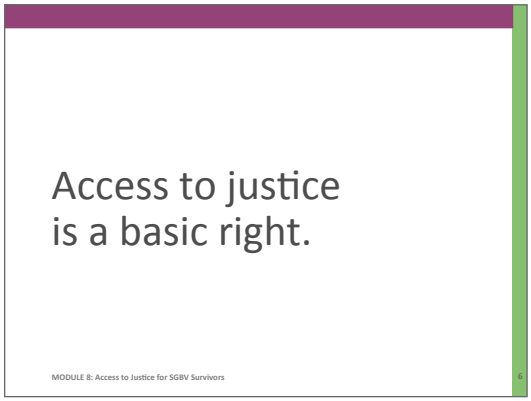
6. Explain the key points using the Notes to the facilitator.

NOTES TO THE FACILITATOR:

Access to justice and the survivor-centred approach

- *Emphasize that we always have to take a rights-based and a survivor-centred approach, which means that we have to ask every survivor what they feel is their best option, and not just do what we think is best.*
- *We should never encourage or persuade survivors to take a particular course of action. It is crucial that we listen to those seeking help, respect their wishes and respond to their needs.*
- *If we do not respect the wishes of the survivor and persuade them to take a certain path, it could compromise their safety, cause them to relive the trauma they have faced, or lead to economic consequences.*
- *While many survivors want legal justice, for others this might be less important, or they might see too many barriers to make it worth pursuing.*

7. Show participants the statement on presentation slide 6: *Access to justice is a basic right*. Ask them what this means. Use the Notes to the facilitator to highlight the meaning of this statement.

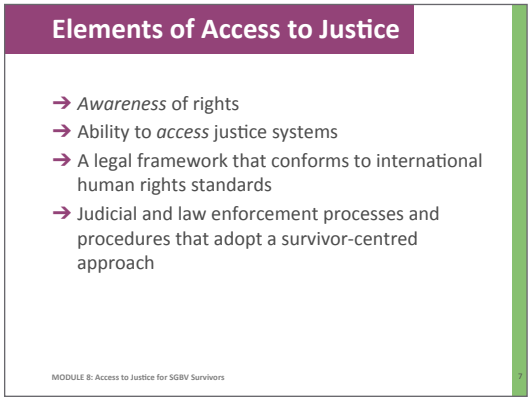


NOTES TO THE FACILITATOR:

Access to justice is a basic right

Everyone has fundamental human rights which are protected under international and national human rights law. Under international law, everyone is equal, is entitled to a fair trial, and has the right to be recognised before the law. To protect these rights, everyone also has the right to an effective remedy when harm or injury to recognized rights has been inflicted on them. Such remedies may include monetary or other forms of reparation (e.g., rebuilding destroyed houses) or restitution when someone has gained unfairly at someone else's expense (e.g., through slavery and trafficking).

8. Explain that the right to access to justice for SGBV survivors has a number of elements:
   - Awareness of rights
   - Ability to access justice systems
   - A legal framework that conforms to international human rights standards
   - Judicial and law enforcement processes and procedures that adopt a survivor-centred approach



9. Distribute Hand-out 1: Access to Justice: What does it mean?

SESSION 2: Different Types of Justice Mechanisms

40 minutes

LEARNING OBJECTIVES

✓ Describe different types of justice mechanisms (formal and informal) and their possible advantages and disadvantages in different contexts

KEY MESSAGES

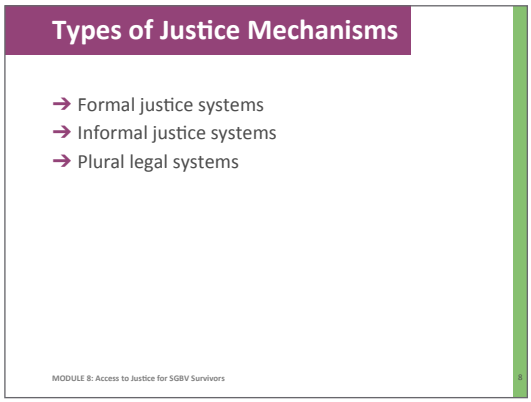
→ Access to justice means access to both formal and informal justice systems, as well as transitional justice processes where applicable.

PREPARATION

- Hand-out 2: Different Types of Justice Mechanisms

Different types of justice mechanisms

GROUP ACTIVITY AND DISCUSSION (40 MINUTES)



1. Explain that when we identify issues related to access to justice, and take steps to address them, we must take into account both **formal and informal justice mechanisms**. Some countries have a **plural legal system**. This means that there is more than one type of justice system in place.

2. Ask participants to take a few minutes to reflect on the different justice mechanisms in place in their operations, e.g., formal court system, groups of elders, religious courts, and other types of community dispute resolutions. This is an individual exercise and should only take 5 minutes.

3. Ask a few persons to share the mechanisms they came up with and write these on flip chart. Ask others if they thought of any additional justice mechanisms and write these down too.

4. Explain that in displacement settings multiple mechanisms may exist, and multiple sources of law may apply.

NOTES TO THE FACILITATOR:

Which justice systems apply in displacement settings?

In many displacement situations, particularly in camp settings, refugee life is governed by a complex system of justice consisting of multiple sources of law. This could include laws applicable in the country of asylum, as well as those prevailing in the country of origin. There may also be a variety of mechanisms, both formal and informal, to enforce those laws and rules in the displacement setting.

5. Explain the concept of informal justice systems. See the Notes to the facilitator.

NOTES TO THE FACILITATOR:

Informal justice systems

Informal justice systems are not all the same. *They are commonly distinguished from State justice systems in that they frequently aim to resolve disputes through mediation or arbitration, usually through a person or a group with standing in the community. They often adopt practices that draw their authority from perceived cultural, customary or religious concepts. Most informal justice systems are traditionally lead and defined by men, though women participate in some examples. Some of these systems, such as alternative dispute resolution panels that operate at the community level, might have formal State recognition.*

6. Highlight that it is estimated that in developing countries, around 80 per cent of legal cases are resolved through informal justice systems (United Nations Rule of Law).

7. Ask participants what is meant by *transitional justice* and how this can be of meaning to SGBV survivors. Use the Notes to the facilitator below to further explain.

NOTES TO THE FACILITATOR:

Transitional Justice

Transitional justice refers to a range of approaches that societies undertake to tackle legacies of widespread or systematic human rights abuses, as they move from a period of violent conflict or oppression towards peace, democracy, the rule of law, and respect for individual and collective rights (International Centre for Transitional Justice, 2006).

Transitional justice systems and processes include international tribunals, mixed international and national mechanisms, national courts, national truth commissions, and traditional/informal justice mechanisms.

For example, the jurisprudence of the International Criminal Tribunal for the former Yugoslavia (ICTY) and the International Criminal Tribunal for Rwanda (ICTR) have been crucial in developing recognition and understanding of different forms of sexual violence in conflict as crimes under international law. These tribunals broke new ground in securing the first convictions for rape and other forms of sexual violence as war crimes, crimes against humanity and acts of genocide (Justice for Survivors of Sexual Violence in Armed Conflict).

8. Explain UNHCR's role vis-à-vis the International Criminal Court

NOTES TO THE FACILITATOR:

UNHCR and the International Criminal Court

UNHCR may sometimes be approached by the International Criminal Court or other international criminal law actors in relation to the prosecution of serious international crimes such as genocide, war crimes and crimes against humanity. It is beneficial to refugee protection as a whole for UNHCR to cooperate with these processes, provided that this is consistent with our duties to persons of concern, our impartiality, and the security and safety of our staff and operations.

9. Divide participants into two groups (or four groups if the number of participants is large). Ask one group to brainstorm on what in their view are the advantages of formal justice systems *as seen by the community*. Ask the other group to brainstorm on advantages of the informal justice systems *as seen by the community*. Explain that we will later discuss barriers to accessing these systems.

10. Give the groups 10 minutes to discuss and to list their responses on flip charts.

11. Ask each group to display their flip chart on the wall. Invite participants to review the work done by the other group. Participants can add additional points on the flip charts if they feel certain advantages are missing.

NOTES TO THE FACILITATOR:

Feedback to the Activity:

Possible advantages formal system:

- *Run by trained lawyers and judicial officers*
- *Formalized and supported by the State*
- *Enforces national laws (an advantage where these comply with international norms)*
- *Decisions are enforceable*
- *More female participation than in informal justice systems*
- *Less likely to impose decisions that bring further harm to survivors, e.g., forced marriage in the case of rape*
- *Possible recourse to appeal decisions*

Possible advantages informal system:

- *Perceived as more legitimate by some communities*
- *Faster and less complex procedures than in formal systems*
- *Often promotes community cohesion, e.g., through stronger focus on restitution and compensation than punishment (though, not always the case, can also hand down harsh punishments)*
- *Familiar, less intimidating environment*
- *Free or affordable most of the time*
- *Doesn't require traveling to a city/province, thus less security issues*
- *Local languages understood by the survivor used during the process*

---

12. Conclude the session by reinforcing that justice means different things to different people, and that there can be both advantages and disadvantages for persons of concern in accessing formal and/or informal justice mechanisms, many of which may overlap. Even where we might see more advantages to using one type of justice mechanism, we must respect the wishes of persons of concern.

13. Emphasize that we should be careful not to generalize too much about the strengths and weaknesses of either formal or informal systems, as they will differ markedly between and even within countries.

14. Distribute Hand-out 2: Different Types of Justice Mechanisms.

SESSION 3: Barriers Accessing Justice for SGBV Survivors

60 minutes

LEARNING OBJECTIVES

✓ Understand the main obstacles survivors face in accessing justice

KEY MESSAGES

→ The challenges faced by SGBV survivors in pursuing justice will differ depending gender, special needs, age, and the context, particularly where there is a plural legal system, i.e., formal *and* informal justice systems.

→ The inequalities and discrimination faced by SGBV survivors in relation to the administration of justice tend to be exacerbated by displacement and statelessness.

PREPARATION

- Hand-out 3: Barriers to Accessing Justice for SGBV Survivors

Barriers to accessing justice

VIDEO AND DISCUSSION (20 MINUTES)

1. Explain that in many parts of the world, it can be difficult for SGBV survivors to access justice. These difficulties tend to be exacerbated in situations of displacement and statelessness, and **can be even more problematic for certain groups of survivors such as children, men, LGBTI persons, and persons with disabilities.**

2. Point out that the barriers to survivors' access to justice are multidimensional and go beyond the legal realm. Political, social, practical, cultural, economic and psychological barriers can obstruct survivors from accessing justice.

3. Show *Seeking Justice for Victims of Rape in Minova, DRC*, a 5-minute video by Elaisha Stokes for the *GlobalPost* about a rape trial in the Democratic Republic of the Congo. Explain that this video raises a number of issues explored throughout this module, including why justice can be important, the types of barriers survivors face in accessing justice, and possible weaknesses in justice systems and legal frameworks. Ask participants to look for the types of challenges that can arise in accessing justice while they are watching the video, as this will be the subject of the next exercise.

   http://goo.gl/TeVJEm

4. After the video, ask participants if they are aware of the outcome of the case. If not, explain the outcome using the notes, while also highlighting positive outcomes of similar trials. See Notes to the facilitator.

NOTES TO THE FACILITATOR:

Field example

A judgment in the Minova trial was handed down in May 2014, and was heavily criticized by the humanitarian community. Only two Congolese soldiers were convicted of rape and sentenced to life in prison. In addition, one other soldier was convicted of murder and others on minor charges such as looting and disobedience. Thirteen soldiers were acquitted. (See, for example, http://goo.gl/DCeLOi *or* http://goo.gl/FZQwbt.*)*

While there are numerous barriers to accessing justice in many parts of the world, considerable progress is being made. The fact that these soldiers were even brought before a judge is a positive sign, which would have been very unlikely just a decade ago. In other parts of the Democratic Republic of the Congo, in 2014, many senior military and police officials were convicted for sexual violence crimes. Amongst them was a lieutenant who received a twenty-year sentence for rape and a fifteen-year sentence for sexual slavery and 25 soldiers who were convicted of rape. These trials send a very clear message to perpetrators of sexual violence that they cannot act with impunity and show progress that this State is making in its efforts to combat sexual violence[1].

---

5. Ask participants if they are aware of similar trials in their operation.

[1] "Recent Convictions of Military and Police Officials in DRC Send Clear Message That Impunity for Sexual Violence in Conflict Will Not Be Tolerated", Statement by United Nations Special Representative of the Secretary-General on Sexual Violence in Conflict Zainab Hawa Bangura, 2014, available at: http://goo.gl/ht8cgi

Barriers to accessing justice in your operation

GROUP ACTIVITY (30 MINUTES)

6. Divide participants into three groups. Give each group a flip chart and post-its, and allocate to each group one of the following categories.
   - Legislation
   - Judicial and law enforcement processes and procedures
   - Access issues for survivors, e.g., awareness, practical issues, possible repercussions

7. Ask them to come up with **barriers to accessing justice in general, as well as actual barriers that exist in their operations**, using different coloured post-its for each. Where applicable, barriers should take into account **both formal and informal justice systems**.[2]

8. Give participants 15 minutes for this exercise, then ask each group to report back.

9. Discuss, ask for clarification and highlight important issues that may not have been mentioned using Hand-out 3: Barriers to Accessing Justice. Distribute the hand-out.

Recap

(10 MINUTES)

10. Recap by emphasizing that many different factors can affect a person's ability to access justice when this is the chosen course of action. Improving access to justice therefore entails much more than providing legal support and physical access: it is also about making sure that all law enforcement and justice actors, as well as the relevant laws and framework, protect and respect the rights of survivors and that sufficient budget is allocated to this. Community awareness about the rights of survivors, equity, and options for pursuing legal redress is also crucial.

11. Explain that in the next session we will explore concrete ways to address the obstacles and challenges participants have identified.

[2] These categories have been taken from United Nations Population Fund (UNFPA), *Managing Gender-based Violence Programmes in Emergencies*, 2012, available at: http://goo.gl/UBkVtu

SESSION 4: Programmes

60 minutes

LEARNING OBJECTIVES

✓ Identify concrete actions that can be taken to improve access to justice in their operations, based on good practices and lessons learned

KEY MESSAGES

→ Ensuring access to justice for SGBV survivors is a State responsibility. UNHCR, in partnership with relevant stakeholders, plays an important role in supporting States in fulfilling their obligations in this respect.

PREPARATION

- Hand-out 4: Actions UNHCR Can Take to Promote Access to Justice

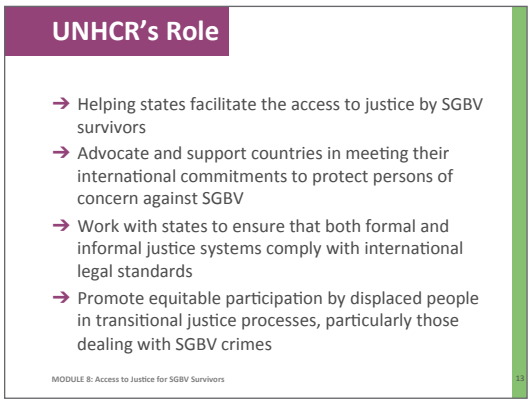
Programme activities

GROUP ACTIVITY (60 MINUTES)

1. Explain that it is the **responsibility of States** to prevent and investigate acts of SGBV, punish perpetrators and provide just and effective remedies to survivors. Refer back to Module 2: Key Approaches for Addressing SGBV, which explored the rights-based approach, which identifies the State as the primary duty-bearer to protect, uphold and fulfil rights. This principle is enshrined in many human rights treaties.

2. Point out that States' responsibilities extend both to formal and informal justice systems.

3. Explain that we will now consider UNHCR's role when it comes to access to justice. Ask participants what they believe should be UNHCR's role in promoting access to justice for SGBV survivors, and summarize these in a few key points. See Notes to the facilitator for detailed description.



NOTES TO THE FACILITATOR:

UNHCR's role in promoting access to justice for SGBV survivors

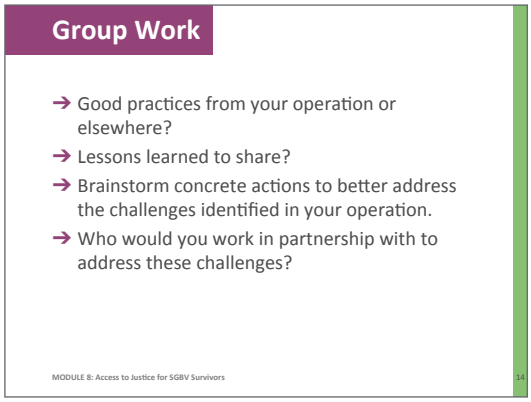
UNHCR and its partners play a ***key role*** *at the international and national levels* ***in helping States to address the many obstacles that refugees, internally displaced people, returnees and stateless people face in accessing justice****, including the additional barriers faced by groups such as women and girls, LGBTI persons, male survivors and persons with disabilities.*

UNHCR must ***advocate with and support countries in meeting their international commitments*** *and in complying with their obligations under international law. It is therefore critical for UNHCR staff to fully understand the justice systems and the legal frameworks in place in their operations.*

UNHCR should work with States to ensure that both formal and informal justice systems ***comply with international legal standards****, including equality before the law, equality of women and men and girls and boys, non-discrimination against women and girls, and the best interests of the child.*

UNHCR can also have a role to play in promoting equitable participation in ***transitional justice processes*** *by displaced people (women and men) including IDPs and refugees as well as returnees. Involvement by displaced people in transitional justice processes can promote reconciliation, which will in some circumstances improve the accessibility and quality of durable solutions such as return and local integration. UNHCR is not an expert in matters of justice, and transitional justice can touch on very politically sensitive issues. However, where applicable, UNHCR should advocate for and facilitate the participation of persons of concern (both within and outside the country) in transitional justice processes.*

4. Look at the flip charts from the previous session. Ask a few volunteers to remove the coloured post-its that relate to general challenges, leaving only those that are actual issues in the relevant operations.



5. Ask participants to separate into the three groups they were in previously, and give them back the flip charts that set out challenges in accessing justice. Give the groups 20 minutes to consider the following questions *in relation to their focus area*. Ask one participant from each group to take notes on their flip chart.
   - Do participants know of any good practices, from their operations or elsewhere?
   - Do participants have any lessons learned to share?
   - What concrete actions could be taken to better address the challenges identified in their operations?
   - Who should participants work in partnership with to address these challenges?

6. Ask each group to report back, and have a full group discussion about possible actions and partnerships. Spend 10 minutes on each flip chart.

7. After the groups have reported back, highlight any points that were not raised using Hand-out 4: Actions UNHCR Can Take to Promote Access to Justice, which includes some ideas for good practices/potential actions/partnerships.

8. End by emphasizing that giving SGBV survivors a voice, restoring their dignity, securing remedies for serious violations of their rights and ensuring that perpetrators are brought to justice are important priorities for UNHCR operations worldwide.

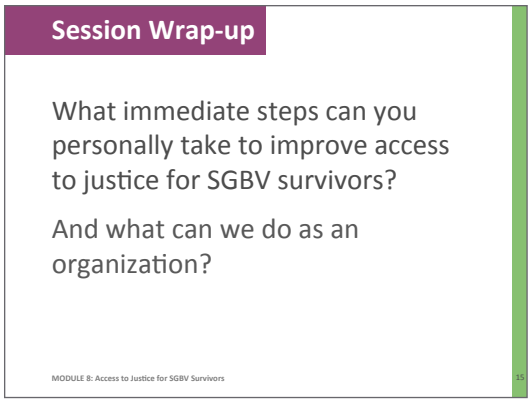
9. There are many ways in which UNHCR can support States to improve access to justice for SGBV survivors. In doing so, effective partnerships at all levels are crucial.

10. Distribute Hand-out 4.

Wrap-up

(20 MINUTES)

11. Ask participants, in couples, to reflect on the questions: *Having participated in this training session, what immediate steps can I personally take to improve access to justice by SGBV survivors? And what can we do as an organization?*



12. Encourage participants to share some of their reflections in plenary.

13. Address any unanswered questions and sum up with the key messages for the module.

SESSION 5: Legal Aid (Optional)

60 minutes

LEARNING OBJECTIVES

✓ Describe how legal assistance can play an important role in improving access to justice for SGBV survivors

KEY MESSAGES

→ Legal aid clinics can play an important role in improving access to justice for SGBV survivors. Involvement of key stake holders, including local authorities and communities, is essential.

PREPARATION

- Activity Sheet 1: (Optional) Role Play, including Hand-outs A, B and C

Setting up legal aid clinics

OPTIONAL ACTIVITY (60 MINUTES)

If this exercise is deemed relevant in the operation, consider cutting some of the introductory exercises.

1. Explain that this exercise focuses on the provision of legal aid to refugee survivors – women, men, girls and boys – of SGBV[3]. Participants will be asked to role play. Distribute Activity Sheet 1: (Optional) Role Play to all participants

2. Read out the background to the exercise, which is also included on Activity Sheet 1. A non-governmental organization (NGO) has approached the government of the country Y with a plan to develop legal aid clinics in the North of the country. There are approximately 50,000 refugees living in the North of the country, about half of whom live in camps. SGBV is known to be an issue for this population, including rape, sexual abuse and exploitation, and child marriage. An official within the Ministry of Justice, who is responsible for the legal system in the North, wants to call a meeting with this NGO and the lead agency of the SGBV working group. The SGBV working group consists of various United Nations agencies, donors and international and local NGOs, and UNHCR is currently the lead.

3. Explain that participants will role play this meeting. All parties to the meeting are positively inclined vis-à-vis the NGO proposal.

[3] This is a slightly adapted from Agneta M. Johannsen. "Exercise 12, Role Play: Setting Up Legal Aid Clinics for Victims of SGBV", "Justice Reform" in *Gender and Security Sector Reform Training Resource Package*, edited by Megan Bastick and Kristin Valasek. Geneva: DCAF, 2009.

4. Divide participants into three groups: Group A, Group B and Group C. Distribute the relevant handout to each group. Explain that they will make a list of the issues they need to address with the other two parties during the meeting. The government group will set an agenda and will chair the meeting.

5. Ask each group to elect two spokespersons who will role play the meeting. Both are of equal status, simply dividing between them the role of presenting their concerns to the meeting.

6. Give the groups 30 minutes to prepare for the meeting.

7. Following preparation, allot a maximum of 20 minutes to role play the meeting chaired by the two spokespersons from Group B representing the Ministry of Justice.

8. After the role play is concluded, ask participants whether they felt that the meeting achieved its goals, and discuss why or why not.

9. Conclude by emphasizing that legal aid clinics can play an important role in improving access to justice for SGBV survivors in a number of ways, including:
   - Providing information about services for SGBV survivors
   - Educating refugees (women, men, girls and boys) and the host community about the rights of survivors
   - Providing support to survivors during court processes, including through linkages with local Bar Associations
   - Providing training to police, prosecutors and judges on the rights of refugees and the laws and procedures concerning SGBV
   - Providing mobile courts
   - Referring survivors to other services, e.g., medical, psychosocial

REFERENCES:

Avocats Sans Frontières, *L'assistance Judiciaire des Victimes de Violences Sexuelles*, Vade-mecum, available at: http://goo.gl/G1bt0m

Geneva Centre for the Democratic Control of Armed Forces, "Justice for Survivors of Sexual Violence in Armed Conflict", available at: http://goo.gl/HeBVLJ

Guidance Note of the Secretary-General: United Nations Approach on Transitional Justice, 2010, available at: https://goo.gl/FRTokW

International Centre for Transitional Justice, *What is Transitional Justice?*, 2009, available at: https://goo.gl/FmHRCn

Johannse, Agneta M, "Exercise 12, Role Play: Setting Up Legal Aid Clinics for Victims of SGBV", "Justice Reform" in *Gender and Security Sector Reform Training Resource Package*, edited by Megan Bastick and Kristin Valasek. Geneva: DCAF, 2009, available at: http://goo.gl/CjQfXO

United Nations, "Statement by United Nations Special Representative of the Secretary-General on Sexual Violence in Conflict Zainab Hawa Bangura: Recent Convictions of Military and Police Officials in DRC Send Clear Message That Impunity for Sexual Violence in Conflict Will Not Be Tolerated", 2014, available at: http://goo.gl/ht8cgi

The United Kingdom Foreign & Commonwealth Office, *International Protocol on the Documentation and Investigation of Sexual Violence in Conflict: Basic Standards of Best Practices on the Documentation of Sexual Violence as a Crime under International Law*, 2014, available at: https://goo.gl/5T6r5d

United Nations Department for Peacekeeping Operations, *Review of the Sexual Violence Elements of the Judgments of the International Criminal Tribunal for the Former Yugoslavia, the International Criminal Tribunal for Rwanda and the Special Court for Sierra Leone in the Light of the Security Council Resolution 1820*, 2010, available at: www.unrol.org/article.aspx?article_id=123

United Nations Development Fund for Women, United Nations Department of Peacekeeping Operations, and UN Action against Sexual Violence in Conflict, *Addressing Conflict-Related Sexual Violence: An Analytical Inventory of Peacekeeping Practice*, 2010, available at: http://goo.gl/dmcvE3

United Nations Development Programme, UN Women and United Nations Children's Fund (UNICEF), *Informal Justice Systems: Charting a Course for Human Rights-Based Engagement*, available at: http://goo.gl/AwjAHL

UNHCR, *The Administration of Justice in Refugee Camps: A Study of Practice*, 2006, available at: http://www.refworld.org/docid/4417f9a24.html

United Nations Population Fund (UNFPA), *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, http://goo.gl/Qmg9Oa

United Nations Rule of Law, *Delivering Justice: Programme of Action to Strengthen the Rule of Law at the National and International Levels: Report of the Secretary-General*, 2012, available at: http://www.unrol.org/doc.aspx?d=3141

United Nations Rule of Law, "Informal Justice", available at: http://www.unrol.org/article.aspx?article_id=30

United Nations Rule of Law, *The Rule of Law and Transitional Justice in Conflict and Post-Conflict Societies: Report of the Secretary-General to the Security Council* (S/2011/634), 2011, available at: http://www.unrol.org/doc.aspx?d=3096

UN Women, *Progress of the World's Women 2011-2012: In Pursuit of Justice*, 2011, available at: http://goo.gl/KM3NdV

UN Women and United Nations Development Programme, *Improving Women's Access to Justice During and After Conflict: Mapping UN Rule of Law Engagement*, available at: http://goo.gl/l2Z0Os

Activity Sheet 1

30 minutes

Role Play (Optional)

SETTING UP LEGAL AID CLINICS FOR SURVIVORS OF SGBV

This exercise is adapted from Agneta M. Johannsen. "Exercise 12, Role Play: Setting Up Legal Aid Clinics for Victims of SGBV", "Justice Reform" in *Gender and Security Sector Reform Training Resource Package*, edited by Megan Bastick and Kristin Valasek. Geneva: DCAF, 2009.

BACKGROUND

A non-governmental organisation (NGO) has approached the government of the country of Y with a plan to develop legal aid clinics in the North of the country. There are approximately 50,000 refugees living in that region, about half of whom live in camps. SGBV, including rape, Sexual Abuse and Exploitation, and child marriage, is known to be an issue for this population. An official within the Ministry of Justice, who is responsible for the legal system in the North, has called a meeting with this NGO and the SGBV working group lead. The SGBV working group consists of various United Nations agencies, donors, and international and local NGOs. UNHCR is currently the lead.

Participants are to role play this meeting. All parties to the meeting are positively inclined vis-à-vis the NGO proposal.

The meeting's objectives are to:

- → Harmonise a common vision concerning the legal aid clinics
- → Coordinate the legal aid clinics with existing initiatives

GROUP A: UNHCR representative, who is concerned with coordinating a comprehensive SGBV working group in Country Y

GROUP B: Government official from the Ministry of Justice, who is responsible for questions concerning the legal system in the North of the country

GROUP C: NGO representative, who wants to establish legal aid clinics throughout communities, including in the camps, in the North of the country

HAND-OUT A

GROUP A: UNHCR, SGBV WORKING GROUP COORDINATOR

Your role is to represent UNHCR. UNHCR is the coordinator of the sexual and gender-based violence (SGBV) working group in country Y, which includes various United Nations agencies, donors, and international and local non-governmental organisations (NGOs).

The SGBV working group runs an integrated SGBV response programme. You were informed that an NGO has shown interest in establishing legal aid clinics in the North of the country. Legal aid clinics provide survivors of SGBV with (free) legal support and representation. You have discussed the proposal to establish legal aid clinics with other members of the SGBV working group. Everyone agrees it could be a helpful initiative to support survivors of SGBV, but some members have raised concerns around coordination with existing services.

The government official responsible for the legal system in the North has called a meeting, to which you and the NGO in question are invited.

YOUR SITUATION AND CONCERNS

UNHCR wants the NGO to join the inter-agency SGBV working Group, signing a code of conduct and participating in coordination meetings and mechanisms.

The SGBV working group uses existing community centres to establish multi-disciplinary support points for SGBV survivors. The centres combine services for health and psychological well-being with services to meet livelihood needs, such as housing and skills training. Legal aid is currently not (or not sufficiently) provided. Could a legal aid clinic thus be appended to these centres?

The working group requires, but does not yet have, a clear reporting and referral system for SGBV survivors. There are plans to introduce a system of case managers on the survivor's behalf, so that survivors do not have to repeat their stories to numerous people. UNHCR recommends that the legal aid clinics be part of the reporting and referral system.

The working group needs to establish ways to continuously monitor the support programmes being provided to SGBV survivors. At present, systems are not in place to do this, and no information is gathered on what happens to the women and girls who have been helped once they have passed through the centre. Legal aid clinics should also have monitoring, perhaps as part of an integrated monitoring system with UNHCR centres.

The refugees speak a different language than the local population in the North of the country. Refugee survivors must be able to report assaults against them and have access to information about available services in their own language. Language is just as important for legal aid work.

The legal aid clinics also will need female staff, as it is not consistent with the culture of the refugees to discuss SGBV they have experienced with a man. It is very difficult for women to report incidents of rape, as there are very few women in the police and the police do not properly investigate.

While the legal aid clinics should target refugees, services should also be available to the host community.

Outreach will be needed for refugees to be aware of the legal aid clinics and how to access them, both inside and outside the camps.

The legal aid clinics should also provide training to police, prosecutors and judges on the rights of refugees and the laws and procedures concerning SGBV.

The legal aid clinics should enter an agreement with the local Bar Association, to provide additional legal support and representation should a case enter the court system.

Legal aid clinics should give survivors realistic expectations of the justice system. There is a four-year backlog of cases at the courts, which can be very discouraging to a survivor who has come forward.

Points to prepare for the meeting

- → For UNHCR to reach its objectives, what help does it expect from the government?
- → For UNHCR to reach its objectives, what help does it expect from the NGO?
- → How can UNHCR assist the government?
- → How can UNHCR assist the NGO?

HAND-OUT B

GROUP B: GOVERNMENT OFFICIAL

Your group assumes the role of a government official responsible for questions concerning the legal system in the North of the country. You know that at present refugees who are survivors of SGBV, particularly women and girls, have great difficulty accessing the courts and you think legal aid clinics could indeed be helpful. You know that usually legal aid clinics provide survivors of SGBV with (free) legal support and representation. You have called a meeting with the NGO that has proposed the establishment of legal aid clinics and the coordinator of the SGBV working group to discuss the issue. You are responsible for setting the agenda for the upcoming meeting.

YOUR SITUATION AND CONCERNS

The court system does not yet provide survivors of SGBV with sufficient protection. Legal aid clinics could provide advice to survivors and support them throughout the court process.

Legal aid clinics in this area could improve needed access to the justice system. For example, refugees are ill-informed about their rights.

But, it is important that legal aid clinics work in partnership with the police, prosecution authorities and the courts. Any assistance offered must be done in accordance with country Y's laws and evidentiary standards. Without such partnerships, any efforts could cause more harm than good.

The legal aid clinics need to develop a mandate and make sure that others in the SGBV working group are aware of its scope, mandate, and limits.

Its services will need to be regularly, externally evaluated to ensure quality service.

Legal aid services need to be free of charge for survivors, but the government cannot afford to fund them at present. Financing for the legal aid clinics is a critical question as is how long the NGO will stay in country Y. The government would like a three-year commitment to ensure that the legal aid clinics are well established and could be taken over by local organizations before the NGO leaves, either to continue focusing on the refugee situation or to work with the local communities if the situation in the neighbouring country has been resolved.

The government wants to know what the NGO's target is in terms of the percentage of clients who are refugees vs. those from the host community. It is important that the legal aid clinics are also accessible to the host community, to avoid favouritism toward refugees which would fuel tensions.

→ How will the NGO coordinate its services with national, regional and local government authorities?

You prepare an agenda as follows:

AGENDA

Meeting objectives:

- To harmonise a common vision concerning the legal aid clinics

  .....

  .....

- To coordinate the legal aid clinics with existing initiatives

  Point 1 .....

  Point 2 .....

  Point 3 .....

Meeting outcomes:

1. .....
2. .....
3. .....

HAND-OUT C

GROUP C: NGO PROPOSING LEGAL AID CLINICS

Your group assumes the role of a non-governmental organisation (NGO) that is planning to establish legal aid clinics in communities throughout the North of the country, a region particularly prone to SGBV. Legal aid clinics provide survivors of SGBV with (free) legal support and representation.

The government official responsible for questions concerning the legal system in the North has called a meeting, to which you and the SGBV working group coordinator are invited.

YOUR SITUATION AND CONCERNS:

The NGO will provide SGBV survivors with legal representation and also inform them of their legal rights and options.

The NGO wishes to provide legal aid free of charge and would like the State to contribute some funding. The option of collaboration with law schools and Bar Associations for free (pro-bono) services also needs to be explored.

The NGO wants to know in what locations it can provide services. In camps and non-camp settings? The NGO is concerned that people coming to legal aid clinics are not identified as SGBV survivors and thus stigmatized.

The NGO must make certain that the relevant anti-SGBV laws are applied and enforced. It can offer training to local government bodies, police and judges on the legal aspects of SGBV.

Court procedures need to be sensitive to survivors. There need to be protective measures in the courtroom such as screens to ensure that survivors can have their privacy protected and do not have to face their perpetrators while testifying.

Is it certain that evidentiary rules bar evidence concerning the survivor's sexual history and reputation?

Instituting mobile courts, where judges travel around the country hearing cases, could be explored in order to extend the reach of justice to rural areas.

The NGO wishes to hire refugees and locals who speak relevant local languages to train as paralegals. What support can UNHCR and the government provide?

Will there be support such as transportation, accommodation and meals, to help survivors and witnesses attend court sessions?

Points to prepare for the meeting

- → What can the NGO expect from the government to help it reach its objectives?
- → What can the NGO expect from the SGBV working group to help it reach its objectives?
- → How can the NGO assist the government?
- → How can the NGO assist the SGBV working group?

Hand-out 1

Access to Justice: What Does it Mean?

JUSTICE MEANS DIFFERENT THINGS TO DIFFERENT PEOPLE

- Punishment for the perpetrator
- Satisfaction of the need for revenge
- A way to channel anger
- Prevention of further incidents by the perpetrator
- Deterrence of other potential perpetrators
- Recognition that your rights have been violated
- Empowerment and moving beyond a feeling of victimization
- Improved feeling of safety
- Compensation/reparations
- Part of the healing process
- Increased awareness about SGBV in the community
- Ending impunity
- Pressure on State institutions to take steps to prevent SGBV
- Protection for other persons at risk of SGBV
- Promotion of peace and reconciliation
- Means to change beliefs that normalize violence and deter survivors from reporting SGBV

ACCESS TO JUSTICE CAN BENEFIT SURVIVORS AND THE WIDER COMMUNITY

Ensuring access to justice for SGBV survivors is not only part of the response to SGBV, but is also a crucial aspect of SGBV prevention. If SGBV goes unreported and unpunished, it sends a dangerous message to perpetrators and the rest of the community that SGBV can be committed with impunity. Ensuring that perpetrators are brought to justice has implications beyond the individual survivor and perpetrator.

ACCESS TO JUSTICE IS A BASIC RIGHT

Under international law, everyone is equal before courts and tribunals; is entitled to a fair and public hearing by a competent, independent and impartial tribunal; and has the right to recognition everywhere as a person before the law. Everyone also has the right to an effective remedy, including adequate reparation for violations of human rights. (See *Convention Relating to the Status of Refugees 1951, Article 16; International Covenant on Civil and Political Rights 1966, Article 2; European Convention for the Protection of Human Rights and Fundamental Freedoms 1950, Article 13; Charter of Fundamental Rights of the European Union 2000, Article 47; African Charter on Human and People's Rights 1981, Article 7 (1)(a); and American Convention on Human Rights 1969, Article 25.*)

The right to access to justice for SGBV survivors has a number of elements.

- Awareness of rights
- Ability to access justice systems
- A legal framework that conforms to international human rights standards
- Judicial and law enforcement processes and procedures that adopt a survivor-centered approach

ACCESS TO JUSTICE AND THE SURVIVOR-CENTERED APPROACH:

Nevertheless: **We should never encourage survivors to take a particular course of action.** It is crucial that we listen to those who seek help, respect their wishes and respond to their needs. While many survivors want legal justice, for others this might be less important, or they might see too many barriers to make it worth pursuing. We always have to take a **rights-based and a survivor-centered approach**, which means that we have to ask every survivor what they feel is the best option, and not just do what we think is best. If we do not respect the wishes of the survivor and persuade survivors to take a certain path, it could compromise their safety, cause them to relive the trauma they have faced, or lead to economic consequences.

Hand-out 2

Different Types of Justice Mechanisms

INFORMAL AND FORMAL JUSTICE SYSTEMS

When we consider if survivors of SGBV have access to justice we must take into account both formal and informal justice mechanisms.

Formal justice systems are those in which laws are set and enforced and punishments are administered by State institutions such as courts, police, judges and prisons.

Informal justice systems are commonly distinguished from State justice systems in that they frequently aim to resolve disputes through mediation or arbitration, usually through a person or a group with standing in the community. They often adopt practices that draw their authority from perceived cultural, customary or religious concepts. Some of these systems, such as alternative dispute resolution panels that operate at the community level, might have formal state recognition.

Formal and informal justice systems often coexist. In many displacement situations, particularly in refugee camp settings life is governed by a complex system of justice consisting of multiple sources of law. This could include laws applicable in the country of asylum, as well as those prevailing in the country of origin. There may also be a variety of mechanisms, both formal and informal, to enforce those laws and rules in the displacement setting.

Transitional justice refers to a range of approaches that societies undertake to tackle legacies of widespread or systematic human rights abuses, as they move from a period of violent conflict or oppression towards peace, democracy, the rule of law, and respect for individual and collective rights (International Centre for Transitional Justice, 2006). Transitional justice systems and processes include international tribunals, mixed international and national mechanisms, national courts, national truth commissions, and traditional/informal justice mechanisms.

For example, the jurisprudence of the International Criminal Tribunal for the former Yugoslavia (ICTY) and the International Criminal Tribunal for Rwanda (ICTR) have been crucial in developing recognition and understanding of different forms of sexual violence in conflict as crimes under international law. These tribunals broke new ground in securing the first convictions for rape and other forms of sexual violence as war crimes, crimes against humanity and acts of genocide (Geneva Centre for the Democratic Control of Armed Forces, Justice for Survivors of Sexual Violence in Armed Conflict).

Hand-out 3

Barriers to Accessing Justice for SGBV Survivors

BARRIERS RELATED TO LEGISLATION

- Absence of legislation addressing/penalizing SGBV, or failure to recognize all forms of SGBV, e.g.,
  - Non-criminalization of marital rape and other forms of domestic violence
  - Criminalization based on use of force rather than lack of consent
  - Legislation that only recognizes rape and no other forms of sexual violence, and/or limits the definition of rape
- Discriminatory legislation, for example, against refugees or women and girls
- Legislation or procedures that do not protect survivors against being blamed or even prosecuted leading to decisions that violate human rights principles, e.g.,
  - Forced marriage
  - Compensation given to the family rather than the survivor
  - Rape survivors accused of adultery
- SGBV against men and boys not included in domestic laws
- No access to judicial remedies, or even risk of prosecution of perpetrators, for LGBTI survivors in countries where same sex relations are criminalized and/or LGBTI persons are discriminated against
- Children not treated as legal subjects entitled to access the justice system
- Issues in providing medical proof, such as:
  - Lack of a process at the national level to provide free medical certificates to SGBV survivors
  - Lack of medical structures that are affordable and available within 72 hours of an SGBV incident to testify to its occurrence
  - Lack of facilities to obtain and treat DNA samples in many countries
- Lack of coordination to fight impunity for SGBV at national and international levels: strategies not in place

BARRIERS RELATED TO JUDICIAL AND LAW ENFORCEMENT PROCESSES AND PROCEDURES

- naction, harassment or discrimination by the police and legal authorities when SGBV incidents are reported
- Bribery of police and legal authorities by perpetrators
- Lack of confidentiality on the part of police or judicial officers/decision-makers in informal justice systems
- Police and government security forces who are perpetrators of the violence
- High levels of impunity when SGBV perpetrators hold positions of authority, such as landlords, employers, the police, and the authorities and guards in refugee camps, reception centers and detention facilities
- Law enforcement and/or justice personnel discriminating against certain groups such as male survivors, LGBTI survivors, women and girls
- Incompatibility of different justice systems
- Formal justice system that is intimidating
- Lack of confidence in the system among survivors
- Restrictive rules of evidence that limit the likelihood of conviction
- Lack of female police, lawyers and judicial officers
- Lack of security in the courtrooms and lack of safe houses
- Lack of gender-appropriate support and/or interpreters to assist with legal processes
- Courts lacking infrastructure, capacity and expertise to prosecute crimes of sexual violence
- In many ongoing conflict and post-conflict settings, persistent insecurity resulting in laws not implemented due to limited means or outright collapse of justice system
- Judicial officers who hold discriminatory views about women and girls and who may, for instance, instruct them to return home in cases of domestic violence
- Corruption within the judicial system
- No security measures in place for survivors and witnesses of SGBV
- No reparations provided for survivors; no State fund for indigent survivors
- Lack of processes to enforce judgments that are eventually handed down
- In some countries, the belief that a woman's "word" is not equal to that of a man in terms of evidence
- Prevalence of traditional justice mechanisms that do not address sexual violence at any level
- Discriminatory, male-dominated informal justice systems

BARRIERS RELATED TO ACCESS, E.G., AWARENESS, PRACTICAL ISSUES, POSSIBLE REPERCUSSIONS

- Lack of awareness and of gender- and age-sensitive information about the legal system, survivors' rights and where to seek support
- Lack of child care options during court hearings
- Lack of documentation
- Fear of social ostracism and/or physical reprisal
- Fear of retaliation by perpetrators
- Risk of being stigmatized and ostracized by the community and relatives
- Perception that maintaining social cohesion is more important than pursuing justice
- Distance to judicial and administrative processes
- Cost of accessing judicial and administrative processes including transportation and legal representation
- Security issues associated with travelling to cities to access judicial and administrative processes
- Cost of living close to judicial and administrative processes for the duration of the hearings/trials
- Cost of obtaining medical certification (wrongly considered as the main evidence of a rape in many countries) and lack of nearby doctors or nurses to provide certification
- Language, particularly in rural areas where several dialects and traditional languages may be spoken; trials conducted in a language the survivor does not understand
- SGBV deemed a "private matter" according to societal norms and attitudes
- Cultural and religious taboos surrounding SGBV against men, and community reluctance to acknowledge male survivors
- Domestic violence viewed as a "private matter" or characterized as a minor crime
- Negotiation of a resolution between families of the perpetrator and survivor
- Lack of referral systems between actors working on SGBV prevention and response

Hand-out 4

Actions UNHCR Can Take to Promote Access to Justice for SGBV Survivors

1) ADDRESSING THE BROADER LEGAL FRAMEWORK

- Advocate with and support governments to ratify human rights treaties.
- Establish partnerships and alliances among humanitarian organizations, human rights groups, lawyers groups, judges, prosecutors, and others to advocate for legal reform.
- Advocate for formal and traditional legal systems to conform to international human rights standards.
- Promote the creation of a national strategy to address SGBV, which includes access to justice.
- Where relevant, support strategic litigation undertaken by others or intervene in court to address deficiencies in the law.

2) PROMOTING SURVIVOR-CENTERED JUDICIAL AND LAW ENFORCEMENT PROCESSES AND PROCEDURES

- Provide materials and training to personnel in the formal legal system, including police, prosecutors, judges and district officials, about the rights of SGBV survivors regarding the administration of justice. For example, provide training on survivor-centered interviewing and investigation techniques, advocate for private court hearings, support the establishment of a special unit for women and children at police stations, etc.
- Support lawyers, prosecutors, and members of the judiciary who address any problems in the administration of justice for SGBV survivors. Problems could include such issues as a lack of safety measures to protect survivors and witnesses including strict confidentiality standards and allowing survivors to testify *in camera* (in private) rather than in person and in the court room.
- Provide training for legal-aid lawyers to upgrade their technical skills in legal representation allowing them to provide professional legal advice and represent SGBV survivors in a manner that is consistent with national and international human rights standards and norms.
- Train community members as paralegals and managers of legal-aid clinics.
- Advocate for/support the recruitment and advancement of women in the judicial system.
- Provide training and support to informal justice actors, to ensure that they are well-informed about the rights of SGBV survivors and that they function in a way that complies with international human rights standards. Focus particularly on gender equality, women's rights, and the rights of male survivors, as well as the importance of complying with the national legal framework on SGBV.

3) SUPPORT SURVIVORS IN ACCESSING JUSTICE, E.G., AWARENESS, PRACTICAL ISSUES, POSSIBLE REPERCUSSIONS

- Conduct awareness-raising activities to ensure that persons of concern fully understand their rights, the remedies available to SGBV survivors, how to access justice and the legal mechanisms in place. These activities should include men and boys, to ensure the entire community is educated and to encourage them to act as agents of change. Awareness-raising sessions may be organized informally in public places, such as in churches, markets and schools, inside and outside camps, as well as more formally.
- Raise awareness about SGBV in particular amongst community leaders and other influential members of the community, who are regularly consulted by survivors and their families, to ensure they understand the options available to survivors.
- Identify women and girls in the community who may already have a conflict-resolution and decision-making role, and discuss ways to support them upholding women's rights and a survivor-centered approach.
- Provide legal aid and material and practical support throughout judicial processes for survivors who decide to take legal action. Follow cases until judgment is handed down and enforced. If a judgment is not enforced, advocate for its enforcement.
- In situations where an informal justice system is used, follow-up on cases and address any protection issues that arise. UNHCR does not support SGBV cases that are criminal in nature being handled by the informal justice system. Yet, very often, survivors have little say regarding which system handles their cases. The system that is opted for might be the only one accessible or survivors may be pressured to take their cases to the informal justice system.
- Where the survivor is a child, monitor the case particularly closely and always act in the best interests of the child. Depending on the circumstances, this might entail advocating with the parents not to pursue the informal justice system, or reporting the case to the authorities. This requires undertaking a best interest assessment for the child, followed by active case management.
- Working with States, partners and other stakeholders, promote the creation of legal clinics. These can be established in camps as well as in urban areas.
- Provide/support mobile courts in close collaboration with the State, judicial authorities, Bar Associations and other relevant stakeholders and partners. Encourage these mobile courts to promote access to justice for people with vulnerabilities in general, without stigmatizing SGBV survivors.
- Develop clear and strong referral mechanisms for service providers working with SGBV survivors

WHO SHOULD UNHCR WORK WITH TO ADDRESS THESE CHALLENGES?

In addition to working closely with persons of concern, possible partnerships could include:

UNDP; OHCHR; UN Women; DPKO civilian sections and peacekeeping forces on the ground; UNICEF; UNODC; United Nations Human Rights treaty bodies and United Nations Special Rapporteurs; ICRC; Protection Clusters and sub-clusters engaged in SGBV, rule of law, child protection, social cohesion; any early recovery mechanisms; durable solutions task forces; INGOs such as Human Rights Watch, International Centre for Transitional Justice, Lawyers Without Borders, Penal Reform International, International Development Law Organization, Norwegian Refugee Council (ICLA program), etc.

- **At the national level:** Ministries of Justice, Interior and Human Rights; courts at all levels; judges and prosecutors; police; prison authorities; Bar Associations; lawyer and paralegal networks; national human rights institutions; university law departments; NGOs and CSOs; traditional, customary or religious councils and associations; survivors and affected populations associations;
- **At the regional level:** Courts and commissions such as the African Court and the African Commission on Human Rights and People's Rights; the ECOWAS Community Court of Justice; the Inter-American Court and Commission on Human Rights; and the European Court of Human Rights.

Pre-/Post-test

Module 8:
Access to Justice for SGBV Survivors

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) Ensuring access to justice for SGBV survivors is a State responsibility.
   b) Access to justice means access to both formal and informal justice systems.
   c) To stop impunity, we should encourage survivors to report SGBV incidents to the police.
   d) A plural legal system means that within a country different laws apply to refugees and host citizens.
   e) Community dispute resolution mechanisms are part of the legal system.
   f) It is estimated that in developing countries, around 50 per cent of legal cases are resolved through informal justice systems.

2. Which of the following are considered justice systems? Choose all that apply:
   a) Transitional justice system
   b) Private justice system
   c) Informal justice system
   d) Formal justice system
   e) Transnational justice system
   f) Refugee and asylum justice system

3. Please list potential partners/actors at the national level that UNHCR can work with to promote access to justice for survivors.

.....

.....

.....

.....

.....

4. Please describe in your own words what is meant by informal justice.

5. Please list four barriers to survivors' access to justice.

Pre-/Post-test: Answer Sheet

Module 8:
Access to Justice for SGBV Survivors

(Correct responses are highlighted in **bold**)

1. True or False? Please select all TRUE statements.
   - **a) Ensuring access to justice for SGBV survivors is a State responsibility.**
   - **b) Access to justice means access to both formal and informal justice systems.**
   - c) To stop impunity, we should encourage survivors to report SGBV incidents to the police.
   - d) A plural legal system means that within a country different laws apply to refugees and host citizens.
   - **e) Community dispute resolution mechanisms are part of the legal system.**
   - f) It is estimated that in developing countries, around 50 per cent of legal cases are resolved through informal justice systems.

2. Which of the following are considered justice systems? Choose all that apply:
   - **a) Transitional justice system**
   - b) Private justice system
   - **c) Informal justice system**
   - **d) Formal justice system**
   - e) Transnational justice system
   - f) Refugee and asylum justice system

NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exclusive; they serve as *examples* of correct answers.

3. Please list potential partners/actors at the national level that UNHCR can work with to promote access to justice for survivors.

   Persons of concern; Ministries of Justice, Interior and Human Rights; courts at all levels; judges and prosecutors; police; prison authorities; Bar Associations; lawyer and paralegal networks; national human rights institutions; university law departments; NGOs and CSOs; traditional, customary or religious councils and associations; survivor and affected population associations; protection cluster and SGBV working groups.

4. Please describe in your own words what is meant by informal justice.

   In many countries, informal justice systems exist parallel to the State justice systems. Informal justice systems are not all the same. They are commonly distinguished from State justice systems in that they frequently aim to resolve disputes through mediation or arbitration, usually through a person or a group with standing in the community. They often adopt practices that draw their authority from perceived cultural, customary or religious concepts. Some such systems might have formal State recognition, such as alternative dispute resolution panels that operate at the community level.

5. Please list four barriers to survivors' access to justice.

   See Hand-out 3: Barriers to Accessing Justice for SGBV Survivors for possible responses.

Module 8

Acces to Justice for SGBV Survivors

Objectives

- ➔ Explain what is meant by access to justice
- ➔ Describe different types of justice mechanisms and their possible advantages and disadvantages
- ➔ Explain the main obstacles SGBV survivors face in accessing justice
- ➔ Identify concrete actions that can be taken to improve access to justice in your operations

What Is Justice?

Justice means different things to different people.

Agree or Disagree?

We should encourage survivors to access justice; only then can impunity end.

Access to Justice and Survivor-Centred Approach

- ➔ Respect survivors' wishes and respond to their needs.
- ➔ Do not just do what we think is best.
- ➔ Persuading survivors can have many consequences.
- ➔ While many survivors want legal justice, for others this might be less important, or they might see too many barriers to make it worth pursuing.

Access to justice is a basic right.

Elements of Access to Justice

- ➔ *Awareness* of rights
- ➔ Ability to *access* justice systems
- ➔ A legal framework that conforms to international human rights standards
- ➔ Judicial and law enforcement processes and procedures that adopt a survivor-centred approach

Types of Justice Mechanisms

- ➔ Formal justice systems
- ➔ Informal justice systems
- ➔ Plural legal systems

In developing countries, around 80 per cent of legal cases are resolved through informal justice systems.

United Nations Rule of Law

Transitional Justice

- ➔ To tackle legacies of widespread or systematic human rights abuses
- ➔ As societies move from conflict towards peace, democracy and rule of law
- ➔ Includes international tribunals, mixed international and national mechanisms, national courts, national truth commissions, and traditional/informal justice mechanisms

Barriers to Accessing Justice

- ➔ Legal
- ➔ Political
- ➔ Social
- ➔ Practical (distance, language etc.)
- ➔ Cultural
- ➔ Socio-economic
- ➔ Psychological

Video

http://goo.gl/TeVJEm

UNHCR's Role

- Helping states facilitate the access to justice by SGBV survivors
- Advocate and support countries in meeting their international commitments to protect persons of concern against SGBV
- Work with states to ensure that both formal and informal justice systems comply with international legal standards
- Promote equitable participation by displaced people in transitional justice processes, particularly those dealing with SGBV crimes

Group Work

- Good practices from your operation or elsewhere?
- Lessons learned to share?
- Brainstorm concrete actions to better address the challenges identified in your operation.
- Who would you work in partnership with to address these challenges?

Session Wrap-up

What immediate steps can you personally take to improve access to justice for SGBV survivors?

And what can we do as an organization?

MODULE 9
Children and SGBV

MODULE OUTLINE

Session 1	Risks of SGBV affecting children	70 minutes	1
Session 2	Which laws protect children against SGBV?	60 minutes	2
Session 3	Preventing SGBV: Special considerations for children	70 minutes	3
Session 4	Responding to SGBV: Special considerations for children	90 minutes	4

TIMING:

4 hours and 50 minutes

SUMMARY

In this training session participants explore the types of SGBV inflicted upon children, the causes and contributing factors, and the specific needs of child survivors. The module seeks to make participants aware of the specific considerations regarding children and SGBV and, based on these, explore steps UNHCR can take to ensure SGBV response programmes are inclusive of boys and girls of different ages.

LEARNING OBJECTIVES

By the end of this module participants should be able to:

- ✓ Describe the types, signs and consequences of SGBV for children of different ages
- ✓ Explain the international legal standards that exist for children in relation to SGBV
- ✓ Identify actions required to ensure that SGBV prevention and response programmes are sensitive to the needs of children
- ✓ Describe child-specific elements of SGBV response, and how our approach should be adapted depending on the age and maturity of the child

KEY MESSAGES

- → Girls and boys of different ages may be more vulnerable to particular types of abuse, and, if subjected to SGBV, may show different signs of abuse. SGBV is an abuse of unequal power relationships. Power is directly linked to choice; children have less power, have fewer choices and are more vulnerable to abuse than adults.
- → A supportive environment, especially one that includes family and caregivers, is very important for children's physical, emotional, social and cognitive development.
- → International law provides for special protection of children. The most important treaty is the Convention of the Rights of the Child (1989). National legal frameworks often also have specific protections for children. It is important to be familiar with the national legal framework in your operation.
- → The risks and protective factors for children can be different than those for adults. We need to pay special attention to school environments, children's peers and the relationships between children and the adults close to them (such as parents or caregivers).
- → A prevention programme should be a package of activities that address risk and protective factors at different levels (society, community, family, child).
- → The best interests of the child are primary when making decisions regarding responses for individual child survivors of SGBV. The Best Interest Assessment and the Best Interest Determination should be used as tools to facilitate this decision-making.
- → The evolving capacities of the child must always be taken into account when responding to individual child survivors of SGBV.
- → Involving parents and caregivers in response is nearly always essential to ensure children's safe and supported recovery.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector, laptop

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Myths and Realities. *Only the facilitator will require a copy*.
- Activity Sheet 2: Types, Signs and Consequences of SGBV Affecting Children
- Activity Sheet 3: National Legal Framework Analysis
- Activity Sheet 4: Case Studies

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Types and Consequences of SGBV Affecting Children
- Hand-out 2: Signs of Child Sexual Abuse
- Hand-out 3: Children and Disclosure
- Hand-out 4: Summary of the Rights under the Convention on the Rights of the Child
- Hand-out 5: SGBV, Children and the Law
- Hand-out 6: Prevention
- Hand-out 7: Response Plans for Girls and Boys of Different Ages
- Hand-out 8: Responses for Child Survivors of SGBV

OTHER:

- Prepare two cards with *0-5* written on them, two with *6-12* on them, and two with *13-17* written on them (total six cards, all the same colour). Using a different colour paper, prepare three cards with *boy* written on them, and three cards with *girl* on them (total six cards, all the same colour). Place the two sets of cards in a bowl (total 12 cards, two different colours).
- Write *Risk and Protective Factors* and draw the diagram of the Ecological Model on the floor using masking tape, paper, or chalk. Highlight *child, family and peers,* and *community and society*. If it is not possible to lay this out on the floor, use flip charts and hang them on the wall.

UNHCR READING MATERIALS AND RESOURCES

- → *A Framework for the Protection of Children*, 2012.
- → *Guidelines on Determining the Best Interests of the Child*, 2008.
- → *Field Handbook for the Implementation of the UNHCR BID Guidelines*, 2011.
- → *Child Protection Issue Brief: Sexual Violence against Children*, 2014.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 9: Children and SGBV has been produced for educational purposes only in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

- → *Caring for Child Survivors, The International Rescue Committee*, 2012.
- → *Minimum Standards for Child Protection in Humanitarian Action*, Child Protection Working Group, 2012.
- → *Action for the Rights of Children – Resource Pack*, 2010.
- → *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, IASC, 2015.

SESSION 1: Risks of SGBV Affecting Children

70 minutes

LEARNING OBJECTIVES

✓ Describe the types, signs and consequences of SGBV for girls and boys of different ages.

KEY MESSAGES

→ Girls and boys of different ages may be more vulnerable to particular types of abuse, and if subjected to SGBV may show different signs of abuse. SGBV is an abuse of unequal power relationships. Power is directly linked to choice; children have less power, have fewer choices and are more vulnerable to abuse than adults.

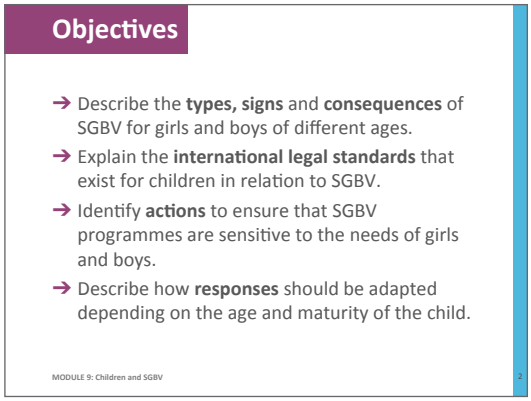
→ A supportive environment, especially one that includes family and caregivers, is very important for children's physical, emotional, social and cognitive development.

PREPARATION

- Activity Sheet 1: Myths and Realities
- Activity Sheet 2: Types, Signs and Consequences of SGBV
- Hand-out 1: Types and Consequences of SGBV Affecting Children
- Hand-out 2: Signs of Child Sexual Abuse
- Hand-out 3: Children and Disclosure
- Prepare two cards with *0-5* written on them, two with *6-12* on them, and two with *13-17* written on them (total six cards, all the same colour). Using a different colour paper, prepare three cards with *boy* written on them, and three cards with *girl* on them (total six cards, all the same colour). Place the two sets of cards in a bowl (total 12 cards, two different colours).

Children and SGBV: myths and realities

GROUP ACTIVITY (30 MINUTES)



1. Using the Notes to the facilitator below, explain the purpose of this training.

NOTES TO THE FACILITATOR:

At the end of this training session participants should be able to:

- *Describe the types, signs and consequences of SGBV for children of different ages*
- *Explain the international legal standards that exist for children in relation to SGBV*
- *Identify actions required to ensure that SGBV prevention and response programmes are sensitive to the needs of children*
- *Describe the child-specific elements of SGBV response, and how our approach should be adapted depending on the age and maturity of the child*

2. Ask participants to gather in an open space. Designate one side of the space the *Myth* side and the other the *Reality* side. Explain to participants that you will read a statement, and if they think the statement is true, they should go to the *Reality* side of the space, whereas if they think it's false, they should go to the *Myth* side. If they are not sure, they can stand in the middle.

3. Read the first statement on Activity Sheet 1: Myths and Realities, and ask participants to go to the corresponding side of the space depending on whether they agree or disagree with the statement. Once participants have chosen their position, ask one or two to explain their position. Summarize the key learning points for the statement.

4. Repeat for as many of the statements as you have time for. Summarize the main points raised during the discussion, referring back to the key points.

Risks and signs of SGBV for children of different ages

GROUP ACTIVITY (40 MINS)

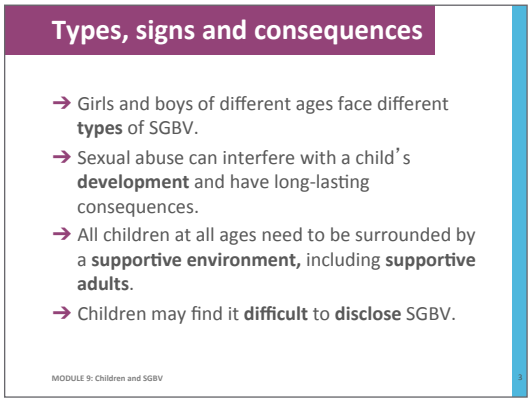
5. Place the two sets of cards in a bowl (total 12 cards, two different colours).

6. Divide the participants into six groups. Each group should choose an age group and a sex by selecting one card of each colour from the bowl. Distribute one copy of Activity Sheet 2: Types, Signs and Consequences of SGBV to each group, and have them copy the table onto flip charts. Give each group 20 minutes to brainstorm to fill in the table for the age range and sex that they have been assigned.

   Note: Participants may find it helpful as they fill in the table to bear in mind the children of the community where they have worked or are currently working.

7. Once they have finished, ask all the groups who were discussing girls to post their flip charts on the wall, starting with the 0-5 age group, and placing the other age groups below to create one large table on the wall. Do the same for the tables on boys, ideally posting them next to tables on girls. Then gather all the participants and briefly run through the main responses on the flip charts (5 minutes). Then, ask in plenary what differences and similarities can be noted between different age groups and between boys and girls? Why? Would the table be filled in differently for adult survivors?

8. Highlight the key points using the Notes to the facilitator below.



NOTES TO THE FACILITATOR:

Types, signs and consequences

- *There are some types of SGBV that are more likely to affect girls or boys of different ages, but all girls and boys face risks of SGBV. Risks can vary in different cultures and contexts.*
- *Children can be affected by the same types of SGBV that affect adults, such as sexual violence and abuse, domestic violence, denial of access to land and inheritance rights, trafficking, commercial sexual exploitation, discriminatory access to service, forced marriage, so-called honour-related violence, etc.*
- *However, there are also some types of SGBV that affect only or especially children, such as child marriage, genital mutilation or cutting, discriminatory access to education, child pornography and (sex-selective) infanticide.*
- *SGBV is an abuse of unequal power relationships. Power is directly linked to choice; children have less power, have fewer choices and are more vulnerable to abuse than adults. That's why additional protection measures are necessary for children. In every phase of life (from birth through adolescence), a child develops skills in different areas (physical, emotional and social, cognitive), which are all closely related to each other. All areas of development are interlinked. SGBV can interfere with a child's physical, cognitive, social or emotional development and can have severe and long-lasting consequences.*
- *Children with disabilities, particularly with a mental or intellectual impairment, may have diminished knowledge of and sense of personal safety, which means that they are more easily targeted by perpetrators. The most important thing to remember is that how a child goes through all these stages depends very much on the support they get in their environment from parents, caretakers or other people close to them.*
- *Children may find it very difficult to disclose abuse and will only disclose to a person that they trust. We should be aware of the signs of abuse in children that we work with and, where we notice them, monitor the child-specific support available to and provided for the child in question. However, all children react differently, and just because a child behaves a certain way does not mean that they have been abused. Conversely, a child who has been abused may not necessarily show all or sometimes any particular signs. We should not pressure a child to disclose, but rather create a supportive environment in which they can disclose safely.*

9. Distribute Hand-out 1: Types and Consequences of SGBV Affecting Children, Hand-out 2: Signs of Child Sexual Abuse and Hand-out 3: Children and Disclosure.

SESSION 2: Which Laws Protect Children against SGBV?

60 minutes

LEARNING OBJECTIVES

✓ Explain the international legal standards that exist for children in relation to SGBV

KEY MESSAGES

→ International law provides for special protection of children. The most important treaty is the Convention of the Rights of the Child (1989). National legal frameworks often also have specific protections for children. It is important to be familiar with the national legal framework in your operation.

PREPARATIONS

- Hand-out 4: Summary of the Rights under the Convention on the Rights of the Child
- Hand-out 5: SGBV, Children and the Law
- Activity sheet 3: National Legal Framework Analysis

Overview of children and SGBV in international law

DISCUSSION (20 MINUTES)

1. Introduce the session by asking participants which international legal treaties are of interest when speaking of SGBV and children. When you have a few suggestions (CEDAW, UDHR, Convention against Torture, Worst Forms of Child Labour Convention, etc.), acknowledge these but explain that we will be focusing on the Convention on the Rights of the Child, since this sets the foundation for the aspects of international law that are specific to children.

2. Distribute Hand-out 4: Summary of the Rights under the Convention on the Rights of the Child and ask participants to have a look and discuss in pairs which articles and provisions are most relevant to SGBV. When they have finished, solicit their thoughts and discuss in plenary.

3. Ask participants what the implications of these rights are for our work with children who are at risk of or survivors of SGBV. Encourage discussion amongst participants.

4. Highlight the key points using the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Key CRC articles related to SGBV

- *Children are all persons under the age of 18. (Article 1)*
- *The best interests of the child constitute the primary consideration for all decisions about an individual child. (Article 3)*
- *The right to family life is essential for children; children should not be removed from the care of their family except as a last resort and where this is in their best interest. (Article 5, 9, 18)*
- *Prevention, as well as response, is a key strategy when it comes to SGBV (as well as other forms of abuse, neglect, violence and exploitation). (Article 19)*
- *Children need to be protected from all forms of sexual abuse. (Article 34)*

Key provisions in the national legal framework

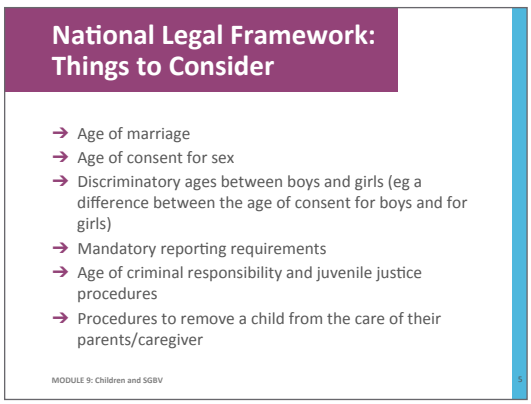
GROUP ACTIVITY (40 MINUTES)

5. Divide the participants into pairs, or into groups by country if you have representatives from several countries participating. Alternatively, you can also assign participants to particular countries. (A good way to do this is as an energizer. Ask everyone to stand and find a person who has worked in a country that they have also worked in.)

6. Pass out copies of Activity Sheet 3: National Legal Framework Analysis to each group or pair. If the participants are not already assigned a country, ask each group or pair to choose a country where at least one of them has worked. Allow 15 minutes to go through the questions on the Activity Sheet and fill in the answers to the best of their knowledge for the country in question. They can use the internet or other resources if these are available.

7. When time is up, discuss the differences, both positive and negative, of the various countries' legal frameworks.

8. Using Hand-out 5: SGBV, Children and the Law, draw out the key differences relating to children in the legal frameworks.



9. Emphasize that regardless of context, SGBV is a human rights violation that cannot be condoned or justified by cultural norms. It is essential to uphold UNHCR's protection mandate, even if one's own culture condones some forms of SGBV. Even if a form of SGBV is widely accepted, different groups in the community will have different opinions about it, and there will also be people who oppose the practice.

10. Distribute Hand-out 5: SGBV, Children and the Law.

SESSION 3: Preventing SGBV: Special Considerations for Children

70 minutes

LEARNING OBJECTIVES

✓ Identify actions required to ensure that SGBV prevention programmes are sensitive to the needs of children.

KEY MESSAGES

→ The risks and protective factors for children can be different than those for adults. We need to pay special attention to school environments, children's peers and the relationships between children and the adults close to them (such as parents or caregivers).

→ A prevention programme should be a package of activities that address risk and protective factors at different levels (society, community, family, child).

PREVENTION

- Hand-out 6: Prevention
- Write *Risk and Protective Factors* and draw the diagram of the Ecological Model on the floor using masking tape, paper, or chalk. Highlight *child, family and peers*, and *community and society*. If it is not possible to lay this out on the floor, use flip charts and hang them on the wall.

What protects children: ecological model

GROUP ACTIVITY (30 MINUTES)

1. 1. Draw participants attention to the diagram of the Ecological Model you have drawn or laid out and briefly review the diagram if necessary. Give each group post-its of two different colours.

2. Ask participants to discuss in pairs examples of protective and risk factors for girls and boys in the operations they are working in or the operations they discussed in the previous exercise.

3. Write the following questions on a flip chart:

   a) What risk factors are likely to increase the incidence of sexual and gender-based violence?

   b) What are some of the factors that could protect against sexual and gender-based violence?

4. Participants should consider both questions at the child, family/peers, community and society levels and write risk and protective factors they think of on post-its. Decide which colour post-its participants should use for *Risks* and which for *Protective mechanisms*. Give each pair 5-10 minutes to write down their ideas. Then ask them to place the post-its on the diagram or flip charts.

5. Bring the group together to look at the ideas that people have had. Move post-its around if necessary. Use the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Sample protective/risk factors

Note: Factors may fall down as either risks or protective mechanisms depending on how they are framed. For example, the presence of parents is a protective factor while the absence of parents a risk factor. Or: the legal framework may be considered protective (in case of well-functioning and child-friendly justice systems) or a risk factor (when perpetrators act with impunity).

Child	*Family/Peers*	*Community*	*Society*
Age, gender, disability, history of previous abuse, level of education, self-esteem, health, etc	*Presence/absence of child's parent(s), social status, level of education of child's parents/caregivers, household income/ assets, access to food/ goods, social networks, access to play and social activities, access to school, etc.*	*Presence/absence of military groups, geographic location (e.g., isolated from services), existence of trafficking networks, existence of social, health and security services, access to safe education, access to justice, traditional justice structures*	*The legal framework, existing gender norms, attitudes to child participation in decision making*

---

6. Emphasize that preventive programming aims to strengthen protective factors at all levels and reduce or mitigate risk factors. Effective prevention must therefore be built on a solid cultural, social, gender, economic analysis of the community in which the children are living and an assessment of which children are most at risk of different forms of SGBV. While this is equally true for adults, we must remember that the risk factors may be different for children.

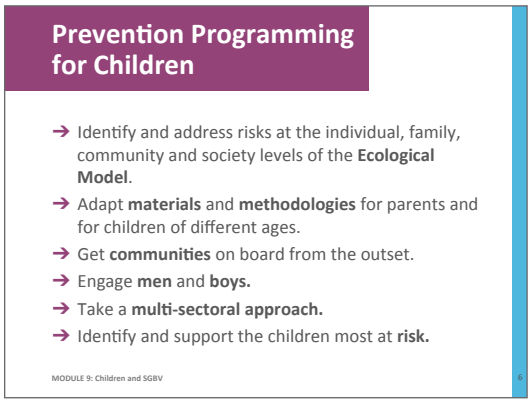
Programming approaches for prevention

GROUP ACTIVITY (50 MINUTES)

7. Divide participants into four groups. Assign each group a child-specific SGBV problem (child marriage, trafficking of children for sexual exploitation, sexual violence against children, and sexual exploitation and abuse in schools). Ask each group to identify a participant who can share some experience with prevention initiatives in the group's assigned area. Give groups 20 minutes to outline the prevention initiative, and then ask each group to highlight strengths and weaknesses it has identified, and to suggest potential improvements. Remind the groups to consider:
   a. Does the initiative include measures that will impact on different levels of the Ecological Model (individual girls and boys , family and peers, community, and society)?
   b. Does it consider the specific needs of children of different ages, sexes, abilities, etc.?

8. When they have finished, allow each group 5 minutes to present what they have come up with.

9. Highlight the key points using Hand-out 6: Prevention, and distribute the hand-out.



SESSION 4: Responding to SGBV: Special Considerations for Children

90 minutes

LEARNING OBJECTIVES

✓ Describe child-specific elements of SGBV response, and how our approach should be adapted depending on the age and maturity of the child

KEY MESSAGES

→ The best interests of the child are primary when making decisions regarding responses for individual child survivors of SGBV. The Best Interest Assessment and the Best Interest Determination should be used as tools to facilitate this decision-making.

→ The evolving capacities of the child must always be taken into account when responding to individual child survivors of SGBV.

→ Involving parents and caregivers in response is nearly always essential to ensure children's safe and supported recovery.

PREPARATION

- Activity Sheet 4: Case Studies
- Hand-out 7: Response Plans for Girls and Boys of Different Ages
- Hand-out 8: Responses for Child Survivors of SGBV

Special consdierations fo children

GROUP ACTIVITY (60 MINUTES)

1. Participants may stay in the same four groups or switch around if they prefer. Distribute one case study from Activity Sheet 4: Case Studies to each group. Allow 5 minutes for the groups to read the case studies.

2. Once everyone has read the case study, give them 10 minutes to decide on a response plan, based on the assumption that the survivor in the story is 12 years old.

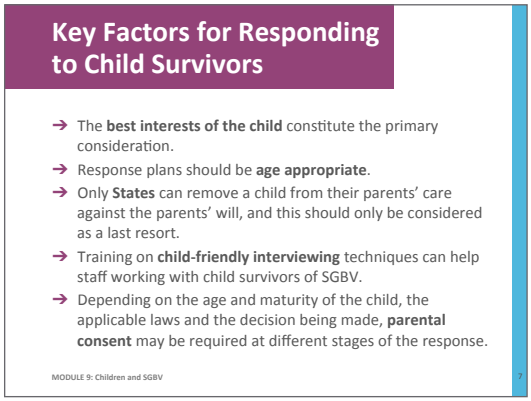
3. When they have decided on a response plan, tell them that the survivor in the story is 16 years old. Allow 10 minutes for them to note the changes they would make to their response plan.

4. Once this has been done, tell them that the survivor is 19 years old. Allow them 10 minutes to note the changes they would make to their response plan.

5. Finally, ask each group to briefly present their response plans, highlighting the differences between the plans for each age group. Allow 20 minutes for all groups to present.

6. Wrap up in plenary, making any corrections necessary to the response plans. Use Hand-out 7: Response Plans for Girls and Boys of Different Ages.

7. Emphasize the key points as in Hand-out 8: Responses for Child Survivors of SGBV and distribute Hand-out 7 and Hand-out 8.



Wrap up

(30 MINUTES)

8. Pass out pages from a flip chart, markers, coloured pencils, coloured paper and scissors.

9. Ask participants, in their groups, to reflect on the training today. Bearing in mind everything they have learned, ask them to use their imagination and develop a referral pathway for child survivors of SGBV that reflect some of the different issues and concepts talked about today. For inspiration, you can show them some example referral pathways that are *not* adapted for children. Remind them that their drawing should be as child friendly as possible! Give them 10 minutes.

10. When everyone is done, ask them to post their drawings on the wall. Each group can talk through some of the key aspects for 2-3 minutes. At the end, in plenary, ask:

    How can we improve our prevention and response vis-à-vis children in our operation?

11. Encourage participants to share some of their reflections in plenary.

12. Address any unanswered questions and sum up with the key messages for the module.

REFERENCES:

Action for the Rights of Children, *Action for the Rights of Children – Resource Pack*, 2010, available at: http://goo.gl/pvhn3s

Child Protection Working Group, *Minimum Standards for Child Protection in Humanitarian Action*, 2012, available at http://goo.gl/Ot1CA2

Inter-Agency Standing Committee (IASC), *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, Inter-Agency Standing Committee, 2015, available at: http://gbvguidelines.org/

The International Rescue Committee, *Caring for Child Survivors*, available at: http://goo.gl/9gPdu5

UNICEF, *Fact Sheet: Rights Under the Convention on the Rights of the Child*, available at: http://goo.gl/enEzn

UNICEF, *Hidden in Plain Sight: A Statistical Analysis of Violence against Children*, 2014, http://goo.gl/KwKVFY

UNHCR, *A Framework for the Protection of Children*, 2012, available at: http://www.unhcr.org/50f6cf0b9.pdf

UNHCR, *Child Protection Issue Brief:* "Sexual Violence against Children", 2014, available at: http://www.refworld.org/docid/52e7c67a4.html

UNHCR, *Field Handbook for the Implementation of the UNHCR BID Guidelines*, 2011, available at: http://goo.gl/3VDhJA

UNHCR, *Guidelines on Determining the Best Interest of the Child*, 2008, available at: http://www.unhcr.org/4566b16b2.pdf

Activity Sheet 1

20 minutes

Myths and Realities

1. **Sexual abuse of children is not a problem in this country or where I work.**
   - → **MYTH!**
   - → Key message: Sexual abuse is a problem globally and in all contexts. In situations of displacement, the vulnerability of boys and girls is increased.

2. **Children with disabilities are more at risk of SGBV than other children.**
   - → **REALITY!**
   - → Key message: Children with disabilities are indeed more at risk of certain forms of SGBV, especially sexual violence, since they can be or are perceived to be less able to defend themselves or to run away, are often more dependent on others for support and daily functioning, and are less able to report abuse.

3. **Partner and UNHCR staff do not sexually abuse children.**
   - → **MYTH!**
   - → Key message: Sexual exploitation and abuse of children by humanitarian workers, including UNHCR and other United Nations staff, partner staff, government workers and peacekeepers is a well-documented and unfortunately common phenomenon. In fact, there are those who specifically seek positions where they are likely to have access to vulnerable children in order to abuse them. While only a small number of UNHCR staff are likely to engage in such behaviour, we must always be vigilant and report suspected abuse as per the United Nations Secretary-General's Bulletin on Sexual Exploitation and Abuse.

4. **Boys are very rarely victims of SGBV.**
   - → **MYTH!**
   - → Key message: A recent UNICEF survey found that globally and outside of the context of conflict and displacement 1 in 10 girls and 1 in 25 boys are survivors of sexual violence. So while boys may be less at risk, four per cent of boys are survivors of sexual violence.[1]

     Depending on the context, boys might be just as at risk as girls. In situation of conflict boys are subjected to sexualized forms of torture for example. Furthermore, other forms of SGBV such as child marriage, physical abuse, and initiation or coming-of-age ceremonies which subject young boys to acts of violence to prove they are strong and capable of being "men", can also significantly affect boys.

     Like girls, not many boys report abuse, so we should never assume that no reports means no risk.

[1] UNICEF, *Hidden in Plain Sight: A Statistical Analysis of Violence Against Children*, 2014, available at: http://goo.gl/KwKVFY.

5. **In most cases of sexual violence against children, the perpetrator is known to the child.**
   - → **REALITY!**
   - → Key message: Most cases of sexual abuse of children are committed by a family member, neighbour, teacher or other person close to the child. This can make it especially difficult for children to report abuse and to bring the perpetrators to justice.

6. **Children do not often make up stories about being sexually abused.**
   - → **REALITY!**
   - → Key message: In general, children are unlikely to make up stories about sexual abuse given the shame and stigma that it carries. They are much more likely to lie to protect perpetrators, who may be people who are close to them, or to protect themselves by denying the experience. Where a child does make up such a story, they may, in fact, be dealing with other serious issues which lead them to this behaviour.

7. **Women are not perpetrators of SGBV against children.**
   - → **MYTH!**
   - → Key message: Most perpetrators of sexual violence against children are men. However, women can also be perpetrators. Furthermore, women can be key perpetrators in terms of encouraging, arranging and carrying out such forms of SGBV as FGM/C and child marriage.

Activity Sheet 2

20 minutes

Types, Signs and Consequences of SGBV Affecting Children

Types of SGBV likely to affect this child	Signs of SGBV this child may show	Possible consequences of SGBV for this child

Activity Sheet 3

15 minutes

National Legal Framework Analysis

Legal provisions	M	F	Source of law	Comment
Age of majority				
Age of sexual consent				
Minimum age of marriage				
Minimum age of marriage with parental consent				
Age of criminal responsibility				
Special provisions for child offenders				
Legal provisions relating to genital mutilation or cutting				
Legal provisions relating to sex work, including minimum age if applicable				
Procedures for removing children from parental custody				
Age of consent for medical procedures (e.g., HIV testing)				
Legal provisions relating to mandatory reporting				

Activity Sheet 4

60 minutes

Case Studies

CASE STUDY 1: SADIA

Sadia arrived in a refugee camp in Cameroon from the Central African Republic in early 2014. While traditionally in her community women did not get married until a bit later in life, upon arrival in the refugee camp, they began to mix with other tribes who married much earlier. After a few months, distressed by her family's poor living conditions, Sadia allowed herself to be courted by Abou, a merchant from another tribe. They were married a few months later, although Sadia's father was unhappy with the prospect.

Recently, Sadia has come to the attention of an SGBV outreach worker in the camp. Sadia mourns her bygone life with her parents and reports that her new husband is beating her. "He promised to buy me clothes and spoil me once he had repaid his debts," she recalls. "Instead, the day I arrived in his shelter, he ripped up my schoolbooks." Now, she is overwhelmed by her new responsibilities. Three months ago, Sadia spent her days with her friends, but today she is not allowed to talk to them or visit her family. If she refuses to comply, she suffers her husband's wrath. Sadia points to two bamboo sticks nearby. "He uses them to hit me on my neck and on my back. Sometimes he threatens me with stones." As she massages her swollen wrist, she sobs. Sadia tried to run away, but members of the self-defence committee – set up by refugees to guard the site – quickly found her and dragged her to her father. He punished her for the damage done to the family's honour, before sending her back to her husband. "For the first time my father beat me – for running away from here," she whispers. "Our age difference and my loneliness are draining me."

Instructions:

You are working for the SGBV partner in the camp. What would you do next? What could be a possible response plan for Sadia?

Think about:

- What are your immediate next steps?
- Who do you need to involve?
- Do you need to obtain consent to act? At what stage? From whom?
- What are the relevant procedures that must be followed?
- What are the key services that Sadia may need?

CASE STUDY 2: SHARIF

Sharif arrived in Greece by boat in early 2015. His parents and sisters could not make the journey as there was only enough money to send one member of the family, but he was accompanied by his father's friend Mohamed, who was making the same journey. However, not far off the coast of Greece, their boat capsized. Sharif was rescued and has been registered by the Greek authorities, where he has come to the attention of UNHCR staff. "I don't know what happened to Mohamed," Sharif says, "There were so many people, I lost him in the night." His voice trails off, upset. Since arriving in Greece, Sharif has received little assistance apart from a few handouts from local people. He waits at the port, hoping that Mohamed will show up. "I don't know where to go without him," he says simply. The other refugees and migrants that he came with, mainly young men and families, have already moved on, and Sharif doesn't know anyone here and he doesn't understand who he should go to for help. He has been sleeping on a park bench. There is a man who sometimes comes to the park at night and gives Sharif food, and sometimes a blanket or a piece of clothing. "I'm grateful for what he gives me but he gives me a bad feeling," says Sharif, visibly distressed. "At first he was just friendly, but now each evening he stays longer, and he sits closer. Last night he said he was cold and got under the blanket with me, and started touching me. He said it was for warmth. I felt so ashamed but I'm scared to offend him because I can't live without the food he brings."

Instructions:

You are working for UNHCR in Greece. What would you do next? What could be a possible response plan for Sharif?

Think about:

- What are your immediate next steps?
- Who do you need to involve?
- Do you need to obtain consent to act? At what stage? From whom?
- What are the relevant procedures that must be followed?
- What are the key services that Sharif may need?

Hand-out 1

Types and Consequences of SGBV Affecting Children

TYPES OF SGBV

SGBV is an abuse of unequal power relationships. Power is directly linked to choice. Children have less power, have fewer choices and are more vulnerable to abuse than adults.

There are some types of SGBV that are more likely to affect girls or boys of different ages, but all girls and boys face risks of SGBV. Risks can vary in different cultures and contexts.

Children can be affected by the same types of SGBV that affect adults, such as sexual violence and abuse, domestic violence, denial of access to land and inheritance rights, trafficking, commercial sexual exploitation, discriminatory access to service, forced marriage, so-called honour-related violence etc.

However, there are also some types of SGBV that affect only or especially children, such as child marriage, genital mutilation or cutting, discriminatory access to education, online child abuse (also referred to as child pornography) and (sex-selective) infanticide.

CONSEQUENCES

In every phase of life (from birth through adolescence), a child develops skills in different areas (physical, emotional and social, cognitive), which are all closely related to each other. All areas of development are interlinked. SGBV can interfere with a child's physical, cognitive, social or emotional development and can have severe and long-lasting consequences.

However, we should not treat child survivors as necessarily "damaged". The most important thing to remember is that the way a child goes through all these stages depends very much on the support they get in their environment from parents, caretakers or other people close to them.

With regards to child abuse: children may find it very difficult to disclose abuse, and will not disclose to anyone except a person whom they trust. We should be aware of the signs of abuse in children that we work with, and where we notice them, we should aim to support the child in question. However, all children react differently, and just because a child behaves a certain way does not mean that they have been abused. Conversely, a child who has been abused will not necessarily show all or even any particular signs. We should not pressure a child to disclose, but rather create a supportive environment in which they can disclose safely.

Signs of Child Sexual Abuse

Below are the most common signs and symptoms found among children who are sexually abused. Remember that not all children exhibit all of these signs when they are abused. Some children exhibit more of these signs and symptoms than others do. It depends on the child and their experience of sexual abuse. In addition, children can show any of these signs and symptoms at any age; they are organized to represent the most common ones within each age group.[1]

YOUNG CHILDREN UP TO AGE 5 MAY HAVE THE FOLLOWING SIGNS:

- Crying, whimpering, screaming more than usual
- Not wanting to separate from caregivers; may be more attached than normal
- Not wanting to leave places they feel safe
- Having problems with sleeping (difficulty going to sleep, sleeping all the time)
- Showing development problems such as losing ability to talk
- Displaying knowledge or interest in sexual acts inappropriate to their age

CHILDREN AGES 5 TO 9 MAY HAVE THE FOLLOWING SYMPTOMS:

- Fear of particular people, places or activities
- Regressing or showing behaviour not corresponding to the actual age of the child (e.g., bedwetting or wanting parents to dress them)
- Refusing to go to school
- Touching their private parts a lot
- Feeling sad and crying
- Having nightmares or problems sleeping
- Staying alone and away from family or friends
- Changes in eating behaviours or eating problems, such as not wanting to eat or wanting to eat all the time
- Displaying knowledge or interest in sexual acts inappropriate to their age

[1] The information explained in this section draws upon four key resources: National Child Traumatic Stress Network (www.nctsn.com); Stop It Now: Together We Can Prevent Child Sexual Abuse (http://www.stopitnow.com/); Peter Levine, *Trauma Through a Child's Eye*; and Signs of abuse are adapted from: IRC, *Caring for Child Survivors*, 2012 (http://gbvresponders.org/response/caring-child-survivors/)

CHILDREN AGES 10 TO 18 MAY HAVE THE FOLLOWING SYMPTOMS:

- Showing signs of depression (a lot of sadness or no energy all the time)
- Having nightmares (very bad dreams) or problems sleeping
- Having problems in school, such as suddenly not wanting to go
- Being angry and fighting with people a lot; can include disobeying or disrespecting parents or caregivers
- Feeling sad and crying
- Staying alone and away from family and friends
- May have flashbacks of abuse (overwhelmed with a vivid memory of the abuse, including sights, sounds, and the feeling of actually being in the situation again)
- Eating problems, such as eating all the time or not wanting to eat
- Suicidal thoughts (wanting to kill themselves)

CHILDREN WITH DISABILITIES

(See also Hand-out 5: SGBV and Children with Disabilities in Module 10: Disability Inclusion in SGBV Programming).

- Sudden unexplained change in behaviour, sexualized behaviour, self-harming
- Signs of general distress or agitation
- Physical symptoms such as complaints of aches and pains with no medical basis; new/unexplained marks or bruises especially in genital area; pain, discoloration, sores, cuts, bleeding/discharge in genitals, anus, mouth; pain during urination or bowel movements; wetting/soiling accidents; weight loss or gain; Sexually Transmitted Infections, and possibly pregnancy depending on age and development

Important: We should be aware of the signs of abuse in children that we work with, and where we notice them, we should aim to support the child in question. However, all children react differently, and just because a child behaves a certain way does not mean that they have been abused. Conversely, a child who has been abused will not necessarily show all or sometimes any particular signs.

Children and Disclosure

DISCLOSURE[2] is the word used when a child reveals or it is revealed that child sexual abuse happened. Disclosure about sexual abuse can be directly or indirectly communicated.

- Direct disclosure is when the child survivor or the child survivor's friends or family members directly share information about the abuse.
- Indirect disclosure is when someone witnesses the sexual abuse to the child, or if the child contracts a sexually transmitted disease or the child becomes pregnant.

DISCLOSURE CAN BE VOLUNTARY OR INVOLUNTARY

- If a child survivor tells an adult about sexual abuse it is called voluntary disclosure.
- If someone other than the child tells about the abuse, and the child did not want the abuse disclosed, it is called involuntary disclosure.

COMMON REASONS CHILDREN DO NOT DISCLOSE

Often, children, especially young children, who are being sexually abused do not tell anyone about the abuse they are experiencing. There are many reasons why children do not tell an adult, even a parent, about sexual abuse.

- **Fear:** Many children are afraid to tell an adult about their abuse. There are many reasons why children are afraid. The perpetrator may have threatened to hurt or even kill the child. The perpetrator may threaten that the child will be taken from their family and the child may fear where they might be taken. The child may fear that they will be blamed for shaming the family or for getting someone in trouble with the law if they tell.
- **They will not be believed:** Children are often afraid that adults – their parents, the community leaders, clan members, religious leaders and others – will not believe them and that they will not receive help.
- **Manipulation:** The perpetrator may trick the child (e.g., give the child a gift in exchange for not disclosing the abuse).
- **Personal blame:** Children may believe it is their fault or that such abuse is normal. Sometimes the perpetrator tells the child that no one will believe them or that the child is responsible for the abuse and will be punished for it. Remember, just like for adult survivors, no child is ever responsible for the abuse they experience.

[2] The information explained in this section draws upon four key resources: National Child Traumatic Stress Network (www.nctsn.com); Stop It Now: Together We Can Prevent Child Sexual Abuse (http://www.stopitnow.com/); Peter Levine, *Trauma Through a Child's Eye*; and Signs of abuse are adapted from: IRC, *Caring for Child Survivors*, 2012 (http://gbvresponders.org/response/caring-child-survivors/)

- **Protect the perpetrator:** The child may want to protect the perpetrator and may feel bad about disclosing the abuse. This is especially true when, as is common, the perpetrator is close to the child and their family in some way.
- **Protect parents:** Children often do not disclose abuse because they want to protect a non-abusive parent from being blamed. A child may feel responsible for the abuse, that they allowed it to happen and should have stopped it. **There are no situations where a child is responsible for any sexual abuse.**
- **Shame/guilt:** The perpetrator will often make the child feel shameful, embarrassed or guilty about the abuse. Sometimes the perpetrator will blame the child, saying abuse is the child's fault.

Hand-out 4

Summary of the Rights under the Convention on the Rights of the Child[3]

Article 1 (Definition of the child): The Convention defines a "child" as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18.

Article 2 (Non-discrimination): The Convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

Article 3 (Best interests of the child): The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.

Article 4 (Protection of rights): Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. When countries ratify the Convention, they agree to review their laws relating to children. This involves assessing their social services, legal, health and educational systems, as well as levels of funding for these services. Governments are then obliged to take all necessary steps to ensure that the minimum standards set by the Convention in these areas are being met. They must help families protect children's rights and create an environment where they can grow and reach their potential. In some instances, this may involve changing existing laws or creating new ones. Such legislative changes are not imposed, but come about through the same process by which any law is created or reformed within a country. Article 41 of the Convention points out the when a country already has higher legal standards than those seen in the Convention, the higher standards always prevail.

Article 5 (Parental guidance): Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly. Helping children to understand their rights does not mean pushing them to make choices with consequences that they are too young to handle. Article 5 encourages parents to deal with rights issues "in a manner consistent with the evolving capacities of the child". The Convention does not take responsibility for children away from their parents and give more authority to governments. It does place on governments the responsibility to protect and assist families in fulfilling their essential role as nurturers of children.

Article 6 (Survival and development): Children have the right to live. Governments should ensure that children survive and develop healthily.

[3] Information in this hand-out is copied from: UNICEF, Convention on the Rights of the Child Fact Sheets, 2014.

Article 7 (Registration, name, nationality, care): All children have the right to a legally registered name, officially recognised by the government. Children have the right to a nationality (to belong to a country). Children also have the right to know and, as far as possible, to be cared for by their parents.

Article 8 (Preservation of identity): Children have the right to an identity – an official record of who they are. Governments should respect children's right to a name, a nationality and family ties.

Article 9 (Separation from parents): Children have the right to live with their parent(s), unless it is bad for them. Children whose parents do not live together have the right to stay in contact with both parents, unless this might hurt the child.

Article 10 (Family reunification): Families whose members live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.

Article 11 (Kidnapping): Governments should take steps to stop children being taken out of their own country illegally. This article is particularly concerned with parental abductions. The Convention's Optional Protocol on the sale of children, child prostitution and child pornography has a provision that concerns abduction for financial gain.

Article 12 (Respect for the views of the child): When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. This does not mean that children can now tell their parents what to do. This Convention encourages adults to listen to the opinions of children and involve them in decision-making – not give children authority over adults. Article 12 does not interfere with parents' right and responsibility to express their views on matters affecting their children. Moreover, the Convention recognizes that the level of a child's participation in decisions must be appropriate to the child's level of maturity. Children's ability to form and express their opinions develops with age and most adults will naturally give the views of teenagers greater weight than those of a preschooler, whether in family, legal or administrative decisions.

Article 13 (Freedom of expression): Children have the right to get and share information, as long as the information is not damaging to them or others. In exercising the right to freedom of expression, children have the responsibility to also respect the rights, freedoms and reputations of others. The freedom of expression includes the right to share information in any way they choose, including by talking, drawing or writing.

Article 14 (Freedom of thought, conscience and religion): Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should help guide their children in these matters. The Convention respects the rights and duties of parents in providing religious and moral guidance to their children. Religious groups around the world have expressed support for the Convention, which indicates that it in no way prevents parents from bringing their children up within a religious tradition. At the same time, the Convention recognizes that as children mature and are able to form their own views, some may question certain religious practices or cultural traditions. The Convention supports children's right to examine their beliefs, but it also states that their right to express their beliefs implies respect for the rights and freedoms of others.

Article 15 (Freedom of association): Children have the right to meet together and to join groups and organisations, as long as it does not stop other people from enjoying their rights. In exercising their rights, children have the responsibility to respect the rights, freedoms and reputations of others.

Article 16 (Right to privacy): Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Article 17 (Access to information; mass media): Children have the right to get information that is important to their health and well-being. Governments should encourage mass media – radio, television, newspapers and Internet content sources – to provide information that children can understand and to not promote materials that could harm children. Mass media should particularly be encouraged to supply information in languages that minority and indigenous children can understand. Children should also have access to children's books.

Article 18 (Parental responsibilities; State assistance): Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments must respect the responsibility of parents for providing appropriate guidance to their children – the Convention does not take responsibility for children away from their parents and give more authority to governments. It places a responsibility on governments to provide support services to parents, especially if both parents work outside the home.

Article 19 (Protection from all forms of violence): Children have the right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them. In terms of discipline, the Convention does not specify what forms of punishment parents should use. However any form of discipline involving violence is unacceptable. There are ways to discipline children that are effective in helping children learn about family and social expectations for their behaviour – ones that are non-violent, are appropriate to the child's level of development and take the best interests of the child into consideration. In most countries, laws already define what sorts of punishments are considered excessive or abusive. It is up to each government to review these laws in light of the Convention.

Article 20 (Children deprived of family environment): Children who cannot be looked after by their own family have a right to special care and must be looked after properly, by people who respect their ethnic group, religion, culture and language.

Article 21 (Adoption): Children have the right to care and protection if they are adopted or in foster care. The first concern must be what is best for them. The same rules should apply whether they are adopted in the country where they were born, or if they are taken to live in another country.

Article 22 (Refugee children): Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the rights in this Convention.

Article 23 (Children with disabilities): Children who have any kind of disability have the right to special care and support, as well as all the rights in the Convention, so that they can live full and independent lives.

Article 24 (Health and health services): Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. Rich countries should help poorer countries achieve this.

Article 25 (Review of treatment in care): Children who are looked after by their local authorities, rather than their parents, have the right to have these living arrangements looked at regularly to see if they are the most appropriate. Their care and treatment should always be based on "the best interests of the child". (see Guiding Principles, Article 3)

Article 26 (Social security): Children – either through their guardians or directly – have the right to help from the government if they are poor or in need.

Article 27 (Adequate standard of living): Children have the right to a standard of living that is good enough to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this, particularly with regard to food, clothing and housing.

Article 28: (Right to education): All children have the right to a primary education, which should be free. Wealthy countries should help poorer countries achieve this right. Discipline in schools should respect children's dignity. For children to benefit from education, schools must be run in an orderly way – without the use of violence. Any form of school discipline should take into account the child's human dignity. Therefore, governments must ensure that school administrators review their discipline policies and eliminate any discipline practices involving physical or mental violence, abuse or neglect. The Convention places a high value on education. Young people should be encouraged to reach the highest level of education of which they are capable.

Article 29 (Goals of education): Children's education should develop each child's personality, talents and abilities to the fullest. It should encourage children to respect others, human rights and their own and other cultures. It should also help them learn to live peacefully, protect the environment and respect other people. Children have a particular responsibility to respect the rights their parents, and education should aim to develop respect for the values and culture of their parents. The Convention does not address such issues as school uniforms, dress codes, the singing of the national anthem or prayer in schools. It is up to governments and school officials in each country to determine whether, in the context of their society and existing laws, such matters infringe upon other rights protected by the Convention.

Article 30 (Children of minorities/indigenous groups): Minority or indigenous children have the right to learn about and practice their own culture, language and religion. The right to practice one's own culture, language and religion applies to everyone; the Convention here highlights this right in instances where the practices are not shared by the majority of people in the country.

Article 31 (Leisure, play and culture): Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities.

Article 32 (Child labour): The government should protect children from work that is dangerous or might harm their health or their education. While the Convention protects children from harmful and exploitative work, there is nothing in it that prohibits parents from expecting their children to help out at home in ways that are safe and appropriate to their age. If children help out in a family farm or business, the tasks they do should be safe and suited to their level of development and comply with national labour laws. Children's work should not jeopardize any of their other rights, including the right to education, or the right to relaxation and play.

Article 33 (Drug abuse): Governments should use all means possible to protect children from the use of harmful drugs and from being used in the drug trade.

Article 34 (Sexual exploitation): Governments should protect children from all forms of sexual exploitation and abuse. This provision in the Convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography.

Article 35 (Abduction, sale and trafficking): The government should take all measures possible to make sure that children are not abducted, sold or trafficked. This provision in the Convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography.

Article 36 (Other forms of exploitation): Children should be protected from any activity that takes advantage of them or could harm their welfare and development.

Article 37 (Detention and punishment): No one is allowed to punish children in a cruel or harmful way. Children who break the law should not be treated cruelly. They should not be put in prison with adults, should be able to keep in contact with their families, and should not be sentenced to death or life imprisonment without possibility of release.

Article 38 (War and armed conflicts): Governments must do everything they can to protect and care for children affected by war. Children under 15 should not be forced or recruited to take part in a war or join the armed forces. The Convention's Optional Protocol on the involvement of children in armed conflict further develops this right, raising the age for direct participation in armed conflict to 18 and establishing a ban on compulsory recruitment for children under 18.

Article 39 (Rehabilitation of child victims): Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society. Particular attention should be paid to restoring the health, self-respect and dignity of the child.

Article 40 (Juvenile justice): Children who are accused of breaking the law have the right to legal help and fair treatment in a justice system that respects their rights. Governments are required to set a minimum age below which children cannot be held criminally responsible and to provide minimum guarantees for the fairness and quick resolution of judicial or alternative proceedings.

Article 41 (Respect for superior national standards): If the laws of a country provide better protection of children's rights than the articles in this Convention, those laws should apply.

Article 42 (Knowledge of rights): Governments should make the Convention known to adults and children. Adults should help children learn about their rights, too. (See also article 4.)

Articles 43-54 (implementation measures): These articles discuss how governments and international organizations like UNICEF should work to ensure children are protected in their rights.

Hand-out 5

SGBV, Children, and the Law

THE CONVENTION ON THE RIGHTS OF THE CHILD (1989) STATES:

- Children are all persons under the age of 18. (Article 1)
- The best interests of the child are is the primary consideration for all decisions about an individual child. (Article 3)
- The right to family life is essential for children – children should not be removed from the care of their family except as a last resort and where this is in their best interests. (Article 5, 9, 18)
- Prevention, as well as response, is a key strategy when it comes to SGBV (as well as other forms of abuse, neglect, violence and exploitation). (Article 19)
- Children need to be protected from all forms of sexual abuse. (Article 34)

What does the CRC say about:	
The age of marriage	Remember that there are likely to be different provisions – the age at which a person can marry freely, the age at which a child can marry with parental consent, and the age at which a child can marry under traditional law. The recommended minimum age for marriage is 18, although it is not stated in the Convention. However, many States have a lower age for marriage with parental consent.
The age of consent for sex	A balance must be struck between protective and permissive minimum ages here. While the CRC Committee is openly critical of ages that are clearly set too young, such as 14, it does not prescribe a specific age. Many countries settle on 16/17 as a minimum age, and some have additional provisions related to the age of persons with whom sexual relationships are conducted (e.g., with an age bracket of 2–5 years above the age of the child). *NOTE: The Secretary-General's Bulletin on the Protection from Sexual Exploitation and Abuse by Humanitarian Workers clearly states that sexual activity with persons under the age of 18 (including exchange of money, goods or services for sexual favours) is prohibited. Regardless of the age of majority or the local age of consent. Mistaken belief in the age of a child is not a defence. Sexual Exploitation and Abuse constitute acts of serious misconduct and provide grounds for disciplinary measures, including summary dismissal.*
Difference between laws for boys and for girls	The CRC Committee is very clear that all minimum ages should be the same for girls and boys.

What does the CRC say about:	
Mandatory reporting requirements	In some countries where a criminal offence has been committed, laws mandate reporting to police or other authorities. However, in some circumstances, mandatory reporting results in action that is not in the child's best interests. It is important to check the legal requirements for UNHCR staff and partners with regards to mandatory reporting and to ensure that children and families are informed of staff obligations.
Child perpetrators	It is important to remember that children who commit sexual offences have often been subjected to abuse themselves. Our response must therefore also include child perpetrators as well as survivors. Children above the age of criminal responsibility may also be prosecuted for crimes relating to SGBV. In these cases it is important to ensure that children have access to child-friendly procedures in the judicial system.
Perpetrators in the family and removing children from their family	In some cases, especially where the perpetrator is in the family, it may be in the best interests of the child to remove a child survivor from the care of their family. Usually, this can only be done by the competent State authorities according to established procedures. We need to be aware of the procedures in the countries in which we work. If State authorities are unable or unwilling to intervene, a Best Interest Decision can also be used as the basis for removal of a refugee child from a caregiver or parent. However, decisions in such cases need to be taken with utmost care and as a last resort.

Important: Regardless of context, SGBV is a human rights violation that cannot be condoned or justified by cultural norms. It is essential to uphold UNHCR's protection mandate, even if your own culture condones some forms of SGBV. Even if a form of SGBV is widely accepted, different groups in the community will have different opinions about it, and there will also be people who oppose the practice.

Hand-out 6

Prevention

RISK AND PROTECTIVE FACTORS

The risks and protective factors for girls and boys can be different from those for adults. Prevention programming aims to strengthen protective factors at all levels (society, community, relationships/family and the child) and reduce or mitigate risk factors. Effective prevention must therefore be built on a solid analysis of the community and culture in which children are living, and an assessment of which girls and boys are most at risk of different forms of SGBV. We need to pay special attention to the relationships between girls, boys and the adults close to them (such as parents or caregivers), the school environment and their peers.

Samples of risk and protective factors:

Child	Family/Peers	Community	Society
Age, gender, disability, history of previous abuse, level of education, self-esteem, health, etc.	Presence/absence of child's parent(s), social status, level of education of child's parents/caregivers, household income/assets, access to food/goods, social networks, access to play and social activities, access to school, etc.	Presence/absence of military groups, geographic location (e.g., isolated from services), existence of trafficking networks, existence of social, health and security services, access to safe education, access to justice, traditional justice structures	The legal framework, existing gender norms, attitudes to child participation in decision making

IMPORTANT ISSUES TO TAKE INTO ACCOUNT

INTERVENTIONS AT ALL LEVELS OF THE ECOLOGICAL MODEL

Successful prevention programmes need to work at the society level (e.g., behaviour change initiatives; challenging unequal gender norms); community level (e.g., community groups to accompany children to school); at the family and peer level (e.g., play and social activities that promote peaceful conflict resolution; parenting education); and at the individual level (e.g., teaching girls and boys methods of self-protection). Some activities can act on several levels.

AGE APPROPRIATENESS

Programmes on the same issue may need to be modified for children of different ages. With younger children, targeting parents and teaching them skills to communicate on issues of SGBV with their children may be most effective; for older children, involving children and young people directly can be more effective, since adolescents are often more influenced by their peers than adults. Awareness materials also need to be designed for different age groups.

COMMUNITY-BASED PROTECTION

Take a community-based protection approach. Involving the community and getting community commitments on particular issues is a key strategy in all SGBV prevention activities. One successful approach is to begin by asking community members to define for themselves what outcomes they want to see for their children and what the most effective ways to support these are.

INVOLVING MEN AND BOYS

As with all SGBV prevention initiatives, men should not be excluded from the process. Indeed, they need to be actively engaged as they can be important actors for change and are critical for addressing unequal power relationships and gender norms.

INVOLVING MULTIPLE SECTORS

A multi-sectoral approach is often most effective. Typically, talking about children's rights and the relevant laws is not very effective when it comes to preventing SGBV. It may even cause resistance. While it is still a good idea to educate children and their families on their rights and the legal framework, it is important that we team up with different sectors such as health, nutrition and education to address the root cause of SGBV – unequal power relationships and gender norms – and gaps in knowledge in all areas.

IDENTIFYING INDIVIDUAL CHILDREN MOST AT RISK

Targeting individual girls and boys at particular risk with initiatives that strengthen their resilience is critical. This could mean referring the family for livelihood support, ensuring participation in psychosocial and education activities, ensuring adequate alternative care arrangements etc.

INVOLVING CHILDREN THEMSELVES AS PARTICIPANTS IN PROTECTION

A particularly effective strategy involves children and young people in identifying, monitoring and reporting risks in their community; taking collective action; and changing attitudes. However, in all cases where we involve children, we must conduct a risk assessment to ensure that they are involved in a way that is safe, supported and in their best interests. Good examples might be involving children in designing awareness-raising initiatives, supporting children's involvement in community governance structures and conducting risk-mapping activities with children.

Hand-out 7

Response Plan for Girls and Boys of Different Ages

Age 12	Age 16	Age 19
Next steps		
The most important thing is to ensure the child's safety and well-being. For children aged 12, this usually means ensuring that they are in the care of their parents, relatives or in another safe and supportive family environment. Where parents are the source of abuse or are unwilling/unable to take action to prevent abuse, a child may need to be temporarily or permanently removed from parental care and placed in foster care, or, as a last resort, a safe house or institution. In some cases, it may be necessary to support relocation of other family members or the whole family. Our primary concern is the child's best interests, which means that the solution identified must ensure their safety and well-being while also taking into account their views and those of their parents/caregivers.	Our priority and, for the most part, the process remain the same, but, at 16, a child typically has more autonomy and capacity. While we still need to ensure a safe and supportive care environment for the child, we should give more weight to their views, explore options with them and help them identify best choices. There may also be additional options available to the child in terms of care, such as supported independent living.	At age 19, the survivor should be making their own decisions, and our role is to give them information and options, to support them in identifying what they want and to facilitate this where we can. We cannot do anything that the survivor does not want.
Who to involve?		
At age 12, it is essential that we involve the child's family or caregivers. First and foremost, parents/caregivers must be involved, where they are present and where this is in the best interests of the child, even if this goes against the child's wishes. If the child and/or parents agree, other family members may also be supportive and can be involved, as well as community leaders, who may help negotiate solutions. With the consent of parents/caregivers and/or in the best interests of the child, we should also involve the police and legal support services. (NB: there may be exceptions here for mandatory reporting.) However, the exact actors will depend on the context.	At 16, while the child's family or caregivers are likely to be very important in the response, it may not always be in the best interests of the child to involve them. If a child does not want to involve their parents, we are less likely to involve them unless it is essential to the child's safety and well-being. Otherwise, the same actors can be involved, but always with the consent of the child and parents/caregiver.	At age 19, the survivor should identify for themselves the persons that they would like to be involved. As with children, family and community members may be important supports, and legal support and police services may also need to be invoked depending on the survivor's wishes.

Age 12	Age 16	Age 19
Consent		
While 12 is still very young, at this age children are clearly capable of expressing themselves, and their views are important. Younger children, including up to age 15, are usually not considered old enough or mature enough to provide consent, but they should be asked for their views, and we can obtain their assent or their agreement to what we propose. Where consent is necessary, for example to access services or to process information, this should be obtained from the child's parents/caregiver, always guided by the principle of the best interests of the child. At any age, we must ensure that information provided and the way by which consent/assent is expressed is appropriate to the age and capacity of the child. All children should be involved in decisions that affect them, and their views given due weight.	At age 16, a child is likely to be mature enough to make many decisions on their own, and may be able to provide consent for some aspects of their care plan, depending on the legal framework. However, for decisions that have serious consequences, even 16 is considered too young to consent. Where this is the case, parental/caregiver consent should be obtained and/or the decision should be made based on an assessment of the best interests of the child.	At age 19, as an adult, the survivor can and should provide consent for themselves on any necessary decisions.
Procedures		
Best Interest procedures, including Best Interest Assessments and Best Interest Determinations, where necessary, are very important for responding to SGBV affecting children. States may also have their own procedures for ensuring the best interests of the child, in which case these should be followed. Depending on the context, there may be other procedures to be followed, in particular, those relating to police reporting and any legal procedures where legal action is taken or where children are separated from their parents against their will.	Same.	N/A
Services		
Depending on whether or not the child can stay with their family, they may need alternative care services. In terms of support, for children under 13 or for any child who has been recently in school or wants to be in school, we should focus on getting them in school. Where income is a problem, livelihoods or material support should be provided to the family, not the child. Medical, psychological and legal support should be provided as necessary, remembering that staff dealing with children in these services should have training on working with children. Group psychosocial support and play activities are also very beneficial for reintegration. Working with parents to support their child's recovery is also essential.	Older children who have been out of school for several years and who do not wish to return to school may require alternative support. This support could take the form of vocational training or livelihoods activities, but accelerated learning programmes or even literacy and numeracy classes may also be available and appropriate to ensure that the child continues to learn. Group support and peer support activities are also very important for adolescents, as well as involving parents and caregivers where in the child's best interests.	Available medical, legal and security, psychosocial, livelihoods, and other support should be explained to the survivor for them to decide on the services they would like to access.

Hand-out 8

Responses for Child Survivors of SGBV

THE BEST INTEREST OF THE CHILD

The best interest of the child constitute the primary factor in all cases involving children. While confidentiality is a key consideration, limited confidentiality must be applied in the case of children where it is in their best interests to disclose what has happened to the authorities or to their parents. As part of case management, a Best Interest Assessment should be conducted. In complex cases, a Best Interest Determination (BID) may be necessary (see below) in order to ascertain the actions that must be taken. Individual children's views should be taken into account according to their age and maturity, but in some cases it may be necessary to share information about an incident against the child's will. Child protection colleagues can help with Best Interest procedures if SGBV colleagues are not trained in this area.

WHEN PARENTS ARE PERPETRATORS

In cases where the child's parents or other family members are perpetrators, and/or are not able or willing to provide protection for the child, it may be necessary to remove the child from their custody. Only States have the authority to remove a child from their parents against the parents' will. UNHCR's BID procedure can also be used, either to support decision-making with States, or where States are unwilling or unable to fulfill this function. A child's best interests are normally served by ensuring that they remain with their family, and ensuring that this is a safe and supportive family environment.

CHILD FRIENDLY INTERVIEW TECHNIQUES

Staff dealing with children should be trained in child-friendly interview techniques. Ideally, staff should be female (although some boys may also want to speak to a male staff member), and from the same cultural and linguistic background as the child. For younger children, you may need parental consent to interview children. Only a State authority can interview children against a parent's wishes.

CONSENT TO SERVICES

Depending on age and maturity, a child may or may not be able to give consent for medical procedures or for other aspects of SGBV services (this can also depend on the legal framework of the country). Depending on the legal framework, some or all medical procedures (e.g., HIV tests, pregnancy tests, etc.) may not be available without parental consent/disclosure.

The age and maturity of the child, the applicable laws and the weight of the decision to be made are key factors informing decisions around consent and children. For example, a 14-year-old may well be able to give their own consent to a referral for recreational activities, but is not considered able to make informed decisions about marriage. All decisions related to consent and children should be guided by the best interest of the child.

NATURE OF THE SERVICES

Elements of response plans should be developed in accordance with a child's age and maturity. For example, ensuring that children can return to or be placed in education is normally a priority over livelihood support for individual children, and especially younger children, although support for the family in livelihood programmes may be appropriate. Where livelihood support is offered to older children, it should be age appropriate and safe; vocational training and apprenticeship programmes may be more appropriate than small businesses, for example. The method of psychosocial support should also be adapted to the child's age.

Pre-/Post-test

Module 9: Children and SGBV

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) There are special protections for children in international law
   b) The child's wishes are the primary factor in all decision-making regarding responses for child survivors of SGBV.
   c) Children with disabilities are more at risk of SGBV than other children.
   d) In most cases of sexual violence against children, the perpetrator is unknown to the child.
   e) The Convention on the Rights of the Child does not prescribe a specific age of consent for engaging in sexual relations.
   f) The Convention on the Rights of the Child recommends different ages of consent for boys and for girls with respect to marriage, as girls generally mature earlier.
   g) All child survivors of SGBV are traumatized.
   h) A child who has been abused will not always show any particular signs.

2. What are common reasons why children may not disclose sexual abuse? Select all that apply.
   a) Fear that adults will not believe them
   b) Lack of vocabulary or verbal skills to describe what happened
   c) Threats made by the perpetrator
   d) Belief that the abuse was their fault
   e) Desire to protect the perpetrator

3. Please list five types of SGBV that especially affect children:

4. Explain in your own words how a response developed for adult survivors should be adapted for child survivors, taking into account the maturity of the child.

Pre-/Post-test: Answer Sheet

Module 9: Children and SGBV

(Correct responses are highlighted in **bold**)

1. True or False? Please select all TRUE statements.
   - **a) There are special protections for children in international law**
   - b) The child's wishes are the primary factor in all decision-making regarding responses for child survivors of SGBV.
   - **c) Children with disabilities are more at risk of SGBV than other children.**
   - d) In most cases of sexual violence against children, the perpetrator is unknown to the child.
   - **e) The Convention on the Rights of the Child does not prescribe a specific age of consent for engaging in sexual relations.**
   - f) The Convention on the Rights of the Child recommends different ages of consent for boys and for girls with respect to marriage, as girls generally mature earlier.
   - g) All child survivors of SGBV are traumatized.
   - **h) A child who has been abused will not always show any particular signs.**

2. What are common reasons why children may not disclose sexual abuse? Select all that apply.
   - **a) Fear that adults will not believe them**
   - **b) Lack of vocabulary or verbal skills to describe what happened**
   - **c) Threats made by the perpetrator**
   - **d) Belief that the abuse was their fault**
   - **e) Desire to protect the perpetrator**

NOTE TO THE FACILITATOR:

For the *open* test questions below, please note that the responses given are not exhaustive; they serve merely as *examples* of possible correct answers.

3. Please list five types of SGBV that *especially* affect children:

   Child marriage, genital mutilation or cutting, discriminatory access to education, online child abuse (also referred to child pornography), (sex-selective) infanticide, incest

4. Explain in your own words how a response developed for adult survivors should be adapted for child survivors, taking into account the maturity of the child.

   - **Child-friendly interview techniques are required.**
   - **You may need parental consent to interview children.**
   - **Mandatory reporting may apply.**
   - **Limited confidentiality must be applied where it is determined to be in a child's best interest to disclose to the authorities or parents what happened.**
   - **Depending on age and maturity, the child may or may not be able to give consent for medical procedures or for other aspects of SGBV services. This may also depend on the legal framework of the particular country.**
   - **The response plan should be developed in accordance with a child's age and maturity. For example, ensuring that children can continue education is normally a priority. Livelihood support can be an alternative for older adolescents. In other instances, livelihood support for the family may be more appropriate.**

Module 9

Children and SGBV

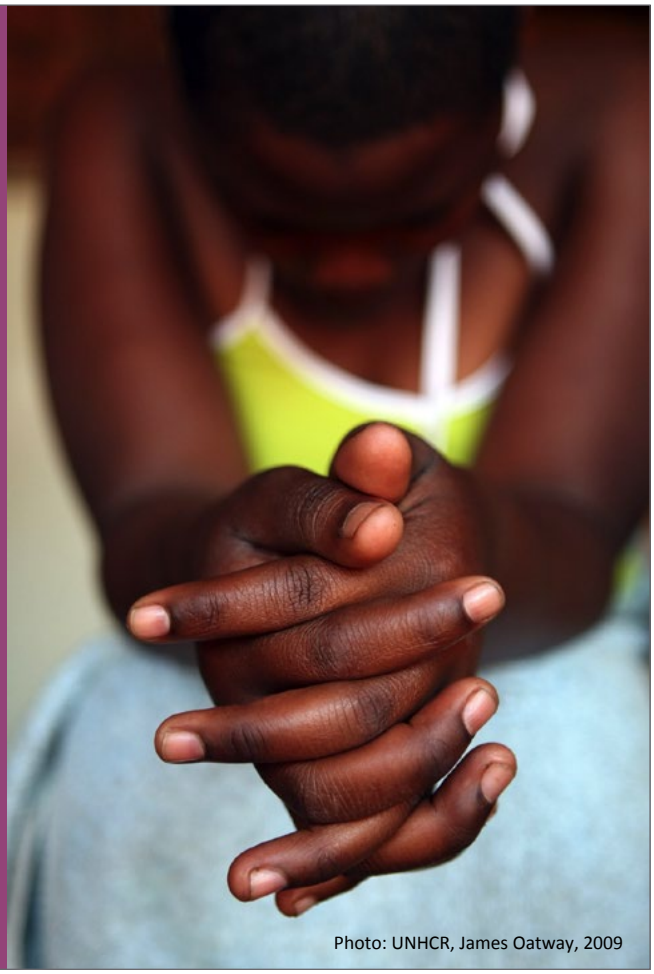


Photo: UNHCR, James Oatway, 2009

Objectives

- Describe the **types, signs** and **consequences** of SGBV for girls and boys of different ages.
- Explain the **international legal standards** that exist for children in relation to SGBV.
- Identify **actions** to ensure that SGBV programmes are sensitive to the needs of girls and boys.
- Describe how **responses** should be adapted depending on the age and maturity of the child.

Types, signs and consequences

- Girls and boys of different ages face different **types** of SGBV.
- Sexual abuse can interfere with a child's **development** and have long-lasting consequences.
- All children at all ages need to be surrounded by a **supportive environment,** including **supportive adults**.
- Children may find it **difficult** to **disclose** SGBV.

Convention on the Rights of the Child

Key articles related to SGBV work with children

- A child is anyone under **18.** (Article 1)
- The **best interests** of the child are primary. (Article 3)
- **Family life and guidance** is essential for children. (Article 5, 9, 18)
- Children have the right to protection from **violence**, **exploitation, abuse and neglect.** (Article 19)
- Children have the right to protection from all forms of **sexual abuse.** (Article 34)

National Legal Framework: Things to Consider

- Age of marriage
- Age of consent for sex
- Discriminatory ages between boys and girls (eg a difference between the age of consent for boys and for girls)
- Mandatory reporting requirements
- Age of criminal responsibility and juvenile justice procedures
- Procedures to remove a child from the care of their parents/caregiver

Prevention Programming for Children

- Identify and address risks at the individual, family, community and society levels of the **Ecological Model**.
- Adapt **materials** and **methodologies** for parents and for children of different ages.
- Get **communities** on board from the outset.
- Engage **men** and **boys.**
- Take a **multi-sectoral approach.**
- Identify and support the children most at **risk.**

Key Factors for Responding to Child Survivors

- The **best interests of the child** constitute the primary consideration.
- Response plans should be **age appropriate**.
- Only **States** can remove a child from their parents' care against the parents' will, and this should only be considered as a last resort.
- Training on **child-friendly interviewing** techniques can help staff working with child survivors of SGBV.
- Depending on the age and maturity of the child, the applicable laws and the decision being made, **parental consent** may be required at different stages of the response.

MODULE 10
Disability Inclusion in SGBV Programming

MODULE OUTLINE

Session 1	Understanding disability	50 minutes	1
Session 2	Gender, Disability, and Displacement	80 minutes	2
Session 3	Key approaches applied	30 minutes	3
Session 4	Disability inclusion in SGBV prevention and response	70 minutes	4

TIMING:

3 hours and 50 minutes

SUMMARY

This module focuses on the SGBV prevention and response for persons with disabilities. Participants explore what disability means and examine the factors that can expose persons with disabilities to risks of SGBV. Participants will identify barriers faced by persons with disabilities in accessing support services, as well as interventions to address these barriers. Participants explore ways to ensure persons with disabilities are included in SGBV prevention and response programmes. Emphasis is placed upon recognizing and building the capacity of persons with disabilities to reduce their exposure to risks of SGBV.

LEARNING OBJECTIVES

By the end of this module participants should be able to:

- ✓ Explain what is meant by the concept of *disability* and describe its intersection with SGBV and displacement
- ✓ Explain how the four key approaches for addressing SGBV can be applied in working with persons with disabilities
- ✓ Identify concrete steps to promote inclusion of persons with disabilities in SGBV prevention and response programmes

KEY MESSAGES

- → Disability is not *in*ability, nor an individual or medical problem; it is the interaction of impairments with societal attitudes and barriers.
- → As a result of conflict and displacement, the societal barriers and discrimination persons with disabilities face is often magnified.
- → These societal barriers lead to an increased exposure to risks of SGBV.
- → All forms of SGBV are based on gender norms and unequal power relationships. Despite specific vulnerabilities, SGBV against persons with disabilities has the same root cause.
- → Among persons with disabilities, the rate of SGBV coexists with low levels of reporting and low levels of participation in prevention and response programmes.
- → As disability can affect all age groups, age-sensitive and inclusive interventions are important.
- → The rights-based approach and other key approaches for addressing SGBV emphasize the right of persons with disabilities who experience or are at risk of SGBV to full participation in activities that affect their lives and to make their own informed decisions.
- → Capacities and resources of persons with disabilities are insufficiently identified, acknowledged and used.
- → Use a *twin-track approach* to inclusion: mainstream disability in existing SGBV prevention and response activities through adaptations to programming while also targeting actions that meet their specific needs.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers projector/laptop, post-its
- Five copies of the *Need to Know Guidance: Working with Persons with Disabilities in Forced Displacement*, UNHCR, 2011

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Case Studies

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Understanding Disability
- Hand-out 2: Displacement, Disability and Risks of SGBV
- Hand-out 3: Barriers to Reporting and Accessing Services
- Hand-out 4: Key Approaches
- Hand-out 5: SGBV and Children with Disabilities
- Hand-out 6: Programme Principles
- Hand-out 7: Disability Inclusion in SGBV Prevention and Response

OTHER:

- Prepare a flip-chart displaying three overlapping circles with the following titles: forced displacement; disability (impairments and barriers); gender norms and unequal power relationships.

UNHCR READING MATERIALS AND RESOURCES

- → *Working with Persons with Disabilities in Forced Displacement*, 2011.
- → *Age, Gender and Diversity Policy*, 2011.
- → *Conclusion on Refugees with Disabilities and Other Persons with Disabilities Protected and Assisted by UNHCR*, The Executive Committee, 2010.
- → *Action against Sexual and Gender-Based Violence: An Updated Strategy*, 2011.
- → *UNHCR Handbook for the protection of Women and Girls*, 2008.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 10: Inclusion of Persons with Disabilities has been produced for educational purposes only to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge:

- → *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners, Tool 4: Gender-Based Violence and Disability: A Training Module for GBV Practitioners in Humanitarian Settings*, Women's Refugee Commission (WRC), 2015.
- → *I See That It Is Possible: Building Capacity for Disability Inclusion in Gender-Based Violence (GBV) Programming in Humanitarian Settings*, WRC, 2015.
- → *Triple Jeopardy: Protecting At-Risk Refugee Survivors of Sexual and Gender-Based Violence*, HIAS, 2014.
- → *Disability Checklist for Emergency Response*, Handicap International, 2010.
- → *Fact Sheet Caring for Child Survivors with Disabilities*, IRC, 2012.
- → *Out from the Shadows, Sexual Violence against Children with Disabilities*, Handicap International and Save the Children, 2011.
- → *Disability Inclusion: Translating Policy into Practice in Humanitarian Action*, WRC, 2014.
- → *Refugees with Disabilities: Increasing Inclusion, Building Community*, WRC, 2014.
- → *Mainstreaming Disability in Community Based Disaster Risk Reduction*, Handicap International, 2008.
- → United Nations Enable (http://www.un.org/disabilities/default), official website of the Secretariat for the Convention on the Rights of Persons with Disabilities (SCRPD).

SESSION 1: Understanding Disability

50 minutes

LEARNING OBJECTIVES

✓ Explain what is meant by the concept of *disability*

KEY MESSAGES

→ Disability is not *in*ability, nor an individual or medical problem; it is the interaction of impairments with societal attitudes and barriers.

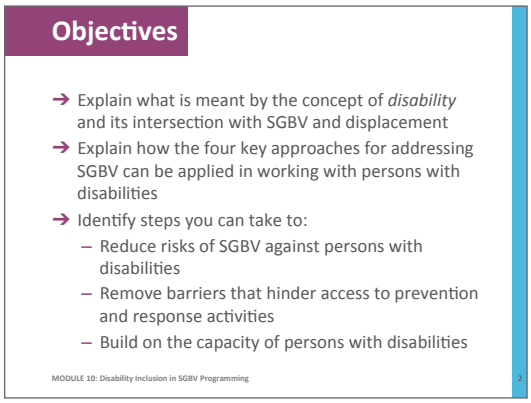
PREPARATION

- Hand-out 1: Understanding Disability

Where do I stand?

GROUP ACTIVITY (30 MINUTES)

1. Using the notes to the facilitator below, explain the purpose of this training session.



NOTES TO THE FACILITATOR:

At the end of this session, participants should be able to:

- *Explain what is meant by the concept of* disability *and describe its intersection with SGBV and displacement*
- *Explain how the four key approaches for addressing SGBV can be applied in working with persons with disabilities*
- *Identify concrete steps to promote persons with disabilities' inclusion in SGBV prevention and response programmes*

2. Ask participants what associations they have with the term *disability*. Write their responses on a flip chart. Keep this flip-chart page posted on the wall as you will refer back to it later.

3. On one side of the room post a sign that says *Agree* and on the opposite side one that says *Disagree*. Tell the participants that you will read aloud a few statements and that after deciding whether they agree or disagree with the statements, they should move to the corresponding end of the room. Participants can also choose to stand anywhere on the imaginary line between the two opposites if they are not sure. Remind the participants that everyone has a right to their own opinion.

4. After participants respond to the first statement, ask one or two persons to explain their opinion. Ask a few others to respond and allow short discussion to take place. Then show the feedback slide. Repeat this for each statement.

NOTES TO THE FACILITATOR:

Disability and SGBV: true or false?

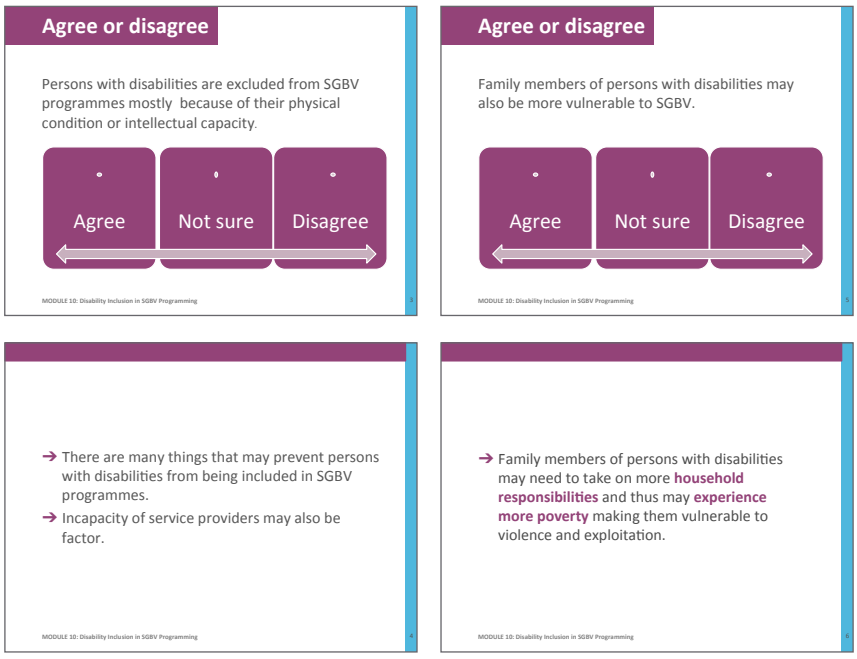
Statements and feedback adapted from Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings *(WRC 2015).*

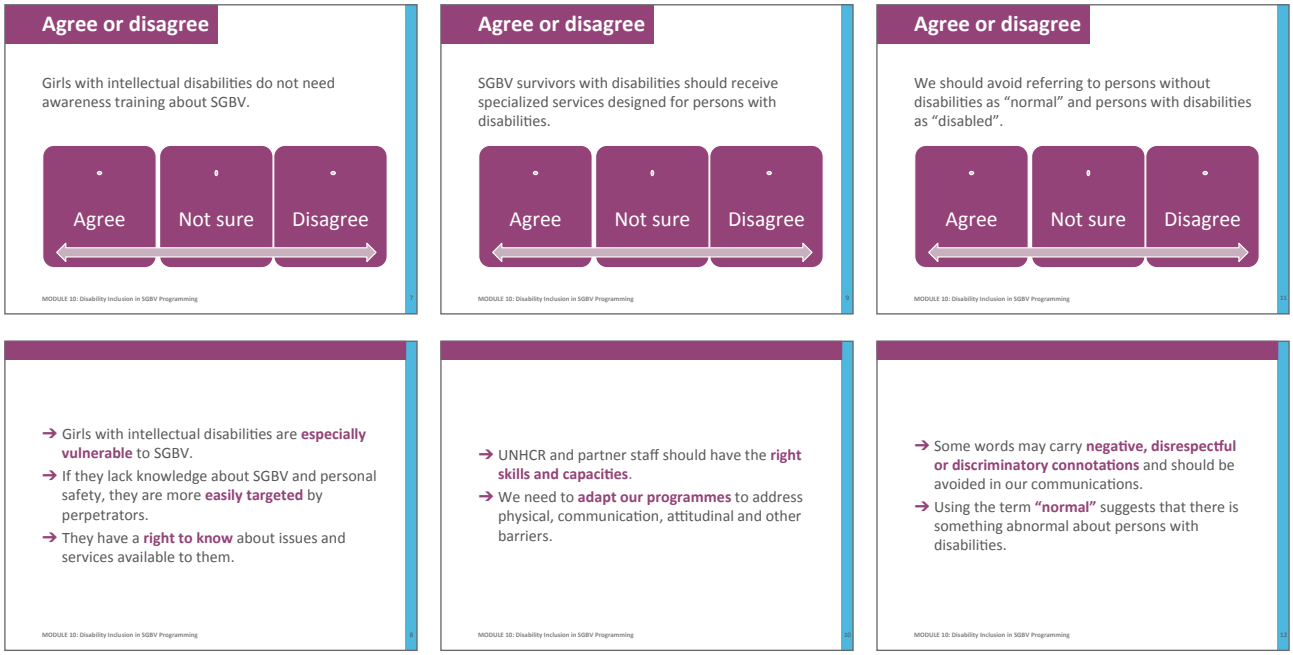
Statement 1: *Persons with disabilities are excluded from SGBV programmes mostly because of their physical condition or intellectual capacity.*

False. There are many things that may prevent persons with disabilities from being included in SGBV programmes, not just their impairment. Environmental and social barriers affect inclusion. For example, SGBV service providers may lack the required communication skills to discuss issues of SGBV with persons with disabilities including those with hearing and intellectual and mental impairments.

Statement 2: *Family members of persons with disabilities may also be more vulnerable to SGBV.*

True. Disability affects the whole family or household. Family members of persons with disabilities may need to take on more household responsibilities and thus may experience more poverty making them vulnerable to violence and exploitation. This is particularly true for women caregivers. For example, the wife of a man with new disabilities may, in addition to all her other roles, have to seek income and assistance for the family exposing her to violence at home and in the community.





Statement 3: *Girls with intellectual disabilities do not need awareness training about SGBV.*

False. Girls with intellectual disabilities are especially vulnerable to SGBV, in part because they do not receive the same education or have the same peer support as other girls. If they lack knowledge about SGBV and personal safety, they are more easily targeted by perpetrators. They have a right to know about issues and services available to them, even though the information may need to be adapted to their cognitive abilities.

Statement 4: *SGBV survivors with disabilities should receive specialized services designed for persons with disabilities.*

False. Services designed for SGBV survivors should be accessible to all survivors. UNHCR and partner staff should have the right skills and capacities to respond to the needs of all SGBV survivors, including those with disabilities. We need to adapt our programmes to address physical, communication, attitudinal and other barriers to access, so that persons with disabilities have the same opportunities to participate as others.

Statement 5: *We should avoid referring to persons without disabilities as "normal" and persons with disabilities as "disabled".*

True. Some words carry negative, disrespectful or discriminatory connotations and should be avoided in our communications. Using the term "normal" suggests that there is something abnormal about persons with disabilities. Using the term "disabled" also defines a person by their disability, and not by the full variety of their characteristics and capacities.

The Convention on the Rights of Persons with Disabilities is translated into many languages and can be a useful guide when deciding which terms to use in participants' context: www.wrc.ms/CRPD_translations. Local organizations of persons with disabilities can also provide guidance on the terminology preferred by those within their operations (WRC 2015).

---

5. Emphasize that beliefs about persons with disabilities are not always correct. It is important to discuss and challenge those beliefs that might justify, support or condone violence and that contribute to the exclusion of persons with disabilities from prevention and response programmes.

CRPD and the definition of disability

DISCUSSION (20 MINUTES)

6. Discuss the Convention on the Rights of Persons with Disabilities.

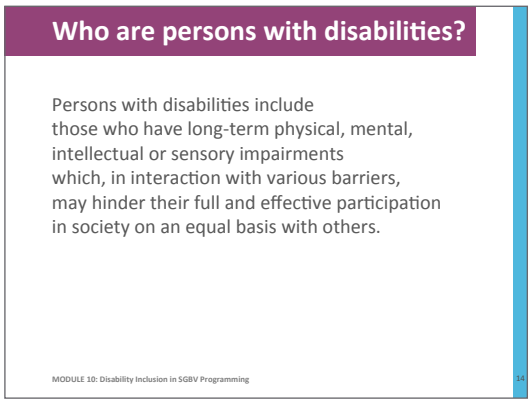
NOTES TO THE FACILITATOR:

United Nations Convention on the Rights of Persons with Disabilities

In 2006, The United Nations Convention on the Rights of Persons with Disabilities (CRPD) was adopted.

The Convention sets out the legal obligations on States to promote and protect the rights of persons with disabilities. It does not create new rights. *The purpose of this convention is to* promote, protect and ensure *the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities.*

The CRPD addresses a number of key areas such as accessibility, personal mobility, health, education, employment, participation in political life, and equality and non-discrimination.



7. Show the question on the slide and ask who persons with disabilities are. Then show the answer.

NOTES TO THE FACILITATOR:

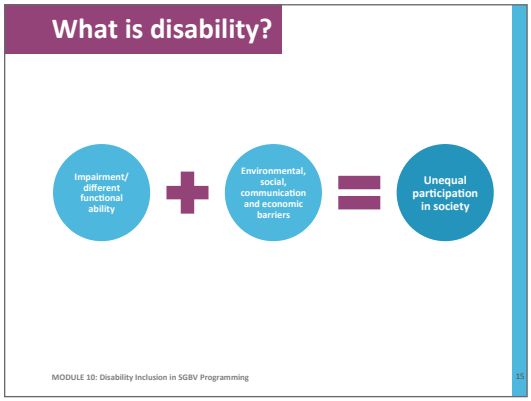
CRPD concept of disability:

Persons with disabilities include those who have long-term or newly acquired physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

Use the following prompts to explain:

- *Those with difficulty moving and walking*
- *Those with difficulty seeing*
- *Those with difficulty hearing, which can also impact on their ability to speak*
- *Those with intellectual impairments, who may have difficulty understanding, learning, and remembering new things*
- *Those with mental impairments, including mental health conditions, who may have difficulty with thoughts and feelings*
- *Those with multiple disabilities*

8. Explain that disability results from the interaction between a person's different functional ability or impairment and the barriers they face to participate in society. These include, but are not limited to, environmental, social (including attitudes and policies), communication and economic barriers. The barriers faced by persons with disabilities change over time and place. An impairment that may hinder equal participation in one socio-economic setting or time period, may not in another time or place.



9. Ask participants for examples. Use the Notes to the facilitator below.

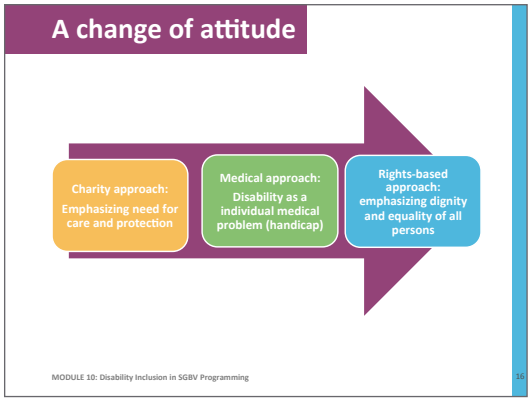
NOTES TO THE FACILITATOR:

Disability is a result of the interaction between impairments *and* barriers

Examples:

- *A person with extreme near-sightedness who does not have access to corrective lenses may not be able to perform daily tasks. This same person given prescription eyeglasses can perform all tasks without problems.*
- *In a place where attitudes towards children with disabilities are negative, these children are less likely to participate in community life or access educational opportunities.*
- *A child who uses a wheelchair will be able to attend school if transportation or other assistance is provided and classes are held in a building with ramps and other environmental adaptations.*
- *A person with visual impairment is able to cross a busy street if audio support has been built into the traffic lights.*
- *A person with an intellectual impairment will be able to work if tasks are adapted and if they receive support from employers and co-workers.*

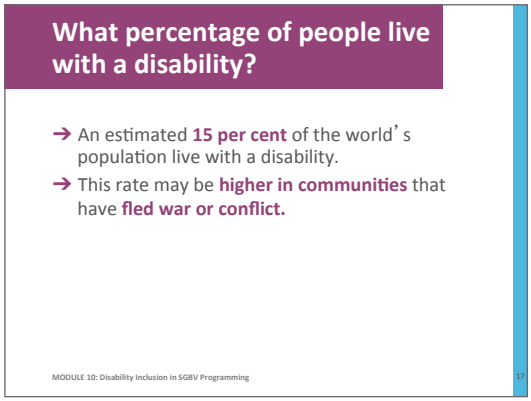
10. Explain that approaching disability in this way reflects a change in attitude.



NOTES TO THE FACILITATOR:

Change of attitude:

In the past, the charity model of humanitarian aid viewed persons with disabilities as only capable of receiving care and protection. Subsequently, disability was viewed as a medical and individual *problem – a "handicap". The CRPD helps to change these perceptions by embracing diversity, emphasizing the dignity and equality of all persons with disabilities, and recognizing that all people must be provided with the opportunities to live life to their fullest potential, whatever that may be (United States International Council on Disabilities 2009).*



11. Ask participants to estimate the percentage of the total population within their operations that are persons with disabilities. Highlight that the World Health Organization (WHO) estimates that 15 per cent of any population will be persons with disabilities. This rate may be higher in communities that have fled war or conflict, as people in these situations can acquire new impairments from injuries and/or because of limited health care (WRC, 2014).

12. Distribute Hand-out 1: Understanding Disability

SESSION 2: Gender, Disability, and Displacement

80 minutes

LEARNING OBJECTIVES

- ✓ Explain the intersection of disability with SGBV and displacement

KEY MESSAGES

- → As a result of conflict and displacement, the societal barriers and discrimination persons with disabilities face is often magnified.
- → These societal barriers lead to an increased exposure to risks of SGBV.
- → All forms of SGBV are based on gender norms and unequal power relationships. Despite specific vulnerabilities, SGBV against persons with disabilities has the same root cause.
- → Among persons with disabilities, the rate of SGBV coexists with low levels of reporting and low levels of participation in prevention and response programmes.

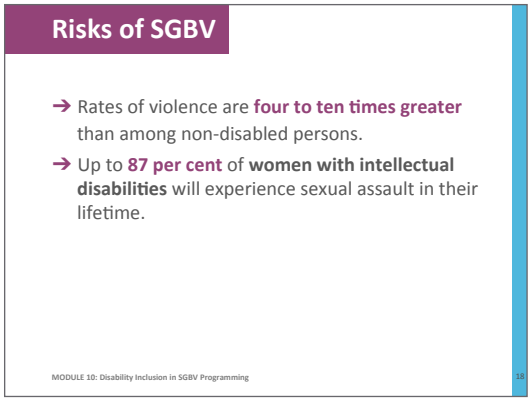
PREPARATION

- ✪ Activity Sheet 1: Case Studies.
- ✪ Hand-out 2: Displacement, Disability and Risks of SGBV
- ✪ Hand-out 3: Barriers to Reporting and Accessing Services
- ✪ Prepare a flip-chart displaying three overlapping circles with the following titles: forced displacement; disability (impairments and barriers); gender norms and unequal power relationships.

Gender, disability and displacement

VIDEO AND GROUP ACTIVITY (35 MINUTES)

1. Start by highlighting the following statistics:
   - Studies report rates of violence towards persons with disability are four to ten times greater than among persons without disabilities (WHO, 2011).
   - Up to 87 per cent of women with intellectual disabilities will experience sexual assault in their lifetime[1]



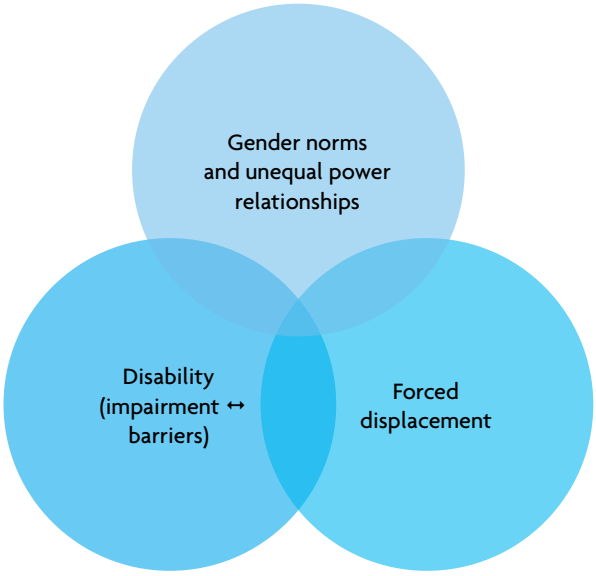
[1] See: https://www.youtube.com/watch?v=EovgP4YXjL8

2. Show the following 2-minute video from Al Jazeera English: http://www.youtube.com/watch?v=usuELudOEKc.

   This video, based on a Human Rights Watch report, explores how women with disabilities in northern Uganda experience ongoing discrimination and sexual and gender-based violence. Many are marginalized, unable to gain access to basic services, including health care and justice, and have been largely ignored in post-conflict reconstruction efforts.

3. After watching the video ask the group to reflect on reasons why displaced persons with disabilities may be at greater risk of SGBV than those without disabilities. What factors contribute to their increased risk of SGBV? Ask participants to write three or four factors on separate post-its.

4. Show the pre-prepared flip chart displaying three circles. This diagram explains the intersection between gender, disability and displacement[2]. Ask participants to come to the front of the room and stick their post-its on corresponding circles.



5. Write: *SGBV* in the overlapping area between the circles. Summarise this exercise using Hand-out 2: Displacement, Disability and Risks of SGBV to complement participants' responses. Remove duplications and add or replace post-its as appropriate.

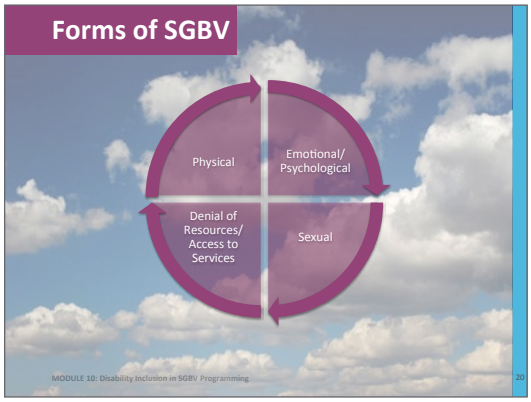
6. Emphasize that the different factors reinforce each other. Displaced persons with disabilities and their families and caregivers experience multiple, intersecting forms of discrimination, adding to the risk of SGBV (WRC 2015).

[2] This diagram and the text is adapted from: *I See It Is Possible: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings*, WRC 2015

Forms of SGBV

BRAINSTORM (10 MINUTES)

7. Ask participants for examples of the types of SGBV persons with disabilities face. Highlight they face *all* forms of SGBV addressed in Module 1 (Introduction to SGBV in Displacement Setting): Physical, Sexual and Emotional/Psychological Violence and Denial of Resources and Access to Services, and that they face violence inside and outside the home. Examples include:



   - → **Sexual violence:** Sexual assault, rape, and harassment. Sometimes children or relatives with a disability are considered to have less value and as a consequence are married off at a young age or forced into commercial sex work. Survival sex, due to economic dependence on others and extreme poverty, is also common.
   - → **Psychological abuse:** Persons with disabilities are often told they are worthless because they do not meet the expectations that come with traditional gender norms. Exclusion. Child marriage.
   - → **Physical abuse:** Beating, kicking, and confinement. Removing aids and equipment or over medicating so that the person with disabilities is immobilized or kept quiet.
   - → **Denial of resources and access to services:** Denial of proper health care, exclusion from education. Stigma may prevent persons with disabilities from having access to things they want or need to do, such as earning an income, marrying or having children.

8. Emphasize that the high rates of violence co-exist with low reporting across all groups. Ask participants reasons for low reporting by persons with disabilities. Use the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

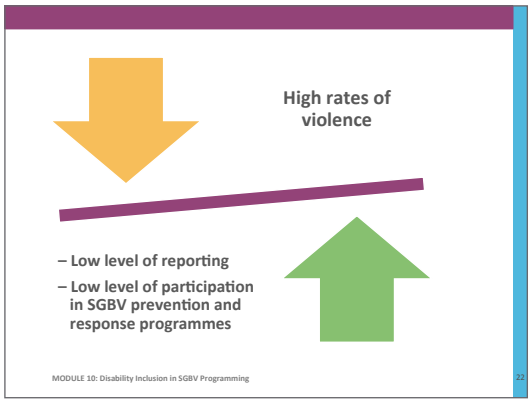
High rate of violence, low reporting

- *Due to exclusion from educational activities, persons with disabilities may not recognize SGBV.*
- *Persons with disabilities may feel unable to leave a violent situation due to their dependence on the abuser.*
- *Information about SGBV and reporting channels may not be presented in accessible formats, e.g., persons with visual impairments may not be able to see well enough to read posters with information on where to report violence.*
- *Perceptions about persons with disabilities are critical.*
  - *SGBV survivors with disabilities may be perceived as unreliable informants. For example, it is often assumed that persons with intellectual or mental impairment do not understand what has happened them (WRC 2015).*
  - *If the perpetrator is the care-taker, often seen as a "good person" who makes a lot of "sacrifices", the survivor may not be believed when disclosing the violence.*
  - *Wide-spread belief that survivors with disabilities will not be believed when reporting violence may make them seem like easy targets.*

Note: Because persons with disabilities are less likely to report an incident of SGBV, they may be more at risk.

Barriers in accessing services

(CASE STUDIES, 35 MINUTES)



9. Highlight that the high rate of SGBV and low reporting also coexist with low levels of participation in prevention and response programmes.

NOTES TO THE FACILITATOR:

Low levels of participation in SGBV prevention and response programmes

The high rate of SGBV among persons with disabilities coexists with low levels of participation in prevention and response programmes. Protection and SGBV programmes are often designed for persons of concern who are "visible" to providers. Persons with disabilities, such as those who depend on caregivers, who have limited mobility and those with mental, intellectual or sensory impairments, can remain "hidden". They may therefore be overlooked by livelihood programmes, awareness raising activities and other SGBV prevention programmes. In addition, their concerns may not be considered when ensuring safe access to basic services and communal infrastructures.

Because persons with disabilities and impairments remain essentially invisible, the risk that registration and services will overlook them is increased.

- *Present information about SGBV-related services in accessible formats.*
- *Adapt support services so that persons with disabilities can access them. For example, provide transportation for persons who have difficulty walking.*
- *Remember the Guiding Principles when working to overcome the additional challenges posed by providing access to support services to persons with disabilities. Confidentiality, safety, respect (treating the survivor with dignity and allowing the survivor to make their own decisions independent of others) and non-discrimination are as important to persons with disabilities as to other SGBV survivors.*

10. Distribute Activity Sheet 1: Case Studies. Divide the participants into two or four smaller groups and assign each group one of the two case studies. Groups have 15 minutes to discuss the questions following the case study assigned to them.

11. Start the debriefing with case study 1. Ask participants to share some of the factors affecting Rhea's vulnerability to SGBV, the barriers that hinder her from accessing services and suggestions to overcome the barriers. Ask the second group to complement the presentation of the first group if they have anything to add. Repeat with the third and fourth groups using case study 2. Use the Notes to the facilitator below for guidance.

NOTES TO THE FACILITATOR:

Case Study 1: Rhea

What factors make Rhea vulnerable to abuse?

- *Economic dependence*
- *Limited mobility and dependence on others for accessing care*
- *Isolation from her community*
- *Reduced mobility*

What are the obstacles that prevent Rhea from getting help?

- *Lack of confidentiality*
- *No access to information about where and how victims of abuse can access help*
- *Nurse's assumptions about Rhea's reasons for coming and inability to perceive that she is at risk of SGBV*

What can the health care provider do to help Rhea?

- *Make sure persons with a visual impairment are informed about where to access SGBV services (i.e., ensure information is available in alternate formats)*
- *Ensure confidentiality by asking Rhea if she would like to be alone for counselling sessions*
- *Ensure all staff are sensitive to issues around disability and the importance of sharing information about SGBV with patients who are persons with disabilities*

Case Study 2: Antoine

What factors make Antoine vulnerable to abuse?

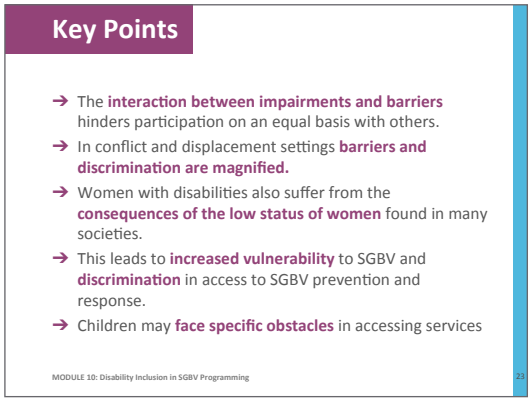
- *Dependency on the care of others*
- *Perception that while he is having seizures that render him unconscious he will be unable to defend himself or to report incidences of violence*
- *Being cared for by one person without the presence of others*
- *Limited access to information on SGBV*
- *Obstacles to participation in activities such as attending school, which limits his access to information and also the development of protective peer networks*

What factors may prevent Antoine from reporting the abuse?

- *Shame, fear, fear of stigmatization*
- *Not wanting to be perceived as a "burden" on his family and the attendant added stigmatization*
- *Fear of not being believed*
- *Not knowing who will take care of him if he reports the abuse*
- *Having no access to the reporting mechanism, for example, as might exist in a school setting*

After Antoine discloses the violence, what are the obstacles that prevent him from getting the help he may need?

- *Isolation from sources of information about support services*
- *Parents' belief that services are not appropriate for people with epilepsy*
- *Fear that the services are not tailored to meet the needs of males, let alone a male child with disability*
- *Fear that Antoine will be stigmatized even further*



12. Recap the key points of this session:

    → Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

    → As a result of conflict and displacement, the societal barriers and discrimination that persons with disabilities face are often magnified.

    → Women with disabilities also suffer from the consequences of the low status of women in general that is found in many societies.

    → Barriers result in both increased vulnerability to SGBV *and* in discrimination in access to SGBV prevention and response activities.

    → Children with disabilities face specific obstacles in reporting and access services.

13. Distribute Hand-out 2: Displacement, Disability and Risks of SGBV and Hand-out 3: Barriers to Reporting and Accessing Services.

SESSION 3: The Key Approaches Applied

30 minutes

LEARNING OBJECTIVES

✓ Explain how the four key approaches for addressing SGBV can be applied in working with persons with disabilities

KEY MESSAGES

→ As disability can affect all age groups, age-sensitive and inclusive interventions are important.

→ The rights-based approach and other key approaches for addressing SGBV emphasize the right of persons with disabilities who experience or are at risk of SGBV to full participation in activities that affect their lives and to make their own informed decisions.

PREPARATION

- Hand-out 4: Key Approaches
- Hand-out 5: SGBV and Children with Disabilities

Key approaches for addressing SGBV

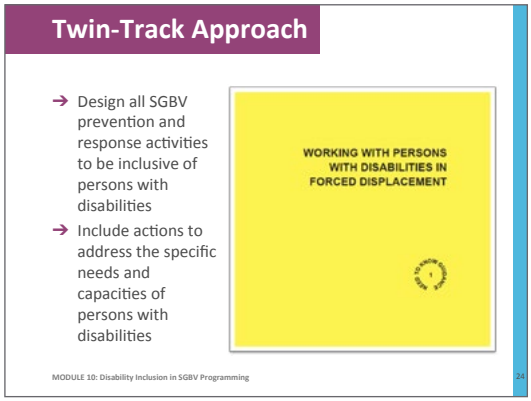
GROUP ACTIVITY (30 MINUTES)

1. Ask participants to split up into four smaller groups. Referring back to Module 2: Key Approaches for Addressing SGBV, assign each group one of the key approaches for addressing SGBV.
   - Rights-based approach
   - Survivor-centred approach
   - Community-based protection
   - Age, Gender and Diversity approach

2. Ask participants to brainstorm for 15 minutes how UNHCR's commitment to the key approaches manifests in working with persons with disabilities. Ask each group to write down a few key words they associate with their respective approach on a flip chart and to jointly reflect what this means for working with persons with disabilities.

3. Ask each group to post their work on the wall and to explain their key words. Use Hand-out 4: Key Approaches to complement participants' responses.

4. Remind participants of their initial associations with *disability* as recorded at the start of this training session. Draw a circle around those key words that reflect the key approaches as opposed to the approaches of the medical and charity models, which reduce persons with disabilities to those in need of care and protection.



5. Highlight that, in 2010, UNHCR adopted the *Executive Committee Conclusion on Refugees with Disabilities and Other Persons with Disabilities Protected and Assisted by UNHCR*. This conclusion was followed by *Need to Know Guidance on Working with Persons with Disabilities in Forced Displacement*, which facilitates the implementation of the Conclusion and the AGD Policy. Show the Guidance Note and explain the twin-track approach. See Notes to the facilitator.

NOTES TO THE FACILITATOR:

UNHCR recommends a twin-track approach in working with persons with disabilities.

- *Design all SGBV prevention and response activities to be inclusive of and to persons with disabilities.*
- *Include actions to address the* ***specific SGBV-related needs and capacities of persons with disabilities****.*

This means we do not strive to set up special facilities for persons with disabilities. For example, special health and education programmes or separate centres for children with disabilities are not recommended. Instead we should rather analyse and address barriers to accessing programmes for the wider community. At the same time, we need to consider what additional targeted support persons with disabilities may require to be able to participate equally in inclusive programmes.

6. Distribute Hand-out 4: Key Approaches and Hand-out 5: SGBV and Children with Disabilities.

SESSION 4: Disability Inclusion in SGBV Prevention and Response

70 minutes

LEARNING OBJECTIVES

- ✓ Identify concrete steps to promote inclusion of persons with disabilities in SGBV prevention and response programmes

KEY MESSAGES

- → Capacities and resources of persons with disabilities are insufficiently identified, acknowledged and used.

PREPARATION

- Hand-out 6: Programme Principles
- Hand-out 7: Disability Inclusion in SGBV Prevention and Response

Disability inclusive prevention and response

GROUP ACTIVITY (50 MINUTES)

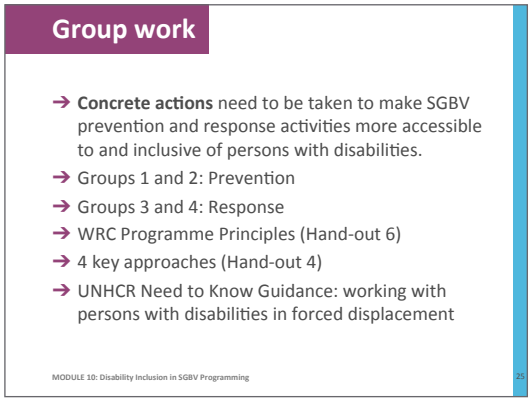
1. Ask participants to take a few minutes to reflect on their own experiences of interacting with persons with disabilities. What kind of power relationship do they have with these individuals? What assumptions or stereotypes do they hold? What concerns do they have about working with persons with disabilities? (WRC 2015)

2. Ask participants in pairs to identify two programme principles for working with persons with disabilities that they have identified so far during this training. They should write these down in their own words, on separate pieces of paper. Collect the pieces of paper and select a few. Write a quick summary of the main principles on a flip chart.

3. Draw parallels to the four key approaches as explored in the previous activity.

4. Distribute Hand-out 6: Programme Principles and highlight those principles that have not yet been mentioned.

5. Highlight that UNHCR's *Need to Know Guidance: Working with Persons with Disabilities in Forced Displacement* provides 11 considerations for staff and partners to address when developing programmes for inclusive of persons with disabilities. It emphasizes *participation* and *non-discrimination* as overarching principles for protection.



6. Explain that in the following exercise, participants will be asked to consider *concrete actions* they can take to make the SGBV prevention and response activities currently implemented in their operation more accessible to and inclusive of persons with disabilities. If participants identify positive practices already implemented, they can highlight these, too.

   Note: If participants are not involved in implementing SGBV prevention and response activities, adapt this activity accordingly. Participants may be asked to explore how the work they are involved in can become more inclusive of persons with disabilities.

NOTES TO THE FACILITATOR:

Group Work

- *Have the group determine the best way to divide into four smaller groups. They may keep the same groups from the previous exercise or form groups according to geographical location, operation or programmatic area of interest.*
- *Groups 1 and 2 will identify steps related to SGBV prevention; groups 3 and 4 will identify steps related to responding to the needs of survivors.*
- *Give each group a copy of* Need to Know Guidance: Working with Persons with Disabilities in Forced Displacement *and Hand-out 6: Programme Principles to use during the exercise. Encourage participants refer to work done during the previous activity on the four key approaches.*
- *Remind participants to keep in mind the twin-track approach in which SGBV prevention and response activities are designed to be* inclusive *of persons with disabilities* and *to include actions to* address the specific needs and capacities of persons with disabilities.
- *Groups have 30 minutes for the group work.*

---

7. a. Invite Group 2 to present which steps can make SGBV prevention activities more inclusive of persons with disabilities (5 minutes). Invite Group 1 to complement their presentation if they have identified any points not yet covered.

   b. Invite Group 4 to present steps to make response programmes more accessible to persons with disabilities (5 minutes). Invite Group 3 to complement their presentation with any points not yet covered.

8. Using Hand-out 7: Disability Inclusion in SGBV Prevention and Response, highlight important practices that may have been overlooked.

9. Distribute Hand-out 7.

Good practice

VIDEO (10 MINUTES)

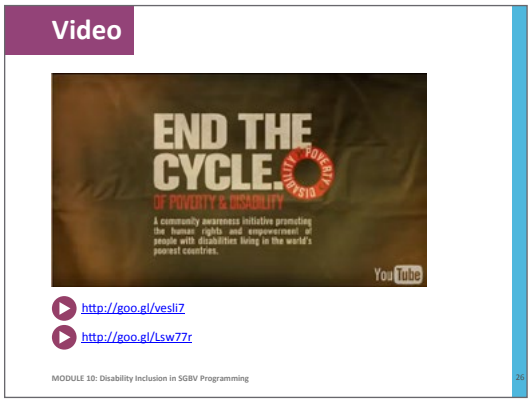
10. Play one of the following videos, produced by End the Cycle, an organization focused on poverty and disability. Both present good practices in programming for persons with disabilities.

    Kazol Rekha
    http://goo.gl/vesli7

    "Kazol Rekha is a young woman living in a village in a flood-prone area of Bangladesh. Kazol is paralyzed after an accident severed her spinal cord. In this video, she tells about her role on the Disaster Preparedness Committee, making sure people with disability are not forgotten when disaster strikes."

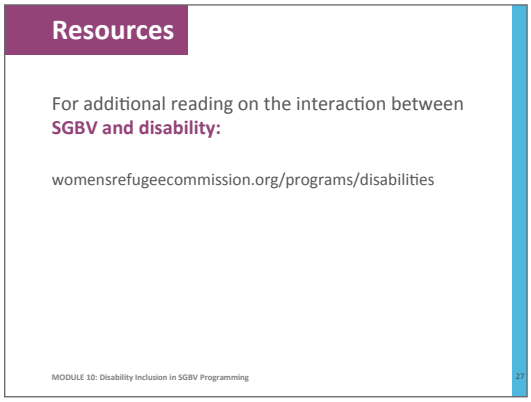
    Mosua Islam
    http://goo.gl/Lsw77r

    "Mosua shares his own story of life after polio, telling about the difference it makes to be able to move around and make a living. He believes education is the backbone of the nation."



11. Bring the Women's Refugee Commission website to participants' attention. This site has valuable resources on disability inclusion in SGBV programming. In particular, *Stories of Change* presents refugee women and girls with disabilities. The stories not only offer good examples of disability inclusion in SGBV programming, but also demonstrate how persons with disabilities can make a contribution to SGBV programming. The WRC website's disability pages are available at:

    https://goo.gl/IzLnIM



Wrap-up

(10 MINUTES)

12. Emphasize that persons with disabilities are not a homogeneous group; they have different capacities and needs, and contribute in different ways to their communities. Persons with disabilities are also members of other groups. For example, they are members of age groups with unique developmental needs, e.g., older persons, youth, children etc. They may be members of LGBTI communities, etc. They should be included in SGBV prevention and response programmes, on an equal basis with others *and* can make contributions to SGBV programmes.

13. Ask participants to take 5 minutes to write down answers to the following question, *"What can you personally do* immediately *to make SGBV prevention and response programmes more accessible to and inclusive of persons with disabilities?"* Explain that this is an **individual reflection** and that they will not be asked to share their answers in plenary unless they would like to do so.

14. Ask if there are any participants who desire to share their action points (optional).

15. Address any unanswered questions.

16. To conclude, ask participants to bang the table if they firmly agree with the statement below. If they are not sure they should tap the table gently. If they disagree they should not touch the table and remain silent.

    "There are things that I can do to prevent SGBV against persons with disabilities and to support survivors with disabilities"

REFERENCES:

CBM, *Inclusion Made Easy: A Quick Program Guide to Disability in Development*, 2012, available at: http://goo.gl/nqVSh

Handicap International, *Disability Checklist for Emergency Response*, 2010, available at: http://goo.gl/3vp0HS

Handicap International, *Mainstreaming Disability in Community Based Disaster Risk Reduction: A Training Manual for Trainers and Field Practitioners*, 2008, available at: http://goo.gl/It12K7

Handicap International and Save the Children, *Out from the Shadows, Sexual Violence Against Children with Disabilities*, 2011, available at: http://goo.gl/CNdLuR

HIAS, *Triple Jeopardy: Protecting At-Risk Refugee Survivors of Sexual and Gender-Based Violence*, 2014, available at: http://goo.gl/OHjmMz

International Rescue Committee (the IRC) and United Nations Children Fund, *Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Service Providers in Humanitarian Settings*, 2012, available at: http://www.refworld.org/docid/532aa6834.html

United Nations Enable, official website of the Secretariat for the Convention on the Rights of Persons with Disabilities (SCRPD), available at: http://www.un.org/disabilities/

United States International Council on Disabilties, "Americans with disabilities applaud president Obama's intention to sign the convention on the rights of persons with disabilities", 2009, available at: http://goo.gl/gFAFqW

Women's Refugee Commission (WRC), *Disability Inclusion: Translating Policy into Practice in Humanitarian Action*, 2014, available at: https://goo.gl/Iff054

Women's Refugee Commission (WRC), *"I See That It Is Possible": Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings*, 2015, available at: https://goo.gl/IzLnIM

Women's Refugee Commission (WRC), *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: Tool 4: A Training Module for GBV Practitioners in Humanitarian Settings*, 2015, available at: https://goo.gl/4PfjFD

Women's Refugee Commission (WRC), *Refugees with Disabilities: Increasing Inclusion: A Discussion Tool on Improving Access & Inclusion for Displaced Persons with Disabilities*, 2014, available at: https://goo.gl/OrJMkg

Activity Sheet 1

15 minutes

Case Studies

CASE STUDY 1: RHEA

Rhea is a 27-year-old displaced woman living in a large city. Due to a severe eye infection she has been blind since the age of 18. Rhea is the mother of two and receives cash assistance from UNHCR. Even so, she has difficulty making ends meet. Her rent is expensive as she lives in an apartment close to her children's school so that they get to school without her help.

One month she is unable to pay the rent on time and the landlord asks for sexual favours. When she refuses, he rapes her. The abuse continues and becomes more frequent. Rhea has no one to ask for help and sees no way out of the abuse.

Rhea's health status is poor and she has chronic lower abdominal pain. She goes to a health centre where a nurse checks her eyes and gives her painkillers to treat the abdominal pains. The health centre has a focal person for issues related to sexual violence and there is a large poster on the wall explaining where victims of abuse can go for help.

One day Rhea suspects she is pregnant. She decides to go to the health centre to ask for help. A neighbour accompanies her to help her find her way to through town. In the reception area, a nurse comes to collect Rhea. When the nurse realizes Rhea is blind, she assumes the neighbor is there to assist and invites her into the counseling room with Rhea. When the doctor asks how he can help, Rhea says she believes she may have a chest infection.

Questions:

- 1. What factors make Rhea vulnerable to abuse?
- 2. What are the obstacles that prevent Rhea from getting help?
- 3. What can the health care provider do to help Rhea?

CASE STUDY 2: ANTOINE

Antoine is a 14-year-old boy. Since childhood he has had epilepsy. In his country of origin, Antoine was able to function well and participate on an equal basis with others. His teachers in school were trained to respond to his seizures. If he had a more serious seizure, they would call his mother, who lived close to the school and would come whenever needed.

In the displacement camp where Antoine and his parents currently live, classrooms are overcrowded. There is high teacher turnover and school personnel do not have the time or the skills to help Antoine if he has a seizure. In addition, Antoine's family has no mobile phone, and his mother is out working and so is unable to come to school if needed. For these reasons Antoine is left to the care of a neighbour, an older man.

Antoine notices that his neighbour watches him in a strange way and asks for a kiss every day when Antoine leaves his house. He is uncomfortable with this but does not dare to say anything. One day, when Antoine recovers from a seizure, he finds his pants pulled down and his neighbour touching his private parts. Initially Antoine does not tell anyone. His parents are worried about him already and he does not want to complicate the situation even more.

After several months, however, Antoine has the courage to tell his parents. His father confronts the neighbour who denies everything. Antoine's parents decide to move in order to keep Antoine away from the neighbour. They do not report the abuse to the police, nor do they access any other services for Antoine as they fear doing so will make his isolation worse and may have an adverse effect on his well-being. They decide it is better for Antoine to stay away from other people and let him stay home alone.

Note: **Epilepsy** is a disturbance of brain function marked by recurrent seizures and loss of consciousness. It is a chronic condition.

Questions:

→ 1. What factors make Antoine vulnerable to abuse?

→ 2. Antoine does not want to make his parents worry. What other factors may prevent Antoine from reporting the abuse?

→ 3. After Antoine discloses the violence, what are the obstacles that prevent him from getting the help he may need?

Hand-out 1

Understanding Disability

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

In 2006, The United Nations Convention on the Rights of Persons with Disabilities (CRPD) was adopted.

The Convention sets out the legal obligations of states to promote and protect the rights of persons with disabilities. *It does not create new rights.* The purpose of this convention is to *promote, protect and ensure* the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities.

The CRPD addresses a number of key areas such as accessibility, personal mobility, health, education, employment, participation in political life, and equality and non-discrimination.

CRPD CONCEPT OF DISABILITY

Persons with disabilities include those who have long-term or newly acquired physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

Persons with disabilities include the following:

- Those with difficulty moving and walking
- Those with difficulty seeing
- Those with difficulty hearing, which can also impact on their ability to speak
- Those with intellectual impairments, who may have difficulty understanding, learning, and remembering new things
- Those with mental impairments, including mental health conditions, who may have difficulty with thoughts and feelings
- Those with multiple disabilities

DISABILITY RESULTS FROM INTERACTION BETWEEN IMPAIRMENT AND BARRIERS

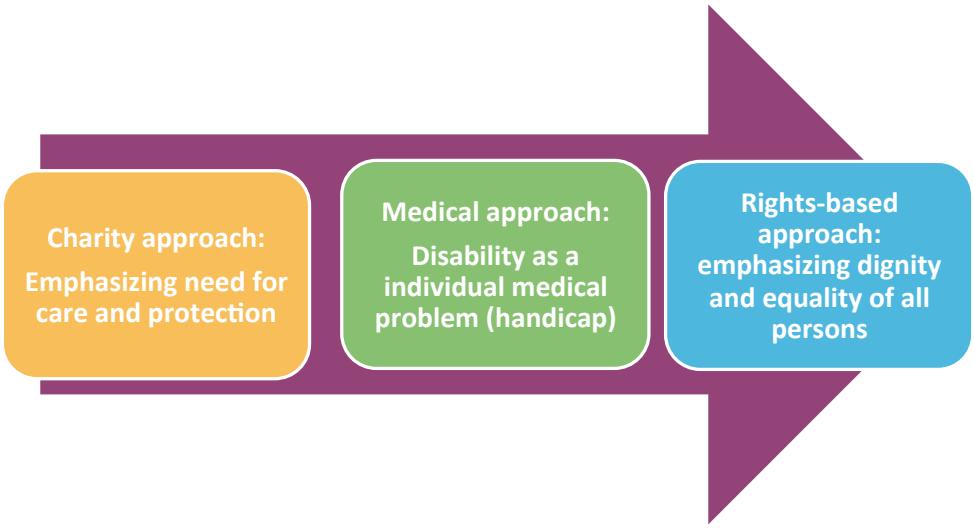
Disability results from the interaction between persons with different functional abilities or impairments and the barriers they face to participating in society. These include, but are not limited to, environmental, social (including attitudes and policies), communication and economic barriers. Barriers change over time and place. An impairment that may hinder equal participation in one socio-economic setting or time period may not in another time or place.

Examples:

- A person with extreme near-sightedness who does not have access to corrective lenses may not be able to perform daily tasks. This same person given prescription eyeglasses can perform all tasks without problems.
- In a place where attitudes towards children with disabilities are negative, these children are less likely to participate in community life or access educational opportunities.
- A child who uses a wheelchair will be able to attend school if transportation or other assistance is provided and classes are held in a building with ramps and other environmental adaptations.
- A person with visual impairment is able to cross a busy street if audio support has been built into the traffic lights.
- A person with an intellectual impairment will be able to work if tasks are adapted and if they receive support from employers and co-workers.

SHIFT IN ATTITUDES

In the past, the charity model of humanitarian aid viewed persons with disabilities as only capable of receiving care and protection. Subsequently, disability was viewed as a *medical and individual problem* – a "handicap". The CRPD helps to change these perceptions by embracing diversity, emphasizing the dignity and equality of all persons with disabilities, and recognizing that all people must be provided with the opportunities to live life to their fullest potential, whatever that may be (United States International Council on Disabilities 2009).



SCOPE

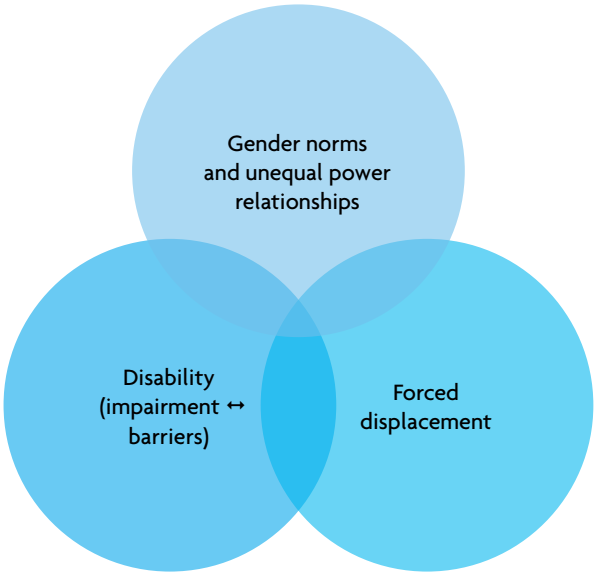
The World Health Organization (WHO) estimates that 15 per cent of any population will be persons with disabilities. This rate may be higher in communities that have fled war or conflict, as people in these situations can acquire new impairments from injuries and/or because of limited health care (WRC, 2014).

Hand-out 2

Displacement, Disability and Risks of SGBV

As a result of conflict and displacement, the societal barriers and discrimination persons with disabilities face are often magnified. These societal barriers lead to an increased exposure to risks of SGBV.

Important: All forms of SGBV are based on disempowering gender norms and unequal power relationships. Despite specific vulnerabilities, SGBV against persons with disabilities has the same root cause.



FACTORS THAT CONTRIBUTE TO PERSONS WITH DISABILITIES' VULNERABILITY TO SGBV IN DISPLACEMENT SETTINGS[1]

FACTORS RELATED TO THE DISABILITY (IMPAIRMENT *AND* BARRIERS)

- **Perceptions about the capacity of persons with disabilities:**
  - Perpetrators may target persons with disabilities if they perceive them as less able to defend themselves.
  - SGBV survivors with disabilities may be perceived as unreliable informants as well as unable to report or access services, which may make them a more likely target for perpetrators.
  - People with intellectual or mental impairment are often assumed to be incapable of learning about violence, sex and health relationships and thus can be excluded from information sharing. As such, they may be more easily manipulated by perpetrators.

[1] Adapted from: *Strengthening Capacity for Disability Inclusion in GBV Programming in Humanitarian Settings*, WRC, 2015.

- **Social isolation:** Persons with disabilities may be excluded from education, peer activities and participation in community life in general, largely due to negative attitudes about and perception of disabilities.
- **Poverty and lack of income:** Persons with disabilities may be excluded from, or unable to access, basic services, such as financial services or livelihood training, that could reduce their risk and vulnerability. Women, in particular, may be denied ownership of property and inheritance rights.
- **Environmental factors:** Barriers such as lack of transportation or access to distribution sites or services in the community and safe access to WASH facilities are especially burdensome to persons with disabilities.
- **Negative attitudes towards persons with disabilities:** Persons with disabilities experience high levels of discrimination and stigma, at times they are viewed as having less value as human beings. Some families and communities see a disability as divine punishment. Families may hide persons – including children – with disabilities or keep them physically restrained due to lack of support and high levels of stigma in the community.

FACTORS RELATED TO DISPLACEMENT

- **Increase in disabilities:** Some people may acquire new disabilities, as a result of injuries and/or inadequate health care.
- **Loss of community support and protection mechanisms:** For example, community support structures that had previously enabled a person with a disability to live independently in the community may break down, creating barriers to participation on an equal basis with others.
- **Isolation:** Separation from family and caregivers and loss of assistive devices can heighten the vulnerability of children and adults with disabilities
- **Family stress:** The stress families experience due to the conflict and displacement may be magnified for persons with disabilities. For example, if a person with a disability depends on family members for assistance with their daily needs this can contribute to the caregivers' stress and anxiety, leading to resentment and retribution.
- **Poverty and reduced income generation opportunities:** for example, women caregivers may have to seek income and assistance for the family, in addition to all her other roles, exposing her to violence at home and in the community, including exploitation.
- **Insecurity:** During ongoing conflict, persons with disabilities may be left behind and may not be able to flee, leading to increased risk of rape or other forms of sexual violence.
- **Limited disability-sensitive service provision:** Basic services may not be designed to be accessible to persons with disabilities. For example, lack of privacy or access to safe bathing areas may increase the risk of sexual violence.
- **Lack of standing:** Persons with disabilities are often a "hidden" group for humanitarian organizations. They may be missed during identification and registration processes, overlooked in assessments, and unable to participate in programme design, implementation, monitoring or evaluation.

GENDER NORMS AND UNEQUAL POWER RELATIONSHIPS

All forms of SGBV are based on disempowering gender norms and unequal power relationships. Despite specific vulnerabilities, SGBV against persons with disabilities has the same root cause. Often these unequal gender norms are magnified due to individual factors such as age, sexual orientation, and disability.

- Disability may lead to changing gender roles. In households where persons have acquired new disabilities, individuals may need to adopt new roles. For example, a female family member may have to become the main breadwinner. If this is not accepted behaviour within the family or community at large, these women may be exposed to violence.
- A female caregiver with limited income production opportunities and resources may be more at risk of exploitation.
- Men with disabilities can be exposed to physical violence and psychological abuse from family and community members if they are not perceived to fulfil traditional gender roles expected of men, e.g., as breadwinner and protector of the household.
- Wives and children of men with disabilities may be more vulnerable to violence as perpetrators may perceive these men as unable to fulfil the traditional role of family protector.
- If women with disabilities do not meet the expectations of their male partners as suitable wives and mothers, this may contribute to domestic violence. This perception can also limit the opportunities for women to marry and start their own families.

TYPES OF SGBV

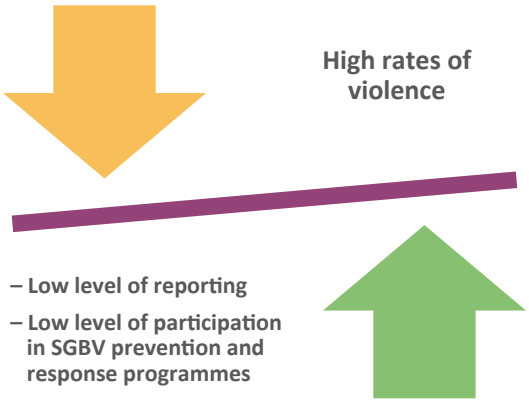
Persons with disabilities face *all* forms of SGBV as well as increased incidence of denial of opportunities and access to services.

- **Sexual violence:** Sexual assault, rape, and harassment. Sometimes children or relatives with a disability are considered to have less value and as a consequence are married off at a young age or forced into commercial sex work. Survival sex, due to economic dependence on others and extreme poverty, is also common.
- **Psychological abuse:** Persons with disabilities are often told they are worthless because they do not meet the expectations that come with traditional gender norms. Exclusion. Child marriage.
- **Physical abuse:** Beating, kicking, and confinement. Removing aids and equipment or over medicating so that the person with disabilities is immobilized or kept quiet.
- **Denial of resources and access to services:** Denial of proper health care, exclusion from education. Stigma may prevent persons with disabilities from having access to things they want or need to do, such as earning an income, marrying or having children.

Hand-out 3

Barriers to Reporting SGBV and Accessing Services

The *high rates of violence* that persons with disability face co-exist with *low levels reporting*.



- Due to exclusion from educational activities, persons with disabilities may not recognize SGBV.
- Persons with disabilities may feel unable to leave a violent situation due to their dependence on the abuser.
- Information about SGBV and reporting channels may not be presented in accessible formats, e.g., persons with visual impairments may not be able to see well enough to read posters with information on where to report violence.
- Perceptions about persons with disabilities are critical.
  - SGBV survivors with disabilities may be perceived as unreliable informants. For example, it is often assumed that persons with intellectual or mental impairment do not understand what has happened them (WRC 2015).
  - If the perpetrator is the care-taker, often seen as a "good person" who makes a lot of "sacrifices", the survivor may not be believed when disclosing the violence.
  - Wide-spread belief that survivors with disabilities will not be believed when reporting violence may make them seem like easy targets.

The high rate of SGBV also coexists with low levels of participation in prevention and response programmes. Protection and SGBV programmes are often designed for persons of concern who are "visible" to providers. Persons with disabilities, such as those who depend on caregivers, who have limited mobility and those with mental, intellectual or sensory impairments, can remain "hidden". They may, therefore, be overlooked by livelihood programmes, awareness raising activities and other SGBV prevention programmes. In addition, their concerns may not be considered when ensuring safe access to basic services and communal infrastructures.

Because persons with disabilities and impairments remain essentially invisible, the risk that registration and services will overlook them is increased.

→ Present information about SGBV-related services in accessible formats.

→ Adapt support services so that persons with disabilities can access them. For example, provide transportation for persons who have difficulty walking.

→ Remember the Guiding Principles when working to overcome the additional challenges posed by providing access to support services to persons with disabilities. Confidentiality, safety, respect (treating the survivor with dignity and allowing the survivor to make their own decisions independent of others) and non-discrimination are as important to persons with disabilities as to other SGBV survivors.

Hand-out 4

Key Approaches

UNHCR's commitment to four key approaches in addressing SGBV extends to working with persons with disabilities.

Rights-based approach: The Convention on the Rights of Persons with Disabilities adopts a rights-based approach. Persons with disabilities are not viewed as recipients of charity, medical treatment and social protection, but rather as *individuals* with rights, who are capable of claiming those rights. This paradigm shift in attitudes and approaches is marked by a focus on rights, empowerment and representation of people with disabilities.

The state and other actors, such as UNHCR and its partners, are *duty bearers* with the responsibility to identify and eradicate stereotypes and discrimination against and abuse of persons with disabilities and to remove barriers in accessing services. Persons with disabilities should be represented in all decisions that affect them, including SGBV programming.

Survivor-centred approach: Every action we take should be guided by the wishes, needs and capacities of the survivor. This applies to survivors with or without disabilities, *without discrimination*. To apply this approach we need to treat persons with disabilities as people first, supporting and enabling them to make their own choices, independent of other persons. Sometimes when working with someone with a disability special considerations are needed to ensure confidentiality, especially if a caregiver's assistance is required in the case of limited mobility, sensory impairment etc. This could be the case in a number of circumstances including interviews for refugee status determination, resettlement, psychosocial counselling etc. Staff need to be trained in how to communicate with persons with mental, intellectual and sensory impairments.

Community-based protection: When addressing SGBV, we need to work *with* persons with disabilities and recognize their role in programming, decision making and leadership. Persons with disabilities will have invaluable resources and skills to address SGBV. We should build on this capacity to deliver solutions. Further, a truly community-based approach ensures *meaningful* participation by engaging persons with disabilities in *all* aspects of programming.

Age, Gender and Diversity approach: Use the AGD approach to ensure that everyone, including persons with disabilities, enjoy their rights, regardless of personal characteristics. This means that support services for survivors need to respond to every survivor, including persons with disabilities. Prevention programmes and activities need to reach everyone. This also means that SGBV programming needs to recognize and respond to the risks experienced by different subgroups of persons with disabilities, including women, men, girls and boys. For example, providers must recognize intersecting age and gender vulnerabilities as they contribute to risks of SGBV. It is important to take into account the specific **needs and capacities** of persons of concern, not only because they may give rise to specific protection risks, but also because they can inform appropriate solutions.

USE A TWIN-TRACK APPROACH:

UNHCR recommends a twin-track approach in working with persons with disabilities:

- Design all SGBV prevention and response activities to be **inclusive** of and to persons with disabilities
- Include actions to address the **specific SGBV-related needs and capacities** of persons with disabilities

This means we do not strive to set up special facilities for persons with disabilities. For example, special health and education programmes or separate centres for children with disabilities are not recommended. Instead we should rather analyze and address barriers to accessing programmes designed for the wider community. At the same time, we need to consider what additional targeted support persons with disabilities may require to be able to participate equally in inclusive programmes.

Hand-out 5

SGBV and Children with Disabilities[2]

CHILDREN WITH DISABILITIES MAY BE MORE VULNERABLE TO SGBV FOR A NUMBER OF REASONS AND IN A NUMBER WAYS.

- Most children don't have sufficient communication skills or vocabulary to describe what has happened to them should they experience SGBV. This can be exacerbated with children with disabilities.
- Many children with disabilities live in relative isolation, kept indoors and out of sight due to shame, or abandoned to live in care homes or orphanages. They have less interaction with other children and adults than their peers and thus have reduced opportunity to confide in anyone about their situation.
- This isolation and difficulty communicating are compounded by the fact that children with disabilities suffer an acute lack of access to education, child protection and medical, psychosocial, legal and other services. Reporting mechanisms rarely accommodate their specific and individual needs.
- Persons with disabilities, including children, often rely on systems of communication that involve touching.
- Children with disabilities are dependent on others for help eating, dressing, bathing, using the toilet, and getting around. The vast majority of care givers have children's best interests at heart. However, some children with disabilities are abused by the individuals charged with their care.
- Many children with disabilities live away from home in residential schools or care homes, exposing them to risks of abuse by caretakers.
- Due to poor access to information, including personal, social and sexual education, children with disabilities may lack the knowledge and awareness needed to stay safe and make informed choices.

WARNING SIGNS SHOWN BY CHILD SURVIVORS OF SEXUAL VIOLENCE

A child with disabilities may not be able to openly express that they are suffering SGBV. However, you may be able to recognize some of the warning signs:

- Sudden unexplained changes in behaviour
- Signs of general distress or agitation
- New or unexplained marks or bruising, especially in genital areas
- Sexualized behaviour
- Loss of or increased appetite
- Self-harming
- Soiling

[2] Adapted from: *IRC, Caring for Child Survivors of Sexual Abuse Guidelines*, 2012

Note that people may think a child with disabilities is behaving differently just because of their disability without realising that they are actually being abused. Also, be aware that children with learning disabilities may behave sexually in ways that are out of step with their age. We need to be aware of each individual child's normal behaviour before drawing conclusions. It is best to seek advice from someone who regularly works with the child and can observe changes in behaviour over time. Although bear in mind that if you suspect SGBV, this individual could be the perpetrator.

COMMUNICATING WITH CHILDREN WITH DISABILITIES

Particular care may be needed in teaching such children to understand their sexual development and to ensure that they can communicate effectively about any worries they have.

Disabled children experience the same barriers to communication as children without disabilities. For example, the failure of adults to listen to them properly. Children may fear that they will not be believed or that there will be consequences if they are. In addition, children who have communication impairments experience additional barriers and it is important that systems and procedures acknowledge these barriers and try to address them.

Never assume that the barriers to communication mean that children with disabilities are unable to communicate what has happened to them. Every child will, in their own individual way, be able to get their message across. A young person may communicate in a number of ways other than with words, such as facial expression, body language, gesture, signs and symbols.

It is important that staff interacting with survivors are trained to work with child survivors with disabilities.

Hand-out 6

Programme Principles[3]

The following guiding principles should be considered when working with persons with disabilities in SGBV programs:

The right to participation and inclusion: SGBV practitioners in humanitarian settings should recognize the diversity of the population they serve, including the different risks faced by women, girls, men and boys with different types of disabilities, and the need to make services and activities accessible to and meaningful for these groups. Inclusion of people with disabilities and caregivers, especially women and girls, to reduce their risk of SGBV should be a core part of our work, not something special or separate.

Focus on the whole person, not their disability: Persons with disabilities have life experiences, skills and capacities, dreams and goals. They have many identities, including as mentors, leaders, spouses, parents and siblings, friends and neighbours.

Don't make assumptions: SGBV practitioners should not assume that they know what a person with disabilities wants or feels, or that they know what is best. Don't assume that because a person has a disability that they are incapable of certain things or wouldn't be interested in participating in certain activities. Take time to consult with them, explore their interests and provide them with opportunities, as with other SGBV survivors.

Identify and utilize strengths and capacities: Work with people with disabilities, as well as their family members, to identify their skills and capacities, and use these to inform SGBV program design, implementation and evaluation. People with disabilities are the experts on their disabilities and can provide critical guidance on how to adapt programs and activities to better serve them. Individual action plans should be built around people's capabilities.

Focus on *working with*: People with disabilities, particularly women and girls, often have decisions made for them by other people, including family members, caregivers, partners and even service providers. SGBV practitioners should instead take the approach of *working with* people with disabilities through a collaborative process that identifies their concerns, priorities and goals. Avoid reinforcing negative power dynamics by making decisions for them, and instead support them to develop their own sense of agency and power to make their own decisions.

Work with caregivers and families: Disability also affects family members, particularly women and girls who often assume caregiving roles. SGBV practitioners should seek to understand the concerns, priorities and goals of caregivers in order to better support and strengthen healthy relationships and balanced power dynamics between caregivers, people with disabilities and other family members.

[3] From: Women's Refugee Commission (WRC), *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings*, "Tool 4: Gender-Based Violence and Disability: A Training Module for GBV Practitioners in Humanitarian Settings", 2015.

Hand-out 7

Disability Inclusion in SGBV Prevention and Response[4]

Below is a list of positive practices using a twin-track approach to promote access and inclusion for persons with disabilities in SGBV prevention and response programmes. These are examples of the implementation of UNHCR guidance on working with persons with disabilities while addressing SGBV.

A twin-track approach involves:

- Designing all SGBV prevention and response activities to be **inclusive** of and to persons with disabilities
- Including actions to address the **specific SGBV-related needs and capacities** of persons with disabilities

PREVENTING SGBV

- Disseminate SGBV programme information, including registration processes, available services, and how the community can be involved, though a variety of media, formats and focal points to reach persons with disabilities. For example, partner with a local deaf association to deliver sign language training in the camps to deaf persons, family members and staff from community-based organizations and NGOs.
- Facilitate transportation to improve access to services, e.g., distribution sites, livelihood projects, health centres etc.
- Tackle the social discrimination that children and young people with disabilities face. Support access to education and learning in the classroom through peer support systems, facilitating transportation, and individualized support.
- Help children and young people with disabilities play an active part in society and in the services that affect them[5]. Involve them in such things as peer support groups, the designing and running of child-friendly spaces, life-skills programmes, and health education.
- Challenge the myths and stereotypes held about persons with disabilities. Conduct workshops to promote positive attitudes and remove stereotypes and discrimination against persons with disabilities.

[4] Some of the practices in this hand-out are copied or adapted from: WRC, *Disability Inclusion: Translating Policy into Practice in Humanitarian Action*, 2014. This is a report of a study conducted across eight countries, reviewing the different approaches employed by UNHCR, its implementing partners, the refugee community and persons with disabilities to promote access and inclusion for persons with disabilities in humanitarian programs.

[5] Handicap International and Save the Children, *Out from the Shadows: Sexual Violence Against Children with Disabilities*, 2011

- Build the capacity of persons of concern with disabilities to make free and informed decisions about their lives, and ensure their meaningful participation in community life.
- Provide opportunities for persons with disabilities to demonstrate their skills, capacities and leadership potential, as well as their contributions to the community.
- Promote the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) among UNHCR and partner staff and government officials, and raise awareness about the particular risks of exposure to SGBV that persons with disabilities may face.
- Ensure the inclusion and participation of persons with disabilities in the development, implementation and monitoring of SGBV prevention and response programmes. Make sure that venues for consultation and programme implementation are accessible to persons with disabilities. Provide transportation opportunities for those facing obstacles to mobility.
- Include examples of persons with disabilities in SGBV community awareness-raising tools.
- Inform and train persons with disabilities as well as their families and caregivers on how to recognize, avoid and report acts of SGBV
- Design community infrastructures so that they are accessible and safe for persons with disabilities.
- Encourage broader inclusion by creating opportunities for persons with disabilities to educate their community about their rights and their ability to contribute and participate in community.

RESPONSE

- Work with persons with disabilities to identify the barriers in communication, the environment, attitudes, and policy that they face in accessing survivor support services. Jointly design strategies to remove these barriers, e.g., through transportation, interpreters for the hearing impaired, etc.
- Monitor disability inclusion in existing programmes through data collection that is disaggregated and analyzed by disability, sex and age.
- Develop partnerships with specialized organizations, including local disabilities organizations, to improve the support for persons with disabilities who have experienced SGBV.
- Include examples of persons with disabilities in materials designed for radio, mobile phones and house-to-house visits to raise awareness in the community about where survivors can access help.
- Develop an annex to the Inter-Agency Standard Operating Procedures (SOP) on consent, confidentiality and non-discrimination for persons with disabilities.
- Identify sign language interpreters and train them in confidentiality and consent processes for SGBV survivors.
- Train service providers on disability and how it may lead to increased risks of SGBV.
- Establish focal points for persons with disabilities to facilitate referrals to and between service providers.

Pre-/Post-test

Module 10:
Disability Inclusion in SGBV Programming

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) UNHCR does not use a specific definition of disability.
   b) An estimated 8 per cent of the population lives with a disability.
   c) Someone who is injured in the war is not considered a person with a disability.
   d) Disability is largely a medical problem.
   e) A specific United Nations convention exists to promote and uphold the rights of persons with disabilities.
   f) Persons with disabilities face SGBV at the same rate as the general population, but the violence is often overlooked.

2. According to UNHCR's Guidance Note, persons with disabilities experience which of the following? Choose all that apply:
   a) Mental impairments
   b) Intellectual impairments
   c) Physical impairments
   d) Sensory impairments

3. Which of the following actions are good examples of how to ensure SGBV prevention and/or response activities are disability inclusive? Choose all that apply:
   a) Training a designated SGBV outreach worker in sign language to communicate with persons with hearing impairment.
   b) Setting up special livelihood programmes for persons with disabilities to avoid discrimination and abuse.
   c) Taking measures to ensure children with disabilities can be integrated in education programmes.
   d) Involving persons with disabilities as active contributors to SGBV programmes, for example as outreach workers.

4. Please list four factors that increase the risk of SGBV among persons with disabilities.

5. Describe *concrete* examples of steps one can take to ensure SGBV prevention and response programmes are inclusive of persons with a disability.

Pre-/Post-test: Answer Sheet

Module 10:
Disability Inclusion in SGBV Programming

(Correct responses are highlighted in **bold**)

1. True or False? Please select all TRUE statements.
   - **a) UNHCR does not use a specific definition of disability.**
   - b) An estimated 8 per cent of the population lives with a disability.
   - c) Someone who is injured in the war is not considered a person with a disability.
   - d) Disability is largely a medical problem.
   - **e) A specific United Nations convention exists to promote and uphold the rights of persons with disabilities.**
   - f) Persons with disabilities face SGBV at the same rate as the general population, but the violence is often overlooked.

2. According to UNHCR's Guidance Note, persons with disabilities experience which of the following? Choose all that apply:
   - **a) Mental impairments**
   - **b) Intellectual impairments**
   - **c) Physical impairments**
   - **d) Sensory impairments**

3. Which of the following actions are good examples of how to ensure SGBV prevention and/or response activities are disability inclusive? Choose all that apply:
   - **a) Training a designated SGBV outreach worker in sign language to communicate with persons with hearing impairment.**
   - b) Setting up special livelihood programmes for persons with disabilities to avoid discrimination and abuse.
   - **c) Taking measures to ensure children with disabilities can be integrated in education programmes.**
   - **d) Involving persons with disabilities as active contributors to SGBV programmes, for example as outreach workers.**

4. Please list four factors that increase the risk of SGBV among persons with disabilities.

   See Hand-out 2: Displacement, Disability and Risks of SGBV for sample responses.

5. Describe *concrete* examples of steps one can take to ensure SGBV prevention and response programmes are inclusive of persons with a disability.

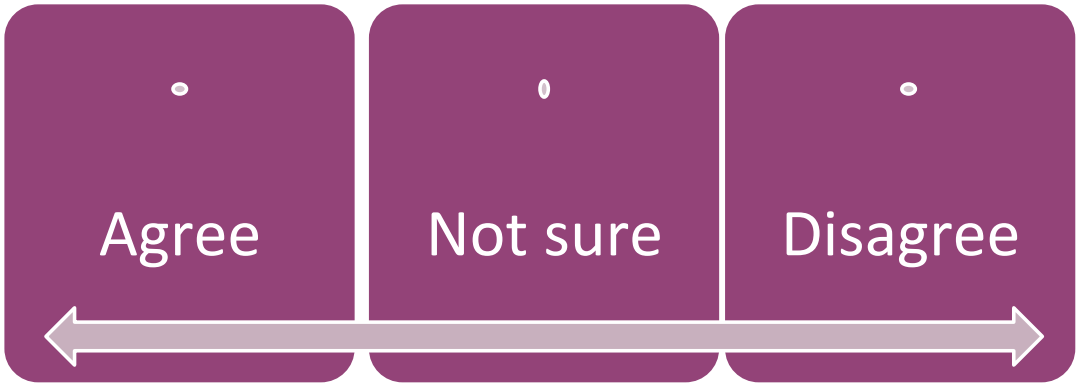
   See Hand-out 7: Disability Inclusive SGBV Prevention and Response for sample responses.

Objectives

- Explain what is meant by the concept of *disability* and its intersection with SGBV and displacement
- Explain how the four key approaches for addressing SGBV can be applied in working with persons with disabilities
- Identify steps you can take to:
  - Reduce risks of SGBV against persons with disabilities
  - Remove barriers that hinder access to prevention and response activities
  - Build on the capacity of persons with disabilities

Agree or disagree

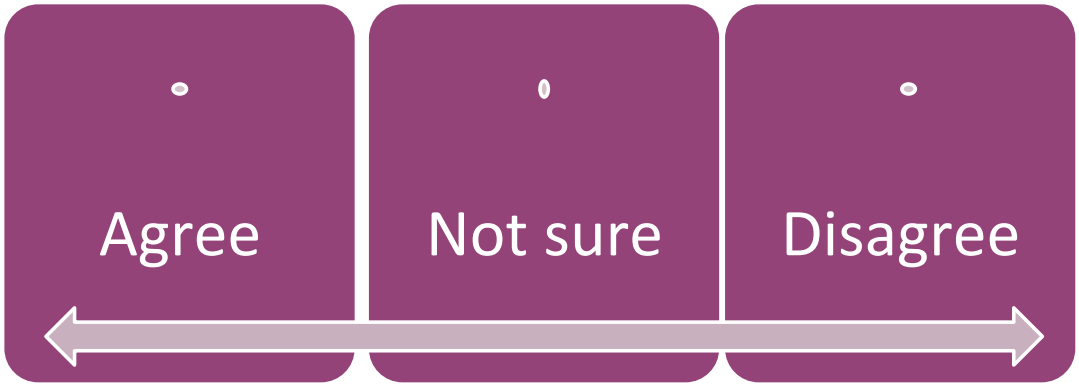
Persons with disabilities are excluded from SGBV programmes mostly because of their physical condition or intellectual capacity.



- ➔ There are many things that may prevent persons with disabilities from being included in SGBV programmes.
- ➔ Incapacity of service providers may also be factor.

Agree or disagree

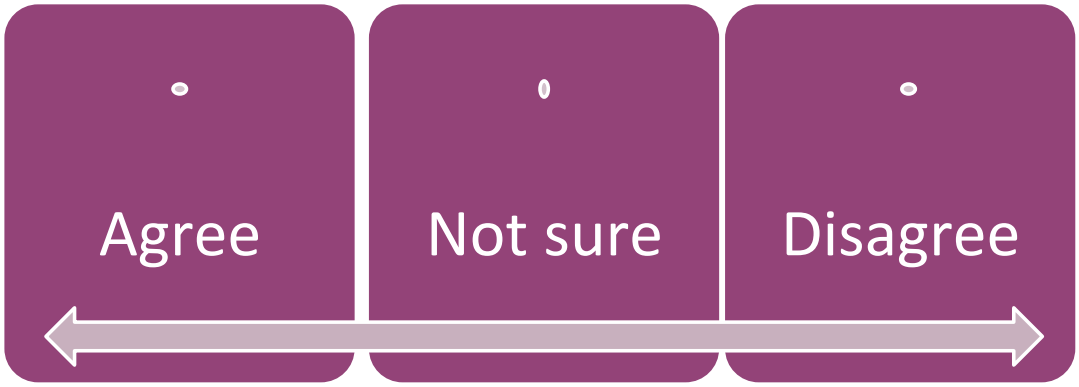
Family members of persons with disabilities may also be more vulnerable to SGBV.



➔ Family members of persons with disabilities may need to take on more **household responsibilities** and thus may **experience more poverty** making them vulnerable to violence and exploitation.

Agree or disagree

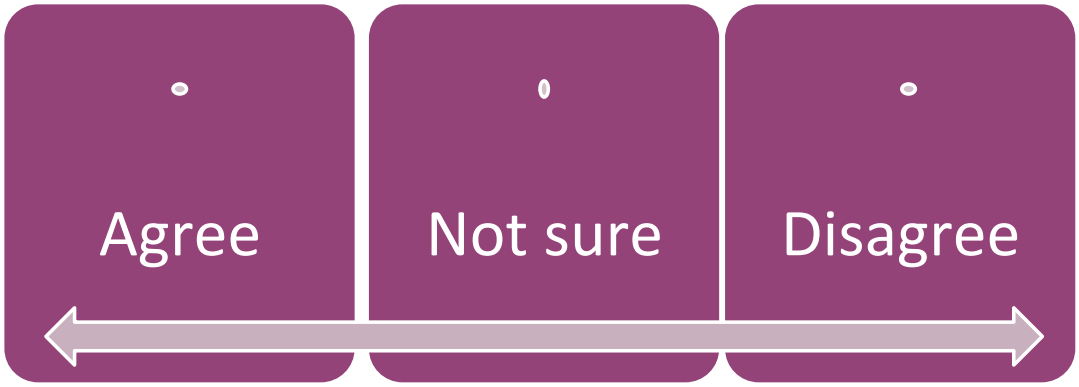
Girls with intellectual disabilities do not need awareness training about SGBV.



- ➔ Girls with intellectual disabilities are **especially vulnerable** to SGBV.
- ➔ If they lack knowledge about SGBV and personal safety, they are more **easily targeted** by perpetrators.
- ➔ They have a **right to know** about issues and services available to them.

Agree or disagree

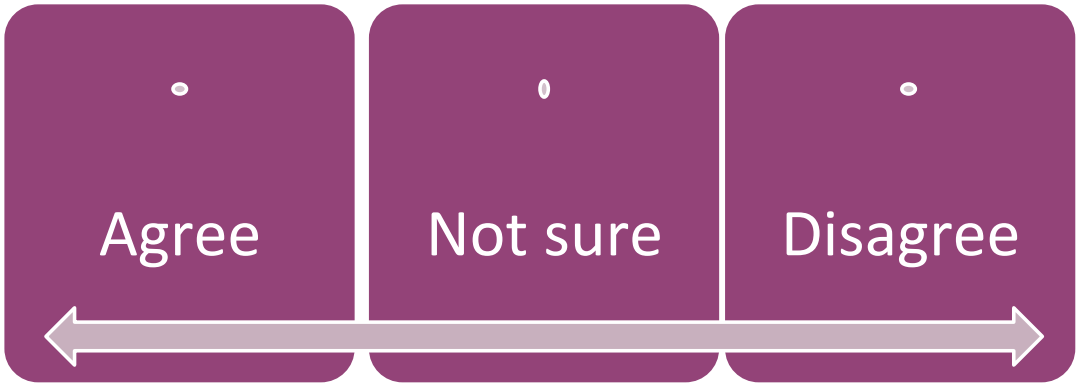
SGBV survivors with disabilities should receive specialized services designed for persons with disabilities.



- ➔ UNHCR and partner staff should have the **right skills and capacities**.
- ➔ We need to **adapt our programmes** to address physical, communication, attitudinal and other barriers.

Agree or disagree

We should avoid referring to persons without disabilities as “normal” and persons with disabilities as “disabled”.



- ➔ Some words may carry **negative, disrespectful or discriminatory connotations** and should be avoided in our communications.
- ➔ Using the term **“normal”** suggests that there is something abnormal about persons with disabilities.

Convention on the Rights of Persons with Disabilities

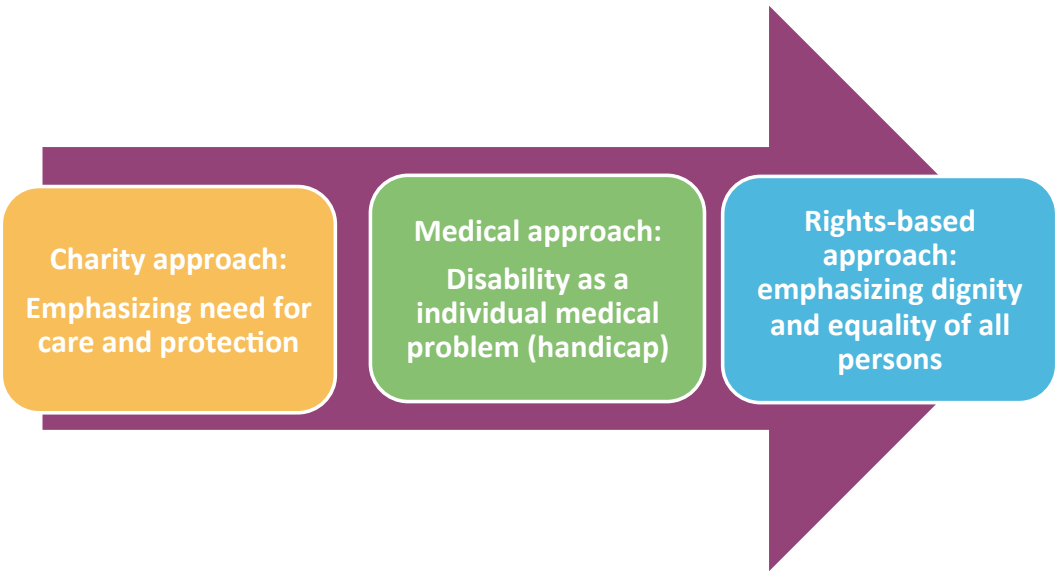
- Adopted in 2006
- The Convention sets out the **legal obligations on States** to promote and protect the rights of persons with disabilities.
- It does **not** create **new rights**.
- It **addresses key areas** such as accessibility, personal mobility, health, education, employment, participation in political life, and equality and non-discrimination.
- http://www.wrc.ms/CRPD_translations

Who are persons with disabilities?

Persons with disabilities include
those who have long-term physical, mental,
intellectual or sensory impairments
which, in interaction with various barriers,
may hinder their full and effective participation
in society on an equal basis with others.

What is disability?

A change of attitude



What percentage of people live with a disability?

- ➔ An estimated **15 per cent** of the world's population live with a disability.
- ➔ This rate may be **higher in communities** that have **fled war or conflict.**

Risks of SGBV

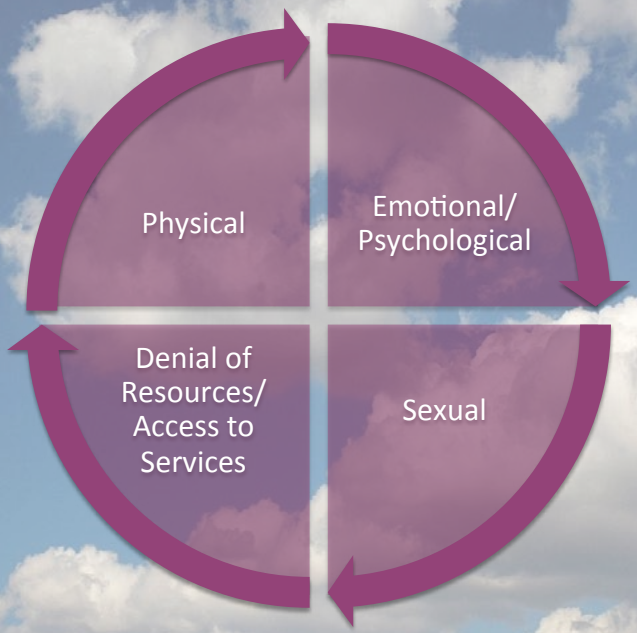
- ➔ Rates of violence are **four to ten times greater** than among non-disabled persons.
- ➔ Up to **87 per cent** of **women with intellectual disabilities** will experience sexual assault in their lifetime.

Video

https://www.youtube.com/watch?v=usuELudOEKc

MODULE 10: Disability Inclusion in SGBV Programming 19

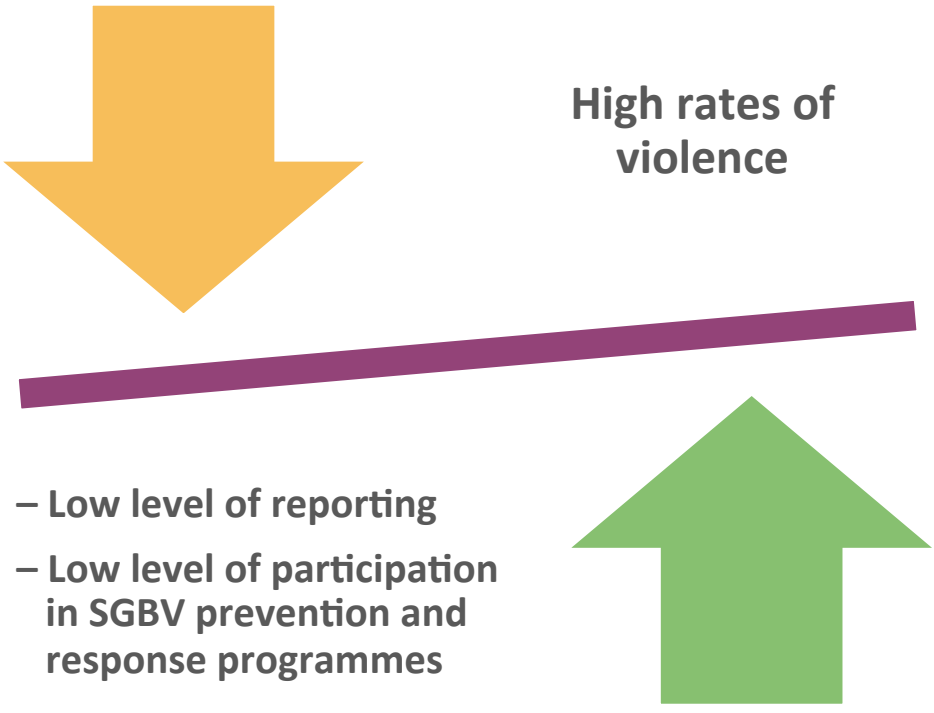
Forms of SGBV



MODULE 10: Disability Inclusion in SGBV Programming 20

Low levels of reporting

- **Barriers** to access services and report violence (physical, attitudinal etc.)
- Persons with disabilities may feel **unable to leave a violent situation** due to their dependence on the abuser.
- **Misconceptions** about persons with disabilities: "unreliable informants"

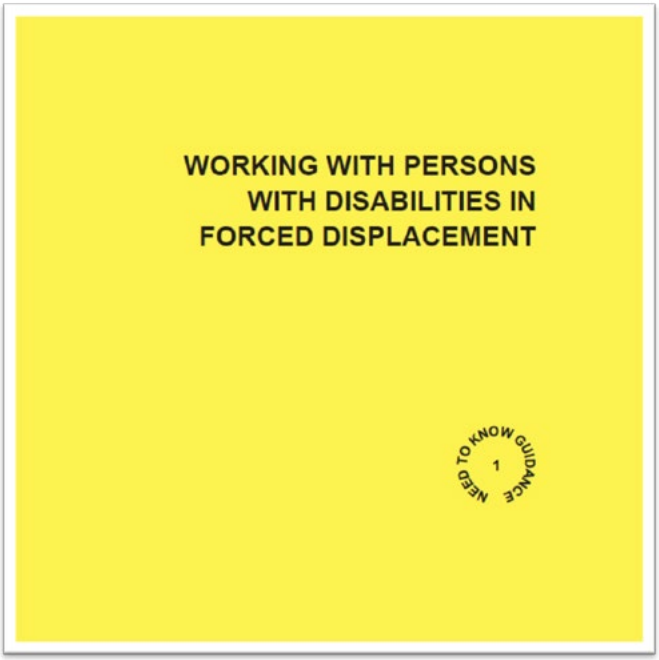


Key Points

- The **interaction between impairments and barriers** hinders participation on an equal basis with others.
- In conflict and displacement settings **barriers and discrimination are magnified.**
- Women with disabilities also suffer from the **consequences of the low status of women** found in many societies.
- This leads to **increased vulnerability** to SGBV and **discrimination** in access to SGBV prevention and response.
- Children may **face specific obstacles** in accessing services

Twin-Track Approach

- Design all SGBV prevention and response activities to be inclusive of persons with disabilities
- Include actions to address the specific needs and capacities of persons with disabilities



Group work

- **Concrete actions** need to be taken to make SGBV prevention and response activities more accessible to and inclusive of persons with disabilities.
- Groups 1 and 2: Prevention
- Groups 3 and 4: Response
- WRC Programme Principles (Hand-out 6)
- 4 key approaches (Hand-out 4)
- UNHCR Need to Know Guidance: working with persons with disabilities in forced displacement

Video

http://goo.gl/vesli7

http://goo.gl/Lsw77r

Resources

For additional reading on the interaction between **SGBV and disability:**

womensrefugeecommission.org/programs/disabilities

Agree or disagree

There are things that I can do to **prevent** SGBV against persons with disabilities and to **support survivors** with disabilities.

MODULE 11

Inclusion of Older Persons in SGBV Prevention and Response

MODULE OUTLINE

Session 1	Older persons and the risk of SGBV	70 minutes	1
Session 2	Elder abuse	45 minutes	2
Session 3	Older persons of concern: Prevention and response to SGBV	110 minutes	3

TIMING:

3 hours 45 minutes

SUMMARY

This module focuses on the protection of older persons of concern. After defining *older persons of concern*, participants will examine the factors that can expose older persons to risks of SGBV, including the reasons why it can be difficult for them to leave an abusive relationship. Participants will identify barriers faced by older people in accessing support services, as well as interventions to address these barriers. Participants will also explore prevention interventions that build upon older people's capacities and reduce their exposure to risks of SGBV.

LEARNING OBJECTIVES

By the end of this module participants should be able to:

- ✓ Define *older persons*
- ✓ List factors that may expose older persons of concern to risks of SGBV using the ecological model as a framework
- ✓ Define *elder abuse* and list barriers older persons face in leaving an abusive relationship
- ✓ Identify concrete steps to promote the inclusion of older persons in SGBV prevention and response programmes

KEY MESSAGES

- → According to the definition adopted by the United Nations, an older person is a person over 60 years old. However, in some contexts, the definition may also incorporate factors such as life events, life expectancy and cultural norms that differ from region to region.
- → SGBV, including sexual violence, affecting older persons of concern is widespread but often overlooked.
- → Although the frailty that is common at the individual level among older persons can be considered a risk factor, the root cause of SGBV is gender norms and unequal power relationships.
- → Elder abuse can occur in any relationship where there is an expectation of trust between the older person and the abuser.
- → Because of their dependence, older persons face unique barriers to leaving an abusive relationship.
- → The potential contributions and right to participation of older persons of concern should be recognized and expanded.
- → Use a twin-track approach to inclusion: mainstream older persons in existing SGBV prevention and response activities through adaptations to programming, and also create targeted actions that meet their specific needs.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector, laptop

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: The Birdcage Exercise
- Activity Sheet 2: Older Persons' Barriers to Accessing SGBV Prevention and Response
- Activity Sheet 3: Case Studies

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Older Persons and Risks of SGBV
- Hand-out 2: Types of SGBV Affecting Older Persons
- Hand-out 3: Elder Abuse
- Hand-out 4: Barriers Older Persons Face in Accessing SGBV Programmes
- Hand-out 5: Inclusion of Older Persons in SGBV Prevention and Response

UNHCR READING MATERIALS AND RESOURCES

- → *Action against Sexual and Gender-Based Violence: An Updated Strategy*, June 2011.
- → *Need to Know Guidance: Working with Older Persons in Forced Displacement*, 2013.
- → *Age, Gender and Diversity Policy*, 2011.
- → *The Protection of Older Persons and Persons with Disabilities*, 2007.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 11: Inclusion of Older Persons in SGBV Prevention and Response has been produced for educational purposes only to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge. In particular, information in this module is adapted and excerpted from Wisconsin Coalition Against Domestic Violence, *Interactive Training Exercises on Abuse in Later Life*, 2004. Permission has been granted for this material to be used in the context as originally intended.

- → *Interactive Training Exercises on Abuse in Later Life*, Wisconsin Coalition Against Domestic Violence, 2004.
- → *Fact Sheet Number 357: Elder Abuse*, World Health Organization, 2011.
- → *Ageing Out of Place: Health and Well-Being Needs and Access to Home and Aged Care Services for Recently Arrived Older Refugees in Melbourne, Australia, International Journal of Migration, Health and Social Care*, 2007.
- → Joint NGO Statement Submitted by HelpAge International and the International Network for the Prevention of Elder Abuse, UN Commission on the Status of Women, 2013.
- → *Protection Interventions for Older People in Emergencies*, HelpAge International, 2013.
- → *More Action Needed to Eliminate Violence Against Older Women*, HelpAge International, 2013.
- → *Violence against Older People is a Global Phenomenon*, HelpAge International, 2014.
- → *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*, World Health Organization, 2013.

SESSION 1: Older Persons of Concern and the Risk of SGBV

70 minutes

LEARNING OBJECTIVES

- ✓ Define *older persons*
- ✓ List factors that may expose older persons of concern to risks of SGBV using the ecological model as a framework

KEY MESSAGES

- → According to the definition adopted by the United Nations, an older person is a person over 60 years old. However, in some contexts, the definition may also incorporate factors such as life events, life expectancy and cultural norms that differ from region to region.
- → SGBV, including sexual violence, affecting older persons of concern is widespread but often overlooked.
- → Although the frailty that is common at the individual level among older persons can be considered a risk factor, the root cause of SGBV is gender norms and unequal power relationships.

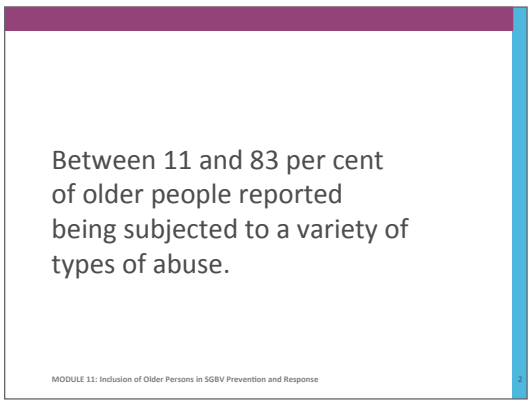
PREPARATION

- Hand-out 1: Older Persons and Risks of SGBV
- Hand-out 2: Types of SGBV Affecting Older Persons
- Review Module 3: Preventing SGBV, Session 1, in case participants are unfamiliar with the Ecological Model.
- Place two flip charts side by side and draw a picture of the ecological model.

How old are you?[1]

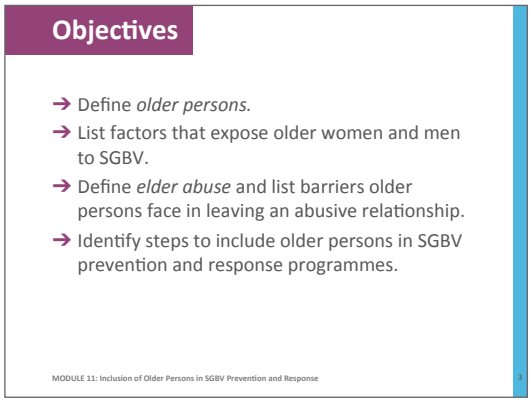
GROUP ACTIVITY (20 MINUTES)

1. Show presentation slide 2. Note that a review of 18 research surveys covering 15 countries over the last seven years showed that between 11 and 83 per cent of older people reported being subjected to a variety of types of abuse (HelpAge International, 2014).



[1] Excerpted and adapted from: Wisconsin Coalition Against Domestic Violence, *Interactive Training Exercises on Abuse in Later Life*, 2003.

2. Explain that this session is divided in three core parts:
    1) The first part explores the different types of SGBV that affect older persons of concern, as well as the risk factors and causes.
    2) The second focuses on one widespread form of SGBV affecting older persons of concern: elder abuse.
    3) The final part looks at how we can design and adapt our prevention and response interventions to meet the needs of older persons and build upon their capacity.



3. Using the Notes to the facilitator below, explain the purpose of this training session.

NOTES TO THE FACILITATOR:

At the end of this training session participants should be able to:

- *Define* older persons
- *List factors that may expose older persons of concern to risks of SGBV using the ecological model as a framework*
- *Define* elder abuse *and list barriers older persons face in leaving an abusive relationship*
- *Identify concrete steps to promote the inclusion of older persons in SGBV prevention and response programmes*

4. Have the group break into small groups of four to six persons. Within each group, participants should say their age and share one thing they feel about being that age. People may opt to not reveal their age, and just say how they feel about being the age they are.

    Model this exercise by introducing yourself. For example, "I am 45 years old and I enjoy being old enough to have some wisdom, but young enough not to have significant health issues."

5. Allow participants time to talk with the other person(s) in their group.

6. Ask how it felt to reveal their age to others. Ask if anyone chose not to reveal their age. Comment on the reaction you noticed from the participants when you gave the directions. Often there is a noticeable reaction in body language or behaviour, such as nervous laughter. It can be useful to discuss feelings of discomfort or generational and gender differences within the group.

7. Discuss ageism and how older women and men are viewed – both positively and negatively – where participants work. Elicit a few initial thoughts on how these views impact our work.

    Note: This exercise can be done in pairs if the group is quite small. If the participants do not know each other, this can be used as an introductory exercise at the very start of the workshop. Participants introduce themselves by giving their name, the work they do, their age and a feeling they have about their age.

SGBV and older persons of concern

GROUP ACTIVITY (30 MINUTES)

8. Select two corners of the room. On one side put a sign reading *Agree* and on the opposite put one reading *Disagree*. Tell the participants that you will read aloud a few statements and that after deciding whether they agree or disagree with the statements, they should move to the corresponding end of the room. Participants can also choose to stand anywhere on the imaginary line between the two opposites if they are not sure. After each statement, ask one or two persons to explain their opinion about the statement. Ask a few others to respond and allow a short discussion to take place. Then show the accompanying slide with key points and ask participants to briefly respond to the question at the bottom of the slide.

NOTES TO THE FACILITATOR:

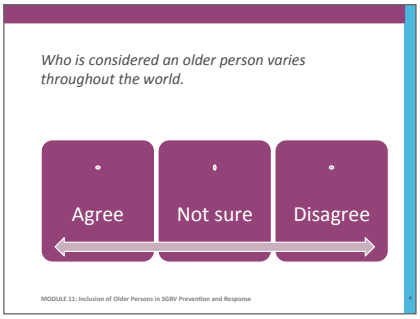
Older persons and SGBV: myths and facts

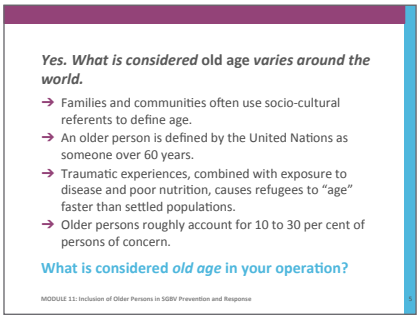
Who is considered an older person varies throughout the world.

True. As explained in UNHCR's Need to Know Guidance: Working with Older Persons in Forced Displacement *(2013, p. 3):*

> *An older person is defined by the United Nations as someone over 60 years of age. However, families and communities often use other socio-cultural referents to define age, including family status (grandparents), physical appearance (grey hair and wrinkles), or age-related health conditions. Research shows that the psychological and psychosocial toll of traumatic experiences, combined with exposure to disease and poor nutrition, causes refugees to "age" faster than settled populations. As a consequence, many challenges associated with old age will be apparent in refugees who are in their 40s and 50s.*

In 2000, nine per cent of all the persons of concern to UNHCR met the definition of an older person; in some situations they accounted for one third the total of the population.





The root cause of SGBV affecting older persons is their frailty and dependence on others.

No. SGBV affecting older persons is an abuse of power during which perpetrators take advantage of older persons. Although older persons' frailty (at the individual level) can be considered a risk factor, the ***root cause*** *of SGBV is gender and unequal power relationships. In many societies, being widowed or single, profoundly diminishes older women's status. This is not necessarily the same for single or widowed men, whose status often is less affected these factors.*

Older persons are a burden to the community.

No. While old age is often associated with increased reliance on others, older persons are not a burden and should not be seen only as passive, dependent recipients of assistance. They are often socially and economically active and continue to contribute to family income. Many care for children, either providing day care (when parents are working) or full-time care (where parents are absent). Older women often act as traditional birth attendants and herbalists and possess important knowledge about alternative or complementary medicine and nutrition. Older persons can also transmit history, culture and tradition, and often play important roles in conflict resolution and decision making.

Older persons can play a role in SGBV prevention and response activities.

Yes. We should not assume that older persons are unable to or are not interested in participating in certain activities, including those SGBV related.

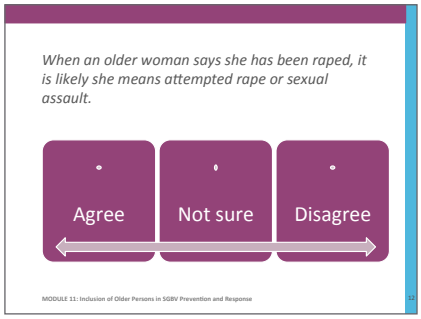
It is important to recognize their capacities and roles and the responsibilities that older women and men fulfil in their families, communities and societies. Older persons themselves can play an important role in demystifying and dispelling abusive practices affecting older persons (such as accusations of witchcraft) that may exist across a culture. Older persons who may have been subjected to abuse in the past (e.g., domestic violence survivors) may sometimes show strong commitment to trying to end violence. Older persons, such as traditional birth attendants, sometimes serve as an entry point to addressing SGBV. In short: older persons of concern can make an important contribution to SGBV programming.

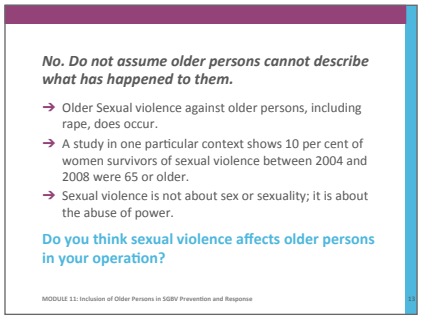
When an older woman says she has been raped, it is likely she means attempted rape or sexual assault.

No. This is a myth. We often make assumptions about people based on their age. For example, older persons are often perceived as asexual. This misperception can reinforce the myth that they are not subjected to sexual violence.

In reality, older women have been known to suffer rape and sexual assault in mixed gender communal shelters or while gathering firewood outside camps. According to a report by the Harvard Humanitarian Initiative and Oxfam International on sexual violence in the Democratic Republic of the Congo, "in South Kivu province, 10% of women survivors of sexual violence between 2004 and 2008 were 65 or older. As older women represent less than 10% of the overall population in DRC, this shows just how vulnerable this group is."[2]

It is important to remember that sexual violence is not about sex or sexuality – *it is about the abuse of power, like all other forms of gender-based violence.*





Types of SGBV and contributing factors

DISCUSSION AND GROUP ACTIVITY (20 MINUTES)

9. Explain that there are a number of factors that characterize the situations of older persons of concern and put them at risk of SGBV. Place two flip-chart pages side by side and draw the Ecological Model. Invite participants to come to the front of the room and write down factors causing or contributing to SGBV against older persons of concern in each sphere of the Ecological Model. This should be a very quick exercise. Discussion will take place after responses are written down.

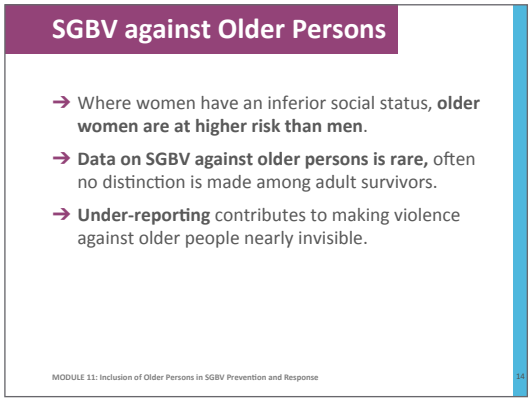
   Note: Please refer to Module 3, Preventing SGBV, for a brief explanation of the Ecological Model if participants are unfamiliar with it.

10. Where necessary ask for clarification and, using Hand-out 1: Older Persons and Risks of SGBV, highlight factors not mentioned.

11. Ask participants to move into five smaller groups. Each group should assign a note taker. Use a timer to give the groups 5 minutes to list as many types of SGBV that occur at the old-age stage of the life cycle. At the end of five minutes, have each group count how many ideas they have generated. Ask the group with the most ideas to read their list. Other groups may add any ideas not mentioned by the first group.

12. Summarize the ideas generated. Ask if there were any surprises. Make sure the types of SGBV listed in Hand-out 2: Types of SGBV Affecting Older Persons are included.

[2] Harvard Humanitarian Imitative and Oxfam International, *"Now, the World Is Without Me": An Investigation of Sexual Violence in Eastern Democratic Republic of Congo*, 2010, available at: https://goo.gl/Go91tT.



13. Explain that while both older women and men are at risk of SGBV, in contexts where women have an inferior social status (the root cause of SGBV is gender norms and unequal power relationships), older women are at higher risk. However, data on SGBV against older persons of concern is rare. Often no age/gender distinction is made among adult survivors. Lack of sex and age disaggregated data and under-reporting contribute to making violence against older people nearly invisible.

14. Ask participants how/if in their operation's data on SGBV is differentiated by age and sex, and if data on SGBV affecting older persons of concern is available.

15. Distribute Hand-out 1: Older Persons and Risks of SGBV and Hand-out 2: Types of SGBV Affecting Older Persons.

16. End this session by pointing out the statistics at the end of the Hand-out 1.

SESSION 2: Elder Abuse

45 minutes

LEARNING OBJECTIVES

✓ Define *elder abuse* and list barriers older persons face in leaving an abusive relationship

KEY MESSAGES

→ Elder abuse can occur in any relationship where there is an expectation of trust between the older person and the abuser.

→ Because of their dependence, older persons face unique barriers to leaving an abusive relationship.

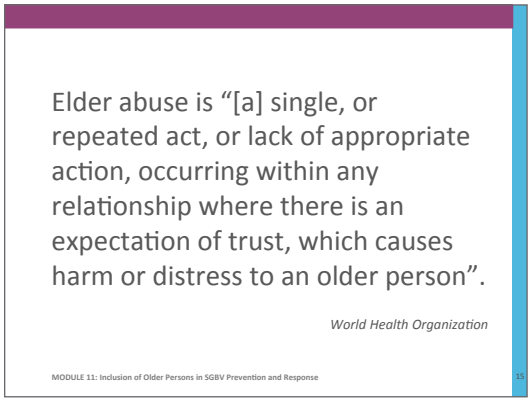
PREPARATION

- Hand-out 3: Elder Abuse

What is elder abuse[3]?

DISCUSSION (15 MINUTES)

1. Using the Notes to the facilitator, explain what is meant by *elder abuse*.



NOTES TO THE FACILITATOR:

Elder Abuse

The mistreatment of older persons is sometimes referred to as elder abuse. *It is defined by the World Health Organization as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person". Elder abuse is a significant protection concern, but it is little understood and is under-reported across cultures because it generally occurs in the privacy of the home and is often perpetrated by family members. WHO estimates that its prevalence is between one and ten per cent in some developed countries. However, we may assume that elder abuse exists in every community and that, like many other social problems, it will be exacerbated by displacement[4].*

Elder abuse affects men and women, but what little data there is on elder abuse shows that women are disproportionally affected.

[3] See footnote 1.

[4] WHO, "Fact Sheet Number 357: Elder Abuse", available at: http://goo.gl/mT46L.

2. Ask participants to list examples of elder abuse for each form of violence (physical, sexual, emotional/psychological violence and denial of opportunities or access to recourses). Use Hand-out 3: Elder Abuse to fill in any missing examples.

3. Highlight the importance of the notion of a relationship of trust between survivor and perpetrator. Ask participants to think of various relationships in which older persons of concern may place an expectation of trust. Make sure the following are mentioned: spouse, former spouse, adult child, grandchild, friend, neighbour and caregiver.

4. Explain that when violence is perpetrated by an intimate partner, this is considered domestic violence. Sometimes this occurs throughout marriage, in other cases, the abuse begins as the couple ages. See Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Patterns of elder abuse

Domestic violence: *When an older person is abused by the intimate partner, this is considered domestic violence or intimate-partner violence. Sometimes domestic violence occurs throughout a marriage. In other cases, abuse begins at a later stage. As the survivor and abuser age, physical abuse may decrease, while emotional abuse might increase. One explanation for the changing pattern of abuse may be physical or mental health concerns as the abuser ages – concerns which can be exacerbated by displacement. However, note that psychical or mental concerns are not the root cause of domestic violence: it is abuse of power.*

Elder abuse can also be perpetrated by other trusted persons. *Adult children or other family members may become physically, sexually, or emotionally abusive. Denial of resources (money, pension money, property etc.) and access to resources (health care, medication) is also a common form of abuse by* trusted others.

---

5. Using the Notes to the facilitator, explain that although conflict and displacement may exacerbate elder abuse, it is *caused* by an abuse of power and excessive control by the trusted person.

NOTES TO THE FACILITATOR:

Elder abuse: power and control dynamics

Levels of elder abuse may increase due to factors related to displacement (refer to the Ecological Model as explained in previous exercise). We need to use caution, though, and look for possible power and control dynamics *(refer to Module 13: Domestic Violence) in elder abuse cases rather than assuming that hardship, stress or poor family dynamics are the cause.*

Focusing on the stress of the caregiver risks blaming the survivor, by implying that if the older person were "not so hard to care for", the abuse would not occur. Too often, remedies then focus on how to help the abuser feel less stressed rather than focusing on the safety needs of the survivor.

Generally, abusers use a pattern *of coercive tactics, such as isolation, threats, intimidation, manipulation and violence, to gain and maintain power over their victims. They tell them where they can go, whom they can see and how they can spend their money – in other words, they control decisions. Often abusers feel that they are* entitled *to get their way by using any means necessary because they are the "head of the household" or are physically stronger and younger than the victim.*

---

6. Ask participants to think of symptoms that may indicate elder abuse, such as bruises or depression. See Hand-out 3: Elder Abuse for a list.

Barriers to leaving an abusive relationship: the Birdcage Exercise[5]

GROUP ACTIVITY (30 MINUTES)

Note: This exercise shows why older survivors may remain in an abusive relationship or leave but then go back. It helps participants to move away from victim-blaming to understanding the complexity of survivors' lives. The scenario used for this exercise is that of a woman abused by her son, in an urban refugee setting. But it can be adjusted to fit the characteristics of the local context of the training participants

7. For this activity use Activity Sheet 1: The Birdcage Exercise. Find a space in the training room to build the "birdcage" large enough for 10 people to make a circle. Ideally the space is at the front of the room, so the audience can easily observe the exercise.

8. Announce that the next exercise will help demonstrate why older survivors of abuse have difficulty living free from abuse. Ask participants to pay attention to what they are *seeing, feeling and hearing*. Tell them to listen to the assumptions that are made and ideas they have for how the players could handle the situation differently. Ask for eight volunteers to come to the front of the room.

9. Ask one volunteer to play the role of the woman of concern and give her a copy of the survivor script and copies of all other scripts stapled together. Give the other volunteers one script each. Ask the person playing the person of concern to read out loud the survivor script. Then ask the person playing the sister to step forward, state who she is, read her dialogue with the woman and then stand facing away from her. The person playing the woman continues the dialogue with the other players until all have read their statements, have come to the front of the room and are standing with their back to the woman, creating a circle around her. The circle should illustrate how the barriers identified in each script keep a survivor trapped.

10. Thank the participants who acted out the roles and ask for general observations. Guide as follows:
    - → *"What do you physically* see?" Elicit: she's trapped, can't get out, there's no opening, all the people who could possibly help her have their back to her, etc.
    - → Ask the person playing the survivor, *"What do you* feel?" Elicit: I'm trapped in a cage, there's no opening, they all have their backs to me, etc.
    - → Ask the other role players, *"What do you* feel?" Elicit: I wasn't helpful, I should have said X or Y.
    - → Ask specific role players a few questions. For example, *"Did you really listen to the survivor?"* or *"What in real life would you have said differently?"* (Caution do not spend too much time on this. The idea is to share a few impressions, not an exhaustive list of desired behaviour.)

11. Point out that this case is unusual *only* in how many attempts the woman made. Explain that usually, one or two people minimizing a person's problem or ignoring their complaints is enough for the survivor to give up. For example, the comment by the Imam or the comment from her daughter may have been enough to stop her efforts to get help.

[5] See footnote 1.

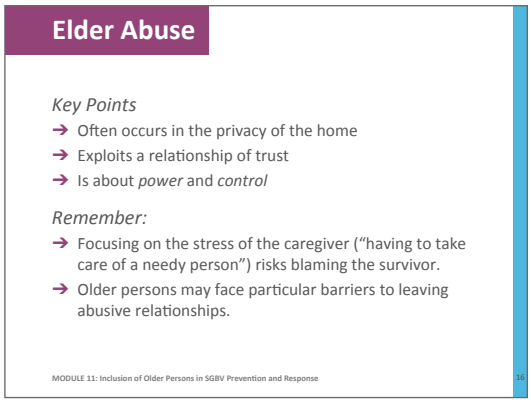
12. Ask about what kind of assumptions were made. For example:
    - ✓ The problems between the survivor and her son were caused by hardship.
    - ✓ A mother should stand by her son.
    - ✓ She is old, her problems were considered health problems.
    - ✓ Survivors are responsible for making the abuse end.
    - ✓ Older women who have children to take care of them are lucky and should be happy.

13. Explain that studies have found that the older the survivor is, the harder it is to seek support. For many professionals and community members, it is difficult to understand the dynamics of staying or leaving a relationship. Many feel that a survivor should "just leave". But we need to move away from victim-blaming to understanding the complexity of survivors' lives.

14. Ask participants which additional barriers older people may face to leaving an abusive relationship or asking for help. For example:
    - High level of financial dependency
    - High level of family responsibility
    - Life-long pattern of controlling behaviour
    - Deeply rooted gender norms requiring women to serve their families, and the notion that domestic violence is a private matter that women must cope with alone
    - No support available or no awareness of where to get help
    - Inability to take care of oneself
    - Low self-esteem due to life-long discrimination
    - Associated stigma with (sexual) violence against older women
    - Fear of being blamed, for example, because of frailty and need for care, or of not being believed

15. Refer back to the survivor-centred approach and the Guiding Principles for supporting survivors of SGBV (Module 2: Key Approaches for Addressing SGBV), and emphasize the importance *of respecting the choices of survivors*.

16. Wrap up the exercise by thanking the volunteers for their participation. Remind the audience that elder abuse is a serious problem, and older persons face unique barriers to leaving an abusive relationship.



17. Summarize the key points.

18. Distribute Hand-out 3: Elder Abuse.

SESSION 3: Older Persons of Concern and SGBV Prevention and Response

110 minutes

LEARNING OBJECTIVES

- ✓ Identify concrete steps to promote the inclusion of older persons in SGBV prevention and response programmes

KEY MESSAGES

- → The potential contributions and right to participation of older persons of concern should be recognized and expanded.
- → Use a twin-track approach to inclusion: mainstream older persons in existing SGBV prevention and response activities through adaptations to programming, and also create targeted actions that meet their specific needs.

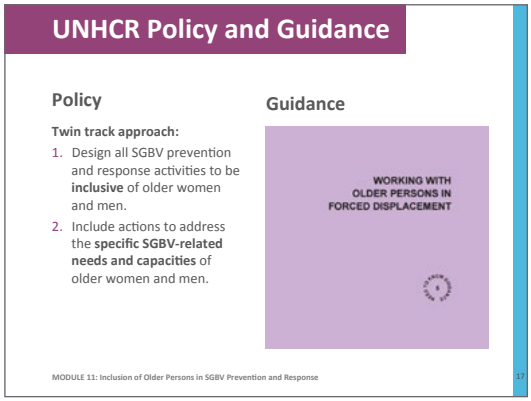
PREPARATION

- Hand-out 4: Barriers Older Persons Face in Accessing SGBV Programmes
- Hand-out 5: Inclusion of Older Persons in SGBV Prevention and Response

Do our services integrate the capacity and needs of older persons of concern?

GROUP ACTIVITY (50 MINUTES)

1. Start by noting that older persons have the right to be included in all humanitarian programming just as do other refugees. Relevant principles are set out in UNHCR's "AGD Policy" (2011) and "Policy on Older Refugees" (2000).



2. Using the Notes to the facilitator, explain that UNHCR recommends a twin track approach, emphasizing that older persons need to be *integrated* within UNHCR's overall programming, while we take into consideration their *specific needs*. The policy also emphasizes the importance of using and building older persons' *capacity*.

NOTES TO THE FACILITATOR:

UNHCR recommends a twin track approach:

- *Design all SGBV prevention and response activities to be **inclusive** of older persons.*
- *Include actions to address the **specific SGBV-related needs and capacities** of older persons.*

This means we do not set up special facilities, for example, special health programmes, for older persons. Instead we strive to analyse and address barriers that prevent particular groups, such as older persons, from accessing programs for the wider community. At the same time, we need to consider what additional targeted support older persons may require to be able to participate equally in inclusive programmes.

3. In plenary, conduct a quick brainstorm on how the key approaches for addressing SGBV (see Module 2: Key Approaches for Addressing SGBV) apply when working with older persons of concern.

OTHER IMPORTANT PROGRAMMING PRINCIPLES:

As for other persons of concern, use a rights-based, survivor-centred, Age, Gender and Diversity approach, and community-based Protection.

***Rights-based approach:** The rights-based approach emphasizes older person's right to participate and to be included in SGBV programmes. Older persons should not be seen as passive and dependent recipients of humanitarian aid and services.*

The violence they face should not be seen as "cultural norms or practices" but as a human rights violation. The state and other actors, such as UNHCR and its partners, are duty bearers *with responsibility to identify and eradicate stereotypes and discrimination against, and abuse of, older persons and to remove barriers in accessing services.*

***Survivor-centred approach:** Every action we take should be guided by the wishes, needs and capacities of the survivor – regardless of their age. Older persons can make their own decisions and usually know what is best for them. Sometimes special considerations need to be taken to ensure confidentiality in engaging with an older person, in case of limited mobility, sensory impairment etc.*

***Community-based protection:** Older persons are the experts on the protection issues they face and will have invaluable resources and skills to address SGBV. When addressing SGBV, we need to work* with *older persons and recognize their role in programming, decision-making and leadership.*

***Age, Gender and Diversity approach:** It is important to take into account the specific age and gender of persons of concern, not only because these considerations may give rise to specific protection risks, but also because they can inform appropriate solutions.*

4. In the following exercise, we will explore how to integrate more effectively the needs *and* capacity of older persons in our SGBV prevention and response interventions.

5. Distribute Activity Sheet 2: Barriers to Services. This activity addresses some of the obstacles that older persons experience in accessing SGBV *prevention* and *response* services.

6. Divide the group into four groups. Groups 1 and 2 will evaluate the *response services* currently implemented in their own context by answering question 1. Groups 3 and 4 will look at *prevention* by answering question 2. The groups may want to appoint a secretary to write down and present the groups' responses. Give the groups 15 minutes to discuss their question.

   Note: If the participants are not directly involved or aware of SGBV-related interventions in their operation, ask them to reflect on SGBV prevention and response in general. They may either look at general obstacles in accessing response services or at specific obstacles for each sector. This choice depends on available time and the services available in participants' operations, as well as the level of expertise of the participants.

7. Ask group 1 to present their findings to the whole group. The presentation should not be longer than 5 minutes. Have group 2 share additional points not covered by group 1. Make sure the key points in Hand-out 4: Barriers Older Persons Face in Accessing SGBV Programmes are covered.

8. Wrap up the first presentation by stating:

   Many of these measures do not apply exclusively to older survivors of SGBV. Some of the barriers can be overcome by respecting the Guiding Principles, for example, adhering to the principle of non-discrimination and respecting the choices of survivors and their confidentiality, which apply to our work with all *SGBV survivors. It is important to consider* how *we put the Guiding Principles into practice for older survivors of violence. For example, how do we guarantee confidentiality is kept if someone is dependent on others or if someone has a hearing impairment?*

9. Ask group 3 to present their findings related to prevention. Again, allow no more than 5 minutes. Invite group 4 to complement the previous presentation with points not covered by group 3. *Possible* responses are included in Hand-out 4.

10. Distribute Hand-out 4.

Meeting the needs and building capacity of older persons of concern

GROUP ACTIVITY (30 MINUTES)

11. Have the group break into smaller groups (this could be the same groups as in the previous exercise). Distribute Activity Sheet 3: Case Studies and give each group 20 minutes to discuss. Assign each group three of the scenarios.

    Note: The case studies can be adjusted to better fit the operations in which participants work. For each case study, participants are asked to list a few general steps they should take to meet the needs and build the capacity of older persons of concern to prevent and respond to SGBV. In other words, they should not list the steps they would take to respond to a specific case study, but they should use the case studies to think of steps to effectively address similar situations.

12. In plenary, ask some of the difficulties they found when trying to address the situations described (referring back to the barriers raised during the earlier group work). Did participants come up with any creative steps or solutions? Note these suggestions on a flip chart.

13. At the end of the exercise, distribute Hand-out 5: Including Older Persons in SGBV Prevention and Response. This hand-out outlines steps that can be taken to meet the needs and build the capacity of older women and men to prevent and respond to SGBV.

Wrap-up

(30 MINUTES)

14. Conclude by saying that older persons share some, but not all, of the same needs as younger persons.

15. Ask participants to reflect on how they can take stock of these issues in their respective areas of expertise. Ask participants to reflect on those practices that can be changed within their own organization or team to improve the integration of the needs and capacity of older persons in SGBV prevention and response. Ask everyone to write down on post-its three concrete steps that they can take to protect older persons of concern against SGBV. They can use Hand-out 5: Inclusion of Older Persons in SGBV Prevention and Response for examples, or they may think of their own. Ask the participants to stick their post-its on their arm or chest and invite them to walk around and look at each other's ideas. Alternatively, ask them to stick them on the wall and invite participants to walk around to review the ideas.

16. Address any unanswered questions and sum up with the key messages for the module:
    - We need to design all our programmes to be inclusive and accessible to all including older women and men.
    - Programming design needs to be informed by sex and age disaggregated data, so that age groups may be targeted accordingly.
    - The specificity of older persons' circumstances may require us to make adjustments to existing programmes.
    - In some cases, targeted actions will be necessary to address specific needs identified for *and by* older persons of concern.
    - When consulting with older persons make room for separate discussions for older men and older women to enable each distinct group to express their issues in confidence.

REFERENCES:

Wisconsin Coalition Against Domestic Violence, *Interactive Training Exercises on Abuse in Later Life*, 2004, available at: http://goo.gl/OOs2Hz

World Health Organization, "Fact Sheet Number 357: Elder Abuse", August 2011, available at: http://goo.gl/mT46L

Atwell, R.S.J., I. Correa-Velez, and S.M. Gifford, "Ageing Out of Place: Health and Well-Being Needs and Access to Home and Aged Care Services for Recently Arrived Older Refugees in Melbourne, Australia", *International Journal of Migration, Health and Social Care*, 2007, Vol. 3 Iss: 1, pp.4-14, available at: http://goo.gl/naZ4Q9

UN Commission on the Status of Women, *Commission on the Status of Women, Fifty-Eighth Session, 10-21 March 2014: Statement Submitted by AARP et al.*, 6 December 2013, E/CN.6/2014/NGO/79, available at: http://goo.gl/fzCYqS

UN Commission on the Status of Women, *Elimination and Prevention of All Forms of Violence Against Women and Girls - Joint NGO Statement Submitted by HelpAge International and the International Network for the Prevention of Elder Abuse (4-15 March 2013)*, March 2013, available at: http://goo.gl/GLDba9

Harvard Humanitarian Imitative and Oxfam International, *"Now, the World Is Without Me": An Investigation of Sexual Violence in Eastern Democratic Republic of Congo*, 2010, available at: https://goo.gl/Go91tT

HelpAge International, *More action needed to eliminate violence against older women*, 2013, available at: http://goo.gl/ffGjKm

HelpAge International, *Protection Interventions for Older People in Emergencies*, 2013, available at: http://goo.gl/ZSo2Nu

HelpAge International, *Violence against Older women: Tackling Witchcraft Accusations in Tanzania*, 2011, available at:

HelpAge International, "Violence against Older People Is a Global Phenomenon Says HelpAge International as Activists Call for a UN Convention on Rights of Older People", available at: http://goo.gl/fY2VrF

Garcia-Moreno, C., C. Pallitto, H. Devries, H. Stöckl, C. Watts, *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*, World Health Organization, 2013

Rossmann, Magda, "More Action Needed to Eliminate Violence against Older Women", HelpAge International, 25 November 2013, available at: http://goo.gl/ffGjKm

Activity Sheet 1

15 minutes

The Birdcage Exercise[1]

SURVIVOR SCRIPT:

My name is Zeinab. I am 64 years old. My husband was kidnapped during the war, and we have received reports that he was killed. We have two daughters, Asiya and Rihab, together and one son, Malik. My daughters are still in Syria, and our son travels between Lebanon and Syria. Malik is well connected in our community. He has three lovely children and is widely respected among our extended family. My friends believe I am lucky to have a son like mine, someone who is so charming and makes a reasonable salary, despite all the challenges. Before I left Syria, my son sold our home to be able to support us in exile. We are now renting a small flat in Beirut.

THE BIRDCAGE EXERCISE, INDIVIDUAL SCRIPTS

After reading your statement, go to the front of the room and stand with your back to Zeinab. We will create a circle around Zeinab.

Zeinab to her sister:

"Malik isn't like when he was before his father died."

Sister:

"You are so lucky to have your son alive. I'm so lonely since my son's death."

After reading your statement, go to the front of the room and stand with your back to Zeinab. We will create a circle around Zeinab.

Zeinab to the house owner:

"I have some questions about the rent."

Landlord:

"I got a call from the neighbours complaining about a loud argument last night. If you can't keep your son quiet, I will evict both of you, and you will be financially responsible for any damage to the property."

[1] Adapted from *Interactive Training Exercises on Abuse in Later Life*, Wisconsin Coalition Against Domestic Violence, 2003

After reading your statement, go to the front of the room and stand with your back to Zeinab. We will create a circle around Zeinab.

Zeinab to her close friend:

"I cannot come to the women's centre with you. Malik wants me to stay indoors."

Close friend:

"I hardly see you anymore outside the house. But don't worry. I will go with someone else."

After reading your statement, go to the front of the room and stand with your back to Zeinab. We will create a circle around Zeinab.

Zeinab to the registration officer:

"I would like to know if I am entitled to receive food or cash assistance separately from my son."

Registration Officer:

"No. Your son has a regular income. So your family household does not meet the criteria for assistance."

After reading your statement, go to the front of the room and stand with your back to Zeinab. We will create a circle around Zeinab.

Zeinab to resettlement officer:

"I am not sure if I want to get resettled with my son".

Resettlement Officer:

"You are jointly registered as one family household and your initial request was to be resettled. I am aware that you don't think the United States is a suitable country for you, but it is your only option. Think very carefully before withdrawing your request. The only other long-term solution is return to Syria."

After reading your statement, go to the front of the room and stand with your back to Zeinab. We will create a circle around Zeinab.

Zeinab to nurse:

"I have been having chest pains lately."

Nurse:

"Your heart is fine. I think you're just nervous and depressed. I also noticed you have some old and new bruises. I am concerned that you fall down often. I would like to talk to our volunteers about how they can help you to use a walking aid."

After reading your statement, go to the front of the room and stand with your back to Zeinab. We will create a circle around Zeinab.

Zeinab to an Imam:

"My son has an anger problem. What should I do?"

Imam:

"He has gone through a lot in Syria with the loss of his father. Conditions here are hard. He is a good man, and you need to take good care of him."

After reading your statement, go to the front of the room and stand with your back to Zeinab. We will create a circle around Zeinab.

Zeinab to an outreach worker:

"I don't know what is wrong with me lately. I'm so nervous. Whenever Malik walks through the door, my heart starts beating faster. He came home last night angry, and I was so afraid."

Outreach Worker:

"I know it must be hard for you. You have so much to worry about, and your son is most likely frustrated with all the challenges we all face in this country. You must make sure you sleep and eat well. It seems you are losing weight."

After reading your statement, go to the front of the room and stand with your back to Zeinab. We will create a circle around Zeinab.

Zeinab to police officer:

"I am afraid my son is going to hurt me".

Police Officer:

"Unless there is physical proof, fear alone is not sufficient for the police to intervene."

After reading your statement, go to the front of the room and stand with your back to Zeinab. We will create a circle around Zeinab.

Zeinab to her daughter Rihab over the phone:

"Malik is not treating me well. He is not like he was before."

Rihab:

"Mother, I know it is not easy for you without us there. I miss you, too, and nothing is like it was before. We need to be patient with each other. Malik is taking care of all of us. "

Activity Sheet 2

15 minutes

Older Persons' Barriers to Accessing SGBV Prevention and Response

In your group, answer one of the two questions below. You may want to appoint a secretary to write down your groups' responses and to present them to the whole group.

GROUPS 1 AND 2:

What are potential obstacles in your operation for older survivors accessing *response* services?

GROUPS 3 AND 4:

What are the barriers that prevent older persons of concern from being included in your ongoing multi-sectoral SGBV *prevention* work?

Tips:

- Try to view the available services through the eyes of older persons of concern and bear in mind how *our own* perceptions of older persons may inhibit us from working with older persons.
- Depending on the available time and the services available in your operation, you may either look at general obstacles to inclusion, or specific obstacles for different sectors or areas of work.

Activity Sheet 3

20 minutes

Case Studies[2]

This exercise uses short case studies to help you evaluate the prevention and response services in your operation. For each case study assigned to your group, list a few *general* steps you, your organization, or other agencies can take to effectively address the situation. The purpose is to generate *general* steps we can take to meet the needs of and build the capacity for working with older persons, including survivors of SGBV. There is no need to list the specific steps you would take responding to each case study.

SCENARIOS 1-3

1) A 69-year-old woman comes to the health clinic. She has bedsores, unattended medical needs and shows signs of poor hygiene. She has bruises on her arm, which she says are the result of a fall. The nurse who meets her attends to her bedsores and prescribes painkillers. The woman goes back home.
2) An older woman has been reportedly subjected to sexual assault on her way to the washing area. She has a physical impairment, and the communal latrines that she is able to access are located far away on the other side of the refugee camp. She is said to be injured, but she refuses to leave her shelter. She does not think anyone will believe her.
3) Two older single women come to the office to complain that they have been excluded from a one-off distribution of non-food items. They say that they were not aware of the distribution as no one had told them about it.

SCENARIOS 4-6

4) A community health worker reports that she met an old woman begging on the streets. The woman said her husband forces her to beg and beats her if she refuses. She has never heard of UNHCR.
5) A 52-year-old woman has a hearing impairment and cannot speak clearly. Her neighbor tells you that the woman is not entitled to assistance as she is registered with her son, who has a regular income. However, he does not share his income with her.
6) A journalist who visited a refugee setting writes an article entitled, "Elderly Women in Camp X – Their Voices Unheard; Their Capacity Ignored".

[2] Activity adapted from *Interactive Training Exercises on Abuse in Later Life*, Wisconsin Coalition Against Domestic Violence, 2004

SCENARIOS 7-9

7) A 70-year-old woman visits the women's centre. She tells one of the volunteers that she wishes to talk with other women her age about the troubles she faces with her husband.

8) An outreach worker mentions she met a widow who was forced to marry her deceased husband's brother against her will. This type of marriage is illegal in the country where they reside.

9) A statistics report shows that women and men aged 50 and above are not taking part in livelihood activities despite representing a signification portion of the population.

SCENARIOS 10-12

10) A 61-year-old widow says she cannot return to her country of origin because her neighbours have seized her land.

11) A 76-year-old refugee woman living among the host community is accused of witchcraft. Her safety is at risk.

12) You are asked to lead a presentation on sexual violence prior to conflict, during flight and in exile. You want to make sure older survivors are not overlooked.

SCENARIOS 13-15

13) A 74-year-old woman comes to the office to collect food vouchers. She waits all day, but when it is her turn she is told she is not registered. She does not understand why. A staff member asks if she has read the information leaflet. The woman says she cannot read.

14) An older man, who now lives in isolation and extreme poverty, was kidnapped during the war and tortured. He was subjected to sexual violence. He has never received support to address his physical and emotional trauma.

15) The SGBV working group would like to launch a campaign against domestic violence. In a similar exercise in your previous work setting, older women had complained that they felt excluded.

SCENARIOS 16-18

16) A 72-year-old woman was abandoned by her daughter, who left for resettlement. She comes to your office and says she was evicted from her house by the landlord.

17) A 65-year-old man is continuously harassed by group of teenagers. Community members say that last night the teenagers entered his house and beat him up. They wrote the word *gay* on his door. The man does not know where to go for help and is afraid he will not be understood.

18) A women's leader approaches your organization and reports that many older women and men are willing to assist in community activities, for example, taking care of children and awareness raising. The problem is that they have no idea where to start or whom to contact.

Hand-out 1

Older Persons and Risks of SGBV

OLDER PERSONS OF CONCERN

Who is considered an older person varies throughout the world. As explained in UNHCR's *Need to Know Guidance: Working with Older Persons in Forced Displacement* (2013, p. 3):

> An older person is defined by the United Nations as someone over 60 years of age. However, families and communities often use other socio-cultural referents to define age, including family status (grandparents), physical appearance (grey hair and wrinkles), or age-related health conditions. Research shows that the psychological and psychosocial toll of traumatic experiences, combined with exposure to disease and poor nutrition, causes refugees to "age" faster than settled populations. As a consequence, many challenges associated with old age will be apparent in refugees who are in their 40s and 50s.

RISKS OF SGBV

Factors that may expose older persons of concern to risks of SGBV can be defined using the Ecological Model as a framework.

SOCIETAL LEVEL

Gender norms and unequal power relationships at the societal level is considered the root cause of SGBV. In most societies older women have low status and are limited in their ability to take part in social, economic and political life. They often face life-long gender discrimination and, for many older women, dependency on men is the norm. Further, often, being widowed or single, or childless, exacerbates older women's low status.

In some societies, the pace of social change, competition for limited resources and/or factors arising from forced displacement erode community values and older persons no longer enjoy the same authority, care and attention that they had previously. However, it is not always change and displacement that undermine older persons' social standing. In some societies, older persons are marginalized because of their age, even when there is no change or displacement.

Laws may discriminate against elder women. For example, inheritance codes may dispossess women; housing, land and property rights may discriminate against widows.

COMMUNITY LEVEL

The way communities are organized affects older persons' dependency on others and their vulnerability to SGBV.

In displacement, the loss of property; lack of assistance devices such as eye glasses, walking sticks and wheel chairs; the breakdown of family and community support systems including help from children and neighbors but also more formal forms of elder care, cause a high level of dependency on the part of older persons.

Older persons may have little chance to sustain themselves in the country of exile.

Older persons may face obstacles in accessing health services, livelihood programmes, shelter and food if assistance is not tailored to their specific needs.

Sometimes older persons cannot return to their country of origin if their property or land has been seized and even if they can return, they often are unable to re-establish themselves without assistance.

Older persons' relative "invisibility" – for example in urban refugee settings – makes them even more vulnerable to abuse. Lack of sex and age disaggregated data contributes to this phenomenon.

RELATIONSHIPS LEVEL

Older persons are often wholly dependent on relationships with others to meet their basic needs.

In seeking durable solutions, many older persons are reliant on family members or other caregivers and may not always have access to information or decision-making power to make free and informed choices regarding durable solutions. Their wishes may be overruled by a head of household. Even when older women and men are literate, service providers may assume they are not and may not address questions directly to them leaving them little opportunity to express their wishes.

Separation from family members leaves many older persons living in isolation and vulnerable to abuse.

INDIVIDUAL LEVEL

Reduced physical capability, mobility and mental capacity, as well as weak socio-economic position, illness, illiteracy and lack of access to assistive devices, such as hearing aids, wheel chairs and eye glasses, are all factors that limit an older person's ability to obtain information, access services and participate in activities. All these factors increase the risk of SGBV. Older women face additional factors including being female, single, widowed or divorced that may lower their status even further.

OLDER PERSONS' FRAILTY?

- Although older persons' frailty (at the individual level) can be considered a risk factor, the **root cause** of SGBV is gender norms and unequal power relationships. SGBV affecting older persons is an abuse of power, not a problem related to their frailty.
- Older persons of concern should not be seen only as passive, dependent recipients of assistance. While old age is often associated with increased need, it is important to recognize the capacities and roles and responsibilities that older women and men fulfil in their families, communities and societies. They are often economically active and continue to contribute to family income. Many care for children, either providing day care (when parents are working) or full-time care when children have lost parents). Older women often act as traditional birth attendants and possess important knowledge about alternative or complementary medicine and nutrition. Older persons can also transmit history, culture and tradition and often play important roles in conflict resolution and decision making.

Hand-out 2

Types of SGBV Affecting Older Persons

Types of SGBV affecting older women and men can vary in different cultures and contexts. Older persons can be affected by the same types of SGBV that affect other adults, such as domestic violence, physical abuse (including slapping, beating, kicking, pushing, pinching and burning), psychological abuse, rape and sexual assault, and exploitation. There are also some types of SGBV that especially affect older persons:

- Elder abuse and violence in institutional care
- Laws denying women the right to own or to inherit property
- Neglect through abandonment of widows and forcing widows off their land or seizing property
- Wife inheritance
  - Levirate marriage: in which the brother of a deceased man is obliged to marry his brother's widow, and the widow is obliged to marry her deceased husband's brother
  - Sororate marriage: in which a husband engages in marriage or sexual relations with the sister of his wife, usually after the death of his wife or if his wife has proven infertile.
- Economic abuse, for example, confiscating or mismanaging an elder person's money or food rations and extortion
- Neglect, including denying food, shelter, or medical attention
- Witchcraft-related violence or killings

An important note regarding sexual violence: We often make assumptions about people based on their age. For example, older persons are often perceived as asexual. This misperception can reinforce the myth that they are not subject to sexual violence. In reality, older women have been known to suffer rape and sexual assault in mixed-gender communal shelters, or while gathering firewood outside camps (see *Need to Know Guidance: Working with Older Persons in Forced Displacement*). According to a report by the Harvard Humanitarian Initiative and Oxfam International on sexual violence in the Democratic Republic of the Congo, "in South Kivu province, 10% of women survivors of sexual violence between 2004 and 2008 were 65 or older. As older women represent less than 10% of the overall population in DRC, this shows just how vulnerable this group is"[1] (HelpAge International, 2013).

It is important to remember that sexual violence is not *about sex or sexuality* – it is about the abuse of power, like all other forms of gender-based violence.

[1] HelpAge International, *More action needed to eliminate violence against older women*, 2013, available at: http://goo.gl/ffGjKm

SCOPE

While both older women and men are at risk of SGBV, it is important to remember that the root cause of SGBV is gender norms and unequal power relationships, and therefore, older women are at higher risk. However, data collection on SGBV against older persons of concern is rare. Often within data that are collected no age/gender distinction is made among adult survivors. Lack of sex and age disaggregated data and under-reporting contribute to making violence against older people nearly invisible.

- A study in Mozambique 2011 showed 62 per cent of women over the age of 50 had experienced violence during the previous six months. The most common form of SGBV was economic abuse (47 per cent) followed by emotional and psychological abuse (37 per cent), witchcraft accusations (21 per cent), physical abuse (11 per cent) and sexual abuse (5 per cent)[2].
- In Tanzania, police reports from eight regions between 2004 and 2009 show that 2,585 older women were killed as a result of witchcraft accusations. In Mwanza region alone, 698 older women were killed during that period, which is two killings every three days[3].
- A study in Bangladesh showed that 88 per cent of older people surveyed were mentally abused, 83 per cent neglected, 54 per cent economically abused and 40 per cent physically abused[4].
- In Sweden, 30.8 per cent of older men and women reported being victims of some type of abuse over the previous year[5].

[2] HelpAge International, "Violence against Older People Is a Global Phenomenon Says HelpAge International as Activists Call for a UN Convention on Rights of Older People", available at: http://goo.gl/fY2VrF

[3] HelpAge International, *Violence against Older Women: Tackling Witchcraft Accusations in Tanzania*, 2011.

[4] See footnote 1.

[5] See footnote 1.

Hand-out 3

Elder Abuse

The mistreatment of older persons is sometimes referred to as *elder abuse*. It is defined by the World Health Organization as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person" (WHO, 2011). Elder abuse is a significant protection concern, but it is little understood and is under-reported across cultures because it generally occurs in the privacy of the home and is often perpetrated by family members. WHO estimates that its prevalence is between one and ten per cent in some developed countries. However, we may assume that elder abuse exists in every community and that, like many other social problems, it will be exacerbated by displacement[6].

ELDER ABUSE AND GENDER

The experiences and risks of abuse among older women and older men are gender specific and based on the gender norms and attribution of power in their society. Women are more likely than men to consistently experience violence throughout the duration of their life.

EXAMPLES:

- **Physical Violence**
  - → Inflicting physical pain or injury on an older person, for example slapping, bruising, or restraining by physical or chemical means
  - → Abandonment: the desertion of a vulnerable older person by anyone who has assumed the responsibility for care or custody of that person
- **Sexual Violence:** Non-consensual sexual contact of any kind, for example rape or attempted rape
- **Psychological/emotional violence:** Inflicting mental pain, anguish or distress on an older person by means of verbal or nonverbal acts that are humiliating, intimidating or threatening
- **Denial of opportunities or resources**
  - → Failure by those responsible to provide a vulnerable older person with food, shelter, health care, or protection
  - → The illegal taking, misuse or concealment of funds, property or assets of an older person

[6] See WHO "Fact Sheet Number 357: Elder Abuse", available at: http://www.who.int/mediacentre/factsheets/fs357/en/index.html

RELATIONSHIP OF TRUST

An important aspect of elder abuse is the notion of a relationship of trust between survivor and perpetrator. Older persons of concern may place *an expectation of trust* in their spouse, former spouse, adult child, grandchild, friend, neighbour and, in some cases, care giver.

- When an older person is abused by the intimate partner, this is considered domestic violence or intimate-partner violence. Sometimes domestic violence occurs throughout a marriage. In other cases abuse begins at a later stage. As the survivor and abuser age, physical abuse may decrease, while emotional abuse might increase. One explanation for the changing pattern of abuse may be physical or mental health concerns as the abuser ages – concerns which can be exacerbated by displacement. However, note that psychical or mental concerns are not the root cause of domestic violence: it is gender norms and unequal power relationships.
- Adult children or other family members may become physically, sexually or emotionally abusive. Denial of resources (old-age pension, property etc.) and access to resources (health care, medication) is also a common form of abuse by *trusted others*.

POWER AND CONTROL

Levels of elder abuse may increase due to factors related to displacement. We need to use caution, though, and look for possible *power and control dynamics* in elder abuse cases rather than assuming that hardship, stress or poor family dynamics are the cause. Focusing on the stress of the caregiver risks blaming the survivor, by implying that if the older person were "not so hard to care for", the abuse would not occur. Too often remedies then focus on how to help the abuser feel less stressed rather than focusing on the safety needs of the survivor.

Generally, abusers use a *pattern* of coercive tactics, such as isolation, threats, intimidation, manipulation and violence, to gain and maintain power over their victims. They tell their victims where they can go, whom they can see, and how they can spend their money, in other words, they control decisions. Often abusers feel that they are *entitled* to get their way by using any means necessary because they are the "head of the household" or are physically stronger and younger than the victim.

POTENTIAL INDICATORS OF ELDER ABUSE TO WATCH OUT FOR[7]

- Bruises, pressure marks, broken bones, abrasions and burns may indicate physical abuse, neglect or mistreatment.
- Unexplained withdrawal from normal activities, a sudden change in alertness and unusual depression may indicate emotional abuse.
- Bruises around the breasts or genital area may indicate sexual abuse.
- Bedsores, unattended medical needs, poor hygiene, and unusual weight loss may indicate neglect.
- Behaviour such as belittling, threats, and other abuses of power and control are indicators of verbal or emotional abuse.
- Strained or tense relationships, or frequent arguments between a caregiver and an elderly person, may also be signs of abuse.

[7] See UNHCR *Need to Know Guidance: Working with Older Persons in Forced Displacement*, 2013.

BARRIERS TO LEAVING AN ABUSIVE RELATIONSHIP

Studies have found that the older the survivor is, the harder it is to seek support. For many professionals and community members, it is difficult to understand the dynamics of staying in or leaving the relationship. Many feel that a survivor should "just leave". But we need to move away from victim-blaming to understanding the complexity of survivors' lives.

Older people may face unique barriers to leaving an abusive relationship or asking for help. For example:

- High level of financial dependency
- High level of family responsibility
- Life-long pattern of controlling behaviour
- Deeply rooted gender norms requiring women to serve their families, and the notion that domestic violence is a private matter that women must cope with alone
- No support available or no awareness of where to get help
- Inability to take care of oneself
- Low self-esteem due to life-lasting discrimination
- Associated stigma with (sexual) violence against older women
- Fear of being blamed, for example, because of frailty and need for care, or of not being believed

Hand-out 4

Barriers Older Persons Face in Accessing SGBV Programmes

POTENTIAL OBSTACLES FOR OLDER SURVIVORS ACCESSING *RESPONSE* SERVICES

- Older persons may not be aware of reporting mechanisms and available services. Reduced physical capability, mobility, mental capacity, and illiteracy may limit older persons in their ability to obtain information about and access services and participate in activities.
- The assumption that family members will speak on behalf of older persons may mean service providers are not prepared to directly interview individual older persons even when opportunities exist.
- Cultural practices or family duties may confine women to the home.
- There may be a lack of awareness about the legal framework affecting older persons in relation to various types of SGBV.
- Professionals or caregivers may not be at ease speaking about (sexual) violence with older persons.
- Generational values may affect older survivors seeking help.
- Our ability to recognize older survivors may be inhibited by misconceptions and assumptions about older persons, such as "older women are not affected by sexual violence", "older men are unlikely to be violent", or "older women accept the violence from their husbands".
- Older survivors may stay away from services because of their own misperceptions and assumptions, such as "they don't understand my values", "they are too young to help me", or "they only help young women".

Note: Many of these issues do not apply exclusively to older survivors of SGBV. Some of the barriers can be overcome by respecting the Guiding Principles (e.g., adhering to the principle of non-discrimination, respecting survivors' choices and confidentiality), which apply to our work with *all* SGBV survivors. It is important to consider *how* we put the Guiding Principles into practice for older survivors of violence. For example, how do we guarantee confidentiality if someone is dependent on others or if someone has a hearing impairment?

WHAT PREVENTS US FROM INTEGRATING THE NEEDS AND CAPACITY OF OLDER PERSONS INTO OUR ONGOING MULTI-SECTORAL SGBV *PREVENTION* WORK?

- **Lack of interaction and participation.** Older women and men of concern may have fewer chances for interaction and participation in SGBV programmes. For example, older persons are often not represented on committees and are rarely engaged as outreach workers.
- **Lack of information.** Data may not be disaggregated by sex and age.
- **Lack of awareness and taboos.** Within the community and among professionals there may be a lack of awareness of SGBV affecting older persons of concern or even taboos that inhibit awareness and response.
- **Overlooked needs.** Assistance projects may not be tailored to meet the needs of older persons. They may be excluded from livelihood programmes or fuel efficiency projects, for example.
- **Dependence on others.** Older persons' needs or preferences can go unrecognized if they are registered as dependents.
- **Poor information sharing.** Methods of information dissemination, such as written messages that are not accessible to visually impaired or mass sensitisation events held at venues inaccessible to those with physical impairment, may not reach older persons. In some situations, the design of shelters, sanitary facilities and communal structures is not age-friendly or safe.
- **Language barriers.**
- **Biases.** Often-held assumptions about older persons, for example, that they are conservative and would be not be open to discussing issues of sexuality or SGBV, can prevent them from getting help they need. Similarly, old age is often considered to be synonymous with mental or hearing impairments that make communication difficult – an assumption that can discourage outreach to older persons of concern.
- **Poor outreach.** Programs and services that have poor outreach or that rely on persons of concern coming to centralised places to seek services will be less accessible to older persons.

Hand-out 5

Inclusion of Older Persons in SGBV Prevention and Response

UNHCR RECOMMENDS A TWIN TRACK APPROACH

- Design all SGBV prevention and response activities to be inclusive of older persons
- Include actions to address the specific SGBV-related needs and capacities of older persons

This means we do not set up special facilities, for example, special health programmes, for older persons. Instead we strive to analyse and address barriers that prevent particular groups, such as older persons, from accessing programs for the wider community. At the same time, we need to consider what additional targeted support older persons may require to be able to participate equally in inclusive programmes.

- Collect and/or disaggregate data based on sex, age and ability, and disseminate information on violence against persons of all ages.
- Include the gender-specific needs and capacities of older women and men of concern in assessments.
- Involve older women and men in decisions about SGBV prevention and response activities in all areas of work including health, psychosocial, shelter, safe access to fuel and energy, access to justice etc.
- Raise awareness among staff and within communities of the warning signs of elder abuse.
- Work with all generations to raise awareness of older persons' rights.
- Use outreach to Identify and register those older persons who may not be able to reach locations for registration or access services, for example, through mobile registration teams.
- Enhance access to services by providing mobility aids, training outreach workers and forming multi-disciplinary teams at distribution points.
- Conduct joint outreach among SGBV programs, service providers for older women and men, elderly committees and health workers to safely identify and refer older persons with special needs, including elderly survivors of SGBV.
- Display diverse images – ones that include older persons – and make information available that is relevant to older survivors.
- Recruit older men and women as staff or volunteers. Engage older men as role models of equal distribution of tasks, solving conflicts in a non-violent manner etc.
- Promote the participation of both older women and men in committees and livelihood activities, in general, and in particular create and build the capacity of older persons' committees to advocate against age discrimination[8].

[8] Practical guidelines on how to tailor programmes to older people's needs see HelpAge International, *Practical Guidelines*, available at: http://www.helpage.org/resources/practical-guidelines.

- Organize support groups for older women and men.
- Take into account the needs of older persons – as defined by older persons themselves – in shelter and infrastructure plans as well as plans for community-based activities.
- Partner with local organizations that focus on older persons.
- Include older persons who care for children and other dependents in child protection programmes, for example, involve them in caregiver committees, parent and teacher associations, or learning-assistant programmes, and utilize their capacities in child-friendly spaces as child-support volunteers.
- Recognize and utilize the capacity and desire of older persons to be involved in livelihood activities, for example, utilize their vocational skills to teach others; utilize their practical wisdom and networks to start and support small business enterprises etc.
- Ensure that literacy and language programs are also open to older persons.
- When constructing temporary and permanent shelter, treat older persons as individual households, while trying not to fragment extended multi-generation households.
- Consider the creation of separate queues, transport support, smaller parcels and door-to- door distribution of food and non-food items for older persons of concern. Monitor the distribution of food and non-food items to older persons, to detect and prevent exploitation, extortion, or other forms of discrimination or abuse. Where cash is the modality of assistance, ensure that older persons understand the process of cash dissemination and have access to and control of the technology being used, e.g., ATM cards or mobile phones.
- Locate family and caregivers of older persons. If a preferred caregiver cannot be found, link older persons who need support to foster families or supportive neighbours, to ensure that as few as possible face isolation and abandonment.
- Work with the police and judiciary to protect older persons accused of witchcraft and initiate legal action against those who use accusations of witchcraft to perpetrate violence.
- As with other persons of concern, use a rights-based; survivor-centred; Age, Gender and Diversity approach; and community-based protection.

APPLYING THE KEY APPROACHES WHEN WORKING WITH OLDER PERSONS OF CONCERN

Rights-based approach: The rights-based approach emphasizes older person's right to be included and to participate in SGBV programmes. Older persons should not be seen as passive and dependent recipients of humanitarian aid and services.

The violence they face should not be seen as "cultural norms or practices" but as a human rights violation. The state and other actors, such as UNHCR and its partners, are *duty bearers* with responsibility to identify and eradicate stereotypes and discrimination against, and abuse of, older persons and to remove barriers in accessing services.

Survivor-centred approach: Every action we take should be guided by the wishes, needs and capacities of the survivor – regardless of their age. Older persons can make their own decisions and usually know what is best for them. Sometimes special considerations need to be taken to ensure confidentiality in engaging with an older person, in case of limited mobility, sensory impairment etc.

Community-based protection: Older persons are the experts on the protection issues they face and will have invaluable resources and skills to address SGBV. When addressing SGBV, we need to work *with* older persons and recognize their role in programming, decision-making and leadership.

Age, Gender and Diversity approach: It is important to take into account the specific age and gender of persons of concern, not only because these considerations may give rise to specific protection risks, but also because they can inform appropriate solutions.

Pre-/Post-test

Module 11: Inclusion of Older Persons in SGBV Prevention and Response

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your responses will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) An older person is defined by the United Nations as someone over 55 years of age.
   b) Individual characteristics, such as frailty, reduced mobility and weak socio-economic position are the main causes of SGBV against older persons.
   c) While both older women and men are at risk of SGBV, in contexts where women have an inferior social status, older women are at higher risk than men.
   d) Sexual violence against older persons is rare because of old people's asexuality.
   e) *Elder abuse* is intimate-partner violence whereby the victim is an older person.
   f) Because of increased dependence, older persons face unique barriers to leaving an abusive relationship.
   g) Data on SGBV against older persons is now widely available as older persons are recognized and classified as a distinct, vulnerable group.
   h) Studies have found that the older the survivor is, the harder it is to seek support.

2. What are common obstacles older persons face in accessing SGBV response services? Choose all that apply.
   a) Older persons may not be aware of reporting mechanisms and available services.
   b) Cultural practices or family duties may confine older women to the home.
   c) A lack of awareness about the legal framework affecting older persons in relation to various types of SGBV may be present.
   d) Professionals or caregivers are not at ease speaking about (sexual) violence with older persons.
   e) Misconceptions and assumptions about older persons may inhibit service providers' ability to recognize older survivors.

3. What are the key points of UNHCR's policy in working with older persons of concern? Choose all that apply.
   a) Integrate older persons of concern into existing programmes.
   b) Set up specialized programmes for older persons of concern.
   c) Take into account the specific needs of older persons of concern.
   d) Use and build the capacity of persons of concern.
   e) Confer with older persons' family members to obtain their consent.

4. Please list common types of SGBV affecting older persons.

5. Describe concrete steps that we can take to make sure SGBV prevention and response programmes are inclusive of older persons of concern.

Pre-/Post-test: Answer Sheet

Module 11:
Inclusion of Older Persons in SGBV Prevention and Response

(Correct responses are highlighted in **bold**)

1. True or False? Please select all TRUE statements.
   a) An older person is defined by the United Nations as someone over 55 years of age.
   b) Individual characteristics, such as frailty, reduced mobility and weak socio-economic position are the main causes of SGBV against older persons.
   c) While both older women and men are at risk of SGBV, in contexts where women have an inferior social status, older women are at higher risk than men.
   d) Sexual violence against older persons is rare because of old people's asexuality.
   e) *Elder abuse* is intimate-partner violence whereby the victim is an older person.
   f) Because of increased dependence, older persons face unique barriers to leaving an abusive relationship.
   g) Data on SGBV against older persons is now widely available as older persons are recognized and classified as a distinct, vulnerable group.
   h) Studies have found that the older the survivor is, the harder it is to seek support.

2. What are common obstacles older persons face in accessing SGBV response services? Choose all that apply.
   a) Older persons may not be aware of reporting mechanisms and available services.
   b) Cultural practices or family duties may confine older women to the home.
   c) A lack of awareness about the legal framework affecting older persons in relation to various types of SGBV may be present.
   d) Professionals or caregivers are not at ease speaking about (sexual) violence with older persons.
   e) Misconceptions and assumptions about older persons may inhibit service providers' ability to recognize older survivors.

3. What are the key points of UNHCR's policy in working with older persons of concern? Choose all that apply.

   a) Integrate older persons of concern into existing programmes.

   b) Set up specialized programmes for older persons of concern.

   c) Take into account the specific needs of older persons of concern.

   d) Use and build the capacity of persons of concern.

   e) Confer with older persons' family members to obtain their consent.

NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exclusive; they serve as *examples* of correct answers.

4. Please list common types of SGBV affecting older persons.

   - **Domestic violence**
   - **Sexual violence (exploitation, abuse, rape, attempted rape etc).**
   - **Elder abuse and violence in institutional care**
   - **Laws denying women the right to own or to inherit property**
   - **Neglect through abandonment of widows and forcing widows off their land or seizing property**
   - **Wife inheritance**
   - **Different forms of sexual violence: sexual assault, rape, attempted rape, sexual exploitation by service providers and humanitarian workers**
   - **Economic abuse (for example, confiscating or mismanaging money or food rations, extortion)**
   - **Neglect (denying food, shelter, medical attention)**
   - **Witchcraft-related violence or killings**

5. Describe concrete steps that we can take to make sure SGBV prevention and response programmes are inclusive of older persons of concern.

   See Hand-out 5: Inclusion of Older Persons in SGBV Prevention and Response for examples.

Module 11

Inclusion of Older Persons in SGBV Prevention and Response

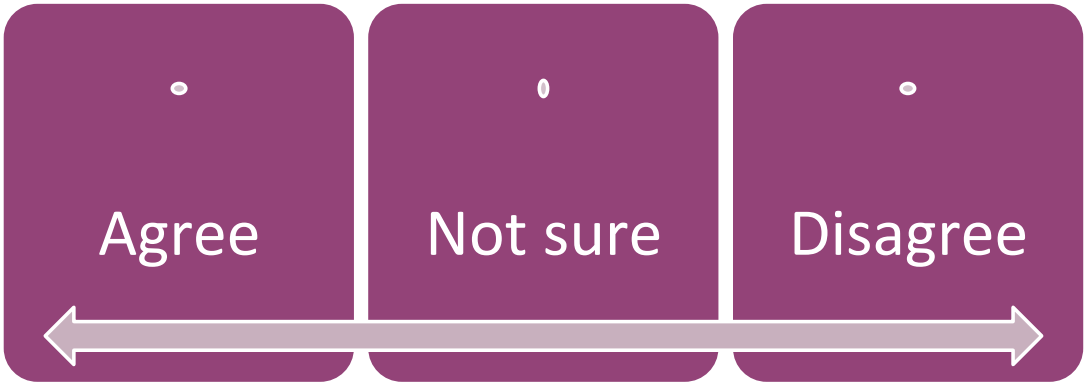
Photo: UNHCR, R. Arnold, 2014

Between 11 and 83 per cent of older people reported being subjected to a variety of types of abuse.

Objectives

- ➔ Define *older persons.*
- ➔ List factors that expose older women and men to SGBV.
- ➔ Define *elder abuse* and list barriers older persons face in leaving an abusive relationship.
- ➔ Identify steps to include older persons in SGBV prevention and response programmes.

Who is considered an older person varies throughout the world.

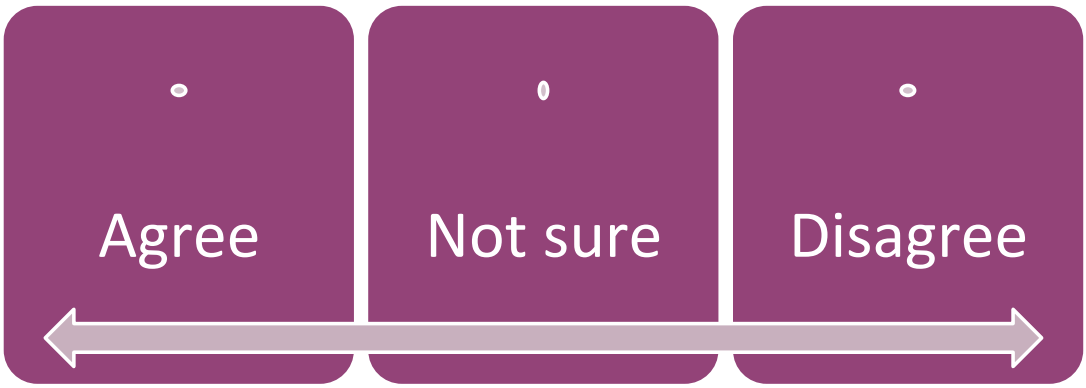


Yes. What is considered old age *varies around the world.*

- Families and communities often use socio-cultural referents to define age.
- An older person is defined by the United Nations as someone over 60 years.
- Traumatic experiences, combined with exposure to disease and poor nutrition, causes refugees to "age" faster than settled populations.
- Older persons roughly account for 10 to 30 per cent of persons of concern.

What is considered *old age* in your operation?

The root cause of SGBV affecting older persons is their frailty and dependence on others.

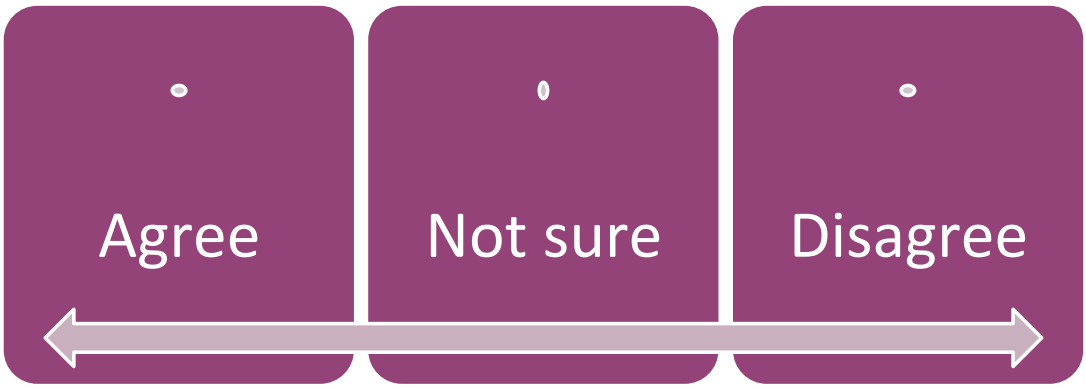


No. SGBV affecting older persons is an abuse of power, not a function of their frailty.

- Older persons' frailty can contribute to their vulnerability, but the root cause of SGBV is gender norms and unequal power relationships.
- In many societies, older women have a low status. Being widowed/single/childless can exacerbate this.

What status do older persons in your operation have? How is this different for men and women?

Older persons are a burden to the community.

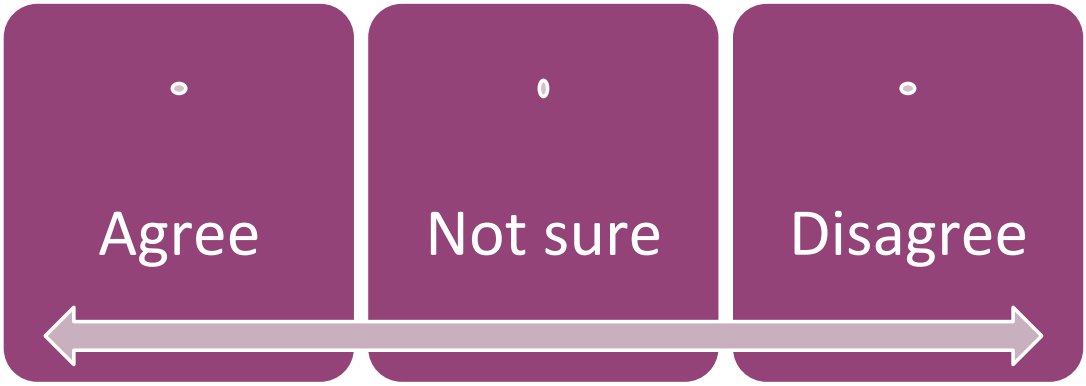


No. Older persons are often socially and economically active and contribute to the family and community.

- ➔ Older persons are not – and should not be seen as – passive, dependent recipients of assistance.
- ➔ Facilitate their full participation.

What role do older women and men in your operation play?

Older persons can play a role in SGBV prevention and response.

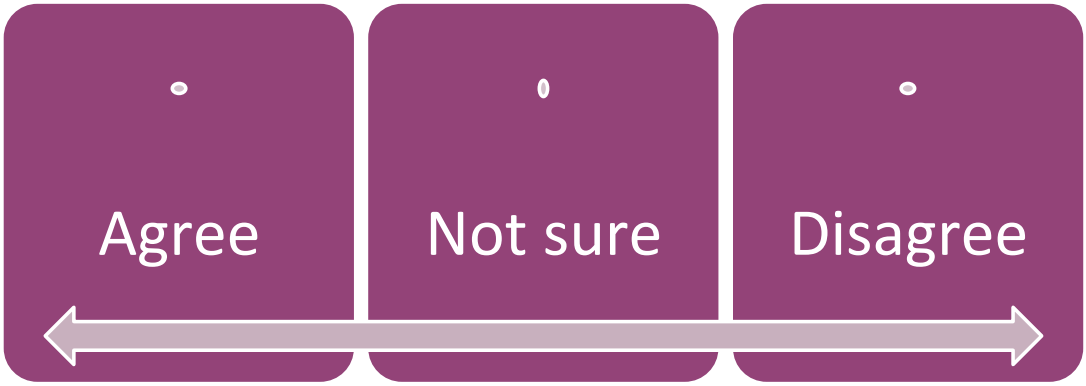


Yes. But do not make any assumptions. Ask.

- Older persons are able to and maybe interested in participating in programmes, and can make important contributions to SGBV prevention and response.
- Recognize their capacities, roles and responsibilities.

Are older persons involved in SGBV prevention and response programmes in your operation?

When an older woman says she has been raped, it is likely she means attempted rape or sexual assault.



No. Do not assume older persons cannot describe what has happened to them.

- Older Sexual violence against older persons, including rape, does occur.
- A study in one particular context shows 10 per cent of women survivors of sexual violence between 2004 and 2008 were 65 or older.
- Sexual violence is not about sex or sexuality; it is about the abuse of power.

Do you think sexual violence affects older persons in your operation?

SGBV against Older Persons

- Where women have an inferior social status, **older women are at higher risk than men**.
- **Data on SGBV against older persons is rare,** often no distinction is made among adult survivors.
- **Under-reporting** contributes to making violence against older people nearly invisible.

Elder abuse is "[a] single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person".

World Health Organization

Elder Abuse

Key Points

- Often occurs in the privacy of the home
- Exploits a relationship of trust
- Is about *power* and *control*

Remember:

- Focusing on the stress of the caregiver ("having to take care of a needy person") risks blaming the survivor.
- Older persons may face particular barriers to leaving abusive relationships.

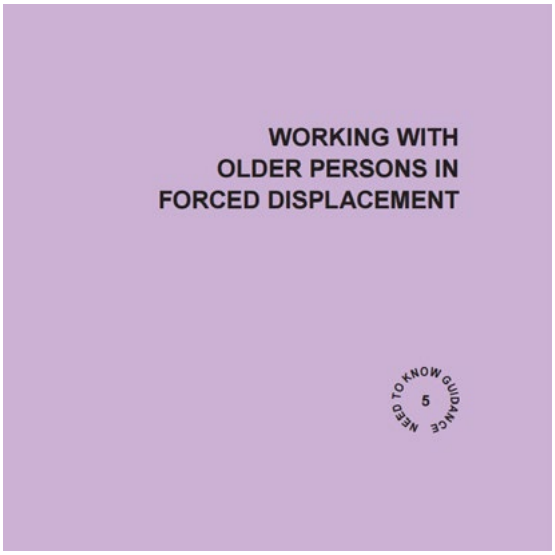
UNHCR Policy and Guidance

Policy

Twin track approach:

1. Design all SGBV prevention and response activities to be **inclusive** of older women and men.
2. Include actions to address the **specific SGBV-related needs and capacities** of older women and men.

Guidance



MODULE 12
Child Marriage

MODULE OUTLINE

Session 1	Understanding child marriage	75 minutes	1
Session 2	The causes and context of child marriage	60 minutes	2
Session 3	The impact of child marriage	25 minutes	3
Session 4	Supporting married children	45 minutes	4
Session 5	Preventing child marriage	70 minutes	5

TIMING:

4 hours 35 minutes

SUMMARY

In this module, participants will reflect on the causes and contributing factors that lead to child marriage. Participants learn about the risks married children face and consequences for the community. Participants will start exploring the role of UNHCR in responding to the needs of married children and will identify good practice for prevention programmes. Particular emphasis is placed upon the role of education in preventing child marriage and the importance of enabling communities to address the beliefs, practices and norms underlying the practice.

LEARNING OBJECTIVES

At the end of the module, participants should be able to:

- ✓ Describe what is meant by the term *child marriage* and describe the legal framework governing child marriage
- ✓ Identify the root cause and contributing factors that lead to child marriage
- ✓ Describe the consequences of child marriage on the child and the community
- ✓ Describe what UNHCR can do to respond to the needs of married children
- ✓ Describe effective programme interventions that prevent child marriage

KEY MESSAGES

- → Child marriage is defined as any marriage or union where either one or both spouses are children under the age of 18.
- → As a child under the age of 18 is not considered capable under international law of giving informed consent to enter into marriage, child marriages are considered to be forced marriages.
- → Child marriage can occur as a formal or informal union.
- → Child marriage is considered a form of SGBV. It is violence based on gender norms and unequal power relationships. It is against the person's will and has harmful consequences.
- → Like any other form of SGBV, child marriage is a violation of human rights. It is not a private matter and cannot be justified on cultural grounds. Children's rights cannot be negotiated.
- → Child marriage is not exclusive to any one religion or culture.
- → Child marriage rates are intrinsically linked with a lack of economic and educational opportunities.
- → Conflict and displacements perpetuate child marriage.
- → Child marriage perpetuates poverty.
- → Child marriage has many severe consequences for the children involved and affects everyone in the community.
- → UNHCR has a key role to identify married children and to make sure they are heard and their needs are met.
- → Education for girls is one of the best strategies to prevent child marriage.
- → Preventing child marriage requires transforming gender norms and engaging different groups in the community, including children, youth and men.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector, laptop

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Anu's Story
- Activity Sheet 2: Community Leader's Speech
- Activity Sheet 3: Preventing Child Marriage in Your Operation

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Understanding Child Marriage
- Hand-out 2: Why Does Child Marriage Occur?
- Hand-out 3: Consequences of Child Marriage
- Hand-out 4: Supporting Married Children
- Hand-out 5: Preventing Child Marriage

OTHER:

- Look up relevant legislation in the participants' countries of operation, including the legal age for marriage for girls and boys. In case of a plural legal system, what does customary/ traditional or religious law say? Insert relevant information on presentation slide 18.

UNHCR READING MATERIALS AND RESOURCES

- → *A Framework for the Protection of Children*, 2012.
- → *Child Protection Issue Brief: Sexual Violence against Children*, 2014.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 12: Child Marriage has been produced for educational purposes only in order to facilitate the training of humanitarian workers and communities. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

- → *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, Plan International, 2013.
- → *Why Ending Child Marriage Needs to Be an Educational Goal*, Judith-Ann Walker, 2014.
- → *Marrying Too Young: End Child Marriage*, UNFPA, 2014.
- → *Early Marriage, Child Spouses*, UNICEF in: *Innocenti Digest*, number 7, March 2011.
- → *Out of Wedlock, into School: Combating Child Marriage through Education*, Gordon Brown, 2012.
- → *Child Marriage around the World: An Information Sheet*, Girls Not Brides, 2014.
- → *Talking Points: Child Marriage and Maternal and Child Health*, Girls Not Brides, 2014.
- → *Child Marriage and Education, Girls Not Brides*, 2014.

SESSION 1: Understanding Child Marriage

75 minutes

LEARNING OBJECTIVES

✓ Describe what is meant by the term *child marriage* and describe the legal framework governing child marriage

KEY MESSAGES

→ Child marriage is defined as any marriage or union where either one or both spouses are children under the age of 18.

→ As a child under the age of 18 is not considered capable under international law of giving informed consent to enter into marriage, child marriages are considered to be forced marriages.

→ Child marriage can occur as a formal or informal union.

→ Child marriage is considered a form of SGBV: It is violence based on gender norms and unequal power relationships. It is against the person's will and has harmful consequences.

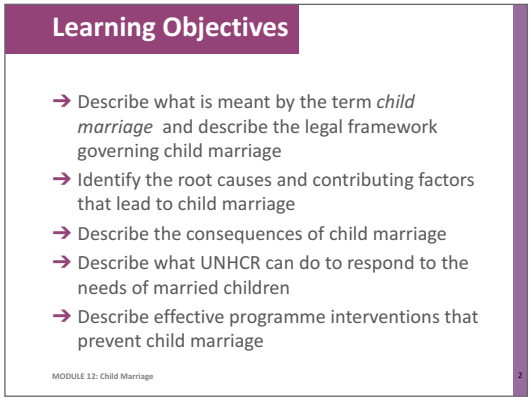
→ Like any other form of SGBV, child marriage is a violation of human rights. It is not a private matter and cannot be justified on cultural grounds. Children's rights cannot be negotiated.

PREPARATION

- Hand-out 1: Understanding Child Marriage
- Look up relevant legislation in the participants' countries of operation, including the legal age for marriage for girls and boys. In case of a plural legal system, what does customary/ traditional or religious law say? Insert relevant information on presentation slide 18.
- Modify Activity Sheet 1: Anu's Story to make it appropriate for the communities in which participants work.

What is child marriage

DISCUSSION AND GROUP ACTIVITY (45 MINUTES)



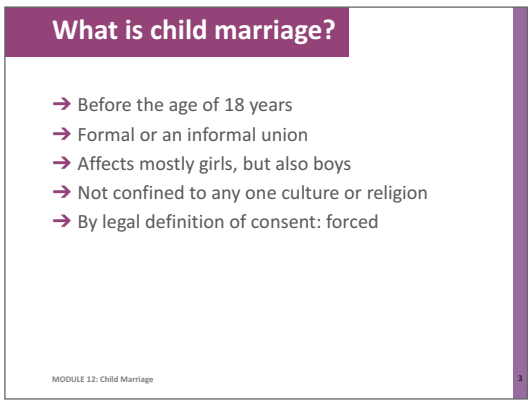
1. Using the Notes to the facilitator below, explain the purpose of this training session.

NOTES TO THE FACILITATOR:

At the end of this training session participants should be able to:

- *Describe what is meant by the term* child marriage *and describe the legal framework governing child marriage*
- *Identify the root causes and contributing factors that lead to child marriage*
- *Describe the consequences of child marriage on the child and the community*
- *Describe what UNHCR can do to respond to the needs of married children*
- *Describe effective programme interventions that prevent child marriage*

2. Ask participants to think about the term *child marriage*. What does it mean to them? After 2 minutes, ask participants to share their ideas and write down the responses on a flip chart.



3. Highlight some common ideas and key concepts about child marriage, using the Notes to the facilitator. For example, child marriage:
   - Can be a formal marriage or an informal union
   - Occurs before the age of 18 years
   - Is a human rights violation
   - Affects mostly girls, but also boys
   - Is not confined to any one culture

4. Explain that we use *child marriage* and not *early marriage* to underscore the fact that it involves children, who are considered unable to give consent. Explain that all child marriages are, by legal definition of consent, forced marriages.

NOTES TO THE FACILITATOR:

What is child marriage?

Child marriage is defined as any marriage – whether under civil, religious or customary law, and with or without formal registration – in which either one or both spouses are children under the age of 18.

Boys are also married under the age of 18, but girls are affected in greater numbers as male spouses are usually older. This is why some argue for using the term: girl child forced marriage.

The consequences for girls, especially in terms of their health and well-being, are also more severe. Nevertheless, for boys the consequences can also be serious. For example, the pressure to become the main family provider is also a rights violation[1].

Before the age of 18, a child is not physically, emotionally and psychologically developed enough for the responsibilities and the consequences of marriage and child bearing.

In some displacement settings child marriage can also take the form of a child being sold for a bride price into a ***temporary marriage*** *(or marriages). Such transactions are a form of sexual exploitation.*

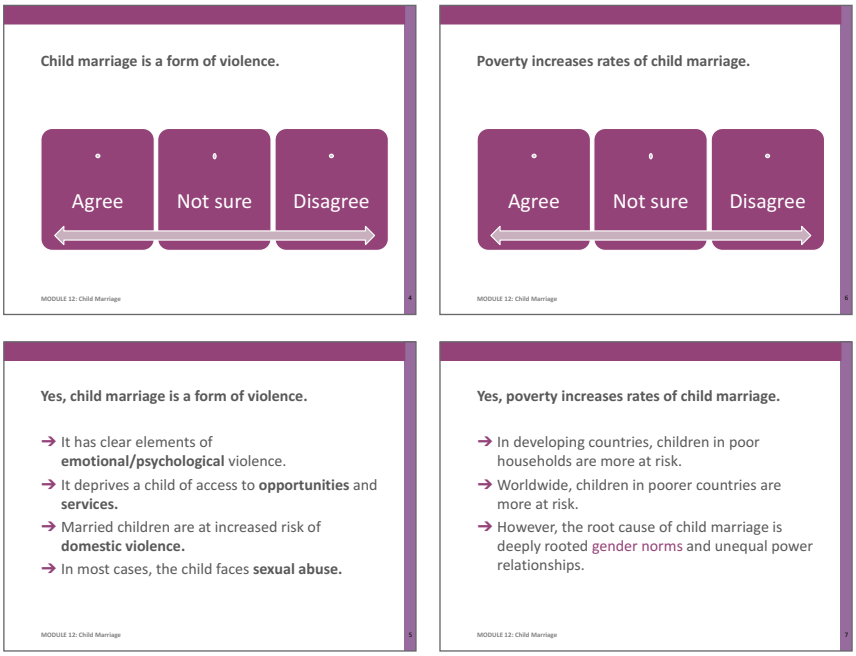
---

5. Read the statements on presentation slide 4 aloud and asks the participants to decide whether they agree or disagree. Those who agree with the statement bang the table firmly and loudly. Those who are not sure gently tap the table. Those who disagree remain silent. Have a few people explain why they agree or disagree with this statement. Then show the slide with the key points. See Hand-out 1: Understanding Child Marriage. Repeat this for all five statements.

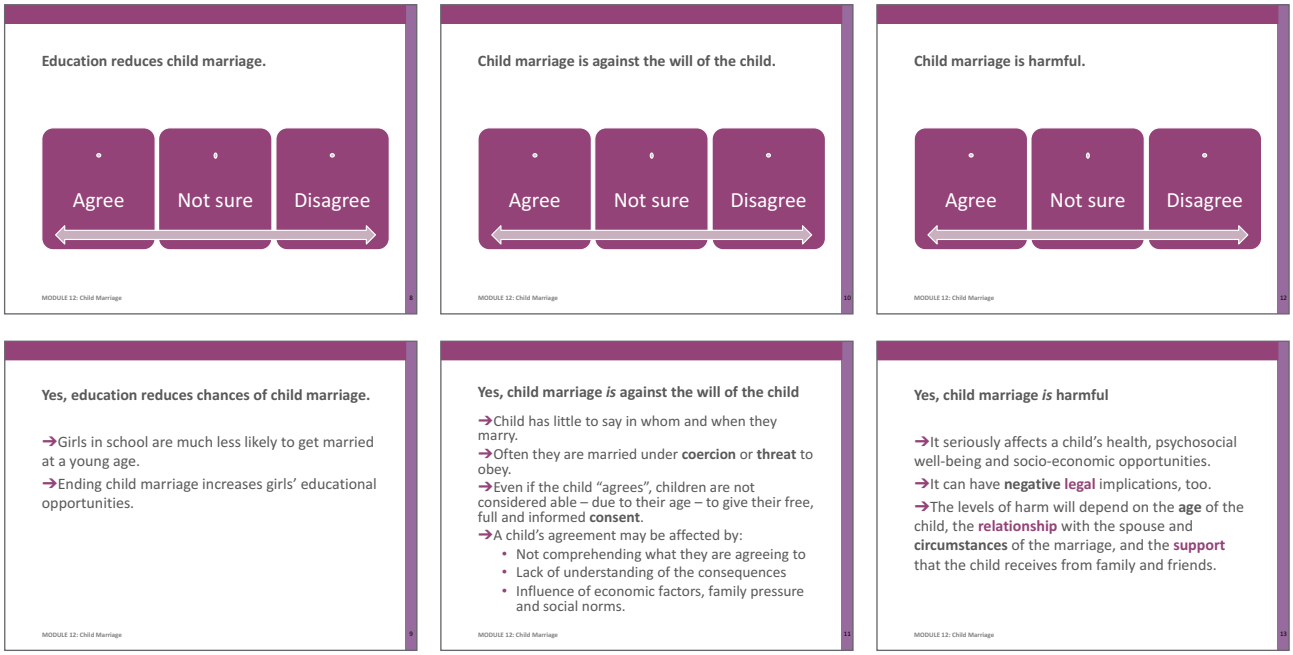
   Note: When presenting the explanatory slide, emphasize that many people have incorrect assumptions about child marriage, and that is exactly why we are discussing these issues and trying to reach common understanding.

   Statements:

   - Child marriage is a form of violence.
   - Poverty increases rates of child marriage.
   - Education reduces child marriage.
   - Child marriage is against the child's will.
   - Child marriage is harmful.



[1] Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013



6. Conclude by emphasizing that for all these reasons, child marriage is considered a form of SGBV.
   - It is violence based on gender norms and unequal power relationships.
   - It is against the person's will.
   - It has harmful consequences.

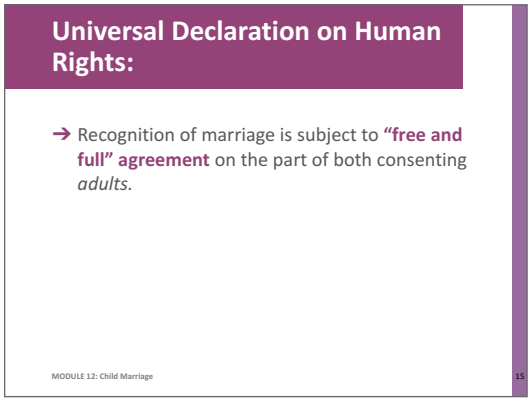
7. Ask participants how common child marriage is in the setting where they work and what forms it takes.

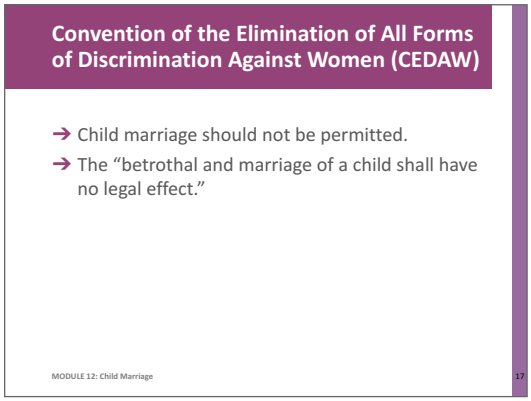
A violation of human rights

DISCUSSION (20 MINUTES)

8. Highlight that like other forms of SGBV, child marriage is a violation of human rights. It is, therefore, not a private matter. Ask participants which human rights are violated. Responses might include, for example, the right to health, non-discrimination, physical and mental integrity as well as the right to life.

9. Using the Notes to the facilitator, summarize the legal human rights framework governing child marriage.





NOTES TO THE FACILITATOR:

Child marriage and the legal framework[2]

*The **Universal Declaration on Human Rights** stipulates that recognition of marriage is subject to "free and full" agreement on the part of both consenting* adults.

*The **UN Convention on the Rights of the Child (CRC)** defines a child as "every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier".*

The CRC Committee has recommended that State parties increase the minimum age for marriage with or without parental consent to 18 years, for both boys and girls.

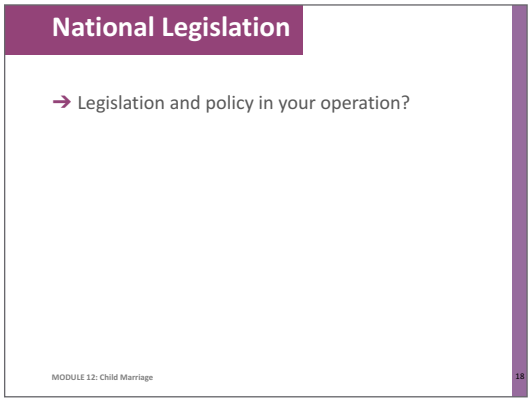
Child marriage infringes on several rights enshrined in the CRC, including the right to:

- *Survival, health and development*
- *Protection from violence, abuse and exploitation*
- *Education*
- *Full participation in family, cultural and social life, including participating in decisions that affect the child*

*The **Convention of the Elimination of All Forms of Discrimination against Women** states that child marriage should not be permitted and that the "betrothal and marriage of a child shall have no legal effect".*

*Child marriage is prohibited by international human rights law and by many regional and national laws. For example, the **African Charter on Rights and Welfare of the Child** (1999) states that marriage under the age of 18 shall be prohibited and legislation adjusted accordingly.*

10. Highlight the relevant legislation applicable in the country where participants' work. Did the State ratify the CEDAW (189 countries did) and the CRC? (all countries but the United States did). What is the legal age in participants' countries of operation for marriage for girls? And for boys? In case of a plural legal system, what does customary/traditional or religious law say? *Note: insert relevant information in this presentation slide prior to the training session.*



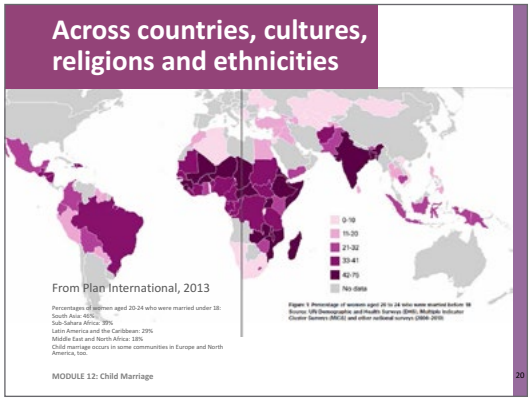
[2] Adapted from Plan International, *A girls' right to say no to marriage, working to end child marriage and keep girls in schools*, 2013

11. Emphasize that the international legal framework leaves no doubt: child marriage should be prohibited.

The scope

DISCUSSION (10 MINUTES)

12. Using the slide, highlight the scope of child marriages globally by asking participants to respond to the questions.
    - One in three girls in the developing world is married before 18.[3]
    - Approximately 14 million girls are married every year before the age of 18.
    - That is approximately 39,000 every day.
    - One in nine girls in the developing world is married before 15.
    - That is 1.5 million children under the age of 15 every year.[4]



13. Highlight that child marriage occurs around the world and cuts across cultures, religions and ethnicities. In South Asia, 46 per cent of girls under 18 are married; that percentage is 39 per cent in sub-Sahara Africa; 29 per cent in Latin America and the Caribbean; and 18 per cent in the Middle East and North Africa.[5] Child marriage is also present in some communities in Europe and North America.

14. Emphasize that like for all forms of SGBV, child marriage is generally under-reported so it is likely the practice is worse than it appears.

15. Distribute Hand-out 1: Understanding Child Marriage.

[3] UNFPA, *Marrying Too Young: End Child Marriage*, 2012

[4] Gordon Brown, *Out of Wedlock, into School: Combating Child marriage through Education*, 2012

[5] UNICEF, *The State of the World's Children*, Table 9: Child Protection , 2014

SESSION 2: The Causes and Context of Child Marriage

60 minutes

LEARNING OBJECTIVES

- ✓ Identify the root cause and contributing factors that lead to child marriage

KEY MESSAGES

- ✓ Like any other form of SGBV, child marriage is a violation of human rights. It is not a private matter and cannot be justified on cultural grounds. Children's rights cannot be negotiated.
- ✓ Child marriage is not exclusive to any one religion or culture.
- ✓ Child marriage rates are intrinsically linked with a lack of economic and educational opportunities.
- ✓ Conflict and displacements perpetuate child marriage.
- ✓ Child marriage perpetuates poverty.

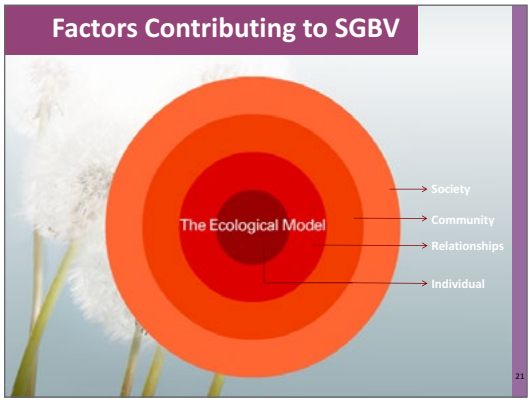
PREPARATION

- Hand-out 2: Why Does Child Marriage Occur?

The causes and contributing factors

VIDEO AND GROUP ACTIVITY (60 MINUTES)

1. Explain that child marriage is influenced by a complex set of factors, in all spheres of the Ecological Model.

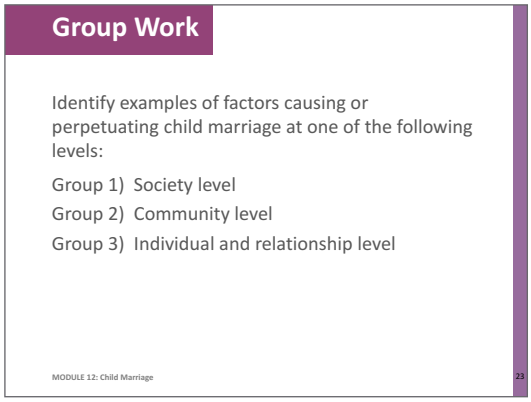


2. Show *Too Young to Wed: The Secret World of Child Brides*, a 10-minute video by Stephanie Sinclair. Ask participants to take notes of the underlying factors that contribute to child marriage highlighted in the video.

   https://goo.gl/7MVzE6

3. Ask for some examples that participants identified and note them on a flip chart. Using these examples, differentiate between the root cause of child marriage (gender norms and unequal power relationships) and the factors perpetuating the practice, such as poverty.

4. Select four of the causes/contributing factors that participants raised (for example, lack of access to education, laws and policies, conflict and displacement, poverty, gender norms, traditions) and write these down on four flip-chart pages and post them in the four corners of the room.



5. Have the participants move to the corner that they believe has the biggest influence on child marriage. Have the groups that have formed in each corner spend 3 minutes discussing why they believe the factor they chose is the most important one. Each group should then select a spokesperson who will have 60 seconds to persuade the other corners that their factor is the most important. After the first corner presents, invite anyone who has been persuaded to change corners. Direct each group to present their corner's position in turn. Allow participants to move any time they change their minds. Once all groups have had their turn, allow the groups to add a final argument if they wish. End the activity when all participants have taken their final position.

6. Point out that the different factors intersect and overlap. For example, at the individual level, children whose mothers have no education are more vulnerable to child marriage. At community level lack of access to quality education increases chances of child marriage. And at society level, norms that prioritize boys' education over that of girls' underpin child marriage.

7. If necessary, complement the discussion using Hand-out 2: Why Does Child Marriage Occur? Highlight the link between the rate of child marriage and conflict and displacement and make sure participants understand this important point.

NOTES TO THE FACILITATOR:

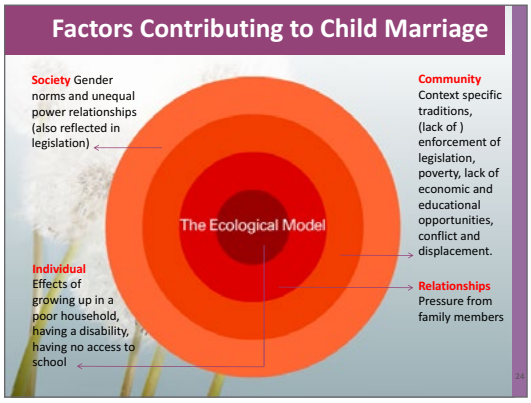
Child marriage and displacement

Conflict and displacement can increase the risk of marriage for young girls.

- *With a lack of educational and economic opportunities in displacement settings, parents may view child marriage as a viable option to provide for their daughter's future.*
- *Parents may marry off a young daughter to obtain immediate income from bride wealth, or to "have one mouth less to feed".*
- *Displacement also impacts what men can afford to pay for a bride prices, which leads to marriage of even younger children, who typically bring lower bride prices.*
- *Sometimes child marriage is seen as protection against other risks such as sexual violence or harassment. The intention is to protect the girl or to protect the perceived 'honor' of the family (if defined in terms of the girls' sexuality).*
- *There have been examples of families who marry off a child hoping to facilitate resettlement based on the misconception that the child will be able to accompany her husband or in-laws during resettlement.*
- *While there is little research to support the supposition, separated children, unaccompanied minors or children already exposed to sexual violence may be more vulnerable to child marriage. On the other hand, depending on the marriage culture, unaccompanied or separated children may be less likely to be married because families may be less willing to pay a bride price for them.*
- *If a girl, driven by poverty to engage in survival sex (exchanging sex for basic goods or services), becomes pregnant, she may be forced by her family to marry or live with the perpetrator.*
- *In cases where sexual violence results from conflict or displacement, a child survivor may be forced to marry or live with the perpetrator of violence against them.*
- *In displacement, families may hold on more strongly or conservatively to certain cultural practices (such as child marriage) out of fear of losing their traditions while in exile.*

---

8. Recap by highlighting the key points:
   - Child marriage is influenced by a combination of factors:
     - Lack of access to education
     - Poverty and lack of employment opportunities
     - Conflict and displacement
     - Lack of legal protection
     - Context-specific factors related to culture and tradition
     - Individual factors
   - These perpetuating factors are reinforced by deeply rooted gender and social norms and unequal power relationships.



9. Distribute Hand-out 2: Why Does Child Marriage Occur?

SESSION 3: The Impact of Child Marriage

25 minutes

LEARNING OBJECTIVES

✓ Describe the consequences of child marriage on the child and the community

KEY MESSAGES

→ Child marriage has many severe consequences for the children involved and affects everyone in the community.

PREPARATION

- Activity Sheet 1: Anu's Story. Modify the case story to make it appropriate for the community in which participants work.
- Activity Sheet 2: Community Leader's Speech (Optional)
- Hand-out 3: Consequences of Child Marriage

Consequences for the child and her children

GROUP ACTIVITY (20 MINUTES)

1. Read out loud Anu's story or invite one of the participants to read out loud (Activity Sheet 1: Anu's Story).

2. Ask the participants if it is realistic and if similar things happen to girls in their communities.

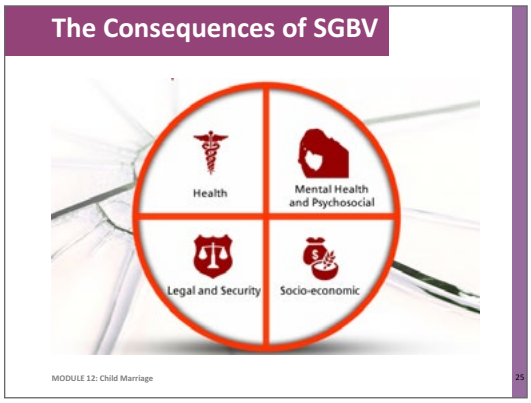
3. On a flip chart, write *Consequences of Child Marriage*. Ask the group to suggest some consequences of the marriage for Anu. Ask questions to guide this process.
   - → *How did the marriage decision make Anu feel about herself?*
   - → *What are the immediate consequences for Anu?*
   - → *What are the longer-term consequences?*
   - → *If she becomes pregnant, how will her children be affected?*

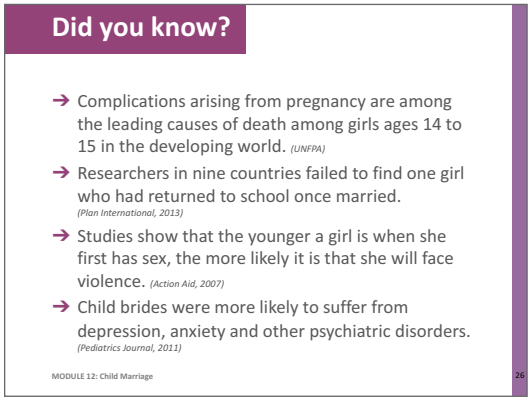
NOTES TO THE FACILITATOR:

Case feedback: Possible consequences for Anu

Anu will have little chance to resume her education. She will not get the opportunity to be an independent adult and will likely continue living in poverty. She may not get the health care she needs, including care for her disability and reproductive health care. She may experience premature pregnancy, endangering her health and that of her babies. She will have little to say in her household and may experience violence (e.g., domestic violence). She is likely to live an isolated life and may have very little help from her family to deal with all these issues.

4. Emphasize that the consequences of child marriage are many. Child marriage affects children's physical, psychological/emotional and socio-economic well-being and may have negative legal implications. Highlight a few examples, using the slide.
   - Complications arising from pregnancy are among the leading causes of death among girls ages 14 to 15 in the developing world.[6]
   - Researchers in nine countries failed to find one girl who had returned to school once married.[7]
   - Studies show that the younger a girl is when she first has sex, the more likely it is that she faces violence.[8]
   - The isolation and stress that come with child marriage can cause serious psychological problems. One study showed that child brides were more likely to suffer from depression, anxiety and other psychiatric disorders.[9]





6 UNFPA, *Motherhood in Childhood*, 2013.

7 Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013.

8 Action Aid, *Women Won't Wait Campaign, Show us the Money: Is Violence against Women on the HIV&Aids Donor Agenda?*, 2007, as cited in Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013.

9 Le Strat, Y., et al, "Child Marriage in the United States and Its Association with Mental Health in Women", *Pediatrics Journal*, August, 2011, as cited in Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013.

Mock speeches[10]

OPTIONAL GROUP ACTIVITY (30 MINUTES)

5. Divide the participants into three groups and distribute Activity Sheet 2: Community Leader's Speech.

   Participants will work in groups to develop a short, 5-minute speech that explains that child marriage is a problem that affects the entire community. Participants have 15 minutes to prepare their speech.

6. Ask each group to present their speech. A volunteer may present the speech for each group, but everyone has to answer questions from the audience. Guide the discussion by asking questions. Be willing to help the speaker if they are struggling.

7. Record on a flip chart the main points of each speech and discuss the issues that are raised, using the Notes to the facilitator below.

   Note: This is an optional activity and will add to the total training time. An alternative is to guide the participants in a quick brainstorm on consequences of child marriage on the community, using the Notes to the facilitator.

NOTES TO THE FACILITATOR:

How does child marriage impact on the community?

- *Girls that are married at a young age are less likely to participate actively in the development of their communities and the rebuilding their countries after conflict.*
- *Ending child marriage can help break the cycle of poverty. Educated women contribute significantly to the national productivity.*
- *Child marriage perpetuates poverty from one generation to the next. Daughters of girls who married at a young age and who had little education are less likely to exercise their right to education, thus maintaining the cycle of poverty[11].*
- *Women who have completed secondary education spend more on food, housing, education, which boosts local economies and reduces poverty levels[12].*
- *Ending child marriage lessens the burden on health infrastructure and social welfare services.*
- *Ending child marriage increases girls' educational opportunities.*

---

8. Emphasize that child marriage has many severe consequences for the children involved, and affects everyone in the community.

9. Distribute Hand-out 3: Consequences of Child Marriage.

[10] Activity adapted from Raising Voices, *Rethinking Domestic Violence: A Training Process for Community Activists*, 2004.

[11] Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013.

[12] Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013.

SESSION 4: Supporting Married Children

45 minutes

LEARNING OBJECTIVES

✓ Describe what UNHCR can do to respond to the needs of married children

KEY MESSAGES

→ UNHCR has a key role to identify married children and to make sure they are heard and their needs are met.

PREPARATION

- Activity Sheet 1: Anu's Story
- Hand-out 4: Supporting Married Children

Responding to the needs of survivors

GROUP ACTIVITY AND DISCUSSION (30 MINUTES)

1. Distribute Activity Sheet 1: Anu's story. (This is the same story as used for Session 3.) Give participants ten minutes to read the story and discuss the questions.

2. Ask some participants to share their ideas.

3. Draw a circle in the middle of a flip chart with the name *Anu* written in it. List the different community actors around this circle, summarizing participants' ideas on how they can be of help.

NOTES TO THE FACILITATOR:

Case feedback: Examples of things the community could do

- *Community child protection mechanisms can closely monitor Anu's situation and make sure she knows where to go for help in case of any concerns.*
- *As child marriage is not legal in this country, advocacy groups may support her with child-friendly legal information and access to legal services as necessary. Advocacy groups can also promote community awareness on child marriage and the law, ensuring it is a public matter and not a private one.*
- *Community health workers can advocate to help Anu access health services and educate her husband on risks of premature child bearing.*
- *Neighbours can have regular contact with Anu.*
- *A community leader or other respected persons can speak to Anu's husband and her other relatives about the importance of her continuing education and interaction with friends, and the risks of premature child bearing.*
- *Women's groups can mobilize community support, for example, to help with school fees.*
- *Youth groups can encourage Anu's involvement in youth activities, such as vocational learning or social events.*
- *Her aunt can monitor the situation closely and support Anu in handling her new responsibilities as wife and future mother.*
- *Friends can spend time with Anu.*

---

4. Emphasize that for most married children this type of support is not sufficiently mobilized. Often child brides live in isolation.

5. Ask participants to stand in a circle. Put a few flip-chart pages on the floor. Invite participants to map out the existing services – for example, health centre, skills training centre, health centre, youth centre, school – in their operations that can help mitigate the negative outcomes for children already married. While participants draw their map, ask guiding questions, such as:
   - → *Put yourself in Ana's shoes. How could these services be of use to Anu?*
   - → *Would she have access these services?*
   - → *What could make these services accessible and appealing to her?*
   - → *How can these service providers work together with the community actors identified?* (Refer to the flip chart.)

6. Using the Notes to the facilitator, list a few key actions to improve married children's access to support.

NOTES TO THE FACILITATOR:

Improving married children's access to support

Access to health care (including sexual and reproductive health), economic opportunities and education will help married children to have a better future. Children face significant obstacles accessing these services. Their freedom is often curtailed and they may not have access to information about the existing services.

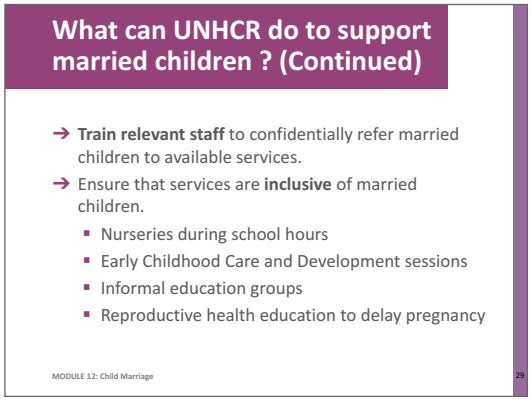
Concerted action by UNHCR, service providers, and community actors is needed to improve married children's access to these services.

- *Make sure information about services is child friendly (for example, by using pictures and illustrations)*
- *Make sure information reaches married children and children at risk. Ensure that girls and boys are not excluded from school on the grounds of marriage, pregnancy or parenthood and that they are supported in continuing their education after marriage, during pregnancy and after childbirth.[13] If married children do not return to school, other children who do may have an important function in supporting their out-of-school married peers by calling attention to protection issues that may arise.*
- *Use health services as an entry to other services, such as formal and informal education, social activities, psychosocial support, legal aid and income generation.*
- *Create safe spaces for adolescent girls and boys – spaces where married girls and those at risk can come together, where both girls and boys (separately or together) support each other and learn about maternal, reproductive and sexual health, including information on contraception, sexually transmitted infections and where they can report concerns.*

[13] Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013.

What can UNHCR do to support married children?

DISCUSSION (15 MINUTES)



7. Using the Notes to the facilitator, highlight specific actions UNHCR can take internally to support and protect married children:

NOTES TO THE FACILITATOR:

Specific actions UNHCR can take to support and protect married children

- *Make sure married children are seen separately from husbands or other relatives during RSD, registration, durable solutions interviews or other encounters with staff. Establish this as standard procedure to avoid raising suspicion and putting the child at greater risk.*
- *Monitor married children of concern closely and in collaboration with specialized child-protection agencies, community-based mechanisms, or organizations with expertise in SGBV or reproductive health. If a married child is at immediate risk, for example, if she faces abuse and/or exploitation, response should first focus on eliminating that risk. Help the child and family find safe solutions that consider her wishes and what is in her best interest. When exploitation is persistent and supported or facilitated by the husband or in-laws, the child may need to be removed from this environment using legal means. If this is necessary, follow the best interest procedure and national law. While this is not always easy, when it comes to children, the primary obligation is to act in the best interests of the child.*
- *Register married children individually and provide them with individual documentation, including refugee or asylum seeker registration documents, and ensure that their children get birth certification.*
- *Train relevant staff (for example health staff, resettlement staff, education staff) to confidentially and with consent refer married children to available services.*
- *Ensure that services targeting adolescent girls and boys are inclusive of, or designed for, married children and that they are included in partner proposals. For example, organise nurseries for young children so that young mothers can attend school; run Early Childhood Care and Development (ECCD) sessions for young mothers and their babies; establish arts and crafts groups, life skills groups and other informal education groups; and support reproductive health education that teaches young women how to delay and plan pregnancy.*

8. Emphasize that supporting married children can only occur if at the same time efforts are also made to create a supportive community environment. This is the topic of the next activity, prevention programming.

9. Distribute Hand-out 4: Supporting Married Children.

SESSION 5: Preventing Child Marriage

70 minutes

LEARNING OBJECTIVES

✓ Describe effective programme interventions that prevent child marriage

KEY MESSAGES

→ Education for girls is one of the best strategies to prevent child marriage.

→ Preventing child marriage requires transforming gender norms and engaging different groups in the community, including children, youth and men.

PREPARATION

- Activity Sheet 3: Preventing Child Marriage in Your Operation
- Hand-out 5: Preventing Child Marriage

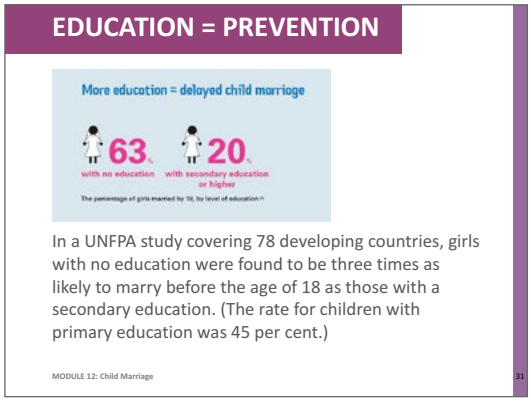
Preventing child marriage

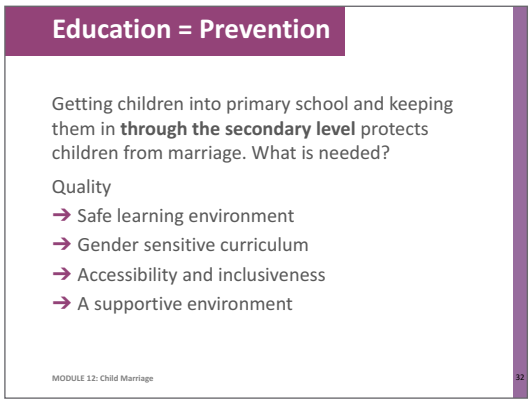
VIDEO AND DISCUSSION (15 MINUTES)

1. Show *Traditions Can Change – Ending Child Marriage*, a 5-minute video produced by Girls Not Brides, which emphasizes that change *can* happen.

   https://www.youtube.com/watch?v=I4v3vq5-z8Y

2. Explain that we will explore how addressing these factors can help end child marriage.





3. Start by highlighting that education for girls is widely recognized as one of the best strategies to prevent child marriage.[14] In developing countries, the more education a girl receives, the less likely it is that she will marry and have children before the age of 18.[15] In a UNFPA study covering 78 developing countries, 63 per cent of girls with no education married before the age of 18. They were three times as likely to marry before the age of 18 as those with a secondary education, who married before 18 at a rate of 20 per cent, while children with primary education married before 18 at a rate of 45 per cent.

4. Using the Notes to the facilitator explain the role of education in child marriage in greater detail.

NOTES TO THE FACILITATOR:

The role of education in ending child marriage

*Getting children at risk into primary school and keeping them in **through the secondary level** protects children from marriage. What is needed?*

Education will only succeed in keeping girls in school if the following factors are addressed.[16] (Note that all these factors are emphasized in UNHCR's Education Strategy).

- ***Quality:** The curriculum should be relevant to girls' needs. It should support future economic opportunities and empower children by providing them with life skills and helping them to use these skills to make informed decisions, including whether, when and whom to marry.*
- ***Safety:** The school and the learning environment must be safe. Concerns about safety, including along the route to school, at school and in sanitation facilities as well as protection from sexual abuse and exploitation, must be addressed.*
- ***Gender sensitive Curriculum:** The curriculum should promote gender equality and human rights. It should include education on sexuality, enabling girls to make their own decisions about sexual and reproductive health. A gender-sensitive curriculum that explicitly addresses gender inequality can help transform the social norms that perpetuate child marriage.*
- ***Accessibility/Inclusiveness:** There are several steps that can be taken. Make extra efforts to include children with disabilities; reach out to at-risk children; provide non-formal education opportunities for those who cannot take part in the formal system; and address financial barriers, for example, by providing incentives to children and their families to encourage them to stay in school or by providing them with livelihood opportunities.*
- ***A supportive environment:** Positive opinions of parents, extended family and influential women and men in the community create an environment in which girls are more likely to remain in school.*

[14] Judith-Ann Walker, *Why Ending Child Marriage Needs to Be an Educational Goal*, 2014

[15] International Centre for Research on Women, *New Insights on Preventing Child Marriage: A global Analysis of Factors and Programs*, 2007

[16] Girls Not Brides, The Global Partnership to End Child Marriage, *Child Marriage and Education*, 2014

5. Ask participants what besides access to quality education is needed to end child marriage. Guide a quick brainstorm. Use the Notes to the facilitator to complement the responses. Point out the Theory of Change on Child Marriage, which was developed by Girls Not Brides.

Global Theory of Change on Child Marriage (Developed by Girls Not Brides)

MODULE 12: Child Marriage 33

NOTES TO THE FACILITATOR:

What needs to be done?

The Global Theory of Change on Child Marriage was developed by Girls Not Brides, a global partnership of more than 450 civil society organizations from over 70 countries working to address child marriage.

The Global Theory of Change sets out four overarching, mutually reinforcing approaches to addressing child marriage.

Empower girls

For girls to refuse marriage, they have to understand and "own" their rights, and be able to support their own life plans. A wide range of programmes should invest in girls, their participation and their well-being.

Programmes should equip girls with training, skills, and information, and provide safe spaces and support networks.

Mobilize families and communities

Enable communities to address deeply rooted gender norms and traditions by engaging families, influential people in the community, young people, children and the media to change attitudes and behaviours related to child marriage. This should be part of broader efforts aimed at elevating women and the status of women and girls in the family and the community. Community members must become aware of the problem and want to do something about it, both in their personal lives and at community level.

Establish and implement laws and policies

National legislations should prohibit child marriage under the age of 18, for both boys and girls, regardless of parental consent. This should be accompanied by both enforcement of legislation and strengthened birth and marriage registration systems. Other relevant laws that protect girls from child marriage are laws on free and compulsory education.

Provide Services

- *Support continuing* ***education opportunities*** *(see above).*
- *Facilitate access to* ***livelihoods****. Livelihood programmes that help families increase economic security also help protect children from child marriage. This can take the form of cash or non-cash incentives, loans or income generation activities. Providing educational activities and livelihood activities for adolescent girls themselves can also help to prevent child marriage. Families and communities begin to see girls as more than just potential brides, but as individuals engaged in meaningful and productive activities that contribute to the family.*
- *Promote* age-appropriate *s****exual and reproductive health information and services****, including access to family planning and contraception.*

Prevention activities in your operation

GROUP ACTIVITY (45 MINUTES)

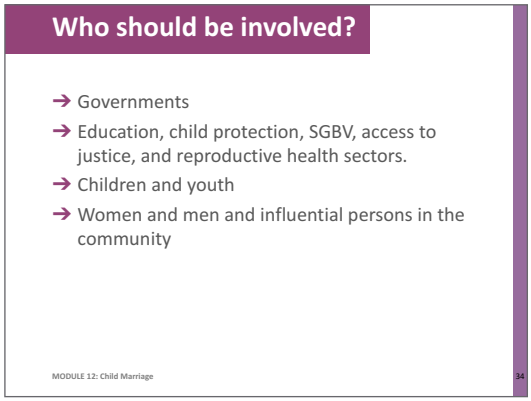
6. Explain to participants that during this activity they will explore appropriate interventions to end child marriage in the community with which they work.

7. Have the group determine the best way to divide into three smaller groups For example, participants involved in the same program or organization may choose to team up.

8. Distribute Activity Sheet 3: Preventing Child Marriage. Allow 30 minutes for the group work.

9. Have groups make in 5-minute presentations on their work. Following each presentation, invite listeners to ask questions and make comments.

10. Use Hand-out 5: Preventing Child Marriage to highlight sample prevention activities not covered by the groups.



11. Drawing on participants' presentations, highlight that ending child marriage requires action at *all levels and across sectors*. Using the Notes to the facilitator, emphasize which actors need to be involved at a minimum.

NOTES TO THE FACILITATOR:

Ending child marriage requires action at all levels (national, regional and local) and across sectors.

- ***Partners at national and international levels*** *must support* ***governments*** *in the development and implementation of action plans to address child marriage, making sure that adequate resources are available at each stage. It is also worth integrating child marriage prevention and support for married girls into related strategies in countries which don't have dedicated action plans to address child marriage.*

- ***Community-based child protection mechanisms*** *should intervene where girls are at risk of marriage and challenge the norms underlying the practice.*

- *Actors in the* ***education, child Protection, SGBV, access to justice, reproductive health sectors*** *must all be involved.*

- ***Children and youth:*** *Emphasize the importance of* ***involving children and young people in prevention activities*** *that advocate for change, for themselves and on behalf of others. Children and young people armed with information and expressing their views on child marriage within their communities are very effective in changing social norms. Peer groups, which spread information about how to prevent pregnancy, are also important. In some countries, children's groups have also been involved in identifying girls at risk of marriage and reporting them through community mechanisms which can in turn intervene with the parents of the children involved. Also by directly providing information to young people, some girls have been able to get to* ***safe*** *places offering shelter for girls who wish to avoid forced marriage.*

- ***Men and influential persons in the community*** *should be engaged in a positive way in ending child marriage. For example, workshops can help men explore negative beliefs about what it is to be a man (e.g., "men decide for women and girls" or "men control girls' sexuality") and replace them with healthier ones (e.g., "men alongside their wives protect their children against harm").*

12. Refer participants to Girls Not Brides and the International Centre for Research on Women (ICRW) website, which includes a policy brief with examples of promising evidence-based programs.[17] Highlight an example of a successful program in participants' countries or regions of the world or ask them to highlight programmes they are aware of.

13. Distribute Hand-out 5: Preventing Child Marriage.

Wrap-up

(10 MINUTES)

14. Ask participants to take a few minutes to reflect on what they have learned from this session and to write down three concrete actions *they* personally will undertake in their respective capacities to strengthen the prevention of and response to child marriage.

15. Ask if there are any participants who desire to share their action points (optional).

16. Address any unanswered questions and sum up with the key messages for the module.
    - Marrying at a young age prevents girls from exercising their right to education, and a lack of access to safe and quality education increases the risk of marrying too young.
    - Legal and policy frameworks, poverty, and unequal gender norms, reinforce this dynamic.
    - To stop child marriage, we need to address *all* factors and causes. But different actors play different roles, and not everyone can or should do everything.

[17] See ICRW, *Solutions to End Child Marriage: Summary of the Evidence*, 2013, available at: http://www.icrw.org/publications/solutions-end-child-marriage-0.

REFERENCES:

Brown, Gordon, *Out of Wedlock, into School: Combating Child Marriage through Education*, 2012, available at: http://goo.gl/ugc8J2

Fried, Susana T., *Women Won't Wait Campaign; Show Us the Money: Is Violence against Women on the HIV&Aids Donor Agenda?*, Action Aid, 2007, available at: http://goo.gl/igQxt4

Girls Not Brides, The Global Partnership to End Child Marriage, "Child Marriage around the World: An Information Sheet", 2014, available at: http://goo.gl/DXpdDF

Girls Not Brides, The Global Partnership to End Child Marriage, "Talking Points: Child Marriage and Maternal and Child Health", 2014, available at: http://goo.gl/hMIWTC

Girls Not Brides, The Global Partnership to End Child Marriage, "Child Marriage and Education", 2014

International Center for Research on Women, "Child Marriage Facts And Figures", available at: http://goo.gl/4ll1xR

International Center for Research on Women and Girls Not Brides, "Solutions to End Child Marriage: Summary of the Evidence", 2013, available at: http://goo.gl/8yaTRn

International Centre for Research on Women, *New Insights on Preventing Child Marriage: A Global Analysis of Factors and Programs*, 2007, http://goo.gl/gC4ZQ

Interagency Youth Working Group, "Addressing Early Marriage of Young and Adolescent Girls", in: *Youth Lens on Reproductive Health and HIV/AIDS*, 2011, available at: http://www.ungei.org/files/YL34e.pdf

Le Strat, Y., et al, "Child Marriage in the United States and Its Association With Mental Health in Women", in: *Pediatrics*, September 2011, available at: http://goo.gl/ulyP1Q

Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013, available at: https://goo.gl/7OdqUi

Raising Voices, *Rethinking Domestic Violence: A Training Process for Community Activists*, 2004, available at: http://goo.gl/TgMuet

United Nations Children Fund, *Early Marriage, Child Spouses*, UNICEF, in: *Innocenti Digest*, Number 7, March 2011, available at: http://goo.gl/Y9a1uy

United Nations Children's Fund, *The State of the World's Children*, Table 9: Child Protection, 2014, available at: http://goo.gl/yLbjqc

UNHCR, *A Framework for the Protection of Children*, 2012, available at: http://www.unhcr.org/50f6cf0b9.pdf

United Nations Population Fund, *Marrying Too Young: End Child Marriage*, 2012, available at: http://www.unfpa.org/end-child-marriage

United Nations Population Fund, *Motherhood in Childhood: Facing the Challenge of Adolescence Pregnancy*, 2013, available at: http://goo.gl/Lgp0L4

Walker, Judith-Ann, "Why Ending Child Marriage Needs to Be an Educational Goal: The Case for Improved Coordination between Ending Child Marriage and Girls' Education Movements in West Africa", 2014, available at: http://goo.gl/WruJI8

International Center for Research on Women, "Child Marriage Facts and Figures", available at: http://goo.gl/4ll1xR

Activity Sheet 1

10 minutes

Anu's Story

When conflict brakes out in Lalita's country, a bomb explodes in her neighbourhood. Her 14-year-old daughter, Anu, is badly hit by shrapnel, causing a severe leg injury. Anu undergoes surgery and now walks with a limp. Lalita feels it is no longer safe for Anu to stay and sends her to join her aunt in a neighbouring country.

Anu hopes to continue her education while staying with her aunt, but since her aunt cannot afford the school fees, Anu has to work instead. Every day she joins her aunt selling newspapers door to door.

Anu has difficulty keeping up with the work due to her limp. She and her aunt face a lot harassment on the streets and being foreigners makes it even worse. They hear rumours about girls being assaulted without receiving any support from the police. Anu's aunt consults with Lalita and both families feel it is best for Anu to get married soon.

"It is a young age to get married," Lalita tells her daughter over the phone. "But because of the conflict, we have no other choice. I would have wanted you to become a nurse, but being a wife will protect you more."

Child marriage is illegal in the country where Anu and her aunt reside, but relevant legislation is not enforced and the local civil servant has no problem signing the marriage certificate. Now, Anu is 15 and married to a 27-year-old bus driver. She does not go to school and has little hope for her future.

QUESTIONS:

- What support might Anu have from people around her?
- How can various community actors help Anu to lead a safe and healthy life?

Activity Sheet 2

15 minutes

Community Leader's Speech

Imagine that you are a community leader. Child marriage is a big issue in your community and you would like to engage the people in your community to do something about it.

Develop a short speech (no more than 3 minutes) that explains to the people in the community that child marriage is a problem that it *affects the entire community*.

The audience will be critical of what is being said, so your group will need to work hard to convince the audience that child marriage really does affect the community and why something needs to be done about it.

One member of your group may volunteer to present the speech, but everyone has to answer questions from the audience of participants.

Activity Sheet 3

30 minutes

Preventing Child Marriage in Your Operation

The purpose of this activity is to think about ways to strengthen and scale up activities aimed at preventing child marriage as part of ongoing prevention work in your operation. Bear in mind that the most effective programmes are those that take a holistic approach that:

- Enable girls to stay in school and receive quality education
- Support and promote children's rights and address the legal framework
- Address economic insecurity
- Enable communities to address social/gender norms

1) Takes a few minutes to reflect on the activities aimed at preventing child marriage in your operation. List existing initiatives on a flip chart.
2) What can be done to scale up and strengthen this work?
3) List additional **concrete** activities you deem appropriate for your operation.
4) Which actors would be involved?
5) Who could be potential partners? Are there, for example, *Girls Not Brides* coalition members, national partnerships or community-based organizations that you could link with?
6) What are some of the challenges you would face?
7) How would you address those challenges?

You have 30 minutes to discuss. Please prepare a short presentation.

Hand-out 1

Understanding Child Marriage[1]

WHAT IS CHILD MARRIAGE?

Child marriage is defined as any marriage – whether under civil, religious or customary law, and with or without formal registration – in which either one or both spouses are children under the age of 18.

Boys are also married under the age of 18, but girls are affected in greater numbers as male spouses are usually older. This is why some argue for using the term: *girl child forced marriage*.

The consequences for girls, especially in terms of their health and well-being, are also more severe. Nevertheless, for boys the consequences can also be serious. For example, the pressure to become the main family provider is also a rights violation.

Before the age of 18, a child is not physically, emotionally and psychologically developed enough for the responsibilities and the consequences of marriage and child bearing.

In some displacement settings child marriage can also take the form of a child being sold for a bride price into a **temporary marriage** (or marriages). Such transactions are a form of sexual exploitation.

QUESTIONS AND ANSWERS:

- Does child marriage involve violence? Being married at a young age increases chances of physical violence. Nearly all married children face sexual abuse because children are not considered able to consent to sexual relationships. Often, married children face emotional/psychological violence and are denied access to resources and/or services.
- Is child marriage linked to poverty? Yes, in developing countries, children in poor households are more at risk. And countries with high poverty rates show relatively high child marriage rates. But, although poverty perpetuates child marriage, and child marriage perpetuates poverty, the root cause of the practice is deeply rooted gender norms and unequal power relationships, i.e., the low status of women and girls.
- Is it linked to education? Yes, girls in school are much less likely to get married at a young age.
- Is it against the child's will? Usually the child has little to say in whom they marry. Even if the child "agrees", children are not considered able – due to their age – to give their free, full and informed consent and are often subject to marriage under coercion or threat. Even if the child gives "consent", this is usually under influence of economic factors, family pressure and social norms. Children also often do not understand the consequences of marriage. They may agree to the marriage but cannot comprehend what they are agreeing to.
- Does it inflict harm? Yes, it has devastating consequences on a child's health, including sexual and reproductive health, mental health and psychosocial well-being. It also affects educational and socio-economic opportunities and can have negative legal implications. Of course, the *levels* of harm will depend on the age and gender of the child, the relationship with the spouse and circumstances of the marriage, and the support that the child receives from family and friends.

[1] Content partly drawn and adapted from: Plan International, A *Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013

THE LEGAL FRAMEWORK

The **Universal Declaration on Human Rights** stipulates that recognition of marriage is subject to "free and full" agreement on the part of both consenting ***adults***.

The United Nations **Convention on the Rights of the Child** (CRC) defines a child as any "human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier".

The CRC Committee has recommended that State parties increase the minimum age for marriage with or without parent consent to 18 years, for both boys and girls.

Child marriage infringes on several rights enshrined in the CRC:

- The right to survival, health and development
- The right to protection from violence, abuse and exploitation
- The right to education
- The right to full participation in family, cultural and social life, including participating in decision that affect the child

The **Convention of the Elimination of All Forms of Discrimination Against Women** states that child marriage should not be permitted and that the "betrothal and the marriage of a child shall have no legal effect".

Child marriage is prohibited by international human rights law and by many regional and national laws. For example, the **African Charter on Rights and Welfare of the Child** (1999) states that marriage under the age of 18 shall be prohibited and legislation adjusted accordingly.

THE SCOPE

Child marriage occurs around the world and cuts across cultures, religions and ethnicities. In South Asia, 46 per cent of girls under 18 are married; that percentage is 39 per cent in sub-Sahara Africa; 29 per cent in Latin America and the Caribbean; and 18 per cent in the Middle East and North Africa.[2] Child marriage is also present in some communities in Europe and North America. A few facts:

- One in three girls in the developing world is married before 18.[3]
- Approximately 14 million girls are married every year before the age of 18, approximately 39,000 every day. One in nine girls in the developing world is married before 15, or 1.5 million every year.[4]

[2] UNICEF, *The State of the World's Children*, Table 9: Child Protection, 2014.

[3] UNFPA, *Marrying Too Young: End Child Marriage*, 2012.

[4] Gordon Brown, *Out of Wedlock, into School: Combating Child Marriage through Education*, 2012.

Hand-out 2

Why Does Child Marriage Occur?

The underlying factors that contribute to child marriage are complex, interrelated and vary from context to context. Several key common factors cause and perpetuate the practice in all spheres of the Ecological Model.

INDIVIDUAL LEVEL:

- **Poverty:** Girls living in poor households are almost twice as likely to marry before 18 as girls in higher income households.[5] For some families, marrying out a daughter brings needed income, which can resolve debts and lessen the financial burden on the household.
- **Education:** Girls with higher levels of schooling are less likely to marry as children.[6] Over 60 per cent of married children have had no formal education.[7]
- **Religion:** According to a study by the International Center for Research on Women (ICRW), no one religious affiliation is particularly associated with child marriage. Rather, a variety of religions are associated with child marriage in countries throughout the world.[8]
- **Other individual risk factors:** Separated or unaccompanied minors as well as children with disabilities face increased risks of SGBV in general. More research needs to be conducted to establish whether there is any correlation with child marriage in specific.

COMMUNITY LEVEL:

- **Poverty:** Child marriage is most common in the world's poorest countries.[9] Rates of child marriage are higher in poor communities and in rural areas. Where there is a lack of adequate and safe employment opportunities for women and girls, parents may choose marriage as the best option for their daughters.
- **Education:** Where girls have no access to quality, safe education, parents may see marriage as the best alternative. Rates of child marriage are higher in communities where there is a lack of educational opportunities.
- **Conflict and displacement:**
  - With a lack of educational and economic opportunities in displacement settings, parents may view child marriage as a viable option to provide for their daughter's future.
  - Parents may marry off a young daughter to obtain immediate income from bride wealth, or to "have one mouth less to feed".
  - Displacement also impacts what men can afford to pay for a bride prices, which leads to marriage of even younger children, who typically bring lower bride prices.

---

5 International Center for Research on Women, "Child Marriage Facts and Figures", available at: http://www.icrw.org/child-marriage-facts-and-figures.

6 Ibid.

7 Judith-Ann Walker, *Why Ending Child Marriage Needs to Be an Educational Goal*, 2014.

8 See footnote 1.

9 Girls Not Brides, *Child Marriage around the world: An Information Sheet*, 2014.

- Sometimes child marriage is seen as protection against other risks such as sexual violence or harassment. The intention is to protect the girl or to protect the perceived 'honor' of the family (if defined in terms of the girls' sexuality).
- There have been examples of families who marry off a child hoping to facilitate resettlement based on the misconception that the child will be able to accompany her husband or in-laws during resettlement.
- While there is little research to support the supposition, separated children, unaccompanied minors or children already exposed to sexual violence may be more vulnerable to child marriage. On the other hand, depending on the marriage culture, unaccompanied or separated children may be less likely to be married because families may be less willing to pay a bride price for them.
- If a girl, driven by poverty to engage in survival sex (exchanging sex for basic goods or services), becomes pregnant, she may be forced by her family to marry or live with the perpetrator.
- In cases where sexual violence results from conflict or displacement, a child survivor may be forced to marry or live with the perpetrator of violence against them.
- In displacement, families may hold on more strongly or conservatively to certain cultural practices (such as child marriage) out of fear of losing their traditions while in exile.

- **Traditions [10]:** Certain traditions or cultural practices around marriage perpetuate child marriage.
  - Dowry and bride wealth may create economic incentives for child marriage. For example, families may pay lower dowries, or receive a higher bride price, when marrying off a young daughter[11].
  - In some communities child marriage can be seen as a means to solidify relations between families, settle disputes or seal deals over land and property.
  - A high value is sometimes placed on preserving girls' pre-marital virginity and/or in protecting the family from shame attached to sex outside marriage.
  - The belief in some communities that having intercourse with a virgin can cure HIV infection may also be a driving factor for child marriage.
- **Lack of law enforcement:** Even when national legislative systems prohibit child marriage, applicable laws may not be effectively enforced for a variety of social, financial or political reasons.
- **Weak birth registration systems:** In countries where children are not allowed to marry under 18, weak birth registration systems prevent parents from having to prove that their daughters have reached the minimum age for marriage (Girls not Brides, 2014).

[10] Adapted from Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013.

[11] Girls not Brides, *Child Marriage around the World: An Information Sheet*, 2014

SOCIETY LEVEL:

- **Gender norms**

  Gender norms and unequal power relationships is the root cause of child marriage. When women and girls are assigned a lower status than men and boys, there may be effects at the societal level directly or indirectly linked with child marriage:

  - Parents may prioritize boys' education over that of girls.
  - Girls are assigned roles at home and are praised and raised to fulfill the role of wife and mother with no other expectations.
  - Men are socialized to feel ownership over women and girls.
  - Women are not assigned economically productive roles or seen as leaders within their community.[12]

- **Legal framework:**
  - National legislative systems may allow marriage at an age younger than 18.
  - Legislative systems may be gender biased and set lower minimum age for marriage girls than for boys.
  - Even if the formal minimum age for marriage is 18, in many countries customary or religious laws are not harmonized with the national legislative systems, and child marriages are often conducted under these informal laws[13] (Girls Not Brides, 2014).

[12] Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013.

[13] Girls not Brides, *Child Marriage around the World: An Information Sheet*, 2014

Hand-out 3

Consequences of Child Marriage

Consequences for the child	
Health	**Mental health and psychosocial**
Married children are at greater risk of health problems related to premature (and forced) intercourse and premature pregnancy and childbearing, compounded by a lack of access to reproductive health services and information. Consequences include: • Mother and child mortality • Premature labour • Miscarriage • Complications during delivery including obstetric fistula • Higher risk of contracting HIV due to marriage to older, more sexually experienced men.[1] Girls may face physical violence at the hands of husband and/or in-laws. Girls may face forced sexual relations, including marital rape and/or rape by extended family members. Consequences for the children of child marriages: • Still birth • Infant mortality • Low birth weight • Other health consequences (such as malnutrition or not being vaccinated) if the mother lacks the knowledge and capacity to look after them adequately	Married children may be isolated from their families. They may be denied interaction with peers. Assigned roles and responsibilities are those for which a child is psychologically or physically unprepared. Married children receive little support for dealing with child bearing, parenthood, marriage and domestic duties. They may be denied personal freedom or be confined to the home. They are often excluded from decision making in the family. They are often deprived of education and other opportunities for learning new skills and personal development. They face increased risk of domestic violence (emotional sexual, physical). Girls who run home to their parents may be subjected to abuse and sent back to their husbands. If the husband dies, the child/young woman can face discrimination as a widow. *All these factors affect emotional well-being and can lead to psychological problems, such as depression.*

[14] International Center for Research on Women, "Child Marriage Facts And Figures", available at: http://www.icrw.org/child-marriage-facts-and-figures.

Legal implications	Socio-economic consequences
The law provides no protection if child marriage is not criminalized or existing laws are not enforced. Girls who refuse to marry their chosen partner or who run away may be punished or even killed by their family. If the husband passes away, a girl may be forced to marry one of his relatives. If she resists, she may be treated as an outcast. In case of abandonment or divorce, girls may be denied property rights.	Married children are often denied educational and economic opportunities, which creates full dependence on the husband and prevents the child from becoming a self-sustaining individual. Child brides and their children are likely to continue living in poverty. In the case of abandonment, divorce, or death of the husband, the girl/woman is often left without any work experience or qualifications and forced into poverty. If, as is common, she has not been involved in the family finances or decision-making, she will often have no financial literacy. In some communities, a young wife is abandoned if she does not bear children. Married children can face denial of inheritance and property rights if the husband passes away.

CONSEQUENCES AT COMMUNITY AND SOCIETY LEVEL:

- Girls that are married at a young age are less likely to participate actively in the development of their communities and the rebuilding their countries after conflict.
- Ending child marriage can help breaking the cycle of poverty. Educated girls contribute significantly to national productivity.
- Child marriage passes on poverty from one generation to the next; daughters of girls who married at a young age and who enjoyed little education are less likely to exercise their right to education, thus helping to maintain the cycle of poverty[15].
- Women who have completed secondary education spend more on food, housing, education, which boosts local economies and reduces poverty levels[16].
- Ending child marriage lessens the burden on health infrastructure and social welfare services.
- Ending child marriage increases girls' educational opportunities.

[15] Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013

[16] Ibid.

Hand-out 4

Supporting Married Children

Access to health care, including sexual and reproductive health, economic opportunities and education will help married children to have a better future. These children face significant obstacles accessing these services. Their freedom is often curtailed and they may not have access to information about the existing services.

Concerted action by UNHCR, service providers and community actors is needed to improve married children's access to these services.

- Make sure information about services is child friendly (for example, by using pictures and illustrations). Make sure information reaches married children and children at risk.
- Ensure that girls and boys are not excluded from school on the grounds of marriage, pregnancy or parenthood and that they are supported in the completion of their education after marriage, during pregnancy and after childbirth.[17] If married children do not return to school, other children who do may have an important function in supporting their out-of-school married peers by calling attention to protection issues that may arise.
- Use health services as an entry to other services, such as formal and informal education, social activities, psychosocial support, legal aid and income generation.
- Create safe spaces for adolescent girls and boys – spaces where married girls and those at risk can come together, where both girls and boys (separately or together) support each other and learn about maternal, reproductive and sexual health, including information on contraception, sexually transmitted infections and where they can report concerns.

[17] Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013.

SPECIFIC STEPS UNHCR CAN TAKE TO HELP MARRIED CHILDREN

- Make sure married children are seen separately from husbands or other relatives during RSD, registration, durable solutions interviews or other encounters with staff. Establish this as standard procedure to avoid raising suspicion and putting the child at greater risk.
- Monitor married children of concern closely and in collaboration with specialized child-protection agencies community-based mechanisms, or organizations with expertise in SGBV or reproductive health. If a married child is at immediate risk, for example, if she faces abuse and/or exploitation, response should first focus on eliminating that risk. Help the child and family find safe solutions that consider her wishes and what is in her best interest. When exploitation is persistent and supported or facilitated by the husband or in-laws, the child may need to be removed from this environment using legal means. If this is necessary, follow the best interest procedure and national law. While this is not always easy, when it comes to children, the primary obligation is to act in the best interests of the child.
- Register married children individually and provide them with individual documentation, including refugee or asylum seeker registration documents, and ensure that their children get birth certification.
- Train relevant staff (for example health staff, resettlement staff, education staff) to confidentially and with consent refer married children to available services.
- Ensure that services targeting adolescent girls and boys are inclusive of, or designed for, married children and that they are included in partner proposals. For example, organise nurseries for young children so that young mothers can attend school; run Early Childhood Care and Development (ECCD) sessions for young mothers and their babies; establish arts and crafts groups, life skills groups and other informal education groups; and support reproductive health education that teaches young women how to delay and plan pregnancy.

Hand-out 5

Preventing Child Marriage[18]

Preventing child marriage requires recognition of the various factors that contribute to the perpetuation of the practice. These include economic factors (e.g., the need to support many children, paying a lower bride price), structural factors (e.g., lack of educational opportunities), and social factors (e.g., sense of tradition and social obligation, risk of pregnancy out of wedlock, avoiding criticism whereby older unmarried girls may be considered impure).[19]

The most effective interventions aimed at preventing child marriage are those that take a holistic approach: supporting and promoting children's rights, enabling girls to stay in school and receive a quality education, addressing economic insecurity and enabling communities to address the gender norms that form the root cause of child marriage.

INCREASE ACCESS TO AND COMPLETION OF QUALITY PRIMARY AND SECONDARY EDUCATION

Education will only succeed in keeping girls in school if the following factors are addressed[20]:

- **Quality:** The curriculum should be relevant to girls' needs. It should support future economic opportunities and empower children by providing them with life-skills and helping them to use these skills to make informed decisions, including whether, when and whom to marry.
- **Gender sensitive curriculum:** The curriculum should promote gender equality and human rights. It should include education on sexuality, enabling girls to make their own decisions about sexual and reproductive health. A gender-sensitive curriculum that explicitly addresses gender inequality can help transform the social norms that perpetuate child marriage.
- **Safety:** The learning environment must be safe. Concerns about the safety, including along the route to school, safety at school, sexual abuse and exploitation and sanitation facilities, all must be addressed.
- **Accessibility/Inclusiveness:** There are several steps that can be taken. Make extra efforts to include children with disabilities; reach out to at-risk children; provide non-formal education opportunities for those who cannot take part in the formal system; and address financial barriers, for example, by providing incentives to children and their families to encourage them to stay in school or by providing them with livelihood opportunities.
- **A supportive environment:** Positive opinions of parents, extended family and influential women and men in the community create an environment in which girls are more likely to remain in school.

---

18 Adapted from Plan International, *A Girls' Right to Say No to Marriage: Working to End Child Marriage and Keep Girls in Schools*, 2013.

19 UNICEF, "Child Marriage", 2014, available at" http://www.unicef.org/protection/57929_58008.html.

20 Girls Not Brides, *The Global Partnership to End Child Marriage Child Marriage and Education*, 2014.

STRENGTHEN NATIONAL LEGISLATIVE FRAMEWORKS

Legislation prohibiting child marriage provides a framework for protection *and* provides guidance and legitimacy for actions at community level that attack the root cause of child marriage. Legislative action challenges the idea that child marriage is a private matter or a cultural practice.

There are many actions that can be taken:

- Establish partnerships and alliances among humanitarian organizations, human and child rights groups, judges, prosecutors and others to advocate for legislation prohibiting marriage below the age of 18 for both boys and girls, with or without parental consent.
- Provide legal aid and material and practical support for children and parents who wish to take legal action (for example, a mother who opposes her child's marriage).
- Advocate for informal legal systems to conform to international human rights standards and support change as it happens.
- Help authorities monitor and enforce laws prohibiting child marriage. For example, provide training to key institutions and for officials, such as law enforcement officers, child protection bodies and civil servants.
- Advocate for the enforcement of birth and marriage registration. It is more difficult to enforce the legal age of marriage when children are not registered at birth.
- Raise awareness on laws prohibiting child marriage with teachers, community members, child-protection mechanisms, parents, children and adolescents.

SUPPORT ECONOMIC AND LIVELIHOOD OPPORTUNITIES

Reducing the financial motivations for child marriage requires economic empowerment of both girls and boys and their families. This could including providing livelihood opportunities or vocational training for girls who are out of school and scholarships or incentives for those who remain in school.

INCREASE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES

- Promote age-appropriate sexual and reproductive health information and services for both girls and boys – including access to family planning and contraception.
- Encourage education on sexual and reproductive health rights in non-formal settings and its inclusion in formal curricula.

CREATE AN ENVIRONMENT FOR CHANGE; TRANSFORMING GENDER AND SOCIAL NORMS

Ending child marriage requires engaging, educating and enabling parents, families and communities to challenge the negative norms and practices underpinning child marriage.

- Work with men in the community to transform negative masculinity norms that give rise to child marriage. For example, through workshops, men can explore negative beliefs about what it is to be a men (e.g., "men decide for women and girls" or "men control girls' sexuality") and replace these with healthier norms (e.g., "men along with their wives protect their children against harm").
- Engage in dialogue with parents and community leaders to create more support for parents who decide not to marry out their daughters at a young age.
- Enable teachers, community-based child-protection mechanisms, peer educators, community health workers and community leaders to engage in dialogue (using arts, theatre, and storytelling) with the community on child marriage and other harmful practices and on the benefits of girls' education.
- Use public education campaigns at the national level to raise awareness of the existing national and international laws prohibiting child marriage, the benefits of keeping girls in school and the harmful consequences of child marriage.
- Encourage the direct involvement of children and youth in advocating to end child marriage. Create and support opportunities for girls and boys to have their voices heard and to participate meaningfully in community and national debates and initiatives to end child marriage.
- Provide girls and boys with opportunities and safe spaces to receive information, life-skills training and interact with peers. This can empower girls and boys to act as positive agents of change within their community and enables them to advocate for themselves and on behalf of others. Life-skills can give them the confidence and ability to make their own decisions about whether, whom, and when to marry, along with decisions about sexual and reproductive health.

ENDING CHILD MARRIAGE: WHO SHOULD BE INVOLVED?

Ending child marriage requires action at all levels (national, regional and local) and across sectors.

- **Partners at a national and international level** to support **governments** in their action plans to eliminate child marriage
- **Community-based child protection mechanisms** to intervene where girls are at risk of marriage and to challenge the norms underpinning child marriage
- Actors in the **Education, child protection, SGBV, access to justice, reproductive health sectors must all be involved**
- **Children and youth** to advocate for change for themselves and on behalf of others
- **Men and influential persons in the community** engaged in a positive way in ending child marriage

Pre-/Post-test

Module 12: Child Marriage

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your responses will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) Child marriage is any formal union in which either one or both spouses are children under the age of 18.
   b) A child is emotionally and psychologically not developed enough for the responsibilities and the consequences of marriage.
   c) Child marriage rates correlate with decreased educational opportunities.
   d) Child marriage occurs in all countries regardless of social economic status.
   e) The Committee on the Convention on the Rights of the Child has recommended that State parties worldwide increase the minimum age of marriage to 16 years.
   f) Child marriages are considered to be forced marriages.

2. Which of the following are considered causes or contributing factors that perpetuate child marriage? Choose all that apply:
   a) Low status of women and girls
   b) Poverty
   c) Traditional practices such as dowry or bride wealth
   d) The looks of a girl
   e) Lack of access to quality education
   f) Legislation that is permissive of child marriage
   g) Conflict and displacement
   h) The superstition that having sexual intercourse with a virgin cures HIV/AIDS

3. Which of the following are appropriate prevention strategies? Choose all that apply:
   a) Increasing awareness of sexual and reproductive health rights
   b) Raising fees to register a child marriage
   c) Ensuring that all married female refugees are individually registered
   d) Keeping children in school through the secondary level
   e) Improving birth registration systems
   f) Setting the minimum age for marriage at 18
   g) Supporting youth to act as positive agents of change within their community
   h) Supporting economic and livelihood opportunities
   i) Working with men in the community to challenge gender norms

4. Explain in your own words how conflict and displacement can increase the risk of child marriage.

5. Please list two examples of consequences related to child marriage for each category.
   - Health consequences:
   - Consequences for mental health and psychosocial well-being:
   - Socio-economic consequences:
   - Legal implications:

Pre-/Post-test: Answer Sheet

Module 12: Child Marriage

(Correct responses are highlighted in **bold**)

1. True or False? Please select all TRUE statements.
   a) Child marriage is any formal union in which either one or both spouses are children under the age of 18.
   b) A child is emotionally and psychologically not developed enough for the responsibilities and the consequences of marriage.
   c) Child marriage rates correlate with decreased educational opportunities.
   d) Child marriage occurs in all countries regardless of social economic status.
   e) The Committee on the Convention on the Rights of the Child has recommended that State parties worldwide increase the minimum age of marriage to 16 years.
   f) Child marriages are considered to be forced marriages.

2. Which of the following are considered causes or contributing factors that perpetuate child marriage? Choose all that apply:
   a) Low status of women and girls
   b) Poverty
   c) Traditional practices such as dowry or bride wealth
   d) The looks of a girl
   e) Lack of access to quality education
   f) Legislation that is permissive of child marriage
   g) Conflict and displacement
   h) The superstition that having sexual intercourse with a virgin cures HIV/AIDS

3. Which of the following are appropriate prevention strategies? Choose all that apply:

   a) Increasing awareness of sexual and reproductive health rights

   b) Raising fees to register a child marriage

   c) Ensuring that all married female refugees are individually registered

   d) Keeping children in school through the secondary level

   e) Improving birth registration systems

   f) Setting the minimum age for marriage at 18

   g) Supporting youth to act as positive agents of change within their community

   h) Supporting economic and livelihood opportunities

   i) Working with men in the community to challenge gender norms

NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exclusive; they serve as *examples* of correct answers.

4. Explain in your own words how conflict and displacement can increase the risk of child marriage.

   - **With a lack of educational and economic opportunities in displacement settings, parents may view child marriage as a viable option to provide for their daughter's future.**
   - **Parents may marry off a young daughter to obtain immediate income from bride wealth, or to "have one mouth less to feed".**
   - **Displacement also impacts what men can afford to pay for a bride prices, which leads to marriage of even younger children, who typically bring lower bride prices.**
   - **Sometimes child marriage is seen as protection against other risks such as sexual violence or harassment. The intention is to protect the girl or to protect the perceived 'honor' of the family (if defined in terms of the girls' sexuality).**
   - **There have been examples of families who marry off a child hoping to facilitate resettlement based on the misconception that the child will be able to accompany her husband or in-laws during resettlement.**
   - **While there is little research to support the supposition, separated children, unaccompanied minors or children already exposed to sexual violence may be more vulnerable to child marriage. On the other hand, depending on the marriage culture, unaccompanied or separated children may be less likely to be married because families may be less willing to pay a bride price for them.**
   - **If a girl, driven by poverty to engage in survival sex (exchanging sex for basic goods or services), becomes pregnant, she may be forced by her family to marry or live with the perpetrator.**
   - **In cases where sexual violence results from conflict or displacement, a child survivor may be forced to marry or live with the perpetrator of violence against them.**
   - **In displacement, families may hold on more strongly or conservatively to certain cultural practices (such as child marriage) out of fear of losing their traditions while in exile.**

5. Please list two examples of consequences related to child marriage for each category.
   - Health consequences:
   - Consequences for mental health and psychosocial well-being:
   - Socio-economic consequences:
   - Legal implications:

   For possible responses: see Hand-out 3: Consequences of Child Marriage.

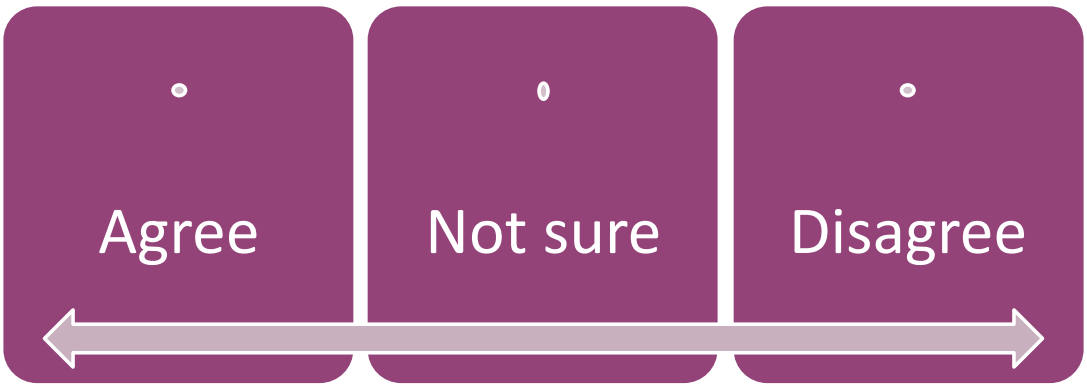
Learning Objectives

- Describe what is meant by the term *child marriage* and describe the legal framework governing child marriage
- Identify the root causes and contributing factors that lead to child marriage
- Describe the consequences of child marriage
- Describe what UNHCR can do to respond to the needs of married children
- Describe effective programme interventions that prevent child marriage

What is child marriage?

- ➔ Before the age of 18 years
- ➔ Formal or an informal union
- ➔ Affects mostly girls, but also boys
- ➔ Not confined to any one culture or religion
- ➔ By legal definition of consent: forced

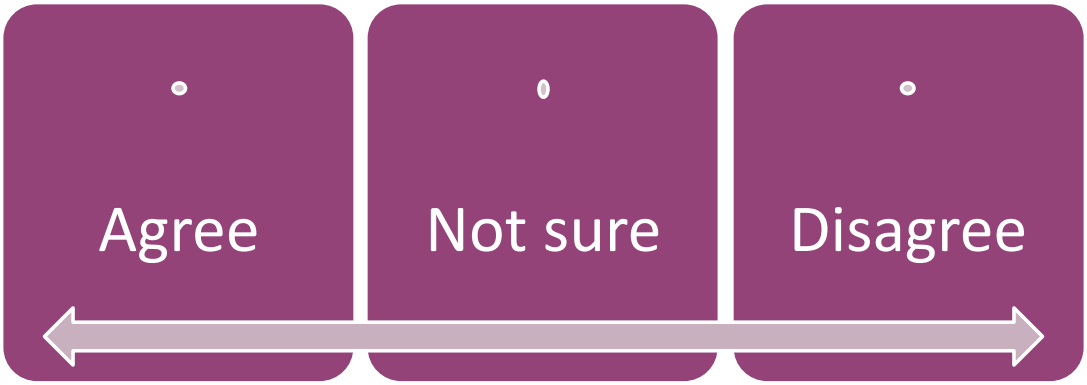
Child marriage is a form of violence.



Yes, child marriage is a form of violence.

- ➔ It has clear elements of **emotional/psychological** violence.
- ➔ It deprives a child of access to **opportunities** and **services.**
- ➔ Married children are at increased risk of **domestic violence.**
- ➔ In most cases, the child faces **sexual abuse.**

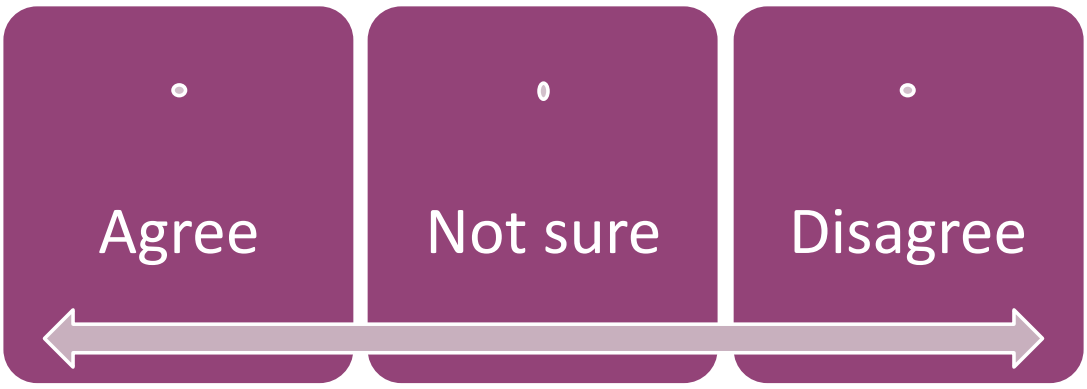
Poverty increases rates of child marriage.



Yes, poverty increases rates of child marriage.

- ➔ In developing countries, children in poor households are more at risk.
- ➔ Worldwide, children in poorer countries are more at risk.
- ➔ However, the root cause of child marriage is deeply rooted gender norms and unequal power relationships.

Education reduces child marriage.

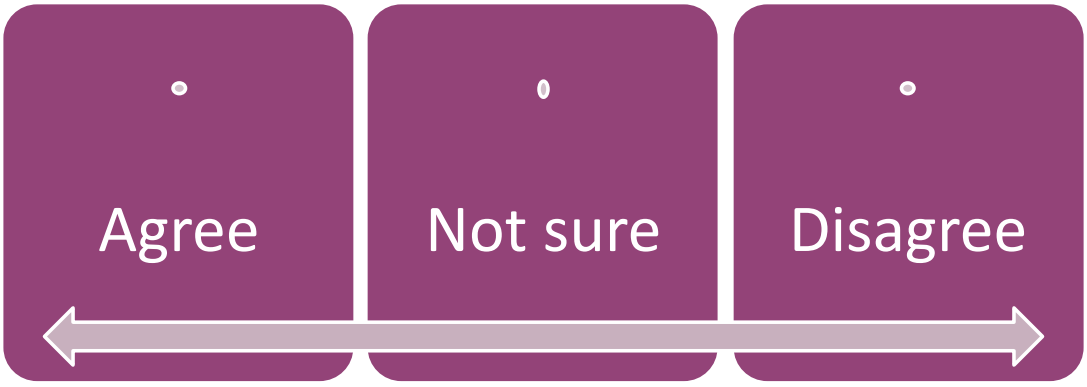


Yes, education reduces chances of child marriage.

➔Girls in school are much less likely to get married at a young age.

➔Ending child marriage increases girls' educational opportunities.

Child marriage is against the will of the child.



Yes, child marriage *is* against the will of the child

➔Child has little to say in whom and when they marry.

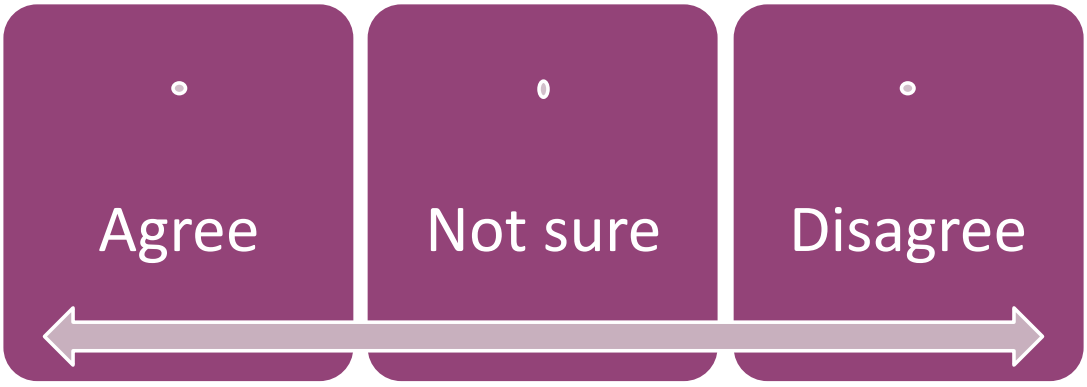
➔Often they are married under **coercion** or **threat** to obey.

➔Even if the child "agrees", children are not considered able – due to their age – to give their free, full and informed **consent**.

➔A child's agreement may be affected by:

- Not comprehending what they are agreeing to
- Lack of understanding of the consequences
- Influence of economic factors, family pressure and social norms.

Child marriage is harmful.



Yes, child marriage *is* harmful

➔It seriously affects a child's health, psychosocial well-being and socio-economic opportunities.

➔It can have **negative legal** implications, too.

➔The levels of harm will depend on the **age** of the child, the **relationship** with the spouse and **circumstances** of the marriage, and the **support** that the child receives from family and friends.

Child marriage is a form of SGBV

Sexual and Gender-Based Violence refers to any act perpetrated **against a person's will** based on gender norms and unequal power relationships.

It encompasses threats of violence and coercion. It can be physical, emotional, or psychological, and sexual in nature or can take the form of a denial of resources or access to services.

It inflicts harm on women, girls, men and boys.

Universal Declaration on Human Rights:

➔ Recognition of marriage is subject to **"free and full" agreement** on the part of both consenting *adults.*

Convention on the Rights of the Child (CRC)

➔ Child: below the age of 18 years

➔ State parties should increase the minimum age for marriage to 18 years, for both boys and girls – with and without parental consent.

➔ Child marriage infringes the right to:

- Survival
- Health and development
- Protection from violence, abuse and exploitation
- Education
- Full participation in family, cultural and social life, including in decisions affecting the child

Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW)

- ➔ Child marriage should not be permitted.
- ➔ The "betrothal and marriage of a child shall have no legal effect."

National Legislation

- ➔ Legislation and policy in your operation?

Do you know?

➔ How many girls in the developing world marry before 18?

1 out of 3

14 million per year

Approximately 39,000 girls every day

➔ How many of those are younger than 15?

1 out of 9 children

1.5 million children each year

Across countries, cultures, religions and ethnicities

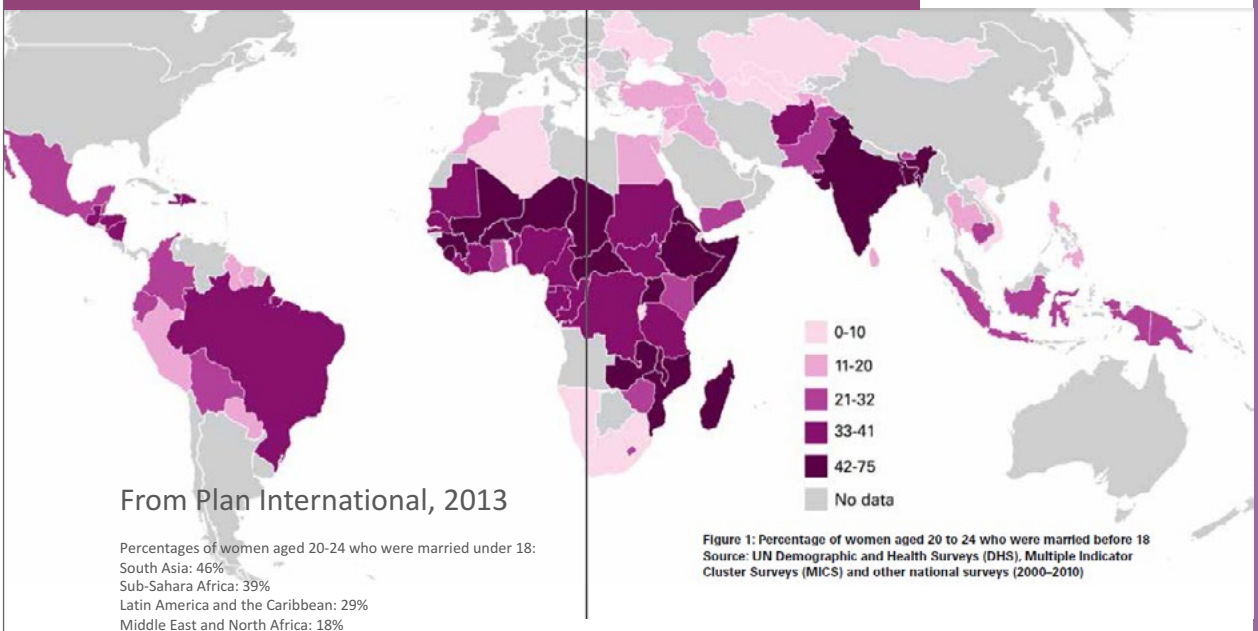
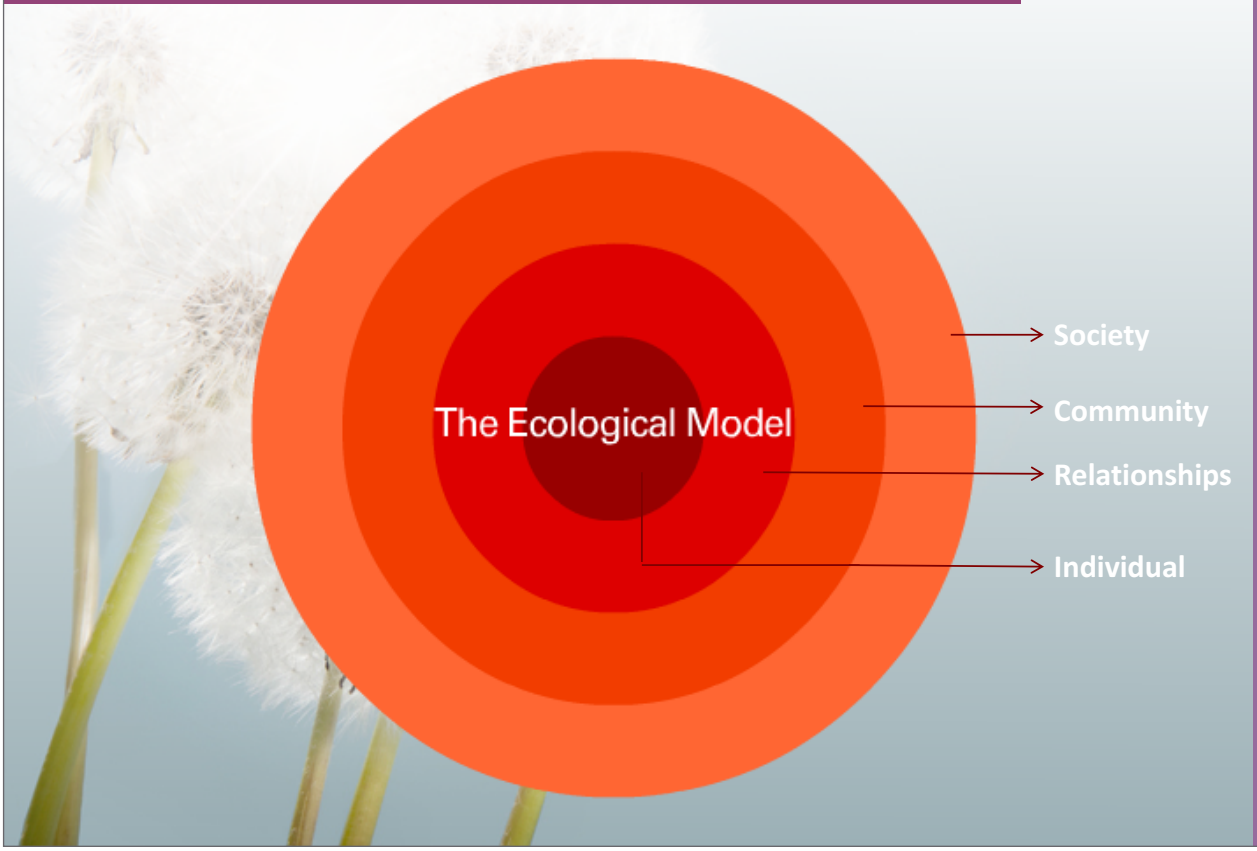


Figure 1: Percentage of women aged 20 to 24 who were married before 18
Source: UN Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys (2000–2010)

From Plan International, 2013

Percentages of women aged 20-24 who were married under 18:
South Asia: 46%
Sub-Sahara Africa: 39%
Latin America and the Caribbean: 29%
Middle East and North Africa: 18%
Child marriage occurs in some communities in Europe and North America, too.

Factors Contributing to SGBV



21

Video

https://goo.gl/7MVzE6

MODULE 12: Child Marriage

22

Group Work

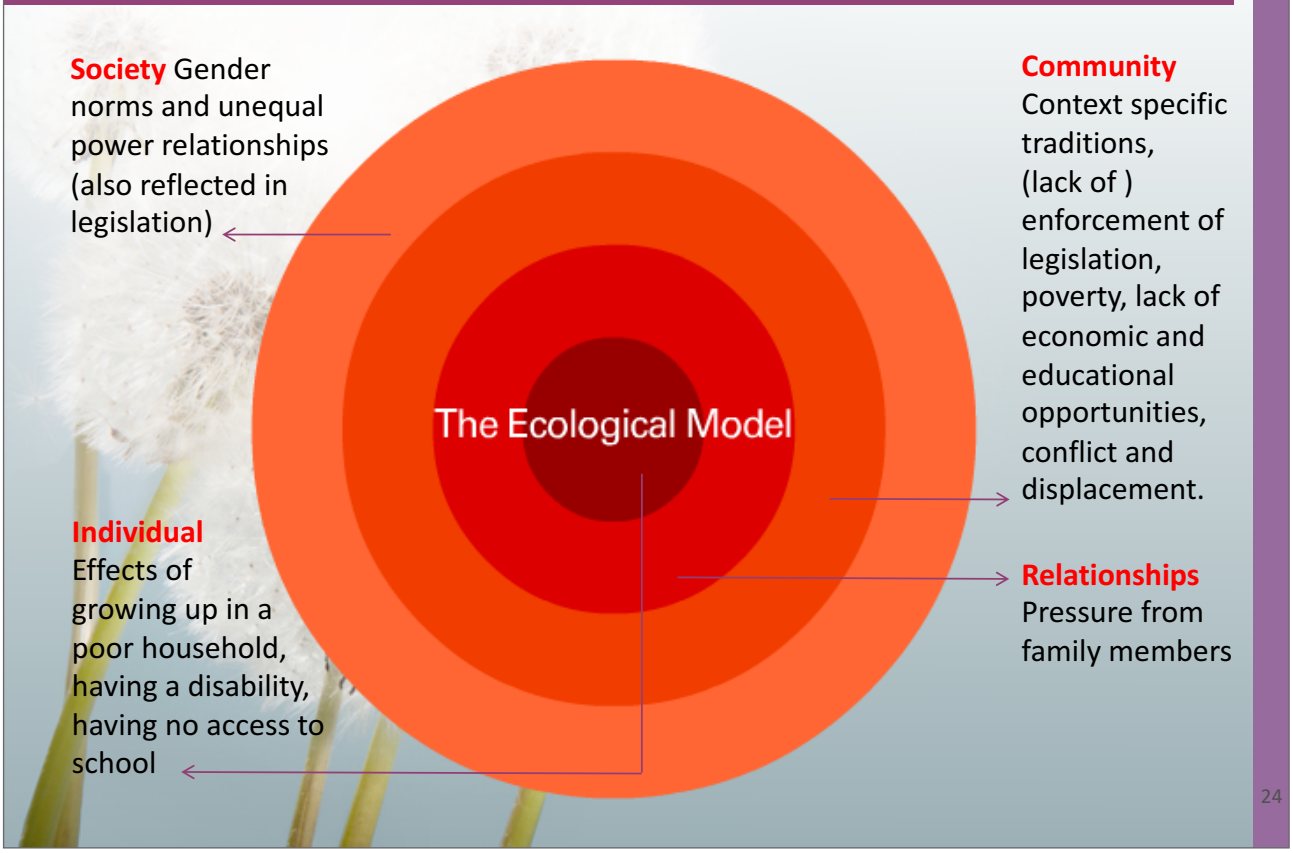
Identify examples of factors causing or perpetuating child marriage at one of the following levels:

Group 1) Society level

Group 2) Community level

Group 3) Individual and relationship level

Factors Contributing to Child Marriage



The Consequences of SGBV

Did you know?

- Complications arising from pregnancy are among the leading causes of death among girls ages 14 to 15 in the developing world. *(UNFPA)*
- Researchers in nine countries failed to find one girl who had returned to school once married. *(Plan International, 2013)*
- Studies show that the younger a girl is when she first has sex, the more likely it is that she will face violence. *(Action Aid, 2007)*
- Child brides were more likely to suffer from depression, anxiety and other psychiatric disorders. *(Pediatrics Journal, 2011)*

How can we improve married children's access to support?

- ➔ Information about services should be child-friendly (e.g., use pictures and illustrations).
- ➔ Information should reach married children and children at risk.
- ➔ Use health services as an entry to other services.
- ➔ Create safe spaces for adolescent girls and boys.

What can UNHCR do to support married children?

- ➔ Make sure married children are interviewed separately from spouses or other relatives and establish this as standard procedure to avoid raising suspicion and putting the child at greater risk.
- ➔ Conduct a best interest procedure. Refer to specialized child protection agency or community based mechanism, or organization with expertise in SGBV to monitor the situation closely.
- ➔ Register married children individually and provide them with individual documentation.

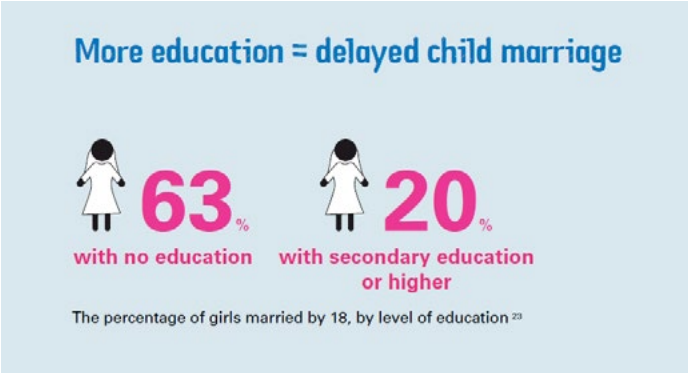
What can UNHCR do to support married children ? (Continued)

- ➔ **Train relevant staff** to confidentially refer married children to available services.
- ➔ Ensure that services are **inclusive** of married children.
  - Nurseries during school hours
  - Early Childhood Care and Development sessions
  - Informal education groups
  - Reproductive health education to delay pregnancy

Video

https://www.youtube.com/watch?v=I4v3vq5-z8Y

EDUCATION = PREVENTION



In a UNFPA study covering 78 developing countries, girls with no education were found to be three times as likely to marry before the age of 18 as those with a secondary education. (The rate for children with primary education was 45 per cent.)

Education = Prevention

Getting children into primary school and keeping them in **through the secondary level** protects children from marriage. What is needed?

Quality

- ➔ Safe learning environment
- ➔ Gender sensitive curriculum
- ➔ Accessibility and inclusiveness
- ➔ A supportive environment

Global Theory of Change on Child Marriage (Developed by Girls Not Brides)

Who should be involved?

- ➔ Governments
- ➔ Education, child protection, SGBV, access to justice, and reproductive health sectors.
- ➔ Children and youth
- ➔ Women and men and influential persons in the community

Promising Programmes

http://www.icrw.org/publications/solutions-end-child-marriage-0

MODULE 12: Child Marriage

35

MODULE 13
Domestic Violence

MODULE OUTLINE

Session 1	Understanding domestic violence	90 minutes	1
Session 2	The root cause of domestic violence	50 minutes	2
Session 3	The cycle of violence and barriers to disclosing violence	50 minutes	3
Session 4	Response to domestic violence and prevention programming	120 minutes	4

TIMING:

5 hours 10 minutes

SUMMARY

In this module participants will reflect on their own assumptions about domestic violence and challenge some of the myths surrounding it. Participants explore the root cause of domestic violence as well as the consequences for individuals, families and communities. They learn about patterns of abusive relationships and the barriers that prevent survivors from reporting or seeking support, especially in displacement settings. Participants will start exploring ideas to respond to and prevent domestic violence in their operations.

LEARNING OBJECTIVES

At the end of the module, participants should be able to:

- ✓ Describe what is meant by the term *domestic violence* and identify different forms of violence used in abusive relationships
- ✓ Challenge some of the existing myths around domestic violence
- ✓ Identify the root cause of domestic violence
- ✓ Explain the pattern of abusive relationships
- ✓ List the barriers survivors of domestic violence face in reporting domestic violence and seeking support
- ✓ Describe programme interventions that prevent domestic violence and that respond to the needs of survivors

KEY MESSAGES

- → Domestic violence occurs between intimate partners and in families but it is not a private matter.
- → Domestic violence is rarely a one-time event, it involves a pattern of abuse between intimate partners including physical, sexual, psychological violence and denial of access to resources and/or services.
- → Domestic violence occurs across all societies, cultures, religions, regardless of age, social status, education or other factors.
- → Like any other form of SGBV, domestic violence is a violation of human rights.
- → The root cause of domestic violence is gender norms and unequal power relations.
- → The incidence of domestic violence is likely to increase during displacement, but displacement is not the *cause* of the violence.
- → Survivors of domestic violence are not responsible for the violence.
- → Survivors of domestic violence face a complex set of barriers to reporting abuse and seeking support.
- → Addressing domestic violence requires challenging gender norms and engaging different groups in the community, including both men and women.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector/laptop, post-its

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Role Play: Mariam and Adam
- Activity Sheet 2: I Got Flowers Today
- Activity Sheet 3: Case Study: Domestic Violence Prevention Work

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Overview Domestic Violence
- Hand-out 2: Myths about Domestic Violence
- Hand-out 3: The Cycle of Domestic Violence
- Hand-out 4: Barriers to Disclosing Domestic Violence and Seeking Support
- Hand-out 5: Responding to Domestic Violence
- Hand-out 6: Prevention Activity Ideas

UNHCR READING MATERIALS AND RESOURCES

→ *Respect Our Rights: Partnership for Equality, Report on the Dialogue with Refugee Women*, 2001.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 13: Domestic Violence has been produced for educational purposes only in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

→ *Mobilizing Communities to Prevent Domestic Violence: A Resource Guide for Organizations in East and Southern Africa*, Raising Voices, 2003.

→ *Rethinking Domestic Violence: A Training Process for Community Activists*, Raising Voices, 2004.

→ *Preventing and Responding to Domestic Violence: Trainee's Manual for Law Enforcement and Justice Sectors in Vietnam*, UNODC, 2011.

→ *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit*, The International Rescue Committee, 2014.

→ *Intimate Partner Violence in Immigrant and Refugee Communities: Challenges, Promising Practices and Recommendations*, Robert Wood Johnson Foundation, 2009.

→ United Nations Declaration on the Elimination of Violence against Women (1993).

→ Raising Voices, SASA! *Training: Deepening Knowledge Module*, 2008.

SESSION 1: Understanding Domestic Violence

90 minutes

LEARNING OBJECTIVES

- ✓ Describe what is meant by the term *domestic violence* and identify different forms of violence used in abusive relationships
- ✓ Challenge some of the existing myths around domestic violence

KEY MESSAGES

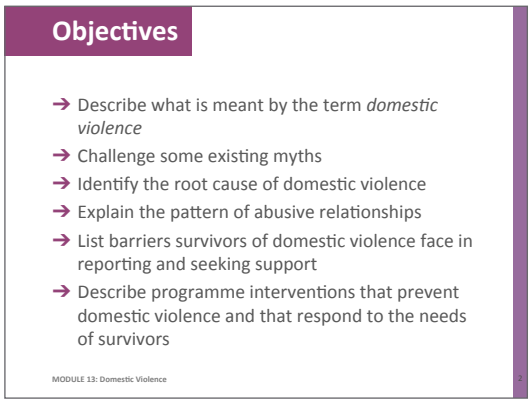
- → Domestic violence occurs between intimate partners and in families but it is not a private matter.
- → Domestic violence is rarely a one-time event, it involves a pattern of abuse between intimate partners including physical, sexual, psychological violence and denial of access to resources and/or services.
- → Domestic violence occurs across all societies, cultures, religions, regardless of age, social status, education or other factors.
- → Like any other form of SGBV, domestic violence is a violation of human rights.

PREPARATION

- Hand-out 1: Overview Domestic Violence
- Hand-out 2: Myths about Domestic Violence

What is domestic violence?

DISCUSSION AND BRAINSTORM (45 MINUTES)



1. Use the Notes to the facilitator below to explain the purpose of this training session

NOTES TO THE FACILITATOR:

At the end of this training session participants should be able to:

- *Describe what is meant by the term* domestic violence *and identify different forms of violence used in abusive relationships*
- *Challenge some of the existing myths around domestic violence*
- *Identify the root cause of domestic violence.*
- *Explain the pattern of abusive relationships*
- *List at least three barriers survivors of domestic violence face in reporting domestic violence and seeking support*
- *Describe programme interventions that prevent domestic violence and that respond to the needs of survivors*

2. Ask participants to think about the term *domestic violence*. What does it mean to them? After two minutes, ask participants to share their ideas and write down the responses on a flip chart.

3. Unpack what domestic violence means for the purposes of this module.
   - Domestic violence happens at the interpersonal relationship level between intimate partners and can also be called *intimate partner violence* (IPV). When referred to as intimate partner violence, it also covers violence, such as dating violence, that involves persons in intimate relationships but living separately.

     Note: Some use domestic violence to refer to all violence in the family, including child abuse. In this training module, domestic violence refers to violence inflicted on an intimate partner.
   - Domestic violence includes physical, sexual, psychological/emotional violence, as well as denial of resources and/or access to services.
   - It has lasting consequences for survivors, their children and their communities.
   - It is a human rights violation. Domestic violence can also be considered gender-based persecution and the grounds for seeking asylum especially in cases where the State fails or is unwilling to provide protection.
   - Men can also be survivors of domestic violence in same-sex or heterosexual relationships.

NOTES TO THE FACILITATOR:

Domestic violence affecting men

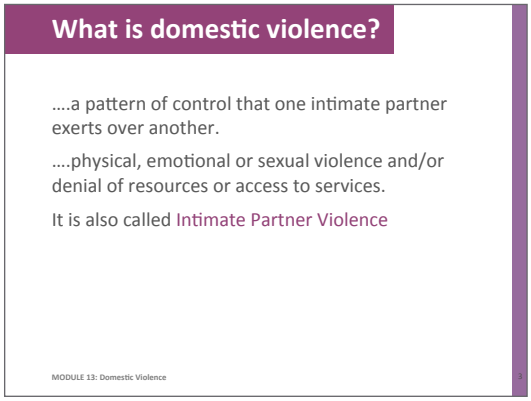
While the vast majority of domestic violence survivors are women, abuse of men also occurs, within same-sex and heterosexual relationships.

Typically men are physically stronger or have greater financial means than women but that doesn't necessarily make it easier to escape the violence or leave the abusive relationship. Women often face society norms in which domestic violence against women is tolerated and therefore find it difficult to access justice or leave an abusive relationship. A man who is subjected to domestic violence by a male or female partner may face skepticism from family and community members and major legal obstacles, especially in relation to obtaining care and custody of his children whom may be subjected to abuse, too.

Men's experience of domestic violence may be fundamentally different than that experienced by women. A man may experience violence from a partner who is defending themself from the violence he has used against them. In this case, violence or the threat of violence is not used as a way of controlling through fear, but rather as a means of defense. In addition, men as a group do not live in fear of violence from women as a group. Many women live in fear of some form of violence from men (partners or strangers). Women have this fear because society accepts men's power over them and violence against them.[1]

While the focus of this module is on women, who make up the majority of survivors, nonetheless, many of the issues women survivors face may apply to men survivors, too.

4. Show the presentation slide with the definition of domestic violence.



5. Post four flip chart pages on the wall with the following headings:
   - Physical violence
   - Sexual violence
   - Emotional/psychological violence
   - Denial of resources/access to services

   Invite participants to come to the front of the room and write down examples of violence used under each heading. Some examples are beating, throwing acid, burning, rape, forced performance of sexual acts, marital rape, humiliation, confinement to the house and denial of the right to work or to education. For a fuller list, refer to Hand-out 1: Overview of Domestic Violence.

[1] Raising Voices, SASA! *Training: Deepening Knowledge Module*, 2008

NOTES TO THE FACILITATOR:

Marital Rape

Participants may bring up the issue of marital rape. This can generate a lot of discussion because it is deeply connected with gender norms. It is important to emphasize that the definition of rape – physically forced or otherwise coerced penetration (WHO) – can occur within marriage if the penetration is forced or against the will of the partner. In some countries rape within marriage is perceived to be within the private sphere and is not considered a criminal offence. However, in many other countries around the world rape within marriage has been criminalized.

6. Highlight some types of violence especially relevant in displacement settings, for example, an abusive partner using the survivor's legal status against her, e.g., threating deportation or abandonment to create difficulties utilising a family ration card.

7. Brainstorm with participants on the consequences of domestic violence for individuals, their family members and communities. Encourage participants to think of what they have seen in the lives of people around them and in their work experience. Write key words on a flip chart.

   Note that this should be a quick exercise.

8. Facilitate a short discussion about domestic violence in participants' current work setting, using the following questions:

   → *Does domestic violence occur in the community where you work or where your operation is focused?*

   → *What is the community's perception of domestic violence?*

   → *How does the community handle cases of domestic violence?*

9. Highlight that in 2001 UNHCR declared *Five Commitments to Refugee Women* to improve their protection. These commitments were announced in response to issues raised by refugee women themselves, who requested SGBV to be taken seriously. The women specifically mention that UNHCR's work to prevent and respond to SGBV should include domestic violence.[2]

Myths and facts about domestic violence[3]

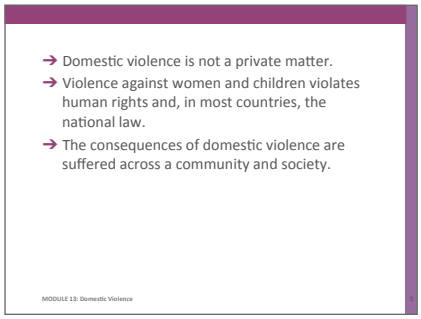
GROUP ACTIVITY (45 MINUTES)

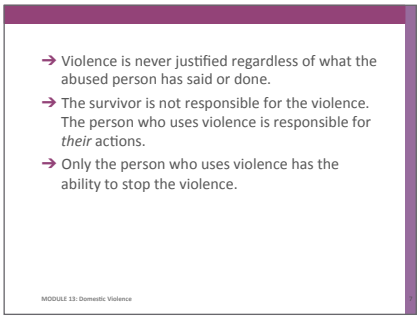
10. Have the group stand up and move to one side of the room. Read the statements below aloud and asks the participants to decide whether they agree or disagree. Those who agree with the statement should move to the other end of the room. Those who disagree stay where they are. Those who are not sure may move to the middle of the room. After each statement ask a few participants to explain their position and allow discussion to take place, show the corresponding slide with key points. Use Hand-out 2: Myths about Domestic Violence as a guide.

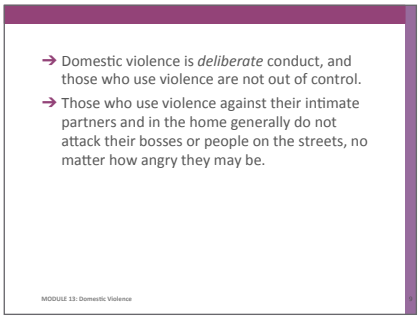
[2] See: UNHCR, *Respect Our Rights: Partnership for Equality: Report on the Dialogue with Refugee Women*, 2001.

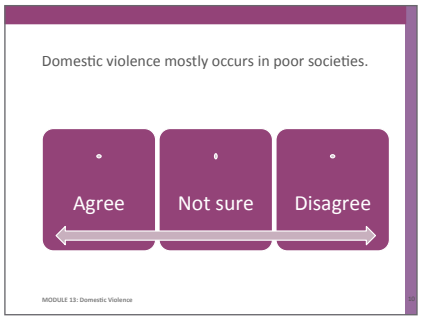
[3] Activity and text adapted from Raising Voices, *Rethinking Domestic Violence: A Training Process for Community Activists*, 2004, available at: http://goo.gl/TgMuet.

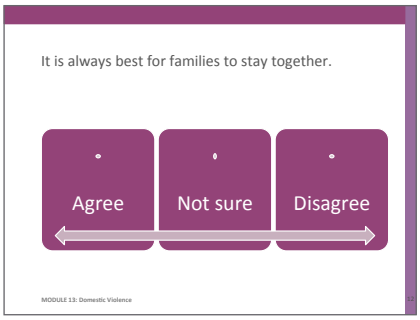
1. Domestic violence is a private issue.
2. Women who are subjected to domestic violence sometimes cause the violence.
3. Men who abuse are violent because they cannot control their anger and frustration.
4. Domestic violence mostly occurs in poor societies.
5. It is always best for families to stay together.

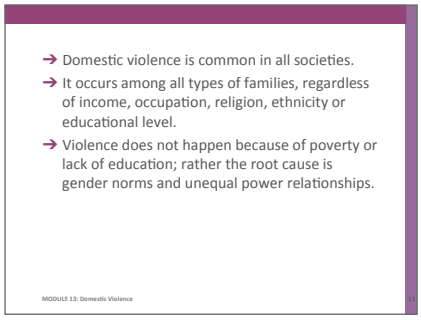


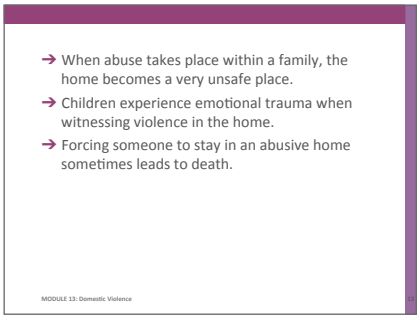


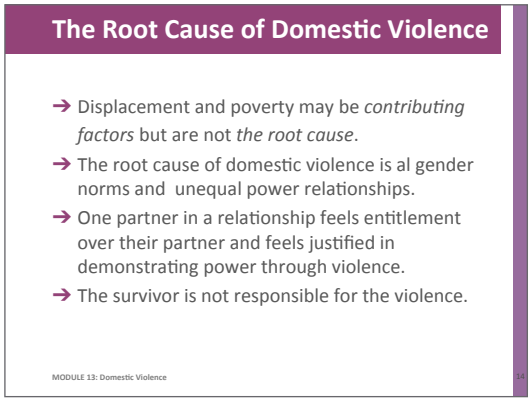












11. Show presentation slide 14. Emphasise that there are many assumptions about domestic violence. Learning about assumptions and realities of domestic violence is critical to developing effective responses to addressing domestic violence.

12. Distribute Hand-out 1: Overview Domestic Violence and Hand-out 2: Myths about Domestic Violence.

SESSION 2: The Root Cause of Domestic Violence

50 minutes

LEARNING OBJECTIVES

- ✓ Identify the root cause of domestic violence

KEY MESSAGES

- → The root cause of domestic violence is gender norms and unequal power relations.
- → The incidence of domestic violence is likely to increase during displacement, but displacement is not the *cause* of the violence.
- → Survivors of domestic violence are not responsible for the violence.

PREPARATION

- Activity Sheet 1: Role Play: Mariam and Adam

Contributing factors and the root cause

OPTIONAL ACTIVITY (50 MINUTES)

1. If participants are not yet familiar with the difference between the root cause of SGBV (gender norms and unequal power relationships) and its contributing factors, it is recommended that you do with them facilitation points 10 to 20 from Session 2 of Module 1: Introduction to SGBV in Displacement Settings, including that module's Activity Sheet 2: Root Cause and Contributing Factors.

The root cause of domestic violence[4]

GROUP ACTIVITY (50 MINUTES)

2. Distribute Activity Sheet 1: Role Play: Mariam and Adam. Ask a volunteer to read out the case study.

3. Divide the participants into three groups. Ask each group to prepare to role play from the perspectives of Mariam, Adam or the neighbours. Refer to the activity sheet for detailed instructions.

[4] Activity adapted from Raising Voices, *Rethinking Domestic Violence: A Training Process for Community Activists*, 2004, available at: http://goo.gl/TgMuet.

4. Encourage the groups to *truly imagine* what is going on inside the minds of Mariam, Adam or the neighbours.

5. Groups have 20 minutes to prepare to role play before coming back into the main group.

6. Ask the first group to role play Mariam's perspective. Ask the audience to identify factors that made Mariam vulnerable to violence from Adam. The participants may suggest the following:
   - Mariam's community said nothing.
   - Her parents told her it was to be expected.
   - Change of gender roles; she was forced to become the bread winner.
   - She did not know where to go for support.

7. Emphasize that, ultimately, Mariam was subjected to violence because of women's status and the unequal power relationships in her society. Re-emphasize that Mariam was not responsible for the violence committed against her.

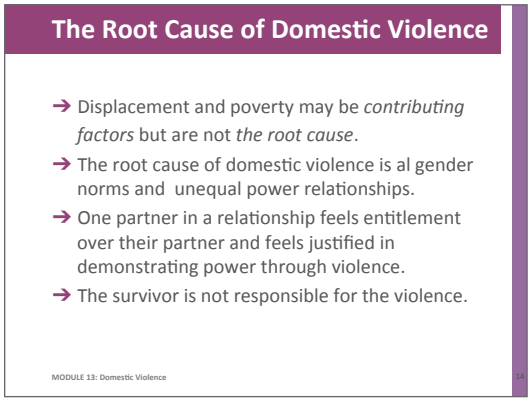
8. Ask the second group to role play Adam's perspective. Ask the audience to identify factors that may cause Adam to be violent. The participants may suggest that:
   - He felt entitled to control Mariam's behavior.
   - He feels he is entitled to have sex.
   - He was frustrated and took it out on Mariam.
   - He felt powerless.
   - Nobody stopped him.
   - He was using alcohol.

9. Explain that all of these factors are related to the fact that Adam wanted to feel powerful and in control. He was exerting his power at the expense of Mariam whom he saw as less powerful than himself. Many factors may have contributed to Adam's frustration, but ultimately he is responsible for his behavior, and violence is never acceptable. Emphasize that men, like women, choose how to respond in different situations and that, no matter what, a violent response is never acceptable.

10. Ask the third group to role play the neighbours' perspective. The participants may suggest that:
    - The neighbors see the situation as a private matter.
    - They fear to intervene.
    - They feel unable to give Mariam the economic support she would need to leave the situation.
    - They are struggling with their own problems.
    - They find domestic violence acceptable.

11. Emphasize that, while social norms are upheld by everyone in the community, in every community people can be found who disapprove of domestic violence and would like to see the practice changed.

12. Refer to presentation slide 14 and summarize the key messages in the Notes to the facilitator.



NOTES TO THE FACILITATOR:

Key messages:

- *Factors such as unemployment, poverty or alcohol abuse may* contribute *to domestic violence but are not the root cause. For example, displacement can cause frustration, anger, stress and even trauma all of which can increase domestic violence, but displacement is not the root cause of the violence.*
- *Like other types of SGBV, domestic violence is rooted in unequal gender norms and power relationships. Society does not value women and men equally and many men are socialized to have control over their partner.*
- *Domestic violence occurs when one partner in a relationship, usually a man, feels entitlement over their partner and feels justified in demonstrating power through violence.*
- *The survivor is not responsible for the violence. Those who use violence are responsible for their actions.*

13. Remind participants that the work of preventing SGBV, including domestic violence, is to influence the power relationships between women and men, and thus to change the perception that men's violence toward women is acceptable.

SESSION 3: The Cycle of Violence and Barriers to Disclosing Violence

50 minutes

LEARNING OBJECTIVES

- ✓ List the barriers survivors of domestic violence face in reporting domestic violence and seeking support

KEY MESSAGES

- ✓ Survivors of domestic violence face a complex set of barriers to reporting abuse and seeking support.

PREPARATION

- Activity Sheet 2: I Got Flowers Today
- Hand-out 3: The Cycle of Domestic Violence
- Hand-out 4: Barriers to Disclosing Domestic Violence and Seeking Support

The cycle of domestic violence

DISCUSSION AND ACTIVITY IN PAIRS (50 MINUTES)

1. Distribute Activity Sheet 2: I Got Flowers Today.

2. Divide the group into pairs. Ask participants to take a few minutes to analyse the behaviour and the attitudes/mind frames of the people in the poem and to discuss in pairs. Do they recognise the phases of the cycle of violence? Can they think of reasons why the woman in the poem may not have left the abusive relationship?

3. In plenary, ask participants to mention some of the reasons they came up with to explain why the woman did not leave the abusive relationship. Continue to brainstorm on the reasons why women might not report domestic violence or ask for help. Summarize participants' contributions on a flip chart. Use Hand-out 4: Barriers to Disclosing Domestic Violence and Seeking Support to highlight any points not yet raised.

4. Emphasise that the reasons are all commonly used and that domestic violence is highly under-reported.

5. Highlight that many professionals and persons close to survivors of domestic violence struggle with why survivors remain in or return to violent relationships.

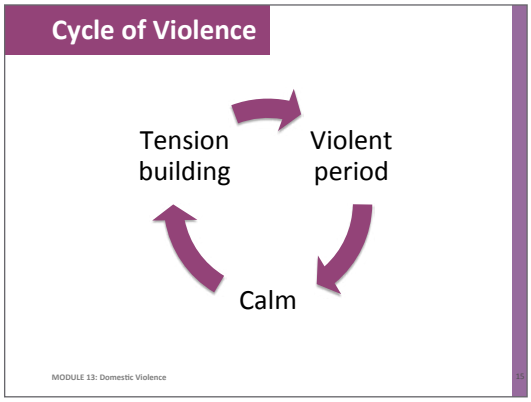
6. Distribute Hand-out 3: The Cycle of Domestic Violence and ask participants to look at the cycle of domestic violence.

7. Explain that many relationships involving violence exhibit some type of cycle, like the one represented on the hand-out. Understanding the cycle of violence helps us when we engage with survivors of domestic violence in our day-to-day work.

8. Ask participants to think of someone that they known or have heard of in the context of their work who is experiencing domestic violence. Remind participants not to cite names or other identifying information.

9. Ask the participants to think about the pattern of that relationship. Has the violence been happening for a long time? Does it happen every day or once in a while? Has the behaviour of the man who uses violence changed over time? Have they noticed if the violence goes through identifiable stages?

10. Highlight the key points of the three phases in the domestic violence cycle:

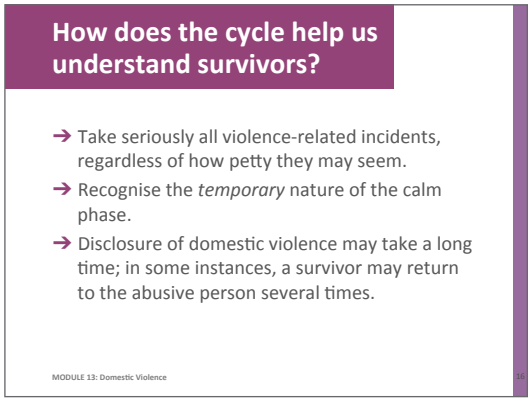


NOTES TO THE FACILITATOR:

Phases in the cycle of violence

- *Tension building. The abuser gets angry, irritable. The survivor and other family members such as children feel anxious and fearful that the violence will occur. The survivor tries to please the abuser to help them stay calm.*
- *Violence: The tension eventually builds to a violent episode. This may include sexual, emotional/psychological and physical violence as well as denial of resources and access to services. The violence could be one event or last over a period of time.*
- *Calm restores: After the violence, there is a calm stage during which the abuser may apologise and make an extra effort to maintain peace in the family. The survivor hopes that the violence was temporary and that the partner will change.*
- *Until the tension builds up again...*

This pattern repeats itself unless the cycle of violence is broken.



11. Ask participants how they think understanding the cycle of violence and reasons for not disclosing violence can help us in engaging with survivors in our day-to-day work, for example, during registration, resettlement or other protection interviews, or during outreach in the community, etc. Use the Notes to the facilitator as a guide and then show the slide.

NOTES TO THE FACILITATOR:

The cycle of violence: Key points

Understanding the cycle of violence helps us understand the behaviour of the survivor – and avoid victim blaming (e.g., "It is her own fault, she should have known better and left"). A few things to emphasise to participants:

- *Take seriously all violence-related incidents brought forward by a survivor, regardless of how petty the incidents may seem to you. It may well be that the survivor is in the tension building phase.*
- *Recognize the temporary nature of the calm phase, during which we can provide information to help the survivor make informed decisions.*
- *Disclosure of domestic violence may take a long time. Frequently disclosure is a process rather than a single event. Speaking to somebody and finding a way to create a safer life may take a long time; in some instances survivors may return to the abusive person several times before finally leaving for good.*

12. Explain that the reasons why survivors do not disclose domestic violence or seek help are complex and often deeply rooted in the mind of the survivor, and usually there is no one single reason. It is important to remember that for many professionals and community members it is difficult to understand the dynamics of reporting abuse, and staying/leaving the relationship. Many feel that a survivor should "just leave". But we need to move away from blaming the victims to understanding the complexity of their lives and to looking for what we can do to help break the cycle.

13. Distribute Hand-out 3: The Cycle of Domestic Violence and Hand-out 4: Barriers to Disclosing Domestic Violence and Seeking Support.

SESSION 4: Response to Domestic Violence and Prevention Programming

120 minutes

LEARNING OBJECTIVES

- ✓ Describe programme interventions that prevent domestic violence and that respond to the needs of survivors

KEY MESSAGES

- → Addressing domestic violence requires challenging gender norms and engaging different groups in the community, including both men and women.

PREPARATION

- Hand-out 5: Responding to Domestic Violence
- Activity Sheet 3: Case Study: Domestic Violence Prevention Work
- Hand-out 6: Prevention Activity Ideas

Responding to the needs of survivors[5]

GROUP ACTIVITY AND DISCUSSION (50 MINUTES)

1. Ask participants to re-read Activity Sheet 1: Role Play: Mariam and Adam and think about the case study. Divide participants into two groups. Ask the first group to discuss how members of the community could support breaking the cycle of violence, and ask the second group to think about how UNHCR or other organizations can respond to domestic violence.

2. Give the groups 20 minutes to discuss, and a few minutes to present their findings. Use Hand-out 5: Responding to Domestic Violence to complement responses.

[5] Activity adapted from *Raising Voices, Rethinking Domestic Violence: A Training Process for Community Activists*, 2004, available at: http://goo.gl/TgMuet.

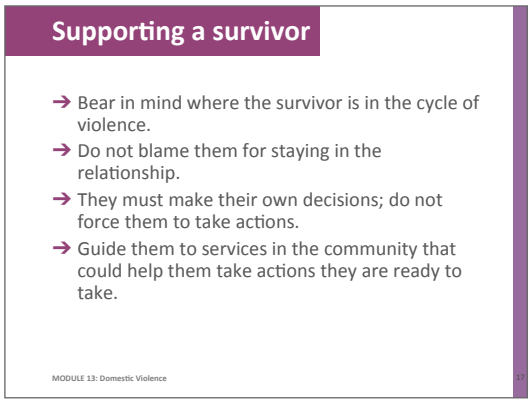
3. In the large group ask the participants what support (community resources as well as existing services) is available in their operations to help Mariam and Adam break the cycle. Summarise the responses on a flip chart. Probe for:
   - First responders (police, outreach workers, health staff)
   - Shelter/community-based care for survivors at immediate risk
   - Community representatives (e.g., camp coordination committees, both women and men)
   - Faith-based organizations or religious leaders
   - Survivor-centered case management through local partners and where possible through existing government structures
   - UNHCR staff
   - Camp management
   - Participants (Do they come into contact with persons experiencing domestic violence?)

4. Participants may bring up the topic of mediation. It is important to explain that in most situations UNHCR does not get involved in mediation. See the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Mediation

In the absence of access to formal justice systems and safe houses in many displacement settings, and considering the reality that many survivors of domestic violence may lack the economic power or the community support needed to break the cycle of violence, mediation is often used to address domestic violence cases. It usually takes the form of a third party (police officers, community leaders, social services or NGOs) mediating between the two parties to help settle the conflict. Although usually well intended, in reality mediation is often not effective at stopping the pattern of abuse. True mediation assumes the two parties have equal power to influence the mediation process and outcomes. This is not the case in domestic violence situations whereby the survivor is disempowered and in some cases, may even participate in the mediation process under duress. Some NGOs are exploring alternatives to traditional mediation that recognize the dangers and power imbalances of traditional domestic violence mediation, and put more emphasize on the empowerment of survivors. This requires a high level of skill and careful monitoring. It is not recommended UNHCR staff get involved in mediation.



5. End this session by summarizing the many roles in responding to the needs of survivors of domestic violence. Regardless of one's work function: If you know someone who is experiencing domestic violence, make sure they receive information about available help. Reach out and let them know that you are ready to give non-judgmental support.

   Remember:

   → Bear in mind where the survivor is in the cycle of violence

   → Do not blame them for staying in the relationship

   → They must make their own decisions; do not force them to take actions

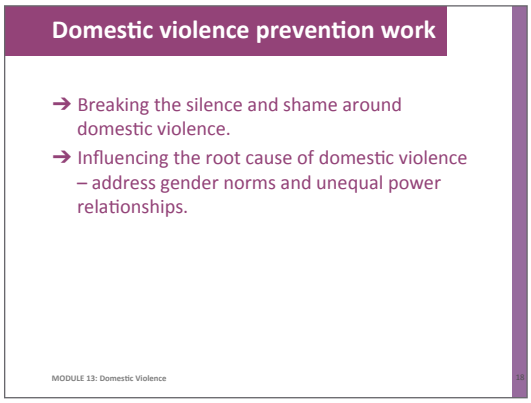
   → Guide them to services in the community

6. Distribute Hand-out 5: Responding to Domestic Violence.

Prevention programmes

GROUP ACTIVITY (60 MINUTES)

7. Explain the nature of the work of preventing domestic violence, using the Notes to the facilitator.



NOTES TO THE FACILITATOR:

The work to prevent domestic violence is aimed at:

- *Breaking the silence and shame around domestic violence. Help community members become aware of the problem so they will want to do something about it, both in their personal lives and at community level.*
- *Influencing the root cause of domestic violence. Address gender norms and unequal power relationships in order to help improve the status of women in the family and community and to change the perception that the use of violence in the home is acceptable.*

8. Highlight that the second point, influencing gender norms, is a long term process that requires a systematic, structured approach and persistent, constant engagement instead of one-time activities, and that needs to occur with the active engagement across the whole community including men, women, youth groups etc. This topic is covered in more detail in Module 2: Preventing SGBV and Module 4: Engaging Men and Boys in SGBV Prevention Work.

9. Divide the participants into two groups and distribute Activity Sheet 3: Case Study: Domestic Violence Prevention Work. Groups have 40 minutes to prepare for their presentations.

10. Ask each group to present their work. Following each presentation ask the audience to ask questions and make comments. Use Hand-out 6: Prevention Activity Ideas to highlight sample prevention activities not covered by the groups.

11. Distribute Hand-out 6 and point at the Principles of Effective Prevention (also discussed in Module 2: Preventing SGBV).

12. Highlight that most of these activities involve mobilizing the community to work against domestic violence. Refer participants to Raising Voices (www.raisingvoices.org). This organization, based in Uganda, has developed practical tools used to achieve change in the community. More training material on domestic violence can also be downloaded from their website.

13. Emphasize that in our own work and in our private lives, there are things we can do to prevent domestic violence. We can consider how to support healthy relationships and promote healthy anger management; we can emphasize zero tolerance of violence; we can interrupt victim blaming when we hear it; we can have conversations on the topic of domestic violence which will help counter the belief that it is a "private matter".

Wrap-up

(10 MINUTES)

14. Ask participants to take a few minutes to reflect on what they have learned from this session, and to write down three concrete actions they will undertake to strengthen the prevention and response to domestic violence, in their respective capacities.

15. Encourage participants to share some of their reflections in plenary.

16. Address any unanswered questions and sum up with the key messages for the module.

REFERENCES:

The International Rescue Committee (IRC), *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit*, 2014, available at: http://goo.gl/IeoRrT

Michau, Lori, Jessica Horn, Amy Bank, Malika Dutt, Cathy Zimmerman, "Prevention of Violence against Women and Girls: Lessons from Practice", in: *The Lancet*, 20 November 2014, available at: http://goo.gl/jqBqxk

Raising Voices, *Mobilizing Communities to Prevent Domestic Violence: A Resource Guide for Organizations in East and Southern Africa*, 2003, available at: http://goo.gl/Mge5lg

Raising Voices, *Rethinking Domestic Violence: A Training Process for Community Activists*, 2004, available at: http://goo.gl/TgMuet

Raising Voices, SASA! *Training: Deepening Knowledge Module*, 2008, available at: http://goo.gl/Fmw2aQ

Robert Wood Johnson Foundation, *Intimate Partner Violence in Immigrant and Refugee Communities: Challenges, Promising Practices and Recommendations*, 2009, available at: https://goo.gl/PXRMq5

United Nations General Assembly, *Declaration on the Elimination of Violence Against Women*, 1993

UNHCR, *Respect Our Rights: Partnership for Equality, Report on the Dialogue with Refugee Women*, 2001, available at: http://www.unhcr.org/3bb44d908.pdf

United Nations Office on Drugs and Crime, *Preventing and Responding to Domestic Violence: Trainee's Manual for Law Enforcement and Justice Sectors in Vietnam (Edition 2)*, 2011, available at: http://goo.gl/3aQi92

Activity Sheet 1

20 minutes

Role Play: Mariam and Adam[1]

CASE STUDY: MARIAM AND ADAM

Mariam is 27 years old. She and her husband, Adam, 43 years old, are living in a large town hosting many internally displaced persons. Adam used to be a salesman, but ran out of business when the conflict in their country started and is now unemployed. Mariam attends a livelihood programme, where she works together with other women to earn a small income.

Adam and Marian have always had fights in their relationship, but since Mariam started attending the livelihood programme things have gotten worse. Adam has bad moods and withdraws into himself. He makes malicious comments about the food Mariam prepares and about her looks, and shouts at her when she comes back from the livelihood centre.

Adam wants Mariam to stop going to the centre but Mariam explains to him that they will lose the little income they have if she stops these activities. Adam starts controlling Mariam's movements and beats her regularly. One night when he is drunk he forces her to have sexual intercourse in a very violent way and burns her back with his cigarette.

Mariam suffers in silence. She does not dare to tell anyone. The neighbours hear their fights but do not intervene. She is afraid her parents will choose to side with her husband.

GROUP 1

You have 20 minutes to prepare to role play from Mariam's perspective, addressing the following types of questions:

- What is her history?
- What do her parents say about the abuse?
- What does she think about Adam?
- What do people say to her when she has been beaten?
- How does she cope with the abuse?

[1] Activity adapted from Raising Voices, *Rethinking Domestic Violence: A Training Process for Community Activists*, 2004

GROUP 2

You have 20 minutes to prepare to role play from Adam's perspective, addressing the following types of questions:

- What was his life like, prior to displacement?
- What do people say to him when he is or has been violent?
- What does he think about Mariam? About her work?
- How does he feel when he is being violent?

GROUP 3

You have 20 minutes to prepare to role play from the neighbours' perspective, addressing the following types of questions:

- What do they think is happening between Mariam and Adam?
- What do they say about the abuse?
- What do they think about Adam?
- What do they think about Mariam?
- What do they say to Mariam when they see she has been beaten?
- What do they say to Adam when he has been violent?

Activity Sheet 2

5 minutes

I Got Flowers Today

By Paulette Kelly, in: "Fire From Within", Creative Arts & Science Enterprise, 1994.

I got flowers today!
It wasn't my birthday or any other special day;
We had our first argument last night,
And he said a lot of cruel things that really hurt;
I know he is sorry and didn't mean the things he said;
Because he sent me flowers today.

I got flowers today!
It wasn't our anniversary or any other special day;
Last night, he threw me into a wall and started choking me;
It seemed unreal, a nightmare, buy you wake up from nightmares;
And I woke up this morning sore and bruised all over – but I know he is sorry;
Because he sent me flowers today.

I got flowers today!
And it wasn't Valentine's Day or any other special day;
Last night, he beat me and threatened to kill me;
Make-up and long sleeves didn't hide he the cuts and bruises this time;
I couldn't go to work today because I didn't want anyone to know – but I know he's sorry;
Because he sent me flowers today.

I got flowers today!
And it wasn't Mother's Day or any other special day;
Last night, he beat me again, and it was much worse than all the other times;
If I leave him, what will I do? How will I take care of the kids? What about money?
I'm afraid of him, but I'm too scared and dependent to leave him! But he must be sorry;
Because he sent me flowers today

I got flowers today...
Today was a special day – it was the day of my funeral;
Last night he killed me;
If only I would have gathered the courage and strength to leave him;
I could have received help from the Women's Shelter, but I didn't ask for their help;
So I got flowers today – for the last time.

Activity Sheet 3

40 minutes

Case Study: Domestic Violence Prevention Work

- Read the case study. Imagine that in response to the serious domestic violence problems in this community, the protection working group has requested your group to come up with suggestions for concrete activities to prevent domestic violence.
- Develop a 5-minute presentation on the activities your group suggests and the reasoning behind the choice and prioritization of activities. One member of your group may make the presentation, but the others need to be ready to answer questions from the audience.
- The actions you suggest should be as specific as possible. For example, if you suggest training, be clear about whom you intend to train and on what topic. If you suggest awareness raising, specify the target group and the method or communication channels.
- To structure your thoughts, it may help to bear in mind the five key areas of prevention:
  1. Promoting equal gender norms and addressing unequal power relations (addressing the root cause of SGBV)
  2. Mitigating risks through physical protection/safety
  3. Addressing legal or policy frameworks and ending impunity
  4. Ensuring safe access to basic needs
  5. Promoting affirmative action for economic, educational and social opportunities

CASE STUDY

Forced displacement in the country where you work continues to increase. Internally displaced persons tend to be concentrated in towns, where they find themselves living among, and being hosted by, the poorest of the urban poor.

In the country, women have a low status in society, and domestic violence is widely tolerated. The World Health Organization (WHO) estimates that 23 per cent of women have experienced domestic violence and that this percentage is increasing. This is confirmed in the participatory assessment that you and your colleagues conducted. Women report that their husbands act out their frustrations at home and have become more violent. An increasing number of cases of domestic violence are brought to the attention of your office during protection and registration interviews.

Despite the incidents reported, by far the majority of women remain silent about the abuse they face at home. Reasons given by the women for not speaking out about domestic violence or asking for help include the belief that no one would be able to help them, hope that the husband will change, and the prevalence of discrimination against divorced and separated women.

Only very few women report violence to the police, and, in general, cases of sexual and gender-based violence are seldom prosecuted successfully. The authorities have attempted to hire more women as part of the police force and, in collaboration with the department of gender studies of the national university, have started a national awareness campaign on women's rights. A report published by the university noted that police and judges are unaware of the legal framework governing domestic violence, and that they lack capacity and expertise to follow-up on reported cases.

The country has ratified the 1951 Convention, International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC).

Article 42 of the country's constitution states, "Family relations are based on the equality of rights and duties of the couple and on the mutual respect of all its members. Any form of violence in the family is considered destructive of its harmony and unity, and will be sanctioned according to law."

National Law n. 294 also provides for punishment, stating that "he who maltreats physically any member of his family nucleus shall incur a prison sentence from one (1) to two (2) years".

Hand-out 1

Overview Domestic Violence[1]

WHAT IS DOMESTIC VIOLENCE?

Domestic violence is a pattern of control that one intimate partner exerts over another. It can be in the form of physical, emotional, sexual abuse between intimate partners, but it can also take the form of denial of resources or access to services.

IS DOMESTIC VIOLENCE ALWAYS PHYSICAL VIOLENCE?

Domestic violence is not just one physical attack and it might not even involve a physical act. It includes the repeated use of a number of tactics, including psychological/emotional violence, sexual abuse and denial of resources and/or access to services. Some forms of violence cannot be noticed easily. This does not mean that they are less damaging or serious. All types of domestic violence are harmful. Below are a few of the most common types.

Physical: Pushing, beating, punching, slapping, hair pulling, choking, throwing acid, burning, twisting arms, using a weapon, banging head on the floor or wall.

Emotional/psychological: Shouting, swearing, insulting, threatening to use physical violence, humiliating, embarrassing, threatening to hurt the children, locking someone out of the house, confining to the house, not allowing the practice of religion, showing extremely jealous and possessive behaviour, constant questioning.

Sexual violence: Forced sex/marital rape, unwanted touching, grabbing sexual parts of the body, forced sexualized behaviour or activities, insertion of objects, unfaithfulness, refusal to have protected sex.

Denial of resources and access to services: Not allowing access to healthcare or the use of medication, not allowing participation in social or economic activities, not allowing contact with family members, withholding money, stopping partner from getting or keeping a job, making partner ask for money or allowance, demanding earnings, preventing the owning of property, not allowing to have money.

NOTE ON TERMINOLOGY

Domestic violence happens at the interpersonal relationship level between intimate partners and can also be called *intimate partner violence* (IPV). When referred to as intimate partner violence, it also covers violence, such as dating violence, that involves persons in intimate relationships but living separately.

Note: Some use *domestic violence* to refer to all violence in the family, including child abuse. In this training module, domestic violence refers to violence inflicted on an intimate partner.

[1] Activity and text adapted from *Raising Voices, Rethinking Domestic Violence: A training Process for Community Activists*, 2004.

WHAT IS THE ROOT CAUSE OF DOMESTIC VIOLENCE?

Like other types of SGBV, domestic violence is rooted in the gender norms and unequal power relationships and is used to gain power and control over another person. Domestic violence occurs across all societies, cultures, religions, regardless of age, social status, education or other factors.

HOW IS IT LINKED TO DISPLACEMENT?

Displacement can cause frustration, anger, stress and even trauma. Although displacement is associated with an increase of domestic violence, it is not the root *cause* of the violence. Not all men in displacement beat their wives, and not all men who beat their wives are displaced. Displacement is a contributing factor, but it is not the *cause*.

Domestic violence is a human rights violation. It can also be considered gender-based persecution and grounds for seeking asylum especially in cases where the state fails or is unwilling to provide protection.

WHAT ARE THE CONSEQUENCES OF DOMESTIC VIOLENCE?

Domestic violence has serious consequences on women, men and children, and significantly damages family relationships. It also can affect entire communities.

Health: Domestic violence can cause a wide range of health problems, including wounds, burns, acid burns, broken teeth, concussions, damage to internal organs, fractures and even death.

Mental health and psycho-social well-being: Domestic violence leads to sadness, isolation, poor self-esteem, loss of self-confidence, inability to participate in community life, constant fear and anxiety, loss of energy, loss of appetite and sleeping problems, depression, withdrawal, anger towards children, self-blame and stigma.

Socio-economic well-being: Domestic violence can lead to the denial of access to livelihood or other economic opportunities, loss of income or job, inability to access property, denial of access to basic needs, such as food, the loss of all socio-economic support and being forced into poverty in case of abandonment, separation or divorce as well as being disowned by family members.

Legal: After reporting domestic violence, survivors may be blamed for the violence by community members or the police, in particular, when domestic violence is not considered a criminal offense, when domestic violence is considered a private matter or when only physical violence is considered a crime. Survivors may also face the loss of custody of children in case of separation or divorce.

Safety: The survivor and children are at continuous risk if the violence is ongoing. If the survivor runs away, there is also the risk of being punished by family members.

CONSEQUENCES AT FAMILY LEVEL

In families, domestic violence creates an unpredictable and frightening environment. Children may experience violence directly or witness violence in the home. Children learn to fear their fathers and worry about their mothers. They may have problems in school or in interactions with other children. Children growing up in violent homes learn that violence and aggression are acceptable ways of expressing emotions or resolving conflicts. These children are more likely to leave home and commit acts of violence in their own homes as adults[2].

CONSEQUENCES AT COMMUNITY LEVEL

- Survivors of domestic violence are less likely to participate actively in community life and contribute to their country's national productivity.
- Domestic violence passes on a climate of violence from one generation to the next. Children who witness domestic violence can suffer similar consequences, and are more likely to accept and resort to violence in later life.
- Domestic violence causes a burden on public services, such as the police, health infrastructures and social welfare services.

CAN MEN BE SUBJECTED TO DOMESTIC VIOLENCE?

While the vast majority of domestic violence survivors are women, abuse of men also occurs, either within same-sex or heterosexual relationships.

Typically men are physically stronger or have greater financial means than women, but that doesn't necessarily make it easier to escape violence or leave the abusive relationship. Women often face societal norms which tolerate domestic violence against women therefore making it difficult for them to access justice or leave an abusive relationship. A man who is subjected to domestic violence by a male or female partner may face skepticism from family and community members and major legal obstacles, especially in relation to obtaining care and custody of his children whom may be subjected to abuse too.

Men's experience of domestic violence may be fundamentally different from what women experience. A man may experience violence from a partner who is defending themself from the violence he has used against them. In this case, violence or the threat of violence is not used as a way of controlling through fear, but rather as a means of defense. In addition, men as a group do not live in fear of violence from women as a group. Many women live in fear of some form of violence from men (partners or strangers). Women have this fear because society accepts men's power over them and violence against them.[3]

[2] Raising Voices, *Mobilizing Communities to Prevent Domestic Violence: A Resource Guide for Organizations in East and Southern Africa*, 2003.

[3] Raising Voices, SASA! *Training: Deepening Knowledge Module*, 2008.

Hand-out 2

Myths about Domestic Violence[4]

1. DOMESTIC VIOLENCE IS A PRIVATE ISSUE FOR FAMILIES.

Domestic violence is often considered a private matter because it happens behind closed doors or in what is considered the private sphere. It is very often minimized and seen as a legitimate way to manage relationships within the household or the family. In reality it is not a private matter at all. Violence against women and children violates human rights and, in most countries, national law. Even though domestic violence is practiced within the family, international human rights principles clearly establish a state's responsibility to safeguard individuals against human rights violations occurring within its territory.

The consequences of domestic violence are suffered across a community and society. There are, for example, health burdens and legal costs. Domestic violence affects the educational outcomes for children in domestic violence situations. This means that the community/society has a right and indeed is encouraged to act. It is important for the community to convey the message that domestic violence will not be tolerated and that those who use violence in domestic situations will be held accountable

2. WOMEN WHO ARE SURVIVORS OF DOMESTIC VIOLENCE SOMETIMES CAUSE THE VIOLENCE.

No one deserves to be abused. Violence is never justified regardless of what the abused person says or does. Women are beaten for reasons as mundane as the dinner was cold or the baby was crying. Even when husbands might have a reason to be angry, they have no right to express their anger violently. Believing that the abused person must also change her behaviour for the violence to stop is a myth. Only the person who uses violence has the ability to stop the violence. Domestic violence is a behavioural choice for which those who use violence must be held accountable. Many survivors make numerous attempts to change their behaviour in the hope that this will stop the abuse. Women also often blame themselves because they have been consistently told by others or through cultural norms that the violence is their fault.

3. MEN WHO ABUSE ARE VIOLENT BECAUSE THEY CANNOT CONTROL THEIR ANGER AND FRUSTRATION.

Domestic violence is intentional conduct with aim to dominate an intimate partner. Men who use violence are not out of control. Their violence is carefully targeted to certain people at certain times and places. They generally do not attack their bosses or people on the streets, no matter how angry they may be. They often choose to abuse their partners only in private, or may take steps to ensure that they do not leave visible evidence of the abuse. It is important to recognise that domestic violence is intentional conduct that is designed to gain power and control over another.

[4] Exercise and content adapted from UNODC, *Preventing and Responding to Domestic Violence, Trainer's Manual for Law Enforcement and Justice Sectors in Viet Nam*, 2011

4. DOMESTIC VIOLENCE MOSTLY OCCURS IN POOR SOCIETIES.

Domestic violence is common throughout all levels of society, whether rich/poor, educated/uneducated, rural/urban. Studies consistently find that violence occurs among all types of families, regardless of income, occupation, religion, ethnicity or educational level. Violence does not happen because of poverty or lack of education; rather it is rooted in gender norms and unequal power relationships form which domination and discrimination against women have developed.

Poverty is not the cause of domestic violence. Unequal gender norms do discriminate against and disempower women economically but in other ways as well. In many societies, money brings power. Therefore, women in low economic strata have less power in their relationships and in society. However, increasing women's access to money does not necessarily reduce their risk of experiencing violence. Economic power is only one form of power. A lack of social power mean a woman may actually experience more violence, in some contexts, as her economic status improves. In such situations her intimate partner or the community may try to maintain the status quo of gender norms, to "keep women in their place".

5. IT IS ALWAYS BEST FOR FAMILIES TO STAY TOGETHER.

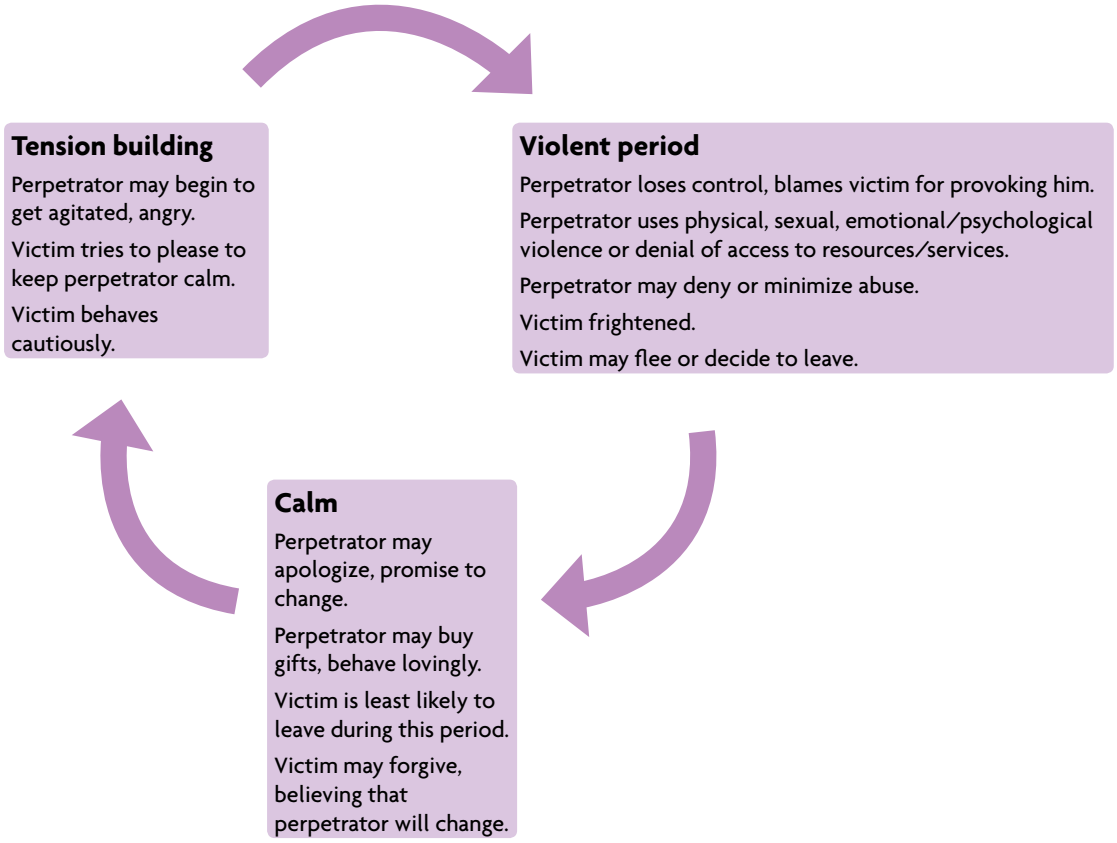
All societies emphasise the importance of happy families. However when abuse is taking place within a family, the home becomes a very unsafe place for the survivor. Sometimes forcing women and children to stay in an abusive home is a death sentence. If the root of the violence is not addressed, and the man who use violence is not held accountable for his actions, the violence will more than likely continue. This can threaten the stability of the family and negatively affect all family members, including the children who witness the violence. Indeed, children who witness domestic violence often suffer the same psychological effects as if they themselves had been physically abused. Children who witness violence in the home experience emotional trauma and can suffer from anxiety, depression and poor performance in school. In addition, children growing up with domestic violence may develop the belief that violence and intimidation are effective ways to resolve problems and conflicts. Girls who witness their mothers being abused may be more likely to accept violence as a norm in marriage than those who come from non-violent homes. It has been shown that boys who grow up in a household characterized by domestic violence are more likely to imitate abusive behaviour in their own relationships when they become adults, thus perpetuating the cycle of violence.

There are many assumptions about domestic violence. Understanding assumptions and realities of domestic violence is critical to developing effective responses to addressing domestic violence.

Hand-out 3

The Cycle of Domestic Violence[5]

Many relationships involving violence exhibit some type of cycle as illustrated in the image below.[6] Understanding the cycle of violence helps us when we engage with survivors of domestic violence in our day-to-day work.



The **tension-building phase** begins with anger, blaming and increased tension. The abuser becomes edgy, irritable, possessive, demanding and more prone to react negatively to any trivial frustration. Many women learn to recognise this tension-building phase and try to control it by attempting to "keep the peace". They may use a variety of techniques, such as withdrawing, trying to accommodate the abuser, avoiding home or avoiding starting an argument. There may be bursts of verbal and physical violence. Also there is often a rapid increase in tension prior to a violent incident.

We need to take seriously all violence-related incidences when they are brought forward, regardless of how petty they may seem.

[5] Text adapted from UNODC, *Preventing and Responding to Domestic Violence, Trainee's Manual for Law Enforcement and Justice Sectors in Viet Nam, 2011.*

[6] The violence cycle theory was originally developed by Dr. Lenore Walker in 1979.

The **violent phase** is the explosion of violence from the abuser. For a woman who has experienced violence before, the mere threat of violence is disabling. The violence may be over in a moment or last for minutes or hours. There may be visible injuries, but often experienced abusers will leave no marks. Most women are extremely grateful when the abuse ends. They might consider themselves lucky that it was not worse, no matter how bad their injuries are. They often deny the seriousness of their injuries and refuse to seek immediate medical attention.

During the **calm phase**, which follows an intensive explosion of violence, the abuser is loving and calm. The abuser begs for forgiveness and promises to change. Abusers convince the victim and themselves that the promises are genuine. The victim wants to believe this is the last time. The woman sometimes withdraws charges because of the false hope that the abuser will never do it again.

Professionals should recognise the temporary nature of this calm phase and provide information to the victim to make an informed decision. Tension building almost always starts again.

Note:

- While many relationships involving violence do exhibit some type of cycle, it is important to be aware that violence in relationships may not always go through the cycle described above.
- In long-term abusive relationships, the time frame of the cycle may become shorter so that the couple may go through the entire cycle within a day. (Raising Voices, 2004)

Hand-out 4

Barriers to Disclosing Domestic Violence and Seeking Support

The reasons why survivors do not disclose domestic violence or seek help are complex and often deeply rooted in the mind of the survivor. Social, cultural and legal barriers may also hinder a survivor from seeking help. There is usually no one single reason. It is important to remember that many professionals and community members find it difficult to understand the dynamics of reporting abuse and of staying/leaving the relationship. Many feel that a survivor should "just leave". But we need to move away from blaming the victims to understanding the complexity of their lives and to looking for what we can do to help break the cycle.

REASONS WHY SURVIVORS MAY NOT REPORT THE VIOLENCE OR SEEK SUPPORT

SOCIO-CULTURAL REASONS:

- Fear of not being believed, of being blamed, of living alone, of stigma, of losing custody of children, of family upheaval, of harm that the man who uses violence may do to the survivor or to himself, the children or relatives
- Language barriers which either hamper survivors from being able to report the issue or prevent service providers from being able to assist them
- Deeply rooted cultural norms that dictate that women must serve and stay by the side of their husbands
- Emotional linkages with the abusive person
- Hope that things will be better
- Cultural, social and religious barriers which, for example, position domestic violence as the accepted norm or as a private matter.
- Age barriers, in particular with child survivors in the context of child marriage or women several years younger than the man using violence

ECONOMIC REASONS:

- Not having a way to support oneself or children if the survivor decides to leave
- Living in a highly controlled environment with an inability to escape due isolation from family and friends, and limited financial resources due to partner's control of money and assets.

ENVIRONMENTAL/LEGAL REASONS:

- Lack of familiarity with the reporting and support systems in displacement context
- Not having a safe place to go after reporting
- Fear of discrimination or hostility of the police after reporting
- Lack of legal protection, for example, if violence is perceived to be within the private sphere and not a criminal offense, or when only physical violence is considered a crime
- Prohibitive costs, for example, if costly verifying medical certificates are required to file a report of domestic violence (which also may discriminate against those whose injuries are not physical or visible)
- Fear of being deported if the survivor has not received refugee status or a residence permit, especially if the survivor's residency is dependent on that of the husband, as is may be true in family reunification cases
- Fear that reporting violence and leaving a partner may jeopardize resettlement status or entitlement for resettlement
- Fear of loss of access to humanitarian assistance, such as food rations and shelter

WHAT CAN YOU DO TO BREAK THE SILENCE?

There are ways that each of us can help break the silence. We can show a zero tolerance for violence; we can interrupt victim blaming when we hear it; we can offer to interpret or advocate at needed services (e.g., health, police etc.); we can promote awareness of services in the community to help break down stigma; and we can have conversations on domestic violence which will help counter the idea that it is a private matter.

Hand-out 5

Responding to Domestic Violence

WHAT CAN THE COMMUNITY DO TO BREAK THE CYCLE OF VIOLENCE?

- Encourage the survivor to talk to people they trust
- Inform the survivor of services available, and, if they choose, support their access to women's organisations or other community groups
- Have community leaders or other respected members of the community – if requested by a survivor – engage in talks with the partner
- Help the survivor become aware of legal action that can be taken to prevent violence
- Encourage the person who uses violence to talk to people they trust
- Assist the person who uses violence to become aware of services that teach techniques to manage anger and emotions
- If there are children involved, ensure their safety and communicate any risks to relevant service providers, school or community mechanisms
- Undertake community sensitization activities against domestic violence
- Engage men to challenge gender norms
- Have community leaders discuss domestic violence in general and publically support the position that domestic violence is not acceptable
- Discourage and interrupt victim blaming
- Establish norms of zero tolerance for violence in the community

THE ROLE OF UNHCR AND PARTNER ORGANISATIONS

UNHCR's role in responding to the needs of survivors of domestic violence will be different in each situation, but may involve:

RAISING AWARENESS AND UNDERSTANDING OF DOMESTIC VIOLENCE

- Work closely with partners to build an understanding of domestic violence issues within the community and what is already being done to address this problem. This will help determine when specific programmes addressing domestic violence are appropriate, or when it is better to integrate programming into other services or activities.
- Raise awareness of domestic violence within the legal system and refer survivors to accessible legal services.
- Foster a supportive environment, for example, through workshops with men and women on such topics as the legal framework, how to support survivors of domestic violence and where to go for help.

IMPROVING ACCESS AND QUALITY OF SERVICES FOR SURVIVORS

- Make sure comprehensive services with same sex service providers are available, including shelter and safety planning, legal aid, economic empowerment and psychosocial support. In addition coordinate and help build the capacity of police and courts. UNHCR staff should ensure that sufficient funds are allocated for such efforts.
- Ensure operational support for emergency response to survivors, e.g., timely transport to health care or legal aid if required.
- Encourage partner organizations to gather and include data on reports of domestic violence and services provided in regular SGBV reports.
- Make sure women who choose to leave relationships have equal access to humanitarian assistance and make sure that the community is aware of this. For example, ensure that the family ration cards or cash assistance can be re-allocated in separate names.
- Ensure that the referral pathway and efforts to raise awareness in the community on existing services include information on domestic violence.
- Support access to justice projects which enable survivors to report and pursue legal options.
- Mobilize community-based care for survivors at immediate risk.
- When children are at risk, ensure the best interest of children is paramount.
- Train allocated staff to provide crisis-oriented and confidential counselling including safety planning.[7]

TRAINING AND CAPACITY BUILDING

- Build capacity of partners and government services in, for example, case-management, psychological first aid and survivor safety planning.
- Likewise, build the capacity of health staff to screen, identify, treat and confidentially refer cases of domestic violence and other SGBV.
- Support training of police who work around refugee hosting areas to promote their understanding of domestic violence in order to facilitate reporting and appropriate response.
- Train UNHCR staff, including resettlement and RSD staff, to recognize and understand signs of abuse and understand national laws prohibiting domestic violence.
- Ensure that women are not forced to stay in abusive relationships for fear of losing status during the resettlement or refugee status determination processes.

[7] Robert Wood Johnson Foundation, *Intimate Partner Violence in Immigrant and Refugee Communities: Challenges, Promising Practices and Recommendations*, 2009

MEDIATION

In the absence of access to formal justice systems and safe houses in many displacement settings, and considering the reality that many survivors of domestic violence may lack the economic power or the community support needed to break the cycle of violence, mediation is often used to address domestic violence cases. It usually takes the form of a third party (police officers, community leaders, social services or NGOs) mediating between the two parties to help settle the conflict. Although usually well intended, in reality mediation is often not effective at stopping the pattern of abuse. True mediation assumes the two parties have equal power to influence the mediation process and outcomes. This is not the case in domestic violence situations in which the survivor is disempowered and, in some cases, may even participate in the mediation process under duress. Some NGOs are exploring alternatives to traditional mediation that recognize the dangers and power imbalances of traditional domestic violence mediation and that put more emphasis on the empowerment of survivors. This requires a high level of skill and careful monitoring. It is not recommended UNHCR staff get involved in mediation.

WHAT CAN YOU DO?

If you know someone who is experiencing domestic violence, make sure they receive information about the help available. If it is someone in your own environment; reach out and let them know that you are ready to give non-judgmental support.

Remember:

- Bear in mind where the survivor is in the cycle of violence.
- Do not blame them for staying in the relationship.
- They must make their own decisions; do not force them to take actions.
- Guide them to services in the community.

Hand-out 6

Prevention Activity Ideas

PROMOTING EQUAL GENDER NORMS AND ADDRESSING UNEQUAL POWER RELATIONS (THE ROOT CAUSE)

- Engage influential men in the community, or if possible local men's groups, to organise open dialogues on gender issues and domestic violence.
- Engage members of the community – both women and men – to organise and participate in dialogues on gender issues and domestic violence.
- Organise gender sensitive life-skills activities with youth on topics such as marriage, gender, and non-violent problem solving.
- Start mentoring groups where young couples are paired with older ones and taught about conflict resolution and communication skills.
- Meet with religious leaders and encourage them to address domestic violence.

MITIGATING RISKS THROUGH PHYSICAL PROTECTION/SAFETY

- Engage men in establishing domestic violence watch groups comprised of community members that document and intervene when violence occurs.
- Ensure that there are options for women in violent relationships to have access to temporary safe shelters or community-based care to ensure their immediate safety.

ADDRESSING LEGAL OR POLICY FRAMEWORKS AND ENDING IMPUNITY

- Advocate with authorities for compliance with international and national law and/or legal reform.
- Engage men, women, and influential people in the community in advocacy efforts.
- Organise workshops with women on the legal framework for supporting survivors.

SAFE ACCESS TO BASIC NEEDS AND MULTI-SECTORAL PROGRAMMES

- Make sure women are registered individually and can access humanitarian services and assistance independently from husbands and other male relatives.
- Break the silence around domestic violence; develop appropriate pictorial and local-language posters and resources on what domestic violence is and where to go for help and post them in high visibility locations such as health centres, distribution centres and other public places.
- Organise video shows and presentations in the local language about domestic violence. Use drama as a method to convey messages about non-violent problem solving. Accompany dramatic performances and video presentations with discussions to help people engage, reflect and think critically.
- Give health talks about domestic violence in the waiting rooms of health centres.
- Support community members in organising public awareness exhibitions that discuss domestic violence and its consequences for the community.

AFFIRMATIVE ACTION FOR ECONOMIC, EDUCATIONAL AND SOCIAL OPPORTUNITIES

- Explore options for regular engagement with women (e.g., coffee talks, sporting events, community activities).
- Start a women's group for women to share experiences, learn about rights and feel supported.
- Organise men's workshops, facilitated by men who are educated on addressing gender issues, that focus on domestic violence, how domestic violence affects them as well as survivors, families and communities, and what ideas they may have to prevent and address domestic violence.
- Start men's groups where men can talk about managing stress and anger; learn about healthy intimate partner and family relationships; share experiences and develop support, knowledge and skills on such issues.
- Promote livelihood and educational opportunities for women (parallel to programmes for men).

REMEMBER: PRINCIPLES OF EFFECTIVE PREVENTION[8]

- **Work across the Ecological Model** with interventions at all levels (society, community, relationship and individual).
- **Use a gender-power analysis:** Programmes should be based on a systematic analysis of the drivers of SGBV, understanding power dynamics in specific contexts and cultures.
- **Sustained multi-sector coordinated efforts:** Involve various areas of work, such as access to justice, education, livelihood and health.
- **Theory and evidence-informed approaches:** Use programme models that have proven to show results.
- **Programming that encourages personal and collective critical thought:** Use participatory processes that facilitate reflection, addressing communities.
- **Aspiration programming that inspires activism:** Use language that emphasizes safer, happier, healthier relations between women and girls and men and boys, that does not solely rely on humanitarian organisations and on governments, but recognizes the potential leadership roles of individuals, communities, media and the private sector.

[8] From: Michau, Lori, Jessica Horn, Amy Bank, Malika Dutt, Cathy Zimmerman, "Prevention of Violence against Women and Girls: Lessons from Practice", in *The Lancet*, 20 November 2014

Pre-/Post-test

Module 13: Domestic Violence

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) Domestic violence occurs between intimate partners.
   b) Although displacement is associated with an increase in domestic violence, it is not the root cause of such violence.
   c) Women who are victims of domestic violence may sometimes be at fault.
   d) In most cases, domestic violence is not intended behavior; the abuser may be out of control, for example.
   e) In most cases, domestic violence is a one-time violent event.
   f) As domestic violence occurs in the home, domestic law applies, not human rights law.
   g) Girls who witness violence in their homes are more likely to become advocates against violence in their later years.
   h) Domestic violence occurs in all types of families, regardless of social or economic status.

2. Which of the following are appropriate actions for UNHCR to take to respond to the needs of domestic violence survivors? Choose all that apply:
   a) Establishing a referral pathway and raising awareness in the community on existing services
   b) Through case management, convincing perpetrators to stop the violence
   c) Training staff to recognize signs of abuse
   d) Mobilizing community-based care for survivors at immediate risk
   e) Mediation when formal justice systems or safe houses are absent
   f) Taking away refugee status of the perpetrator in case of extreme violence
   g) Capacity building of partners and government services, for example, in case management
   h) Assessing the best interests of children in families where domestic violence is occurring

3. What are some common reasons survivors of domestic violence do not report the abuse or seek help? Choose all that apply:
   a) Fear of losing custody of one's children
   b) Fear of blame
   c) Having a high tolerance level for physical pain
   d) Not having a safe place to go after reporting
   e) Not minding the violence
   f) Not being able to escape
   g) Hope that things will be better
   h) Acceptance of domestic violence as the norm or a private matter

4. Explain in your own words what is meant by the cycle of violence.

5. Please list four concrete examples of activities aimed at the prevention of domestic violence in the community.

Pre-/Post-test: Answer Sheet

Module 13: Domestic Violence

(Correct responses are highlighted in **bold**)

1. True or False? Please select all TRUE statements.

   a) Domestic violence occurs between intimate partners.

   b) Although displacement is associated with an increase in domestic violence, it is not the root cause of such violence.

   c) Women who are victims of domestic violence may sometimes be at fault.

   d) In most cases, domestic violence is not intended behavior; the abuser may be out of control, for example.

   e) In most cases, domestic violence is a one-time violent event.

   f) As domestic violence occurs in the home, domestic law applies, not human rights law.

   g) Girls who witness violence in their homes are more likely to become advocates against violence in their later years.

   h) Domestic violence occurs in all types of families, regardless of social or economic status.

2. Which of the following are appropriate actions for UNHCR to take to respond to the needs of domestic violence survivors? Choose all that apply:

   a) Establishing a referral pathway and raising awareness in the community on existing services

   b) Through case management, convincing perpetrators to stop the violence

   c) Training staff to recognize signs of abuse

   d) Mobilizing community-based care for survivors at immediate risk

   e) Mediation when formal justice systems or safe houses are absent

   f) Taking away refugee status of the perpetrator in case of extreme violence

   g) Capacity building of partners and government services, for example, in case management

   h) Assessing the best interests of children in families where domestic violence is occurring

3. What are some common reasons survivors of domestic violence do not report the abuse or seek help? Choose all that apply:

   a) Fear of losing custody of one's children

   b) Fear of blame

   c) Having a high tolerance level for physical pain

   d) Not having a safe place to go after reporting

   e) Not minding the violence

   f) Not being able to escape

   g) Hope that things will be better

   h) Acceptance of domestic violence as the norm or a private matter

NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exclusive; they serve as *examples* of correct answers.

4. Explain in your own words what is meant by the cycle of violence.

   Many relationships involving violence exhibit some type of cycle consisting of different phases:

   Tension building. The abuser gets angry, irritable. The survivor – and other family members such as children – feel anxious and fearful that violence will occur. The survivor tries to please the abuser to help him stay calm. → Violence: The tension eventually leads to a violent episode. This may include sexual, emotional/psychological and physical violence as well as denial of resources and access to services. The violence could be one event or last over a period of time. → Calm is restored: After the violence, there is a calm stage during which the abuser may apologize and make an extra effort to maintain peace in the family. The survivor hopes that the violence was temporary and that the partner will change. → Until the *tension builds up again…* This pattern repeats itself unless the cycle of violence is broken.

5. Please list four concrete examples of activities aimed at the prevention of domestic violence in the community.

   For answers please refer to Hand-out 6: Prevention Activity Ideas

Module 13

Domestic Violence

Objectives

- Describe what is meant by the term *domestic violence*
- Challenge some existing myths
- Identify the root cause of domestic violence
- Explain the pattern of abusive relationships
- List barriers survivors of domestic violence face in reporting and seeking support
- Describe programme interventions that prevent domestic violence and that respond to the needs of survivors

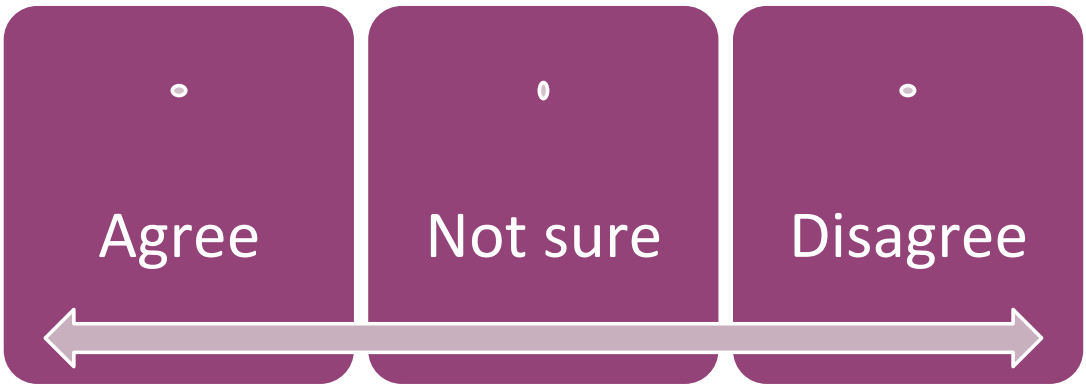
What is domestic violence?

….a pattern of control that one intimate partner exerts over another.

….physical, emotional or sexual violence and/or denial of resources or access to services.

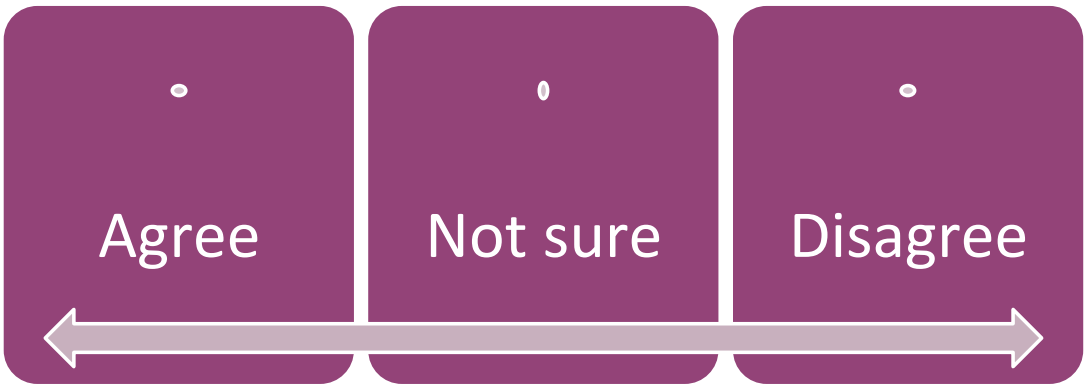
It is also called Intimate Partner Violence

Domestic violence is a private issue.



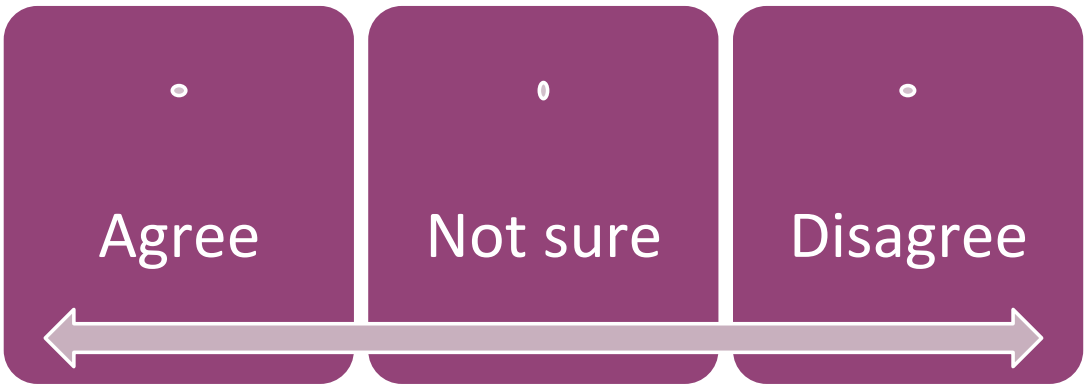
- Domestic violence is not a private matter.
- Violence against women and children violates human rights and, in most countries, the national law.
- The consequences of domestic violence are suffered across a community and society.

Women who are subjected to domestic violence sometimes cause the violence.



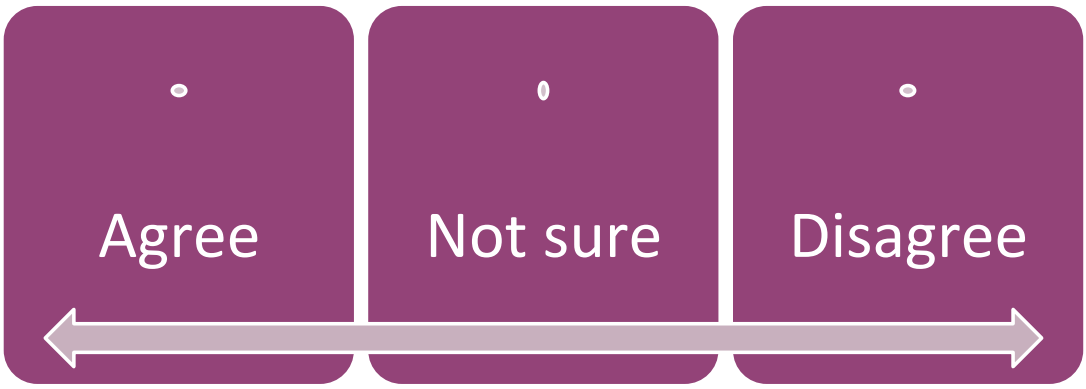
- ➔ Violence is never justified regardless of what the abused person has said or done.
- ➔ The survivor is not responsible for the violence. The person who uses violence is responsible for *their* actions.
- ➔ Only the person who uses violence has the ability to stop the violence.

Men who abuse are violent because they cannot control their anger and frustration.



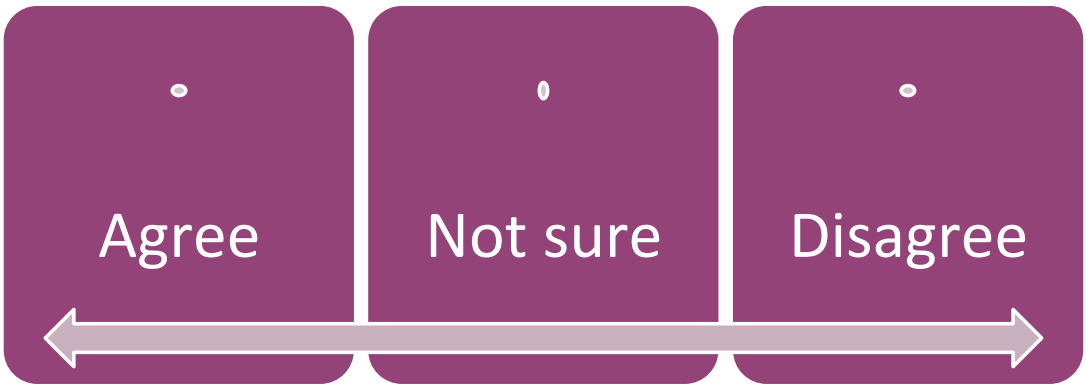
- Domestic violence is *deliberate* conduct, and those who use violence are not out of control.
- Those who use violence against their intimate partners and in the home generally do not attack their bosses or people on the streets, no matter how angry they may be.

Domestic violence mostly occurs in poor societies.



- Domestic violence is common in all societies.
- It occurs among all types of families, regardless of income, occupation, religion, ethnicity or educational level.
- Violence does not happen because of poverty or lack of education; rather the root cause is gender norms and unequal power relationships.

It is always best for families to stay together.

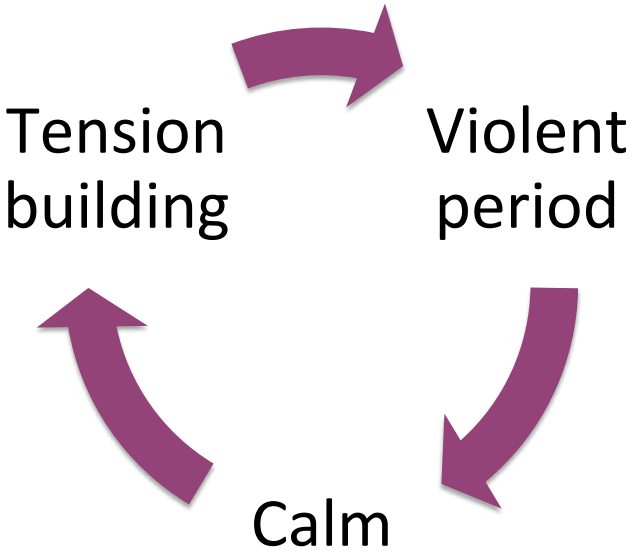


- When abuse takes place within a family, the home becomes a very unsafe place.
- Children experience emotional trauma when witnessing violence in the home.
- Forcing someone to stay in an abusive home sometimes leads to death.

The Root Cause of Domestic Violence

- Displacement and poverty may be *contributing factors* but are not *the root cause*.
- The root cause of domestic violence is al gender norms and unequal power relationships.
- One partner in a relationship feels entitlement over their partner and feels justified in demonstrating power through violence.
- The survivor is not responsible for the violence.

Cycle of Violence



How does the cycle help us understand survivors?

- ➔ Take seriously all violence-related incidents, regardless of how petty they may seem.
- ➔ Recognise the *temporary* nature of the calm phase.
- ➔ Disclosure of domestic violence may take a long time; in some instances, a survivor may return to the abusive person several times.

Supporting a survivor

- ➔ Bear in mind where the survivor is in the cycle of violence.
- ➔ Do not blame them for staying in the relationship.
- ➔ They must make their own decisions; do not force them to take actions.
- ➔ Guide them to services in the community that could help them take actions they are ready to take.

Domestic violence prevention work

- ➔ Breaking the silence and shame around domestic violence.
- ➔ Influencing the root cause of domestic violence – address gender norms and unequal power relationships.

Raising Voices

preventing violence against women & children

Rethinking Domestic Violence:

A Training Process for Community Activists

SASA! Community Mobilization Approach

Mobilising Communities to Prevent Domestic Violence

www.raisingvoices.org

MODULE 13: Domestic Violence 19

MODULE 14
Survival Sex

MODULE OUTLINE

Session 1	Survival sex: What does it mean?	80 minutes	1
Session 2	Causes and consequences of survival sex in displacement	40 minutes	2
Session 3	Addressing survival sex	120 minutes	3

TIMING:

4 hours

SUMMARY

The purpose of this session is to increase understanding of what survival sex means and why it occurs in displacement settings. Participants gain understanding of the key concerns and needs of persons engaged in survival sex and explore ways to prevent survival sex and to respond to the needs of those engaged in survival sex. Emphasis is put on the importance of being non-judgemental when working with persons engaged in survival sex.

LEARNING OBJECTIVES

By the end of this module participants should be able to:

- ✓ Explain what is meant by survival sex
- ✓ List consequences of survival sex
- ✓ Explain how survival sex is linked to displacement and list factors that contribute to pushing people of concern into sex work
- ✓ Identify concrete actions to address survival sex as a coping mechanism
- ✓ Explain key principles to take into consideration in preventing and responding to survival sex

KEY MESSAGES

- → Survival sex means exchanging sex for basic needs or protection, in order to survive.
- → Survival sex is not a choice; it could be the only option (or perceived only option) that displaced persons consider they have to sustain themselves.
- → Survival sex involves unequal power relationships; it is *not* an equal transaction and is inherently exploitative.
- → The selling or buying of sex involving children is a crime, and, in consideration of their best interests, a child engaged in survival sex should be supported and removed from the condition of exploitation.
- → When we work to support persons of concern engaged in survival sex, showing empathy and being non-judgemental is crucial.
- → Survival sex could be a direct consequence of family separation, failures of registration systems and gaps in humanitarian assistance.
- → Persons engaged in survival sex are exposed to health and protection risks, including other forms of SGBV.
- → Addressing survival sex requires a holistic approach.
- → Reproductive health and HIV prevention are good entry points to engage with persons involved in survival sex.
- → Persons engaged in survival sex have the same rights as anyone else.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, projector/laptop, markers, post-its
- One copy of the document: *HIV and Sex Work in Refugee Situations: A Practical Guide to Launching Interventions*, UNHCR 2010

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Survival Sex and Discrimination *(Only the facilitator will require a copy)*
- Activity Sheet 2: Voices of Persons of Concern
- Activity Sheet 3: Scenarios
- Activity Sheet 4: Case Study
- Activity Sheet 5: Articles in the News

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Understanding Survival Sex
- Hand-out 2: Sample Activities Addressing Survival Sex
- Hand-out 3: Programming Issues to Consider
- Hand-out 4: Responding to Children

OTHER:

- If possible, find a short video on survival sex in the setting where participants work.

UNHCR READING MATERIALS AND RESOURCES

- → *Action against Sexual and Gender-Based Violence: An Updated Strategy*, 2011.
- → UNHCR, *HIV and Sex Work in Refugee Situations: A Practical Guide to Launching Interventions*, 2010.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 14: Survival Sex has been produced for educational purposes only in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

- → *Communication Skills for Social Workers: A Trainers' Manual,* Kevin Barnes-Ceeney and Amanda Naylor, 2005.
- → *Secretary-General's Bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse*, United Nations Secretary-General (UNSG), 2003.
- → *HIV/AIDS, Gender and Sex Work* in *HIV/AIDS and Gender: Fact Sheet Overview*, UNAIDS, 2014 .
- → *Peril or Protection: The Link between Livelihoods and Gender-based Violence in Displacement Settings*, Women's Refugee Commission, 2009.

SESSION 1: Survival Sex as a Coping Mechanism

80 minutes

LEARNING OBJECTIVES

- ✓ Explain the meaning of survival sex

KEY MESSAGES

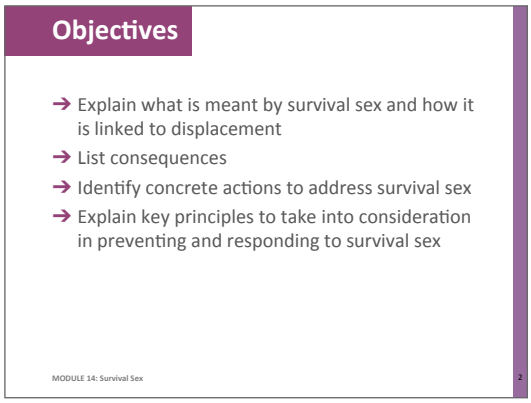
- → Survival sex means exchanging sex for basic needs or protection, in order to survive.
- → Survival sex is not a choice; it could be the only option (or perceived only option) that displaced persons consider they have to sustain themselves.
- → Survival sex involves unequal power relationships; it is *not* an equal transaction and is inherently exploitative.
- → The selling or buying of sex involving children is a crime, and, in consideration of their best interests, a child engaged in survival sex should be supported and removed from the condition of exploitation.
- → When we work to support persons of concern engaged in survival sex, showing empathy and being non-judgemental is crucial.

PREPARATION

- Hand-out 1: Understanding Survival Sex
- Activity Sheet 1: Survival Sex and Discrimination
- Activity Sheet 2: Voices of Persons of Concern
- Activity Sheet 3: Scenarios

Survival sex and discrimination

GROUP ACTIVITY (40 MINUTES)



1. Explain the purpose of this training of this training:

NOTES TO THE FACILITATOR:

Learning Objectives:

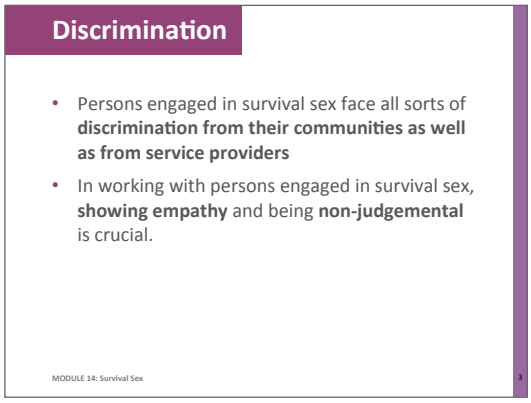
At the end of this training session participants should be able to:

- *Explain what is meant by survival sex and how it is linked to displacement*
- *List consequences of survival sex*
- *Identify concrete actions to address survival sex as a coping mechanism*
- *Explain key principles to take into consideration in preventing and responding to survival sex*

Note: *The purpose of this session is to increase understanding of what survival sex means and what we can do to prevent it, as well as to increase awareness about the key concerns and needs of persons engaged in survival sex. Further training is recommended in order to* implement *programmes specifically aimed at the reintegration of persons engaged in survival sex. The module will refer to existing guidance in this field.*

2. Explain that discrimination is a very important issue to address when we speak about survival sex. This introductory exercise looks at the discrimination that persons engaged in survival sex face in the operations where we work.

3. Conduct the activity following the instructions of Activity Sheet 1: Survival Sex and Discrimination. *Note to the facilitator: It is recommended that* two *facilitators lead this activity.*



4. Following the exercise, reconvene the group and emphasize the following key point:

   Understanding the situations faced by persons engaged in survival sex is critical in providing support. When we work to support persons of concern engaged in survival sex, **showing empathy** and **being non-judgemental** is crucial.

Voices of persons of concern

DISCUSSION (10 MINUTES)

5. Share Activity Sheet 2: Voices of Persons of Concern, and ask participants to read the quotes aloud.

6. Point out that these quotes reflect some of the options that refugees, asylum seekers and IDPs across the world have to resort to in order to survive.

7. Ask for the participants' reactions. What are the vulnerabilities of the persons involved? Note the different types of transactions described: sex in exchange for goods, as in quote 3; the involvement of aid workers, as in quote 1; having a "sugar daddy", as in quote 6; commercial sexual exploitation, as in quote 2; etc.

8. Emphasize that survival sex is a complex issue, which usually elicits much debate about what choices the persons involved do or don't have. Looking at the definition may help us structure our thinking.

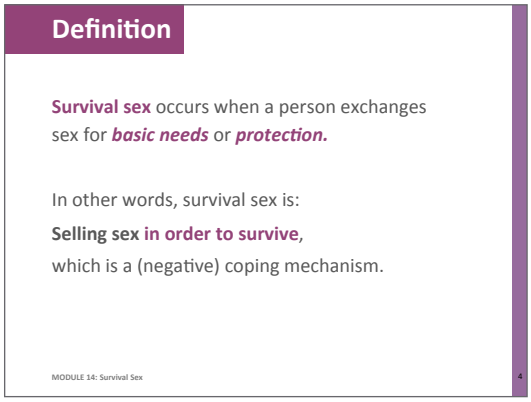
Understanding survival sex

DISCUSSION AND ACTIVITY (30 MINUTES)

9. Read out the definition of survival sex from the presentation slide.

   Survival sex occurs when a person **exchanges sex for basic needs or protection**, or in other words, they sell sex **in order to survive**.

10. Emphasize: *in order to survive* and expand upon this using the Notes for the facilitator below.



NOTES TO THE FACILITATOR:

Survival Sex

Survival sex is the exchange of sex for basic needs (or money to purchase basic needs) or protection ***in order to survive****.*

In this definition exchanging sex to meet basic needs is considered a coping mechanism used in extreme situations. This distinguishes survival sex from sex work *or* prostitution*, which some may, in certain circumstances, freely choose as an occupation. (Although some might dispute that sex workers ever voluntarily choose their profession).*

Survival sex is not voluntary, nor equal. *Persons exchanging sex for basic goods often see no other option to support themselves. And although some may resort to survival sex regularly, many do so only occasionally or on a temporary basis and "do not consider themselves to be linked with formal sex work" (UNAIDS/UNFPA).*

11. Ask participants if basic needs are the same for everyone? Who decides what basic needs are? Facilitate a discussion highlighting the key points in the Notes to the Facilitator below. Emphasize the importance of being nonjudgmental.

NOTES TO THE FACILITATOR:

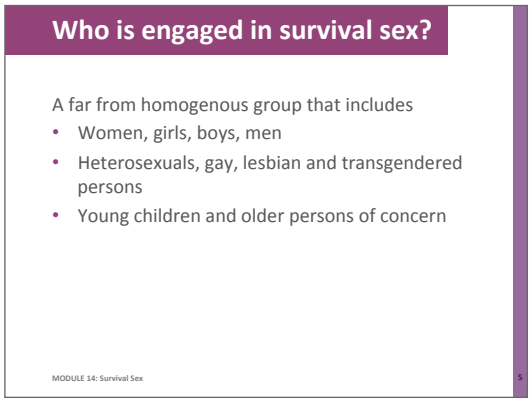
Basic needs

It is important to note that what is understood by basic needs *is not easily defined. We should not have assumptions about what survival is. Basic needs certainly include water, food, shelter, school materials, but it can also include things we don't immediately think about. For one person, that could be a face cream; for another person having a few sets of clothes. Basic needs are about what other people feel they need at that time. Also, some women start exchanging sex for basic needs, and then continue, even if strictly speaking they have met their basic needs.*

Avoid judgement of those engaged in sex work/survival sex

Although this module does not focus on sex work, or transactional/commercial sex as this broader area is known, everyone *needs to be viewed without judgement. Persons engaged in sex work should not be left out of programmes. We must address the risks all persons of concern face, regardless of the reasons why they face those risks or our opinions about those reasons.*

Note: *UNHCR public health staff may use the term* sex work*, whereas protection staff may refer to* survival sex*. Irrespective of terminology, there is agreement that persons of concern who exchange sex for money, basic necessities of services, do so under exploitative conditions which exposes them disproportionately to violence.*



12. Using the Notes to the facilitator below, facilitate a short discussion. Ask participants who engages in survival sex? Emphasize that those who do are not a homogenous group and that boys and men can also be engaged in survival sex.

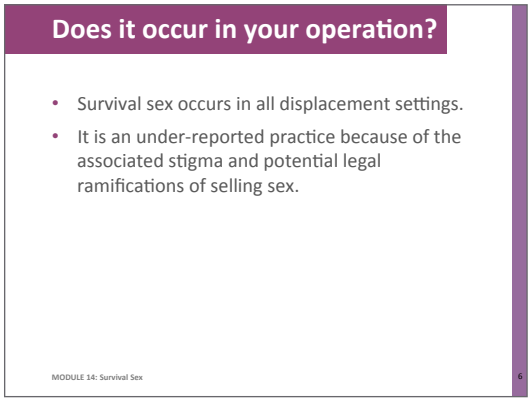
NOTES TO THE FACILITATOR:

Persons engaged in survival sex

Persons engaged in survival sex do not belong to a homogenous group. They include women and men, heterosexuals as well as LGBTI individuals, very young children and older persons. It is a mistake to assume that only women and girls are engaged in survival sex or that all men and boys who do so are gay.

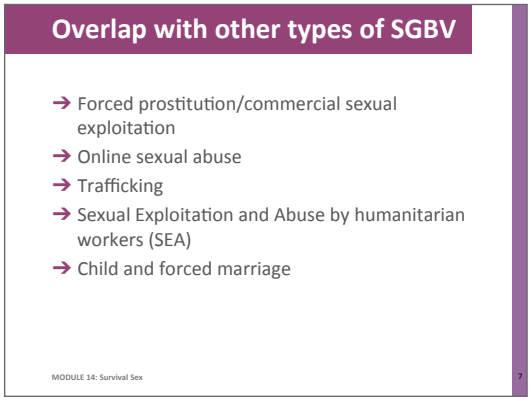
13. Ask participants to think for a moment how survival sex manifests in their operation. Where does it take place? For example, does it occur in bars, restaurants, or organized settings such as brothels or night clubs? In less visible locations, at home or on the streets? Who is involved?

14. Point out that survival sex occurs in all displacement settings. It is an under-reported practice because of the associated stigma and possible legal ramifications of sex work.



15. Explain that survival sex covers a broad range of transactions, and as the quotes indicate, there is often a link with other types of SGBV. Distribute Activity Sheet 3: Scenarios. Ask participants to sit in pairs, and briefly discuss each case and decide if it is an example of survival sex.

16. After a few minutes, ask for quick feedback on each scenario. Did participants disagree about any of the cases? Allow discussion to take place. Emphasize the key points in the Notes to the facilitator below.

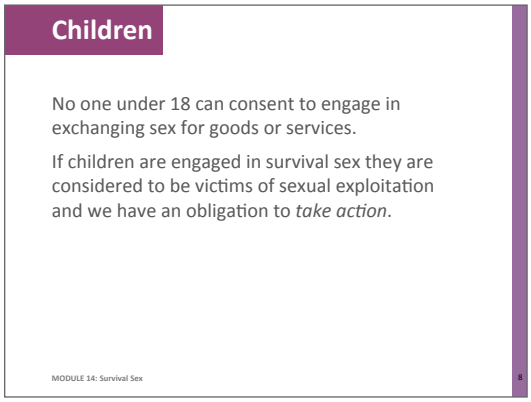


NOTES TO THE FACILITATOR:

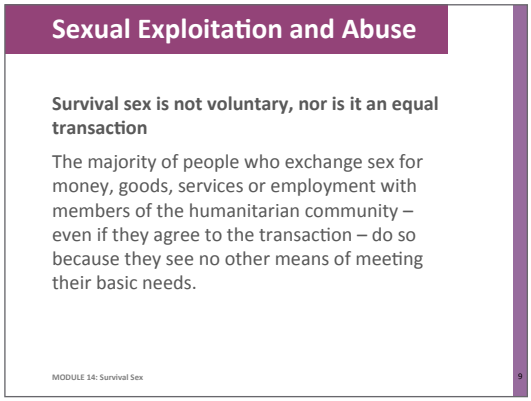
Links with other types of SGBV

Survival sex covers a broad range of transactions. Persons engaged in survival sex are often physically and sexually assaulted by their "clients" or by pimps. The effects of survival sex may be long term. There have been reports that children engaged in selling sex are at greater risk of continued sexual violence. In general, survival sex often links with other types of SGBV. For example:

- *Forced prostitution/commercial sexual exploitation: Persons of concern are sometimes forced by relatives or others to engage in sex in order to provide for the family. Children are sometimes used for the production of online child-abuse materials (less appropriately termed child pornography).*
- *Trafficking: Commercial sexual exploitation can be a form of trafficking.*
- *Child marriage and forced marriage: In some settings, girls are forced into marriage in exchange for money to survive.*
- *Sexual Exploitation and Abuse (SEA): For example, displaced persons may exchanges sex for services or goods if the "client"/perpetrator is a person in a position of power, such as a teacher.*



Important note with regards to children: *Under international law children (anyone under 18) cannot consent to engage in exchanging sex for money, goods, or services. If they do engage in prostitution or survival sex, they should be treated as survivors of sexual abuse and exploitation. The selling or buying of sex involving children is a crime and obliges us to* take action.



17. Explain how survival sex is linked to sexual exploitation by humanitarian actors, using the animated slide and the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Survival sex and Sexual Exploitation and Abuse (SEA) by humanitarian workers

As United Nations staff or related personnel working among vulnerable populations, we are almost always in positions of power or trust in relation to those we are charged to assist. This difference in power creates the potential for abuse. Abusing a position of power by exchanging money, employment, goods or services for sex constitutes sexual exploitation and is prohibited.

Recall the Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse *(2003), which defines acts of Sexual Exploitation and Abuse and classifies them as serious misconduct for all United Nations staff and partners.*

In cases of SEA, the focus is not on consent, but on the nature of the relationship. Even if both persons involved agree to the transaction, it is still an abuse of power by the humanitarian worker and therefore considered exploitation.

The vast majority of people who exchange sex for money, goods, services or employment with members of the humanitarian community – even if they agree to the transaction – do so because they see no other means of meeting their basic needs. They are engaged in survival sex.

Under the Secretary-General's Bulletin, it is prohibited for any United Nations staff or related personnel to engage the services of a prostitute/sex worker, even if prostitution is legal in the country where the sex takes place or is legal in the personnel member's own country.

18. Emphasize: survival sex is not voluntary, nor is it an equal transaction. No matter what, being non-judgemental is essential. For children there is no distinction made between sex work or survival sex; it is all exploitation.

19. Distribute Hand-out 1: Understanding Survival Sex.

SESSION 2: Causes and Consequences of Survival Sex in Displacement

40 minutes

LEARNING OBJECTIVES

- ✓ Explain how survival sex is linked to displacement

KEY MESSAGES

- → Survival sex could be a direct consequence of family separation, failures of registration systems and gaps in humanitarian assistance.
- → Persons engaged in survival sex are exposed to health and protection risks, including other forms of SGBV.

PREPARATION

- Activity Sheet 4: Case Study
- If possible, find a short video on survival sex in the setting where participants work.

Why does survival sex occur?

VIDEO AND DISCUSSION (20 MINUTES)

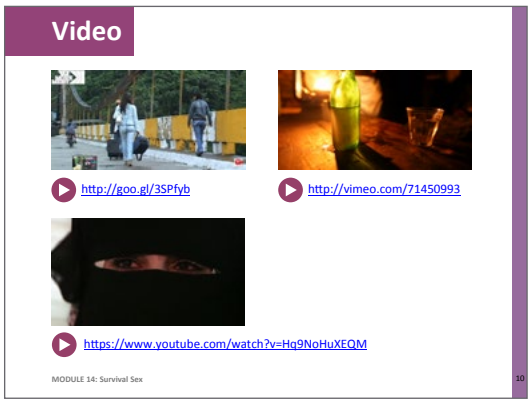
1. Show participants a short video on survival sex in the setting where they work. You can select one from the list below, or find one online. Ask participants to reflect on the question: what makes the persons in the video resort to survival sex?

   You can find a wealth of short videos or news clips online that relate to survival sex in different regions of the world. For example:

   Syrian Refugees: Women Exploited in Jordan, BBC News, 29 May 2013, available at: http://goo.gl/3SPfyb

   No Other Way: Prostitution in Eastern Congo, Anne Bailey, 2013, available at: http://vimeo.com/71450993

   Refugees Turn to Sex Work in Ecuador, The VJMovement, 2011, available at: https://www.youtube.com/watch?v=Hq9NoHuXEQM



2. Ask volunteers to list the reasons why the persons in the video engaged in survival sex.

3. Then ask participants what makes persons of concern resort to survival sex in their operations? Write their responses on a flip chart. Be sure the issues in the Notes to the facilitator below are covered.

NOTES TO THE FACILITATOR:

Survival sex can be a consequence of a combination of multiple factors which include:

- *Gaps in assistance, or failures of registration systems*
- *Refugees not having the right to work*
- *Family separations and lack of support network*
- *Absence of the breadwinner due, for example, to death, disability, involvement in armed groups, separation*
- *Power differences*
- *Breakdown of social support mechanisms*
- *Presence of armed forces*
- *Aid dependency*
- *Prior experience of sexual violence. For example, former sex slaves are often ostracized in their community and rejected by their family. Lacking a support network, they may resort to exchanging sex in order to survive.*

Consequences of survival sex

GROUP ACTIVITY (20 MINUTES)

4. Divide participants into four groups. Distribute copies of Activity Sheet 4: Case Study. Assign each group one of four categories, physical health, mental health and psychosocial, legal/justice and socio-economic, and ask them to develop a list of potential consequences the person in the case study might face in that category. Allow 5 minutes for a quick brainstorm. At the end of the exercise, groups present their lists.

5. Ask each group to share the consequences they thought of. Use the Notes to the facilitator to complement the discussion if any issues have not been mentioned.

6. How would these consequences be aggravated in the case of child survivors?

NOTES TO THE FACILITATOR:

Consequences of survival sex:

Health: *Persons engaged in sex work in general have significantly higher rates of sexually transmitted infections (STIs) and HIV infection. They often suffer from physical and sexual abuse at rates much higher than the general population. For example, asking "clients" to pay or to use a condom may result in rape or beating. Other potential physical health consequences are exposure to unwanted pregnancy and denial of appropriate health care.*

Note: *It is particularly difficult for children forced to sell sex to protect themselves from STI's and HIV.*

Mental health and psychosocial: *High levels of physical and sexual abuse can have an impact on mental health. Persons engaged in survival sex may face stigmatization from the community, from their "clients", from family members, from the police, from the judicial system, even from health care providers. Their children may face stigmatization too and often have limited access to education or support services. However, it should be noted that there are also children who* are *going to school, and* have *access to basic needs, because a family member is exchanging sex for money.*

Socio-economic: *Stigmatization often prevents persons engaged in survival sex from reintegrating in the regular job market. Survival sex also signals a hand-to-month existence characterized by extreme* ***levels of indebtedness and poverty.***

Legal and Security: *Consequences of survival sex include the risk of arbitrary arrest and refoulement. Persons engaged in survival sex often have no means of legal redress, as they are perceived as being engaged in prostitution, which is criminalized in many countries.*

SESSION 3: Addressing Survival Sex

120 minutes

LEARNING OBJECTIVES

- ✓ Identify concrete actions to address survival sex as a coping mechanism
- ✓ Explain key considerations in preventing and responding to survival sex

KEY MESSAGES

- → Addressing survival sex requires a holistic approach.
- → Reproductive health and HIV prevention are good entry points to engage with persons involved in survival sex.
- → Persons engaged in survival sex have the same rights as anyone else.

PREPARATION

- Activity Sheet 5: Articles from the News
- Hand-out 2: Sample Activities Addressing Survival Sex
- Hand-out 3: Programming Issues to Consider
- Hand-out 4: Responding to Children

Addressing survival sex

GROUP ACTIVITY (70 MINUTES)

1. Ask participants if they can think of reasons why addressing survival sex in situations of displacement is challenging. See Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Addressing survival sex is challenging for many reasons, including:

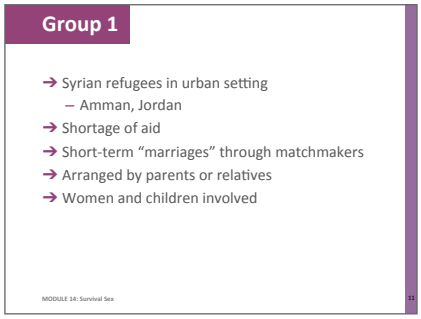
- *The stigma and discrimination attached to survival sex*
- *The sometimes hidden nature of the practice due to stigma or legal ramifications*
- *Lack of legal redress*
- *Lack of data on survival sex*
- *Lack of resources devoted to addressing survival sex (financial, human, expertise)*
- *Inadequate resources to meet the immediate material and long-term livelihood needs of persons of concern*

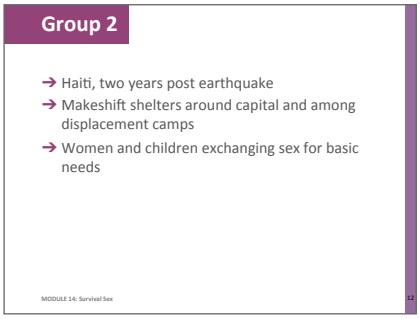
2. Divide participants into three groups. Give each group copies of *one* of the articles of Activity Sheet 5: Articles in the News.

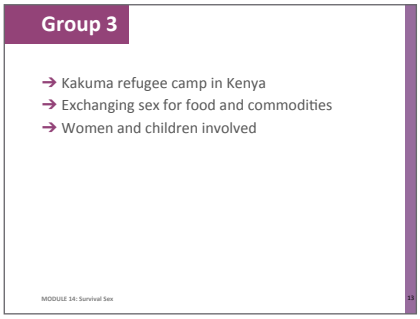
   Note: As an alternative you can search the net and use an article relevant to the participants' operation.

3. Ask each group to brainstorm prevention and response activities that would address the problem presented in their article. At the end of each article, a few questions can be found to guide the discussion. This list is not exhaustive, but is to help the groups structure their thinking.

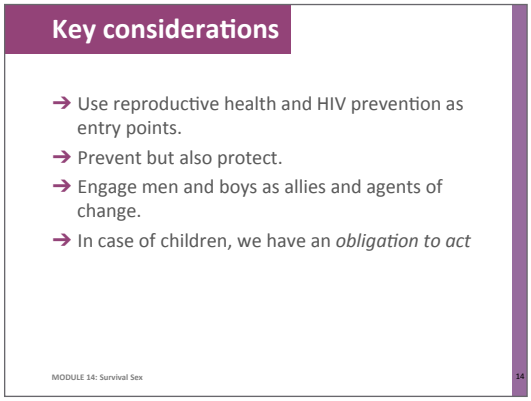
4. Each group has 5-7 minutes to report back in plenary. The presentation slides include a short summary of each scenario. Participants can use this for their presentations. After each presentation allow time for questions and comments from the rest of the group.

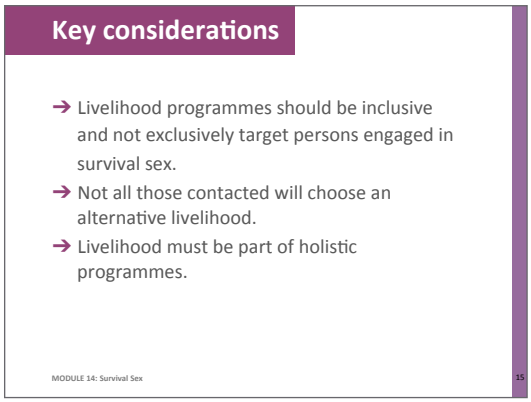






5. Complement the group presentations by highlighting some of the activities from Hand-out 2: Sample Activities Addressing Survival Sex. There is no need to go over all activities.



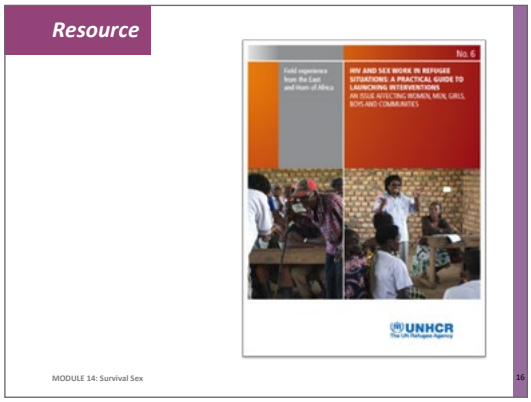


Programme principles

DISCUSSION (20 MINUTES)

6. Using Hand-out 3: Programming Issues to Consider, discuss addressing survival sex through programme interventions. Refer back to the presentations of the group work.

7. End this session by asking participants for good practice examples in addressing survival sex. Encourage sharing concrete examples, by asking questions such as:
   - → *How were men and boys engaged?*
   - → *What was the approach for children exposed to sexual exploitation?*
   - → *What were the challenges?*



8. Show participants the document: *HIV and Sex Work in Refugee Situations: A Practical Guide to Launching Interventions*, UNHCR 2010 (available http://www.unhcr.org/4c7f94cd9.pdf). This document focuses on sex workers in general, but includes information on those exchanging sex for basic needs, i.e., those engaged in survival sex.

9. Point out that this document contains very practical strategies to launch comprehensive interventions for sex workers. It discusses eight programming steps, using HIV prevention as an entry point to engage with persons involved in survival sex.

10. Explain that it falls beyond the scope of this training session to discuss this in detail, but for anyone working or planning to work with persons engaged in survival sex, it is essential reading material. For more information, they should contact the health unit at UNHCR headquarters: HQPHN@unhcr.org.

Special considerations for children

GROUP ACTIVITY (20 MINUTES)

11. Explain that we have now explored general prevention and response activities at community level. Next, the module will examine what is needed at the individual level *when children are involved*.

12. Ask participants what they would do if they came across a child engaged in survival sex. Read out the following scenarios one by one, allowing for a few minutes brainstorm for each case. Use Hand-out 4: Responding to Children as a guide in facilitating the discussion.

    Note: Time allowing, this activity can be adapted into group work. Divide the group into smaller groups, handing out one scenario per group. Participants can use their imaginations to fill-in missing information, or you can work out the case studies in more detail prior to the training. Groups should list steps they would take in response to the given scenario.

    - A 16-year-old girl is living with other girls her age. They have sex with men in the camp in order to buy clothes, sanitary materials and face creams that they can't afford otherwise.
    - A 14-year-old boy living in an IDP camp exchanges sex for food unbeknownst to his parents.
    - A 12-year-old girl has agreed to be married to an older man so that her family can receive the dowry payment.
    - A 17-year-old girl lives with an aunt, who encourages her to have sex with their landlord so that the family has a place to live.

13. Distribute Hand-out 2: Sample Activities Addressing Survival Sex, Hand-out 3: Programming Issues to Consider and Hand-out 4: Responding to Children.

Wrap-up

(10 MINUTES)

14. Ask participants to reflect on how they can address these issues in their own work.

15. Encourage participants to share some of their reflections in plenary.

16. Address any unanswered questions and sum up with the key messages for the module.

REFERENCES:

Kevin Barnes-Ceeney and Amanda Naylor, *Communication Skills for Social Workers: A Trainers' Manual*, 2005, available at: http://goo.gl/9wwLDh

UNAIDS, "HIV/AIDS, Gender and Sex Work", in *HIV/AIDS and Gender: Fact Sheet Overview*, available at: http://goo.gl/YL1a6v

UNHCR, *Action against Sexual and Gender-Based Violence: An Updated Strategy*, June 2011, available at: http://www.refworld.org/docid/4e01ffeb2.html

UNHCR, *HIV and Sex Work in Refugee Situations: A Practical Guide to Launching Interventions*, June 2010, available at: http://www.unhcr.org/4c7f94cd9.pdf

UNHCR, *Livelihood Programming in UNHCR: Operational Guidelines*, 2012, available at: http://www.refworld.org/docid/512611392.html

UN Secretary-General (UNSG), *Secretary-General's Bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse*, 9 October 2003, ST/SGB/2003/13, available at: http://www.refworld.org/docid/451bb6764.html

Women's Refugee Commission, *Peril or Protection: The Link between Livelihoods and Gender-based Violence in Displacement Settings*, 2009, available at: https://goo.gl/jszsxF

Activity Sheet 1

30 minutes

Survival Sex and Discrimination[1]

TO BE GUIDED BY THE FACILITATOR. STEP-BY-STEP INSTRUCTIONS:

It is recommended that this activity be led by *two* facilitators.

Divide the group in two and ask each group to write down on a flip chart as many different things as they can about how general society perceives women, girls, men and boys who engage in survival sex. Give the groups 10 minutes and encourage them to fill their flip chart with ideas. Pose the following questions to help them brainstorm ideas:

- *How does society perceive persons who are exchanging sex for money or goods?*
- *Are they seen to have a positive or negative influence on society?*
- *What type of character are they perceived to have?*
- *What kind of relationships with their families and children are they perceived as having?*
- *How are they perceived by their neighbours? By their family? By their "clients"? By the police?*

Check in regularly with each group to make sure they are considering all perspectives. Often groups will not want to write down the negative ways that people engaged in survival sex are thought of in society, but it is crucial for the exercise that these negative perceptions are recorded. Remind them it is not what they *personally* think, but rather how *society in general thinks about these people*. If the participants are not addressing the negative perceptions, remind them that persons engaged in survival sex are sometimes disowned by their families, arrested arbitrarily, laughed at, assaulted by "clients", seen to have no rights, viewed as poor caretakers, and thought to carry disease and to bring shame to their families.

After 10 minutes, bring them back together as a whole group and ask one person from each group to read aloud their group's list. (This should last no longer than a few minutes.)

Next explain that they will role play a hypothetical situation. Encourage them to fully participate in order to get the maximum learning out of the activity. Ask the group to now imagine that *each of them* is a person engaged in survival sex. You (the facilitator) together with one other person (a co-facilitator or volunteer from the participants) will play the role of community leaders. Read aloud the following scenario:

You are a group of people who have all been engaged in survival sex. The leaders of your community recently decided that you must leave, as you were too much trouble. You have walked for days in search of food, water and a place to live. You have come across a village where there is no conflict, everyone is employed, there are no social problems, and medical and education services are excellent. This is a very isolated village: the next nearest village is at least a three-day walk away.

[1] **Activity adapted from:**
Kevin Barnes-Ceeney and Amanda Naylor, *Communication Skills for Social Workers: A Trainers' Manual*, 2005, available at: www.unicef.org/tdad/vsounicefkazocialworkcommunicationskills.doc

We are the leaders of the community, and we understand that you would like to settle here. We are willing to hear your reasons as to why we should let you live here. We are kind and just leaders and you will be listened to fairly. However, we are very selective about who can live here. It is important to note that your former community leaders sent us lists describing your characteristics and typical behaviour. [Show the flip charts that each group has just completed.] *These are the lists and we must say we are very concerned about some of the things on here. But because we are fair and just, we want to hear your side. We would like you to explain your behaviour and tell us why you weren't able to behave differently in your former village.*

Give participants 10 minutes to discuss their arguments and decide how they will present their case. Each group will be given only 5 minutes to provide feedback, so they need to be concise and informative.

When the groups give their 5 minute presentations, remind them that you, the community leaders, are fair and just but keep referring to the flip charts to challenge their arguments. Note what the lists say: for example, that they want to earn money without working hard, or that they steal husbands, or that that they carry diseases. If the participants disagree, remind them that the flip charts are a message from their former community leaders. Ask if they are accusing them of lying. If a group begins to get frustrated or argue with each other, you may again refer to the flip charts again: "Oh yes, here it says that you can be uneducated, or anti-social." Remind the group that you have a big responsibility to the people of your village, who don't have any negative behaviours. Your village is perfect. And so although you are just, you also need to protect your people from potential harm.

Once the presentations are finished, thank the participants for their presentations. Explain that you have a very difficult decision to make, and leave the room for a few minutes. When you return, tell them something along these lines:

Thank you very much, you all gave interesting presentations. It was good for us to learn about your desperation. And, oh, how we feel sorry for you. You say it was not your fault and that you simply had no other choice; you couldn't see another way to survive. We do understand. However, unfortunately we cannot let you live here. It's simply just too risky. We are a disease-free community and we would like to keep it this way. Also, what you have done is morally wrong. There are many men living here, and we do not want to risk them feeling tempted. And what about our innocent children? What image would they have? We will provide you with some food and water, but we would like you to leave immediately. We know you have a long trip ahead of you, and it will probably be very difficult to find a village that will accept you. We are truly sorry, but hope you understand that it would just be too risky for us to let you live here.

Tell participants that this is the end of the role play. Ask them to sit in silence for 2 minutes and think about what just happened: the reasons they were given and how they feel about the process. Have a group discussion about how it made them feel.

Explain that before the exercise began, you had planned to not let them stay. You had decided that the village elders were frightened to take the risk of allowing them to live in their village. Explain that in your role as village elder, you truly listened, but you were not prepared to change your mind.

Explain that this can be a very difficult exercise. It makes participants realize what it feels like to be a marginalized individual in society. It can hurt and makes participants angry and upset, as if nothing they do is good enough; it makes them give up or want to fight. Remind participants that they only had to feel like this for 30 minutes and they knew it was a game. Persons engaged in survival sex may experience this all the time.

Explain that it is hardly surprising that persons engaged in survival sex sometimes are reluctant to speak, or may be angry or hard to connect with. We need to develop empathy if we are to be able to work with persons engaged in survival sex effectively. Empathy is about trying to imagine what life would be like if you had to exchange sex in order to survive and the difficulties you would face.

Activity Sheet 2

5 minutes

Voices of Persons of Concern

1

Life here is extremely hard. Rent is high and we receive very little support. Once in a while my eldest daughter goes out at night to support the other members of the family. The UN people pay well.

2

I am a single mother. My five children live with me, and one of them was killed. We have nothing. No work and nothing to sell. The only thing I can sell is myself. Sometimes a dance, sometimes I do more. It depends on what they want. It pains me, but I do it for the kids.

3

Many women have sex in exchange for distribution cards. Me, I do it, too. If not, how would I feed my children?

4

The way I look? The way I am? Who will accept me for a regular job? Most transgendered persons do this work to stay alive.

5

It makes me feel so sad, but I need the money. I cannot walk properly, so farming is not an option. Before my sister used to support me, but she was killed in the war. Who will feed me?

6

I cannot manage without a "friend" helping me. At home, I had a good job, I even had a nanny helping me out with the children. But we lost everything.

Activity Sheet 3

10 minutes

Scenarios

1. Sixteen-year-old Nimah occasionally has sex with an older man, who buys her clothes and school books.

2. Thirty-two-year-old Lu lives in town and has sex with men to make a living. She could live in the IDP camp, but she is from a minority group who face harassment in the camp.

3. Roman is 19. He lives in a large town. He lost his family in a conflict. Roman goes to bars where men meet each other. He occasionally has sex with a man in exchange for money. This is how he makes a living.

4. Elsa is 15. Her parents married her off to a man in exchange for a sum of money. This was the second time they had married her out. The first husband divorced her after a few weeks of marriage. Elsa's parents use the money to feed their other children and pay the hospital bills for their youngest son.

Activity Sheet 4

5-10 minutes

Case Study

Sandra, 38, is an internally displaced person living in a large town. She is a single mother of three children. Because of a hearing deficiency, she cannot find a job, and she has no means of support. Sometimes, when the little ones are in bed, her eldest daughter, 12-year-old Maria, stays at home with her younger siblings while Sandra goes to the streets to find a man who will pay for sex. This doesn't happen often, only when she can see no other way to support her family. Other mothers frown upon her, but Sandra bows her head and goes on. She has mouths to feed and has no other option.

GROUP 1:

What are potential physical health consequences for Sandra?

GROUP 2:

What are potential mental health and psychosocial consequences for Sandra and her children?

GROUP 3:

What are potential socio-economic consequences for Sandra?

GROUP 4:

What are potential legal consequences? What are the potential consequences to Sandra's safety?

Activity Sheet 5

40 minutes

Articles from the News

GROUP 1

Excerpted and adapted from: Beth McCleod, BBC News , "Syrian Refugees 'Sold for Marriage' in Jordan", 10 May 2013, available at: http://www.bbc.com/news/world-middle-east-22473573

Before the war began, Kazal was in love with her neighbour in Homs. "He was 20 years old and I dreamed of marrying him one day," she says. "I never thought I would marry someone I didn't love, but my family and I have been through some hard times since coming to Amman."

Kazal says she is 18, but looks much younger. She has just got divorced from a 50-year-old man from Saudi Arabia who paid her family about US $3,100 (UK £2,000) to marry her. The marriage lasted one week.

"I lived with my husband in Amman, but we weren't happily married. He treated me like a servant, and didn't respect me as a wife. He was very strict with me. I'm happy that we're divorced."

Her huge, blue eyes fill with tears when she talks about the marriage.

"I agreed to it so I could help my family. When I got engaged I cried a lot. I won't get married for money again. In the future I hope to marry a Syrian boy who's my own age."

SURVIVAL SEX

The Representative of the UN Refugee Agency (UNHCR) in Jordan, is concerned that some of the 500,000 Syrian refugees in the country are increasingly turning to such desperate measures. "We don't have enough resources to give aid to all those who need it. The vast majority of refugees are women and children. Many of them are not used to going out to work, so survival sex becomes an option." His office in central Amman is surrounded by hundreds of newly arrived refugees, waiting in long lines to register for aid. He says the UNHCR has intervened with some families who have been offering their daughters up for early marriage.

Short-term marriages between men from the Gulf and Syrian girls reportedly happened before the war began. But Kazal's mother Manal, who dresses conservatively like her daughter in an abaya and headscarf, says she would have never considered such an arrangement in the past. "Life here is very hard and we receive very little aid. We have a baby who needs lots of milk every day, and we can't afford to pay the rent".

Um Mazed Matchmaker

Um Mazed has started earning money by arranging marriages between Syrian girls and Arab men. In a grubby room covered with mold, she fields phone calls from prospective brides and grooms. "The men are usually between 50 and 80, and they ask for girls who have white skin and blue or green eyes. They want them very young, no older than 16."

She says she has presented more than a hundred Syrian girls to these men, who pay her a fee of US $70 for an introduction, and about US $310 if it results in a marriage. "If these marriages end in divorce after a short time, that's not my issue, I'm just the matchmaker. As far as I'm concerned it's not prostitution because there's a contract between the groom and bride".

GROUP 2

Excerpted and adapted from: Kanya D'Almeida, Inter Press Service News Agency, "Report Exposes 'Survival Sex Trade' in Post-Earthquake Haiti", 12 January 2012, available at: http://www.ipsnews.net/2012/01/report-exposes-survival-sex-trade-in-post-earthquake-haiti/

Eighteen-year-old "Kettlyne", a Haitian orphan living in the rubble-strewn Croix Deprez camp – one of the many remaining tent-cities that houses refugees from the Jan. 12, 2010 earthquake – is unable to feed her three-year-old daughter.

Starving and alone, the girl says she has resorted to exchanging sex for food scraps, selling her body to older men who routinely beat and abuse her, often refuse to wear condoms, and sometimes don't even pay her at the end of the night. Though Kettlyne dreams of returning to school and someday saving up for her daughter's education as well, she says resignedly, "If my baby is crying for food, I am obligated to do anything."

Coinciding with the two-year anniversary of the disaster that rendered more than a million Haitians homeless and plunged the country's teeming displacement camps into a dark period of lawlessness, the report comes amidst an outgoing wave of humanitarian workers, NGOs and international observers from the island, with the message that, though time has passed, the crisis for Haitian women and girls continues unabated. While the rape epidemic that swept the camps after the quake has been well documented, a second and equally horrifying crisis remains hidden, human rights activists say.

"Displaced women and girls are being forced by circumstance into survival sex," a representative of a women's rights agency said. "It is an epidemic, but one that has gotten little attention from the Haitian government or international community."

Roughly 300,000 women and girls still languish in makeshift shelters in and around the capital city of Port-au-Prince, places where all existing social structures – from families and homes to schools and medical facilities – have broken down in the face of extreme poverty, hopelessness and hunger, leaving scores vulnerable and desperate.

"With international organizations moving out, taking with them the few temporary services that had been available after the earthquake, girls as young as 13 years old are trading sex for the equivalent of half a sandwich, a few U.S. dollars, or access to education," another human rights activist reported.

After conducting a series of in-depth interviews with women and girls between the ages of 18 to 32 living in the displacement camps, and in an urban neighbourhood, the report concluded that none participating in this "economy of survival" described themselves as commercial sex workers. Rather, their actions are a "coping mechanism" in the face of supreme hardships.

Most of the sexual transactions take place between young girls and men who hold positions of power in the camps: administrators of cash-for-work programmes, managers of food supplies and especially men in charge of educational programmes.

GROUP 3

Excerpted and adapted from: Jans Atieno, *Kenyan Woman* "Sex for Food Becomes the Currency at Refugee Camp", November 2012, available at: http://www.awcfs.org/dmdocuments/KenyanWoman/Kenyan%20Woman%20032.pdf

At the Kakuma Refugee Camp, women talk in whispers, contemplating their current predicament. Their children line up at the various water points to collect the precious commodity. Only the most resilient go "home" with the precious commodity as the push and shove takes its toll on the weak and starving. Nonetheless, the push and shove is a common feature at the refugee camps where only the fittest survive and the meek merely exist.

Aware of this situation, women and young girls have invented a way of survival; using their bodies to get what they want irrespective of the indignity that they subject themselves to.

The oldest profession on earth is no stranger to Kakuma Refugee Camp. The hostile conditions, powerlessness and dependency of refugee encampment expose women to special risk. Sex comes in handy in such cases as women struggle to get what can sustain them for two weeks when they will get a chance to get another ration of food from the agencies.

"I am a single mother. I stay with my five children, and one was killed. Now that I have no job and nobody can help me with money to buy food for my children, the only alternative is to engage in sex work," says Rukia Galgalo, a Somali single mother.

She is not the only one. Hawa Dadache, a 19-year-old Somali girl who fled civil war in her country is one such woman who has mastered the art of survival using her body. Hawa says life in the camp is too tough for the refugees especially women and young girls who have less option for alternative means on income.

"The boys they have small jobs that they can get extra cash to survive but for girls we have more needs and less income so we are forced to use men to make us survive and since no man will give you anything for free we end up having sex with them," explains Hawa.

"I did not choose to do sex work for a living. If I can get an income to satisfy my children and my needs, why should I continue to bear the branding by other women in the community that I snatch their husbands?" poses a Burundian mother.

The women say that poverty forces them to engage in sex as they have no any other way of supplementing their income. Young girls aren't spared in this as they are pushed by their relatives to have sex with well-to-do men in exchange of food and other commodities that they need to use in the family.

The sex for food business is rampant at the refugee camps. Hawa reveals that she has multiple partners who support her in one way or another and they range from aid workers, community heads and fellow refugees. However, she is not alone in this culture which she has been forced to practice against her own wish.

With close to 170,000 residents, Kakuma is bursting with activity. The local trading centres are busy hubs for small business owners and truck drivers delivering trade goods, food and other humanitarian commodities. "Many of our customers are people who drive these trucks that bring goods here from the other urban centres. We also get clients from the villages around here," says Maria Waliya, a resident of Kakuma.

Note: UNHCR and partners have undertaken several steps to address this situation. For the purpose of this exercise these are not listed here.

GROUP WORK

In your group, brainstorm possible prevention and response interventions that UNHCR or its partners can undertake to reduce the risk of survival sex and respond to the needs of survivors.

- → Which factors make people exchange sex for basic needs in this scenario? Who are the "clients"?
- → In order to reduce the risks, what is needed at the level of the community? The government? Humanitarian community?
- → What are the (potential) risks that persons engaged in survival sex face in this scenario? How can these be addressed?
- → What are the entry points to engage with persons engaged in survival sex?
- → Who could be your allies?

In order to plan for activities, certain information is missing. For the purpose of the exercise, feel free to assume the situation has been thoroughly assessed and fill in information gaps by using your imagination.

You have 40 minutes to prepare, and 5 to 7 minutes to present your work.

Hand-out 1

Understanding Survival Sex

WHAT IS SURVIVAL SEX?

Survival sex *is the exchange of sex for basic needs (or money to purchase basic needs) or protection in order to survive.*

By this definition, exchanging sex to meet basic needs is a coping mechanism in extreme situations. This distinguishes survival sex from *sex work* or *prostitution*, which some **may, in certain circumstances**, freely choose as an occupation (although some might dispute that sex workers ever voluntarily choose their profession).

Survival sex is not voluntary, nor equal. Persons exchanging sex for basic needs often see no other way to support themselves. And although some may resort to survival sex regularly, many do so only occasionally or on a temporary basis and "do not consider themselves to be linked with formal sex work" (UNAIDS/UNFPA).

BASIC NEEDS

It is important to note that what is understood by *basic needs* is not easily defined. We should not have assumptions about what survival is. Basic needs certainly include water, food, shelter, school materials, but it can also include things we don't immediately think about. For one person, that could be household products; for another person having a few sets of clothes. Basic needs are what people feel they need at a particular time. Also, some women start exchanging sex for basic needs, and then continue, even if strictly speaking they have met their basic needs.

AVOID JUDGEMENT OF THOSE ENGAGED IN SEX WORK/SURVIVAL SEX

Although this module does not focus on sex work, or transactional/commercial sex as this broader area is known, *everyone* needs to be viewed without judgement. Persons engaged in sex work should not be left out of programmes. We must address the risks all persons of concern face, regardless of the reasons why they face those risks or our opinions about those reasons.

Note: UNHCR public health staff may use the term *sex work*, whereas protection staff may refer to *survival sex*. Irrespective of terminology, there is agreement that persons of concern who exchange sex for money, basic necessities of services, do so under exploitative conditions which exposes them disproportionately to violence.

WHO IS INVOLVED?

Persons engaged in survival sex do not belong to a homogenous group. They include women and men, heterosexuals as well as LGBTI individuals, very young children and older persons.

WHERE DOES SURVIVAL SEX OCCUR?

Survival sex occurs in no defined settings. It can occur in bars, restaurants, or organized settings such as brothels or night clubs, but also in less visible locations, at home or on the streets.

Survival sex occurs in all displacement settings. It is under-reported because of the associated stigma and possible legal ramifications of sex work.

HOW IS SURVIVAL SEX LINKED WITH OTHER TYPES OF SGBV?

Survival sex covers a broad range of transactions. Persons engaged in survival sex are often physically and sexually assaulted by their "clients" or by pimps. The effects of survival sex may be long term. There have been reports that children engaged in selling sex are at greater risk of continued sexual violence. In general, survival sex often links with other types of SGBV. For example:

- Forced prostitution/commercial sexual exploitation: Persons of concern are sometimes forced by relatives or others to engage in sex in order to provide for the family. Children are sometimes used for the production of online child-abuse materials (a less appropriate term for this is child pornography).
- Trafficking: Commercial sexual exploitation can be a form of trafficking.
- Child marriage and forced marriage: In some settings, girls are forced into marriage in exchange for money to survive.
- Sexual Exploitation and Abuse (SEA): For example, displaced persons may exchanges sex for services or goods if the "client"/perpetrator is a person in a position of power, such as a teacher.

Important note with regards to children: Under international law children (anyone under 18) cannot consent to engage in exchanging sex for money, goods, or services. If they do engage in prostitution or survival sex, they should be treated as survivors of Sexual Abuse and Exploitation. The selling or buying of sex involving children is a crime and obliges us to *take action*.

HOW IS SURVIVAL SEX LINKED TO SEXUAL EXPLOITATION AND ABUSE (SEA) BY HUMANITARIAN WORKERS?

As United Nations staff or related personnel working among vulnerable populations, we are almost always in positions of power or trust in relation to those we are charged to assist. This difference in power creates the potential for abuse. Abusing a position of power by exchanging money, employment, goods or services for sex constitutes sexual exploitation and is prohibited.

Recall the *Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse* (2005), which defines acts of Sexual Exploitation and Abuse and classifies them as serious misconduct for all United Nations staff and partners.

In cases of SEA, the focus is not on consent, but on the nature of the relationship. Even if both persons involved agree to the transaction, it is still an abuse of power by the humanitarian worker and therefore considered exploitation.

The vast majority of people who exchange sex for money, goods, services or employment with members of the humanitarian community – even if they agree to the transaction – do so because they see no other means of meeting their basic needs; they are engaged in survival sex.

Under the Secretary-General's Bulletin, it is prohibited for any United Nations staff or related personnel to engage the services of a prostitute, even if prostitution is legal in the country where the sex takes place or is legal in the personnel member's own country.

Survival sex is not voluntary, nor is it an equal transaction.

WHAT MAKES PERSONS OF CONCERN ENGAGE IN SURVIVAL SEX?

Survival sex can be a consequence of a combination of multiple factors, which include:

- Gaps in assistance, or failures of registration systems
- Refugees not having the right to work
- Family separations and lack of support network
- Absence of the breadwinner due, for example, to death, disability, involvement in armed groups, separation
- Power differences
- Breakdown of social support mechanisms
- Presence of armed forces
- Aid dependency
- Prior experience of sexual violence. For example, former sex slaves are often ostracized in their community and rejected by their family. Lacking a support network, they may resort to exchanging sex in order to survive.

WHAT ARE THE CONSEQUENCES OF SURVIVAL SEX?

Health: Persons engaged in sex work, in general, have significantly higher rates of sexually transmitted infections (STIs) and HIV infection. They often suffer from physical and sexual abuse at rates much higher than the general population. For example, asking "clients" to pay or to use a condom may result in rape or beating. Other potential physical health consequences are exposure to unwanted pregnancy and denial of appropriate health care.

Note: It is particularly difficult for children forced to sell sex to protect themselves from STIs and HIV infection.

Mental health and psychosocial: High levels of physical and sexual abuse can have an impact on mental health. Persons engaged in survival sex may face stigmatization from the community, from their "clients", from family members, from the police, from the judicial system, even from health care providers. Their children may face stigmatization, too, and often have limited access to education or support services. However, it should be noted that there are also children who *are* going to school, and *have* access to basic needs, because a family member is exchanging sex for money.

Socio-economic: Stigmatization often prevents persons engaged in survival sex from reintegrating in the regular job market. Survival sex also signals a hand-to-month existence characterized by extreme levels of indebtedness and poverty.

Legal and Security: Consequences of survival sex include the risk of arbitrary arrest and refoulement. Persons engaged in survival sex often have no means of legal redress, as they are perceived as being engaged in prostitution, which is criminalized in many countries.

Hand-out 2

Sample Activities Addressing Survival Sex

Survival sex can be addressed in a number of ways, including the following:

- **Assess and address policies and institutional environments** that enable, obstruct or prohibit access to work.
- **Prevent delays** in distribution of food and non-food items that may force persons of concern to engage in harmful practices, like survival sex.
- **Ensure members of IDPs or refugee committees are representative** of the whole community and are trained on PSEA, SGBV, including survival sex and HIV prevention. Ensure that this includes ways of reporting abuses by humanitarian workers.
- **Inform and train** staff, partners and communities on matters relating to survival sex to ensure that all persons of concern to UNHCR are treated with respect and without discrimination.
- **High level advocacy:** present arguments and evidence to show that HIV and sex work programmes are essential to reduce the spread of new HIV infections in communities.
- **Identify persons and families at risk of survival sex and ensure that they are targeted** with preventive supports such as cash transfers, support for education, and livelihood activities as well as protection and psychosocial support.
- **Develop holistic programmes** that protect persons of concern who are engaged in survival sex.
  - Use reproductive health and HIV prevention as entry points to engage with persons involved in survival sex.
  - Ensure safe, confidential and non-discriminatory access to medical and psychosocial services.
  - Address protection problems they face and help improve the circumstances in which they work.
  - Facilitate reintegration and rehabilitation (including protection, health, psychosocial support, and livelihood).
- Ensure that at-risk refugees and/or child survivors have **access to resettlement** where appropriate.

Also see: *HIV and Sex Work in Refugee Situations: A Practical Guide to Launching Interventions*, UNHCR 2010 (available at: http://www.unhcr.org/4c7f94cd9.pdf)

This document contains very practical strategies to launch comprehensive interventions for sex workers. It discusses eight programming steps, using HIV prevention as an entry point to engage with persons involved in survival sex.The document focuses on sex workers in general, but also deals with issues facing those who exchange sex for basic needs, i.e., those engaged in survival sex.

Having understanding of the situation persons engaged in survival sex face is critical in providing support. When we work to support persons of concern engaged in survival sex, **showing empathy** and **being non-judgemental** is crucial!

Hand-out 3

Programming Issues to Consider

Important issues to consider when addressing survival sex:

- We have an **obligation to protect children from exploitation and abuse** and to refer children who are engaged in or at risk of survival sex to appropriate protection services. It is essential to ensure confidentiality and effective follow-up during the process to ensure that interventions do not cause further harm.
- It is important to remember that **some persons engaged in survival sex may not find it easy to stop** (completely) and may not opt for economic empowerment opportunities as an alternative. This depends on many factors, e.g., the appropriateness of livelihood activities, low self-esteem and continuing stigmatization.
- Part of the response to persons engaged in or at risk of survival sex is **improving the conditions in which they have to work**, e.g., addressing protection issues they face, such as discrimination in accessing health services, or promoting the use of condoms to protect against HIV. We need to prevent but also protect. Persons engaged in survival sex have the same rights as anyone else.
- Economic empowerment alone may not be enough to allow someone to exit an abusive situation or facilitate social re-integration or rehabilitation. **Economic empowerment should be part of a holistic approach,** including psycho-social support, health care, and skills training, as well as longer-term initiatives addressing attitudes towards survivors and the discrimination they face.
- Use **reproductive health and HIV prevention as entry points** to engage with persons involved in survival sex.
- **Livelihood programmes should not exclusively target persons engaged in survival sex** (or any other group of SGBV survivors) as this may lead to stigma and further violence. Instead we should reach out to survivors and make sure they can participate in existing livelihood programmes. It is critical that men and boys are engaged as allies and agents of change in livelihood programmes.
- **Support programmes should not exclude men and boy** survivors. This is also true of prevention efforts. As community leaders and health care providers and, perhaps most critically, potential "clients", men and boys must also be included in programmes that educate communities on survival sex.

Hand-out 4

Responding to Children

RESPONDING TO CHILD SEXUAL EXPLOITATION

The best interest of the child is the primary factor for all cases involving children. While this implies removing the child from the conditions of exploitation, rarely does it mean removal from the family. In most cases, support entails making sure the child is in touch with a specialized agency involved in case management or identifying viable alternatives for child and family.

WHAT IF THE EXPLOITATION OCCURS WITH CONSENT OF THE PARENTS?

We must support children and their families find alternative sources of income and support, always taking into account what is in the best interests of the child. In cases where the child's parents or carer persistently support or facilitate the exploitation, we may need to seek removal of the child from their family environment, noting that only states have the authority to remove a child from their parents against the parents' will. UNHCR's Best Interest Determination (BID) procedure can also be used, either to support a state's decision-making process, or when states are unwilling or unable to fulfill this function.

WHAT ARE POSSIBLE ENTRY POINTS?

Establishing contact with a child that is being exploited requires caution; doing harm to the child should by all means be avoided. Module 2: Key Approaches for Addressing SGBV and Module 6: Multi-sectoral Response to SGBV and Module 9: Children and SGBV provide detail on the Guiding Principles, which we should follow when engaging with child survivors.

A child that is exploited might be reached through a teacher, an outreach worker, a health staff member. Anyone who is trusted by the child and who has the same cultural and linguistic background as well as the right attitude and skills can help you contact a child or family member in a safe way.

SHOULD PERPETRATORS BE HELD ACCOUNTABLE?

In principle, yes, but realistically this depends on many factors. National laws and the best interest of the child must be your guide. Humanitarian workers should always be held accountable. SEA constitutes serious misconduct and provides grounds for disciplinary measures, including summary dismissal. Remember the Secretary-General's Bulletin: *Special Measures for Protection from Sexual Exploitation and Sexual Abuse* of 2003, which states that:

- Exchange of money, employment, goods or services for sex, including sexual favours, constitutes SEA and is prohibited.
- Sexual activity with persons under the age of 18 is prohibited regardless of the age of majority or the local age of consent. Mistaken belief in the age of a child is not a defense.

Pre-/Post-test

Module 14: Survival Sex

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or false? Select all TRUE statements.
   a) Even if living conditions are hard, engaging in survival sex is a voluntary choice.
   b) When someone is engaged in survival sex, they cannot be raped.
   c) Survival sex is a form of sexual exploitation.
   d) If an adult engages in survival sex without being forced by someone else, the sexual act constitutes an equal transaction.
   e) Persons engaged in survival sex have the same basic rights as everyone else, even in countries where prostitution is illegal.

2. What are important programme principles for working with persons engaged in survival sex? Choose all that apply:
   a) Provide holistic support, but only if the persons engaged in survival sex have quit the practice first.
   b) Create programmes that exclusively target persons engaged in survival sex.
   c) When a child is engaged in survival sex, the aim should be to remove that child from the conditions of exploitation.
   d) Livelihood programmes are the best entry point to engage with persons engaged in survival sex.

3. Which groups of persons may engage in survival sex? Choose all that apply:
   a) Persons with disabilities
   b) Older persons
   c) Transgendered persons
   d) Girls
   e) Women
   f) Men
   g) Boys

4. Please list some of the health and protection risks persons engaged in survival sex often face.

5. Describe in your own words how survival sex is linked to displacement.

Pre-/Post-test: Answer Sheet

Module 14: Survival Sex

(Correct responses are highlighted in **bold**)

1. True or false? Select all TRUE statements.
   a) Even if living conditions are hard, engaging in survival sex is a voluntary choice.
   b) When someone is engaged in survival sex, they cannot be raped.
   c) Survival sex is a form of sexual exploitation.
   d) If an adult engages in survival sex without being forced by someone else, the sexual act constitutes an equal transaction.
   e) Persons engaged in survival sex have the same basic rights as everyone else, even in countries where prostitution is illegal.

2. What are important programme principles for working with persons engaged in survival sex? Choose all that apply:
   a) Provide holistic support, but only if the persons engaged in survival sex have quit the practice first.
   b) Create programmes that exclusively target persons engaged in survival sex.
   c) When a child is engaged in survival sex, the aim should be to remove that child from the conditions of exploitation.
   d) Livelihood programmes are the best entry point to engage with persons engaged in survival sex.

3. Which groups of persons may engage in survival sex? Choose all that apply:
   a) Persons with disabilities
   b) Older persons
   c) Transgendered persons
   d) Girls
   e) Women
   f) Men
   g) Boys

NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exclusive; they serve as *examples* of correct answers.

4. Please list some of the health and protection risks persons engaged in survival sex often face.
   - **Persons engaged in survival sex suffer from physical and sexual abuse at rates much higher than the general population. For example, asking "clients" to pay or to use a condom may result in rape or beating. Other potential physical health consequences are exposure to HIV and unwanted pregnancy.**
   - **Persons engaged in survival sex may face stigmatization from the community, from their "clients", from family members, from the police, from the judicial system, even from health care providers. Their children may face stigmatization, too, and often have limited access to education or support services. However, it should be noted that there are also children who *are* going to school, and *have* access to basic needs, because a family member is exchanging sex for money.**
   - **Consequences of survival sex include the risk of arbitrary arrest and refoulement. Persons engaged in survival sex can often have no legal redress, as they are perceived as being engaged in prostitution, which is criminalized in many countries.**

5. Describe in your own words how survival sex is linked to displacement.

   In displacement, many factors may make people resort to survival sex:
   - **Gaps in assistance, or failures of registration systems**
   - **Refugees not having the right to work**
   - **Family separations**
   - **Absence of the breadwinner due, for example, to death, disability, involvement in armed groups, separation**
   - **Power differences**
   - **Breakdown of social support mechanisms**
   - **Presence of armed forces**
   - **Aid dependency**
   - **Prior experience of sexual violence. For example, former sex slaves are often ostracized in their community and rejected by their family. Lacking a support network, they may resort to exchanging sex in order to survive.**

Module 14

Survival Sex

Objectives

- Explain what is meant by survival sex and how it is linked to displacement
- List consequences
- Identify concrete actions to address survival sex
- Explain key principles to take into consideration in preventing and responding to survival sex

Discrimination

- Persons engaged in survival sex face all sorts of **discrimination from their communities as well as from service providers**
- In working with persons engaged in survival sex, **showing empathy** and being **non-judgemental** is crucial.

Definition

Survival sex occurs when a person exchanges sex for ***basic needs*** or ***protection.***

In other words, survival sex is:

Selling sex in order to survive,

which is a (negative) coping mechanism.

Who is engaged in survival sex?

A far from homogenous group that includes

- Women, girls, boys, men
- Heterosexuals, gay, lesbian and transgendered persons
- Young children and older persons of concern

Does it occur in your operation?

- Survival sex occurs in all displacement settings.
- It is an under-reported practice because of the associated stigma and potential legal ramifications of selling sex.

Overlap with other types of SGBV

- ➔ Forced prostitution/commercial sexual exploitation
- ➔ Online sexual abuse
- ➔ Trafficking
- ➔ Sexual Exploitation and Abuse by humanitarian workers (SEA)
- ➔ Child and forced marriage

Children

No one under 18 can consent to engage in exchanging sex for goods or services.

If children are engaged in survival sex they are considered to be victims of sexual exploitation and we have an obligation to *take action*.

Sexual Exploitation and Abuse

Survival sex is not voluntary, nor is it an equal transaction

The majority of people who exchange sex for money, goods, services or employment with members of the humanitarian community – even if they agree to the transaction – do so because they see no other means of meeting their basic needs.

Video

http://goo.gl/3SPfyb

http://vimeo.com/71450993

https://www.youtube.com/watch?v=Hq9NoHuXEQM

Group 1

- ➔ Syrian refugees in urban setting
  - – Amman, Jordan
- ➔ Shortage of aid
- ➔ Short-term “marriages” through matchmakers
- ➔ Arranged by parents or relatives
- ➔ Women and children involved

Group 2

- ➔ Haiti, two years post earthquake
- ➔ Makeshift shelters around capital and among displacement camps
- ➔ Women and children exchanging sex for basic needs

Group 3

- ➔ Kakuma refugee camp in Kenya
- ➔ Exchanging sex for food and commodities
- ➔ Women and children involved

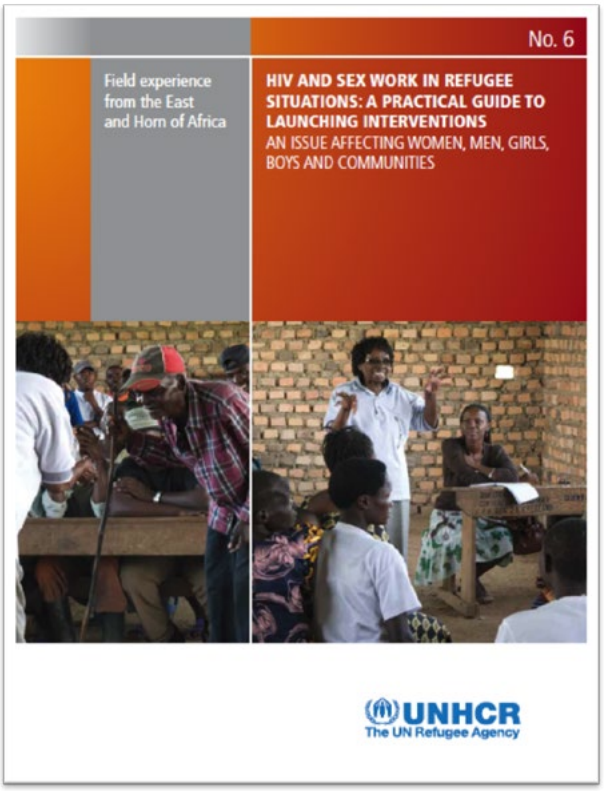
Key considerations

- ➔ Use reproductive health and HIV prevention as entry points.
- ➔ Prevent but also protect.
- ➔ Engage men and boys as allies and agents of change.
- ➔ In case of children, we have an *obligation to act*

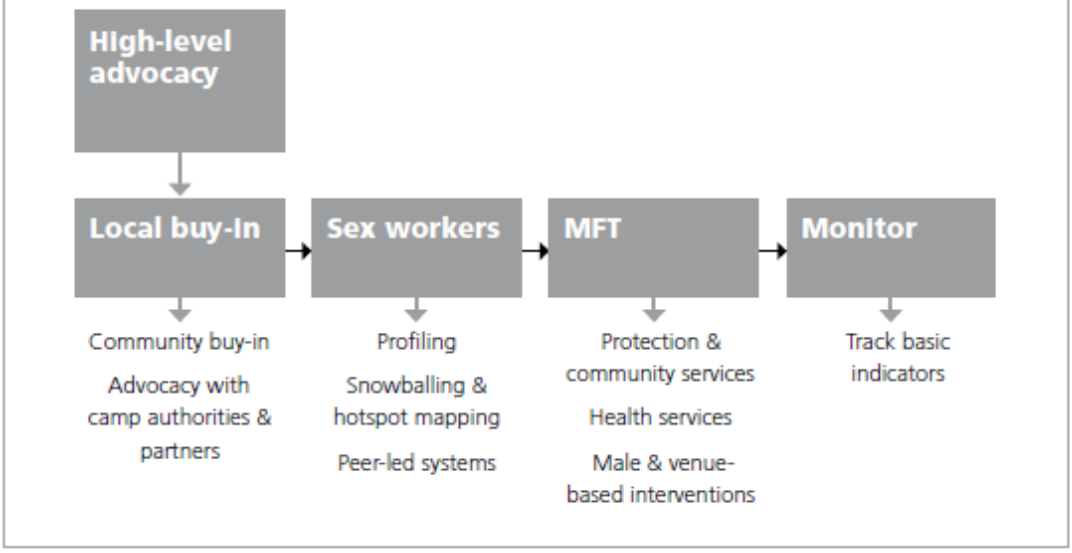
Key considerations

- ➔ Livelihood programmes should be inclusive and not exclusively target persons engaged in survival sex.
- ➔ Not all those contacted will choose an alternative livelihood.
- ➔ Livelihood must be part of holistic programmes.

Resource



Overview


High-level advocacy
Local buy-In
Sex workers
MFT
Monitor
Community buy-in
Advocacy with camp authorities & partners
Profiling
Snowballing & hotspot mapping
Peer-led systems
Protection & community services
Health services
Male & venue-based interventions
Track basic indicators

MODULE 15

SGBV in the Context of Human Trafficking

MODULE OUTLINE

Session 1	Understanding human trafficking	60 minutes	1
Session 2	Trafficking, smuggling, gender and displacement	90 minutes	2
Session 3	Responding to the needs of survivors	60 minutes	3
Session 4	Prevention and protection from trafficking	60 minutes	4

TIMING:

4 hours and 30 minutes

SUMMARY

The purpose of this training session is to equip staff with information for the identification of and protection responses to persons of concern who may be at risk of Trafficking and SGBV. In this module participants will reflect on their own assumptions about and challenge some of the myths surrounding trafficking and smuggling. Participants explore the intersection between trafficking and smuggling, gender, SGBV and forced displacement. They will consider the particular protection risks victims of trafficking face, and UNHCR's role in addressing them. Participants will start exploring how UNHCR can contribute to the prevention of trafficking in their operation.

LEARNING OBJECTIVES

At the end of the module, participants should be able to:

- ✓ Explain the difference between trafficking and smuggling
- ✓ Describe UNHCR's role in addressing human trafficking
- ✓ Explain the intersection of trafficking with smuggling, gender, SGBV and forced displacement
- ✓ List types of SGBV that can occur prior, during, and after a trafficking event
- ✓ Identify the specific needs of victims of trafficking and describe UNHCR's role in responding to these needs in any given operation
- ✓ Describe activities that can reduce the risks of trafficking in forced displacement settings

KEY MESSAGES

- → Human trafficking and smuggling are criminal offenses under international law. Although they are often confused, they are not the same and have clear and distinct definitions.
- → There are growing connections between the methods of criminal gangs and the forms of control used by smugglers and traffickers today.
- → Human smuggling can turn into human trafficking.
- → Persons of concern to UNHCR may be trafficked before, during or after flight from a country of origin or habitual residence.
- → Risks of human trafficking increase in contexts of crisis and forced displacement because asylum-seekers and/or refugees may be compelled to seek the help of smugglers and undertake dangerous and irregular journeys in order to find protection.
- → Like all forms of SGBV, human trafficking is influenced by gender norms and unequal power relationships
- → SGBV in the human trafficking context applies to men, women, boys and girls.
- → Survivors of SGBV may have a greater vulnerability to certain types of trafficking. SGBV may also be the *exploitative purpose* element of trafficking or a form of *abuse* experienced at the hands of smugglers.
- → Victims of trafficking face physical, sexual and emotional violence and may be denied access to the resources and services they need. They may also face specific barriers to seeking help and reporting their experience.
- → Survivors of human trafficking and/or those who utilized smugglers are not criminals.
- → For assistance on how to identify victims of trafficking among refugee populations and on how to refer victims of trafficking who are not refugees, UNHCR staff can consult the UNHCR IOM *Framework Document: Developing Standard Operating Procedures to Facilitate the Protection of Trafficked Persons* (2009) where appropriate.
- → UNHCR should cooperate with States, United Nations agencies, regional bodies and local partners to ensure that both male and female victims of trafficking have access to existing SGBV programmes and that effective referral systems are in place.
- → UNHCR operations should work to prevent human trafficking through a multi-faceted, operation-wide approach.
- → Prevention cannot be addressed effectively without also targeting the root cause of SGBV, gender norms and unequal power relationships.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector/laptop, post-its

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Case Studies
- Activity Sheet 2: Prevention Case Study

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Human Trafficking and Smuggling: What is the Difference?
- Hand-out 2: UNHCR's role in addressing Human Trafficking
- Hand-out 3: Gender Norms, Displacement, SGBV and Human Trafficking
- Hand-out 4: Forms and Consequences of SGBV in the Context of Human Trafficking
- Hand-out 5: Victim Identification and Response
- Hand-out 6: Prevention and Protection from Human Trafficking

OTHER:

- Prepare a flip chart with a diagram consisting of three overlapping circles labeled *conflict and forced displacement; gender norms and unequal power relationships*, and SGBV *as a driving factor for trafficking*.
- Find out which different agencies are working on protection, assistance and prevention for victims of trafficking in the participants' operations.

UNHCR READING MATERIALS AND RESOURCES

- *Guidelines on International Protection: The Application of Article 1A(2) of the 1951 Convention and/or 1967 Protocol Relating to the Status of Refugees to Victims of Trafficking and Persons at Risk of Being Trafficked*, 2006.
- *Refugee Protection and Human Trafficking: Selected Legal Reference Materials*, 2008.
- *Refugee Protection and Mixed Migration, The 10-Point Plan of Action*, 2007.
- *Refugee Protection and Mixed Migration, The 10-Point Plan in Action*, 2011.
- *UNHCR IOM Framework Document: Developing Standard Operating Procedures to Facilitate the Protection of Trafficked Persons*, 2009.
- *UNHCR Strategy and Regional Plan of Action: Smuggling and Trafficking from the East and Horn of Africa*, 2013.
- *UNHCR Strategy and Regional Plan of Action: Smuggling and Trafficking from the Horn and East of Africa, Progress Report*, 2014.
- *Combatting Human Trafficking: Overview of UNHCR Anti-Trafficking Activities in Europe*, 2005.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 15: SGBV in the Context of Human Trafficking has been produced for educational purposes in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

- *Toolkit to Combat Trafficking in Persons*, online edition, UNODC, 2008.
- *Issue Paper: The concept of "Exploitation" in the Trafficking in Persons Protocol*, UNODC, 2015.
- *The IOM Handbook on Direct Assistance for Victims of Trafficking*, IOM, 2007.
- *The Nexus between Gender-Based Violence and Human Trafficking*, Coalition to End Violence Against Women and Girls Globally, 2015.
- *Addressing Human Trafficking and Exploitation in Times of Crisis: Evidence and Recommendations for Further Action to Protect Vulnerable and Mobile Populations*, IOM, 2015.
- *Addressing Inter-linkages between Gender-Based Violence and Trafficking in Persons to Prevent Reinforcement of Inequalities*, Winrock International, 2012.
- *Beyond Definitions: Global Migration and the Smuggling-Trafficking Nexus*, Danish Refugee Council, 2015.
- *Recommended Principles and Guidelines on Human Rights and Human Trafficking*, OHCHR, 2002.

SESSION 1: Understanding Trafficking and Smuggling

60 minutes

LEARNING OBJECTIVES

- ✓ Explain the difference between human trafficking and smuggling and the link between the two crimes
- ✓ Describe UNHCR's role in addressing human trafficking

KEY MESSAGES

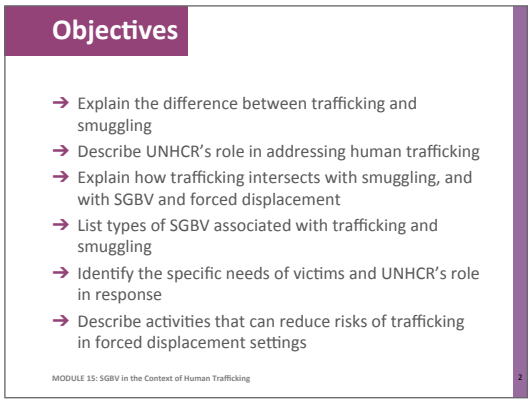
- → Human trafficking and smuggling are separate criminal offenses under international law. Although they are often confused, they have clear and distinct definitions.
- → There are growing connections between the methods of criminal gangs and the forms of control used by traffickers today.
- → Human smuggling may turn into human trafficking.
- → Persons of concern to UNHCR may be trafficked before, during or after flight from a country of origin or habitual residence.
- → Risks of human trafficking increase in contexts of crisis and forced displacement because asylum-seekers and/or refugees may be compelled to undertake unsafe and irregular journeys in order to find protection.

PREPARATION

- Hand-out 1: Human Trafficking and Smuggling: What is the Difference?
- Hand-out 2: UNHCR's Position on Human Trafficking

Trafficking and smuggling

DISCUSSION (20 MINUTES)



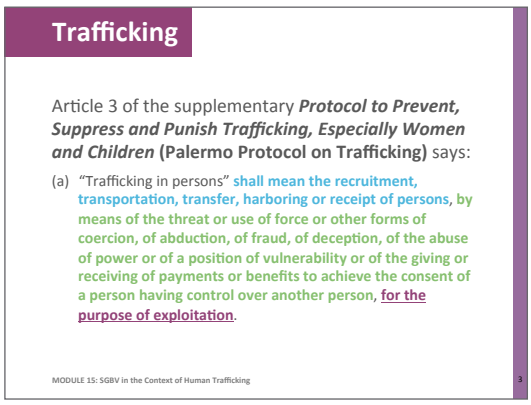
1. Using the Notes to the facilitator below, explain the purpose of this training.

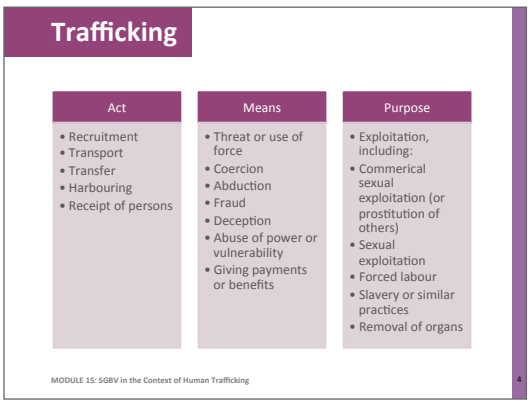
NOTES TO THE FACILITATOR:

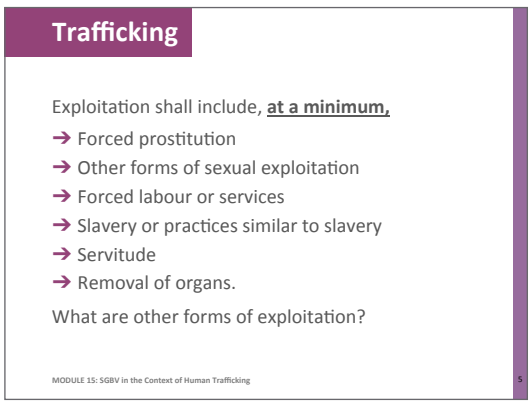
At the end of this training, participants should be able to:

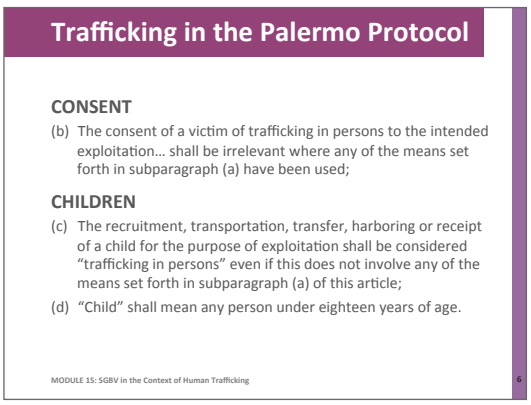
- *Explain the difference between trafficking and smuggling and the link between the two crimes*
- *Describe UNHCR's role with respect to addressing trafficking*
- *Explain the intersection of trafficking in human beings with gender, SGBV and forced displacement*
- *List types of SGBV associated with the times prior, during, and after a trafficking or smuggling event*
- *Identify the specific needs of victims of trafficking in human beings and describe UNHCR's role in responding to these needs in any given operation*
- *Describe activities that can reduce risks of trafficking in forced displacement settings*

2. Explain the definition of trafficking in international law using the presentation slides.









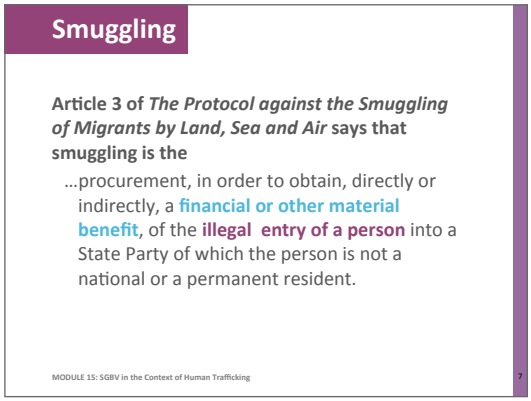
NOTES TO THE FACILITATOR:

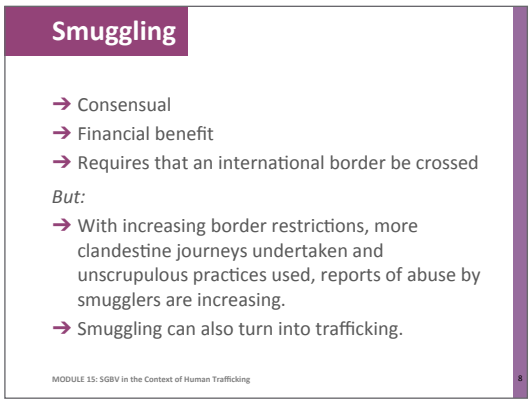
What is trafficking?

- *The international legal definition of trafficking is found in Article 3 of the* Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime *(Palermo Protocol on Trafficking, 2003).*
- *The definition of trafficking is comprised of three elements that should be explained separately by use of the table on slide 3 (Act, Means and Purpose).*
- *Whether or not an international border is crossed is irrelevant to the crime of trafficking, it is the intention to exploit the individual concerned that underpins this crime and which distinguishes it from other forms of criminal abuse.*
- *These elements do not need to happen all at once.*
- *Consent to exploitation is irrelevant if the victim is under 18 years of age. Consent given by an adult is irrelevant if any of the means outlined in Article 3 of the Palermo Protocol on Trafficking were used to obtain it.*
- *The meaning of* exploitation *in Article 3 of the Palermo Protocol on Trafficking was intentionally left open to incorporate regional and national circumstances. The absence of a clear definition of what constitutes exploitation is seen as part of the problem in distinguishing trafficking from other forms of abuse, providing States with a measure of interpretative discretion that can lead to inconsistency.*
- *Exploitation has been expanded to also include forced begging, illegal adoption and exploitation for criminal practices (i.e., the transport of illegal drugs).*[1]
- *There is a general understanding that exploitation must be severe or of an egregious nature to constitute trafficking.*
- *The gender aspect of exploitation is most clearly evident in the inclusion of "exploitation for the prostitution of others or other forms of sexual exploitation" in the non-exhaustive list of examples provided in the Palermo Protocol. This has been interpreted in some domestic contexts to include forced prostitution, the use of a person for acts of pornography, sexual servitude, forced marriage and forced pregnancy.*[2]
- *Forced labour, servitude, slavery or practices similar to slavery can also have a gender component, which is explored further in this module's next session.*

[1] UNODC, *Issue Paper: The concept of "Exploitation" in the Trafficking in Persons Protocol*, 2015.

[2] Ibid.





3. Explain the crime of smuggling, how it differs from trafficking and the link between the two crimes using the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

What is smuggling?

- *The international legal definition of smuggling is found in Article 3(a) of the* Protocol Against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organised Crime *(Palermo Protocol on Smuggling, 2003).*
- *The key elements of this crime are the procurement of a financial gain or material benefit, for the illegal entry of a person into a State.*
- *The key difference between smuggling and trafficking is that smuggling involves a consensual agreement. It also requires the crossing of an international border, which trafficking does not. Although the Palermo Protocol on Smuggling adopts the term* illegal *to describe the manner in which a border is crossed, in the case of asylum-seekers and refugees, the term* irregular *should always be used.*
- *For those moving in search of asylum or protection, the absence of adequate safe complimentary pathways compels people to seek the help of smugglers to overcome State instituted travel requirements. As border controls have strengthened and grown more restrictive, persons in need of asylum and protection have no option but to use the services of smugglers in order to reach safety.*

Smuggling can be abusive and smuggling can become trafficking.

- *Persons who engage smugglers may be unable to pay the fee as intended and find themselves in debt bondage or compelled into forced labour to pay it off. The risk that smuggling may become trafficking is also exacerbated on long and fragmented journeys. Women transported by traffickers overland through East and Southern Africa, for example, have typically been found to experience a higher risk of sexual abuse.[3] Smugglers may also be tempted to sell persons they are transporting to traffickers for a higher profit than that they would have received for completing the journey.*
- *For all smuggled asylum-seekers and refugees, the clandestine nature of their journey; the sometimes unscrupulous and corrupt conduct of their facilitators and collaborators; and, most critically, the extent to which some States will go to prevent their departure, transit or arrival, all operate to create or exacerbate serious risks to their personal security and well-being.[4]*

***Smuggling can be abusive**, even if it does not reach the level of exploitation that characterizes a trafficking incident. Examples of such abuse can include being beaten, sexually assaulted, transported in cramped and unsafe conditions, and deprived of food and water.*

[3] IOM, *Breaking the Cycle of Vulnerability: Responding to the Health Needs of Trafficked Women in East & Southern Africa*, 2006.

[4] Carling, Jørgen, Anne T. Gallagher, Christopher Horwood, "Beyond Definitions: Global Migration and the Smuggling Trafficking Nexus", Danish Refugee Council, 2015.

Myths and facts about trafficking and smuggling

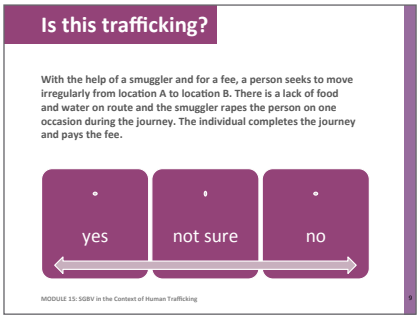
GROUP ACTIVITY (20 MINUTES)

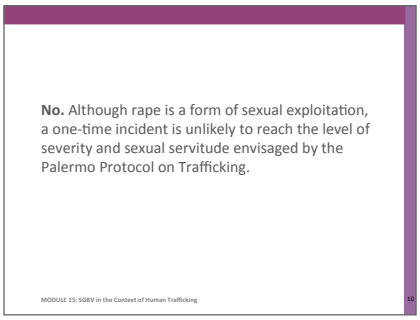
4. Have the group stand up and move to one side of the room. Read each statement below aloud and ask the participants to decide whether they think it describes trafficking or not. Those who think it does should move to the other end of the room. Those who don't should stay where they are. Those who are not sure may move to the middle of the room. Participants should be encouraged to share their opinions about each statement. After each statement show the corresponding slide with key points.

5. Is this Trafficking?

   - *With the help of a smuggler and for a fee, a person seeks to move irregularly from location A to location B. There is a lack of food and water on route and the smuggler rapes the person on one occasion during the journey. The individual completes the journey and pays the fee.*

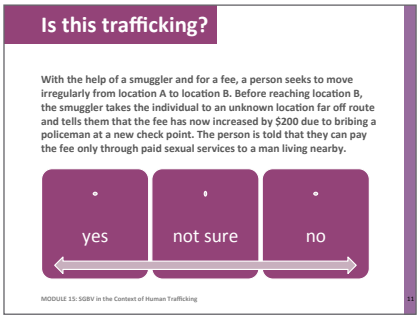
   Answer: No. Although rape is a form of sexual exploitation, a one-time incident is unlikely to reach the level of severity and sexual servitude envisaged by the Palermo Protocol on Trafficking.

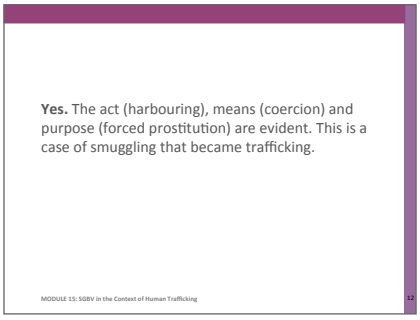


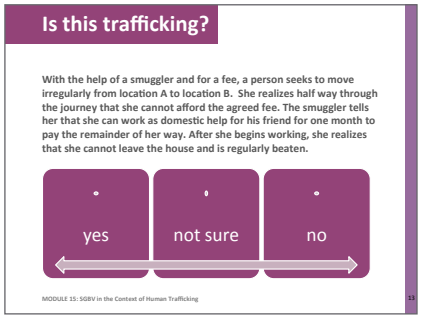


   - *With the help of a smuggler and for a fee, a person seeks to move irregularly from location A to location B. Before reaching location B, the smuggler takes the individual to an unknown location and tells them that the fee has now increased by $200 due to bribing a policeman at a new check point. The person is told that they can pay the fee only through paid sexual services to a man living nearby.*

   Answer: Yes. The act (harbouring), means (coercion) and purpose (forced prostitution) are evident. This is a case of smuggling that became trafficking.

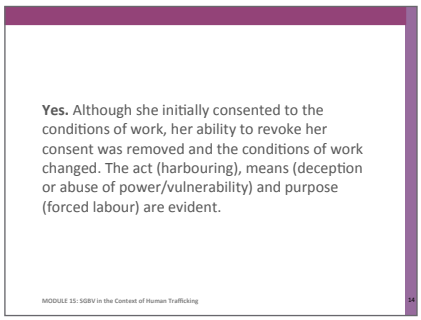






- *With the help of a smuggler and for a fee, a person seeks to move irregularly from location A to location B. She realizes half way through the journey that she cannot afford the fee. The smuggler tells her that she must work as domestic help for his friend for one month to pay the remainder of her way. After she begins working, she realizes that she cannot leave the house and will not be paid.*

Answer: Yes. Although she initially consented to the conditions of work, her ability to revoke her consent was removed and the conditions of work changed. The act (harbouring), means (deception or abuse of power/vulnerability) and purpose (forced labour) are evident.



6. Distribute Hand-out 1: Human Trafficking and Smuggling: What is the Difference?

The role of UNHCR

GROUP DISCUSSION (20 MINUTES)

7. Explain how persons of concern to UNHCR may be vulnerable to human trafficking and smuggling at different stages of their flight.

NOTES TO THE FACILITATOR:

Risks of human trafficking in contexts of crisis and forced displacement

- *Asylum-seekers, refugees, stateless persons, IDPs and returnees may be vulnerable to abusive smuggling and/or trafficking at all stages of their flight (before, during, after). Their vulnerability may be heightened by a lack of legal avenues to seek safety, a lack of travel and identity documents, few or no support structures, lack of livelihood or educational opportunities, discrimination and language barriers among others.*
- *Crises and post-conflict scenarios can also create conditions for trafficking with impunity. They may also result in greater demand for the services of smugglers not only by members of the local population, but also by others.*
- *Forcibly displaced women and girls may be compelled to adopt negative coping mechanisms including child and forced marriage.*
- *Trafficking of minorities also highlights discrimination as an important risk factor.*[5] *Camps or reception centers where new arrivals are received or where internally displaced persons are accommodated can be utilized by smuggling networks to solicit clients, or for traffickers to target vulnerable persons.*

[5] IOM, *Addressing Human Trafficking and Exploitation in Times of Crisis: Evidence and Recommendations for Further Action to Protect Vulnerable and Mobile Populations*, 2015.

8. Using the Notes to the facilitator, explain the link between human trafficking and persecution.

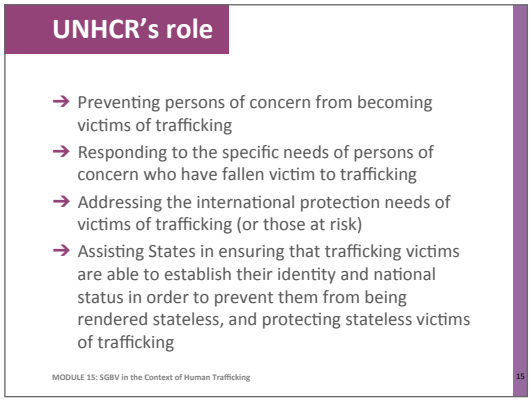
NOTES TO THE FACILITATOR:

The link between human trafficking and persecution

- *UNHCR,* Guidelines on International Protection No. 7: The Application of Article 1A(2) of the 1951 Convention and/or 1967 Protocol Relating to the Status of Refugees to Victims of Trafficking and Persons at Risk of Being Trafficked*, 7 April 2006 (Guideline No. 7), paragraph 5, states that UNHCR has a responsibility to ensure that individuals who have been trafficked and who fear being subjected to persecution upon return to their country of origin, or individuals who fear being trafficked, whose claim to international protection falls within the refugee definition contained in the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees are recognized as refugees and afforded the corresponding international protection.*
- *Guideline No. 7 explains when trafficking or a fear of **being trafficked** may amount to persecution inside a country of origin or habitual residence. Unaccompanied and separated children or certain subsets women may be especially vulnerable to becoming victims of human trafficking and may constitute a particular social group within the definition of a refugee. Similarly, persons may fear **becoming victims of human trafficking** on the basis of their race, nationality or religion for example.*
- *Guideline No. 7, paragraph 25, explains that a victim of trafficking may become a refugee* sur place*. It states that "while victims of trafficking may not have left their country of origin owing to a well-founded fear of persecution, such a fear may arise* after *leaving their country of origin. It is on this basis that the claim to refugee status should be assessed." For example, a person may be trafficked for sexual exploitation outside their country of origin, and subsequently fears reprisals or punishment from their community and/or local authorities should they be returned to their country of origin, which may amount to persecution.*
- *Due to the complexity of asylum claims on the basis of trafficking and the potential for reprisals, such persons must be afforded a regular Refugee Status Determination (RSD) interview, in a supportive and confidential environment, that considers gender sensitivity in the selection of the interviewer (Guidelines No. 7, paragraph 45 onwards).*

---

9. Ask participants to describe what UNHCR's activities on counter trafficking are in addition to refugee status determination.



10. After collecting the descriptions, respond to each by referring to UNHCR's role in addressing human trafficking in the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

UNHCR's role in addressing human trafficking

Paragraph 5 of Guideline No. 7 states that UNHCR has a responsibility to ensure that refugees, asylum-seekers and displaced persons, stateless and other persons of concern do not fall victim *to human trafficking.*

UNHCR's practical response to trafficking has also been elaborated upon in various Executive Committee conclusions[6] and other UNHCR publications to include:

a) Preventing persons of concern from becoming victims of trafficking – in particular vulnerable persons such as women and children (to be discussed later in this module)

b) Addressing the specific protection and assistance needs of persons of concern who have fallen victim thereto

c) Ensuring that international protection needs of victims of trafficking (or those at risk of being trafficked) which may arise as a result of their trafficking experience are identified and addressed

d) Assisting States in ensuring that trafficking victims who are without identity documents are able to establish their identity and national status in order to prevent them from being rendered stateless, and protecting stateless victims of trafficking.[7]

[6] See in particular: The Executive Committee Conclusion, No. 89 (LI) – 2000 (UNHCR in cooperation with states should implement comprehensive measures to address trafficking and smuggling); The Executive Committee Conclusion No. 90 (LII) – 2001 (s) (calls upon States to cooperate in the establishment of identity and nationality status of victims of trafficking); The Executive Committee Conclusion No. 102 (LVI) – 2005 (n) (on addressing the risks of sexual exploitation for female persons of concern to UNHCR); The Executive Committee Conclusion No. 107 (LVIII) – 2007 (States, UNHCR and other relevant agencies and partners to put in place modalities, as appropriate, for early and continuous identification of children at heightened risk including of trafficking) and The Executive Committee Conclusion No. 108 (LIX) – 2008 (e) (on the need for UNHCR to cooperate with other agencies to address trafficking and smuggling).

[7] See in particular, UNHCR Perspective, *Considerations on the Issue of Human Trafficking from the Perspective of International Refugee Law and UNHCR's Mandate*, March 2009.

11. Briefly explain the mandates of other international agencies with respect to the issue of trafficking. Participants should familiarize themselves with the mandates of these and other global, regional or local agencies that work on smuggling and/or trafficking and identify which ones are present in their operation.

NOTES TO THE FACILITATOR:

What are examples of other organizations working on human trafficking and smuggling?

Below are just some of the major international agencies working on trafficking. This list is not exhaustive.

United Nations Office on Drugs and Crime (UNODC) is the lead agency mandated to assist member States in their activities to counter illicit drug trade, terrorism and transnational organized crime. Trafficking in persons falls under the third pillar. UNODC's offices work in source, transit and destination countries of victims of trafficking through assessment-based programs of cooperation. This work covers three areas: i) field-based technical cooperation projects to build the capacity of States to counter trafficking, ii) research and analytical work to increase the understanding of trafficking and expand the evidence base for policy and operational decisions and iii) normative work that assists States to ratify and implement the Palermo Protocols and develop domestic legislation.

International Organization for Migration (IOM) works with governments, regional bodies, regional dialogues and consultative processes, civil society organizations, and relevant United Nations agencies in source, transit and destination countries to protect and assist migrants who have been trafficked, exploited or abused; to prevent such abuses from occurring; and to support the development and implementation of policies aimed at the prevention and prosecution of these crimes and the protection of victims. IOM assistance generally include safe accommodation; legal, medical and psychological support; and the options of voluntary return to the country of origin; as well as reception and reintegration upon arrival.

The United Nations Office of the High Commissioner for Human Rights (OHCHR) watches over and works to secure human rights on a broad international scale and as such is an important contributor to the collaborative work on anti-trafficking. In 2002, OHCHR released Recommended Principles and Guidelines on Human Rights and Human Trafficking *to guide organizations in incorporating a human-rights framework in their efforts to fight trafficking. Furthermore, the commission has three assigned Special Rapporteurs covering human trafficking: the Special Rapporteur on Trafficking in Persons, Especially Women and Children, the Special Rapporteur on Sale of Children, Child Prostitution and Child Pornography, and the Special Rapporteur on Contemporary Forms of Slavery. All rapporteurs report annually on the subject and thus bring to light much up-to-date and coordinated information on the subject.*

The United Nations Children's Fund (UNICEF) is mandated to protect children from all forms of abuse, violence and exploitation, which includes trafficking. Children are one of the most vulnerable groups when it comes to human trafficking. UNICEF's work covers prevention, direct assistance and prosecution assistance as well as evidence-based research to inform its intervention work.

The International Labor Organisation (ILO) has worked against forced labour since its inception and seeks to address the circumstances that allow it to exist. More broadly, the ILO works on promoting social justice and internationally recognized human and labour rights.

Other international, non-governmental agencies, such as UNFPA, UNDP, UNESCO, Save the Children and UN Women, do get involved in activities to counter trafficking in their respective areas of work. Regional organizations or forums, such as the African Union Commission, the European Commission and the Regional Support Office to the Bali Process, are examples of regional organisations active in this area.

Distribute Hand-Out 2: UNHCR's role in addressing Human Trafficking.

SESSION 2: Trafficking, Smuggling SGBV and Forced Displacement

90 minutes

LEARNING OBJECTIVES

- ✓ Explain the intersection of trafficking with smuggling and with gender, SGBV and forced displacement
- ✓ List types of SGBV that can occur prior, during, and after a trafficking event

KEY MESSAGES

- → SGBV in the human trafficking context applies to men, women, boys and girls.
- → Survivors of SGBV may have a greater vulnerability to certain types of trafficking. SGBV may also be the *exploitative purpose* element of trafficking or a form of *abuse* experienced at the hands of smugglers.
- → Victims of trafficking face physical, sexual and emotional violence and may be denied access to the resources and services they need. They may also face additional barriers to seeking help and reporting their experience.

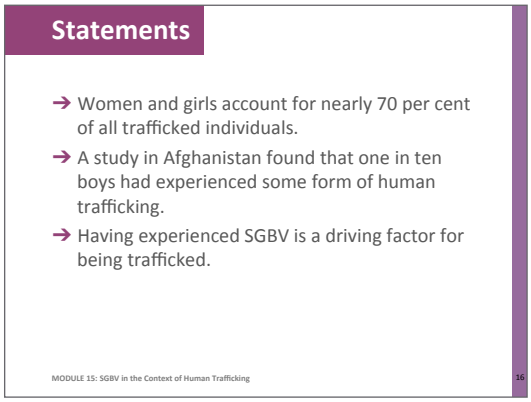
PREPARATION

- Activity Sheet 1: Case Studies
- Hand-out 3: Gender Norms, Displacement, SGBV and Human Trafficking
- Hand-out 4: Forms and Consequences of SGBV in the Context of Human Trafficking
- Prepare a flip chart with a diagram consisting of three overlapping circles labeled *conflict and forced displacement; gender norms and unequal power relationships*, and *SGBV as a driving factor for trafficking.*

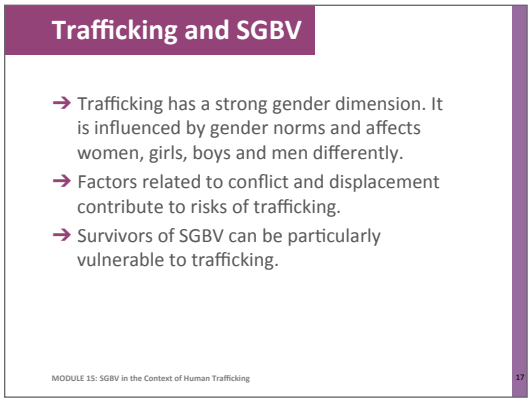
Gender norms, displacement, SGBV and trafficking

DISCUSSION AND GROUP ACTIVITY (40 MINUTES)

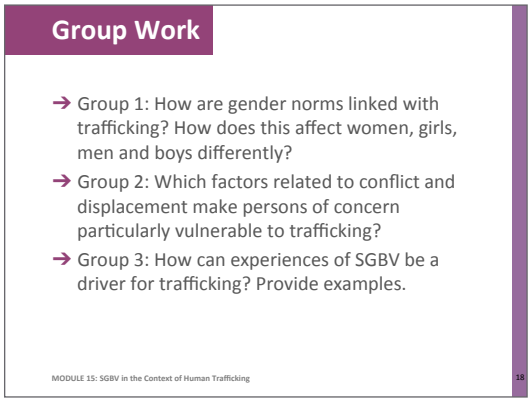
1. Start by reviewing the following data using the slide.
   - Studies report that women and girls account for nearly 70 per cent of all trafficked individuals.[8] This is why the Palermo Protocol on Trafficking includes the phrase "Especially Women and Children".
   - A study in war-affected Afghanistan found that one in ten boys interviewed had experienced some form of human trafficking.[9]
   - Some studies and significant anecdotal evidence suggest that having experienced SGBV is a driving factor for being trafficked.[10]



2. Ask participants what the data tells us and facilitate a short discussion. Be sure the following three key points are made and then show the next slide.
   - Trafficking has a gender dimension, with women and girls being at particular risk due to unequal gender norms and their status in society. But trafficking also affects men and boys and this, too, is influenced by gender norms and stereotypes. (This will be explained later in this session.)
   - Conflict and displacement make people more vulnerable to becoming victims of trafficking.
   - Survivors of different types of SGBV can be particularly vulnerable to trafficking.



3. Divide participants into three smaller groups and assign each group one of the following questions using the slide.
   - Group 1: How are gender norms linked with trafficking? How does this affect women, girls, men and boys differently?
   - Group 2: Which factors related to conflict and displacement make persons of concern to UNHCR particularly vulnerable to trafficking?
   - Group 3: How can experiences of SGBV be a driver for trafficking? Provide examples.



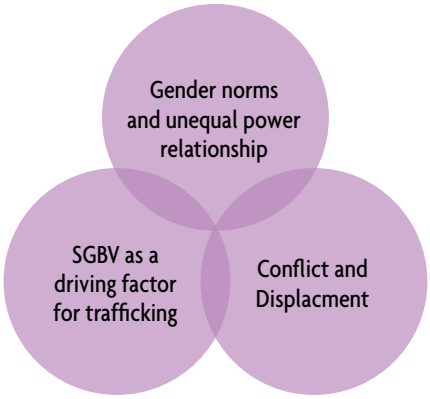
[8] Coalition to End Violence Against Women and Girls Globally, "The Nexus between Gender-Based Violence and Human Trafficking", 2015.

[9] Hagar International, *Forgotten No More: Male Child Trafficking in Afghanistan*, 2014.Forgotten-No-More1.pdf. The study identified three main types of exploitation of male child survivors of trafficking: sexual (including bacha bazi), forced labor and child recruitment for military groups.

[10] Sorensen, Jennifer, Sara Piazzano, Olga DiPretoro, Carolyn O'Donnell, "Addressing Inter-linkages between Gender-Based Violence and Trafficking in Persons to Prevent Reinforcement of Inequalities, Winrock International", 2012.

4. Give groups 10 minutes to discuss and then ask them to summarize their answers in key words written on post-its.

5. Show the flip chart prepared with the diagram. The diagram illustrates the intersection of gender norms, SGBV, displacement and human trafficking.



6. Invite participants to come to the front of the room and stick their post-its on the corresponding circles. Group 1's post-its most likely fit best in the circle labelled *gender norms and unequal power relationships*, group 2's post-its, in the circle labelled *conflict and displacement* and group 2's, in the circle labelled *SGBV as a driving factor for trafficking*.

7. Remove duplications and add or replace post-its as appropriate and write *Human Trafficking* in the overlapping area between the circles.

8. Use Hand-out 2: Gender Norms, Displacement, SGBV and Human Trafficking to summarise how the different circles affect risks of SGBV.

9. Using the Notes to the facilitator, emphasize that the different factors or circles reinforce each other.

NOTES TO THE FACILITATOR:

Gender norms, conflict and displacement and SGBV: mutually reinforcing

- ***Gender norms ↔ Conflict and Displacement.*** *Conflict and displacement impact women, girls, men and boys differently. Existing gender inequalities are often reinforced by conflict and forced displacement. For example, women and girls' access to and control over financial resources are often more limited, they are less involved in decision making, they have less access to education, and often are the primary caretakers.*

- ***SGBV ↔ Conflict and Displacement*** *SGBV often increases in times of conflict and displacement, due to many factors, such as weak law enforcement, lack of livelihood opportunities, sexual violence used as a weapon of war and breakdown of support structures. Types of SGBV that may increases include, but are not limited to, domestic violence, child and forced marriage, survival sex, rape used as a weapon of war and sexual slavery.*

- ***SGBV ↔ Gender Norms*** *Unequal gender norms are the root cause of SGBV. This has been extensively addressed in in Module 1: Introduction to SGBV in Displacement Settings and Module 3: Prevention SGBV.*

All together these mutually reinforcing factors add to the risks of trafficking.

Forms of SGBV

DISCUSSION AND GROUP ACTIVITY (10 MINUTES)

10. Highlight that while unequal gender norms and SGBV contribute to trafficking, and trafficking in itself often is a form of SGBV, victims of trafficking are often exposed to all kinds of SGBV. It affects victims of forced labor, commercial sexual exploitation, forced begging, domestic servitude and all other forms of trafficking.

11. Highlight that victims of trafficking face *all* forms of SGBV addressed in Module 1: Introduction to SGBV in Displacement Setting: physical, sexual and emotional/psychological violence and denial of resources and access to services.

12. Ask the group to provide examples for each form of SGBV. Use the Notes to the facilitator to complement the responses.

NOTES TO THE FACILITATOR:

Types of SGBV victims of trafficking may face

The trafficking experience in itself is often a form of SGBV. During trafficking, victims may face all four forms of SGBV addressed in Module 1: Introduction to SGBV in Displacement Settings.

Sexual violence: *Victims of trafficking may be forced into commercial sexual exploitation (forced prostitution), used for online (child) sexual abuse (also called child pornography), or compelled to perform in night-clubs or at social gatherings. In conflict, sexual violence may be used as a weapon of war, or women and children may be abducted by armed groups and kept in sexual slavery. Victims of trafficking may also be transported across international borders before being sold and trafficked again to other regions or countries.*

Sexual violence, which can take the form of sexual assault or harassment, is a tool to manipulate and control victims of all types of trafficking, women, children and men. The person trafficked as a domestic worker who is then raped by their employer is a survivor of SGBV, as is someone trafficked as a sexual slave.

Psychological/emotional violence: *Victims of trafficking are often kept in isolation, deprived of social contact or contact with their relatives. Traffickers instil fear by shouting and/or threatening to use sexual or physical violence against their victims or their relatives, including their children. They make the victims feel like they are worthless. Pimps (or "lover boys") may first try to gain the victim's trust to make them emotionally dependent, in order to eventually manipulate the victim into meeting their demands.*

Physical violence: *Traffickers use all types of physical violence, including beating and kicking, to intimidate and subdue their victims; they may confine or otherwise curtail the victim's freedom, which is reinforced by confiscating the victim's documentation. Some victims are subjected to forced abortions.*

Denial of resources and access to services: *Victims of trafficking are denied access to education, often denied proper health care and deprived of social contacts. They are exploited economically through forced domestic service or other types of labor and commercial sex work. They are usually denied all or a large part of the money they make. Access to asylum is a promise that traffickers use as a lure, but in reality, access to even asking for asylum is often denied or made impossible.*

Consequences of trafficking

GROUP ACTIVITY (40 MINUTES)

13. Distribute Activity Sheet 1: Case Studies. Divide participants into smaller groups and assign each group one or two case-studies (depending on available time). Groups have 20 minutes to discuss the questions following the case studies assigned to them.

    Note: Participants will be asked to come up with response and prevention activities that can be put in place. Emphasize that this merely requires listing activities that first come to mind. They do not need to provide a comprehensive overview of prevention and response activities as these will be addressed in greater detail in the following sessions.

14. Ask participants to share some of the factors contributing to the vulnerability to trafficking of the persons described in the case studies, the forms of SGBV they faced, the consequences and the barriers that hindered them from seeking help or accessing services. Use the Notes to the facilitator below for guidance.

NOTES TO THE FACILITATOR:

Feedback to the scenarios

Types of SGBV faced

Online sexual child abuse, sexual slavery, commercial sexual exploitation/forced prostitution, forced recruitment in armed forces, child marriage, forced labor.

These types of SGBV have elements of all four forms of violence: sexual violence; physical violence; emotional/psychological violence; and denial of access to resources and services.

Factors contributing to vulnerability

Demand for sexual "services" by armed groups, lack of documentation, the use of sexual violence as a weapon of war, lack of access to health care, family separation, weak law enforcement, existing gender inequality, lack of future prospects, continuing insecurity, lack of livelihood opportunities, belonging to an ethnic minority, disability.

Consequences of trafficking for survivors and their families

- ***Health:*** *All consequences related to sexual violence as discussed in other modules: unwanted pregnancy, unsafe abortions, injuries (bruises, lacerations, burns, fractures, and broken teeth), complications related to the reproductive system, fistula, HIV/AIDS and other sexually transmitted diseases, death.*
- ***Mental health and psychosocial:*** *Fear, depression, stigmatization, self-blame, confusion, anger, long-lasting psychological consequences (such as depression, anxiety, eating and sleep disorders), fear, feelings of isolation and suicidal thoughts as well as relationship problems with an intimate partner and rejection by family and community.*
- ***Legal and Security:*** *Retribution by traffickers for reporting violence; risk of being sent back to country of origin; in some countries, difficulty securing legal recognition for children born as a result of sexual exploitation or rape; risk of harassment by persons in authority; risk of further violence or harm, also affecting family members.*
- ***Socio-economic:*** *Debts, loss of previous employment, no longer being financially supported by husband or relatives (for example, in case of sexual exploitation, divorce from abusive "husband"), dropping out of school, being unable to pay for the journey home.*

Barriers to reporting and seeking help

- *Fear of retaliation by perpetrators, also affecting family members*
- *Fear of stigma in their community if they are known to be a victim of trafficking*
- *Isolation from contact with other people*
- *Inability, actual or emotional, to leave a violent situation due to dependence on the trafficker*
- *Lack of access to information about reporting channels and available services*
- *Fear that they will be treated as irregular entrants in a host country or that they will be sent back to their country of origin or habitual residence where they face risks to their safety or well-being*
- *Fear that they will be compelled to be a witness in a legal action*

Possible response activities:

- *Involve law enforcement to set free victims of trafficking*
- *Inform communities about where they can report concerns related to trafficking and other protection issues*
- *Cooperate with other organizations working in the field of victim identification and response*
- *Family tracing*

Possible prevention activities:

- *Economic empowerment activities*
- *Raising awareness on untrustworthy employment agencies, on recruitment in armed forces etc.*
- *Providing information about risks of trafficking at transit centers*

---

15. Recap the key points of this session.
    - → Human trafficking is one of the worst forms of SGBV.
    - → Trafficking is influenced by gender norms and unequal power relationships.
    - → SGBV can be a driving factor for trafficking.
    - → Victims of trafficking face physical, sexual, emotional violence as well as denial of access to resources and services.
    - → High rates of violence faced by victims of trafficking and smuggling co-exist with low reporting. Victims of trafficking face specific barriers to reporting, often related to isolation and security issues.
16. Distribute Hand-out 3: Gender Norms, Displacement, SGBV and Human Trafficking and Hand-out 4: Forms and Consequences of SGBV in the Context of Human Trafficking.

SESSION 3: Responding to the Needs of Survivors

60 minutes

LEARNING OBJECTIVES

- ✓ Identify the specific needs of victims of these crimes and describe UNHCR's role in responding to these needs in any given operation

KEY MESSAGES

- → For assistance on how to identify victims of trafficking among refugee populations and on how to refer victims of trafficking who are not refugees, UNHCR staff should refer to the UNHCR IOM *Framework Document: Developing Standard Operating Procedures to Facilitate the Protection of Trafficked Persons* (2009) where appropriate.
- → UNHCR should cooperate with other United Nations agencies, regional bodies and local partners to ensure that both male and female victims of trafficking have access to existing SGBV programmes and that sound referral systems are in place.

PREPARATION

- Hand-out 5: Victim Identification and Support

How to identify victims of trafficking and assist them

DISCUSSION (30 MINUTES)

1. Describe the tools available to identify victims of trafficking in an operation and explain when and how these can be implemented.

NOTES TO THE FACILITATOR:

Tools for victim identification

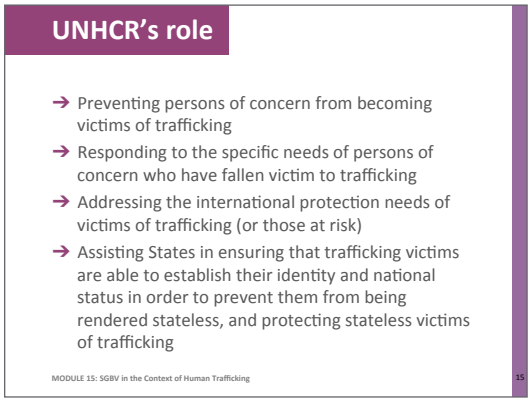
In 2009, IOM and UNHCR jointly launched the guiding ***Framework Document to Developing Standard Operating Procedures for the Identification and Protection of Trafficked Persons****. This tool was intended to improve interagency cooperation on the identification and protection of victims of trafficking among migrants and persons of concern to UNHCR who were often moving in mixed flows. A revised version of the tool, with an enhanced section on assistance and new sections on prevention and responses in emergency contexts will be re-launched in 2016.*

- *The tool includes an annexed screening form. The form can be used to screen whether a person who approaches UNHCR may have been trafficked. The form also helps determine whether UNHCR is best placed to intervene with an in-depth interview and response for the asylum-seeker. Note that UNHCR staff should not wait for persons to approach them with a specific complaint. They should also be alert to identifying persons of concern who may have been trafficked among new arrivals, in all areas where refugees reside, in regular border and detention monitoring, and in particular among women and children.*
- The IOM Handbook on Direct Assistance for Victims of Trafficking *(2007) provides guidance on conducting an in-depth interview to verify whether trafficking has occurred. This guidance has also been endorsed and republished by UNODC in its online* Toolkit to Combat Trafficking. *Example questions may be used by UNHCR staff either as a component of a full Refugee Status Determination (RSD) interview or in a separate interview by trained UNHCR protection staff. If a person who is identified as a victim of trafficking is found not to be a refugee after their RSD interview, they should be referred to IOM in accordance with the IOM UNHCR Framework Document.*
- *The suggested screening form and in-depth interview in the abovementioned IOM Handbook on Direct Assistance for Victims of Trafficking, are intended to be guides only and can be tailored to local contexts.*

---

2. Explain the importance of setting up clear referral pathways to legal, security, medical and psycho-social service providers.

3. Emphasize that victims of trafficking can often benefit from existing services, available to (other) SGBV survivors, such as health services, livelihood programmes, legal aid, mental health and psycho-social programmes and various forms of community-based support. Use the slide and the Notes to the facilitator for more detailed information.



NOTES TO THE FACILITATOR:

Responding to the needs of victims of trafficking

- *Operations should avoid, where possible, creating separate referral pathways for meeting the needs of refugee victims of trafficking that run parallel to those in place for nationals. States bear the primary responsibility for responding to the needs of victims of trafficking in their territory, regardless of status. The obligations on State Parties to the Palermo Protocol on Trafficking include the provision of appropriate housing, counselling and information especially on the legal rights of victims in a language they understand, medical assistance and employment opportunities.*[11]
- *Where no specialized service providers exist, UNHCR should endeavour to build the capacity of existing health, legal and other service providers to work with victims of trafficking through the provision of direct training and technical assistance in cooperation with relevant government agencies, local partners or other international NGOs (See Part 3 of the UNHCR IOM* Framework

[11] United Nations *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, 2000, Art. 6(3): Each State Party shall consider implementing measures to provide for the physical, psychological and social recovery of victims of trafficking in persons, including, in appropriate cases, in cooperation with non-governmental organizations, other relevant organizations and other elements of civil society, and, in particular, the provision of: (a) Appropriate housing; (b) Counselling and information, in particular as regards their legal rights, in a language that the victims of trafficking in persons can understand; (c) Medical, psychological and material assistance; and (d) Employment, educational and training opportunities.

Document: Developing Standard Operating Procedures to Facilitate the Protection of Trafficked Persons, *2009).*

- *In the case of a victim of trafficking who is an unaccompanied minor, their best interests will be of paramount consideration in any actions undertaken on their behalf.*
- *Chapter 5 of* The IOM Handbook on Direct Assistance for Victims of Trafficking *(2007) is specifically on health and trauma. It provides recommended approaches to victims of trafficking who have experienced sexual exploitation resulting in pregnancy, infertility or HIV. Cultural sensitivities and long-term impacts on child victims of sexual exploitation are discussed in this chapter. You may also wish to direct participants to Chapter 4, on guidelines to help for those in need of temporary and safe shelter.*

---

4. Ask participants: how services for victims of trafficking may be different from services that respond to the needs of SGBV survivors in general? Seek responses such as:
   - Often ongoing threats to security need to be addressed as a priority. This may include providing safe shelter, or moving the victim away from the source of the threat.
   - Issues around documentation and legal status may require expert knowledge and legal support.
   - Victims of trafficking may be eligible for State funded compensation schemes.
   - Victims of trafficking may experience extreme fear and may also demonstrate signs of psychological distress sometime *after* initial identification. They should be monitored on an ongoing basis for potential later relapse.
   - Victims of trafficking may want to press charges against the perpetrators of their crime; this is linked to witness protection which may be required in consultation with the authorities. Alternatives to providing in person testimonies may need to be explored, such as by video or written testimonies.
   - Assistance with voluntary return to their country of origin should be provided where appropriate.
5. Describe the various solutions available to a refugee victim of trafficking who is also a survivor of SGBV.

NOTES TO THE FACILITATOR:

Trafficking and solutions

Long term solutions for refugee victims of trafficking who are persons of concern to UNHCR vary, and may involve organised relocation or resettlement, return to their or their families' places of origin or taking up a new nationality in cases of statelessness.

Note: For information on the applicability of solutions to refugee victims of trafficking, please consult Part 3 of the UNHCR IOM Framework Document: Developing Standard Operating Procedures to Facilitate the Protection of Trafficked Persons *(2009).*

Resettlement

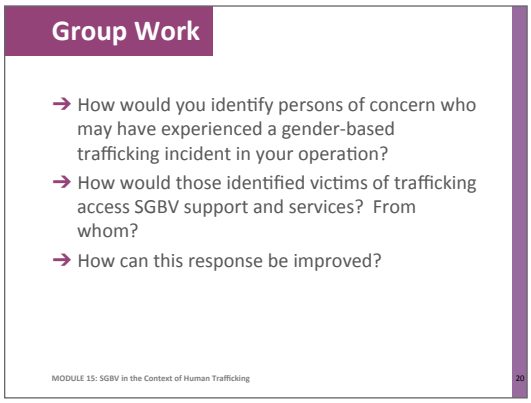
In some exceptional cases, refugees who have been trafficked may need to be resettled due to their ***inability to recover from torture and trauma*** *experienced in the country of refuge, the* ***continued threat of re-trafficking or retaliation*** *they face to which a solution cannot be identified or the* ***consequences of the stigmatisation*** *such individuals may experience in their host community as a known victim of trafficking.*

Please refer to the UNHCR Resettlement Handbook, *2011, and in particular to sections on women at risk, survivors of torture or trauma, and legal and physical protection needs.*

Improving assistance to victims of trafficking in your operation

GROUP ACTIVITY (30 MINUTES)

6. Split into groups of four. Have each group answer the questions on presentation slide 19 either using a flip chart or on paper:
   1. How would you identify persons of concern who may have experienced a gender-based trafficking incident in your operation?
   2. How would those identified victims of trafficking access SGBV support and services? From whom?
   3. How can this response be improved?



7. When completed, ask each group to present their findings. Lead a discussion, taking note of the key findings on a flip chart, and compile a list of best practices.

8. Distribute Hand-out 5: Victim Identification and Response.

SESSION 4: Prevention and Protection from Trafficking

60 minutes

LEARNING OBJECTIVES

- ✓ Describe activities that can reduce risks of trafficking and smuggling in forced displacement settings

KEY MESSAGES

- → As part of its protection activities, UNHCR operations should work to prevent human trafficking, through a multi-faceted, operation-wide approach.
- → Prevention cannot be addressed effectively without also targeting the root cause of SGBV, gender norms and unequal power relationships.

PREPARATION

- Activity Sheet 2: Prevention Case Study

Preventing trafficking from occurring

GROUP ACTIVITY (60 MINUTES)

1. Explain to participants that we will now reflect on the preceding activities and consider how to prevent persons of concern in their operation from falling victim to traffickers and in particular, from experiencing sexual or gender-based exploitation.

2. First ask participants to quickly brainstorm on what might prevent the trafficking and/or smuggling of vulnerable refugees, asylum-seekers, migrants and IDPs.

3. Ask participants to then break into four groups and read Activity Sheet 2: Prevention Case Study. They should then, on the basis of the clues the case study provides, come up with a list of prevention activities that could be implemented in the highlighted operation.

4. After 30 minutes, invite the four groups to present their findings. Note, presentations should be complementary with each group only presenting those findings that have not yet been offered by other groups. *Use the notes for the facilitator for guidance and to complement the responses if necessary.*

NOTES TO THE FACILITATOR:

Feedback to the case-study

1. *What types of SGBV are being experienced by refugee women in this operation?*

   The prevention case study notes that some women are exposed to sexual harassment by camp security personnel. Consider what other types of SGBV may be occurring as a result of certain risk factors – for example, how a lack of livelihood options for single female households may compel some women into survival sex.

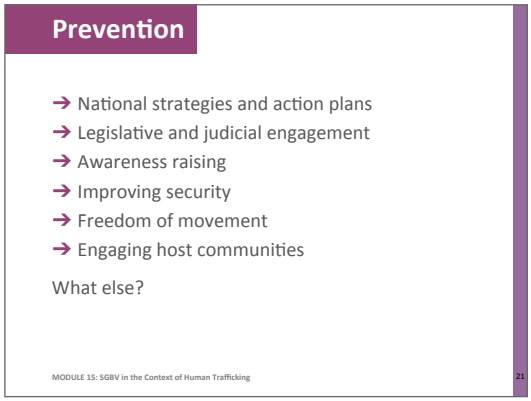
2. *What are the risk factors that you can identify in this operation that may be contributing to the trafficking of refugee women?*

   - *The low levels of literacy among female camp residents mean that only a small proportion of women in the camp can benefit from the information provided in the distributed leaflets on family unification and sponsorship among other important information*
   - *The lack of freedom of movement and of livelihoods inside the camp for women, creates the high risk that they will seek to leave the camp in search of work elsewhere and to do so irregularly*
   - *The long processing time for receipt of a refugee ID card means women may feel compelled to leave the camp for work without personal identification documents, exposing themselves to risk of arbitrary detention and* refoulement *if arrested*
   - *Unchecked harassment by camp security may create feelings of insecurity inside the camp compelling some women to decide to leave*

3. *What measures could UNHCR take to prevent what happened in the future?*

   Consider the following interventions in light of the information you will provide to reinforce these conclusions below:

   - *Provide in person awareness raising sessions to all new arrivals on what safe legal complementary pathways to dangerous and irregular onward movement are available and how to access them including information on asylum procedures, livelihoods options and risks of dangerous irregular onward movement*
   - *Advocate with the government to enable women to leave the camp to find work on temporary permits and gradually to participate in an urban refugee program. In the meantime, provide viable and safe livelihoods inside the camp*
   - *Ensure asylum procedures are both fair and efficient. The time it takes to obtain a refugee ID card must be reasonable and the importance of obtaining one, well known to all refugees*
   - *Consider conducting workshops with the host community on trafficking, the laws that criminalise it and the vulnerability of camp residents to falling victim to the crime. Try to consider how camp initiatives could also benefit local host communities as a deterrent to their participation in these crimes*
   - *Ensure that women in the camps can anonymously report harassment by camp security and that this is not tolerated or allowed to continue unchecked*



5. Use the Notes to the facilitator, reference materials and the slide to give a more comprehensive overview of prevention of trafficking activities.

NOTES TO THE FACILITATOR:

UNHCR and the prevention of trafficking

As facilitator, be familiar with UNHCR's Strategy and Regional Plan of Action: Smuggling and Trafficking from the East and Horn of Africa *(2013) and its Progress Report (2014), which are referenced at the end of this module.*

This regional strategy was based upon the Refugee Protection and Mixed Migration, The 10-Point Plan of Action*, also referenced at the end of the module. As a result of the regional strategy, several national level strategies have been developed to address trafficking within the broader context of mixed migration in Ethiopia and Sudan.*

The above tools can provide useful reference points for prevention activities that may be undertaken in national operations, including what a regional strategy may look like. Note that UNODC, IOM and other agencies have also developed regional strategies that often incorporate counter-trafficking into broader approaches to migration management.

Several recommended prevention activities have also been included in Part 4 to the upcoming revised Framework Document on Developing Standard Operating Procedures to Facilitate the Identification and Protection of Victims of Trafficking and Persons at Risk of Being Trafficking *(2016). These are not exhaustive and several other examples may be relevant to the operations that were identified by participants in the brainstorming session, (i.e., ensuring access to documentation and registration to regularise status, conducting outreach in host communities, advocating for freedom of movement etc.).*

These may include:

1. State strategies and national action plans

In many countries, State action plans and national coordination committees/mechanisms have been established following the adoption of legislation that criminalizes human trafficking and provides protection to victims. In other countries, UNHCR and IOM may seek to support the development of national strategies and the establishment of multi-coordination models to facilitate the identification and protection of victims of trafficking, as well as to prevent trafficking. These may comprise components of broader national strategies on migration management. Several such strategies have been developed by UNHCR and IOM in the Horn of Africa.

2. Legislative and judicial engagement

Not all countries have defined trafficking in their national laws. When trafficking is defined, some countries have included the international definition while others have defined the crime differently. Article 5 of the Trafficking in Persons Protocol requires that State Parties criminalize trafficking as defined in Article 3 of that Protocol. This is necessary to end impunity for trafficking crimes. UNHCR IOM, UNODC and other actors can coordinate advocacy efforts towards achieving this end, in particular, to ensure that any draft counter-trafficking law or amendments to this effect do not adversely impact upon the rights of refugees, asylum-seekers, other persons of concern to UNHCR and migrants.[12] *UNHCR, IOM and any other relevant partners, should also consider, where appropriate, facilitating training for judges, police, border guards or other law enforcement officials*

[12] United Nations, *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, 2000, Art.14(1) states that: Nothing in this Protocol shall affect the rights, obligations and responsibilities of States and individuals under international law, including international humanitarian law and international human rights law and, in particular, where applicable, the 1951 Convention and the 1967 Protocol relating to the Status of Refugees and the principle of non-refoulement as contained therein.

on the implementation of national laws on trafficking, asylum and immigration, the hosting of judicial dialogues and strategic litigation.

3. Awareness raising

UNHCR and other relevant partners should coordinate where possible, on the dissemination of information to persons of concern to UNHCR on the risks of irregular onward movement through and from a country of operation. This may be achieved by in-person presentations, the distribution of written and visual materials, focus group discussions or the use of digital and social media. It is important that this be accompanied by information on how to report a trafficking crime, access asylum procedures, regular migration or mobility options and in-country opportunities for work and education.

4. Improving security

UNHCR should advocate for measures to ensure that any designated areas where persons of concern reside are safe. These measures should minimize the exposure of these populations to personal threats or criminal activity. Security measures may include increased surveillance by security officials, improved lighting and the provision of hot-lines to report crimes. They should not, however, replicate circumstances of detention. While the security of asylum-seekers and refugees are the primary responsibility of the State, in some operations, this will require direct support by UNHCR in consultation with State authorities, IOM and/or other agencies.

5. Addressing the root causes

Prevention cannot be addressed effectively without also targeting the root causes, including gender inequality, lack of freedom of movement and poverty/lack of economic and educational opportunities. Because forced displacement increases the vulnerability of refugees, asylum-seekers, stateless persons and those internally displaced, to trafficking – addressing the root causes of why persons flee their countries of origin or habitual residence is also needed to addressing trafficking.

---

6. Now ask participants which of the listed activities are or could be introduced in their own operation? Can they come up with any other prevention activities?

7. Emphasize that prevention of trafficking goes beyond protection measures, to addressing the root cause of trafficking and SGBV (gender norms and unequal power relationships) and the reasons why persons of concern may be compelled to move irregularly.

8. Distribute Hand-out 6: Prevention and Protection from Human Trafficking.

Wrap-up

(15 MINUTES)

9. Ask participants to reflect on how they can take stock of these issues in their own work.

10. Encourage participants to share some of their reflections in plenary.

11. Address any unanswered questions and sum up with the key messages for the module.

REFERENCES:

UNODC, *United Nations Convention against Transnational Organized Crime and the Protocols Thereto*, 2004, available at: http://goo.gl/bDF7W.

Carling, Jørgen, Anne T. Gallagher, Christopher Horwood, *Beyond Definitions: Global Migration and the Smuggling-Trafficking Nexus*, Danish Refugee Council, 2015

Coalition to End Violence Against Women and Girls Globally, *The Nexus between Gender-Based Violence and Human Trafficking*, 2015, available at: https://goo.gl/fc8lxD.

Giammarinaro, Maria Grazia, *Report of the Special Rapporteur on Trafficking in Persons, Especially Women and Children*, March 2015, available at: http://www.refworld.org/docid/5577e9f34.html

Hagar International, *Forgotten No More: Male Child Trafficking in Afghanistan*, 2014, available at: http://goo.gl/M5cqCm.

IOM, *Addressing Human Trafficking and Exploitation in Times of Crisis: Evidence and Recommendations for Further Action to Protect Vulnerable and Mobile Populations*, 2015, available at: http://goo.gl/yqUTGZ.

IOM, *Breaking the Cycle of Vulnerability: Responding to the Health Needs of Trafficked Women in East & Southern Africa*, 2006, available at: http://goo.gl/t0BkBS.

IOM, *The IOM Handbook on Direct Assistance for Victims of Trafficking*, 2007, available at: http://goo.gl/tuev4N.

OHCHR, *Recommended Principles and Guidelines on Human Rights and Human Trafficking*, 2002, available at: http://goo.gl/qlHPnL

RMMS, *Abused and Abducted: The Plight of Female Migrants from the Horn of Africa in Yemen*, 2014, available at: http://goo.gl/uPNnhI.

Sorensen, Jennifer, Sara Piazzano, Olga DiPretoro, Carolyn O'Donnell, *Addressing Inter-linkages between Gender-Based Violence and Trafficking in Persons to Prevent Reinforcement of Inequalities, Winrock International*, 2012, available at: http://goo.gl/m5vhvP.

UNHCR, *Refugee Protection and Human Trafficking: Selected Legal Reference Materials*, 2008, available at: http://goo.gl/4qshvq.

UNHCR, *Policy on Alternatives to Camps*, 2009, available at: http://www.unhcr.org/5422b8f09.html.

UNHCR, *UNHCR Resettlement Handbook*, 2011, available at: http://www.unhcr.org/46f7c0ee2.html.

UNHCR, *Refugee Protection and Mixed Migration: The 10-Point Plan of Action*, 2007, available at: http://www.unhcr.org/4742a30b4.pdf

UNHCR and IOM, *Framework Document: Developing Standard Operating Procedures to Facilitate the Protection of Trafficked Persons*, 2009, available at: http://goo.gl/71iNPv

UNHCR, *UNHCR Strategy and Regional Plan of Action: Smuggling and Trafficking from the East and Horn of Africa*, 2013, available at: http://www.refworld.org/pdfid/51d175314.pdf.

UNHCR, *UNHCR Strategy and Regional Plan of Action: Smuggling and Trafficking from the East and Horn of Africa, Progress Report*, 2014 https://goo.gl/zo5d6z.

UNHCR, *Combatting Human Trafficking: Overview of UNHCR Anti-Trafficking Activities in Europe*, December 2005, available at: http://goo.gl/wveJoF.

UNHCR P*erspective, Considerations on the Issue of Human Trafficking from the Perspective of International Refugee Law and UNHCR's Mandate*, March 2009. http://www.unhcr.org/4ae6b66e9.html

UNODC, *Global Report on Trafficking in Persons*, 2014, available at: https://goo.gl/Ri2Zpv.

UNODC, *Toolkit to Combat Trafficking in Persons*, online edition available at: https://goo.gl/snWMJj

UNODC, *Issue Paper: The concept of "Exploitation" in the Trafficking in Persons Protocol*, 2015, available at: https://goo.gl/L6xJtM.

Activity Sheet 1

20 minutes

Case-studies

LUCY'S STORY

Lucy, a 20 year old refugee, lives in an informal settlement in the country where she fled with her mother and three younger sisters after her father was killed in their home country. She sells bread and is the main income earner at home, but cannot earn enough for food and school fees for her sisters. She decides to move to the capital city to with the intention of finding work. In the capital city she stays in a cheap hostel, each day looking for job vacancies notices posted at a large supermarket. On the third day, a woman approaches her and introduces herself as Erica. She says she has seen Lucy each day from the street where she lives. Lucy tells Erica she is looking for work and a place to stay. Erica says she has a spare room and knows someone who might have office work for her. Lucy is interested, goes to live with Erica, and a meeting is arranged for the following week with the manager of the office. Lucy feels at ease at Erica's and starts telling her more about herself, including where she is from and about her mother and sisters. The following week two men come and pick Lucy up to bring her to the place where she hopes to start working. This turns out to be a bar, not an office. A woman at the bar confiscates all her belongings, including her refugee identity card and her cellphone. She tells her: "you will work as a waitress. Lesson one: be kind to the men. You are no better than any of the other girls. If you do well, in one month you may have earned a lot of money". Lucy feels she has no choice but to obey and work as a waitress. It soon turns out she is expected to have sex with the men visiting the bar, in one of the rooms at the back of the building. The first time she refuses and is beaten up. They tell her that if she tries to escape or talks to anyone about being in the house, including the men she services, her sisters will be brought to join her.

- → Is this a case of trafficking?
- → What are some of the factors contributing to Lucy's vulnerability to trafficking?
- → What types of SGBV is she facing?
- → What might be some of the consequences?
- → What are barriers that hinder her from seeking help?

AKIS' STORY

Akis, aged 14, lives in a war affected country. His family cannot support him and he dreams of a better life elsewhere. When he tells his parents about his plans to travel to Europe, they let him go as they fear he will be recruited by an armed group if he stays in the country. During the first part of the journey Akis spends the little money he has on an expensive train ticket and on a smuggler who helps him cross the border by foot. Akis arrives in the neighboring country but wants to travel on to Europe. After hanging around in a park nearby the sea for a few days, hoping someone will give him a seat on a boat for free, a man approaches him and tells Akis that if he is trying to find a way to get to Europe he can help. They engage in a friendly conversation and Akis has no suspicions. The man tells Akis he works in transportation and moves goods to Europe. He tells Akis he could get a ride to Europe on one of his trucks. He will only need to contribute petrol costs; why does Akis not come and work for him for a while, until the first truck is scheduled to depart the next week. Akis asks the man what type of work he will be doing and the man says he will work in a bar, selling cigarettes. Akis agrees and together they make the journey to a city unknown to Akis. They arrive at a house, which does not look like a real bar, but has several rooms where men gather in the evening. Akis is told he will work seven nights a week, and needs to stay indoors during the day. The few belongings he has are confiscated. Akis asks what he will be paid but no answer is given. He complains that the conditions are not fair and says he wants to leave. He is told that it too late as he has agreed to the job and that if he complains again he will be beaten. Instead of selling cigarettes, on the first evening Akis is forced to dance for the men, scarcely dressed and wearing make-up.

- → Is this a case of trafficking? Please explain.
- → What are some of the factors contributing to Akis's vulnerability to trafficking?
- → What types of SGBV is he facing?
- → What might be some of the consequences?
- → What are the barriers that might hinder him from seeking help? Is he at risk of *refoulement*?

KIRA'S STORY

Kira, 45 years old, has moved to a city with her husband and children fleeing the ongoing conflict in their home village. For more than a year Kira has been applying for jobs without success. Her husband has chronic diabetes and cannot find work either. Due to the high costs of his treatment, they cannot pay the school fees of the children.

Then Kira hears of an agency that helps women find domestic work. She goes to their office and meets a man who tells her she is lucky as he has just received a request from a family living in a small town nearby. He gives her the details of the job; the salary is good, she is expected to work full time, taking care of the house and children. She can live with the family and return home every weekend. The man says he needs an answer from her right away since he has many other suitable candidates. Kira accepts the job. She is asked to leave behind her national ID card so the man can process the paperwork and return it to her in a few days. The job starts the following day. The man drives her to a town three hours away and they arrive at a large villa in an affluent neighborhood. Kira is introduced to the resident husband and wife. They welcome her and tell her it is a requirement that they take her phone.

Kira works long days – from early morning to late at night. She does all the cleaning, laundry, ironing, preparing the children for school, cooking, cleaning the cars and takes care of the yard. She is given a small amount of leftover food and is not allowed to use facilities in the house. She sleeps in a small wooden shed outside with only a mat on the floor and a bucket for washing. The owners of the house yell at her if she does not do her work fast enough.

Soon Kira is exhausted and starts feeling sick. She approaches the wife in the house one evening and asks leave to go home. The woman tells her she needs to wait for her payment at the end of the month. Kira tells her she was informed she could go home at the end of the week, but the woman laughs and tells her that she misunderstood. The woman tells her she is not allowed to leave, and the guard is keeping an eye on her.

- → Is this a case of trafficking? Please explain.
- → What are the main factors contributing to Kira's vulnerability to trafficking?
- → What types of SGBV is she facing?
- → What might be some of the consequences?
- → What are the barriers that hinder her from seeking help?

DOLO'S STORY

Dolo is 18. He lives with his mother in a small town. His country is at war with the neighboring country and armed groups terrorize the area. When his school was bombarded two years ago, Dolo stopped going to school and now works in a copper mine. Working conditions are extremely harsh. The boys working in the mine need to reach a certain daily target of copper, which is set so high that on many days there is no pay at all, or only if they continue working throughout the night. The boys are only given a small portion of food, and the guards don't hesitate to use violence to make them work harder. One day on his way to the mine, a man who introduces himself as Papi approaches Dolo and says he knows what Dolo is going through. He says he believes Dolo is a strong young man with a lot of potential. It so happens that Papi is looking for young men who are willing to work on a large construction project in the neigbouring country. Papi explains that salaries for construction workers in the neighbouring country are high which is why they recruit internationally. He tells Dolo to think about his offer and to talk to his parents about it. He gives him a week to decide. Papi hands Dolo a leaflet with photos of a modern building site, showing boys of Dolo's age, looking content and healthy. Dolo discusses the matter with his mother who thinks this is an excellent opportunity for Dolo to gain some money and work in better conditions. She drops him off at the agreed meeting place and together with four younger boys, Papi and a driver start their journey. Soon after departure Papi gets off the bus and tells the boys he has to arrange some paperwork and will join them the following day. After a two day journey they eventually reach their destination. This turns out not to be a building site but a militia training camp. The boys are 'welcomed' by a senior commander. He informs the boys that they will be trained to become fighters. They are told: "if you do as they are told, your parents and your country will be proud of you. If you disobey, or try to escape things will turn out bad for you" and he points at three fresh graves in the field nearby.

- → Is this a case of trafficking? Please explain.
- → What are some of the factors contributing to Dolo's vulnerability to trafficking?
- → What types of SGBV does he face or might he face?
- → What might be some of the consequences?
- → What are the barriers that could hinder him from seeking help?

ESME'S STORY

Esme is 19 when she is abducted from her village by a militia group. Together with other girls and women she is taken to an isolated place; a few houses in the country side. The settlement serves as a recuperation place for combatants of the militia group, who stay there once in a while to rest and to get medical treatment. Esme's tasks are to cook and clean and to serve the combatants. During her stay at the settlement she is tortured and raped several times.

After three months Esme and a few other girls are rescued by UN soldiers, who bring them to a camp for internally displaced persons the South of the country. Esme does not know many people in the camp, but as the news about the abduction of the women and girls and their rescue operation spreads quickly, she is soon known to be the 'abducted girl'.

Esme lives on her own for a while, until one day her aunt Sadia and uncle Issah turn up at the settlement. Unfortunately they have no news from Esme's parents or other relatives but they believe they might be abroad. Initially Esme and Sarah are happy being reunited and Sadia invites Esme to share their shelter. When Sadia realizes Esme is pregnant and becomes aware of other people gossiping about her, she is afraid her own reputation is at stake, which could jeopardize her husband's chances to find work. The relationship worsens and Esme feels rejected and alone. When a man from town proposes to marry Esme, Sadia and Issah encourage her to accept. Esme does not know or like the man, but feels she has no choice but to accept, for the benefit of her baby daughter who stays behind with Sadia. Sadia and Issah receive a small amount of money to take care of the baby girl, who, unlike Esme, is accepted as a family member. The wedding ceremony is conducted without celebration, and Esme and her new husband move to town. During the first few weeks following the marriage, Esme occasionally visits her daughter and talks with Sadia over the phone. She tells Sadia 'it is not a good marriage' but doesn't give more detail. A few months later, Esme's parents arrive at the camp looking for their daughter. They try calling her on her cell phone but this this is out of service. They search for her in town, but to no avail.

- → Is this a case of trafficking? Please explain.
- → What are some of the factors contributing to Esme's vulnerability to trafficking?
- → What types of SGBV is has Esma faced and might she be facing?
- → What might be some of the consequences?
- → What are the barriers that hinder her from seeking help?

Activity Sheet 2

20 minutes

Prevention Case Study

You are a Protection Officer working in a UNHCR operation. The operation funds a Government run refugee camp. Persons in this camp have fled a civil war in a neighbouring country. They arrive in the thousands every month mostly by foot, although some are assisted by smugglers using pick-up trucks. Most new arrivals are single women because their husbands, fathers and brothers are fighting the conflict they left behind. Many are illiterate due to cultural norms in their country of origin which discourages girls' education.

The government operates an encampment policy. This means that new arrivals who are registered and recognized as refugees cannot leave the camp. Those that are not recognized as refugees are returned to the border. This situation is problematic because work and livelihood options within the camp are very limited. It is possible to undertake heavy labour, but this is only possible for male headed households. Some single women take up selling tea, but that exposes them to harassment by camp security. The head of camp security denies that this occurs every time you raise it meetings.

Many of the women have relatives overseas, but they lack information on how to join them safely and cannot read the pamphlets provided to them about sponsorship and family unity.

There are rumours in the camp that some individuals are being approached by locals who live in a neighbouring village, offering them work overseas and a means to join their relatives. These individuals trade in goods in the camp market. Some refugees have reported to you that they have seen refugee residents meet with a local named 'Adam' in the camp market. He gathers them at a location just outside the camp at night, puts them on the back of a pick-up truck and drives them to an unknown location.

During protection counselling one day, you are told by a refugee that a group of women he knows have been arrested and detained in a nearby prison where they face imminent deportation. Apparently they were arrested after a farm that they had been working on was raided and they were found to lack identification documents. It turns out they were all formerly resident in the refugee camp, but due to lengthy waiting periods for their refugee ID card, they left before they received one. The women were apparently told by a man named 'Adam' about work opportunities overseas, but after meeting him at a location near the camp, they were kidnapped and taken to a nearby farm where they were held in slave like conditions. The women apparently show signs of physical assault and some being raped. They had been given phones and told to call relatives overseas for ransom in order to be released, but the camp was raided by the authorities first.

DISCUSSION:

In your assigned groups, please answer the following questions:

→ 1. What types of SGBV are being experienced by refugee women in this operation?

→ 2. What are the risk factors that you can identify in this operation that may be contributing to the trafficking of refugee women?

→ 3. What measures could UNHCR take to prevent what happened in the future?

Hand-out 1

Human Trafficking and Smuggling: What is the Difference?

TRAFFICKING IN PERSONS IS

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.

Note: The consent of a person to being exploited is irrelevant if any of the *means* highlighted above are present, or if the person is a child under 18 years of age.

(Article 3, *United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime*, 2000.)

SMUGGLING IN PERSONS IS

The procurement, in order to obtain, directly or indirectly, **a financial or other material benefit, of the illegal entry of a person into a State Party** of which the person is not a national or a permanent resident.

(Article 3(a), *United Nations Protocol against the Smuggling of Migrants by Land, Sea and Air, Supplementing the United Nations Convention against Transnational Organized Crime*, 2000.)

DIFFERENCES:

Trafficking	Smuggling
Must contain an element of force, fraud, or coercion, unless under 18 years of age	With the consent of the person being smuggled
Need not involve the movement of the victim	Facilitates the illegal entry from one country to another
For the purpose of exploitation	For a direct or indirect material or financial benefit
Absolute control is exerted over the victim	Usually the person being smuggled is free to leave or change the terms of the arrangement. See below

WHEN SMUGGLING BECOMES TRAFFICKING:

- Persons who engage smugglers may be unable to pay the fee for their journey as intended and find themselves in debt bondage or in forced labour in order to pay it off.
- The risk that smuggling may become trafficking is also exacerbated on long and fragmented journeys with greater opportunities for exploitative acts on the way.
- Smugglers may also be tempted to sell persons they are transporting to traffickers for a higher profit than that they would have received from the persons they are transporting.

DIFFICULTIES IN DISTINGUISHING THE TWO

Smuggling can be abusive, even if it does not reach the level of exploitation that characterizes a trafficking incident. Examples of such abuse can include being beaten, sexually assaulted, transported in cramped and unsafe conditions and being deprived of food and water. Sometimes it is difficult to determine whether smuggling has become trafficking or not. Remember that trafficking usually involves conditions similar to enslavement and the exploitative purposes must be of an egregious or particularly serious nature.

Hand-out 2

UNHCR's Role in Addressing Human Trafficking

UNHCR, *Guidelines on International Protection No. 7: The Application of Article 1A(2) of the 1951 Convention and/or 1967 Protocol Relating to the Status of Refugees to Victims of Trafficking and Persons at Risk of Being Trafficked*, 7 April 2006 (Guideline No. 7), paragraph 5, states that UNHCR's involvement in the issue of trafficking is twofold:

First: UNHCR "has a responsibility to ensure that refugees, asylum-seekers and internally displaced persons (IDPs), stateless and other persons of concern *do not fall victim* to trafficking".

Second: UNHCR "has a responsibility to ensure that individuals who have been trafficked and who fear being subjected to persecution upon a return to their country of origin, or individuals who fear being trafficked, whose claim to international protection falls within the refugee definition contained in the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees...are recognized as refugees and afforded the corresponding international protection".

UNHCR's practical response to trafficking has also been elaborated upon in various conclusions of the Executive Committee[1] and other UNHCR publications to broadly encompass:

a) Preventing persons of concern from becoming victims of trafficking especially vulnerable groups, in particular women and children

b) Addressing the specific protection and assistance needs of persons of concern who have fallen victim thereto

c) Ensuring that international protection needs of victims of trafficking (or those at risk of being trafficked) which may arise as a result of their trafficking experience are identified and addressed

d) Assisting States in ensuring that trafficking victims who are without identity documents are able to establish their identity and nationality status in order to prevent them from being rendered stateless, and to protect stateless victims of trafficking[2]

[1] See in particular: The Executive Committee, No. 89 (LI) – 2000 (UNHCR in cooperation with states should implement comprehensive measures to address trafficking and smuggling); The Executive Committee No. 90 (LII) – 2001 (s) (calls upon States to cooperate in the establishment of identity and nationality status of victims of trafficking); The Executive Committee No. 102 (LVI) – 2005 (n) (on addressing the risks of sexual exploitation for female persons of concern to UNHCR); The Executive Committee No. 107 (LVIII) – 2007 (States, UNHCR and other relevant agencies and partners to put in place modalities, as appropriate, for early and continuous identification of children at heightened risk including of trafficking) and The Executive Committee No. 108 (LIX) – 2008 (e) (on the need for UNHCR to cooperate with other agencies to address trafficking and smuggling).

[2] See in particular, "UNHCR Perspective, Considerations on the Issue of Human Trafficking from the Perspective of International Refugee Law and UNHCR's Mandate", March 2009.

UNCHR's activities in this regard can be far ranging. UNHCR can:

- Deliver trainings to authorities on the fact that some identified victims of trafficking require access to asylum
- Build capacity of protection staff to better identify those at risk or who may already have been trafficked
- Develop or provide comments on draft anti-trafficking legislation so that it does not adversely impact upon refugee rights
- Raise awareness of the dangers of irregular onward movement to persons of concern and discuss safe and legal alternatives
- Participate in inter-agency coordination fora and other prevention of trafficking activities

UNHCR has also developed regional strategies such as the *UNHCR Strategy and Regional Plan of Action: Smuggling and Trafficking from the East and Horn of Africa*.[3]

COOPERATION

UNHCR should cooperate with other agencies that are mandated and/or working on the issue of trafficking to achieve the protection of persons of concern to UNHCR where appropriate. The list below of agencies with which to cooperate is by no means exhaustive. Agencies include:

Global:

- United Nations Office of Drugs and Crime (UNODC)
- International Organisation for Migration (IOM)[4]
- United Nations International Child Emergency Fund (UNICEF)
- United Nations Population Fund (UNFPA)
- End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT)
- UN Women
- United Nations Development Program (UNDP)

Regional:

- European Commission (EC)
- African Union Commission (AUC)
- Intergovernmental Authority for Development (IGAD)
- Economic Community of West African States (ECOWAS)
- Association of South East Asian Nation States (ASEAN)
- Organisation of American States (OAS)

---

[3] *UNHCR Strategy and Regional Plan of Action: Smuggling and Trafficking from the East and the Horn of Africa*, 2013, available at: http://www.refworld.org/pdfid/51d175314.pdf. See also the *UNHCR Strategy and Regional Plan of Action: Smuggling and Trafficking from the East and Horn of Africa, Progress Report*, 2014, available at: https://goo.gl/zo5d6z.

[4] Not all persons identified as victims of trafficking are also refugees. In 2009, IOM and UNHCR produced a joint *Guiding Framework Document: Developing Standard Operating Procedures for the Protection of Victims of Trafficking.* The overall objective of this framework document is to strengthen cooperation between IOM and UNHCR with respect to the identification and protection of victims of trafficking.

Hand-out 3

Gender norms, SGBV, Displacement and Trafficking

GENDER NORMS AND UNEQUAL POWER RELATIONSHIPS

Trafficking, like other types of SGBV, is influenced by many factors, including gender norms and unequal power relationships. The perceived low status of women and girls worldwide make them particularly vulnerable to becoming victims of trafficking. In societies where women have few rights, where gender norms dictate that they have to be subservient to men, where women have fewer economic resources, have lower access to education, lack access to justice, and where violence against women is accepted – they become easier targets for traffickers. Data shows that women and girls are disproportionately exploited for the purposes of sexual exploitation, but also for labor exploitation (UNODC *Global Report on Trafficking in Persons*, 2014.)

Men and boys can also be victims of trafficking. As for girls, sexual exploitation of boys is an abuse of unequal power relationships. But – as explained in Module 1 – this type of abuse is also connected to gender since the abuse affects boys because of their role in society. For example, in some cultures adolescent boys are sold to wealthy men for domestic work, dancing, and sexual services. Here, cultural norms permit male community leaders' access to young boys, who are targeted because of their gender. Men and boys are also trafficked for the purpose of supplying combatants in fighting forces (Report of the Special Rapporteur on trafficking in persons, especially women and children, Maria Grazia Giammarinaro, 2015).

SGBV AS A DRIVING FACTOR FOR TRAFFICKING

While there is need for more research to better understand the nature of the relationships between SGBV and trafficking and in the context of conflict and post-conflict scenarios, there is significant anecdotal evidence that SGBV is a driver in women and girls' vulnerability to being trafficked (Coalition to End Violence Against Women and Girls Globally). It is repeatedly seen that women and girls who have been victims of SGBV are more vulnerable to becoming victims of trafficking. For example:

- Being subjected to **rape or other forms of sexual violence** can lead to the stigmatization and isolation of women and girls in their community, and rejection by their family, which increases their vulnerability to being trafficked.
- Gils who have been kept with armed groups for **sexual slavery** may fear returning to their communities for fear of stigmatization. This enhances risks of trafficking (Coalition to End Violence against Women and Girls Globally).
- Persons who are involved in **survival sex** often work in extreme hardship, facing all types of abuse and discrimination. This makes them an easy target for traffickers who make false promises of opportunities to find other types of work, or work abroad under better conditions. Some refugees and asylum-seekers as well as stateless persons may be constrained to engage in survival sex due to their circumstances in place of displacement.
- Anecdotal evidence suggest that women and girls who have run away to escape **forced- or child marriages** and/or **domestic violence**, are taken advantage of by traffickers and end up in exploitative situations. (Winrock International, 2012). In forced displacement situations, it is often noted that families marry off a daughter as a 'negative coping mechanism' to protect their daughters from harm, such as assault, or from extreme poverty.

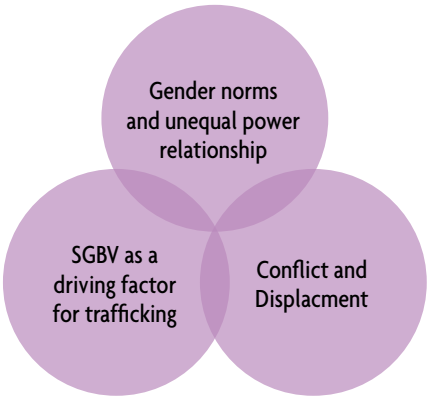
CONFLICT AND FORCED DISPLACEMENT AS A CONTRIBUTING FACTOR TO TRAFFICKING

Armed conflict and displacement prompt extra risk factors for trafficking. This includes factors induced by the conflict, but also in protracted refugee or IDP situations. As such, asylum-seekers, refugees and migrants are a vulnerable category of people at high risk of becoming victims of trafficking (IOM).

Factors relating to conflict and forced displacement contribute towards risks of trafficking. These factors include:

- Physical insecurity
- Breakdown of support from family and community members
- Family separation, unaccompanied and separated minors
- State of impunity / weak law enforcement
- Forced recruitment by armed forces (for sexual slavery, fighting or other tasks)
- Abduction and enslavement of ethnic/racial/religious minorities
- Lack of access to resources (e.g. food/ housing) or services (e.g. education or healthcare)
- Lack of economic opportunities – enhanced reliance on negative coping mechanism such as forced and child marriages and child labor
- Pressure on children to help support the family income, usually constrained to work in the unregulated informal sector – rendering them vulnerable to trafficking.

GENDER NORMS, CONFLICT AND DISPLACEMENT AND SGBV: MUTUALLY REINFORCING



Gender norms ⇔ Conflict and Displacement. Conflict and forced displacement impact women, girls, men and boys differently. Existing gender inequalities are often reinforced by conflict and forced displacement. For example: women and girls' access to and control over financial resources are often more limited, they are less involved in decision making, they have lower access to education, and often are the predominant caretakers. They are often thrown into unfamiliar situations with little support thus placing them at greater risk.

SGBV ⇔ Conflict and Displacement Due to the factors mentioned above, conflict and displacement SGBV often increases in times of conflict and displacement (due to many factors, such as weak law enforcement, lack of livelihood opportunities, sexual violence used as a weapon of war, breakdown of support structures). Types of SGBV that may increases include but are not limited to: domestic violence, child and forced marriage, survival sex, rape used as a weapon of war and sexual slavery.

SGBV ⇔ Gender Norms Unequal gender norms are the root cause of SGBV – this has been extensively addressed in in Module 1: Introduction to SGBV in Displacement Settings and Module 3: Prevention SGBV.

All together these mutually reinforcing factors add to the risks of trafficking.

Hand-out 4

Forms and consequences of SGBV in the context of trafficking

FORMS OF SGBV IN THE CONTEXT OF TRAFFICKING

Victims of trafficking face *all* forms of SGBV Physical, Sexual and Emotional/Psychological Violence and Denial of Resources and Access to Services.

Sexual violence: Victims of trafficking may be forced into commercial sexual exploitation (forced prostitution), may be used for online (child) sexual abuse (also called child pornography), or to perform in night-clubs or social gatherings. In conflict situations, sexual violence may be used as a weapon of war, or women and children may be abducted by armed groups and kept for sexual slavery. They may also be transported across international borders before being sold and trafficked to other regions or countries (Report of the Special Rapporteur on trafficking in persons, especially women and children, 2015).

Sexual violence is used as a tool to manipulate and control victims of all types of trafficking, women, children and also men. For example a domestic worker who is raped by the employer. It can take the form of sexual assault, and harassment.

Psychological / emotional violence: Victims of trafficking are often kept in isolation, deprived of social contact or contact with their relatives. Traffickers install fear by shouting at them, threatening to use physical or sexual violence, to harm the victims' relatives, including their children. They make the victims feel like they are worthless. Pimps (or "lover boys") may first try to gain the victim's trust and make the victim emotionally dependent, to eventually manipulate the victim to meet their demands.

Physical violence: Traffickers may use all types of physical violence to intimidate and subdue their victims; beating, kicking, confinement, or other ways of curtailing freedom such as confiscating the victim's documentation). Some victims are subjected to forced abortions.

Denial of resources and access to services: Victims of trafficking are denied access to education, are often denied proper health care, and deprived of social contacts. They are used for economic exploitation (forced domestic services or other types of labor, commercial sexual exploitation) they are usually denied all or a big part of the money they make. Access to asylum is often a promise held out by traffickers – to lure men and women and boys and girls – in reality they are denied access to even ask for asylum and often their documentation is taken away from them.

CONSEQUENCES

Acts of SGBV in the context of trafficking has serious and sometimes life-threatening consequences for survivors that can be direct or indirect, immediate or manifested in the long term, or all of the above. Trafficking impacts survivors' families and communities. The consequences of trafficking can largely be grouped into the four main areas addressed in other Modules: health, mental health/ psycho-social, legal and security and socio-economic. A few examples:

- **Health:** all consequences related to sexual violence as discussed in other modules; unwanted pregnancy, unsafe abortions, injuries (bruises, lacerations, burns, fractures, and broken teeth), complications related to the reproductive system, fistula, HIV/AIDS and other sexually transmitted diseases, death.
- **Mental health and psychosocial:** fear, depression, stigmatization, self-blame, confusion, anger, long-lasting psychological consequences such as depression, anxiety, eating and sleep disorders, fear, and feelings of isolation and suicidal thoughts. Relationship problems with an intimate partner, rejection by family and community members.
- **Legal and Security:** Retribution by the traffickers for reporting the violence, risks of harm done to children or other family members, risk of being sent back to country of origin, in some countries; difficulty securing legal recognition for children born as a result of sexual exploitation or rape, risk of harassment by persons in authority, risk of further violence or harm – also affecting family members.
- **Socio-economic:** debts, loss of previous employment, no longer being financially supported by husband or relatives (for example in case of sexual exploitation or in case of divorce from abusive partner (if he is the trafficker), drop-out from school, being unable to pay for the journey home.

Hand-out 5

Victim Identification and Response

HOW DO I IDENTIFY A VICTIM OF TRAFFICKING?

In 2009, IOM and UNHCR jointly launched the guiding *Framework Document to Developing Standard Operating Procedures for the Protection of Trafficked Persons*. This tool was intended to improve inter-agency cooperation on the identification and protection of victims of trafficking among migrants and persons of concern to UNHCR who were often moving in mixed flows.[5]

a) The tool offers guidance on what form standard operating procedures may take between IOM and UNHCR in order to improve cooperation on the identification and response to migrant or refugee victims of trafficking, including the principles underlying that partnership.

b) The tool provides an annexed screening form, which can be tailored to local contexts. It is intended to help screen persons who approach UNHCR to determine whether a claim of having been trafficked is genuine. It can also help determine whether UNHCR or IOM is best placed to intervene with an in-depth interview and response, depending on whether the individual is also an asylum-seeker or not.

c) It offers guidance on what durable solutions can be pursued on behalf of a victim of trafficking by IOM and UNHCR, either individually or in cooperation with one another.

WHERE CAN I IDENTIFY A VICTIM OF TRAFFICKING?

Although persons may directly approach a UNHCR office or staff member to complain that they have been trafficked or have experienced a trafficking-like situation, all UNHCR staff should also be alert to identify – among new arrivals, in all areas where refugees reside, in regular detention monitoring, and in particular among women and children – persons of concern who may have been trafficked.

[5] A revised version of the tool, with an enhanced section on assistance and new sections on prevention and responses in emergency contexts will be re-launched in 2016.

RESPONSES TO VICTIMS OF TRAFFICKING (SGBV)

- Victims of trafficking who are also SGBV survivors should benefit from existing services, available to (other) SGBV survivors, such as health services, livelihood programs, legal aid, mental health and psychosocial programs and various forms of community-based support.
- Victims of trafficking who are also SGBV survivors may, however, have different needs than SGBV survivors who were not trafficked. These can include:
  - Immediate and emergency security needs such as temporary safe shelter or emergency relocation away from the source of a threat.
  - Long-term psychological support and monitoring for potential relapse where symptoms may not arise until sometime after the incident.
  - Legal and interpretation support when appearing as a witness in court or pressing charges against a perpetrator or seeking to access a state funded compensations scheme. Alternatives to providing in person testimonies may need to be explored, such as by video or written testimonies.
  - Support to access documentation and appropriate durable solutions.
- Operations should avoid, where possible, creating separate referral pathways for meeting the needs of refugee victims of trafficking that run parallel to those in place for nationals. States bear the primary responsibility for responding to the needs of victims of trafficking on their territory, regardless of status. The obligations on State Parties to the Palermo Protocol on trafficking include the provision of appropriate housing, counselling and information especially on the legal rights of victims in a language they understand, medical assistance and employment opportunities.[6]
- Where no specialist service providers exist, UNHCR should endeavour to build the capacity of existing health, legal and other service providers to work with victims of trafficking through the provision of direct training and technical assistance in cooperation with relevant government agencies, local partners or other international NGOs.
- In the case of a victim of trafficking who is an unaccompanied minor, their best interests will be of paramount consideration in any actions undertaken on their behalf.

[6] United Nations, *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, 2000, Art. 6(3): Each State Party shall consider implementing measures to provide for the physical, psychological and social recovery of victims of trafficking in persons, including, in appropriate cases, in cooperation with non-governmental organizations, other relevant organizations and other elements of civil society, and, in particular, the provision of: (a) Appropriate housing; (b) Counselling and information, in particular as regards their legal rights, in a language that the victims of trafficking in persons can understand; (c) Medical, psychological and material assistance; and (d) Employment, educational and training opportunities.

Hand-out 6

Prevention and Protection from Human Trafficking

The tools below can provide useful reference points for what prevention activities may be undertaken in any national operation, including what a regional strategy might look like.

- *UNHCR Strategy and Regional Plan of Action: Smuggling and Trafficking in the East and Horn of Africa*, 2013, available at: http://www.refworld.org/pdfid/51d175314.pdf.
- This regional strategy was based on *Refugee Protection and Mixed Migration, A 10 Point Plan of Action* UNHCR, 2007, available at: http://www.unhcr.org/4742a30b4.html

Several recommended prevention activities have also been included in Part 4 of the upcoming revised *Framework Document on Developing Standard Operating Procedures to Facilitate the Identification and Protection of Victims of Trafficking and Persons at Risk of Being Trafficking* (2016). These are not, exhaustive and several other examples may be relevant to your operation, for example:

1. STATE STRATEGIES AND NATIONAL ACTION PLANS

In many countries, State action plans and national coordination committees/mechanisms have been established following the adoption of legislation that criminalizes human trafficking and provides protection to victims. In other countries, UNHCR and IOM may seek to support States in developing national strategies and setting up multi-coordination models to facilitate the identification and protection of victims of trafficking, as well as to prevent trafficking. These may comprise components of broader national strategies on migration management. Several such strategies have been developed by UNHCR and IOM in the Horn of Africa.

2. LEGISLATIVE AND JUDICIAL ENGAGEMENT

Not all countries have defined trafficking in their national laws. Where trafficking is defined, some countries have included the international definition whilst others have defined the crime differently. Article 5 of the Trafficking in Persons Protocol requires that State Parties criminalize trafficking as defined in Article 3 of that Protocol. This is necessary to end impunity for trafficking crimes. UNHCR IOM, UNODC and other actors can coordinate advocacy efforts towards achieving this end, in particular, to ensure that any draft counter-trafficking law or amendments to this effect, do not adversely impact upon the rights of refugees, asylum seekers, other persons of concern to UNHCR and migrants.[7] UNHCR, IOM and any other relevant partners, should also consider, where appropriate, facilitating training for judges, police, border guards or other law enforcement officials on the implementation of national laws on trafficking, asylum and immigration, the hosting of judicial dialogues and strategic litigation.

[7] United Nations, *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, 2000, Art.14(1) states that: Nothing in this Protocol shall affect the rights, obligations and responsibilities of States and individuals under international law, including international humanitarian law and international human rights law and, in particular, where applicable, the 1951 Convention1 and the 1967 Protocol 2 relating to the Status of Refugees and the principle of non-refoulement as contained therein.

3. AWARENESS RAISING

UNHCR and other relevant partners should coordinate where possible, on the dissemination of information to persons of concern to UNHCR on the risks of irregular onward movement through and from a country of operation. This may be achieved by in-person presentations, the distribution of written and visual materials, focus group discussions or the use of digital and social media. It is important that this be accompanied by information on how to report a trafficking crime, access asylum procedures, regular migration or mobility options and in-country opportunities for work and education.

4. IMPROVING SECURITY

UNHCR should advocate for measures to ensure that any designated areas where persons of concern reside are safe. These measures should minimize the exposure of these populations to personal threats or criminal activity. Security measures may include increased surveillance by security officials, improved lighting and the provision of hot-lines to report crimes. They should not, however, replicate circumstances of detention. While the security of asylum-seekers and refugees are the primary responsibility of the State, in some operations, this will require direct support by UNHCR in consultation with State authorities, IOM and/or other agencies.

5. ADDRESSING THE ROOT CAUSES

Prevention cannot be addressed effectively without also targeting the root causes, including gender inequality, lack of freedom of movement and poverty/lack of economic and educational opportunities. Because forced displacement increases the vulnerability of refugees, asylum-seekers, stateless persons and those internally displaced, to trafficking – addressing the root causes of why persons flee their countries of origin or habitual residence is also needed to addressing trafficking.

Pre-/Post-test

Module 15:
SGBV in the Context of Human Trafficking

1. True or False? Select all TRUE statements.
   a) Studies report that women and girls account for nearly 90 per cent of all trafficked individuals.
   b) UNHCR is only responsible for protecting refugees and asylum-seekers from the risk of trafficking and not stateless persons or IDPs.
   c) UNHCR does not engage in legislative or judicial development to prevent persons of concern falling victim to trafficking, rather, agencies such as UNODC do.
   d) Sexual slavery by armed opposition groups is a form of trafficking.
   e) Having experienced SGBV is a risk factor to being trafficked.
   f) Unlike survivors of other types of SGBV, survivors of trafficking show high reporting rates.
   g) Smuggling can result in the serious abuse of the individual being smuggled, but can never become trafficking.
   h) Consent to being exploited is irrelevant if the person is under 18 years of age.
   i) Operations should, where possible, avoid creating separate referral pathways for meeting the needs of refugee victims of trafficking that run parallel to those in place for national survivors of SGBV.

2. Which statement best describes UNHCR's involvement in the issue of trafficking?
   a) UNHCR is not mandated to work on the issue of trafficking and smuggling. Rather, it monitors the incidence of these crimes as they affect persons of concern, and requests that other agencies step in to prevent and respond to them where necessary.
   b) UNHCR is mandated by the General Assembly to prevent refugees and other persons of concern (asylum seekers, returnees, stateless and internally displaced persons) from falling victim to trafficking and to address the needs of persons of concern who have fallen victim thereto.
   c) While UNHCR does not have a specific mandate on the issue of trafficking, UNHCR becomes involved where human trafficking impacts on persons of concern to the Office, in preventing them from becoming victims of human trafficking, and to address the needs of persons of concern who have fallen victim thereto.

3. Which one of the following forms of SGBV can constitute trafficking?
   a) A girl abducted and kept for sexual slavery
   b) A girl who is raped by her teacher
   c) A boy who is forcefully recruited by armed forces
   d) A child subjected to online sexual abuse
   e) A domestic worker who is financially exploited by her employee
   f) A man who is smuggled from location A to B and on route is raped

4. In your own words, give two specific responses required for a person who has been trafficked that might be different from those for other survivors of SGBV. Provide three possible ways that may prevent a person of concern to UNHCR falling victim to trafficking.

5. Describe in your own words the links between gender norms, SGBV, conflict and displacement and trafficking.

Pre-/Post-test: Answer Sheet

Module 15:
SGBV in the Context of Human Trafficking

(Correct responses are highlighted in **bold**)

1. True or False? Select all TRUE statements.
   a) Studies report that women and girls account for nearly 90 per cent of all trafficked individuals.
   b) UNHCR is only responsible for protecting refugees and asylum-seekers from the risk of trafficking and not stateless persons or IDPs.
   c) UNHCR does not engage in legislative or judicial development to prevent persons of concern falling victim to trafficking, rather, agencies such as UNODC do.
   d) Sexual slavery by armed opposition groups is a form of trafficking.
   e) Having experienced SGBV is a risk factor to being trafficked.
   f) Unlike survivors of other types of SGBV, survivors of trafficking show high reporting rates.
   g) Smuggling can result in the serious abuse of the individual being smuggled, but can never become trafficking.
   h) Consent to being exploited is irrelevant if the person is under 18 years of age.
   i) Operations should, where possible, avoid creating separate referral pathways for meeting the needs of refugee victims of trafficking that run parallel to those in place for national survivors of SGBV.

2. Which statement best describes UNHCR's involvement in the issue of trafficking?
   a) UNHCR is not mandated to work on the issue of trafficking and smuggling. Rather, it monitors the incidence of these crimes as they affect persons of concern, and requests that other agencies step in to prevent and respond to them where necessary.
   b) UNHCR is mandated by the General Assembly to prevent refugees and other persons of concern (asylum seekers, returnees, stateless and internally displaced persons) from falling victim to trafficking and to address the needs of persons of concern who have fallen victim thereto.
   c) While UNHCR does not have a specific mandate on the issue of trafficking, UNHCR becomes involved where human trafficking impacts on persons of concern to the Office, in preventing them from becoming victims of human trafficking, and to address the needs of persons of concern who have fallen victim thereto.

3. Which one of the following forms of SGBV can constitute trafficking?

   a) A girl abducted and kept for sexual slavery

   b) A girl who is raped by her teacher

   c) A boy who is forcefully recruited by armed forces

   d) A child subjected to online sexual abuse

   e) A domestic worker who is financially exploited by her employee

   f) A man who is smuggled from location A to B and on route is raped

NOTE TO THE FACILITATOR:

For the open test questions below; please note that the responses given are not exclusive; they serve as ***examples*** of correct answers.

4. In your own words, give two specific responses required for a person who has been trafficked that might be different from those for other survivors of SGBV. Provide three possible ways that may prevent a person of concern to UNHCR falling victim to trafficking.

   - **Responses may include:**

     Often ongoing threats to security need to be addressed as a priority, such as with safe shelter or emergency relocation.

     Issues around a victim's documentation and legal status require expert knowledge.

     Victims of trafficking may be eligible for State funded compensation.

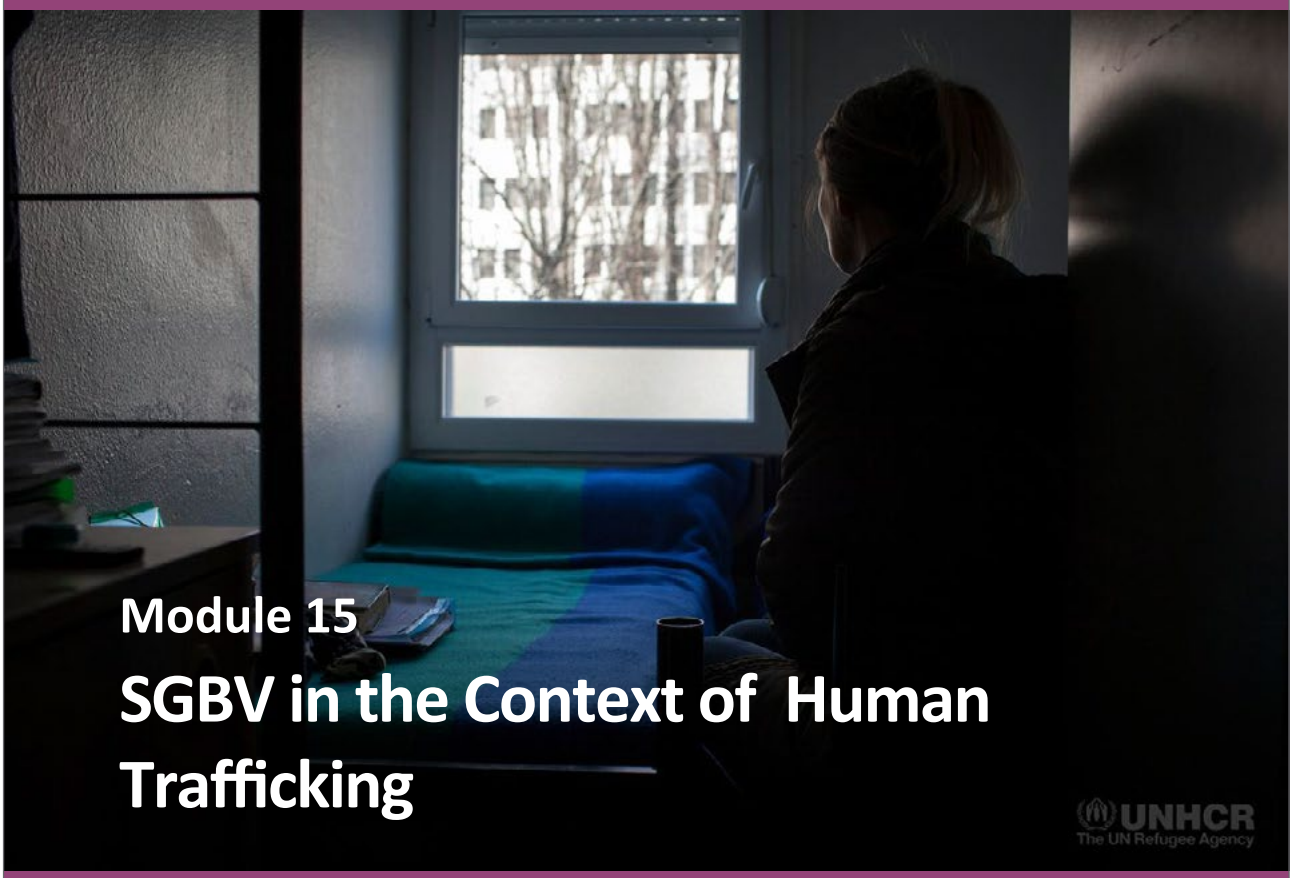
     Victims of trafficking may experience extreme fear and may also demonstrate signs of psychological distress sometime after initial identification. They should be monitored on an ongoing basis.

     Victims of trafficking may want to press charges against the perpetrators of their crime; this is linked to victim protection.

     Victims of trafficking may require assistance with voluntary return to the country of origin or with resettlement where appropriate.

   - **Prevention may include:**
     - **State strategies or national action plans which clearly identify state obligations towards persons at risk and referral pathways**
     - **Legislative and judicial engagement – so that trafficking is clearly criminalized and that judges are familiar with the elements of the crime and differences with smuggling**
     - **Awareness raising – on dangers of irregular onward movement, on eliciting smugglers and on trusting strangers as well as on safe complimentary pathways to onward movement and how to access asylum procedures**
     - **Improving the security of areas where persons of concern to UNHCR reside**
     - **Addressing root causes including discriminatory gender norms or harmful practices and promoting freedom of movement**

5. Describe in your own words the links between gender norms, SGBV, conflict and displacement and trafficking.
   - **Trafficking has a gender dimension, with women and girls being at particular risks due to unequal gender norms and their low status in society. But trafficking also affects men and boys and this too has connections with gender norms and stereotypes.**
   - **Conflict and displacement makes people more vulnerable to trafficking. Factors that contribute to risks of trafficking include lack of economic and educational opportunities, impunity, the irregular movement of refugees and internally displaced persons due to a lack of safe alternatives, and eroded family and community support systems.**
   - **Survivors of different types of SGBV can be particularly vulnerable to trafficking. For example, girls who have been kept for sexual slavery, victims of domestic violence and persons engaged in survival sex may be particularly vulnerable to being trafficked.**
   - **Gender norms, conflict and displacement and SGBV are mutually reinforcing.**



Objectives

- Explain the difference between trafficking and smuggling
- Describe UNHCR's role in addressing human trafficking
- Explain how trafficking intersects with smuggling, and with SGBV and forced displacement
- List types of SGBV associated with trafficking and smuggling
- Identify the specific needs of victims and UNHCR's role in response
- Describe activities that can reduce risks of trafficking in forced displacement settings

Trafficking

Article 3 of the supplementary ***Protocol to Prevent, Suppress and Punish Trafficking, Especially Women and Children*** **(Palermo Protocol on Trafficking)** says:

(a) "Trafficking in persons" **shall mean the recruitment, transportation, transfer, harboring 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**.

Trafficking

Act	Means	Purpose
• Recruitment • Transport • Transfer • Harbouring • Receipt of persons	• Threat or use of force • Coercion • Abduction • Fraud • Deception • Abuse of power or vulnerability • Giving payments or benefits	• Exploitation, including: • Commerical sexual exploitation (or prostitution of others) • Sexual exploitation • Forced labour • Slavery or similar practices • Removal of organs

Trafficking

Exploitation shall include, **at a minimum,**

- ➔ Forced prostitution
- ➔ Other forms of sexual exploitation
- ➔ Forced labour or services
- ➔ Slavery or practices similar to slavery
- ➔ Servitude
- ➔ Removal of organs.

What are other forms of exploitation?

Trafficking in the Palermo Protocol

CONSENT

(b) The consent of a victim of trafficking in persons to the intended exploitation… shall be irrelevant where any of the means set forth in subparagraph (a) have been used;

CHILDREN

(c) The recruitment, transportation, transfer, harboring or receipt of a child for the purpose of exploitation shall be considered "trafficking in persons" even if this does not involve any of the means set forth in subparagraph (a) of this article;

(d) "Child" shall mean any person under eighteen years of age.

Smuggling

Article 3 of *The Protocol against the Smuggling of Migrants by Land, Sea and Air* says that smuggling is the

…procurement, in order to obtain, directly or indirectly, a **financial or other material benefit**, of the **illegal entry of a person** into a State Party of which the person is not a national or a permanent resident.

Smuggling

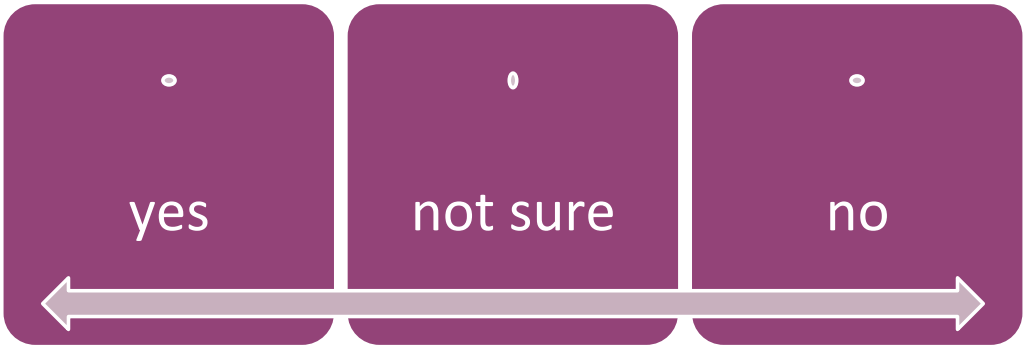
- ➔ Consensual
- ➔ Financial benefit
- ➔ Requires that an international border be crossed

But:

- ➔ With increasing border restrictions, more clandestine journeys undertaken and unscrupulous practices used, reports of abuse by smugglers are increasing.
- ➔ Smuggling can also turn into trafficking.

Is this trafficking?

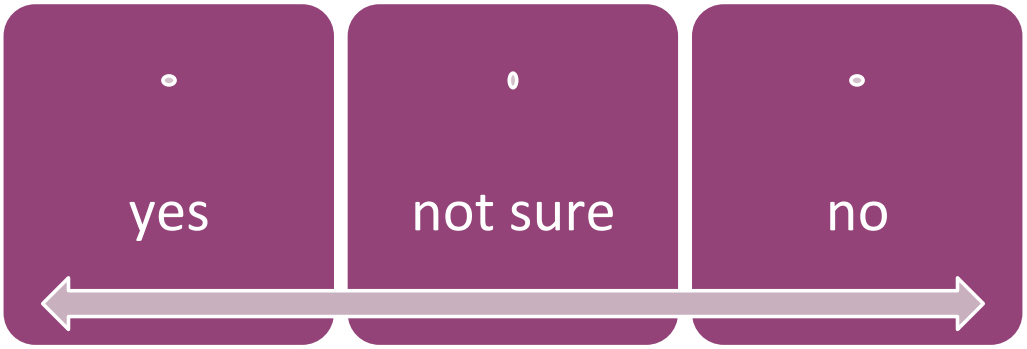
With the help of a smuggler and for a fee, a person seeks to move irregularly from location A to location B. There is a lack of food and water on route and the smuggler rapes the person on one occasion during the journey. The individual completes the journey and pays the fee.



No. Although rape is a form of sexual exploitation, a one-time incident is unlikely to reach the level of severity and sexual servitude envisaged by the Palermo Protocol on Trafficking.

Is this trafficking?

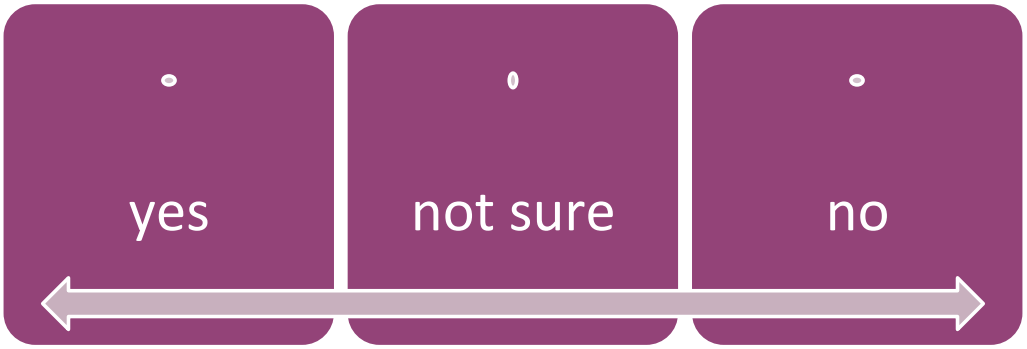
With the help of a smuggler and for a fee, a person seeks to move irregularly from location A to location B. Before reaching location B, the smuggler takes the individual to an unknown location far off route and tells them that the fee has now increased by $200 due to bribing a policeman at a new check point. The person is told that they can pay the fee only through paid sexual services to a man living nearby.



Yes. The act (harbouring), means (coercion) and purpose (forced prostitution) are evident. This is a case of smuggling that became trafficking.

Is this trafficking?

With the help of a smuggler and for a fee, a person seeks to move irregularly from location A to location B. She realizes half way through the journey that she cannot afford the agreed fee. The smuggler tells her that she can work as domestic help for his friend for one month to pay the remainder of her way. After she begins working, she realizes that she cannot leave the house and is regularly beaten.



Yes. Although she initially consented to the conditions of work, her ability to revoke her consent was removed and the conditions of work changed. The act (harbouring), means (deception or abuse of power/vulnerability) and purpose (forced labour) are evident.

UNHCR's role

- Preventing persons of concern from becoming victims of trafficking
- Responding to the specific needs of persons of concern who have fallen victim to trafficking
- Addressing the international protection needs of victims of trafficking (or those at risk)
- Assisting States in ensuring that trafficking victims are able to establish their identity and national status in order to prevent them from being rendered stateless, and protecting stateless victims of trafficking

Statements

- Women and girls account for nearly 70 per cent of all trafficked individuals.
- A study in Afghanistan found that one in ten boys had experienced some form of human trafficking.
- Having experienced SGBV is a driving factor for being trafficked.

Trafficking and SGBV

- Trafficking has a strong gender dimension. It is influenced by gender norms and affects women, girls, boys and men differently.
- Factors related to conflict and displacement contribute to risks of trafficking.
- Survivors of SGBV can be particularly vulnerable to trafficking.

Group Work

- Group 1: How are gender norms linked with trafficking? How does this affect women, girls, men and boys differently?
- Group 2: Which factors related to conflict and displacement make persons of concern particularly vulnerable to trafficking?
- Group 3: How can experiences of SGBV be a driver for trafficking? Provide examples.

Victim Response

- States bear the primary responsibility for responding to the needs of *all* victims of trafficking on their territory.
- Where no specialized service providers exist, UNHCR should endeavour to build the capacity of existing health, legal and other service providers in cooperation with relevant government agencies, local partners or other international NGOs.
- *Always* consider the principle of the Best Interest of the Child when responding to the needs of victims of trafficking who are unaccompanied or separated children.

Group Work

- How would you identify persons of concern who may have experienced a gender-based trafficking incident in your operation?
- How would those identified victims of trafficking access SGBV support and services? From whom?
- How can this response be improved?

Prevention

- ➔ National strategies and action plans
- ➔ Legislative and judicial engagement
- ➔ Awareness raising
- ➔ Improving security
- ➔ Freedom of movement
- ➔ Engaging host communities

What else?

MODULE 16

Addressing SGBV in Emergencies

MODULE OUTLINE

Session 1	Risks factors contributing to SGBV during emergencies	60 minutes	1
Session 2	Emergency response plan	135 minutes	2

TIMING:

3 hours and 15 minutes

SUMMARY

This module focuses on SGBV prevention and response in emergency situations. Participants will identify potential risk factors for SGBV and explore minimum prevention and response activities that must be implemented as a priority at the onset of an emergency.

LEARNING OBJECTIVES

At the end of the module, participants should be able to:

- ✓ Identify the different risk factors for SGBV that can emerge in an emergency context
- ✓ Explain why there is often a lack of quantitative data on SGBV in emergencies, and why, regardless of data on reported incidents, SGBV programming must be initiated at the onset of an emergency
- ✓ Describe minimum prevention and response activities that have to be implemented as a priority during the first few months of an emergency

KEY MESSAGES

- → SGBV is a major protection risk in emergencies.
- → SGBV prevention and response in emergencies is life saving and is an essential aspect of UNHCR's protection mandate.
- → SGBV prevention and response programmes must be put in place at the very onset of an emergency and must be included in the contingency planning of an operation.
- → Community participation – of all groups in a community – is always possible and essential from the very beginning in an emergency.
- → All humanitarian actors and sectors are collectively accountable for preventing and responding to SGBV.
- → SGBV prevention must be an element of programmes requiring collective action across sectors such as WASH, health, fuel and energy, livelihoods, food security, education, shelter, camp coordination and camp management.
- → Specialized SGBV programs focused on immediate and emergency responses, including health and psychosocial counseling, are mandatory.
- → A number of key sectors must be involved in responding to SGBV including protection, health, mental health and psychosocial support, livelihoods and justice/security.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector, laptop

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1a: Information Country A
- Activity Sheet 1b: Information Country B
- Activity Sheet 2: Emergency Response Plan Template
- Activity Sheet 3a: Assignment Country A
- Activity Sheet 3b: Assignment Country B

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Risk Factors for SGBV during Emergencies
- Hand-out 2: Information about SGBV during Emergencies
- Hand-out 3: Emergency Response Action Plan Activities

OTHER:

- Adapt the exercises contained in this module to the operational context. For example, if participants are working in a non-camp setting, exercises set in camps should be modified accordingly.

UNHCR READING MATERIALS AND RESOURCES

- → *Emergency Handbook: A UNHCR Guide to Agile, Effective and Community Based Humanitarian Emergency Responses*, 2015, an online tool available at: https://emergency.unhcr.org/.
- → *UNHCR Handbook for the Protection of Women and Girls*, 2008.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 16: Addressing SGBV in Emergencies has been produced for educational purposes only to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

- → GBV Responders Network available at: www.gbvresponders.org.
- → *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, IASC, 2015.
- → *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, IASC, 2007.
- → *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, GBV AoR, 2010.
- → *Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies*, WHO, 2007.
- → *Caring for Survivors of Sexual Violence in Emergencies: Training Guide*, IASC, 2010.
- → *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, UNFPA, 2012.
- → *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance*, IASC, 2007.
- → *Central Emergency Response Fund (CERF) Life-Saving Criteria*, OCHA, 2010.
- → *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, The Sphere Project, 2011.
- → UN Women, *Gender-Responsive Early Warning: Overview and How-to Guide*, 2012.

SESSION 1: Risks Factors Contributing to SGBV during Emergencies

60 minutes

LEARNING OBJECTIVES

- ✓ Identify the different risk factors for SGBV that can emerge in an emergency context
- ✓ Explain why there is often a lack of quantitative data on SGBV in emergencies, and why, regardless of data on reported incidents, SGBV programming must be initiated at the onset of an emergency

KEY MESSAGES

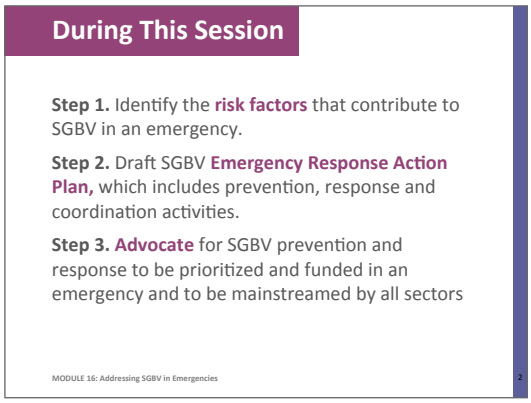
- → SGBV is a major protection risk in emergencies.
- → SGBV prevention and response in emergencies is life saving and is an essential aspect of UNHCR's protection mandate.
- → SGBV prevention and response programmes must be put in place at the very onset of an emergency and must be included in contingency planning of an operation.

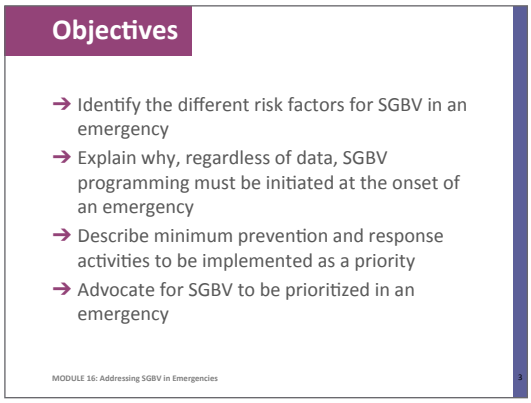
PREPARATION

- Activity Sheet 1a: Information Country A
- Activity Sheet 1b: Information Country B
- Hand-out 1: Risk Factors for SGBV during Emergencies
- Hand-out 2: Information about SGBV during Emergencies

Risks factors

GROUP ACTIVITY (45 MINUTES)





1. Introduce the topic and show the objectives of this training session:

NOTES TO THE FACILITATOR:

Addressing SGBV in emergencies

SGBV prevention and response is not always prioritized as a life-saving intervention from the onset of an emergency and is sometimes not well elaborated on in the contingency planning. This affects the availability of programmes and services and has serious implications for the lives and well-being of survivors and people at risk of SGBV. This module is based on an emergency scenario and comprises three exercises.

- *Session 1 is a short introductory session, during which participants will i**dentify the risk factors** that contribute to SGBV in an emergency setting.*
- *During Session 2, participants will **develop an SGBV Emergency Response Action Plan** which includes prevention, response and coordination activities.*

At the end of this training session participants should be able to:

- *Identify the different risk factors for SGBV that can emerge in an emergency context*
- *Explain why there is often a lack of quantitative data on SGBV in emergencies, and why, regardless of data on reported incidents, SGBV programming must be initiated at the onset of an emergency*
- *Describe minimum prevention and response activities that have to be implemented as a priority during the first few months of an emergency*
- *Advocate for SGBV to be prioritized in an emergency*

2. Divide participants into two groups.

   Group 1 will focus on an **IDP setting**. Give participants in group 1 copies of Activity Sheet 1a: Information Country A. Group 2 will focus on a **refugee setting** (urban or camp, choose the most relevant). Give participants in group 2 copies of Activity Sheet 1b: Information Country B.

3. Give the two groups 20 minutes to identify the **risk factors that contribute to SGBV** in their situations. Explain that participants should not feel restricted by the information provided in the activity sheet; they should think broadly about the types of SGBV risks that could occur in such settings.

4. After 20 minutes, ask both groups to report back in plenary. Spend 10 minutes discussing the feedback from each group. Ask one of the participants to write the findings on a flip chart. Use the Notes to the facilitator as a guide, highlighting those risks that have not already been raised by participants.

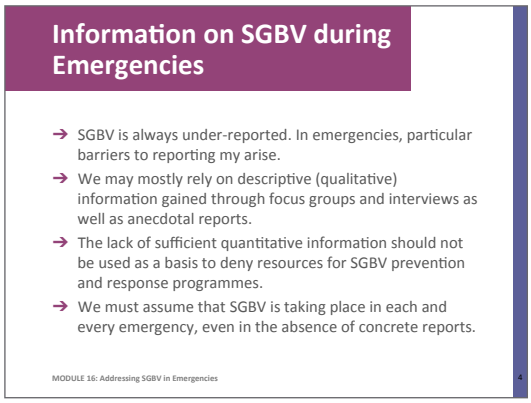
NOTES TO THE FACILITATOR:

Risks factors that contribute to SGBV in Country A and Country B

- *Disruption of family ties and community-based protection measures/practices*
- *Use of rape as a weapon of war*
- *Forced recruitment of men and boys or women and girls into armed forces and groups*
- *Recruitment of women and girls by armed forces and groups to perform sexual favours*
- *Overcrowded living conditions in Country A, which can fuel domestic violence and expose IDPs to abuse*
- *Living conditions in tents in Country B, which increase risk of SGBV, particularly for female heads of household, unaccompanied and separated children, older people, people with disabilities, LGBTI people*
- *Inadequate lighting in camps and settlements*
- *Possible lack of safe access to firewood or other domestic energy/natural resources*
- *Increased consumption of alcohol and other narcotics by potential perpetrators*
- *Increased presence of military, which, though usually intended to provide protection at checkpoints, borders, around camps and settlements, in many instances, has a culture of sexual violence tolerated by command structures and a lack of appreciation for gender equality, women and child rights*
- *Armed opposition group members crossing into Country B putting refugees in the camps at risk of sexual abuse*
- *Limited resources and high demand leading to exploitation by service providers, including local organizations, which may lack accountability*
- *Vulnerability to SGBV and exploitation at aid distribution sites, particularly for female heads of household, unaccompanied and separated children, older people, people with disabilities, LGBTI people*
- *Over-stretched health centres possibly leading to SGBV survivors not receiving needed treatment, e.g., for rape survivors, PEP, emergency contraception, and emergency treatment against sexually transmitted infections*
- *Lack of and poor access to psychosocial services limiting the extent to which refugees/IDPs receive psychosocial support for having both witnessed atrocities and/or experienced SGBV*
- *Lack of livelihood opportunities leading refugees and IDPs to undertake work in unsafe conditions or to resort to negative coping strategies such as survival sex or child marriage*
- *Exposure of out-of-school children to SGBV, particularly those who enter the workforce*
- *Lack of legal services for survivors fueling a culture of impunity, especially in the first days of an emergency, when access to justice programs are not a priority until health and psychosocial responses to SGBV have been established*
- *Prevailing culture of gender inequality and discrimination of women and girls*

SGBV information during emergenices

GROUP ACTIVITY (15 MINUTES)



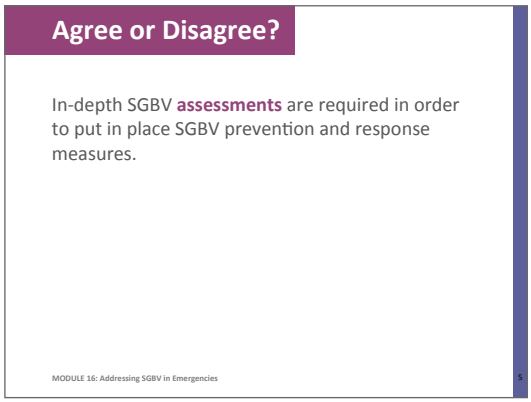
5. Using the Notes to the facilitator, explain key points related to SGBV data and reporting during emergencies.

NOTES TO THE FACILITATOR:

SGBV data and reporting during emergencies

- *SGBV is generally under-reported before, during and after conflict. During emergencies, and in particular in the early stages of an emergency, additional challenges and barriers to reporting may arise such as a loss or lack of services; a lack of awareness of, or lack of trust in, available services; the absence of reporting mechanisms; and the prioritization of other needs by survivors or by humanitarian organizations.*

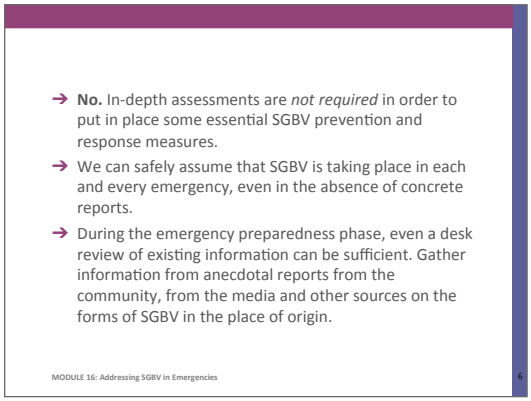
- *For the most part, therefore, we lack sufficient quantitative data on SGBV and rely on descriptive (qualitative) information. Qualitative data may be anecdotal or gained through formal focus groups and interviews, which can all form part of rapid assessment. Qualitative data may, in fact, lead to better understanding of the SGBV picture than is possible with quantitative data alone.*



6. Read the statement on the slide aloud and asks the participants to decide whether they agree or disagree:

   An SGBV assessment is required in order to put in place SGBV prevention and response measures.

7. Ask those who agree with the statement to stand and those who disagree to remain seated. Have a few people explain why they agree or disagree with the statement and then show the slide with the key points. See also the Notes to the facilitator below.



NOTES TO THE FACILITATOR:

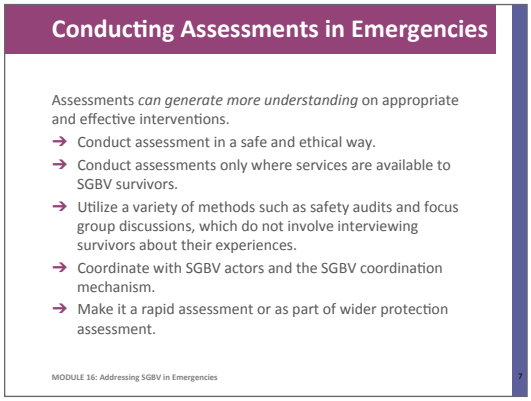
Is conducting an in-depth assessment essential before initiating prevention and response measures?

- **No.** *In-depth assessments or situational analysis are not* required *for emergency preparedness or to initiate some essential SGBV prevention and response measures. We can safely assume that SGBV is taking place in each and every emergency because of the prevailing risk factors, even in the absence of concrete reports.*
- *SGBV should be a key component of any emergency preparedness plan and can be based on a basic desk review of what actors already know without requiring a full scale assessment. Gather information from anecdotal reports from the community, existing situation analysis reports, information from the media and other sources on the forms of SGBV in the place of origin.*

8. Highlight that assessments can however be a useful tool for *generating more understanding* on appropriate and effective interventions. See also the Notes to the facilitator below.

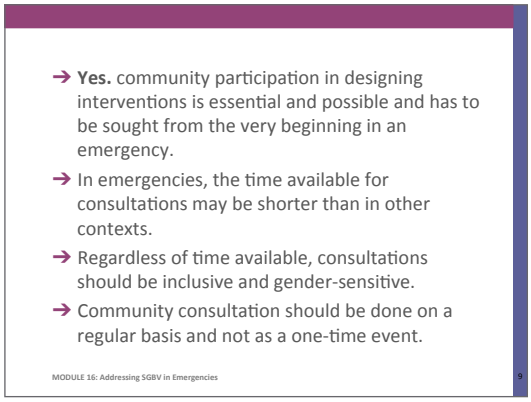
NOTES TO THE FACILITATOR:

Assessments can generate more understanding on appropriate and effective interventions



- *Conduct assessment in a safe and ethical way.*
- *Conduct assessments only where services are available to SGBV survivors.*
- *Utilize a variety of methods that do not involve interviewing survivors about their experiences such as key-informant interviews, safety audits and focus group discussions.*
- *Coordinate with SGBV actors and the SGBV coordination mechanism.*
- *Make SGBV assessment rapid or part of a wider protection assessment.*
- *More in-depth SGBV assessment should only be conducted if it can be done in a safe and ethical way, in collaboration with the relevant SGBV coordination mechanism and as part of wider protection assessment.*
- *Assessments should only be conducted where services are available to SGBV survivors.*

Note: A lack of in-depth information should not be used as the basis to deny resources for SGBV prevention and response programmes. Prevention and response to SGBV in emergencies are essential aspects of UNHCR's protection mandate and are life saving.



9. Repeat the same process for the following statement:

   Community participation in designing interventions is possible from the very beginning in an emergency.

NOTES TO THE FACILITATOR:

Is community participation possible in an emergency?

- ***Yes.*** *Community participation – particularly with persons most vulnerable to SGBV – is essential and has to be sought from the very beginning in an emergency.*
- *In emergencies the time available for consultations may be shorter than in other contexts.*
- *Regardless of time available, consultations should be inclusive and gender-sensitive.*
- *Community consultations should be done on a regular basis and not as a one-time event. They should be included as part of regular monitoring and programming.*

---

10. Distribute Hand-out 1: Risk Factors for SGBV during Emergencies and Hand-out 2: Information about SGBV during Emergencies.

SESSION 2: Emergency Response Plan

135 minutes

LEARNING OBJECTIVES

- ✓ Describe minimum prevention and response activities that have to be implemented as a priority during the first few months of an emergency

KEY MESSAGES

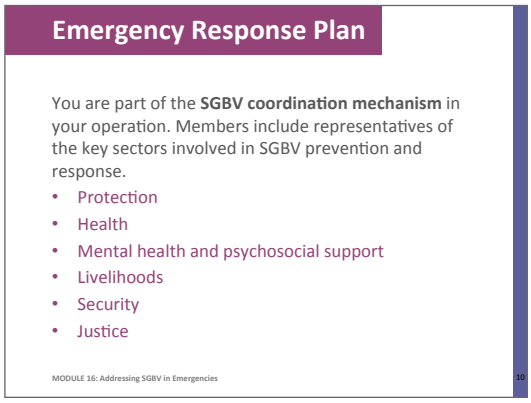
- → Community participation – of all groups in a community – is always possible and essential from the very beginning in an emergency.
- → All humanitarian actors and sectors are collectively accountable for preventing and responding to SGBV.
- → SGBV prevention must be an element of programmes requiring collective action across sectors such as WASH, health, fuel and energy, livelihoods, food security, education, shelter, camp coordination and camp management.
- → Specialized SGBV programs focused on immediate and emergency responses, including health and psychosocial counseling, are mandatory.
- → A number of key sectors must be involved in responding to SGBV including protection, health, mental health and psychosocial support, livelihoods and justice/security.

PREPARATION

- Activity Sheet 2: Emergency Response Action Plan template
- Activity Sheet 3a: Assignment Country A
- Activity Sheet 3b: Assignment Country B
- Hand-out 3: Emergency Response Action Plan Activities

Emergency Response Action Plan

GROUP ACTIVITY (60 MINUTES)



1. Explain that in the next 60 minutes, each of the two groups (representing the SGBV coordination mechanism in their respective operations) will develop an action plan to respond to the emergency situation. Members of the co-ordination mechanism include representatives of the key sectors involved in SGBV prevention and response, such as protection, health, mental health and psychosocial support, livelihoods and justice and security. The action plan will include prevention, response and coordination activities.

2. Distribute the following materials to participants, reminding them that the initial information included in activity sheets 1a and b forms the basis of this exercise.

   Group 1

   - Activity Sheet 2: Emergency Response Action Plan Template
   - Activity Sheet 3a: Assignment Country A

   Group 2

   - Activity Sheet 2: Emergency Response Action Plan Template
   - Activity Sheet 3b: Assignment Country B

3. Tell participants that they should focus primarily on developing the *activities* in their action plan. They should not spend too much time on resources, but should simply note any significant human and other (not financial) resources that would be required.

4. Explain that at the end of the 60 minutes, one or two rapporteurs from each group will present their group's plan.
   - When the group A rapporteur presents their plan, group B will act as protection cluster members, who will ask questions and validate the plan.
   - When the group B rapporteur presents their plan, group A will act as the **national** SGBV coordination group, who will ask questions and approve the plan.

Peer review

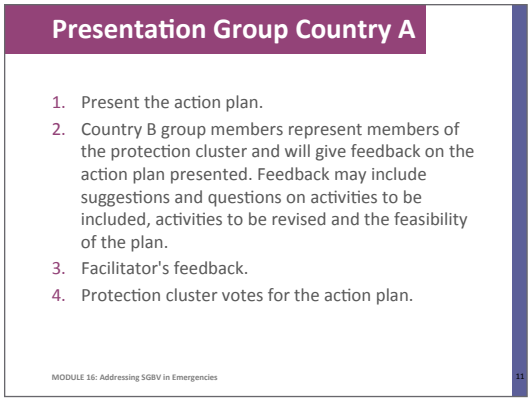
GROUP ACTIVITY (50 MINUTES)

5. Use the slides and the instructions below to explain how the presentations will be structured and to guide the process of peer review.

INSTRUCTIONS FOR THE PRESENTATION

Country A group

1. Have the rapporteur from the SGBV coordination mechanism in Country A present the action plan.
2. Country B group members and the facilitator will represent members of the protection cluster.
3. Have protection cluster members give feedback on the action plan presented. Feedback may include suggestions and questions on activities to be included, activities to be revised and the feasibility of the plan.



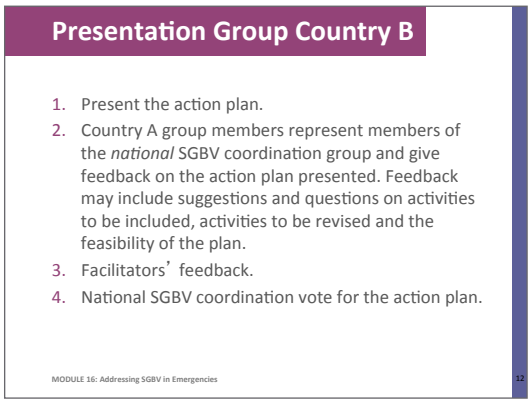
4. Give technical feedback based on the list of activities included, using Hand-out 3: Emergency Response Action Plan Activities as a guide. The hand-out sets out the types of activities that could be included in an Emergency Response Action Plan.

   Note that while some of this feedback is quite general, the plans developed by participants should provide concrete, specific activities that are adapted to the context in which they work.

5. Ask the rapporteur how they will prioritize the activities. Ask them to describe their highest priorities.
6. At the end of the discussion, have the members of the protection cluster thank the team and vote for the acceptance of the action plan.

Country B group

7. Have the rapporteur from the SGBV coordination mechanism in country B. present their action plan.
8. Country A group members and the facilitator will represent the national SGBV coordination group.
9. Have members of the national SGBV coordination group give feedback on the action plan presented. Feedback may include suggestions and questions on activities to be included, activities to be revised and the feasibility of the plan.



10. Give technical feedback based on the list of activities included, using Hand-out 3: Emergency Response Action Plan Activities. The hand-out sets out the types of activities that could be included in an Emergency Response Action Plan.

    Note that while some of this feedback is quite general, the plans developed by participants should provide concrete, specific activities that are adapted to the context in which they work.

11. Ask the rapporteur how they will prioritize the activities. Ask them to describe their highest priorities.
12. At the end of the discussion, have the national SGBV coordination group thank the team and approve the action plan.

Recap

(10 MINS)

6. Close the session by highlighting some key points that will guide us in ensuring effective, prompt and timely prevention and response to SGBV in an emergency.
   - → Safely assume SGBV is taking place, even in the absence of concrete evidence.
   - → SGBV prevention and response in an emergency is life saving.
   - → For SGBV programming to be integrated effectively in the emergency response, staff have to ensure SGBV prevention and response is part of emergency preparedness plans and contingency plans.
   - → Strive to ensure that as much as possible prevention measures are instituted to reduce further exposure of the population.
   - → Prevention and response to SGBV in emergencies are essential aspects of UNHCR's protection mandate.
   - → All humanitarian actors and sectors are collectively accountable for preventing and responding to SGBV. Many of the SGBV prevention activities in emergencies fall under the responsibility of various sectors/sub-clusters, such as shelter, fuel and energy, and education. However, SGBV prevention and response actors play an important role in supporting the integration of SGBV prevention and response in the work of all other sectors.
7. Distribute Hand-out 3: Emergency Response Plan Activities.

Wrap-up

(15 MINUTES)

8. End this session by asking participants to reflect, in couples, on which steps they can take in their own job capacities (and in coordination with others!) to be better prepared to prevent and respond SGBV during an emergency.

9. Encourage participants to share some of their reflections in plenary.

10. Address any unanswered questions and sum up with the key messages for the module.

REFERENCES:

GBV AoR, *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, 2010, available at: http://goo.gl/fTnyGT.

Global Protection Cluster, *Gender-based Violence in Emergencies Advocacy Handbook,* 2014, available at: https://goo.gl/WjRhaO

Inter-Agency Standing Committee (IASC), *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, Inter-Agency Standing Committee, 2015, available at: http://gbvguidelines.org/.

IASC, *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance*, 2007, available at: http://goo.gl/9RVnTU.

IASC, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, 2007, available at: http://goo.gl/Uvf01q.

OCHA, *Central Emergency Response Fund (CERF) Life-Saving Criteria*, 2010, available at: https://goo.gl/SwttQK.

The International Rescue Committee, *Caring for Child Survivors*, 2012, available at: http://goo.gl/9gPdu5.

IRC, *Gender Based Violence Emergency and Preparedness Participant Handbook,* 2011, available at: https://goo.gl/4QlHg0

The Sphere Project, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, 2011, available at: http://www.sphereproject.org/handbook/.

United Nations Population Fund (UNFPA), *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, 2012, available at: http://goo.gl/UBkVtu.

UNHCR, *UNHCR Handbook for the Protection of Women and Girls*, 2008, available at: http://www.unhcr.org/47cfa9fe2.html.

UN Women, *Gender-Responsive Early Warning: Overview and How-to Guide*, 2012, available at: http://goo.gl/6LuOpH.

WHO, *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergency Situations*, 2007, available at: http://goo.gl/q7mC0e.

Activity Sheet 1a

20 minutes

Information Country A

BACKGROUND

1. Background information

For several months, Country A has experienced violent clashes between the national army and non-State actors, so-called rebel groups. Reportedly, the clashes erupted following requests for a more equal distribution of land and resources. According to recent reports, the general human rights situation in Country A has been progressively deteriorating.

Conflict has provoked massive internal displacement and also cross-border displacement. The area of the country most affected by internal displacement is in the region along the border with Country B. Reportedly, some 80,000 persons have moved into villages close to the border.

In both countries there is a strong military presence along the borders.

2. Current situation (information you have gathered so far) on Country A

- An estimated 70 per cent of the internally displaced persons (IDPs) are women and children.
- It is difficult to access the IDPs due to poor road conditions and insecurity.
- International NGOs are present in the area and are carrying out emergency response programmes, mostly the distribution of materials for emergency shelter, Non Food Item distributions, the provision of emergency water and sanitation interventions.
- Several community-based associations have been active in the area for years and are well known by the local population.
- Health facilities, run by the Ministry of Health, are functioning. However, a rapid increase in demand has resulted in limited supplies.
- There were no specific services available for SGBV survivors prior the conflict, and this remains a gap.
- The majority of schools in the area are no longer functioning.
- Regular border monitoring missions are carried out by multi-functional teams.
- UNHCR sends protection monitoring teams twice a week to the villages along the border. The latest protection monitoring report indicated that both boys and girls are being forcibly recruited into armed groups.
- IDPs are living in overcrowded conditions with up to 15 persons living in three-meter-by-three-meter houses.
- There are growing tensions among IDPs and between IDPs and local communities, linked to access to assistance (water, food).
- Signs of trauma are visible among the displaced population, with many of the interviewed persons reported having witnessed "atrocities".
- According to some community leaders there are "many" survivors of rape. However, there are very few reported cases of SGBV in any form.
- The OCHA representative has communicated that the first CERF funds have been released and that all sectors/clusters will have to submit proposals shortly.

Activity Sheet 1b

20 minutes

Information Country B

BACKGROUND

1. Background information

For several months, Country A has experienced violent clashes between its national army and non-State actors, so-called rebel groups. Reportedly, the clashes erupted following requests for a more equal distribution of land and resources. According to recent reports, the general human rights situation in Country A has been progressively deteriorating.

Conflict has provoked massive internal displacement and also cross-border displacement into Country B. So far, some 100,000 refugees have been registered by UNHCR in Country B and are living in camps, as well as informal settlements on the outskirts of the main town.

In both countries there is a strong military presence along the borders.

2. Current situation (information you have gathered so far) on Country B

- An estimated 70 per cent of refugees are women and children.
- A transit centre has been established and registration procedures are ongoing.
- International NGOs are present and under UNHCR's coordination are carrying out emergency response programmes, mostly NFI distribution and water and sanitation interventions. They are recruiting more staff to respond to the emergency.
- Regular border monitoring missions are carried out by multi-functional teams.
- The site planning team is currently redesigning the camps in order to host new arrivals.
- Refugee committees have been established in the camps and some of the settlements.
- Essential services are in place, including mobile clinics. Refugees also have access to local government run health facilities. However, the local health centre is overstretched and is running out of supplies.
- There were no specific services available for SGBV survivors prior the conflict, and this remains a gap.
- The majority of refugees in the camps and settlements are living in tents.
- A primary school has been set up in each of the camps but attendance rates are low, especially for girls. Interviews with refugees indicate that this is partly owing to concerns about the safety of students. There are no schools within walking distance of the informal settlements.

- There are poor lighting and inadequate access to cooking fuel in the camps. There is almost no lighting in the informal settlements.
- There are several reported incidents of men and boys who were stopped from crossing into country B by the soldiers of country A. It is thought that they were then co-opted to fight alongside government forces.
- Signs of trauma are visible among the refugees, with many of the interviewed persons reported having witnessed atrocities.
- According to some community leaders there are "many" survivors of rape. However, there are very few reported cases of SGBV of any form.

Activity Sheet 2

Emergency Response Plan template

OBJECTIVE: PREVENTION

Activities	Output	Performance Indicator	Focal Point (agency and/or title)	

OBJECTIVE: RESPONSE

Activities	Output	Performance Indicator	Focal Point (agency and/or title)	

OBJECTIVE: COORDINATION

Activities	Output	Performance Indicator	Focal Point (agency and/or title)	

	Resources Needed (non-financial)	Time Frame		
		1st month	Months 2 – 3	6 months – 1 Year

	Resources Needed (non-financial)	Time Frame		
		1st month	Months 2 – 3	6 months – 1 Year

	Resources Needed (non-financial)	Time Frame		
		1st month	Months 2 – 3	6 months – 1 Year

Activity Sheet 3a

15 minutes

Assignment Country A

YOUR ASSIGNMENT

The protection cluster coordinator has invited each sub-cluster to prepare their emergency response action plan. This will have to be presented to and validated by the protection cluster members before being included in the final protection cluster emergency response plan. Your group represents the GBV sub-cluster.

Please use the emergency response plan template provided. Remember that SGBV prevention and response are multi-sectoral. You can complete the action plan however you wish, but you might consider dividing the response activities into different sectors (e.g., health, mental health and psychosocial support, livelihoods, legal/safety).

The activities included in the action plan should be clear, concrete and meaningful. For example, instead of awareness-raising in general, indicate the specific awareness-raising activity that will be undertaken, such as the use of radio or distribution of pamphlets to communicate where services are available. Activities should also be adapted to the particular context of Country A.

BY THE END OF THE EXERCISE

- Within 15 minutes, you should be prepared to present your emergency response action plan in plenary. You can use a flip chart, or any other format you choose.
- You should be prepared to answer questions about prioritization of activities, so discuss this in your group.
- Each group should identify one or two rapporteurs to present the action plan.

Activity Sheet 3b

15 minutes

Assignment Country B

YOUR ASSIGNMENT

The SGBV working group in the region of Country B that borders Country A has been asked to prepare an Emergency Response Action Plan based on current displacement figures. You will need to present this to the national SGBV coordination group.

Please use the emergency response plan template provided. Remember that SGBV prevention and response are multi-sectoral. You can complete the action plan however you wish, but you might consider dividing the response activities into different sectors, e.g., health, mental health and psychosocial support, livelihoods and legal/safety.

The activities included in the action plan should be clear, concrete and meaningful. For example, instead of awareness-raising generally, indicate the specific awareness-raising activity that will be undertaken, such as the use of radio or distribution of pamphlets to communicate where services are available. Activities should also be adapted to the particular context of Country B.

BY THE END OF THE EXERCISE

- Within 15 minutes, you should be prepared to present your emergency response action plan in plenary. You can use a flip chart or any other format you choose.
- You should be prepared to answer questions about prioritization of activities, so discuss this with your group.
- Each group should identify one or two rapporteurs to present the action plan.

Hand-out 1

Risk Factors for SGBV during Emergencies

- Disruption of family ties and community-based protection measures/practices
- Use of rape as a weapon of war
- Forced recruitment of men and boys or women and girls into armed forces and groups
- Recruitment of women and girls by armed forces and groups to perform sexual favours
- Overcrowded living conditions, which can fuel domestic violence and increase risk of SGBV, particularly for female heads of household, unaccompanied and separated children, older people, people with disabilities, LGBTI people
- Inadequate lighting in camps and settlements
- Possible lack of safe access to firewood or other domestic energy/natural resources
- Increased consumption of alcohol and other narcotics by potential perpetrators
- Increased presence of military, which, though usually intended to provide protection at checkpoints, borders, around camps and settlements, in many instances, has a culture of sexual violence tolerated by command structures and a lack of appreciation for gender equality, women and child rights
- Armed groups putting persons of concern at risk of sexual abuse
- Limited resources and high demand leading to exploitation by service providers, including local organizations, which lack accountability
- Vulnerability to SGBV and exploitation at aid distribution sites, particularly for female heads of household, unaccompanied and separated children, older people, people with disabilities, LGBTI people
- Overstretched health centres possibly leading to SGBV survivors not receiving needed treatment, e.g., for rape survivors, PEP, emergency contraception and emergency treatment against sexually transmitted infections
- Lack of services and poor access limiting the extent to which persons of concern receive psychosocial support for having both witnessed atrocities and/or experienced SGBV
- Lack of livelihood opportunities leading persons of concern to undertake work in unsafe conditions or to resort to negative coping strategies such as survival sex or child marriage
- Exposure of out-of-school children to SGBV, particularly those who enter the workforce
- Lack of legal services for survivors fueling a culture of impunity, especially in the first days of an emergency, when access to justice programs are not a priority until health and psychosocial responses to SGBV have been established
- Prevailing culture of gender inequality and discrimination

Hand-out 2

Information about SGBV during Emergencies

QUALITATIVE AND QUANTITATIVE INFORMATION

- SGBV is generally under-reported before, during and after conflict. During emergencies, and in particular in the early stages of an emergency, additional challenges and barriers to reporting may arise such as a loss or lack of services; a lack of awareness of, or lack of trust in, available services; the absence of reporting mechanisms; and the prioritization of other needs by survivors and humanitarian organizations.
- We, therefore, often lack sufficient quantitative data on SGBV and rely on descriptive (qualitative) information. Qualitative data may be anecdotal or gained through formal focus groups and interviews, which can all form part of rapid assessment. Qualitative data may, in fact, lead to better understanding of the SGBV picture than is possible with quantitative data alone.

CONDUCTING AND SGBV ASSESSMENT AT THE ONSET OF AN EMERGENCY

- In-depth assessments are *not* required in order to put in place some essential SGBV prevention and response measures. We can safely assume that SGBV is taking place in each and every emergency, even in the absence of concrete reports.
- However, assessments *can generate more understanding* of appropriate and effective interventions.
- Conduct assessment in a safe and ethical way.
- Conduct assessments only where services are available to SGBV survivors.
- Utilize a variety of methods such as safety audits and focus group discussions, which do not involve interviewing survivors about their experiences.
- Coordinate with SGBV actors and the SGBV coordination mechanism.
- Make SGBV assessment rapid or part of a wider protection assessment.
- A lack of in-depth information should not be used as a basis to deny resources for SGBV prevention and response programmes. Prevention and response to SGBV in emergencies are essential aspects of UNHCR's protection mandate and are life saving.
- Community participation – particularly with persons most vulnerable to SGBV – is possible, essential and has to be sought from the very beginning in an emergency. In emergencies the time available for consultations may be shorter than in other contexts, but regardless of time available, consultations should be inclusive and gender-sensitive. Note that community consultation should be done on a regular basis and not as a one-time event.

Hand-out 3

Emergency Response Action Plan Activities

Some of the following activities might fall under the responsibility of various sectors/sub-clusters such as shelter, fuel and energy, and education. However, SGBV actors play an important role in supporting the integration of SGBV prevention and response in the work of all other sectors.

PREVENTION

- Review *existing* information related to SGBV, such as sector-specific reports.
- Conduct individual interviews with the population of concern and local actors to better understand SGBV risks. Discuss with all parties solutions they would propose to solve the problems, as well as gaps in existing programmes and services. Follow this up with regular situation analyses and focus group discussions.
- UNHCR and partners should consider undertaking an SGBV assessment(s) to more clearly understand the situation in order to design appropriate and effective interventions across multiple sectors if this can be done in a safe and ethical way, and in collaboration with the relevant SGBV coordination mechanism. Assessments should only be conducted where services are available to SGBV survivors and should only collect information that may be used for SGBV programming and advocacy. Assessments can include safety audits, individual interviews and focus group discussions. SGBV service providers must only share any available quantitative data in accordance with agreed information-sharing standards.
- Identify and/or develop community-based networks within the refugee/IDP community and support them to engage in SGBV prevention and information-sharing activities.
- Develop, translate and disseminate key messages to the population of concern to prevent SGBV; promote the equal treatment of women and girls, including their participation in leadership structures.
- Coordinate with communities and the host government to establish arrangements (e.g., female police and security officers, community watch groups and safety patrols if deemed appropriate) to ensure the safety and security of persons of concern. Engage with persons in positions of power such as employers, teachers and house- or land owners to ensure they are aware of the risks and consequences of SGBV, including prevention of sexual exploitation and abuse.
- Train teachers, other school staff and students on SGBV and jointly establish systems in schools to identify, report and refer survivors and children at risk of SGBV. Ensure that all teachers sign a code of conduct that prohibits all forms of SGBV including exploitation of students.
- Ensure that displacement sites are structured and managed in a way that promotes safety, through such measures as adequate lighting, sufficient security presence, firewood patrols and the provision of fuel if appropriate, secure shelter allocated according to needs and vulnerabilities, and WASH facilities that are safe, sex-segregated and accessible.
- Once livelihood activities are set up, promote the inclusion of persons at risk of SGBV and survivors. Ensure equal access and participation of women and girls.

- Provide training to all UNHCR and partner staff to prevent sexual exploitation and abuse against persons of concern, and disseminate the *Secretary-General's Bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse* (ST/SGB/2003/13). Establish a reporting mechanism and appoint a focal person for complaints, and raise awareness in both the host and population of concern communities as well as the humanitarian community on sexual exploitation and abuse and where to report complaints.
- Provide training to UNHCR and partner staff with different functions – including education, protection, food security, livelihood, camp coordination and camp management, health, shelter, fuel and energy and WASH – to ensure they understand the risks of SGBV and their responsibility to incorporate prevention into their programming. Also provide training on the revised Inter-Agency Standing Committee's *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* in collaboration with the SGBV working group or GBV sub-cluster where possible.

RESPONSE

- In cooperation with service providers, develop clear referral mechanisms.
- Develop a common incident reporting form and consent form (these can be extracted from the GBVIMS tools, an Inter-agency initiative created with a view to harmonising data collection on SGBV in humanitarian settings.)
- Establish and maintain a comprehensive confidential database.
- Provide training to relevant staff from UNHCR and partner organizations, including caseworkers and outreach workers, to ensure that they fully understand the SGBV Standard Operating Procedures (SOPs), including the reporting and referral systems as well as the core principles of working with survivors including respect, safety, confidentiality and non-discrimination.
- Inform community groups, including community leaders, about safe and ethical SGBV reporting and referral systems.
- Also familiarize staff with the SPHERE standards and Inter Agency Standing Committee *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, IASC, 2015, to ensure that the needs of specific survivors-groups are taken into account in response planning.
- Provide information on services available to survivors including how to access them, the fact that they are free and confidential, where to find focal points etc. Provide information through information sessions, posters, pamphlets, information boards, radio segments. Make sure messages are inclusive of all survivor-groups, including women, men, LGBTI persons, children, persons with disabilities and older persons.

HEALTH

- Ensure that all survivors have access to the required services, including post-exposure prophylaxis (PEP) against HIV, prophylaxis for sexually transmitted infections and, for female survivors, emergency contraception.
- Ensure that activities set out in the Minimum Initial Service Package for Reproductive Health are implemented at the onset of an emergency.
- Ensure the availability of female medical staff in health centres.
- Identify or establish private/confidential spaces for consultations within health centres.
- Train health staff on clinical management of rape. Ensure on-site mentoring and work with health team to ensure follow-up and referral of cases.
- Train health workers and health centre support staff/non-medical staff on the SGBV response guiding principles and basic psychosocial support.
- Ensure ongoing provision of appropriate medicines and supplies in health facilities.

PSYCHOSOCIAL

- Ensure that SGBV survivors have access to psychosocial support through trained staff and/or partners.
- Create safe spaces where survivors can receive compassionate, culturally appropriate and confidential assistance, such as in women's centres or child friendly spaces. The support can be individual (holistic case management) or at group level, guided by a trained and supervised facilitator.
- Support community- and family-support systems (such as child protection committees, midwives, religious leaders, teachers, social workers, youth groups, women's groups), which can provide basic emotional support to survivors, and train them on the provision of psychological first aid.
- Engage local leadership (men, women, young people) in community-awareness actions to reduce stigma and promote access to services for survivors.

LEGAL

Note that the extent of UNHCR and partners' focus on access to justice for SGBV survivors will depend on the context, particularly whether a functioning legal system is in place and whether other services are available to survivors.

- Be familiar with national laws and policies on SGBV protection and the rights of survivors.
- Train legal service providers on the international and national rights of SGBV survivors and on the core principles of working with survivors including respect, safety, confidentiality and non-discrimination.
- Provide training to local authorities, law enforcement and judicial officers, including informal justice mechanisms where relevant, to ensure that they recognize, respect and protect the rights of SGBV survivors, including to non-discrimination, equality before the law, and equality before courts and tribunals.
- To combat cultures of impunity, start engaging with local authorities, law enforcement and judicial officers, including with informal justice mechanisms where relevant, on the importance of bringing perpetrators to justice.

SAFETY

- Identify safe places (such as community-based care or [existing] safe shelters or an alternative location within the country) for survivors and their dependents whose safety is at imminent risk and establish a referral pathway.

LIVELIHOODS

- Make sure funds/supplies are available to support survivors of SGBV who are in immediate need of support.
- Put systems into place so that persons at risk of SGBV, particularly women, are not excluded from emergency livelihood assistance.

COORDINATION

Note that coordination of SGBV prevention and response will vary depending on UNHCR's role in a given context. In refugee settings, as part of its core protection mandate, UNHCR is normally the coordinating agency for SGBV in collaboration with a lead SGBV NGO. In a situation where no actions to prevent and respond to SGBV have been taken, UNHCR should take the lead in coordinating and establishing activities to address SGBV as part of its core protection mandate. In IDP settings, UNFPA and UNICEF are normally the lead and UNHCR staff will participate in and proactively support interagency prevention and response mechanisms.

- Identify and map other actors and their focal points working on SGBV including government institutions, United Nations agencies, and local and international NGOs, as well as service providers working in the areas of health, mental health and psychosocial support, livelihood, safety and security, and legal assistance.
- Establish and, in refugee situations, lead coordination mechanisms with partners, such as an SGBV working group, and establish regular meetings between service providers.
- Develop clear reporting mechanisms and referral pathways for SGBV survivors in collaboration with partners, service providers, and community groups to ensure that persons at risk of SGBV are identified through multiple points of contact and that SGBV survivors have efficient and non-discriminatory access to available services.
- In collaboration with partners and service providers, develop standard operating procedures (SOPs) on SGBV prevention and response which set out coordination mechanisms, referral pathways and reporting mechanisms.
- Note that in the earliest stage of an emergency it may not be possible or appropriate to develop SOPs; time may be better spent in developing an abbreviated referral protocol for survivors and agreeing upon the roles and responsibilities of different key actors in undertaking essential prevention activities.
- Ensure service providers set up an SGBV case-management system that safely stores all information about survivors and keeps this confidential.
- Establish a safe and ethical information-management system for SGBV data, including an information-sharing protocol for participating organizations and in accordance with SGBV information sharing principles
- Develop a monitoring and evaluation framework for SGBV programmes that is integrated with other programming.
- Advocate for members of the SGBV coordination mechanism (in an IDP context, GBV sub-working group focal points) to attend other key sectoral meetings and ensure information exchange.
- Ensure that women's and girls' specific needs are taken into account in response planning and the provision of assistance in line with SPHERE standards.
- Lead and/or advocate for the distribution of context-appropriate risk mitigation material support such as sanitary materials (a core need!), solar lamps etc.
- In operations listed in the annual *Report of the Secretary-General: Conflict-Related Sexual Violence*, UNHCR has an obligation to participate in monitoring, analysis and reporting arrangements (MARA) through the coordination and the collection and verification of information. UNHCR usually collects data for MARA through existing protection monitoring and information management systems and submits this to the women protection advisors (or equivalent) based in peacekeeping missions, the MARA working group or through the SGBV coordination structures at country level.

KEY MESSAGES:

- Safely assume SGBV is taking place, even in the absence of concrete evidence.
- Prevention and response to SGBV in an emergency are essential aspects of UNHCR's protection mandate.
- SGBV prevention and response in an emergency is life-saving.
- Community participation – particularly with persons most vulnerable to SGBV – is possible, essential and has to be sought from the very beginning in an emergency. What may change is the time available for consultation with persons of concern (which could be shorter in an emergency than in other contexts). Regardless of time available, consultations should be inclusive and gender-sensitive.
- All humanitarian actors and sectors are collectively accountable for preventing and responding to SGBV.

Pre-/Post-test

Module 16: Addressing SGBV in Emergencies

Thank you for your participation during this training session. Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV.

1. True of False? Select all TRUE statements.
   a) The SGBV working group is accountable for preventing and responding to SGBV in emergencies.
   b) SGBV prevention and response is life saving.
   c) In an emergency in-depth assessments are *not* required in order to put in place essential SGBV prevention and response measures.
   d) Community participation can be sought from the very beginning in an emergency.
   e) In an emergency, multi-sectoral SGBV prevention work (with engagement of sectors such as WASH, education, fuel and energy etc.) should be prioritized over specialized SGBV programming.
   f) SGBV assessments should only be conducted where services are available to SGBV survivors.

2. Select three prevention activities that are of lowest priority during the onset of an emergency?
   a) Identify community-based networks and support them to engage in SGBV prevention and information-sharing activities.
   b) Promote the participation of women in leadership structures.
   c) Coordinate with communities and the host government to establish arrangements (e.g. female police and security officers, community watch groups and safety patrols) to ensure the safety and security of persons of concern.
   d) Conduct workshops with men addressing gender norms and masculinity.
   e) Ensure that all teachers sign a code of conduct which prohibits all forms of SGBV.
   f) Set up livelihood programmes and promote the inclusion of SGBV survivors.
   g) Make sure shelters are allocated according to needs and vulnerabilities.
   h) Provide training to all UNHCR and partner staff to prevent sexual exploitation and abuse against persons of concern.
   i) Advocate for law reforms and advocate with authorities to take steps to align national laws with international standards.

3. Explain in your own words what are some things that actors involved in SGBV prevention and response should advocate for in an emergency.

4. In each of these sectors, list examples of the minimum of activities which should be undertaken to respond to the immediate needs of SGBV survivors.

   - Health:

   - Psychosocial:

   - Legal:

   - Safety:

   - Livelihoods:

Pre-/Post-test: Answer Sheet

Module 16:
Addressing SGBV in Emergencies

(Correct responses are highlighted in **bold**)

1. True or False? Select all TRUE statements.
   a) The SGBV working group is accountable for preventing and responding to SGBV in emergencies.
   b) SGBV prevention and response is life saving.
   c) In an emergency, in-depth assessments are not required in order to put in place essential SGBV prevention and response measures.
   d) Community participation may not be possible from the beginning in an emergency.
   e) In an emergency, multi-sectoral SGBV prevention work (with engagement of sectors such as WASH, education, fuel and energy etc.) should be prioritized over specialized SGBV programming.
   f) SGBV assessments should only be conducted where services are available to SGBV survivors.

2. Select three prevention activities that are of lowest priority during the onset of an emergency.
   a) Identify community-based networks and support them to engage in SGBV prevention and information-sharing activities.
   b) Promote the participation of women in leadership structures.
   c) Coordinate with communities and the host government to establish arrangements (e.g., female police and security officers, community watch groups and safety patrols) to ensure the safety and security of persons of concern.
   d) Conduct workshops with men addressing gender norms and masculinity.
   e) Ensure that all teachers sign a code of conduct which prohibits all forms of SGBV.
   f) Set up livelihood programmes and promote the inclusion of SGBV survivors.
   g) Make sure shelters are allocated according to needs and vulnerabilities.
   h) Provide training to all UNHCR and partner staff to prevent sexual exploitation and abuse against persons of concern.
   i) Advocate for law reforms and advocate with authorities to take steps to align national laws with international standards.

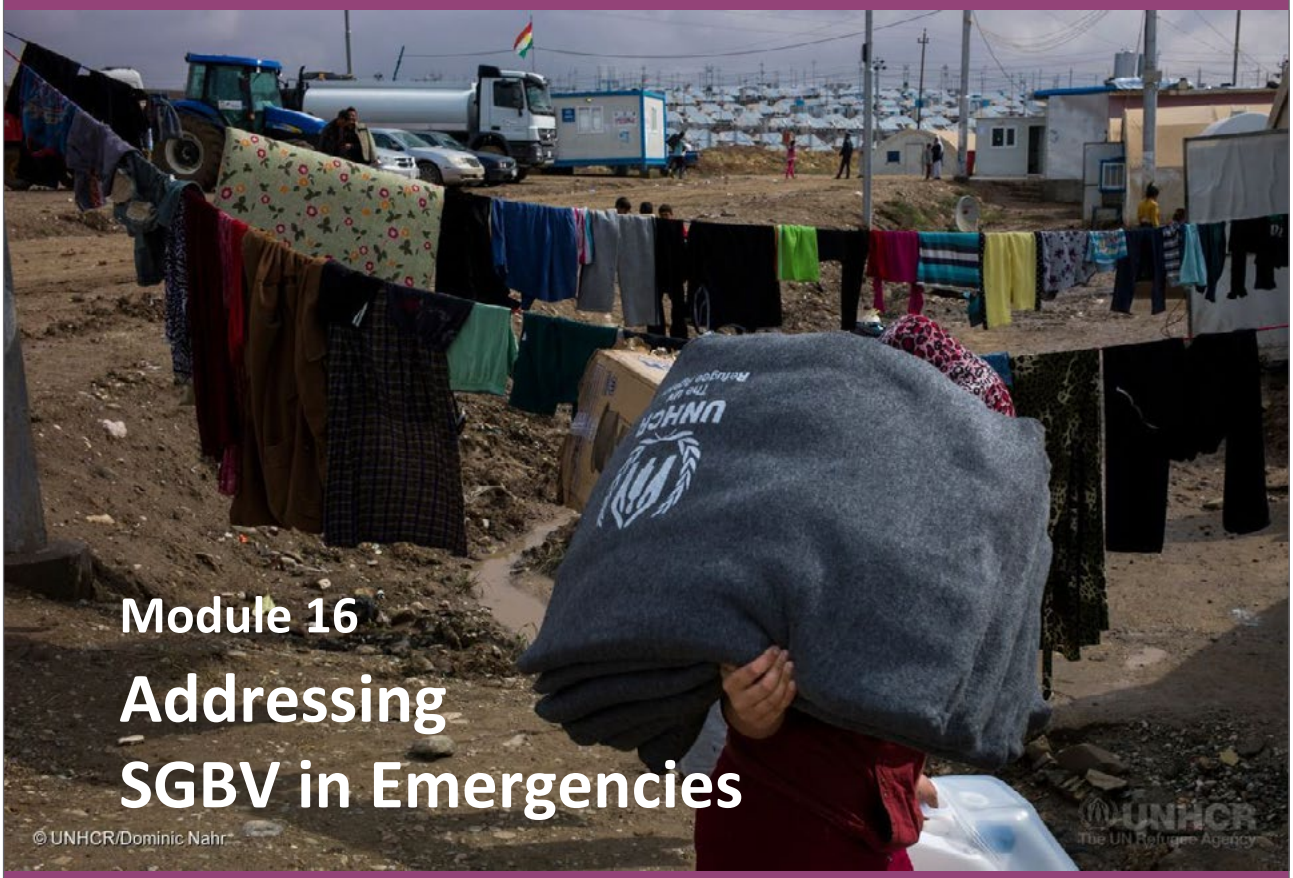
NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exclusive; they serve as *examples* of correct answers.

3. Explain in your own words what are some things that actors involved in SGBV prevention and response should advocate for in an emergency.
   - **To prioritize SGBV prevention and response as life-saving interventions that must be undertaken at the onset of an emergency**
   - **To receive adequate funding to set up specialized SGBV programming (e.g., through Central Emergency Response Fund (CERF) or other funding mechanisms, including flash appeals)**
   - **For other sectors to include SGBV prevention measures as a priority of the work in their sector**
   - **To actively promote participatory approaches, inclusive of those most at risk of SGBV**
   - **To include Minimal Initial Service Packages (MISP) within Health Projects at the outset (e.g., under CERF or other funding mechanisms, including flash appeals)**

4. In each of these sectors, list examples of the minimum of activities which should be undertaken to respond to the immediate needs of SGBV survivors.
   - **Health:**
   - **Psychosocial:**
   - **Legal:**
   - **Safety:**
   - **Livelihoods:**

   For responses, see Hand-out 4: Emergency Response Action Plan Activities.



During This Session

Step 1. Identify the **risk factors** that contribute to SGBV in an emergency.

Step 2. Draft SGBV **Emergency Response Action Plan,** which includes prevention, response and coordination activities.

Step 3. Advocate for SGBV prevention and response to be prioritized and funded in an emergency and to be mainstreamed by all sectors

Objectives

- Identify the different risk factors for SGBV in an emergency
- Explain why, regardless of data, SGBV programming must be initiated at the onset of an emergency
- Describe minimum prevention and response activities to be implemented as a priority
- Advocate for SGBV to be prioritized in an emergency

Information on SGBV during Emergencies

- SGBV is always under-reported. In emergencies, particular barriers to reporting my arise.
- We may mostly rely on descriptive (qualitative) information gained through focus groups and interviews as well as anecdotal reports.
- The lack of sufficient quantitative information should not be used as a basis to deny resources for SGBV prevention and response programmes.
- We must assume that SGBV is taking place in each and every emergency, even in the absence of concrete reports.

Agree or Disagree?

In-depth SGBV **assessments** are required in order to put in place SGBV prevention and response measures.

- **No.** In-depth assessments are *not required* in order to put in place some essential SGBV prevention and response measures.
- We can safely assume that SGBV is taking place in each and every emergency, even in the absence of concrete reports.
- During the emergency preparedness phase, even a desk review of existing information can be sufficient. Gather information from anecdotal reports from the community, from the media and other sources on the forms of SGBV in the place of origin.

Conducting Assessments in Emergencies

Assessments *can generate more understanding* on appropriate and effective interventions.

- ➔ Conduct assessment in a safe and ethical way.
- ➔ Conduct assessments only where services are available to SGBV survivors.
- ➔ Utilize a variety of methods such as safety audits and focus group discussions, which do not involve interviewing survivors about their experiences.
- ➔ Coordinate with SGBV actors and the SGBV coordination mechanism.
- ➔ Make it a rapid assessment or as part of wider protection assessment.

Agree of Disagree?

Community participation in designing interventions is possible from the very beginning of an emergency.

- ➔ **Yes.** community participation in designing interventions is essential and possible and has to be sought from the very beginning in an emergency.
- ➔ In emergencies, the time available for consultations may be shorter than in other contexts.
- ➔ Regardless of time available, consultations should be inclusive and gender-sensitive.
- ➔ Community consultation should be done on a regular basis and not as a one-time event.

Emergency Response Plan

You are part of the **SGBV coordination mechanism** in your operation. Members include representatives of the key sectors involved in SGBV prevention and response.

- Protection
- Health
- Mental health and psychosocial support
- Livelihoods
- Security
- Justice

Presentation Group Country A

1. Present the action plan.
2. Country B group members represent members of the protection cluster and will give feedback on the action plan presented. Feedback may include suggestions and questions on activities to be included, activities to be revised and the feasibility of the plan.
3. Facilitator's feedback.
4. Protection cluster votes for the action plan.

Presentation Group Country B

1. Present the action plan.
2. Country A group members represent members of the *national* SGBV coordination group and give feedback on the action plan presented. Feedback may include suggestions and questions on activities to be included, activities to be revised and the feasibility of the plan.
3. Facilitators' feedback.
4. National SGBV coordination vote for the action plan.

Advocacy: Why is it important?

- ➔ SGBV prevention and response is life saving and must be undertaken at the onset of an emergency.
- ➔ Qualitative data on SGBV incidence is sometimes dismissed as anecdotal and thus inadequate to support financing SGBV programmes as a priority.
- ➔ **For these reasons, effective advocacy is crucial to ensure that the needs of SGBV survivors and people at risk of SGBV are addressed.**

Advocate: With whom?

- ➔ Internal advocacy within UNHCR (senior management, programme unit, all sectors)
- ➔ External advocacy with donors and the host government
- ➔ External advocacy with NGOs/United Nations agencies/ cluster or sector leads

Advocacy Areas in Emergencies

For example:

- ➔ To ensure SGBV prevention and response are part of the contingency plans of the organization
- ➔ To prioritize SGBV prevention and response as life saving
- ➔ For new, Level 3, emergencies, to establish SGBV coordination mechanism with at least one dedicated staff member
- ➔ To receive adequate funding for SGBV prevention and response
- ➔ For other sectors to include SGBV prevention measures as a priority of the work in their sector
- ➔ For the use of the IASC GBV guidelines
- ➔ To actively promote participatory approaches, inclusive of those most at risk of SGBV

MODULE 17

SGBV Information Management

MODULE OUTLINE

Session 1	Understanding information management	30 minutes	1
Session 2	Ethical standards on SGBV information management	50 minutes	2
Session 3	SGBV and conducting assessments	60 minutes	3
Session 4	SGBV information management and the survivor-centred approach	20 minutes	4
Session 5	The GBVIMS	110 minutes	5

TIMING:

4 hours and 30 minutes

SUMMARY

In this module participants will reflect on the challenges related to SGBV Information Management and how obtaining, managing and sharing reliable and contextualized information gained through service delivery supports effective SGBV prevention and response programmes. Participants explore the ethical and safety standards related to SGBV Information Management and identify good practice in employing a survivor-centred approach in collecting SGBV related information. Participants are introduced to the Gender-Based Violence Information Management System (GBVIMS), and learn how this system can help to resolve many SGBV Information Management related challenges; in particular, participants will understand why standardization is key to obtaining reliable information. The module does not include information management related to SGBV case management.

LEARNING OBJECTIVES

At the end of the module, participants should be able to:

- ✓ Describe what is meant by SGBV Information Management (SGBV-IM) and why it is important for effective SGBV prevention and response programming
- ✓ Explain some of the key challenges related to SGBV Information Management
- ✓ Identify global ethical standards and good practices related to SGBV Information Management
- ✓ Describe key considerations with regards to conducting assessments that include SGBV-related components
- ✓ Explain how GBVIMS can be used for data collection and analysis

KEY MESSAGES

- → Generating SGBV information through service delivery supports meeting survivors' needs.
- → Obtaining, analysing, managing and sharing accurate, reliable and contextualized SGBV-related information promotes an effective coordinated response.
- → A well-coordinated, inter-agency effort to gather SGBV information is much more likely to be successful than efforts by individual organizations conducted in isolation.
- → There are global ethical standards that should be carefully considered and upheld before collecting, storing and sharing SGBV information.
- → SGBV-related information can be collected as part of needs assessments and ongoing protection monitoring.
- → SGBV-IM efforts should adopt a survivor-centered approach that prioritizes the safety and protection of survivors and that empowers them as owners of their data.
- → SGBV incident data must never be generated simply for the sake of gathering data but rather as a part of service delivery.
- → The GBVIMS is a database system that can help to resolve many SGBV Information Management related challenges.
- → Standardizing the language and terminology used by those collecting SGBV data is a crucial first step to successfully sharing and analyzing SGBV-related information.
- → SGBV-IM is not an end in itself, it is rather a tool and a means to strengthen the response to SGBV survivors and design more effective prevention interventions.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, markers, projector, laptop

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Ethical and Safety Recommendations

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: What Is SGBV Information Management?
- Hand-out 2: Ethics and safety
- Hand-out 3: Conducting Assessments in the Context of SGBV Programming
- Hand-out 4: Dos and Don'ts for Conducting Assessments That Include SGBV-Related Components
- Hand-out 5: Adopting a Survivor-Centred Approach
- Hand-out 6: Sharing Personal Data between UNHCR and Partners in Refugee Operations
- Hand-out 7: Challenges of Information Management for SGBV Incidents
- Hand-out 8: The GBVIMS

UNHCR READING MATERIALS AND RESOURCES

→ *Policy on the Protection of Personal Data of Persons of Concern to UNHCR*, 2015.

→ *Needs Assessment Handbook*, 2016.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 17: Information Management has been produced for educational purposes only, in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

→ *The GBVIMS User Guide*, Chapters 1 and 2, UNFPA, UNHCR, and the International Rescue Committee.

→ *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergency Situations*, WHO, 2007.

→ *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery*, IASC, 2015.

→ *Assessment Toolkit* (Section: GBV Assessment Tools), IRC, 2011.

→ *GBV Assessment & Situation Analysis Tools, Prepared for the Training Course Managing Gender-based Violence Programmes in Emergencies, Phase Two Workshop, Nairobi, Kenya*, UNFPA, International Medical Corps, Global Protection Cluster, and Australian Government Aid Program, 2012.

SESSION 1: Understanding Information Management

30 minutes

LEARNING OBJECTIVES

- ✓ Describe what is meant by SGBV Information Management (SGBV-IM) and why it is important for effective SGBV prevention and response programmes
- ✓ Explain some of the key challenges related to SGBV Information Management

KEY MESSAGES

- → Generating SGBV information through service delivery supports meeting survivors' needs.
- → Obtaining, analysing, managing and sharing accurate, reliable and contextualized SGBV related information promotes an effective coordinated response.
- → A well-coordinated inter-agency effort to gather SGBV information is much more likely to be successful than efforts by individual organizations conducted in isolation.

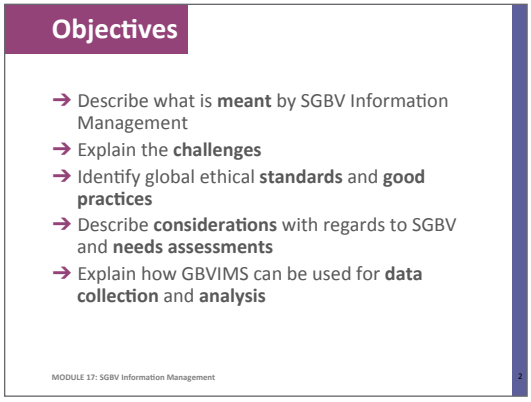
PREPARATION

- Hand-out 1: What Is SGBV Information Management?

Why do we collect SGBV information?

DISCUSSION (30 MINUTES)

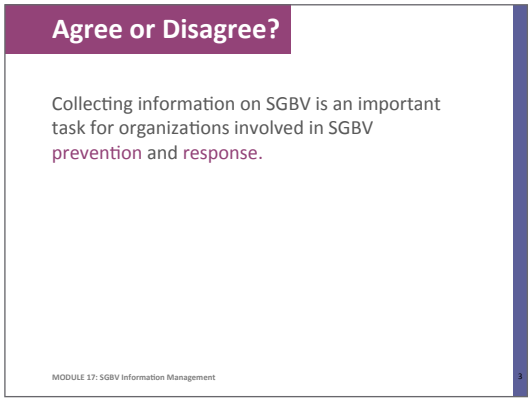
1. Using the Notes to the facilitator below, explain the purpose of this training session.



NOTES TO THE FACILITATOR:

At the end of this training session participants should be able to:

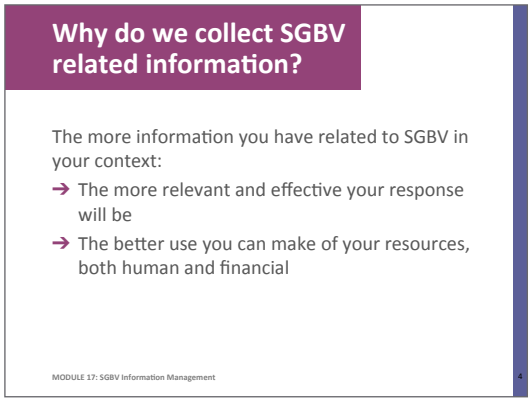
- *Describe what is meant by SGBV Information Management (SGBV-IM) and why it is important for effective SGBV response*
- *Explain some of the key challenges related to SGBV Information Management*
- *Identify global ethical standards and good practices related to SGBV Information Management*
- *Describe key considerations with regards to collecting SGBV related information as part needs assessments*
- *Explain how GBVIMS can be used for data collection and analysis*



2. Show presentation slide 3 and ask participants what they think of the statement:

   Collecting information on SGBV is an important task for organizations involved in SGBV prevention and response.

   Do they agree or disagree, or are they not sure? Ask a few volunteers to offer an opinion.



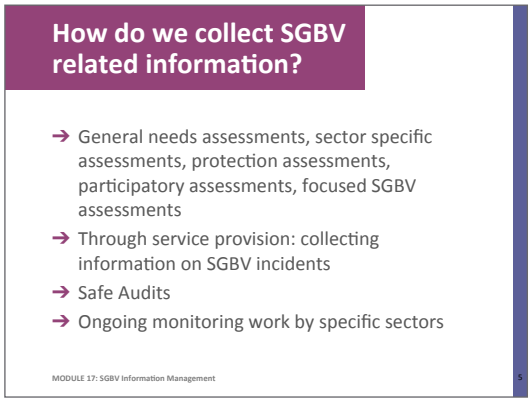
3. Highlight that it is indeed an important task of organizations involved in SGBV prevention and response to collect information on SGBV. Using the Notes to the facilitator, summarize the reasons why humanitarian actors are involved in collecting SGBV information.

NOTES TO THE FACILITATOR:

Why do we collect SGBV information?

SGBV is often severely under-reported, and obtaining information on the SGBV risks specific to your context is a key step to ensuring successful prevention and response interventions. The more information you can gather related to SGBV in your context, the more relevant and effective your prevention and response interventions will be, and the better use you can make of your resources – both human and financial.

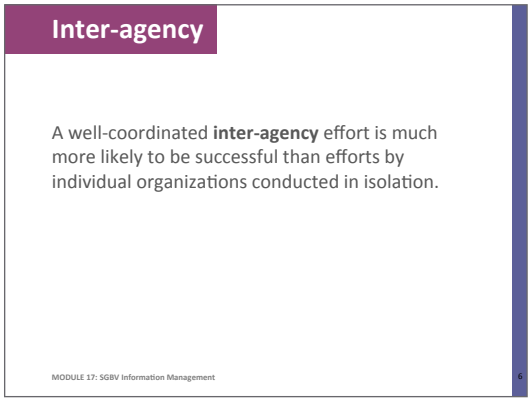
4. Ask participants what type of SGBV information they collect as part of their work, how they collect this information and what they do with this information.



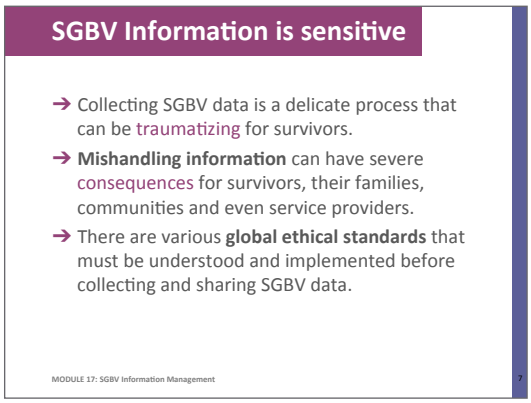
5. Highlight that collecting SGBV-related information can be done through several means, such as:

   - General needs assessment, sector specific assessments, protection assessments, participatory assessments, focused SGBV assessments
   - Through service provision: collecting information on SGBV incidents
   - Safe audits
   - Ongoing monitoring work by specific sectors

6. Emphasize that regardless of the means, a well-co-ordinated, collective, inter-agency effort to gather this information is much more likely to be successful than efforts by individual organizations conducted in isolation.



7. State that before getting into the details, it is important to bear in mind that SGBV information is extremely sensitive information. See Notes to the facilitator below.



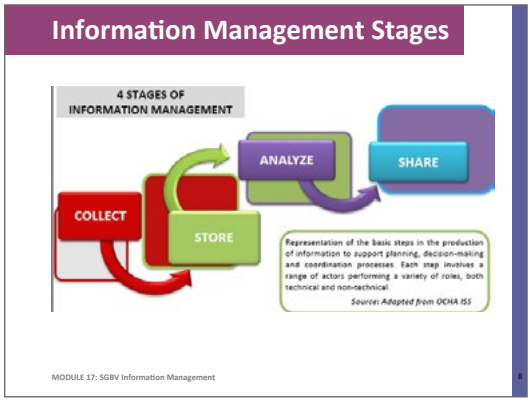
NOTES TO THE FACILITATOR:

Key consideration: SGBV information is sensitive

SGBV information is extremely sensitive information; its misuse can have potentially fatal consequences on survivors, their families and their communities. Moreover, it can be traumatic for survivors to share their stories. Protection actors do not automatically have the right to private information, even if they are trying to support persons at risk. For these reasons, there are various global ethical standards that must be fulfilled before collecting and sharing SGBV data.

8. Ask participants if they have any examples of the misuse of SGBV information – by staff, members of the community or others – which caused harm to a survivor or community.

9. Using the Notes to the facilitator, explain briefly to participants that there are four stages to any type of Information Management (IM), including SGBV-IM:



NOTES TO THE FACILITATOR:

Four stages in Information Management

1. ***Collection:*** *The process of gathering, or obtaining, relevant and accurate information is the critical and sensitive first stage.*
2. ***Storage:*** *All data throughout the Information Management process should be stored and secured properly, whether the data is stored in paper form in locked cabinets or in an electronic database.*
3. ***Analysis:*** *Data by itself is not very useful. Once collected, data must be analysed in order to understand what the information means and how it can be acted upon.*
4. ***Sharing:*** *If data from various sources is shared, it can then be compiled and analysed at the inter-agency level. This is a key step towards ensuring a coordinated response.*

10. Distribute Hand-out 1: What Is SGBV Information Management?

SESSION 2: Ethical Standards on SGBV Information Management

50 minutes

LEARNING OBJECTIVES

✓ Identify global ethical standards and good practices related to SGBV Information Management

KEY MESSAGES

→ There are global ethical standards that should be carefully considered and upheld before collecting, storing and sharing SGBV information.

PREPARATION

- Activity Sheet 1: Safety and Ethical Recommendations
- Hand-out 2: Ethics and Safety

Safety and ethics

GROUP ACTIVITY AND DISCUSSION (30 MINUTES)

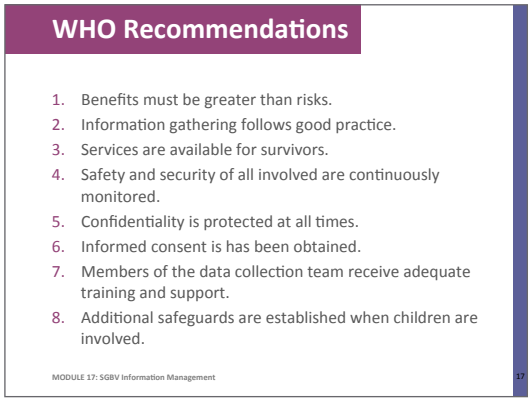
1. Explain to participants that they will be considering eight common practices around IM. As each presentation slide is shown, ask them to vote on whether the practice described is a good practice or a bad one. Participants should stand if they think the practice is good and remain seated if they think it is bad. The exercise should be fast paced! *When participants vote incorrectly, give a brief explanation of why. Mention that these questions will be addressed in more detail.*

NOTES TO THE FACILITATOR:

Good practice/bad practice

Only initiate SGBV prevention and response interventions after an in-depth assessment has been conducted.	*BAD*
Conduct interviews with survivors to obtain insight into the risks of SGBV.	*BAD*
Involve community members in analysing SGBV-related information collected as part of a participatory assessment.	*GOOD*
Ask for the survivor's consent before sharing any *information about their case.*	*GOOD*
Spend money on locked cabinets to store case files even if UNHCR offices are well secured.	*GOOD*
Share feedback with partners on the information they have shared.	*GOOD*
Collect as much information as possible while you can and then sort through it to see what is useful now and what may be useful later.	*BAD*

2. Tell participants that in recognition of the complexities around gathering SGBV data, particularly data related to sexual violence, WHO published safety and ethical recommendations related to documenting, monitoring and researching sexual violence in emergencies. These eight recommendations are internationally recognized as the highest standards on safe and ethical SGBV data management.



3. Use the slides to briefly highlight the eight recommendations.

4. Ask the participants to split into four groups. Distribute Activity Sheet 1: Ethical and Safety Recommendations. Give participants 10 minutes to discuss the recommendations in their groups.

5. Then assign each group a specific task:
    1. Reach consensus in your group on which of the **first four** recommendations is the *most* important.
    2. Reach consensus in your group on which of the **last four** recommendations is the *most* important.

6. Give groups 15 minutes to discuss and solidify their argument.

7. Then ask the groups to move to four different corners of the room. Ask a spokesperson for each group to take 60 seconds to express their group's thoughts concisely to try to persuade other participants that the recommendation they chose is the most important. Once all groups have had their turn, allow the groups to add a final argument if they wish. End the activity by asking all participants to move to the corner other than their own that offered the most convincing arguments. Everyone has to move, participants cannot stay in their own corner. Which group made the most convincing argument?

    Note: It can happen that two groups select the same recommendation. This can be solved by either dividing the recommendations further, so that each group only has two recommendations to decide between, or by asking groups to argue for their second choice.

8. Emphasize that the purpose of this activity was to practice advocating for adherence to the ethical principles. No one principle is more important than the others; they are *all* important.

9. Highlight that these recommendations were a key consideration in the design of the Gender Based Violence Information Management System (GBVIMS), which will be taken up later in this training.

10. Distribute Hand-out 2: Ethics and Safety.

SESSION 3: SGBV and Conducting Assessments

60 minutes

LEARNING OBJECTIVES

- ✓ Identify good practices related to SGBV Information Management
- ✓ Describe key considerations with regards to conducting assessments that include SGBV-related components

KEY MESSAGES

- → SGBV-related information can be collected as part of needs assessments and ongoing protection monitoring.

PREPARATION

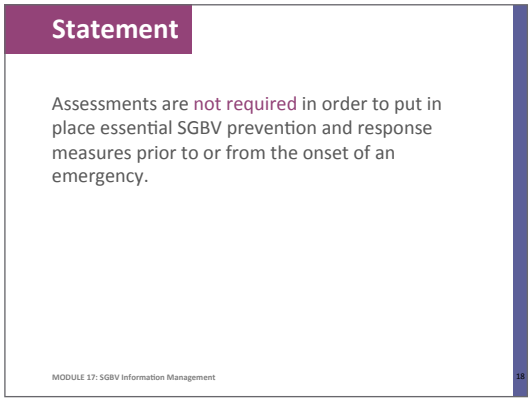
- Hand-out 3: Conducting Assessments in the Context of SGBV Programming
- Hand-out 4: Dos and Don'ts for Conducting Assessments that Include SGBV-Related Components

Collecting SGBV-related information as part of assessments [1]

GROUP ACTIVITY AND DISCUSSION (60 MINUTES)

1. Explain that we will now look at one aspect of Information Management: conducting assessments that include SGBV-related components.

[1] Session content adapted from *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, IASC, 2015



2. Show participants the statement on the slide and ask for volunteers to explain. Use the Notes to the facilitator for feedback.

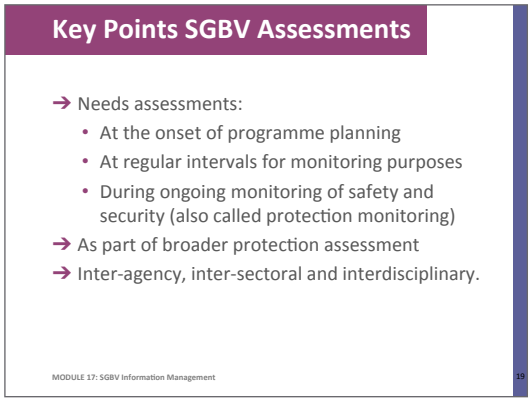
NOTES TO THE FACILITATOR:

Assessments are **not** ***required in order to put in place essential SGBV prevention and response measures.***

While assessments are an important foundation for programme design and implementation, they are not required in order to put in place some essential SGBV prevention and response measures prior to or from the onset of the emergency.

Many risk-reduction interventions can be introduced without conducting an assessment. Making sure latrines have locks and lighting, ensuring all staff sign a code of conduct, and training medical personnel in clinical management of rape are all examples of essential actions we can take without conducting an assessment.

Much information can also be found reviewing existing resources (reports provided by service providers, country report, sector specific assessment reports), which is extremely important to avoid duplication, repetitive interviews and over asking.



3. Using the Notes to the facilitator highlight a few key points with regards to assessments.

NOTES TO THE FACILITATOR:

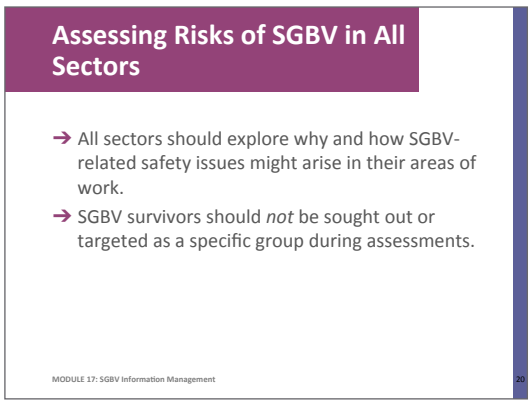
Assessments

Needs assessments usually take place during the first phase of the programme cycle, at the onset of programme planning, but should also take place at regular intervals for ***monitoring purposes****, and during ongoing monitoring of* ***safety and security*** *(also called protection monitoring).*

Assessments can be SGBV specific or, preferably, part of broader protection assessments. The latter is the focus of this session.

Whenever possible, assessments should be inter-agency, inter-sectoral and interdisciplinary.

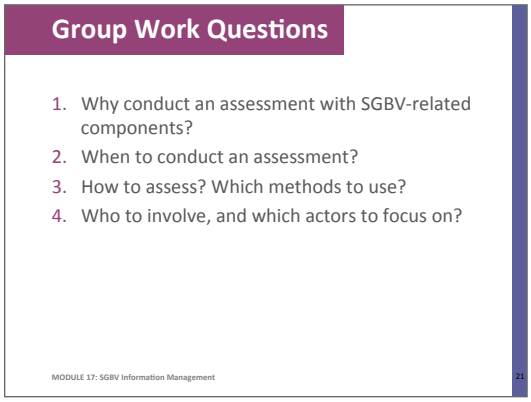
SGBV-related questions can also be incorporated into sector-specific assessments or into routine monitoring work undertaken in all sectors. The IASC Guidelines *provide a list of recommended SGBV-related questions or areas for investigation for each sector.*



Note: It is the responsibility of all sectors to understand the safety and security risks that women, girls, men and boys face. Therefore it is extremely important that assessment and monitoring of general safety issues are an ongoing feature of assistance. This includes exploring when, why and how SGBV-related safety issues might arise, particularly as the result of delivery or use of humanitarian services. However, SGBV survivors should not be sought out or targeted as specific group during assessments. SGBV-specific assessments – which include investigating SGBV incidents, interviewing survivors about their experiences or conducting research on the scope of SGBV in the

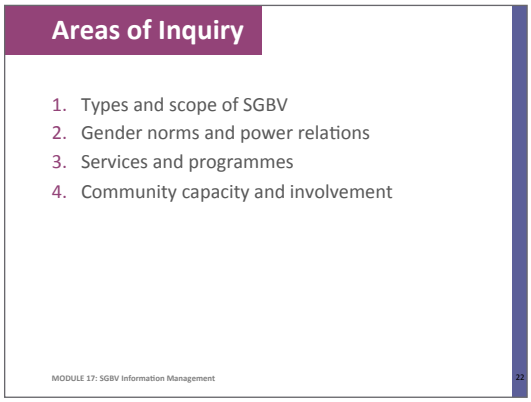
*population – should be conducted only in collaboration with SGBV specialists and/or an SGBV-specialized partner or agency. (*Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery, *IASC, 2015)*

4. Divide the group into four smaller groups and assign each group one of the following questions. Give groups 10 minutes to write down their responses on a flip chart.
   - → Why conduct an assessment with SGBV-related components?
   - → When to conduct an assessment?
   - → How to assess? Which methods to use?
   - → Who to involve, and which actors to focus on?



5. Invite each group to post their responses on the wall. Invite participants to walk around and look at each other's work. Ask for clarification if needed and complement the responses using Hand-out 3: Conducting Assessments in the Context of SGBV Programming.

6. While participants are still in the same groups, ask them to brainstorm a list of prompts or questions for the areas of inquiry below. Assign each group one area and have them write their questions on a flip chart.
   - Types and scope of SGBV
   - Gender norms and power relations
   - Services and programmes
   - Community capacity and involvement



7. Display all flip charts on the wall and invite participants to ask questions and make comments. Use Hand-out 3: Conducting Assessments in the Context of SGBV Programming to complement responses if necessary.

8. Emphasize that brainstorming based on a list of important topics is one thing, actually collecting and analyzing the information in a sound way is more challenging.

9. Remind participants that Information Management also involves sharing and feeding back information. When possible, make findings available to other sectors, national authorities and representatives of the communities. Make the structure, style and content of reports appropriate for the targeted audience to help prioritize issues and facilitate action (UNHCR *Needs Assessment Handbook*, 2016).

10. Distribute Hand-out 3: Conducting Assessments in the Context of SGBV Programming and Hand-out 4: Dos and Don'ts for Conducting Assessments that Include SGBV-Related Components. Give participants a few minutes to read Hand-out 4 and respond to any questions participants may have.

11. Invite participants to share their experiences in conducting assessments that had an SGBV component. What were the challenges? Do they have experiences with the Dos and Don'ts listed?

12. Point at UNHCR's *Needs Assessment Handbook* for more information on planning and implementing needs assessments.

SESSION 4: SGBV Information Management and the Survivor-Centred Approach

20 minutes

LEARNING OBJECTIVES

✓ Identify good practices related to SGBV Information Management

KEY MESSAGES

→ SGBV-IM efforts should adopt a survivor-centered approach that prioritizes the safety and protection of survivors as well as empowers them as owners of their data.

PREPARATION

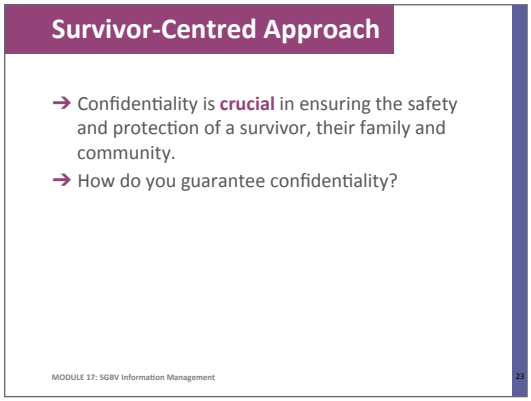
- Hand-out 5: Adopting a Survivor-Centred Approach.
- Hand-out 6: Sharing Personal Data between UNHCR and Partners in Refugee Operations

SGBV Information Management and the survivor-centred approach

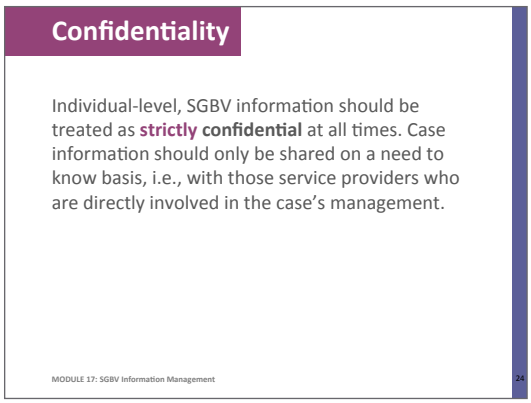
DISCUSSION (20 MINUTES)

1. Highlight that when we collect SGBV-related information, we may come across personal information of individual survivors. For example, during a focus group discussion, participants may share information about individual survivors. When we collection information about incidents, it is inevitable we process personal information about survivors. It is important to consider what we do with such type of information. Our guide should be the survivor-centred approach, especially with regard to the concept of confidentiality.

2. Ask participants what their understanding is of *confidentiality*. How do they guarantee confidentiality in their own work?



3. Stress that individual-level, SGBV information should be treated as *strictly* confidential at all times.



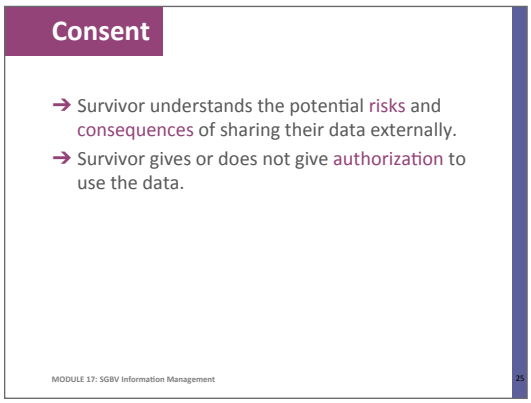
NOTES TO THE FACILITATOR:

Confidentiality

Case information should only be shared on a need-to-know basis and for a clearly stated purpose, i.e., with those service providers who are directly involved in the case's management. Such measures as adopting a coding system (identifying survivors by code instead of name) for paper files and securing files in locked drawers are often required, though, other measures may also be necessary, such as having a file destruction plan in the event of evacuation.

4. Consent: Ask participants, *"How would you feel if, without your authorization, your doctor used your medical information for a research paper, or referred your file to another doctor?"*

5. Emphasize that the survivor is the owner of their data and has the right to determine how the data can be used. Consent *must* be obtained before using data and sharing it with other agencies and individuals. Using the Notes to the facilitator, explain that consent must be informed in order to be valid.

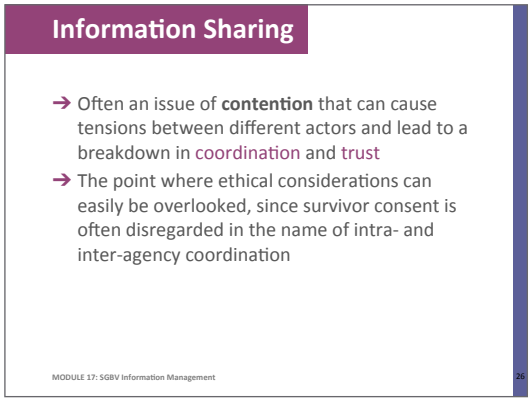


NOTES TO THE FACILITATOR:

Seeking consent

In many countries, confidentiality between a doctor or psychologist and a patient, or between a social worker and a client, is simply a given. It should be no different in humanitarian contexts. It is the humanitarian community's responsibility to empower survivors so that they are able to understand the potential risks and consequences of sharing their data, and then give authorization (or not) to use their data.

Consent may be requested using consent forms signed by the survivors.



6. Mention to the group that when it comes to SGBV, **information sharing** is often an issue of serious contention that can cause tensions and lead to a breakdown in coordination and trust due to its sensitivity. It is also the point where ethical considerations can easily be overlooked, since survivor consent is often disregarded in the name of intra- and inter-agency coordination.

7. Using the Notes to the facilitator, explain UNHCR's unique position when it comes to access to survivors' information.

   Note: Use Hand-out 6 to elaborate more if this is an important topic for participants. Otherwise, distribute this Hand-out at the end of this session for further reading after the training.

NOTES TO THE FACILITATOR:

UNHCR, its mandate and information about survivors

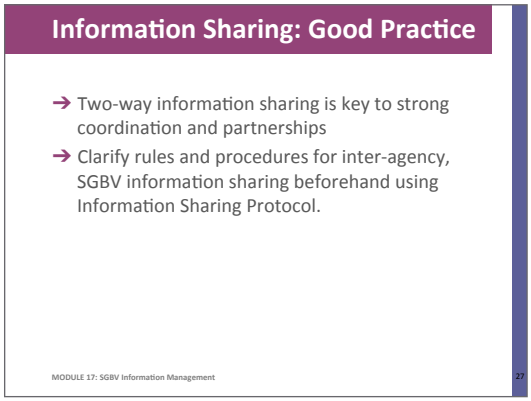
UNHCR, due to its unique mandate and role, may sometimes need information about survivors of SGBV outside of any specific service that it provides for the survivor. Under its mandate and as provided by international law, UNHCR is expressly *ascribed the function of providing international protection to refugees, universally and without regard to any requirement of treaty ratification by the hosting countries. In fulfilling its mandate responsibilities, UNHCR delivers protection activities by intervening on behalf of individuals or groups to ensure their basic human rights are protected. This mandated responsibility is independent of whether the protection activities are delivered directly by UNHCR, through its funded partners or by third parties engaged with persons of concern. UNHCR remains accountable, coordinates and monitors activities carried out by all partners.*

As such, UNHCR will sometimes require personal identifiable data collected by partners in order to provide protection for refugees and asylum seekers. For example, this could be to follow up on individual cases or to flag specific needs during processes such as registration, relocation to another camp, resettlement or voluntary return. However, for all arrangements related to the sharing of personal data, UNHCR operations should elaborate the specific purposes for which they require the data; and the data elements requested should be adequate and relevant to the identified purpose, and should not exceed that purpose.

Note that for child survivors of SGBV, where the case meets requirements for a Best Interest Determination in countries where UNHCR is responsible for this process either with or instead of the State, cases must be reported to UNHCR.

---

8. Using the Notes to the facilitator and the presentation slide, highlight good practice in information sharing.



NOTES TO THE FACILITATOR:

Good practice in information sharing

- *Two-way information sharing is a pre-requisite for joint analysis, as well as an opportunity to strengthen partnerships and ensure a well-coordinated response. Reciprocal sharing of information is not only ethical, it is also a way to provide partners with useful feedback, which will strengthen their capacity and response.*
- *Clarifying rules and procedures for inter-agency, SGBV information sharing will help build trust among SGBV actors, strengthen coordination and help avoid misunderstandings around expectations, roles and responsibilities. Ideally, a formal agreement should be reached* before *data sharing begins. After data sharing begins, there is little incentive to draft an agreement and less assurance that information will be shared according to recommended guidelines. Formal interagency agreements are known as Information Sharing Protocols (ISP) and are strongly recommended.*

9. Distribute Hand-out 5: Adopting a Survivor-Centred Approach and Hand-out 6: Sharing Personal Data between UNHCR and Partners in Refugee Operations.

SESSION 5: The GBVIMS

110 minutes

LEARNING OBJECTIVES

- ✓ Identify global ethical standards and good practices related to SGBV Information Management
- ✓ Explain how the GBVIMS can be used for data collection and analysis

KEY MESSAGES

- → SGBV incident data must never be generated simply for the sake of gathering data but rather as a part of service delivery.
- → The GBVIMS is a database system that can help to resolve many SGBV Information Management related challenges.
- → Standardizing the language and terminology used by those collecting SGBV data is a crucial first step to successfully sharing and analyzing SGBV-related information (even within organizations).
- → SGBV-IM is not an end in itself, it is rather a tool and a means to strengthen the response to SGBV survivors and design more effective prevention interventions.

PREPARATION

- Hand-out 7: Challenges of Information Management for SGBV Incidents
- Hand-out 8: The GBVIMS

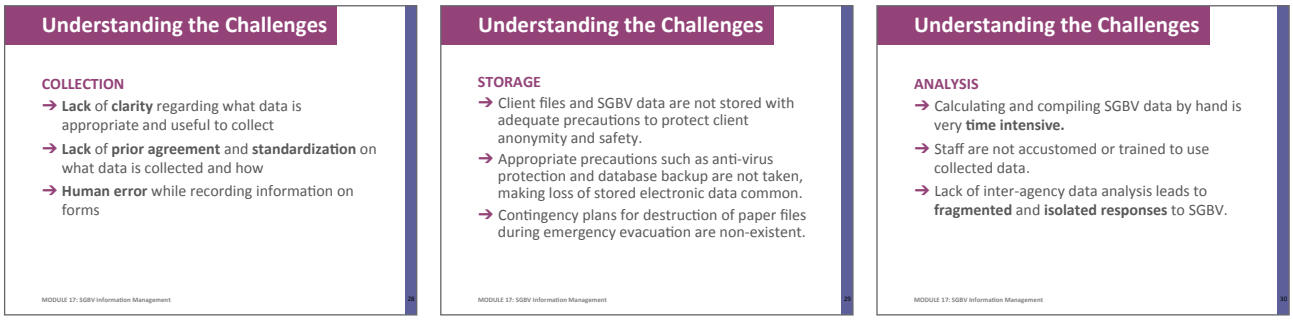
Information Management and SGBV incidents – challenges

GROUP ACTIVITY AND DISCUSSION (45 MINUTES)

1. Explain to participants that there are numerous challenges in each of the four stages of Information Management, collection, storage, analysis, and sharing. Emphasize that being aware of and understanding the challenges related to SGBV-IM is a first step towards avoiding and addressing these.

2. Divide participants into four smaller groups. Assign one IM phase (collection, storage, analysis, sharing) to each group and explain that they are going to brainstorm about the specific challenges in this phase in relation to SGBV incidents. Give each group one sheet of flip-chart paper. Allow 20 minutes for them to brainstorm and make a poster on the challenges related to their phase of IM. Once they have finished, have them tape their posters to the wall.

3. Ask the groups to present their work. After each presentation use the corresponding slide to highlight any challenges the group may have missed.



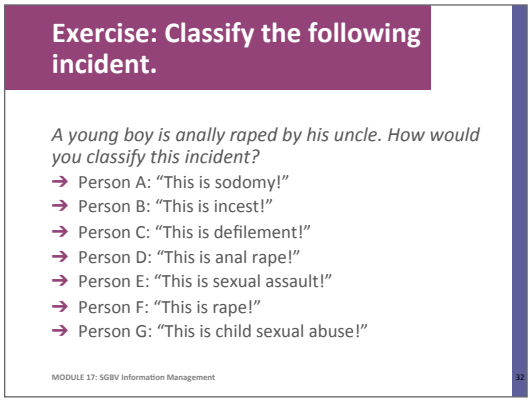
4. Distribute Hand-out 7: Challenges of Information Management for SGBV Incidents.

Classification and standardization

GROUP ACTIVITY AND DISCUSSION (20 MINUTES)

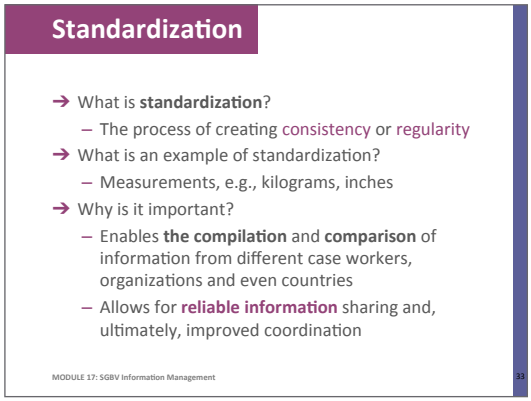
5. Give each participant a post-it. Explain that everyone should do the exercise as quickly as possible (in 1 minute) and without consulting anyone.

6. Ask the group to classify the incident shown described on the (animated) slide (*A young boy is anally raped by his uncle*) and write down their answers on the post-its. When they have done this, ask them to post their answers to a flip chart at the front of the room.



7. Read out some of the different answers to the group. Point out the wide variety of answers despite the fact that all participants work for the same organization. Ask them what this says about gathering SGBV information.

8. Explain that the use of different terminology for SGBV poses a serious obstacle to SGBV-IM, because it means that humanitarian actors are not speaking the same language and therefore cannot be coordinated in their discussions and responses.



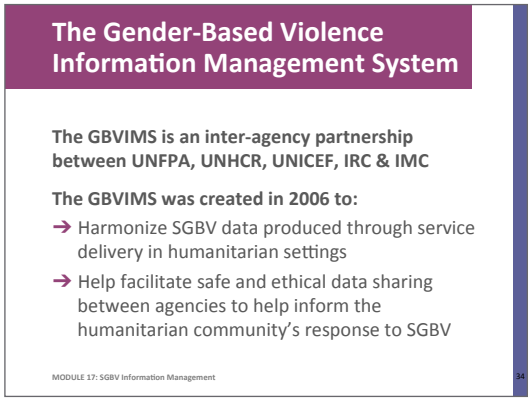
9. Ask the group what they think standardization means. Once they reply, show the presentation slide with the definition (note that this slide is animated).

10. Ask the group to give examples of standardization, and wait for a few replies before showing them the examples included in the slide.

11. Ask the group why standardization is important in SGBV-IM and allow for a few answers. Show the final part of the slide that explains why standardization is so important. Refer to the previous exercise illustrating the consequences of a non-standardized approach to SGBV data collection. Explain that the consequences of a non-standardized approach affect all four stages of SGBV-IM, not just collection.

GMVIMS

DISCUSSION (20 MINUTES)



12. Using the Notes to the facilitator explain what the GBVIMS is.

NOTES TO THE FACILITATOR:

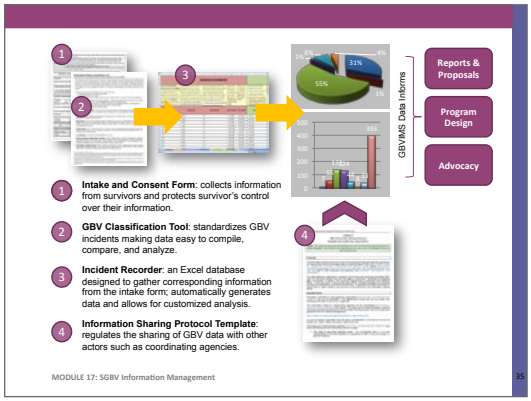
The GBVIMS initiative is an inter-agency partnership lead by UNFPA, UNHCR, UNICEF, IRC and IMC.

The GBVIMS was created in 2006 to:

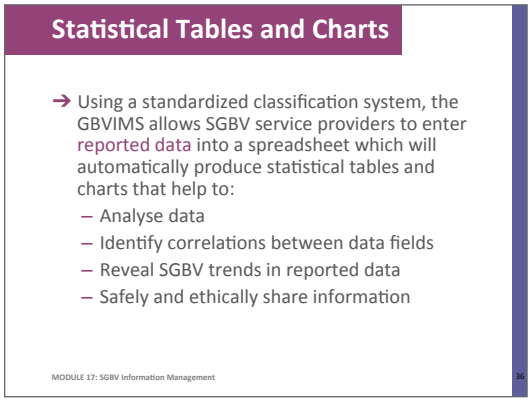
- *Harmonize SGBV data produced through service delivery in humanitarian settings*
- *Help facilitate safe and ethical data sharing between agencies to enable the humanitarian community to improve services, mitigate risks and strengthen protection mechanisms*

13. Highlight that GBVIMS is an inter-agency effort the ultimate objective of which is to improve service delivery to SGBV survivors through a harmonized approach to SGBV-IM. Be sure that participants understand that SGBV incident data must be generated through service delivery and never in isolation.

14. Explain how the four GBVIMS tools relate to each other. Use Hand-out 7: Challenges of Information Management for SGBV Incidents to give a brief explanation of each tool and the sequence flow.



15. Summarize what the GBVIMS is, referring back to the previous slide if need be.



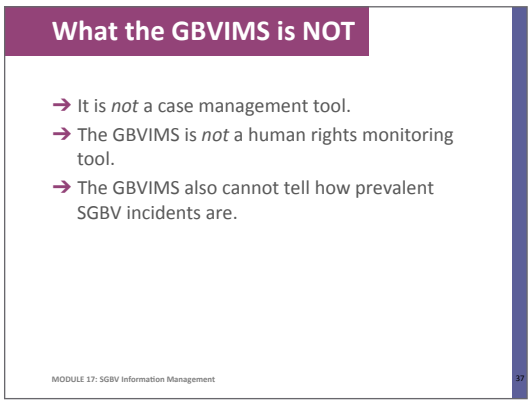
NOTES TO THE FACILITATOR:

Statistics

Using standardized incident report forms and a globally-standardized incident classification system, the GBVIMS allows SGBV service providers to enter reported data into an computer spreadsheet which will automatically produce statistical tables and charts that help to:

- *Analyse data*
- *Identify correlations between data fields*
- *Reveal SGBV trends in the reported data*
- *Safely and ethically share compiled information among different actors in accordance with an established ISP*

16. Emphasize what the GBVIMS is *not*.

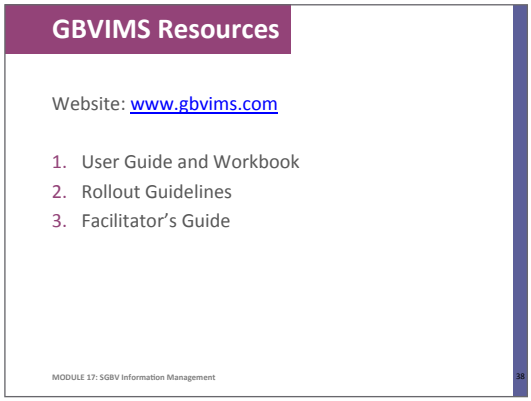


NOTES TO THE FACILITATOR:

What the GBVIMS is NOT …[2]

- *It is* not *a case management tool: it does not track an individual over time or help to manage their case during ongoing care. It is a snapshot at the time of report.*
- *The GBVIMS is* not *a human rights monitoring tool.*
- *The GBVIMS also* cannot *tell how prevalent SGBV incidents are. The data gathered is not population based. It doesn't tell you the number of individuals experiencing violence or the rate of violence, it only tells us about violence reported to a service provider.*

[2] For presentation slides from the Interagency Gender Working Group see: http://www.igwg.org/igwg_media/arango-gbvims.pdf.



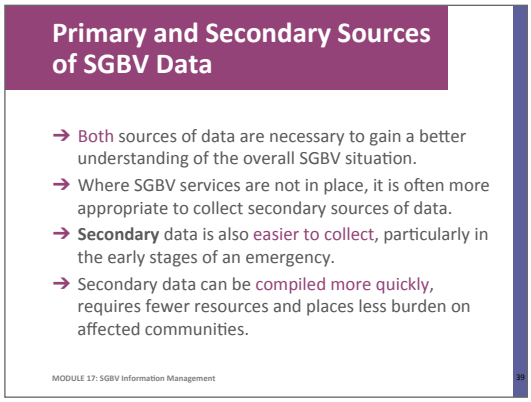
17. Conclude by highlighting that there are multiple benefits to using the GBVIMS and that more information on whether the GBVIMS is appropriate for your context can be sought on the website, www.gbvims.com. All GBVIMS resources mentioned on the presentation slide are available at the website. The website also includes various other resources, such as e-learning tools and guidance notes, as well as contact information for the global steering committee, who can provide further guidance.

18. Distribute Hand-out 8: The GBVIMS.

Primary and secondary data

DISCUSSION (10 MINUTES)

19. When examining sexual and gender-based violence in humanitarian crises, the discussion often turns toward how many cases there have been. Focusing only on numbers not only fails to capture the true extent and scale of the SGBV that is occurring, it can also expose survivors to further harm, lead to misinterpretations of the data, and result in other, more useful sources of information being dismissed or ignored[3].



20. Ask participants to explain the difference between primary sources of data and secondary sources of data. Then show the slide and highlight key points.

NOTES TO THE FACILITATOR:

Primary and secondary sources of data

- *Primary sources of data are collected from the survivors themselves or first-hand witnesses; this type of data is considered* raw data*, as it has not undergone analysis.*
- *Secondary data refers to information about a topic or situation that is available through* existing *sources; someone has already invariably analysed this information. Examples include, assessments that have already been conducted, census data/statistics, academic research and media reports.*
- *These sources of information are like the left and right hands: you can't choose one or the other! Both are key to gaining a broad understanding of overall SGBV risks, trends and gaps.*
- *GBVIMS is considered a primary source since it holds data collected from survivors. GBVIMS data provides very useful and reliable information, but it should never be used alone, and it should certainly not be relied upon exclusively for programmatic decision making.*
- *Where response services are not available to survivors, which is often the case at the onset of an emergency, it is usually not ethical to collect primary sources of information. In these situations it is often easier and more ethical to gather secondary sources of information.*

[3] GBV AoR, "South Sudan Crisis; Why We Must Broaden the Conversation on GBV Data", August 2014.

Wrap-up

(10 MINUTES)

21. End this session by asking participants to take 5 minutes to reflect on how they can take stock of the issues addressed in this training session. How can they improve ongoing Information Management in their own work?

22. Encourage participants to share some of their reflections in plenary.

23. Address any unanswered questions and sum up with the key messages.

NOTES TO THE FACILITATOR:

Key points

SGBV Information Management (including GBVIMS) is a means to an end, not an end in itself. The priority is the survivor, not *the data! The ultimate objective of any SGBV-IM should be to gather enough information that will enable the humanitarian community to improve services, mitigate risks and strengthen protection mechanisms. Any SGBV incident data should be generated through service delivery – remember: services come first.*

Collecting information that will not serve a purpose is not only unethical, it is also a waste of time and resources. For example, a common misconception is that survivor case files are necessary for protection monitoring, while in fact what is needed are general aggregate statistics showing the protection risk trends.

REFERENCES:

GBV AoR, "South Sudan Crisis; Why We Must Broaden the Conversation on GBV Data", August 2014.

Inter-Agency Standing Committee (IASC), *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, Inter-Agency Standing Committee, 2015, available at: http://gbvguidelines.org/.

International Rescue Committee (IRC), Assessment Toolkit (Section: GBV Assessment Tools), 2011.

OCHA, Information Management on UNDAC Missions, PowerPoint presentation, 2009, available at: http://goo.gl/X0bPme.

RHRC Consortium, *Gender-based Violence Tools Manual, For Assessment & Program Design, Monitoring & Evaluation in Conflict-Affected Settings*, 2004, available at: http://goo.gl/91EvwK.

UNFPA, International Medical Corps, Global Protection Cluster and Austrian Government Aid Program, *GBV Assessment & Situation Analysis Tools, Prepared for the Training Course Managing Gender-based Violence Programmes in Emergencies, Phase Two Workshop, Nairobi, Kenya*, 2012, available at: http://goo.gl/rqU0Lb.

UNFPA, UNHCR, and the International Rescue Committee, *The Gender-Based Violence Information Management System User Guide*, Chapters 1 and 2, available at: http://goo.gl/nic0nD.

UNHCR, *Policy on the Protection of Personal Data of Persons of Concern to UNHCR*, 2015, available at: http://www.refworld.org/docid/55643c1d4.html.

WHO, *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergency Situations*, 2007, available at: http://goo.gl/q7mC0e.

Activity Sheet 1

25 minutes

Ethical and Safety Recommendations[1]

In your group discuss the ethical and safety recommendations. Your group will then be assigned a subset of the recommendations. Try to reach consensus on which of these is the most important. Once you have done so, take a few minutes to solidify why you believe this is most important. Select a spokesperson who will have 60 seconds to express your group's thoughts concisely and persuade other participants.

- **Informed consent is obtained.** Any use of the survivor's information should only take place when the survivor has given their *informed consent*.
- **Members of the data collection team receive adequate training and support.** Those collecting SGBV data must be carefully selected; they should have already received solid SGBV training, as well as ongoing support.
- **Additional safeguards are established when children are involved.**
- **Information gathering follows good practice.** Data gathering must be done in a manner that poses the least risk possible and that is methodologically sound.
- **Services are available for survivors.** Care and support must be available locally before a survivor is interviewed in detail about an SGBV incident.
- **Safety and security of all involved is continuously monitored.**
- **Confidentiality is protected at all times.**
- **Benefits must be greater than risks.** The survivor, their family and community should be ultimate benefactors of SGBV-IM, however, they also are most at risk of the consequences. Benefits should therefore be both immediate and long term.

[1] The ethical and safety recommendations in this activity sheet are adapted from WHO, *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergency Situations*, 2007.

Hand-out 1

What Is SGBV Information Management?

Information Management (IM) can be defined as the management of the systems, activities and data that allow information to be effectively acquired, stored, processed, accessed, communicated and archived. IM includes the manipulation, re-organization, analysis, graphing, charting, and presentation of data for specific management and decision-making purposes. Information management systems are also used for case management, but this module will not look into information management for case management.

SGBV-IM, therefore, is the management of all information related to SGBV, including, but not limited to, incident data. SGBV information can include a wide variety of information, for instance, information related to the socio-political factors that might heighten or mitigate risks, community initiatives to tackle SGBV, cultural norms that may contribute to an SGBV situation in any given location as well as information on the legal framework.

WHY DO WE COLLECT SGBV INFORMATION?

SGBV is often severely under-reported, and obtaining information on the SGBV risks specific to your context is a key step to ensuring successful prevention and response interventions. The more information you have related to SGBV in your context, the more relevant and effective your prevention and response interventions will be and the better use you can make of your resources- both human and financial.

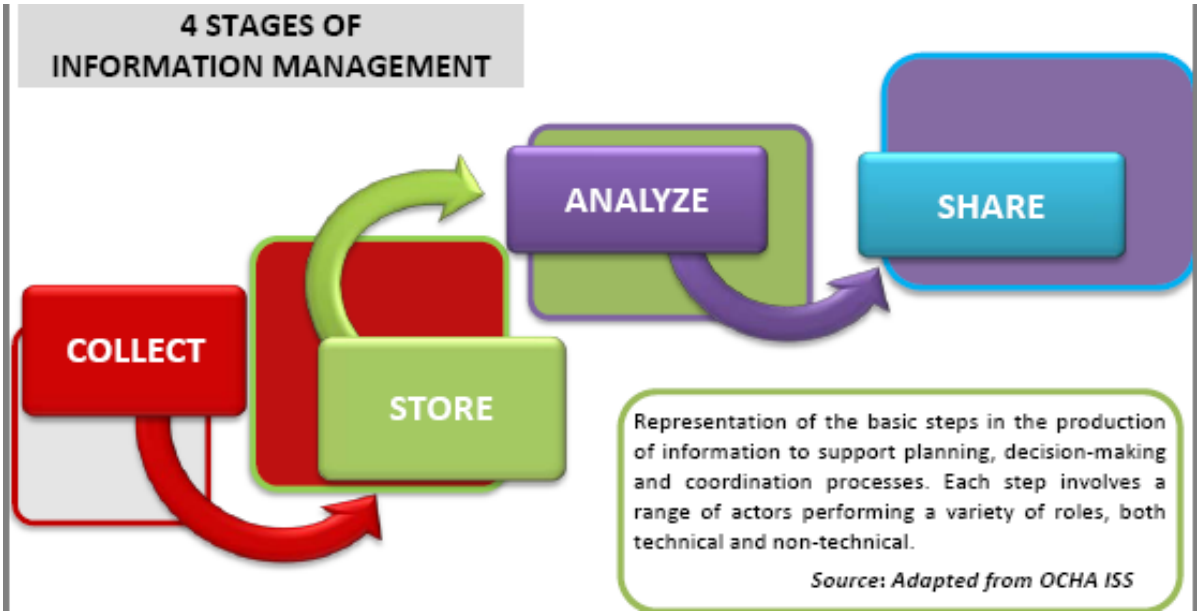
KEY CONSIDERATION: SGBV INFORMATION IS SENSITIVE

SGBV information is extremely sensitive information; its misuse can have potentially fatal consequences on survivors, their families and their communities. Moreover, for survivors, sharing stories of SGBV can be a traumatic affair. Even as protection actors trying to support vulnerable persons, we do not automatically have a right to their private information. For these reasons, there are various global ethical standards that must be fulfilled before collecting and sharing SGBV data.

FOUR STAGES IN INFORMATION MANAGEMENT

All IM, including SGBV-IM involves four stages: **collecting**, **storing**, **analysing** and **sharing**.

1. **Collection:** The process of gathering or obtaining relevant and accurate information is a critical first step.
2. **Storage:** All data throughout the information management process should be stored and secured properly, whether the data is stored in paper form in locked cabinets or in an electronic database.
3. **Analysis:** Data by itself is not very useful. Once collected, data must be analysed in order to understand what the information means and how it can be acted upon.
4. **Sharing:** If data is shared from various sources, this can then be compiled and analysed at the inter-agency level. This is a key step towards ensuring a coordinated response.



INFORMATION MANAGEMENT: AN INTER-AGENCY APPROACH

Information Management is most effective if done as part of an inter-agency effort, as opposed to by individual organizations working in isolation. This applies to conducting needs assessments, safety-audits as well as Information Management pertaining to SGBV incidents.

A NOTE ON INTER-AGENCY COLLABORATION AND SGBV INCIDENT INFORMATION MANAGEMENT

When it comes to SGBV, **information sharing** is often an issue of serious contention that can cause tensions and lead to a breakdown in coordination and trust due to its sensitivity. It is also the point where ethical considerations can easily be overlooked, since survivor consent is often disregarded in the name of intra- and inter-agency coordination.

Two-way information sharing is a pre-requisite for joint analysis, as well as an opportunity to strengthen partnerships and ensure a well-coordinated response. Reciprocal sharing of information is not only ethical, it is also a way to provide partners with useful feedback which will strengthen their capacity and response.

Clarifying rules and procedures for inter-agency SGBV information sharing will help build trust among SGBV actors, strengthen coordination and help avoid misunderstandings around expectations, roles and responsibilities. Ideally, a formal agreement should be reached *before* data sharing begins. After data sharing begins, there is little incentive to draft an agreement and less assurance that information will be shared according to recommended guidelines. Formal interagency agreements are known as Information Sharing Protocols (ISP) and are strongly recommended, especially where information sharing occurs between three or more partners.

DATA PROTECTION AND INFORMATION MANAGEMENT

This guidance should be read and applied in accordance with relevant UNHCR policies, including:

i. UNHCR's Policy on the Protection of Personal Data, which sets out the organization's commitments to ensure that the collection, storage, use, disclosure, and sharing of personal information and data for persons of concern is lawful, safe and ethical.[1]

ii. UNHCR's Information Classification, Handling and Disclosure Policy, which sets out the organization's commitments to ensure openness and transparency as well as the proper treatment of information deemed confidential.[2]

The first policy applies specifically to personal data of persons of concern, such as details about the survivor or witness reports of violations; the second policy applies to all other data related to UNHCR's work, for example, mission reports, statistical information, and country of origin information and analysis.

1 2 3 4 5 6 7 8

[1] UNHCR/HCP/2015/6 available at: https://intranet.unhcr.org/content/dam/UNHCR/dip/556420ff4.pdf.

[2] UNHCR/IOM/076-FOM/076/2010 available at: https://goo.gl/njEJyH.

Hand-out 2

Ethics and Safety

In recognition of the complexities around gathering SGBV data – particularly data related to sexual violence – the WHO published safety and ethical recommendations related to documenting, monitoring and researching sexual violence in emergencies. These eight recommendations are internationally recognized as the highest standards on safe and ethical SGBV data management.

1. **Benefits must be greater than risks.** The survivor, their family and community should be ultimate benefactors of SGBV-IM, however they also are most at risk of the consequences. Benefits should therefore be both immediate and long term.
2. **Information gathering follows good practice.** Data gathering must be done in a manner that poses the least risk possible and that is methodologically sound. A survivor-centered approach should be adopted throughout the four stages of SGBV Information Management.
3. **Services are available for survivors.** Care and support must be available locally before a survivor is interviewed in detail on an SGBV incident that they have suffered; this ensures that service provision is prioritized over data collection.
4. **Safety and security of all involved are continuously monitored.** Emergency and conflict settings in particular should be carefully and continuously monitored.
5. **Confidentiality is protected at all times.** Confidentiality of individuals providing information must be protected at all times; case file information should *only* be shared on a need to know basis.
6. **Informed consent is obtained.** Any use of the survivor's information should only take place when the survivor has given their informed consent.
7. **Members of the data collection team receive adequate training and support.** Those collecting SGBV data must be carefully selected, they should have already received solid SGBV training, as well as ongoing support.
8. **Additional safeguards are established when children are involved.** Obtaining information from children is a delicate matter. The perceived benefits of gathering information from children should be weighed even more carefully against the possible consequences. Ideally, young children should always be accompanied by a relative or guardian, who would be able to give consent on behalf of the child. With regards to adolescents, case workers may need to use their judgment, as to whether they fully understand the advantages and disadvantages of sharing their information with the service provider and are therefore capable of making a decision on this basis. When in doubt, it is best to err on the side of caution and refrain from collecting information related to child SGBV survivors.

Hand-out 3

Conducting Assessments in the Context of SGBV Programming

This hand-out adapted from *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, IASC, 2015.

WHEN DO ASSESSMENTS TAKE PLACE?

Needs assessments usually take place during the first phase of the programme cycle at the onset of programme planning, but should also take place at regular intervals for **monitoring purposes** and during ongoing monitoring of **safety and security** (also called protection monitoring).

ASSESSMENTS ARE *NOT* REQUIRED IN ORDER TO PUT IN PLACE ESSENTIAL SGBV PREVENTION AND RESPONSE MEASURES.

While assessments are an important foundation for programme design and implementation, they are not required in order to put in place some essential SGBV prevention and response measures prior to or from the onset of the emergency.

Many risk-reduction interventions can be introduced without conducting an assessment. For example, all staff can sign a Code of Conduct; the WASH sector can ensure locks on latrines; the health sector actors can implement the Minimum Initial Service Package (MISP) for Reproductive Health at the onset of every emergency; and camp management and coordination actors can ensure lighting in all communal areas. Such simple measures do not require an in-depth assessment.

WHY DO WE CONDUCT ASSESSMENTS?

Conducting a needs assessment including SGBV-related components can serve the following purposes:

- To show priorities and gaps, enabling the design and implementation of prevention and response (new programmes as well as when adjusting existing programmes)
- To support the deployment of staff addressing SGBV, including SGBV specialists
- To inform response planning and resource mobilization (for example, Strategic Response Plans, Multi-Cluster/Sector Initial Rapid Assessment (MIRA).
- To establish baseline information for future comparison to help determine whether change is occurring

Assessments are powerful advocacy tools for funding, changes in policy, and drawing attention to the issue of SGBV. Donors may require an assessment report in order to provide or continue funding, however, assessments should not be used for the sole purpose to make the case for funding.

WHO CONDUCTS ASSESSMENTS WITH SGBV-RELATED COMPONENTS?

Whenever possible, assessments should be **inter-agency, intersectoral and interdisciplinary** and should be conducted with the involvement of community members, both men and women. The assessment team should be well trained.

Assessments can be SGBV specific, or – preferably – incorporated into wider protection assessments.

SGBV-related questions can also be incorporated into **sector-specific assessments**, or in routine monitoring work undertaken in all sectors. The IASC *Guidelines* provide a list of recommended SGBV-related questions or areas of investigation for each sector.

Note: It is the responsibility of all sectors to understand the safety and security risks that women, girls, men and boys face. Therefore it is extremely important that assessment and monitoring of general safety issues are an ongoing feature of assistance. This includes exploring when, why and how SGBV-related safety issues might arise, particularly as the result of delivery or use of humanitarian services.

WHO DO WE FOCUS ON IN SGBV-RELATED ASSESSMENTS?

- Females and males of concern, of all ages and backgrounds, especially persons who may be at particular risk of SGBV
- Community leaders, male and female
- Service providers
- Local authorities
- Host community members
- Community-based organizations

HOW TO ASSESS?

Community members are usually best positioned to advise on what assessment methods are appropriate in a specific setting and which may be more difficult or potentially unsafe. A variety of methods can be used.

- Review available secondary data such as existing assessments/studies, qualitative and quantitative information, IDP/refugee registration data etc.
- Conduct regular consultations with key stakeholders, including community-based organizations, civil society and government agencies
- Other sources of information may include:
  - Key informant interviews
  - Focus group discussions with community members that are age-, gender-, and culturally appropriate
  - Site observations
  - Site safety mapping
  - Analyses of national legal frameworks related to SGBV and whether to provide protection against SGBV for persons of concern

Transparency: Methodology and approaches used during the assessment should be made public. This includes any assumptions relied on during the analysis or any potential limitations regarding either the accuracy of the data or the sources used (UNHCR *Needs Assessment Handbook*, 2016).

Note: Detailed instructions for the use of these methods can be found in the UNHCR *Needs Assessment Handbook*, 2016.

WHAT TYPE OF INFORMATION DO WE ASSESS?

SGBV-related information can be organized in many ways with different tools used for different categories. For example:

TYPES AND SCOPE OF SGBV

- Demographics (disaggregated by age and sex)
- Types of SGBV occurring, currently and before the crisis
- Groups particularly affected (age, gender, other characteristics)
- Consequences for individuals, families, community

GENDER NORMS AND POWER RELATIONSHIPS

- Community knowledge, attitudes and practices about gender and SGBV
- Vocabulary used to describe the different types of SGBV
- Community attitudes and behaviour toward survivors and perpetrators
- Leadership roles in the community
- Cultural or security issues for women in leadership roles
- Level of women's participation in decision making
- Roles and opportunities for women, girls, men and boys
- Community views about children participating and about education

FACTORS CONTRIBUTING TO SGBV AND PROTECTIVE FACTORS

- Accessibility and safety of basic services and facilities
- Inclusion of different groups in the planning, delivery and decision making about services
- Safety in the displacement setting, both during the day and at night
- Livelihood opportunities for women and men and possible SGBV-related risks
- Presence of armed groups
- Community-based protection systems and potential/capacity for community involvement
- Presence and effectiveness of police and security actors and proportion of females
- National legal frameworks: how and if they protect persons of concern

SERVICES FOR SURVIVORS

- Entry points for survivors to seek help
- Survivors experiences and preference in relation to services
- Existing community initiatives to support survivors
- Presence and functioning of referral pathway, involvement of community
- Availability of services (legal, health, MHPSS, socio-economic)
- Quality of services (Well resourced? Staff trained? Survivor-centred? Knowledge and attitudes of staff?)

Generally, SGBV survivors should not be sought out or targeted as a *specific group* during assessments. SGBV-specific assessments however, may include investigating specific SGBV incidents, conducting research on the scope of SGBV in the population and interviewing survivors about their experiences or their preferences in terms of services. These types of assessments should be conducted only in collaboration with SGBV specialists and/or a SGBV-specialized partner or agency.

Hand-out 4

Dos and Don'ts for Conducting Assessments That Include SGBV-Related Components[3]

DOS

- Do design and undertake assessments according to participatory processes. This requires as a first step ensuring equal participation of women and men on assessment teams.
- Do consult SGBV, gender and diversity specialists throughout the planning, design, analysis and interpretation of assessments that include SGBV-related components.
- Do use local expertise where possible.
- Do strictly adhere to safety and ethical recommendations for researching SGBV.
- Do consider cultural and religious sensitivities of communities.
- Do conduct all assessments in a participatory way by consulting women, girls, men and boys of all backgrounds, including persons with specific needs. The unique needs of persons at risk of SGBV should be fairly represented in assessments in order to tailor interventions.
- Do conduct inter-agency or multi-sectoral assessment, promote the use of common tools and methods, and encourage transparency and dissemination of findings.
- Do include SGBV specialists on inter-agency and inter-sectoral teams.
- Do conduct ongoing assessment of SGBV-related programming issues to monitor the progress of activities and identify gaps of SGBV-related protection issues that arise unexpectedly. Adjust programmes as needed.
- Do ensure that an equal number of female and male assessors and translators are available to provide age-, gender-, and culture-appropriate environments for participants in assessments.
- Do conduct consultations in secure settings where all individuals feel safe to contribute to discussions. Conduct separate women's group, men's group, or individual consultations when appropriate to counter exclusion, prejudice and stigma that may impede involvement.
- Do provide training for assessment team members on ethical and safety issues. Include information in the training about appropriate systems of care (i.e., referral pathways) that are available for SGBV survivors, if necessary.
- Do provide information about how to report risk and/or where to access care, especially at health facilities, for anyone who may report risk of or exposure to SGBV during the assessment process.
- Do include – when it is appropriate and there are no security risks – government officials, line ministries and sub-ministries in assessment activities.

[3] This hand-out adapted from *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, IASC, 2015, and from UNHCR *Needs Assessment Handbook*, 2016.

- Assessment teams must specifically ask interviewees for their consent to use the information they provide for needs assessment. Personal information can never be disclosed or transferred for purposes other than those for which it was originally collected and for which consent was explicitly given.
- Ensure the permanent confidentiality of recorded information, including the identity of interviewees. Consider coded language and passwords, for instance, as well as keeping identifying documents separate from facts about those individuals.

DON'TS

- Don't share data that may be linked back to a group or an individual, including SGBV survivors.
- Don't probe too deeply into culturally sensitive or taboo topics (e.g., gender equality, reproductive health, sexual norms and behaviour etc.) unless relevant experts are part of the assessment team.
- Don't single out SGBV survivors. Speak with women, girls, men and boys, in general, and not explicitly about their own experiences.
- Don't make assumptions about which groups are affected by SGBV, and don't assume that reported data on SGBV trends in reports represents actual prevalence and trends in the extent of SGBV.
- Don't collect information about specific incidents of SGBV or prevalence rates without assistance from SGBV specialists.

Hand-out 5

Adopting a Survivor-Centred Approach

- **Confidentiality** is a critical component of a survivor-centered approach in SGBV Information Management. Individual level SGBV information should be treated as *strictly* confidential at all times. Case information should only be shared on a need-to-know basis and for a clearly stated purpose, i.e., with those service providers who are directly involved in the case's management. Such measures as adopting a coding system (identifying survivors by code instead of name) for paper files and securing files in locked drawers are often required, though, other measures may also be necessary, such as having a file destruction plan in the event of evacuation.

- **Survivors should not be subjected to in-depth interviews if they will not subsequently benefit from support services.** Lack of SGBV services does not mean that information about SGBV should not be sought, however, there are other available sources of information such as community leaders, needs assessments, women's groups etc.

- The survivor is the owner of their data and has the right to determine how it can be used. **Consent *must* be obtained** before using the data and sharing with other agencies and individuals. Consent must be informed in order to be valid.

Hand-out 6

Sharing Personal Data between UNHCR and Partners in Refugee Operations

Where partners are implementing SGBV case management programmes, they are likely to collect full information on survivors, including details of their identity, family member and caregiver information, nationality, addresses, education, specific needs and more detailed assessments of their current situation, history of flight, separation from family members, details for family tracing and details of SGBV or other protection incidents. Partners also keeps records of assistance provided, referrals made and follow up.

1. WHY DOES UNHCR NEED PERSONAL DATA RELATED TO SGBV FROM PARTNERS, AND WHAT DATA DOES IT NEED?

UNHCR may require different elements of personal data for a variety of different reasons depending on the operation and the context. UNHCR has been entrusted with the mandate to provide international protection to refugees and, together with governments, to seek permanent solutions for the problem of refugees. This mandated responsibility is independent of whether the protection activities are delivered directly by UNHCR, through its funded partners or by third parties engaged with persons of concern. UNHCR remains accountable for, coordinates and monitors activities carried out by all partners.

As such, UNHCR will sometimes require personal data collected by partners in order to provide protection for refugees and asylum seekers. However, for all arrangements related to the sharing of personal data, UNHCR operations should elaborate the specific purposes for which they require the data; and the data elements requested should be adequate and relevant to the identified purpose, and *should not exceed that purpose*. Some common purposes for which personal data is required and the relevant data elements are as follows:

a. Specific referrals for a particular UNHCR protection service (e.g., registration, relocation, resettlement, physical protection, documentation or other assistance). Where partners identify a person who requires a specific service from UNHCR, where consent has been obtained and/or where it is in the best interests of a child, a referral should be made with the necessary information with that person's consent. The specific elements of data to be shared for referrals should be agreed upon depending on the service for which the referral is made, but could include:

i. Individual proGres (or other) ID, or household ID and child/survivor's name

ii. Applicable specific needs codes

iii. Best Interest Assessment BIA (or equivalent)/Best Interest Determination (BID) forms (for child survivors; SGBV incident forms and/or a specific referral form as agreed depending on the service/context

b. **Feedback on referrals made by UNHCR to partners.** Where UNHCR makes a referral of an SGBV survivor to partners for a specific service, UNHCR may request some feedback for the purposes of UNHCR's own case-management procedures (including updating proGres information), where consent is obtained and/or it is the best interests of the child. Partners can provide process information on the referral without having to obtain survivor consent, for example, whether or not a partner has accepted or declined the person for the service for which they were referred, or the status of the case (e.g., assessment, referral, assistance). For additional feedback related to the case, for which consent should be obtained and/or if it is assessed as in the best interests of the child, specific elements of data could include:

   i. Individual proGres (or other) ID, or household ID and child/survivor's name
   ii. Applicable specific needs codes[4]
   iii. Type of services provided
   iv. Caregiver individual proGres (or other) ID, or household ID and name (for children only)
   v. Other information as relevant to the referral

2. WHY DO PARTNERS NEED PERSONAL DATA RELATED TO SGBV FROM UNHCR, AND WHAT DATA DO THEY NEED?

Usually, where a partner is a service provider for SGBV, UNHCR will provide information about persons of concern that is relevant to their work. These can be:

a. **Specific referrals on behalf of a person who is known to UNHCR as being in need of a service.** In this case, where, for example, a survivor of SGBV has identified her/himself to UNHCR, UNHCR may provide partners with personal data so that they can follow up with and provide services for that person. In this case, UNHCR may obtain consent from the person in question and pass on the necessary data elements to partners – usually the person's name, age, sex, address and basic details of the incident. This not only ensures that the partner is able to identify the person (in case referral is not done in person) but also helps partners to prioritize their work, avoids the partner having to ask the person the same questions again and allows them to be immediately sensitive to the needs of the person. The specific elements of data to be shared for specific referrals should be agreed upon depending on the service for which the referral is made, but could include the same elements as under Question 2a.

b. **Feedback on referrals made by partners to UNHCR.** Where partners make a referral of a SGBV survivor to UNHCR for a specific service, partners may request some feedback for the purposes of their case management, where consent is obtained and/or it is in the best interests of the child. As above in question 2, UNHCR can provide process information on the referral without having to obtain survivor consent. For additional feedback related to the case, for which consent should be obtained and/or it is assessed as in the best interests of the child, specific elements of data could include:

   i. Individual proGres (or other) ID
   ii. Applicable specific needs codes
   iii. Type of services provided
   iv. Other information as relevant to the referral

[4] See UNHCR, Specific Needs Codes Guidance, 2009

c. **Lists of persons who fit a particular profile to be assessed by partners to identify any needs or eligibility for preventive and responsive programmes.** In some programmes, it might be necessary for UNHCR to provide the personal data of refugees who can benefit from a particular service or programme offered by partners. Examples could be lists of school-age children for education programmes, women and girls in a certain age bracket for distribution of sanitary materials, identified separated and unaccompanied children for Best Interest Assessments etc. The specific elements of data to be shared should be developed based on what is needed for the service to be provided, but should always be proportional to and necessary for the proposed service in a particular context.

Hand-out 7

Challenges of Information Management for SGBV Incidents

Stage of information management (with a focus on SGBV incidents)	Challenges
Collection	There may be a lack of clarity regarding what data is appropriate to collect from persons of concern and for what purpose. There may be a lack of standardization in what data is collected and how, both within organizations and between organizations. Human error can occur while recording data on intake forms.
Storage	Client files and SGBV data are not stored with adequate precautions to protect client anonymity and safety. Appropriate precautions, such as anti-virus protection and database back up, are not taken, making loss of stored electronic data common. Staff are unaware of appropriate procedures for destroying or relocating client files that have been closed or must be secured during an emergency evacuation.
Analysis	Staff at all levels struggle with how to compile data, present data in a meaningful way and analyse data. Limited experience with computers prevents many staff from using information entered into a database. Staff are not accustomed or trained to use data to inform service delivery, programming and the wider humanitarian response. Calculating SGBV data by hand is very time intensive, leaving little time for the resulting statistics to be analysed.

Stage of information management (with a focus on SGBV incidents)	Challenges
Sharing	Sensitive information is shared without taking into account the necessary ethical and safety considerations, putting the anonymity and safety of SGBV survivors, their communities and service providers at risk. Requests for information are made without a clear explanation of why the data is needed and how it will be used. Quantity of data tends to be prioritized over the quality and usefulness of the date being shared. Client files are often expected to be automatically shared as routine reporting versus strictly within the confines of a referral and with client consent. Client consent regarding the use of his/her data is often overlooked. Lack of standardization in SGBV terminology, data collection tools and incident type classification across services providers undermines the quality of data aggregated between service providers.

All stages: Maintaining standards in information management in the face of high staff turnover.

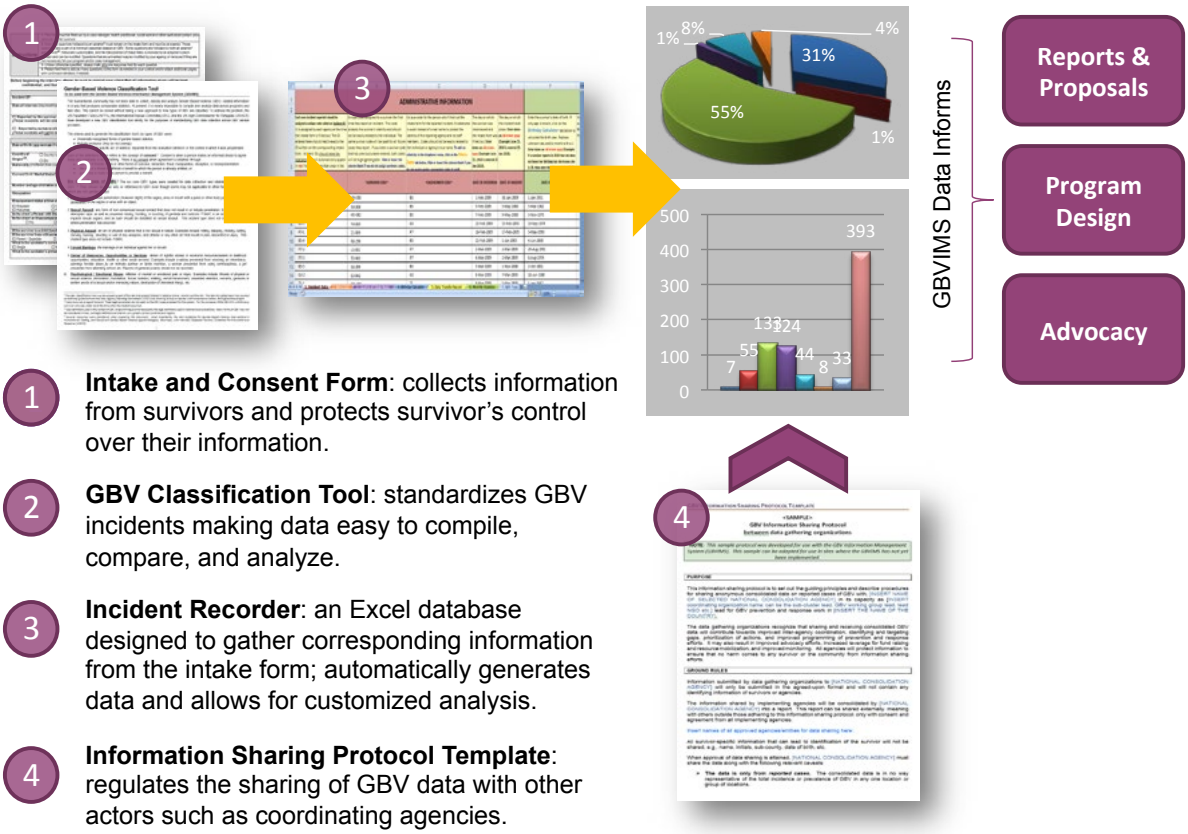
The GBVIMS[5]

WHAT IS GBVIMS?

The Gender-Based Violence Information Management System (GBVIMS) initiative is an inter-agency partnership lead by UNFPA, UNHCR, UNICEF, IRC and IMC. It was created in 2006 to help facilitate safe and ethical data sharing between agencies and to help inform the humanitarian community's response to SGBV.

The GBVIMS offers:

1. A simple and efficient process for SGBV service providers to collect, store, analyse and share their incident data
2. A standardized approach to data collection for GBV service providers
3. A confidential, safe and ethical approach to sharing anonymous incident data on **reported** cases of GBV



1. **Intake and Consent Form**: collects information from survivors and protects survivor's control over their information.
2. **GBV Classification Tool**: standardizes GBV incidents making data easy to compile, compare, and analyze.
3. **Incident Recorder**: an Excel database designed to gather corresponding information from the intake form; automatically generates data and allows for customized analysis.
4. **Information Sharing Protocol Template**: regulates the sharing of GBV data with other actors such as coordinating agencies.

[5] Excerpted and adapted from *Gender-Based Violence Information Management System User Guide*, UNFPA, UNHCR, and IRC.

GBVIMS TOOLS

Note that these tools can be contextualised as long as all users use harmonized forms.

Intake/assessment and Consent Form (tool 1): The Initial Assessment Form is a standardized form to be used by service providers when conducting the initial intake with SGBV survivors. It contains fields collecting non-identifiable information on the survivor, referral type, incident, alleged perpetrator, planned action, and initial assessments. It helps ensure: 1) survivor confidentiality by eliminating the use of identifiable information and 2) that all service providers are consistently collecting a standardized set of key SGBV data points. The consent form provides survivors the right to control whether information about their case is shared with other agencies or individuals, for what purpose and in what format.

Classification Tool (tool 2): Case workers must determine what type of violence happened in order for their organizations, clinics, hospitals to track data. The variation in incident classification has made compiling SGBV data difficult, hindered information sharing and undermined coordination efforts. This tool standardizes the language and procedures around incident classification.

Incident Recorder (tool 3): Once data has been collected using the intake form, the data is put into the Incident Recorder (IR). The IR is an computer spreadsheet that acts as a database for compiling and storing collected SGBV data; it anonymizes and standardizes reported SGBV data in order to facilitate the compilation and sharing of sensitive information between humanitarian actors in a safe manner. The IR will automatically generate calculated data for trend analyses as well as monthly statistics reports, data tables and charts. SGBV trends analysis is indispensable for: i) informing the design and implementation of SGBV programs, ii) advocacy, and iii) fund-raising.

Information Sharing Protocol (ISP) Template (tool 4): The template gives an example of what a GBVIMS ISP might look like and key points that it should include. It provides some ground rules and guiding principles on procedures for ethically sharing non-identifiable data on reported cases of SGBV. The ISP promotes trust building and a spirit of collaboration among signatories – a crucial element to coordination. The GBVIMS includes further guidelines on how to develop ISPs, as well as information on all of the ethical and safety issues that must be considered before sharing data.

WHAT THE GBVIMS IS *NOT*[6]...

- It is *not* a case management tool. It does not track an individual over time or help to manage their case during ongoing care. It is a snapshot at the time of report.
- The GBVIMS is *not* a human rights monitoring tool.
- The GBVIMS also cannot tell how prevalent SGBV incidents are. The data gathered is not population based. It doesn't tell the number of individuals experiencing violence or the rate of violence, it only tells us about violence reported to a service provider.

Important: SGBV Information Management (including GBVIMS) is a means to an end, not an end in itself. The priority is the survivor, *not* the data! The ultimate objective of any SGBV-IM should be to gather enough information to enable the humanitarian community to improve services, mitigate risks and strengthen protection mechanisms. Any SGBV incident data should be generated through service delivery – remember: services come first.

There are multiple benefits to using the GBVIMS. More information on whether the GBVIMS is appropriate for your context can be sought at the website: www.gbvims.com

[6] For presentation slides from the Interagency Gender Working Group see http://www.igwg.org/igwg_media/arango-gbvims.pdf.

Pre-/Post-test

Module 17: SGBV Information Management

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) Collecting data on SGBV is a key task of service providers engaged in the response to survivors.
   b) SGBV Information Management in another way of saying "collecting information on SGBV incidents".
   c) Conducting interviews with survivors is an essential step in obtaining insight into the risks of SGBV.
   d) Where SGBV services are not in place, it is often more appropriate to collect secondary sources of data than survivor data.
   e) The safety and ethical recommendations developed by WHO are considered the highest standards on safe and ethical management of SGBV data.
   f) Due to the sensitivity of SGBV-related information, an organization-specific approach to gather information about SGBV is recommended over an inter-agency approach.

2. Which of the following are the four key stages in Information Management?
   a) Collecting information
   b) Safeguarding information
   c) Storing information
   d) Analysing information
   e) Sharing information
   f) Purging data remnants

3. Which of the following are examples of the safety and ethical recommendations related to documenting, monitoring and researching sexual violence in emergencies developed by the World Health Organization? Choose all that apply:

   a) Any use of the survivor's information should only take place when the survivor has given informed consent.

   b) Service providers should work together in collecting information on SGBV incidents.

   c) Survivor services must be available before survivors are interviewed in detail on SGBV incidents that they have experienced.

   d) Information related to children should never be shared.

   e) Confidentiality is protected at all times.

4. Explain in your own words what is meant by Information Management

5. Please explain in your own words what GBVIMS is and highlight its potential benefits.

Pre-/Post-test: Answer Sheet

Module 17:
SGBV Information Management

(Correct responses are highlighted in **bold**)

1. True or False? Please select all TRUE statements.
   - **a) Collecting data on SGBV is a key task of service providers engaged in the response to survivors.**
   - b) SGBV Information Management in another way of saying "collecting information on SGBV incidents".
   - c) Conducting interviews with survivors is an essential step in obtaining insight into the risks of SGBV.
   - **d) Where SGBV services are not in place, it is often more appropriate to collect secondary sources of data than survivor data.**
   - **e) The safety and ethical recommendations developed by WHO are considered the highest standards on safe and ethical management of SGBV data.**
   - f) Due to the sensitivity of SGBV-related information, an organization-specific approach to gather information about SGBV is recommended over an inter-agency approach.

2. Which of the following are the four key stages in Information Management?
   - **a) Collecting information**
   - b) Safeguarding information
   - **c) Storing information**
   - **d) Analysing information**
   - **e) Sharing information**
   - f) Purging data remnants

3. Which of the following are examples of the safety and ethical recommendations related to documenting, monitoring and researching sexual violence in emergencies developed by the World Health Organization? Choose all that apply:
   - **a) Any use of the survivor's information should only take place when the survivor has given informed consent.**
   - b) Service providers should work together in collecting information on SGBV incidents.
   - **c) Survivor services must be available before survivors are interviewed in detail on SGBV incidents that they have experienced.**
   - d) Information related to children should never be shared.
   - **e) Confidentiality is protected at all times.**

NOTE TO THE FACILITATOR:

For the *open* test questions below; please note that the responses given are not exclusive; they serve as *examples* of correct answers.

4. Explain in your own words what is meant by Information Management

   Information Management (IM) can be defined as the management of the systems, activities, and data that allow information to be effectively acquired, stored, processed, accessed, communicated, and archived. IM includes the manipulation, re-organization, analysis, graphing, charting, and presentation of data for specific management and decision-making purposes.

   SGBV-IM, therefore, is the management of all information related to SGBV, including, but not limited to, incident data. SGBV information can include a wide variety of information, for instance information related to the socio-political factors that might heighten or mitigate risks, SGBV service availability and accessibility, as well as any cultural or traditional contexts that may contribute to SGBV in any given location.

5. Please explain in your own words what GBVIMS is and highlight its potential benefits.

   The GBVIMS is an inter-agency partnership lead by UNFPA, UNHCR, UNICEF, WHO, IRC and IMC. It was created to help facilitate safe and ethical data sharing among agencies and inform the humanitarian community's response to SGBV. GBVIMS offers a process and tools for SGBV service providers to collect, store, analyse and share SGBV incident data. This allows for safe, ethical and reliable information sharing among case workers, organizations and even countries. The GBVIMS tools include:

   - **Intake and Consent Form, which helps to ensure client confidentiality by eliminating the use of identifiable information. It also helps to ensure that all service providers are consistently collecting a standardized set of key SGBV data points.**
   - **Classification Tool, which provides standardized language around incidents, making the compilation and sharing of SGBV data less difficult.**
   - **Incident Recorder: a database for compiling and storing collected SGBV data. The database can automatically generate calculated data for trend analyses as well as monthly statistical reports used for the design and implementation of SGBV programs as well as for advocacy and fund-raising.**
   - **Information Sharing Protocol (ISP): a template for information sharing among agencies, which provides ground rules and guiding principles on procedures for ethically sharing non-identifiable data on reported cases of SGBV.**

Objectives

- Describe what is **meant** by SGBV Information Management
- Explain the **challenges**
- Identify global ethical **standards** and **good practices**
- Describe **considerations** with regards to SGBV and **needs assessments**
- Explain how GBVIMS can be used for **data collection** and **analysis**

Agree or Disagree?

Collecting information on SGBV is an important task for organizations involved in SGBV prevention and response.

Why do we collect SGBV related information?

The more information you have related to SGBV in your context:

- ➔ The more relevant and effective your response will be
- ➔ The better use you can make of your resources, both human and financial

How do we collect SGBV related information?

- General needs assessments, sector specific assessments, protection assessments, participatory assessments, focused SGBV assessments
- Through service provision: collecting information on SGBV incidents
- Safe Audits
- Ongoing monitoring work by specific sectors

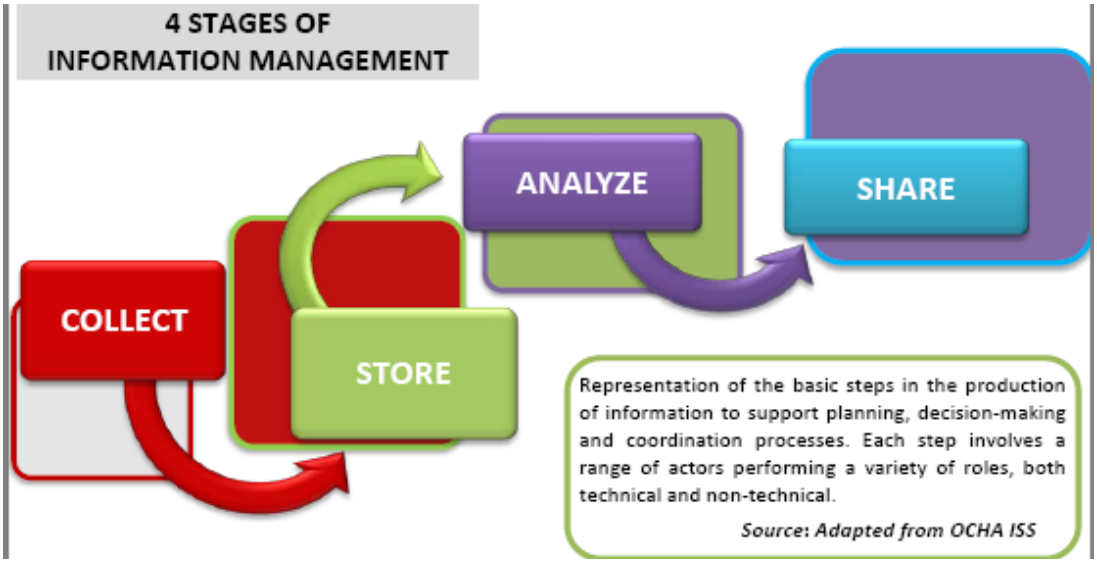
Inter-agency

A well-coordinated **inter-agency** effort is much more likely to be successful than efforts by individual organizations conducted in isolation.

SGBV Information is sensitive

- ➔ Collecting SGBV data is a delicate process that can be traumatizing for survivors.
- ➔ **Mishandling information** can have severe consequences for survivors, their families, communities and even service providers.
- ➔ There are various **global ethical standards** that must be understood and implemented before collecting and sharing SGBV data.

Information Management Stages



ACTIVITY: Good vs. Bad Practice

- ➔ Stand up if you think the practice is a good practice.
- ➔ Stay seated if you think it is a bad practice.

Only initiate SGBV prevention and response interventions after an in-depth assessment has been conducted.

Conduct interviews with survivors to obtain insight into the risks of SGBV.

Involve community members in analysing SGBV-related information collected as part of the participatory assessment.

Ask for the survivor's consent before sharing *any* information about their case.

Spending money on locked cabinets for storing case files even if UNHCR offices are well secured.

Share feedback with partners on the information they have shared.

Collect as much information as possible while you can and then sort through it to see what is useful now and what may be useful later.

WHO Recommendations

1. Benefits must be greater than risks.
2. Information gathering follows good practice.
3. Services are available for survivors.
4. Safety and security of all involved are continuously monitored.
5. Confidentiality is protected at all times.
6. Informed consent is has been obtained.
7. Members of the data collection team receive adequate training and support.
8. Additional safeguards are established when children are involved.

Statement

Assessments are not required in order to put in place essential SGBV prevention and response measures prior to or from the onset of an emergency.

Key Points SGBV Assessments

- ➔ Needs assessments:
  - At the onset of programme planning
  - At regular intervals for monitoring purposes
  - During ongoing monitoring of safety and security (also called protection monitoring)
- ➔ As part of broader protection assessment
- ➔ Inter-agency, inter-sectoral and interdisciplinary.

Assessing Risks of SGBV in All Sectors

- ➔ All sectors should explore why and how SGBV-related safety issues might arise in their areas of work.
- ➔ SGBV survivors should *not* be sought out or targeted as a specific group during assessments.

Group Work Questions

1. Why conduct an assessment with SGBV-related components?
2. When to conduct an assessment?
3. How to assess? Which methods to use?
4. Who to involve, and which actors to focus on?

Areas of Inquiry

1. Types and scope of SGBV
2. Gender norms and power relations
3. Services and programmes
4. Community capacity and involvement

Survivor-Centred Approach

- ➔ Confidentiality is **crucial** in ensuring the safety and protection of a survivor, their family and community.
- ➔ How do you guarantee confidentiality?

Confidentiality

Individual-level, SGBV information should be treated as **strictly confidential** at all times. Case information should only be shared on a need to know basis, i.e., with those service providers who are directly involved in the case's management.

Consent

- ➔ Survivor understands the potential risks and consequences of sharing their data externally.
- ➔ Survivor gives or does not give authorization to use the data.

Information Sharing

- ➔ Often an issue of **contention** that can cause tensions between different actors and lead to a breakdown in coordination and trust
- ➔ The point where ethical considerations can easily be overlooked, since survivor consent is often disregarded in the name of intra- and inter-agency coordination

Information Sharing: Good Practice

- ➔ Two-way information sharing is key to strong coordination and partnerships
- ➔ Clarify rules and procedures for inter-agency, SGBV information sharing beforehand using Information Sharing Protocol.

Understanding the Challenges

COLLECTION

- ➔ **Lack** of **clarity** regarding what data is appropriate and useful to collect
- ➔ **Lack** of **prior agreement** and **standardization** on what data is collected and how
- ➔ **Human error** while recording information on forms

Understanding the Challenges

STORAGE

- ➔ Client files and SGBV data are not stored with adequate precautions to protect client anonymity and safety.
- ➔ Appropriate precautions such as anti-virus protection and database backup are not taken, making loss of stored electronic data common.
- ➔ Contingency plans for destruction of paper files during emergency evacuation are non-existent.

Understanding the Challenges

ANALYSIS

- ➔ Calculating and compiling SGBV data by hand is very **time intensive.**
- ➔ Staff are not accustomed or trained to use collected data.
- ➔ Lack of inter-agency data analysis leads to **fragmented** and **isolated responses** to SGBV.

Understanding the Challenges

SHARING

- Client consent over the use of data is overlooked. E.g. client files are often expected to be automatically shared as routine reporting versus within the confines of a referral and with client consent.
- Lack of standardization in SGBV terminology, data collection tools and incident-type classification **undermines quality.**
- Quantity of data is prioritised over quality and usefulness of data.
- Requests for information are made without an explanation.

Exercise: Classify the following incident.

A young boy is anally raped by his uncle. How would you classify this incident?

- Person A: “This is sodomy!”
- Person B: “This is incest!”
- Person C: “This is defilement!”
- Person D: “This is anal rape!”
- Person E: “This is sexual assault!”
- Person F: “This is rape!”
- Person G: “This is child sexual abuse!”

Standardization

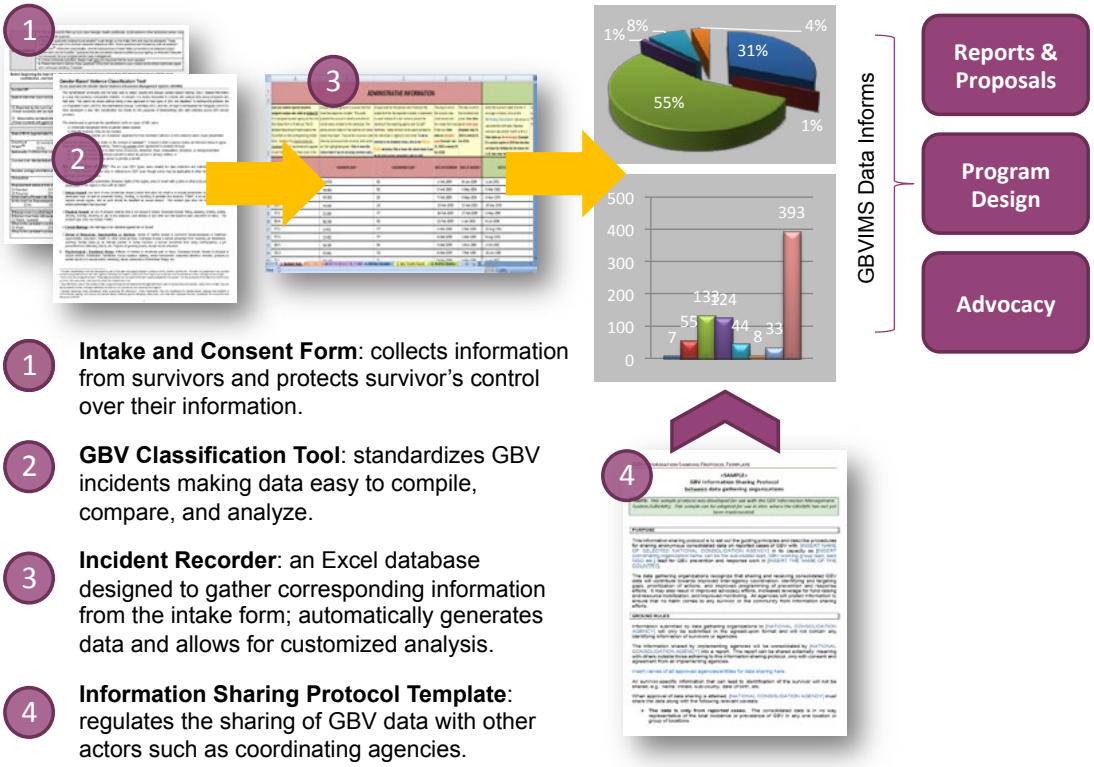
- What is **standardization**?
  - The process of creating consistency or regularity
- What is an example of standardization?
  - Measurements, e.g., kilograms, inches
- Why is it important?
  - Enables **the compilation** and **comparison** of information from different case workers, organizations and even countries
  - Allows for **reliable information** sharing and, ultimately, improved coordination

The Gender-Based Violence Information Management System

The GBVIMS is an inter-agency partnership between UNFPA, UNHCR, UNICEF, IRC & IMC

The GBVIMS was created in 2006 to:

- Harmonize SGBV data produced through service delivery in humanitarian settings
- Help facilitate safe and ethical data sharing between agencies to help inform the humanitarian community's response to SGBV



1. **Intake and Consent Form**: collects information from survivors and protects survivor's control over their information.
2. **GBV Classification Tool**: standardizes GBV incidents making data easy to compile, compare, and analyze.
3. **Incident Recorder**: an Excel database designed to gather corresponding information from the intake form; automatically generates data and allows for customized analysis.
4. **Information Sharing Protocol Template**: regulates the sharing of GBV data with other actors such as coordinating agencies.

Statistical Tables and Charts

➔ Using a standardized classification system, the GBVIMS allows SGBV service providers to enter reported data into a spreadsheet which will automatically produce statistical tables and charts that help to:

- Analyse data
- Identify correlations between data fields
- Reveal SGBV trends in reported data
- Safely and ethically share information

What the GBVIMS is NOT

- ➔ It is *not* a case management tool.
- ➔ The GBVIMS is *not* a human rights monitoring tool.
- ➔ The GBVIMS also cannot tell how prevalent SGBV incidents are.

GBVIMS Resources

Website: www.gbvims.com

1. User Guide and Workbook
2. Rollout Guidelines
3. Facilitator's Guide

Primary and Secondary Sources of SGBV Data

- Both sources of data are necessary to gain a better understanding of the overall SGBV situation.
- Where SGBV services are not in place, it is often more appropriate to collect secondary sources of data.
- **Secondary** data is also easier to collect, particularly in the early stages of an emergency.
- Secondary data can be compiled more quickly, requires fewer resources and places less burden on affected communities.

Remember

- The GBVIMS (and any SGBV-IM) is *a means to an end, not an end in itself.*
- Any SGBV-incident data should be generated through service delivery – remember: services come first.
- Carefully consider what information is required to fulfil which purposes. Collecting information for information's sake is unethical and a waste of time and resources.

MODULE 18

Monitoring and Evaluation of SGBV Programmes

MODULE OUTLINE

Session 1	Understanding SGBV monitoring and evaluation: *Why and what*	60 minutes	1
Session 2	SGBV monitoring and evaluation: *When and how*	80 minutes	2
Session 3	Designing a monitoring and evaluation plan	60 minutes	3

TIMING:

3 hours and 20 minutes

SUMMARY

In this module participants will reflect on the key concepts, steps and challenges related to the set up and management of monitoring and evaluation systems for SGBV. Participants will explore how to plan for effective monitoring and evaluation, how to create an SGBV monitoring system and how to evaluate whether SGBV programmes are achieving intended outcomes. The module will explore the links between monitoring and evaluation and information management.

This training session should ideally be delivered right after the SGBV Information Management Module.

LEARNING OBJECTIVES

At the end of the module, participants should be able to:

- ✓ Describe what is meant by monitoring and evaluation (M&E) and why it is central to an effective SGBV response
- ✓ Explain some of the key challenges related to monitoring and evaluating SGBV programmes
- ✓ Describe the importance of selecting appropriate indicators and list examples of indicators used to monitor results of SGBV programmes
- ✓ Describe key steps in the planning, set up and management of monitoring and evaluation systems for SGBV programmes

KEY MESSAGES

- → SGBV programmes should be monitored using UNHCR monitoring tools and approaches.
- → Monitoring the interventions and outcomes of SGBV programmes is key to ensuring an effective response.
- → Monitoring and evaluation of SGBV programmes should be structured, systematic and based on information collected in a safe and ethical way.
- → Monitoring and evaluating SGBV programmes is not about measuring the prevalence of SGBV, but assessing UNHCR prevention and response interventions and outcomes, including the multi-sectoral approach to SGBV.
- → Data relating to SGBV *incidents* must be collected, stored and shared in a safe and ethical way.
- → Quality monitoring depends on quality data collected over a period of time; a systematic approach to monitoring starts during the planning phase.
- → A monitoring plan is a tool to systematize data collection and management for SGBV programmes.
- → Monitoring is a joint responsibility of programme and protection staff and best done by a multi-functional team.

PREPARATION

COLLECT SUPPLIES:

- Flip chart, projector/laptop, markers, post-its

PREPARE ACTIVITY SHEETS FOR ALL PARTICIPANTS:

- Activity Sheet 1: Results or Activity?
- Activity Sheet 2: Impact Indicator Guidance for Response Services and Community Engagement
- Activity Sheet 3: Monitoring and Evaluation Plan Case Study and Exercise

PREPARE HAND-OUTS FOR ALL PARTICIPANTS:

- Hand-out 1: Monitoring and Evaluation of SGBV Programmes
- Hand-out 2: Monitoring and Evaluation and the Programme Cycle
- Hand-out 3: Types of Indicators and Units of Measurement
- Hand-out 4: UNHCR Results and Indicators on SGBV
- Hand-out 5: Data Collection, Validation and Storage

UNHCR READING MATERIALS AND RESOURCES

- → UNHCR Manual, Chapter 4: *Programming* (section on Monitoring). Available on UNHCR Intranet only.
- → *Guidance on SGBV Impact indicators*, 2013. Aavailable on UNHCR Intranet only.
- → *List of Minimum Protection Indicators for Education, SGBV and Child Protection*, 2014.

ADDITIONAL READING MATERIALS AND RESOURCES

Module 18: Monitoring and Evaluation of SGBV Programmes has been produced for educational purposes only, in order to facilitate the training of humanitarian workers. The document contains text adapted, summarized and excerpted from listed references, acknowledging all sources to the best of our knowledge.

- → *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, IASC, 2015.

SESSION 1: Understanding SGBV Monitoring and Evaluation (M&E): *Why and What*

60 minutes

LEARNING OBJECTIVES

- ✓ Describe what is meant by monitoring and evaluation (M&E) and why it is central to an effective SGBV response
- ✓ Explain some of the key challenges related to monitoring and evaluating SGBV programmes

KEY MESSAGES

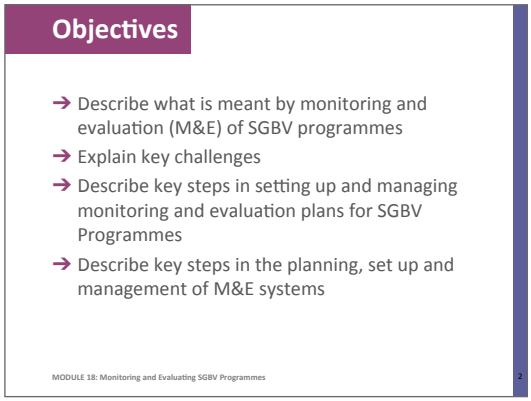
- → SGBV programmes should be monitored using UNHCR monitoring tools and approaches.
- → Monitoring the interventions and outcomes of SGBV programmes is key to ensuring an effective response.
- → Monitoring and evaluation of SGBV programmes should be structured, systematic and based on information collected in a safe and ethical way.
- → Monitoring and evaluating SGBV programmes is not about measuring the prevalence of SGBV, but assessing UNHCRs prevention and response interventions and outcomes, including the a multi-sectoral approach to SGBV.
- → Data relating to SGBV *incidents* must be collected, stored and shared in a safe and ethical way.

PREPARATION

- Hand-out 1: Monitoring and Evaluation of SGBV Programmes
- Activity Sheet 1: Results or Activity

Why do we monitor SGBV?

DISCUSSION AND ACTIVITY (40 MINUTES)

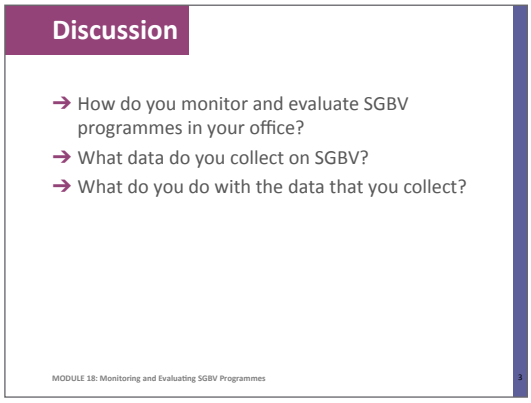


1. Using the Notes to the facilitator below, explain the purpose of this training session.

NOTES TO THE FACILITATOR:

At the end of this training session participants should be able to:

- *Describe what is meant by monitoring and evaluating and why it is central to an effective SGBV response*
- *Explain some of the key challenges related to monitoring and evaluating SGBV programmes*
- *Describe the importance of selecting appropriate indicators and list examples of indicators used to monitor results of SGBV programmes*
- *Describe key steps in the planning, set up and management of monitoring and evaluation systems for SGBV programmes*



2. Show the presentation slide with the following three questions.
   - How do you monitor and evaluate SGBV programmes in your office?
   - What data do you collect on SGBV?
   - What do you do with the data that you collect?

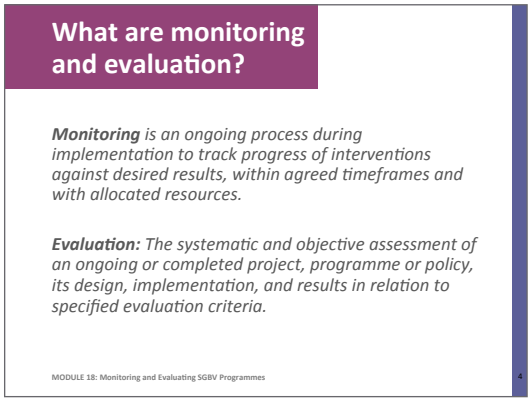
   Allow participants 5 minutes to reflect on them and discuss amongst themselves.

3. Invite participants to share their answers with other participants in plenary.

4. Point out that there are different approaches to monitoring and evaluation of SGBV, that the data offices collect can differ greatly and that often offices do not sufficiently use the data that is collected.

5. Emphasize that it is important to create a common understanding of what monitoring and evaluation is before we go into the details of how to do it.

6. Read the definitions of both *monitoring* and *evaluation* on the slide. Definitions are slightly adapted from UNHCRs Programming Manual. Ask participants if these definitions resonate with their experiences of these concepts.



7. Highlight the key points:

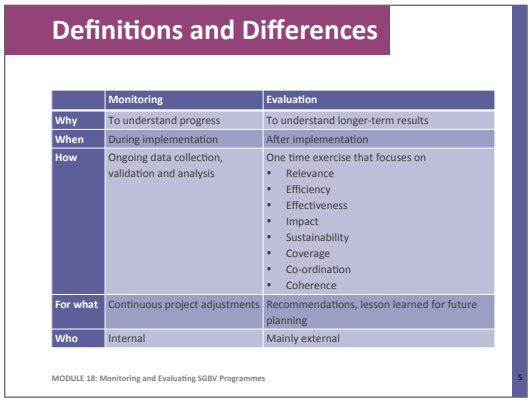
NOTES TO THE FACILITATOR:

What is monitoring and evaluation (M&E)?

- Monitoring *is an ongoing process that takes places during implementation. Monitoring, therefore, is not a distinct phase that occurs before or after implementation.*
- *Monitoring is about progress and impact, not about activities.*
- *By contrast,* evaluation *is a one-time exercise that does not measure progress.*
- *Evaluations use* criteria *to assess a programme or intervention.*

---

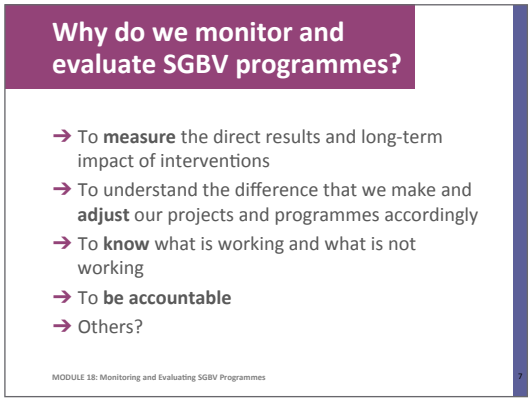
8. Walk participants through the slide on definitions and differences in a participatory manner and summarize the key differences between monitoring and evaluation as described in the table.



NOTES TO THE FACILITATOR:

Key consideration: evaluation is done after a project, not every year

Monitoring is done on a continuous basis during implementation. Evaluations are done at the end of a project or programme. Although the UNHCR programming cycle has a duration of one year, an evaluation should not be done on a yearly basis. Evaluations should be conducted after several years or after a specific project has been completed. Evaluations take time and cost money and therefore need to be planned carefully.



9. Show the slides that ask what reasons participants can think of for monitoring SGBV programmes. Take answers in plenary and use the Notes to the facilitator to complement the responses if necessary.

NOTES TO THE FACILITATOR:

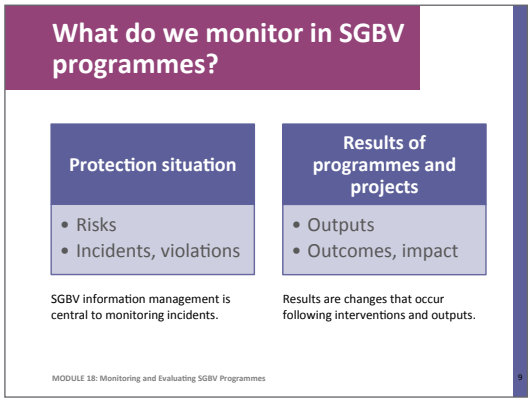
Why do we monitor and evaluate?

The four main reasons for monitoring and evaluation are:

- *To **measure** the direct results and long-term impact of interventions.*
- *To understand the difference that we make and **adjust** our projects and programmes accordingly.*
- *To **know** what is working and what is not working.*
- *To **be accountable** to people of concern. UNHCR needs to be taking account, giving account and being held to account for its interventions.*

In addition, we are accountable to donors and to taxpayers and need to be able to provide them with required information.

Monitoring and evaluations are a way to manage. We are normally only able to manage what we monitor. If we don't monitor something we are not able to manage it well.



10. Show the slides that ask what we monitor in SGBV programming. Then explain the two main pillars of what should be monitored and evaluated in SGBV programming.

NOTES TO THE FACILITATOR:

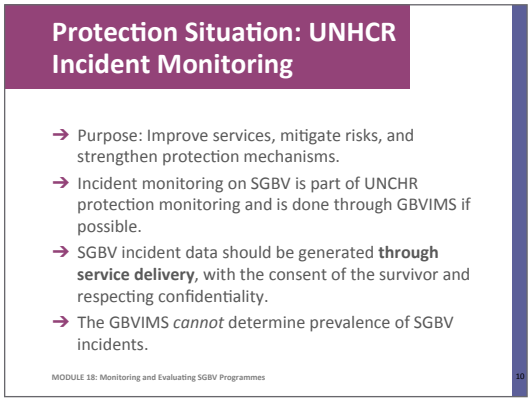
Main pillars of monitoring and evaluating SGBV programmes

1) ***Protection situations:*** *As a protection agency, there is a need to monitor the protection situation relating to risks and incidents of SGBV. Capturing data on SGBV risks and incidents is part of SGBV information management and a crucial part of monitoring. Tools for monitoring the protection situation can include safety audits, needs assessments and participatory assessments. The systematic use of GBVIMS also provides important trend data on the protection situation.*

2) ***Results of programmes and projects on SGBV:*** *The other critical area that we want to monitor is what we are achieving with our projects and programmes relating to SGBV. This is usually referred to as* monitoring of results*. When we talk about results, we include a number of different results at different levels from the output level to the outcome level.*

11. Explain that this session will focus mainly on the monitoring of results of SGBV programmes and projects. Pillar one, monitoring protection situations, is addressed in more detail in Module 17: Information Management. Now we will only briefly touch upon the issue of SGBV incident monitoring.

12. Ask: *When are number of incidents important? Are there situations when UNHCR would require this information?* Show the slide and explain the key points.



NOTES TO THE FACILITATOR:

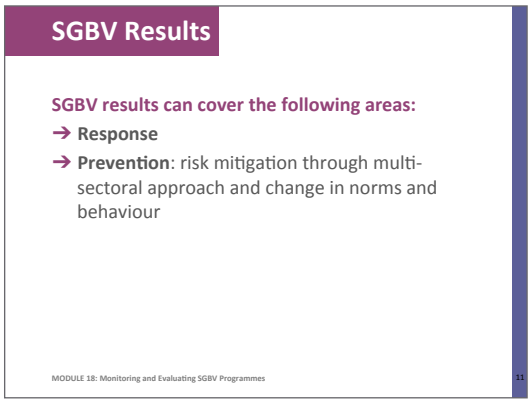
Incident Monitoring

The purpose of collecting data on incidents is to enable the humanitarian community to improve services, mitigate risks, and strengthen protection mechanisms. For example, it allows predicting the scale of services that need to be put in place. SGBV incident monitoring is part of UNHCR protection monitoring, the first pillar as described above, and is done through GBVIMS if possible. GBVIMS (described in detail in Module 17: Information Management) is a data management system to help facilitate safe and ethical data sharing between agencies.

A few important points:

- *Any SGBV incident data should be generated* ***through service delivery****, with the consent of the survivor and respecting confidentiality.*
- *The GBVIMS* cannot *determine prevalence of SGBV incidents as the incident data gathered through service delivery is not population based. It doesn't tell the number of individuals experiencing violence or the rate of violence, it only tells about violence reported to service providers. Prevalence (how many SGBV incidents take place in a group/society) is generally not measured in a humanitarian setting. Measuring prevalence requires specific considerations and tools which are not necessarily applicable in humanitarian settings.*

13. Emphasize that SGBV programmes very often cover two main areas:
    - Response
    - Prevention (mitigation of risks and change in norms and behaviour)



14. Ask participants to share examples of what results could be measured for each category. Discuss the answers in plenary using the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Measuring results in different areas

Results are usually defined when developing an SGBV programme. They can be either formulated as an output or an outcome. It is important that they are not framed as activities*, but that they define the desired state to be achieved.*

Response: *Results in response usually relate to the services and systems set up to respond to SGBV incidents. Examples include:*

- *SGBV response services are set up and functional.*
- *Referral system is effective and timely.*
- *Case management functions smoothly.*
- *PEP kits are provided to all SGBV survivors in need within 72 hours.*

Prevention, Mitigation of risks through multi-sectoral approach: *Results in mitigation of risks mostly relate to the extent to which multi-sectoral interventions are protection sensitive. They can describe the degree to which the design and implementation of sectoral interventions take SGBV risks into account. This can be done in two ways. First, sectoral interventions should ensure that they are not creating additional protection risks (for example, exposing people to further harm). Secondly, sectoral intervention can be designed to increase protection outcomes. Examples in SGBV prevention include:*

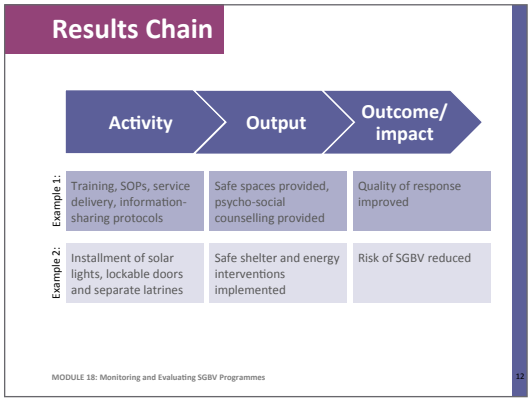
- *Public places are lit by night.*
- *Access route to food distribution points is no longer than X kilometres and public (in line with set standards).*
- *Emergency and transitional shelter correspond to space/privacy standards as outlined in existing guidance.*
- *Female police officers are placed in all police stations.*

Prevention, Change of norms and behaviour: *These changes describe longer-term changes in the attitudes and behaviour of individuals, communities or institutions. A behavioural change can be, for example:*

- *A change in beliefs around gender equality*
- *A change in reporting of SGBV incidents by a community*
- *A change in legal practices relating to SGBV perpetrators*
- *A change in police attitudes*
- *A change in attitudes among the community towards SGBV*

---

15. Using the slide and the Notes to the facilitator, explain the *results chain* and review the two examples.



NOTES TO THE FACILITATOR:

The results chain

When we talk about monitoring SGBV results, we usually talk about a results chain*. Some people call a results chain a theory of change, since a results chain should demonstrate how change is expected to occur over time with the planned interventions.*

UNHCR has two levels of results that we measure: the output and the impact level.

- *Example 1: A programme sets itself the **outcome** to improve the quality of SGBV response. In order to achieve this improvement, they identify intermediary **outputs** that need to be achieved first: safe spaces provided and counselling provided. To achieve those outputs, certain **activities** are required, such as training, information sharing protocols and others.*
- *Example 2: To improve SGBV prevention a prgramme defines an intended **outcome** as reducing the risk of SGBV. The intermediary results at the **output** level are defined in a sector specific way, and the **activities** are specific activities per sector.*

16. Ask participants if in their operations they have experiences with a results chain or theory of change for SGBV.

17. Emphasize the tendency to focus more on activities than on results.

NOTES TO THE FACILITATOR:

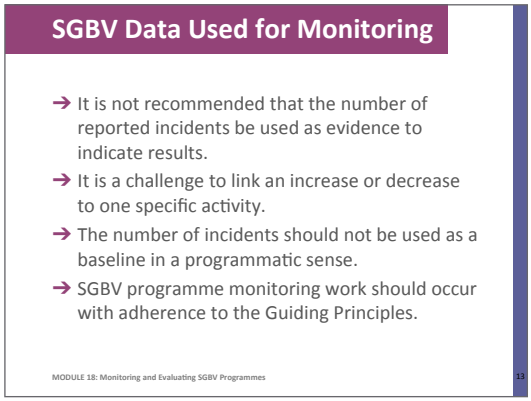
More focus on results

UNHCR and other organizations tend to focus more on activities than on results. This is mainly because activities can be more concrete than results and can absorb most of our time. At the same time, the reasons why organizations have moved from activity monitoring to results monitoring is that activity monitoring is not sufficient for learning lessons, making programmatic changes and communicating with internal and external stakeholders. The shift from activities towards results is an important shift in UNHCR culture. For SGBV, this means that we are not simply listing activities but are interested in whether our activities contribute to longer-term change.

18. Distribute Activity Sheet 1: Results or Activities. Ask participants to review the list and check whether each statement is an activity or a result. This is an individual exercise.

19. Read out the statements and invite participants in plenary to give answers and to explain their choices.

	Result	Activity
Establish effective and efficient Standard Operating Procedures for SGBV response.		X
Criminal law for perpetrators is enforced.	X	
Train government officials on international legal framework on SGBV.		X
Women and girls have increased access to and control over resources (economic, political, social and legal).	X	
Strengthen capacities of communities to protect persons at risks.		X
Medical support is provided to all SGBV survivors.	X	



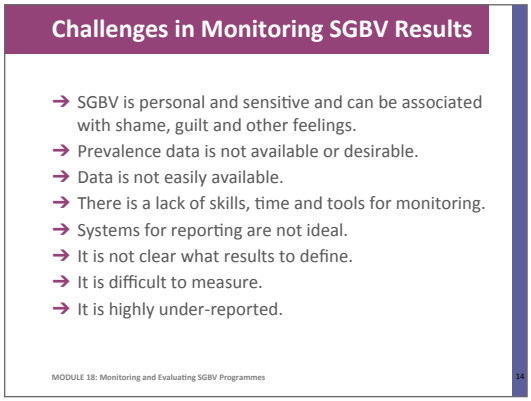
20. If participants have completed Module 17: Information Management, they may have noted there are some specifics that guide both information management and monitoring and evaluation for SGBV programming, which relate to the sensitive nature of SGBV data. Use the slide and the notes to the facilitator to explain.

NOTES TO THE FACILITATOR:

SGBV data used for monitoring purposes

- *Usually, programming is based on evidence of gaps, needs, challenges and risks. Evidence means that credible data is collected, validated and triangulated.*
- *In the context of SGBV programming,* evidence *refers to proof that outcomes and outputs of the programmes are achieved (for example, medical services provided). It does* not *refer to evidence of SGBV incidents occurring. Remember: SGBV programming should be implemented regardless of reported incidents because SGBV is routinely under-reported and, in fact, occurs in each and every emergency.*
- *For safety and ethical reasons, it is not recommended that the number of reported incidents be used as evidence to indicate programmatic results. There are numerous reasons that might explain a change in the number or percentage of reported incidents, making it a challenge to link an increase or decrease to one specific activity.*
- *Along the same lines, the number of incidents can therefore not be used in isolation as a baseline in a programmatic sense. Still, when we collect other information about the impact of our projects, we may hear information about specific incidents. We need to bear in mind that sharing data on SGBV incidents can put the survivor at risk and can only occur with the consent of the survivor and in their interest (for example, to refer to services).*
- *As a general rule, SGBV programme monitoring work should occur with adherence to the Guiding Principles (safety, confidentiality, respect and non-discrimination).*

21. Ask: *What are key challenges specific to monitoring results of SGBV programmes? What challenges have you encountered?* Complement the responses using the slide and the notes below.



NOTES TO THE FACILITATOR:

Challenges in monitoring SGBV Programmes:

- *SGBV is personal and sensitive, can be associated with shame, guilt and other feelings at both the individual and community levels.*
- *Prevalence data is not available or desirable.*
- *Data is not easily available.*
- *There is often a lack of skills, time and tools for monitoring.*
- *Systems for reporting are not ideal.*
- *It is not clear what results should be defined.*
- *SGBV is difficult to measure.*
- *SGBV is highly under-reported.*
- *Measuring prevention – that is, measuring something that does not occur because of our interventions – is very challenging.*

22. Emphasize that, even if difficult, we have an accountability to monitor SGBV results based on our protection role and on the programmes we fund and implement.

23. Distribute Hand-out 1: Monitoring and Evaluation of SGBV Programmes.

SESSION 2: SGBV Monitoring and Evaluation (M&E): *When and How*

80 minutes

LEARNING OBJECTIVES

✓ Describe the importance of selecting appropriate indicators and list examples of indicators used to monitor results of SGBV programmes

KEY MESSAGES

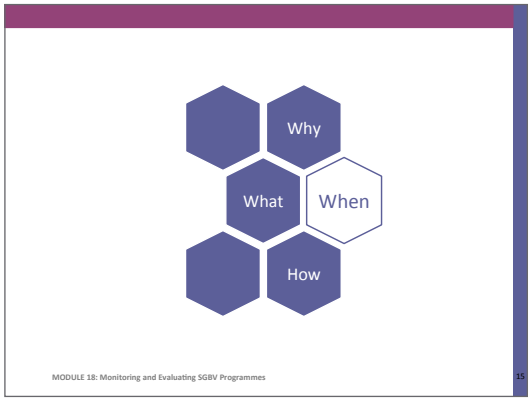
→ Quality monitoring depends on quality data collected systematically over a period of time; a systematic approach to monitoring starts during the planning phase.

PREPARATION

- Hand-out 2: Monitoring and Evaluation and the Programme Cycle
- Hand-out 3: Types of Indicators and Units of Measurement
- Hand-out 4: UNHCR Results and Indicators on SGBV
- Activity Sheet 2: Impact Indicator Guidance for Response Services and Community Engagement
- Hand-out 5: Data Collection, Validation and Storage

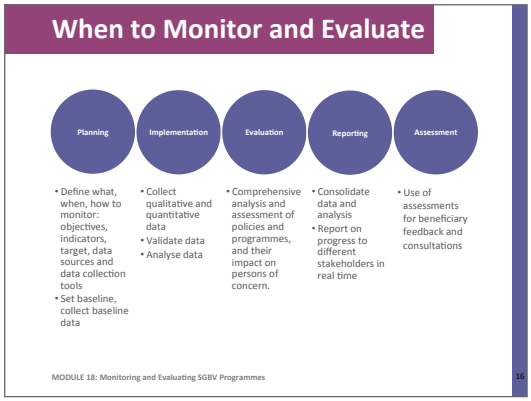
When and how: monitoring and evaluation

DISCUSSION AND GROUP ACTIVITY (60 MINUTES)



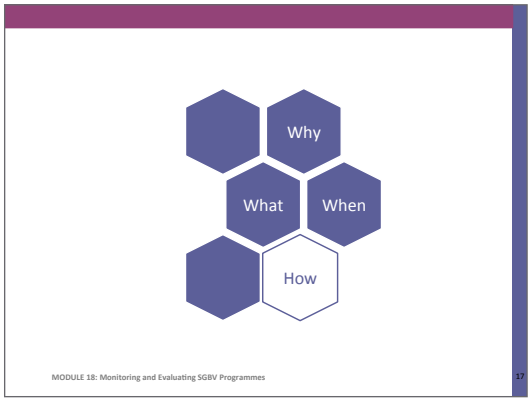
1. Show slide 15 to introduce the next topic.

2. Use slide 16: Monitoring and Evaluation and the Programme Cycle to describe the steps in each phase of the programme cycle and highlight that you are discussing WHEN to monitor.

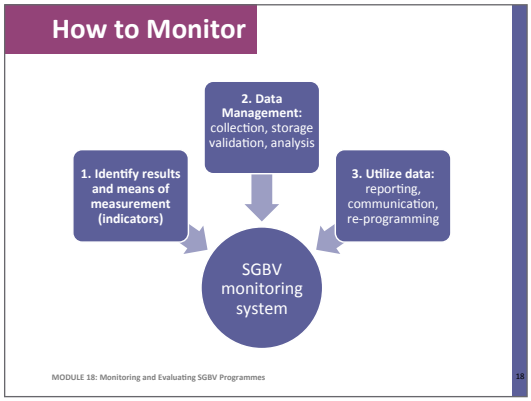


3. Explain the different steps in the operations programming cycle and highlight what M&E related actions are required in each step of the cycle. Explain that monitoring and evaluation is effectively done if different actions are successfully completed in the different phases of programming. The different monitoring and evaluation actions build on each other and are sequential.

4. Highlight that we will now discuss HOW to monitor. There are key elements for how monitoring and evaluation is done for SGBV Programming.



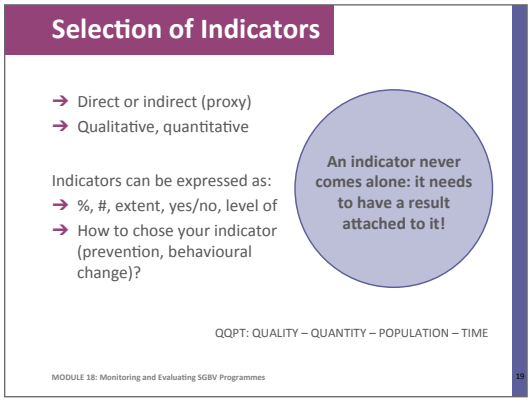
5. Read the three boxes on the slide explain their meaning. These three elements were already captured in slide 16 which demonstrated where these elements fit into the programming cycle.



6. Distribute the Hand-out 2.

7. Ask if someone can name some different types of indicators.

   Using the slide, summarize that different types of indicators exist and they measure different things. Go over the slide and explain that indicators can come in different shapes and forms (direct or indirect [proxy], %, #, extent, yes/no, level of...). The most appropriate indicator depends on what you want to measure. It is important to select the most appropriate type of indicator in order to measure the most relevant information.



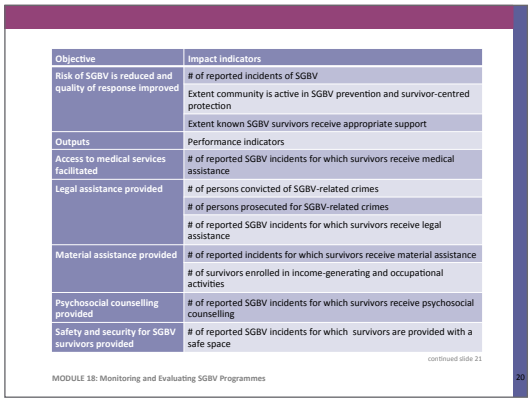
8. Explain to participants that the indicator *yes/no* is a factual indicator and can be useful to check policy compliance. It is not helpful if you want to measure behavioural change over time.

9. Distribute Hand-out 3: Types of Indicators and Units of Measurement. Allow participants 5 minutes to review and then respond to any questions they may have or clarify anything that may be confusing.

10. Emphasize that indicators determine what kind of data you collect. They are therefore crucial.

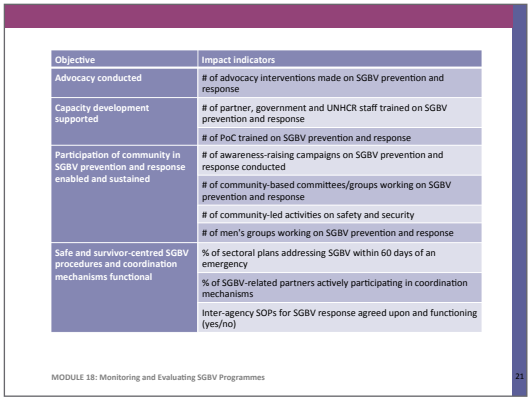
11. Explain that in UNHCR, impact indicators for SGBV programmes are pre-defined by the UNHCR. At the same time, it sometimes makes sense to develop additional context specific indicators.

12. Distribute Hand-out 4: UNHCR Results and Indicators on SGBV and show the accompanying slide. Explain that these results and indicators relate to SGBV response and general SGBV programming.



Objective	Impact indicators
Risk of SGBV is reduced and quality of response improved	# of reported incidents of SGBV
	Extent community is active in SGBV prevention and survivor-centred protection
	Extent known SGBV survivors receive appropriate support
Outputs	Performance indicators
Access to medical services facilitated	# of reported SGBV incidents for which survivors receive medical assistance
Legal assistance provided	# of persons convicted of SGBV-related crimes
	# of persons prosecuted for SGBV-related crimes
	# of reported SGBV incidents for which survivors receive legal assistance
Material assistance provided	# of reported incidents for which survivors receive material assistance
	# of survivors enrolled in income-generating and occupational activities
Psychosocial counselling provided	# of reported SGBV incidents for which survivors receive psychosocial counselling
Safety and security for SGBV survivors provided	# of reported SGBV incidents for which survivors are provided with a safe space

continued slide 21



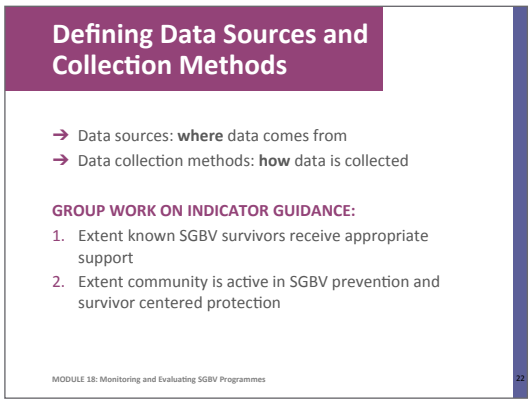
Objective	Impact indicators
Advocacy conducted	# of advocacy interventions made on SGBV prevention and response
Capacity development supported	# of partner, government and UNHCR staff trained on SGBV prevention and response
	# of PoC trained on SGBV prevention and response
Participation of community in SGBV prevention and response enabled and sustained	# of awareness-raising campaigns on SGBV prevention and response conducted
	# of community-based committees/groups working on SGBV prevention and response
	# of community-led activities on safety and security
	# of men's groups working on SGBV prevention and response
Safe and survivor-centred SGBV procedures and coordination mechanisms functional	% of sectoral plans addressing SGBV within 60 days of an emergency
	% of SGBV-related partners actively participating in coordination mechanisms
	Inter-agency SOPs for SGBV response agreed upon and functioning (yes/no)

13. Guide participants through the list of indicators by asking the following questions:
    - → *Do these indicators resonate with the SGBV programmes you are familiar with?*
    - → *Which indicators would you find particularly difficult or particularly easy to measure?*
    - → *Which do you find most and least meaningful, and why?*

    Note: These indicators do not capture prevention.

14. Distribute Activity Sheet 2: Impact Indicator Guidance for Response Services and Community Engagement. Divide the group into two. Give one group the indicator guidance on SGBV response services and give the other group the impact indicator guidance on community engagement.

15. Allow each group 15 minutes to go through the material relating to their indicators ("Extent SGBV survivors receive appropriate support" or "Extent community is active in survivor centered response"). Each indicator contains a list of criteria that need to be reviewed in order to assess the extent to which SGBV survivors receive appropriate support or the community is active in survivor-centred response. UNHCR always calculates indicators in the extent category in this way, i.e., through a list of criteria.



For this exercise, ask participants to review the criteria listed in the guidance and note down the two following issues:

→ *What data needs to be collected for each criterion?*

→ *Where and how can this data be obtained?*

Note: Participants are not asked to attribute any value to the criteria.

16. Ask the groups to report back in plenary how easy or difficult it was to define requirements and how easy or difficult it was to define data sources and collection methods for each criteria under each indictor.

17. Summarize for participants the importance of this exercise. When selecting an indicator, this exercise is important to see how feasible actually obtaining data will be with available resources. Explain that if data is not easily available, we need to define ways and means of collecting the data, including looking into secondary data sources (data collected for other purposes, from partners etc.), conducting surveys or adjusting current data collection means and methods.

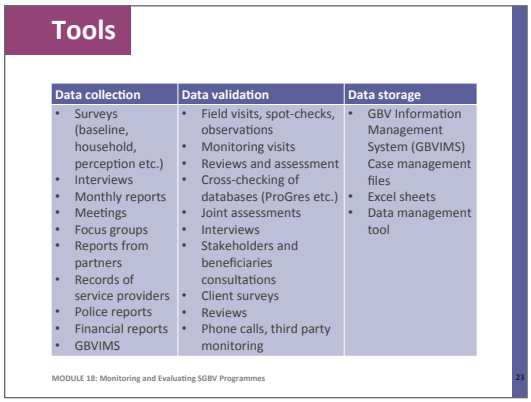
18. Ask what data participants are currently collecting, and if there are opportunities to streamline data collection in line with required data for these indicators.

19. Conclude by emphasizing that the data source and means of verification are key components in determining monitoring systems and can make or break them.

Data collection, validation and storage

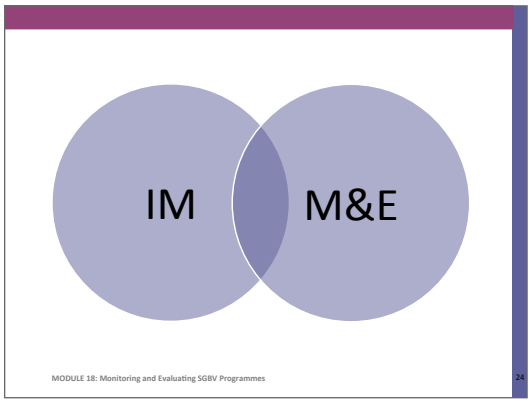
DISCUSSION (20 MINUTES)

20. Using Hand-out 5: Data Collection, Validation and Storage, explain to participants that the management of data is the backbone of a monitoring system. We distinguish three key components:
    - Data collection
    - Data validation
    - Data storage



21. Ask how participants' offices currently store SGBV data? What systems do they have in place?

22. Remind participants that the backbone of monitoring is data and therefore the information management system for SGBV needs to be linked to the monitoring and evaluation system.

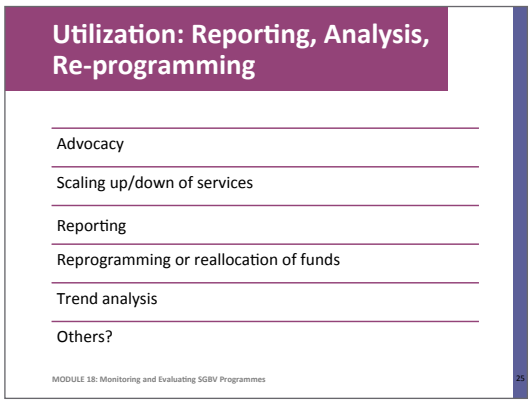


23. Explain the key points of information management that relate to monitoring and evaluation. See the Notes to the facilitator below.

NOTES TO THE FACILITATOR:

Information management and monitoring and evaluation (M&E)

- *SGBV Information Management (including GBVIMS)* and *M&E are a means to an end, not an end in themselves. The priority is the survivor,* not *the data! The ultimate objective of any SGBV information management should be to gather enough information to enable the humanitarian community to improve services, mitigate risks, and strengthen protection mechanisms.*
- *Collecting information that will not serve a purpose is not only unethical, it is also a waste of time and resources.*



24. Collected and analysed data on SGBV should be used in a variety of ways to inform re-programming, scaling up or down of services, advocacy and reporting.

25. Distribute Hand-out 5: Data Collection, Validation and Storage.

SESSION 3: Designing a Monitoring and Evaluation (M&E) Plan

60 minutes

LEARNING OBJECTIVES

✓ Describe key steps in planning, setting up and managing monitoring and evaluation systems for SGBV programmes

KEY MESSAGES

→ A monitoring plan is a tool to systematize data collection and management for SGBV programmes.

PREPARATION

- Activity Sheet 3: Monitoring and Evaluation Case Study and Exercise

SGBV M&E Plan

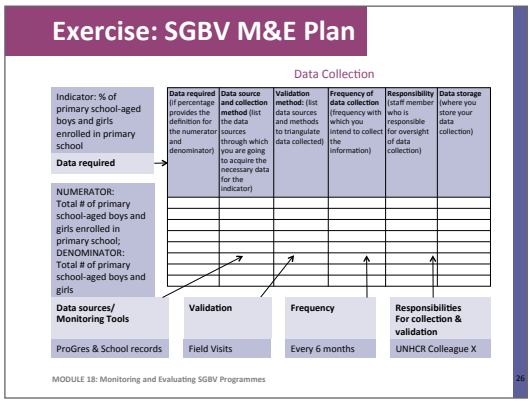
ACTIVITY (60 MINUTES)

1. Distribute Activity Sheet 3: Monitoring and Evaluation Case Study and Exercise. This describes the UNHCR SGBV portfolio in the fictional country of Takonia and an SGBV monitoring and evaluation plan. The M&E plan is pre-filled with a number of indicators. Explain that participants are tasked with:
   a. Reviewing the case study on Takonia
   b. Completing the M&E plan
   c. Defining five key actions that need to happen to implement the M&E plan. The actions points should represent the key steps that the office needs to take once the M&E plan is finalized. (Have participants write their five key actions on a flip chart.)

2. Give groups 30 minutes to complete the activity. The M&E plan should be completed by providing information for each indicator in the following boxes:
   - **Data Source and Collection Method:** What kind of information is necessary to monitor the SGBV results, indicators and activities?
   - **Validation Method:** What tools should be used for monitoring? (Participants may refer to the table on Hand-out 5: Data Collection, Validation and Storage.)

Data collection	Data validation	Data storage
• Surveys (baseline, household, perception etc.) • Interviews • Monthly reports • Meetings • Focus groups • Reports from partners • Records of service providers • Police reports • Financial reports • GBVIMS	• Field visits, spot-checks, observations • Monitoring visits • Reviews and assessment • Cross-checking of databases (ProGres etc.) • Joint assessments • Interviews • Stakeholders and beneficiaries consultations • Client surveys • Reviews • Phone calls, third party monitoring	• GBVIMS • Case-management files • Excel sheets • Data management tool

   - **Frequency of Data Collection:** With what frequency should data and information be collected, validated and analysed? Some information is required weekly, while other information is only required monthly or quarterly.
   - **Responsibility:** Who should be responsible for the collection, validation and analysis of data and information? (Participants should consider the different roles in their offices.)



3. Ask the group to report back in plenary on the experience of completing the M&E plan. Using the slide, summarize the key points made and comment on difficulties mentioned.

4. Ask the group to report back in plenary on the five key action points they have defined. Reflect on the key steps undertaken.

NOTES TO THE FACILITATOR:

Feedback to the group work:

Please note that the action points could include the following points:

- *Define roles and responsibilities within the office*
- *Ensure that budget is allocated for monitoring activities, including surveys, monitoring visits, data collection, etc.*
- *Ensure that the different partners' agreements include instructions to the partner on what data to collect and share*
- *Establish an M&E calendar for the office*
- *Define how collected data should be shared within the office and beyond*

Wrap-up

(10 MINUTES)

5. Ask participants to reflect on how they can take stock of these issues in their own work.
6. Encourage participants to share some of their reflections in plenary.
7. Address any unanswered questions and sum up with the key points.

REFERENCES:

Bloom, S. *Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*, 2008, available at: http://goo.gl/P2n2Ek.

Humanitarian Practice Network (HPN), *Humanitarian Exchange Magazine*, Issue 60, February 2014, focusing on gender-based violence in humanitarian crises with articles on MSF, ICRC, data, M&E etc., available at: http://goo.gl/fnl4on.

MEASURE Evaluation, University of North Carolina, Carolina Population Centre, *MEASURE Evaluation Population and Reproductive Health Project: Indicator Database with Guidance*, 2014, available at: http://www.cpc.unc.edu/measure/prh.

UNFPA, UNHCR, and the International Rescue Committee, *The Gender-Based Violence Information Management System User Guide*, Chapters 1 and 2, available at: http://goo.gl/nic0nD.

UNHCR, *Guidance on SGBV Impact indicators*, available at: https://goo.gl/lkNq1G.

UNHCR, *List of Minimum Protection Indicators for Education, SGBV and Child Protection*, available at: https://goo.gl/fnCQfD

UNHCR, Manual, Chapter 4: Programming (section on Monitoring), available at: https://goo.gl/Ekx9eQ

WHO, *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergency Situations*, 2007, available at: http://goo.gl/q7mC0e.

Activity Sheet 1

Results or Activity?

Decide whether each statement describes a result or an activity.

	Result	Activity
Establish effective and efficient Standard Operating Procedures for SGBV response.		
Criminal law for perpetrators is enforced.		
Train government officials on international legal framework on SGBV.		
Women and girls have increased access to and control over resources (economic, political, social and legal).		
Strengthen capacities of communities to protect persons at risks.		
Medical support is provided to all SGBV survivors.		

Impact Indicator Guidance for Response Services and Community Engagement

IMPACT INDICATOR GUIDANCE FOR RESPONSE SERVICES

INDICATOR:	**Extent known SGBV survivors receive appropriate support**		
Rights Group:	Security from Violence and Exploitation		
Objective:	Risk of SGBV is reduced and quality of response improved.		
Rationale:	This indicates the coverage and quality of support provided to SGBV survivors, reflecting access to holistic services as well as service providers' adherence to guiding principles such as confidentiality and non-discrimination.		
HOW SHOULD THIS INDICATOR BE MEASURED?			
Standard:	**Acceptable Range:**	**Unacceptable Range:**	**Critical Range:**
100%	≥71%	70 – 41%	≤40%
Calculation:	To calculate the value to be entered for this indicator you must respond with a Yes/No answer to the given criteria questions. Each criterion carries a specific weight. Cumulatively these add up to 100 per cent. To calculate the value for this indicator, add up the percentage points collected for each positive response to the criteria. Please keep a record of criteria values for documentation.		
Criterion #1:	**Is medical treatment provided to all SGBV survivors seeking such assistance?** To answer yes, survivors in your operation in need of/seeking assistance are provided medical treatment, including emergency STI and pregnancy treatment (whether or not this service is provided by UNHCR, a partner, government or a community-based organization). If any survivors seeking this service did not receive it, answer no.		**Weight:** 10
Criterion #2:	**Is psychosocial treatment provided to all SGBV survivors seeking such assistance?** To answer yes, survivors in need of/seeking assistance are provided psychosocial services (whether or not provided by UNHCR, a partner, government or a community-based organization). If any survivors seeking this service did not receive it, answer no.		**Weight:** 10

Criterion #3:	**Is legal assistance provided to all SGBV survivors seeking such services?** To answer yes, survivors in your operation in need of/seeking assistance are provided legal services (whether or not provided by UNHCR, a partner, government or a community-based organization). If any survivors seeking this service did not receive it, answer no.	**Weight:** 10
Criterion #4:	**Is safety and security assistance provided to all SGBV survivors seeking such services?** To answer yes, survivors in need of/seeking assistance are provided safety and security services such as safe spaces (whether provided by UNHCR, a partner, government or a community-based organization). If any survivors seeking these services did not receive them, answer no.	**Weight:** 10
Criterion #5:	**Is material assistance provided to all SGBV survivors seeking such services?** To answer yes, survivors in need of/seeking assistance are provided material assistance (whether or not provided by UNHCR, a partner, government or a community-based organization). If any survivors seeking this service did not receive it, answer no.	**Weight:** 10
Criterion #6:	**Are services for SGBV survivors tailored to persons with specific needs (PWSN) such as children and older persons, persons with disabilities, LGBTI etc.?** To answer yes, response services in your operation must have special procedures in place to ensure PWSN are informed and have access to services. If PWSN lack access to response services, whether due to lack of information or lack of necessary procedures, answer no.	**Weight:** 10

Criterion #7:	**Are services provided to SGBV survivors without discrimination on the basis of gender, sex, age, sexual orientation, ethnic background or other status?** To answer yes, SGBV services are inclusive and non-discriminatory and all survivors are treated on an equal basis. If service providers turn away or treat differently certain individuals or groups on the basis of the above-mentioned characteristics, answer no.	**Weight:** 10
Criterion #8:	**Are services protective of SGBV survivors' safety and security?** To answer yes, actors in the referral pathway intervene only according to an assessment to ensure the safety and security risks for the survivor. If any service provider has referred a case in a manner that endangered the survivor or their family, answer no.	**Weight:** 10
Criterion #9:	**Are services provided according to the wishes of a survivor?** To answer yes, actors in in the referral pathway are respectful of a survivor's dignity and rights and act only according to a survivor's wishes, without coercion or pressure. Note that this does not measure whether a survivor had access but whether referrals made were only those requested and consented to. If any survivor was pressured into services they did not request or was not referred according to their express wishes, answer no.	**Weight:** 10
Criterion #10:	**Are services respectful of SGBV survivors' confidentiality?** To answer yes, actors in the referral pathway adhere to confidentiality standards as outlined in UNHCR, IASC SGBV Guidelines as well as local SOPs. If any service provider has shared details revealing a survivor's identity without first seeking consent or has not adhered to information sharing protocols, answer no.	**Weight:** 10
Data Collection Frequency:	Monthly	
Data Collection Methods and Sources:	• Information and formal reports from implementing and operational partners, governments, community committees, PoCs, as well as internal reports (every 3 or 6 months) • Participatory assessments, surveys (every 6 months) • Site visits, spot checks, stakeholder consultations, validation visits (weekly or biweekly) • Analysis of targets and outputs (every 6 months) • Discussion and analysis with partner agencies and PoCs (monthly) • Monitoring and evaluation plan for this impact indicator	
Reporting Frequency	Twice a year: mid-year and year-end	

WHAT ELSE SHOULD BE CONSIDERED?

Definitions

- **Appropriate support** means access to holistic response services – medical, psychosocial, legal, safety/security, and material – provided by qualified staff with adequate facilities, materials and medication that are tailored to each survivor's individual needs, wishes, priorities and capacities, according to UNHCR and inter-agency guiding principles that should underpin all actions with survivors:

  a) **Ensuring the physical safety** of the survivor(s)

  b) Guaranteeing **confidentiality**

  c) Respecting the **wishes, the rights, and the dignity** of the survivor(s)

  d) Acting in the **best interests of the child**, including through special procedures, staffing and facilities

  e) **Ensuring non-discrimination**

- **Known survivors:** Given that SGBV is under-reported, UNHCR can measure only support provided to *known survivors*, meaning survivors who have identified themselves to UNHCR, its partners, or other service providers.

IMPACT INDICATOR GUIDANCE FOR COMMUNITY ENGAGEMENT

INDICATOR:	**Extent community is active in SGBV prevention and survivor-centred protection**		
Rights Group:	Security from Violence and Exploitation		
Objective:	Risk of SGBV is reduced and quality of response improved.		
IN WHICH SITUATIONS IS THIS INDICATOR USEFUL?			
Rationale:	This indicates the level of engagement of a community in SGBV prevention and response activities, providing a snapshot of community-level action as well as attitudes towards SGBV and survivors. Sexual and gender-based violence violates human rights. Together with States, UNHCR has the responsibility to protect persons of concern from SGBV and assist survivors to rebuild their lives. The community should be central to all programme activities that address SGBV, with community involvement in decision making being essential.		
Location:	Camp: ✓	Urban: ✓	Rural: ✓
Population Type(s):	Refugees: ✓	IDPs: ✓	Asylum Seekers: ✓
	Refugee Returnees: ✓	Returned IDPs: ✓	Stateless Persons: ✓
			Others of Concern: ✓
HOW SHOULD THIS INDICATOR BE MEASURED?			
Standard:	**Acceptable Range:**	**Unacceptable Range:**	**Critical Range:**
100%	≥60%	59 – 21%	≤20%
AGD Related:	**Disagreggation:**	**By sex:**	**By age:**
Yes		No	No
Calculation:	To calculate the value to be entered for this indicator you must respond with a Yes/No answer to the given criteria questions. Each criterion carries a specific weight. Cumulatively these add up to 100 per cent. To calculate the value for this indicator, add up the percentage points collected for each positive response to the criteria. Please keep a record of criteria values for documentation.		
Criterion #1:	**Are SGBV-related protection issues that are regularly discussed in community committees concluded with a community-based solution?** To answer yes, community leadership structures in your operation engage different segments of the community in order to reach decisions that promote community protection and the interest of survivors. This could include decisions by camp committees relating to, for example, placement of water points or membership of community watch groups, as well as decisions on assistance in individual cases, such as referral to livelihoods or safe space. If these structures make decisions that do not reflect the community's protection priorities and/or survivor's interest, answer no.		**Weight:** 20

Criterion #2:	**Are SGBV incidents mediated by community representatives, elders, religious leaders etc. decided according to human rights standards and/or the survivor's interest?** To answer yes, traditional justice mechanisms resolving incidents of SGBV in your operation do so in a manner consistent with human rights standards (see references below) and survivor's wishes. If decisions are generally inconsistent with human rights standards and/or survivor's interest, you should answer no.	**Weight:** 20
Criterion #3:	**Is the community initiating survivor-centred responses to SGBV?** To answer yes, community groups/members take proactive steps to lead/participate in referring/accompanying SGBV survivors to response services. If the community generally does not support survivors in accessing services, you should answer no.	**Weight:** 20
Criterion #4:	**Is the community effectively initating and implementing preventive measures for SGBV (community watch groups, community awareness raising etc.)?** To answer yes, community groups and members take proactive steps to lead or participate in SGBV prevention activities, such as community watch groups and awareness raising campaigns, as well as SGBV committees. If the community does not take initiative to lead and implement prevention activities, you should answer no.	**Weight:** 20
Criterion #5:	**Are at-risk groups within the community involved in decision making relating to their protection and safety?** To answer yes, different groups within the community who may be at risk of SGBV for different reasons are involved in central decision making relating to their protection and safety. This could include women and girls, men and boys, persons with specific needs etc. If certain at-risk groups are excluded from meaningful participation in decision-making, answer no.	**Weight:** 20
Data Collection Frequency:	Variable (see below)	

Data Collection Methods and Sources:	• Participatory assessements, surveys (every 6 months) • Information and formal reports from implementing and operational partners, governments, community committees, PoCs (every 3 or 6 months) • Site visits, spot checks, stakeholder consultations, validation visits (weekly or biweekly) • Analysis of targets and outputs (every 3 or 6 months) • Discussion and analysis with partner agencies and PoCs (monthly) • Monitoring and evaluation plan for this impact indicator
Reporting Frequency	Twice a year: mid-year and year-end
WHAT ELSE SHOULD BE CONSIDERED?	
Notes:	**Definitions**
	• **Community:** A group of people that recognizes itself or is recognized by outsiders as sharing common cultural, religious or other social features, backgrounds and interests, and that forms a collective identity with shared goals. • **Survivor-centred protection:** The survivor-centred approach recognizes that each person is unique, reacts differently to SGBV and has different needs, and promotes respect of their rights by placing them at the centre of the support system. It aims to create a supportive environment and helps to promote the survivor's recovery and their ability to identify and express needs and wishes, as well as to reinforce their capacity to make decisions about possible interventions. The survivor has a right to: – Be treated with dignity and respect instead of being exposed to victim-blaming attitudes – Choose the course of action in dealing with the violence instead of feeling powerless – Privacy and confidentiality instead of exposure – Non-discrimination – Receive comprehensive information to help them make their own decisions. **Useful Tips:** UNHCR is not expected to be, and should not be, the only implementer of preventive and responsive interventions. UNHCR should act as catalyst of a multifunctional team of key actors, including the community of concern itself, to ensure a cooperative, coordinated approach that responds to the community's needs, capacities and priorities.

References:	• UNHCR, *Action against Sexual and Gender-Based Violence: An Updated Strategy*, 2011, available at: http://www.unhcr.org/4e1d5aba9.pdf • UNHCR, *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*, 2003, available at: http://www.refworld.org/docid/3edcd0661.html • IASC, *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*, 2005, available at: http://www.unhcr.org/refworld/docid/439474c74.html. • UNHCR, *UNHCR Handbook for the Protection of Women and Girls*, 2008, available at: http://www.unhcr.org/refworld/docid/47cfc2962.html.

Activity Sheet 3

Monitoring and Evaluation Plan Case Study and Exercise

SCENARIO: Takonia is a very poor and large but sparsely populated country, with a population of 11 million. It is host to 300,000 refugees in its north and west from different neighboring countries. Refugees live in large camps, which were established five years ago. The prospect of return is currently very low given the ongoing violence in the refugees' countries of origin and the worsening relationship between Takonia and its two neighboring countries.

Although largely under-reported, sexual and gender-based violence among the refugee population occurs everyday in many forms, including domestic violence, forced marriage, early marriage, and female genital mutilation (FGM/C). SGBV largely goes unpunished and survivors are not empowered to report incidents or seek services, fearing stigmatization imposed by socio-cultural and religious norms. Additionally, girls and women in the camps are socially and economically disempowered, which puts them further at risk of SGBV. Women and girls lack livelihood options and sometimes turn to the production of alcohol as well as survival sex as means of income. Girls who are not enrolled in school or other organized activities are at particular risk of SGBV. Community mechanisms are weak and often protective of traditional practices.

UNHCR's SGBV PORTFOLIO: UNHCR offers a range of support services to SGBV survivors and in recent years, UNHCR has set up a referral system and community-based psycho-social counseling services. In the next year, UNHCR plans to strengthen its SGBV portfolio in one sub-office location in the north of the country by consolidating its services in medical assistance and psycho-social counselling and by offering safe spaces to SGBV survivors. At the same time, UNHCR intends to provide capacity building to partners, private service providers and government officials. To increase the participation of the community in SGBV prevention and response, UNHCR also plans capacity-building and other activities. For this, UNHCR has set up four different agreements with the following partners for the following activities:

- Partner 1 (TakoAid, a local partner with little experience): provision of safe spaces
- Partner 2 (International Takonia Refugee Committee, an international partner with good experience): provision of psycho-social counselling and capacity-building activities
- Partner 3 (local health clinics): medical assistance for SGBV survivors
- Partner 4 : for capacity building activities
- Outreach workers and volunteers: community participation in prevention and response

The UNHCR sub-office is of medium size and responsible for refugee camps with up to 60,000 refugees. The office has a strong protection section led by a senior protection officer. The programme section is equally strong but several posts have been vacant for some time now. The office is characterized by high staff turnover and many staff absence periods due to leave and rest and recuperation periods The head of office is new but fully engaged in SGBV issues. Local capacities are low, and national institutions and public administration are generally weak or non-existent.

As UNHCR is starting the new year, the office is keen to track performance and measure change over time in the SBGV interventions provided. For this, the office embarks on developing a monitoring and evaluation plan that defines what data the office requires, where and how to collect it, at what intervals and by whom.

MONITORING PLAN: TAKONIA

OPERATION: TAKONIA

PLANNING YEAR:

PPG	OBJECTIVE	IMPACT INDICATOR	OUTPUT	PERFORMANCE INDICATOR	Baseline 2015
Refugees and Asylum seekers	Risk of SGBV is reduced and quality of response improved	# of reported incidents of SGBV			
		Extent known SGBV survivors receive appropriate support			
			Access to medical services facilitated	# of reported SGBV incidents for which survivors receive medical assistance	
			Capacity development supported	# of partner, government and UNHCR staff trained on SGBV prevention and response	
			Capacity development supported	# of PoC trained on SGBV prevention and response	
			Participation of community in SGBV prevention and response enabled and sustained	# of awareness-raising campaigns on SGBV prevention and response conducted	
			Psychosocial counselling provided	# of reported SGBV incidents for which survivors receive psychosocial counselling	
			Safe and survivor-centred SGBV procedures and coordination mechanisms functional	% of SGBV-related partners actively participating in coordination mechanisms	
			Safety and security for SGBV survivors provided	# of reported SGBV incidents for which survivors are provided with a safe space	

- Design a monitoring plan for the SGBV results and indicators for Takonia by discussing
  - **What kind of information** is necessary to monitor the SGBV results, indicators and activities.
  - **What tools** should be uses for monitoring.
  - **With what frequency** should data and information be collected, validated and analysed.
  - **Who** should be responsible for the collection, validation and analysis of data and information.

BASELINE AND TARGETS			DATA COLLECTION					
Target Approved budget 2015	Target Approved budget 2016	Target Approved budget 2017	Data required	Data source and collection method	Validation method	Frequency of data collection	Responsibility	Data Storage

1

2

3

Hand-out 1

Monitoring and Evaluation of SGBV Programmes

WHAT IS MONITORING AND EVALUATION?

- *Monitoring* is an ongoing a process that takes places during implementation. Monitoring is not, therefore, a distinct phase that occurs before or after implementation.
- Monitoring focuses on progress and impact, not activities.
- By contrast, *evaluation* is a one-time exercise that does not measure progress.

Evaluations use **criteria** to assess a programme or intervention.

DEFINITIONS AND DIFFERENCES

	Monitoring	Evaluation
Why	To understand progress	To understand longer-term results
When	During implementation	After implementation
How	Ongoing data collection, validation and analysis	One time exercise that focuses on • Relevance • Efficiency • Effectiveness • Impact • Sustainability • Coverage • Co-ordination • Coherence
For what	Continuous project adjustments	Recommendations, lesson learned for future planning
Who	Internal	Mainly external

HOW OFTEN DO WE MONITOR AND EVALUATE?

Monitoring is done on a continuous basis during implementation. Evaluations are done at the end of a project or programme. Although UNHCR's programming cycle has a duration of one year, an evaluation should not be done on a yearly basis. Evaluations should be conducted after several years or after a specific project has been completed. Evaluations take time and cost money and therefore need to be planned carefully.

WHY DO WE MONITOR AND EVALUATE?

The four main reasons for monitoring and evaluation are:

- To **measure** the direct results and long-term impact of interventions.
- To understand the difference that we make and **adjust** our projects and programmes accordingly.
- To **know** what is working and what is not working.
- To **be accountable** to people of concern. UNHCR needs to be taking account, giving account and being held to account for its interventions.

In addition, UNHCR is accountable to donors and to taxpayers and needs to be able to provide information they require.

Monitoring and evaluations are ways to manage. We are only able to manage what we monitor. If we don't monitor something, we won't be able to manage it well.

MAIN PILLARS FOR MONITORING AND EVALUATING SGBV PROGRAMMES

1) **Protection situations:** As a protection agency, there is a need to monitor the protection situation relating to risks and incidents of SGBV. Capturing data on SGBV risks and incidents is part of SGBV information management and a crucial part of monitoring. Tools for monitoring the protection situation can include safety audits, needs assessments and participatory assessments. The systematic use of GBVIMS also provides important trend data on the protection situation.
2) **Results of programmes and projects on SGBV:** The other critical area that we want to monitor is what we are achieving with our projects and programmes relating to SGBV. This is usually referred to as *monitoring of results*. When we talk about results, we include a number of different results at different levels from the output level to the outcome level. Sample sources of collecting data for results can be participatory assessments, focus group discussions, partner reports, direct observation and others.

AN IMPORTANT NOTE ON INCIDENT MONITORING

The purpose of collecting data on incidents is to enable the humanitarian community to improve services, mitigate risks and strengthen protection mechanisms. For example, it allows predicting the scale of services that need to be put in place. SGBV incident monitoring is part of UNHCR protection monitoring and done through GBVIMS, if possible. (GBVIMS is a data management system to help facilitate safe and ethical data sharing between agencies.)

A few important points:

- Any SGBV incident data should be generated **through service delivery**, with the consent of the survivor and respecting confidentiality.
- The GBVIMS *cannot* determine prevalence of SGBV incidents as incident data gathered through service delivery is not population based. It doesn't tell the number of individuals experiencing violence or the rate of violence, it only tells about violence reported to service providers. Prevalence (how many SGBV incidents take place in a group/society) is generally not measured in humanitarian settings. Measuring prevalence requires specific considerations and tools which are not necessarily applicable in humanitarian settings.

MEASURING RESULTS IN DIFFERENT AREAS

Results are usually defined when developing an SGBV programme. They can be either formulated as an output or an outcome. It is important that they are not framed as *activities* but that they define the desired state to be achieved.

Response: Results in response usually relate to the services and systems set up to respond to SGBV incidents. Examples include:

- SGBV response services are set up and function.
- Referral system is effective and timely.
- Case management functions smoothly.
- PEP kits are provided to all SGBV survivors in need within 72 hours.

Prevention, Mitigation of risks through multi-sectoral approach: Results in mitigation of risks mostly relate to the extent to which multi-sectoral interventions are protection sensitive. They can describe the degree to which the design and implementation of sectoral interventions take SGBV risks into account. This is done in two ways. First, sectoral interventions should ensure that they are not creating additional protection risks (for example, exposing people to further harm). Secondly, sectoral intervention can be designed to increase protection outcomes. Examples of SGBV prevention include:

- Public places are lit at night.
- Access route to food distribution points are public and not further than xx kilometres (in line with set standards).
- Emergency and transitional shelter corresponds to space/privacy standards.
- Female police officers are placed in all police stations.

Prevention, Change of norms and behaviour: These changes describe longer-term changes in the attitudes and behaviour of individuals, communities or institutions. A behavioural change can be, for example:

- A change in beliefs around gender equality
- A change in reporting of SGBV incidents by a community
- A change in legal practices relating to SGBV perpetrators
- A change in police attitudes
- A change in attitudes among the community towards SGBV

THE RESULTS CHAIN

When we talk about monitoring SGBV results, we usually talk about a results chain. Some people call a results chain a theory of change, since a results chain should demonstrate how change is expected to occur over time with the planned interventions.

UNHCR has two levels of results that it measures: the output and the impact level.

Consider two examples.

- Example 1: A programme sets itself the **outcome** to improve the quality of SGBV response. In order to achieve this improvement, they identify intermediary **outputs** that need to be achieved first: safe spaces provided, counselling provided. To achieve those outputs, certain **activities** are required such as training, information sharing protocols and others.
- Example 2: To improve SGBV prevention a programme defines an intended long-term **outcome** of reducing the risk of SGBV. The intermediary results at the **output** level are defined in a sector specific way, and the **activities** are specific activities per sector.

RESULT CHAIN

	Activity	Output	Outcome/ impact
Example 1:	Training, SOPs, service delivery, information-sharing protocols	Safe spaces provided, psycho-social counselling provided	Quality of response improved
Example 2:	Installment of solar lights, lockable doors and separate latrines	Safe shelter and energy interventions implemented	Risk of SGBV reduced

MORE FOCUS ON RESULTS

UNHCR and other organizations tend to focus more on activities than on results. This is mainly because activities can be more concrete than results and can absorb most of our time. At the same time, the reasons why organizations have moved from activity monitoring to results monitoring is that activity monitoring is not sufficient for learning lessons, making programmatic changes and communicating with internal and external stakeholders. The shift from activities towards results is an important shift in UNHCR culture. For SGBV, this means that we are not simply listing activities but are interested in whether our activities contribute to longer-term change.

SGBV DATA USED FOR MONITORING PURPOSES

- Usually, programming is based on evidence of gaps, needs, challenges and risks. Evidence means that credible data is collected, validated and triangulated.
- In the context of SGBV programming, *evidence* refers to proof that outcomes and outputs of the programmes are achieved (for example: medical services are provided). It does *not* refer to evidence of SGBV incidents occurring.
- In the case of sensitive data and information, such as SGBV incidents, a different approach to evidence needs to be taken. Even though SGBV programmes need to live up to the principle of being evidence based, evidence in this context does not mean a systematic collection of data and information on SGBV *incidents*. For safety and ethical reasons, it is not recommended that the number of reported incidents be used as evidence to indicate programmatic results. SGBV programming should be implemented regardless of reported incidents because SGBV is routinely under-reported and, in fact, occurs in each and every emergency.
- There are numerous reasons that might explain a change in the number or percentage of reported incidents, making it a challenge to link an increase or decrease to one specific activity.
- Along the same lines, the number of incidents can therefore not be used in isolation as a baseline in a programmatic sense. Still, when we collect other information about the impact of our projects, we may hear information about specific incidents. We need to bear in mind that sharing data on SGBV incidents can put the survivor at risk and can only occur with the consent of the survivor and in their interest (for example, to refer to services).
- As a general rule, SGBV programme monitoring work should occur with adherence to the Guiding Principles (safety, confidentiality, respect and non-discrimination).

Hand-out 2

Monitoring and Evaluation and the Programme Cycle

There are three key phases in setting up a system for monitoring SGBV results. Each phase has distinct activities relating to monitoring. The phases correspond broadly to the different phases in the programme cycle. The steps depend on the different phases.

PLANNING PHASE: PLANNING YOUR RESULTS AND MEANS OF MEASUREMENT

To do monitoring right, you need to start during the planning phase. This is the critical phase during which you define measurable results and indicators. If this is not correctly done, it will be difficult to monitor later on.

IMPLEMENTATION PHASE: DATA MANAGEMENT

The implementation phase is the moment when you undertake monitoring through data collection, data validation/verification/triangulation and data analysis.

REPORTING PHASE: USING DATA

Once implementation is coming to an end (or also at critical moments during implementation), you need to effectively use the collected data. This can be done in reports, in meetings with people of concern, or in the office and in refining the next years planning to ensure that monitoring data influences future planning.

WHEN TO MONITOR AND EVALUATE

- Define what, when, how to monitor: objectives, indicators, target, data sources and data collection tools
- Set baseline, collect baseline data

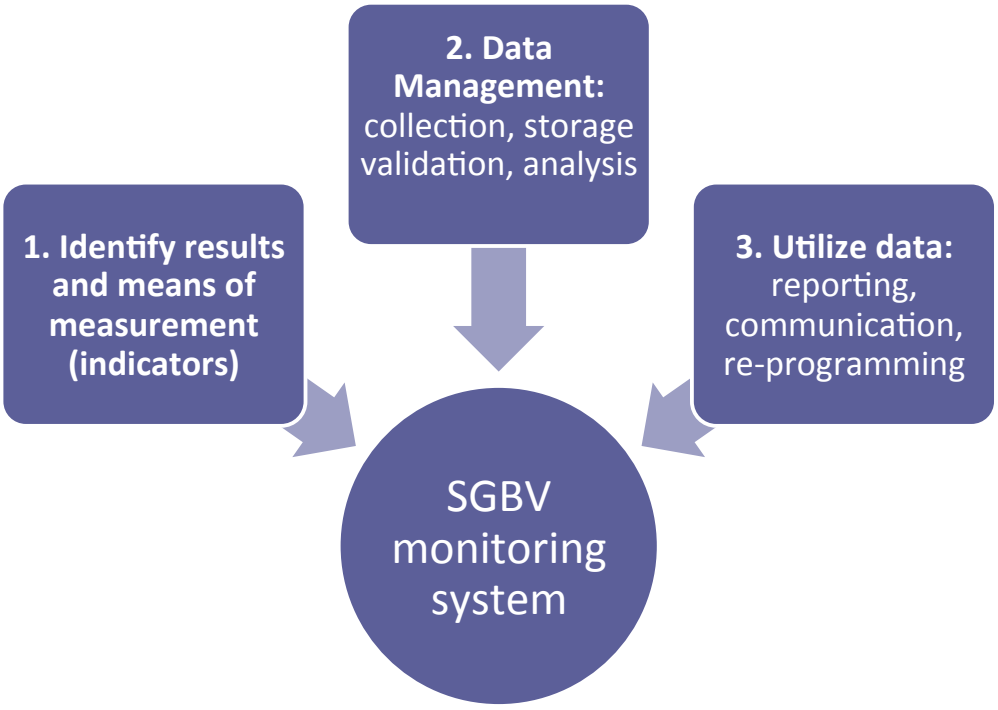
- Collect qualitative and quantitative data
- Validate data
- Analyse data

- Comprehensive analysis and assessment of policies and programmes, and their impact on persons of concern.

- Consolidate data and analysis
- Report on progress to different stakeholders in real time

- Use of assessments for beneficiary feedback and consultations

HOW TO MONITOR



Hand-out 3

Types of Indicators and Units of Measurement

Indicators can come in different shapes and forms (direct or indirect [proxy], %, #, extent, yes/no, level of...). It is important to select the most adequate type of indicator so that you can get the most relevant information that you need.

Type of indicator	Unit of Measurement	Example
Number	Absolute number in a defined geogrraphical area or population	• Number of reported SGBV incidents • Number of survivors who sought psychosocial support during a specific period of time • Number of facilities providing health care to survivors of sexual violence
Proportion	Proportion at a given time (often expressed as a percentage)	• Percentage of people who report feeling safe at the bathing areas • Percentage of children who report feeling safe on the way to school • Percentage of reported rape incidents for which PEP kits are provided within 72 hours
Average	Average at a given time	• Mean age at marriage in 2015 • Average age of girls of girls and boys whom drop out of school
Category or ordinal	Categorical measurement at a given time	• Existence of a Standard Operating Procedures for SGBV prevention and response • Existence of a law against FGM/C
Ratio	Proportion with the numerator and the denominator being of different nature	• Ratio of health workers over female refugee population • The ratio of doctors trained in clinical care of SGBV survivors over the population • Sex ratio, for example male / female ration in secondary school

Hand-out 4

UNHCR Results and Indicators on SGBV

UNHCR has predefined the impact and performance indicators that it uses. In UNHCR, indicators are pre-defined for SGBV programming. At the same time, it sometimes makes sense to develop additional context specific indicators. *Note: these results and indicators relate to SGBV response and general SGBV programming. They do not capture prevention.*

Objective	Impact indicators
Risk of SGBV is reduced and quality of response improved	# of reported incidents of SGBV
	Extent community is active in SGBV prevention and survivor-centred protection
	Extent known SGBV survivors receive appropriate support
Outputs	Performance indicators
Access to medical services facilitated	# of reported SGBV incidents for which survivors receive medical assistance
Legal assistance provided	# of persons convicted of SGBV-related crimes
	# of persons prosecuted for SGBV-related crimes
	# of reported SGBV incidents for which survivors receive legal assistance
Material assistance provided	# of reported incidents for which survivors receive material assistance
	# of survivors enrolled in income generating and occupational activities
Psychosocial counselling provided	# of reported SGBV incidents for which survivors receive psychosocial counselling
Safety and security for SGBV survivors provided	# of reported SGBV incidents for which survivors are provided with a safe space
Advocacy conducted	# of advocacy interventions made on SGBV prevention and response
Capacity development supported	# of partner, government and UNHCR staff trained on SGBV prevention and response
	# of PoC trained on SGBV prevention and response
Participation of community in SGBV prevention and response enabled and sustained	# of awareness-raising campaigns on SGBV prevention and response conducted
	# of community-based committees/groups working on SGBV prevention and response
	# of community-led activities on safety and security
	# of men's groups working on SGBV prevention and response
Safe and survivor-centred SGBV procedures and coordination mechanisms functional	% of sectoral plans addressing SGBV within 60 days of an emergency
	% of SGBV-related partners actively participating in coordination mechanisms
	Interagency SOPs for SGBV response agreed upon and functioning (yes/no)

Hand-out 5

Data Collection, Validation and Storage

Management of data is the backbone of a monitoring system. We distinguish three key components:

- Data collection
- Data validation
- Data storage

DATA COLLECTION

A variety of tools exist for the collection of data, depending on what type is required. UNHCR mainly uses secondary data, meaning data collected by somebody else or for another purpose. Since the majority of UNHCR programmes are implemented through partners, the main data collectors for UNHCR are implementing partners. UNHCR uses the data they collect on services provided to SGBV survivors, on information campaigns conducted etc.

Where services are not available to survivors, it may not be ethical to collect primary sources of information. This is often the case at the onset of an emergency since gathering primary data in this context involves asking survivors directly. In these situations it is often easier, cheaper, and more ethical to gather secondary sources of information.

DATA VALIDATION

The purpose of data validation is to check whether data is accurate. Data validation is necessary for all data and particularly when UNHCR is not collecting primary data itself but receiving secondary data collected by partners or other entities and using this data for reporting on indicator related targets. For SGBV, data validation involves verifying that data provided by others (partners, third parties etc.) is evidence based. Data validation does not include interviewing survivors, alleged perpetrators and/or witnesses verifying whether SGBV incidents have actually taken place.

DATA STORAGE

Data collected on SGBV needs to be stored safely and individual level SGBV information should be treated as *strictly* confidential at all times. Case information should only be shared on a need-to-know basis, that is, with those service providers who are directly involved in a case's management. Such measures as adopting a coding system (identifying survivors by code instead of name) for paper files and securing files in locked drawers are often required, though, other measures may also be necessary, such as having a file destruction plan in the event of evacuation. Under no circumstances should files with survivor's identifiable information be left lying in the open.

Data collection	Data validation	Data storage
• Surveys (baseline, household, perception etc.) • Interviews • Monthly reports • Meetings • Focus groups • Reports from partners • Records of service providers • Police reports • Financial reports • GBVIMS	• Field visits, spot-checks, observations • Monitoring visits • Reviews and assessment • Cross-checking of databases (ProGres etc.) • Joint assessments • Interviews • Stakeholders and beneficiaries consultations • Client surveys • Reviews • Phone calls, third party monitoring	• GBVIMS • Case-management files • Excel sheets • Data management tool

Pre-/Post-test

Module 18:
SGBV Monitoring and Evaluation

Please take a few minutes to respond to the following questions and answer to the best of your ability. Your feedback will remain anonymous and will be used to improve UNHCR's training on SGBV. Thank you for your participation.

1. True or False? Please select all TRUE statements.
   a) Monitoring SGBV programmes is a critical programme component.
   b) Monitoring SGBV consists of monitoring protection risks and incidents as well as results of programmes and projects.
   c) SGBV monitoring and evaluation is another way of saying collecting information on SGBV incidents.
   d) Monitoring SGBV programmes starts during the planning phase.
   e) SGBV programmes do not require evaluations.
   f) Evaluating SGBV is distinct from monitoring SGBV and takes place periodically.
   g) Monitoring SGBV programmes requires data on SGBV incidents.

2. Which of the following are key steps in setting up a monitoring and evaluating system for SGBV?
   a) Defining results and indicators
   b) Collecting data on SGBV incidents
   c) Defining data sources, frequency and responsibility for monitoring
   d) Data management
   e) Interviewing SGBV survivors
   f) Analyzing monitoring information
   g) Using monitoring data
   h) Assessing SGBV prevalence

3. Explain in your own words what is meant by monitoring and evaluation for SGBV.

4. What are the key issues that are monitored in SGBV prevention and response?

Pre-/Post-test: Answer Sheet

Module 18:
SGBV Monitoring and Evaluation

(Correct responses are highlighted in **bold**)

1. True or False? Please select all TRUE statements.
   - **a) Monitoring SGBV programmes is a critical programme component.**
   - **b) Monitoring SGBV consists of monitoring protection risks and incidents as well as results of programmes and projects.**
   - c) SGBV monitoring and evaluation is another way of saying collecting information on SGBV incidents.
   - **d) Monitoring SGBV programmes starts during the planning phase.**
   - e) SGBV programmes do not require evaluations.
   - **f) Evaluating SGBV is distinct from monitoring SGBV and takes place periodically.**
   - g) Monitoring SGBV programmes requires data on SGBV incidents.

2. Which of the following are key steps in setting up a monitoring and evaluating system for SGBV?
   - **a) Defining results and indicators**
   - b) Collecting data on SGBV incidents
   - **c) Defining data sources, frequency and responsibility for monitoring**
   - **d) Data management**
   - e) Interviewing SGBV survivors
   - **f) Analyzing monitoring information**
   - **g) Using monitoring data**
   - h) Assessing SGBV prevalence

NOTE TO THE FACILITATOR:

For the open test questions below; please note that the responses given are not exclusive; they serve as ***examples*** of correct answers.

3. Explain in your own words what is meant by monitoring and evaluation for SGBV.
   - **Monitoring is an ongoing process that takes place during implementation to track progress of interventions against desired results within agreed timeframes and allocated resources. Monitoring is not, therefore, a distinct phase that occurs before or after implementation. Monitoring focuses on progress and impact, not activities.**
   - **Monitoring SGBV programmes is part of SGBV prevention and response management.**
   - **Evaluation is the systematic and objective assessment of an ongoing or completed project, programme or policy, its design, implementation and results in relation to specified evaluation criteria. Evaluations use criteria to assess a programme or intervention. Although UNHCR programming cycles have a duration of one year, an evaluation should not be done on a yearly basis. Evaluations should be conducted after several years or after a specific project has been completed. Evaluations take time and money and need to be planned carefully.**

4. What are the key issues that are monitored in SGBV prevention and response?

   Monitoring SGBV prevention and response can be distinguished between two main pillars:

   1) Protection situations: As a protection agency, UNHCR needs to monitor the protection situation relating to risks and incidents of SGBV. Capturing data on risks and SGBV incidents is part of SGBV information management and a crucial part of monitoring. Tools for monitoring the protection situation can include conducting safety audits, SGBV needs assessments and participatory assessments. The systematic use of GBVIMS also provides important trend data on the protection situation

   2) Results of programmes and projects on SGBV: The other critical area that UNHCR needs to monitor is what is achieved with projects and programmes relating to SGBV. This is usually referred to as *monitoring of results*. When we talk about results, we include a number of different results at different levels from the output level to the outcome level. Planning and tracking activities can also be part of SGBV prevention and response monitoring if it is part of overall monitoring of SGBV results.

Objectives

- ➔ Describe what is meant by monitoring and evaluation (M&E) of SGBV programmes
- ➔ Explain key challenges
- ➔ Describe key steps in setting up and managing monitoring and evaluation plans for SGBV Programmes
- ➔ Describe key steps in the planning, set up and management of M&E systems

Discussion

- ➔ How do you monitor and evaluate SGBV programmes in your office?
- ➔ What data do you collect on SGBV?
- ➔ What do you do with the data that you collect?

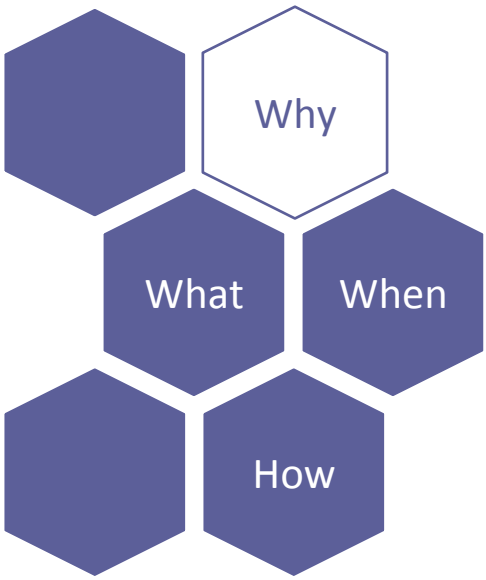
What are monitoring and evaluation?

Monitoring *is an ongoing process during implementation to track progress of interventions against desired results, within agreed timeframes and with allocated resources.*

Evaluation: *The systematic and objective assessment of an ongoing or completed project, programme or policy, its design, implementation, and results in relation to specified evaluation criteria.*

Definitions and Differences

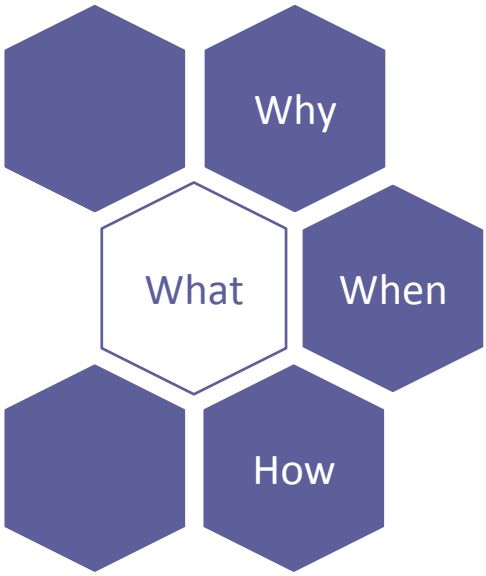
	Monitoring	Evaluation
Why	To understand progress	To understand longer-term results
When	During implementation	After implementation
How	Ongoing data collection, validation and analysis	One time exercise that focuses on • Relevance • Efficiency • Effectiveness • Impact • Sustainability • Coverage • Co-ordination • Coherence
For what	Continuous project adjustments	Recommendations, lesson learned for future planning
Who	Internal	Mainly external



Why do we monitor and evaluate SGBV programmes?

- ➔ To **measure** the direct results and long-term impact of interventions
- ➔ To understand the difference that we make and **adjust** our projects and programmes accordingly
- ➔ To **know** what is working and what is not working
- ➔ To **be accountable**
- ➔ Others?

MODULE 18: Monitoring and Evaluating SGBV Programmes 7



MODULE 18: Monitoring and Evaluating SGBV Programmes 8

What do we monitor in SGBV programmes?

Protection situation	Results of programmes and projects
• Risks • Incidents, violations	• Outputs • Outcomes, impact

SGBV information management is central to monitoring incidents.

Results are changes that occur following interventions and outputs.

Protection Situation: UNHCR Incident Monitoring

- → Purpose: Improve services, mitigate risks, and strengthen protection mechanisms.
- → Incident monitoring on SGBV is part of UNCHR protection monitoring and is done through GBVIMS if possible.
- → SGBV incident data should be generated **through service delivery**, with the consent of the survivor and respecting confidentiality.
- → The GBVIMS *cannot* determine prevalence of SGBV incidents.

SGBV Results

SGBV results can cover the following areas:

- ➔ **Response**
- ➔ **Prevention**: risk mitigation through multi-sectoral approach and change in norms and behaviour

Results Chain

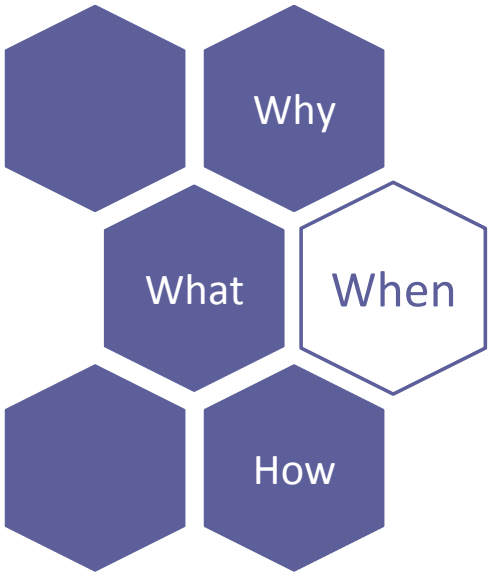
	Activity	Output	Outcome/ impact
Example 1:	Training, SOPs, service delivery, information-sharing protocols	Safe spaces provided, psycho-social counselling provided	Quality of response improved
Example 2:	Installment of solar lights, lockable doors and separate latrines	Safe shelter and energy interventions implemented	Risk of SGBV reduced

SGBV Data Used for Monitoring

- ➔ It is not recommended that the number of reported incidents be used as evidence to indicate results.
- ➔ It is a challenge to link an increase or decrease to one specific activity.
- ➔ The number of incidents should not be used as a baseline in a programmatic sense.
- ➔ SGBV programme monitoring work should occur with adherence to the Guiding Principles.

Challenges in Monitoring SGBV Results

- ➔ SGBV is personal and sensitive and can be associated with shame, guilt and other feelings.
- ➔ Prevalence data is not available or desirable.
- ➔ Data is not easily available.
- ➔ There is a lack of skills, time and tools for monitoring.
- ➔ Systems for reporting are not ideal.
- ➔ It is not clear what results to define.
- ➔ It is difficult to measure.
- ➔ It is highly under-reported.



When to Monitor and Evaluate

Planning

- Define what, when, how to monitor: objectives, indicators, target, data sources and data collection tools
- Set baseline, collect baseline data

Implementation

- Collect qualitative and quantitative data
- Validate data
- Analyse data

Evaluation

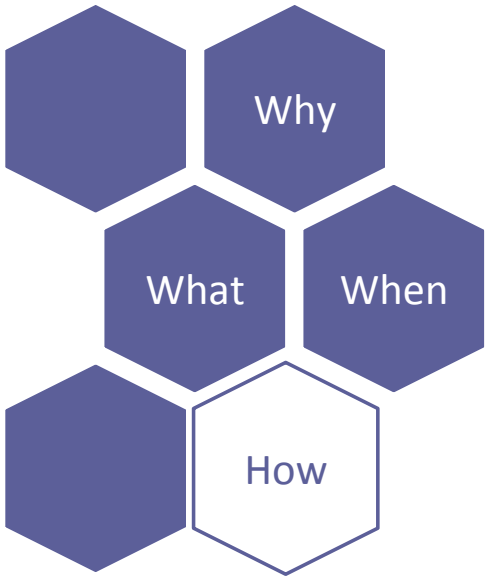
- Comprehensive analysis and assessment of policies and programmes, and their impact on persons of concern.

Reporting

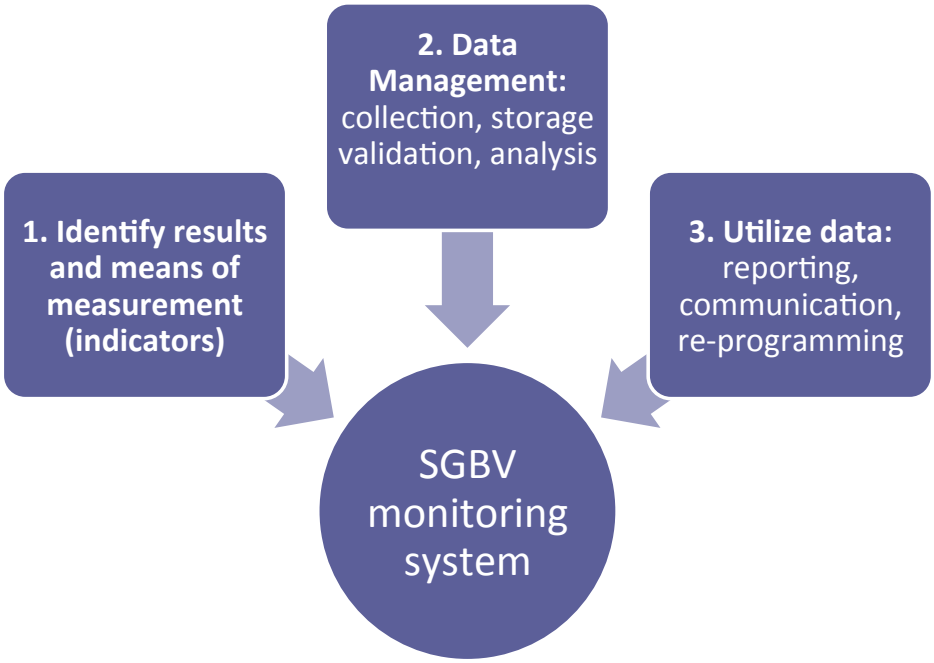
- Consolidate data and analysis
- Report on progress to different stakeholders in real time

Assessment

- Use of assessments for beneficiary feedback and consultations



How to Monitor



Selection of Indicators

- Direct or indirect (proxy)
- Qualitative, quantitative

Indicators can be expressed as:

- %, #, extent, yes/no, level of
- How to chose your indicator (prevention, behavioural change)?

An indicator never comes alone: it needs to have a result attached to it!

QQPT: QUALITY – QUANTITY – POPULATION – TIME

Objective	Impact indicators
Risk of SGBV is reduced and quality of response improved	# of reported incidents of SGBV
	Extent community is active in SGBV prevention and survivor-centred protection
	Extent known SGBV survivors receive appropriate support
Outputs	Performance indicators
Access to medical services facilitated	# of reported SGBV incidents for which survivors receive medical assistance
Legal assistance provided	# of persons convicted of SGBV-related crimes
	# of persons prosecuted for SGBV-related crimes
	# of reported SGBV incidents for which survivors receive legal assistance
Material assistance provided	# of reported incidents for which survivors receive material assistance
	# of survivors enrolled in income-generating and occupational activities
Psychosocial counselling provided	# of reported SGBV incidents for which survivors receive psychosocial counselling
Safety and security for SGBV survivors provided	# of reported SGBV incidents for which survivors are provided with a safe space

continued slide 21

Objective	Impact indicators
Advocacy conducted	# of advocacy interventions made on SGBV prevention and response
Capacity development supported	# of partner, government and UNHCR staff trained on SGBV prevention and response
	# of PoC trained on SGBV prevention and response
Participation of community in SGBV prevention and response enabled and sustained	# of awareness-raising campaigns on SGBV prevention and response conducted
	# of community-based committees/groups working on SGBV prevention and response
	# of community-led activities on safety and security
	# of men's groups working on SGBV prevention and response
Safe and survivor-centred SGBV procedures and coordination mechanisms functional	% of sectoral plans addressing SGBV within 60 days of an emergency
	% of SGBV-related partners actively participating in coordination mechanisms
	Inter-agency SOPs for SGBV response agreed upon and functioning (yes/no)

Defining Data Sources and Collection Methods

- → Data sources: **where** data comes from
- → Data collection methods: **how** data is collected

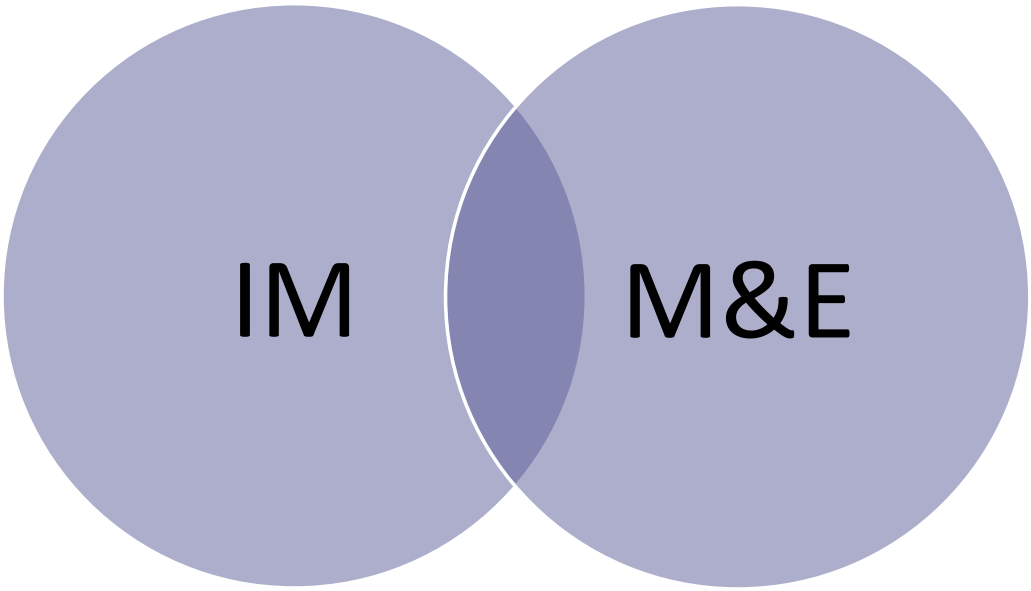
GROUP WORK ON INDICATOR GUIDANCE:

1. Extent known SGBV survivors receive appropriate support
2. Extent community is active in SGBV prevention and survivor centered protection

Tools

Data collection	Data validation	Data storage
• Surveys (baseline, household, perception etc.) • Interviews • Monthly reports • Meetings • Focus groups • Reports from partners • Records of service providers • Police reports • Financial reports • GBVIMS	• Field visits, spot-checks, observations • Monitoring visits • Reviews and assessment • Cross-checking of databases (ProGres etc.) • Joint assessments • Interviews • Stakeholders and beneficiaries consultations • Client surveys • Reviews • Phone calls, third party monitoring	• GBV Information Management System (GBVIMS) Case management files • Excel sheets • Data management tool

MODULE 18: Monitoring and Evaluating SGBV Programmes 23



MODULE 18: Monitoring and Evaluating SGBV Programmes 24

Utilization: Reporting, Analysis, Re-programming

- Advocacy
- Scaling up/down of services
- Reporting
- Reprogramming or reallocation of funds
- Trend analysis
- Others?

Exercise: SGBV M&E Plan

Data Collection

Indicator: % of primary school-aged boys and girls enrolled in primary school	**Data required** (if percentage provides the definition for the numerator and denominator)	**Data source and collection method** (list the data sources through which you are going to acquire the necessary data for the indicator)	**Validation method:** (list data sources and methods to triangulate data collected)	**Frequency of data collection** (frequency with which you intend to collect the information)	**Responsibility** (staff member who is responsible for oversight of data collection)	**Data storage** (where you store your data collection)
Data required						
NUMERATOR: Total # of primary school-aged boys and girls enrolled in primary school; DENOMINATOR: Total # of primary school-aged boys and girls						

Data sources/ Monitoring Tools	**Validation**	**Frequency**	**Responsibilities For collection & validation**
ProGres & School records	Field Visits	Every 6 months	UNHCR Colleague X