

Preventing and responding to gender-based violence in humanitarian crises

Findings from a literature review

Wendy Fenton – Humanitarian Practice Network Coordinator

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STOP VIOLENCE
AGAINST WOMEN

GBV - a huge but often hidden problem

- Concern over and response to GBV have grown considerably in recent years.
- Still GBV often remains hidden and not considered a first priority in humanitarian response.
 - 40% of women in **Eastern DRC** have experienced sexual violence
 - Between 1999-2003, 75% of all women in **Liberia** were sexually violated or raped & large numbers abducted.
 - After the 2010 earthquake, sexual violence in **Haiti** increased significantly.

Background to the review

- HPN undertook consultations in 2012-13 with NGOs, researchers, sectoral experts and interested donors.
- While guidelines, manuals & even e-learning courses exist, there has been no comprehensive review of good practice.
- Much of the evidence and learning has not been adequately documented or disseminated.
- Diverse range of perspectives and understandings of GBV.

GBV - a confused and contested term?

Differing views on:

- **Concepts and terminology** – GBV, SGBV- FGM & IPV included?
- **Focus** – women and girls? Men and boys?
- **Humanitarian programming priorities** - protection and prevention? providing medical and other services to survivors?
- **Scope** – is responding to acts of GBV (especially those not directly related to conflict and displacement – such as FGM, Intimate Partner Violence) outside the scope of humanitarian intervention?

Result:

- Lack of consensus around how to define, prevent and respond to gender-based violence in humanitarian contexts.
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The methodology

- A semi-systematic review – search strings, snowballing, grading of evidence
- 100 documents were reviewed but only 15 focused on programme effects and outcomes and were of sufficient quality and relevance
- Nature and extent of specific types of GBV vary across cultures, countries and regions.
- There is some evidence of good practice emerging, despite the relatively small amount and how context-specific it is.

Categories of GBV interventions

- **Prevention**
 - Awareness-raising at the community level – Haiti, DRC, Liberia
 - Women’s empowerment - Burundi
 - **Response interventions**
 - Psychosocial care – DRC, Afghanistan
 - Community-based healthcare - DRC
 - **Prevention & response interventions**
 - Multi-sectoral – Uganda, Thailand, Lebanon, Kenya etc
 - Mainstreamed - DRC
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Key findings - Prevention

- **Awareness-raising activities** which used cinema, radio, behaviour change, education **seemed to be particularly effective** at increasing recognition of different types of violence, reducing levels of victim blame, decreasing acceptance of violence and increasing knowledge of rights and legal issues.
- **One study suggested that the more exposure participants had to the messages, the stronger the effect.**

Importance of involving men

- Targeted and tailored awareness-raising and discussion groups, including men or specifically targeting men (via men's groups), have also been found to reduce the acceptance of violence, improve empathy for survivors and increase knowledge of gender relations and women's rights.
- Clear messages on the root causes of GBV – working with and through male community leaders programming
- Programming targeted at women may have adverse effects on men's attitudes – include men w/out reducing focus on women.

Response - Increasing women's access to services

- 1. The availability of integrated or multi-sectoral services**
- 2. Addressing the stigma associated with certain forms of GBV**
- 3. Increased local knowledge**
- 4. Therapeutic programmes which use a group-based approach,**

Key features of successful GBV response services

- **Ensure confidentiality and anonymity** in accessing services, and reduce stigma by ensuring that services are not viewed as only for victims of violence.
 - **Be culturally sensitive and utilise local expertise.**
 - **Frequent visits by the service provider to patients.**
 - **Enhance staff knowledge and capacity in the area of GBV**
 - **Effective coordination between services and links with other sectors and actors.**
 - **Efficient M&E systems.**
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Key issues

A number of studies flagged up the need for:

- **More flexible and adaptable programmes**, especially in complex emergencies
- **Girl-friendly services** to address the specific types of violence that girls may face (e.g. FGM, early marriage).
- The **importance of involving men** in programmes.

More evidence is needed on....

- the incidence of violence, particularly as the majority of studies reviewed focused on prevention, as well as the access, quality and outcomes of services for GBV response interventions;
 - understanding the type of GBV addressed at specific stages of emergencies & how GBV programming 'fits' within the wider humanitarian response in particular crises
 - the impacts of GBV interventions in post-disaster settings; and collecting and analysing evidence from across countries and regions to expand the evidence base.
 - Whether and how benefits from short-term GBV programming can be sustained
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Overseas Development Institute
203 Blackfriars Road, London, SE1 8NJ
T: +44 207 9220 300

www.odihpn.org

w.fenton@odi.org.uk