

Synopsis

*Sexual and Gender-Based Violence
Against Refugees, Returnees, and
Internally Displaced Persons:*

*Guidelines for Prevention and
Response*

(UNHCR: May 2003)

Gender-Based Violence Global Technical Support Project
RHRC Consortium/JSI Research and Training Institute
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Introduction

The 2003 updated UNHCR Guidelines offer practical advice on how to design strategies and carry out activities aimed at preventing and responding to sexual and gender-based violence. The following is a synopsis of the guidelines, intended to give an overview of the guidance provided but not to replace the Guidelines themselves. The full Guidelines are available through UNHCR offices worldwide, in hard copy and CD-ROM, and are also downloadable from the Reproductive Health Response in Conflict (RHRC) Consortium website, at www.rhrc.org.

Overview (Chapter I)

Sexual and gender-based violence (SGBV) is a violation of human rights and includes sexual violence, physical violence, emotional and psychological abuse, harmful traditional practices, and socio-economic abuses. SGBV involves the use of force, which includes physical force, threats, coercion, or manipulation. The overwhelming majority of the victims/survivors of sexual and gender-based violence are women and girls.

Sex refers to the *biological* characteristics of males and females. Gender is the term used to denote the *social characteristics* assigned to men and women. Gender is not static or innate, but is learned through socialization and varies widely among cultures.

Women and children face additional risks of being subjected to SGBV when fleeing fighting and seeking asylum. During armed conflict, social structures are disrupted.

Family members are often dispersed during flight, leaving children separated from the rest of their families and women solely responsible for protecting and maintaining their families.

The root causes of SGBV lie in a society's attitudes toward and practices of gender discrimination, which place women in a subordinate position in relation to men. The lack of social and economic value for women and women's work and accepted gender roles perpetuate and reinforce the assumption that men have decision-making power and control over women. Through acts of SGBV, whether individual or collective, perpetrators seek to maintain privileges, power, and control over others.

There are serious, long term, and life threatening after-effects and consequences to all forms of SGBV. Some of the potential consequences are as follows:

Health: Homicide, suicide, maternal mortality, infant mortality, AIDS-related mortality. Includes non-fatal outcomes such as injury, disease, infection, shock, disability, alcohol/drug abuse, somatic complaints, eating and sleep disorders, miscarriage, unwanted pregnancy, unsafe abortion, sexually transmitted infections including HIV/AIDS, sexual disorders, gynecological disorders, and pregnancy complications.

Psychological and Social: Post traumatic stress, depression, anxiety, fear, anger, shame, insecurity, mental illness, and suicidal thoughts and behavior. Loss of function in society, social rejection and isolation, blaming the victim, and social stigma.

All programs serving displaced populations must ensure protection from SGBV. Programs should establish preventive strategies as well as treatment services for victims/survivors. Given its complexities, SGBV is best addressed when multiple sectors, organizations, and disciplines work together, identifying and designing joint strategies to address this human rights violation.

Guiding Principles for All (Chapter 2)

All actors involved in developing prevention and response strategies should agree to adhere to a set of Guiding Principles and understand that SGBV is a human rights violation.

Guiding Principles for Working with Survivors

1. Ensure the safety of the victim/survivor and her family at all times. Ensure that both she and those helping her, such as family or health care workers, are not at risk of further harm by the assailant or by other members of the community.
2. Ensure confidentiality of the affected person(s) and their families. Share only the necessary information, as requested and agreed upon by the survivor in explicit written consent, with those actors involved in providing assistance. Also respect the confidentiality of the perpetrator. Staff dealing with SGBV cases should sign confidentiality oaths.
3. At all times, respect the dignity and choices of the survivor. Interviews

Specific Forms of SGBV Used Against Children (Chapter 5)

Harmful Traditional Practices including female genital mutilation, child marriage, son preference, dowry-related violence, forced marriages.

Trafficking, the recruitment, transportation, transfer, harboring or receipt of a child for the purpose of exploitation.

Child Prostitution, a form of sexual exploitation.

Sexual Violence Occurring Within the Family Sexual violence within the family is almost always seen as a private matter that should not involve outsiders; as a result, an abused child may be blamed for the incident and be further victimized.

Sexual Exploitation, Abuse, and Violence by Persons Having Unhindered Access to Children Such people might include teachers, religious instructors, care takers, humanitarian aid workers, etc.

should be conducted in private settings with staff, including translators, that are the same sex as the survivor. One should always be a non-judgmental, patient, and good listener. Ask survivors only relevant questions (the status of the virginity of the survivor is not an issue), and avoid forcing the survivor to tell her story multiple times.

Groups of Refugee Children at Particular Risk of SGBV (Chapter 5)

- Unaccompanied and separated children
- Children in detention
- Child soldiers
- Adolescents
- Mentally and physically disabled children
- Working children
- Girl mothers
- Children born to rape victims/survivors
- Boy victims/survivors
- Child perpetrators of SGBV

Guiding Principles for Developing SGBV Programs

- Engage the refugee community fully; the community should be central to all activities that address SGBV. Ensure equal participation by women and men, girls and boys in planning, implementing, monitoring, and evaluating programs.
- Integrate and mainstream actions into existing programs and sectors.
- Ensure accountability at all levels for action by all who are involved in programs targeting SGBV.
- Ensure coordinated multisectoral action by all actors. The multisectoral approach is the framework upon which actions to prevent and respond to SGBV are built.

Prevention (Chapter 3)

Effective prevention involves first identifying the factors in the setting that contribute to and influence the type and extent of SGBV. Once these are understood, the interagency multisectoral team can develop appropriate and effective prevention strategies. Activities must target the refugee population, humanitarian aid staff, host country nationals, and government authorities. Prevention is most effective when all sectors, and the refugees, are involved in designing, implementing and evaluating them.

The following are some examples of prevention strategies based on the most common causes and contributing factors that influence the type and extent of SGBV in many settings.

Influence Changes in Socio-Cultural Norms

Prevention activities targeting socio-cultural norms seek to influence changes in knowledge, attitudes, and behavior. Because they have been displaced and their daily routines disrupted, most refugees have already begun to experience changes in traditional gender roles. SGBV prevention programs can support positive transformations in gender relations with a community over the long-term.

- Develop information, education, communication campaigns to promote changes in community attitudes, knowledge, and behavior concerning gender and human rights.
- Strengthen community networks of helpers and crisis responders through training and support.

- Ensure gender balance and equal participation in the leadership structures and decision making.
- Empower women by offering activities that promote their independence, self-reliance, leadership, and decision-making ability.
- Get men involved; men must take a decisive stand against SGBV before real progress can be made.
- Engage children and youth; encourage their participation in developing and implementing programs on sexual exploitation, abuse and violence.

Rebuild Family and Community Support Systems

It is important to try to reestablish those structures that uphold respect for the equal rights of all members of the community.

- Develop social and recreational programs. During site planning, allocate space and work with refugees, particularly women, to develop recreational and social activities.
- Encourage resumption of religious and spiritual activities. During site planning, allocate space for religious centers; target religious leaders as partners for dissemination of messages on women's and children's rights and on prevention of SGBV.

Create Conditions to Improve Accountability

- Raise awareness of staff of all organizations about human rights, gender, relevant national and international law and policies, and guidelines on prevention of SGBV.

- Ensure compliance with standards of accountability and codes of conduct.

Design Effective Services and Facilities

- Register all refugees individually and provide every individual with a registration card.
- Inform refugees about their rights, entitlements, and benefits, including ways to access services, national laws, existing UNHCR policies and guidelines, and legal procedures and administrative mechanisms for reporting complaints about or incidents of SGBV.
- Include the community when planning, designing, and implementing activities. Action to prevent SGBV will only be successful when the community is actively involved in all stages of their development.
- Create gender-balanced distribution systems for food and non-food items; plan and monitor distributions carefully.
- Implement reproductive health programs.
- Implement security and safety programs to reduce security risks and respond to emergencies.
- Be sensitive to the host population and whenever possible, extend programs and services to the local population, as well.
- Mainstream gender issues into all stages of program planning and implementation.

Influence the Formal and Informal Legal Framework

Become familiar with both the formal and traditional or customary legal systems in the host country.

Additional Considerations for Prevention with Children (Chapter 5)

- **Information, Education, Communication (IEC) Campaigns.** Public health campaigns about “safer sex” could help dispel myths, such as having sex with a virgin cures HIV/AIDS. Strategies to prevent harmful traditional practices should include education and information that focuses on the detrimental effects on the health and development of children rather than on the legal or human rights aspects of the practice.
 - **Work with Boys.** Working with boys is essential to ensure that they are aware of and understand the equal rights of girls.
 - **Ensure Access to Education.** Ensure that all refugee children have access to primary education and, where possible, secondary and vocational education. This will help reduce the risk of exploitation. Promote the recruitment of female teachers.
 - **Assess Persons with Access to Refugee Children.** Assessing the knowledge, attitudes, and behaviors of all people who have access to refugees may reveal exploitation in unexpected situations, such as schools and child-care centers.
 - **Register Each Child.** This is especially important for unaccompanied and separated children, as it is a prerequisite for securing rights and access to services.
 - **Ensure Access to Services.** Ensure that children have access to the same food rations and services as the rest of the population and consider additional support as required, for example, by building special shelters to accommodate child-headed households.
 - **Trace Families.** The needs of unaccompanied and separated children should be promptly addressed through family tracing, securing appropriate and monitored forms of temporary care, and family reunification, if it is in the best interests of the child.
 - **Include Children When Planning, Designing, and Implementing Activities.** Refugee children, especially adolescents, should be consulted in planning the camp/settlement, including the location of schools and recreational facilities, and in planning housing allocations and other relevant programs and activities.
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- Work with traditional/customary legal systems and provide awareness raising and training programs on human rights and gender.
 - Work with national justice systems. Establish relations with local magistrates, judges, and courts and offer training programs on human rights and gender.
 - Strengthen national laws and policies that protect human rights and include appropriate sanctions for perpetrators.

Monitor and Document Incidents of SGBV

By closely monitoring cases of SGBV you will be able to evaluate the success of your prevention strategies, consolidate learning; inform advocacy efforts; and gather reliable, consistent, statistical data to help monitor trends and produce comparative analyses.

Services for Victims/Survivors (Chapter 4)

Response involves establishing direct services to assist survivors and their families that reduce or eliminate the harmful after-effects of SGBV. As with all aspects of SGBV programming, response must be well coordinated and involve the refugee community and the inter-agency multisectoral team.

Develop Community Education and Awareness Activities

Information should include where/how to report incidents, the importance of reporting, clear information about services available, and the relevant laws and penalties associated with acts of SGBV.

Establish Direct Services to Assist and Support Victims/Survivors:

- ***Train Actors in How to Respond to the Needs of Victims/Survivors.*** Staff in all sectors must be trained in proper response, including the guiding principles.
- ***Set up Referral, Reporting, Monitoring and Evaluation Mechanisms.*** A clear reporting point should be established in each set-

ting so the victim/survivor knows where to go to receive help in a timely, respectful, and confidential manner. Referral systems among organizations should be developed that minimize delays and stress on the survivor and maximize confidentiality. One important element of an effective reporting system is the use of a common SGBV Incident Report Form, which should be translated as needed and all actors should be trained in how to use it. (A recommended Incident Report Form is included in the appendices of the Guidelines.)

- ***Empower Refugee Communities to Respond.*** Humanitarian actors should coordinate with the refugee community to promote effective prevention and response activities; involve refugees in deciding what services should be provided, at what location, by whom, and in what language(s); and advocate for culturally sensitive services.
- ***Respond to Health/Medical Needs.*** Medical examination and treatment should be performed by trained staff (ideally of the same sex as those needing services) in order to prevent disease and unwanted pregnancy, treat injuries, collect forensic evidence, and provide counseling and treatment for psychological trauma. All health staff should collaborate and include traditional health practitioners and the community in training and sensitization.
- ***Meet Psycho-Social Needs.*** Volunteers and/or staff should offer crisis counseling, information, and support, as well as advocate

Special Considerations for Helping Child Victims

Chapter 5: Special Considerations for Refugee Children

- The person interviewing the child should be well trained and experienced in enabling children to talk about extremely difficult issues. Be aware that there are other ways to collect information, including games, storytelling and drawing pictures. It may be preferable to have the parent or guardian wait outside during the interview and examination and have an independent, trusted person present instead.
- Never coerce, restrain, or force a frightened, resistant child to complete an interview or examination.
- A child should not be separated from family and/or community for treatment, unless it is done to protect the child from abuse or neglect.
- Workers must use patience and special care with SGBV reports. Inappropriate or insensitive intervention can cause further distress to the child and discourage others from seeking help.
- It will sometimes be necessary to counsel the family as well, in order to ensure that the child is believed, supported, and assisted in returning to a normal life. Extreme care must be taken not to stigmatize the child victim(s).

on behalf of the survivor with health care providers, police/security forces, the legal/justice system, and other service providers. It has proven useful to establish centers where survivors can walk in and receive confidential and compassionate care, information, and support; often these centers are in or near the reproductive health center.

- ***Provide Security and Safety.*** Maintain an effective law enforcement presence. Police and security must be sensitive to the survivor's needs for privacy, confidentiality, and respect and participate in training and awareness programs. In the case of a child, or an adult victim who consents to informing security/police and

moving forward with prosecution, police/security action includes interviewing the victim and any witnesses in a private space, arresting the accused person, conducting investigations, preparing charges, and serving summons to and ensuring that all potential witnesses appear in court.

- ***Ensure Timely and Appropriate Legal Justice.*** Establish a system with local authorities so that those victims/survivors who wish to seek legal redress for the crimes committed against them can do so in a timely manner. Actors should also recognize the rights of the accused, know applicable sentences and punishments as well as compensation, and know alternative ways of resolving disputes,

such as within traditional or customary resolution mechanisms.

- **National Courts:** Prepare weekly case register, administer legal proceedings in cases of SGBV in accordance with standard procedures with minimal delays, and participate in workshops and awareness raising initiatives.
- **Traditional/Customary Systems:** Programs should involve refugee elders in assisting victims/survivors, provide training and awareness raising, and ensuring the rule of law prevails.

Planning Action to Address SGBV (Chapter 6)

This chapter describes the steps recommended to establish the inter-agency, multisectoral team and develop prevention and response strategies. Successful programs are those that have been designed with the refugee community, especially with women and adolescents, and those that are based on multisectoral and inter-agency collaboration.

- 1. Identify and Engage Actors.** Begin the process by identifying the relevant actors and inviting them to a discussion meeting or a series of meetings. Key actors should include refugee leaders, refugee women's and youth groups, health care providers, host government authorities, counseling groups, national and international NGOs, UNHCR staff, UN agencies.
- 2. Develop a Common Understanding of SGBV and Agree on the Scope of Action.** It is impor-

tant for all actors to reach a common understanding of SGBV concepts and terminology and to agree on standard reporting mechanisms.

- 3. Conduct a Situation Analysis.** A situation analysis is the basis for defining problems, needs, and availability of resources and for specifying a goal, objectives, activities and intended outcomes. Multiple organizations and individuals should be involved in developing the situation analysis. Methods for gathering information could include individual interviews, surveys, focus groups, and site visits and tours.
- 4. Agree on a Set of Guiding Principles.** See Chapter 2 for recommended guiding principles. All actors must agree on and understand how these principles affect their work.
- 5. Define the Roles and Responsibilities for All Actors.** The team should clearly identify the person who is ultimately responsible for carrying out a task, reporting on it and being held accountable if the task is not completed. Responsibilities for each sector and organization must be agreed on and clearly understood by all. It is useful to put these roles and responsibilities in writing into some sort of protocol or guideline document that can then be shared with any new staff rotating into the field site.
- 6. Agree on Monitoring and Evaluation Systems, Including Coordinated Reporting and Referral Mechanisms.** It is important for all actors to agree on the purpose of monitoring and

evaluation mechanisms; to identify the objectives, outputs and indicators for each intervention; and to commit to ongoing participation in monitoring and evaluating programs and activities.

7. Create Mechanisms for Reporting, Referrals, and Coordination. This includes developing a common SGBV Incident Report Form. Common referral systems must be developed for health care, counseling, security, and legal needs. Written information should be shared among actors while respecting the principle of confidentiality.

8. Maintain the Well-Being of Staff and Volunteers

- **Safety and Security.** Anyone receiving a report of SGBV and attempting to assist the victim/survivor is at risk of retaliation by the perpetrator and, sometimes, by the community. Managers and supervisors must monitor staff security and take prompt action to protect staff in the event of threats and acts of violence.
- **Secondary Trauma and Burnout.** Secondary trauma refers to the emotional stress experienced by those who are repeatedly exposed to descriptions of severe psychological and physical abuse. Burnout is emotional exhaustion. The best way to address these issues is through prevention, such as discussions and debriefings after particularly serious or disturbing cases, training workshops to improve skills and build confidence, and peer stress counseling.

Designing Monitoring and Evaluation Systems for Programs Targeting SGBV (Chapter 7)

- **Action 1: Determine the purposes of the monitoring and evaluation mechanisms and assess information needs.** This will determine what reporting systems are needed, how often these mechanisms are used, and how they will influence ongoing prevention and response planning.
- **Action 2: Ensure prevention and response interventions have clearly defined objectives, outputs, and indicators.** Each intervention should have clear objectives which should be operationalized in outputs, impact and performance indicators.
- **Action 3: Establish coordinated and common reporting tools.** Reporting tools provide systematic and consistent ways of gathering information on the above indicators. All reporting tools discussing the protection impact of prevention and response mechanisms should be gender- and age sensitive. Reporting tools include the Incident Report Form and the Monthly SGBV Form, samples of which can be found in appendices 2 and 3 of the Guidelines.
- **Action 4: Determine methods for obtaining information on indicators.** Quantitative data can be obtained through surveys and government/implementing partner's records. Qualitative data can be obtained through interviews, focus groups, and by using participatory methods during field research.

- **Action 5: Assign responsibilities for information gathering, determine time frame and frequency of data collection, and allocate resources.** Time frames should be developed for all monitoring and evaluation mechanisms. It is important to determine how much staffing time is required to keep the reporting up to date and to conduct the analysis required.
- **Action 6: Establish mechanisms for sharing information and incorporating results into prevention and response planning.** Meetings should occur regularly at the camp/community level, the field office/sub-office/district level, and at the country level.

SGBV and Refugee Status Determination (Chapter 8)

SGBV may bear on the refugee status determination process both for the applicant who is a victim or survivor, and for the applicant or refugee status holder who is a perpetrator. When rape or other forms of sexual violence are committed for reasons of race, religion, nationality, political opinion or membership in a particular social group, it may be considered persecution under the definition of the term refugee in the 1951 Convention relating to Status of Refugees and the Statute of the Office of UNHCR. Protection officers, interviewers or decision makers should be aware that no documentary proof as such is required to prove that an individual may have suffered persecution on grounds of gender.

Appendices

The four appendices are recommended documents and forms:

- Appendix 1: UNHCR Code of Conduct
- Appendix 1.1: Core Principles of a Code of Conduct
- Appendix 2: Incident Report Form
- Appendix 3: Monthly Reporting Form—SGBV Program
- Appendix 4: Medical History and Examinations

Produced by *The Gender-Based Violence Global Technical Support Project of the RHRC Consortium*. The GBV Technical Support Project provides a wide range of information, training, and support to field programs. Through on- and off-site consultations, resource distribution, newsletters, and other activities, the GBV Global Technical Support Project assists humanitarian aid programs to strengthen action to address gender-based violence in populations affected by armed conflict.

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