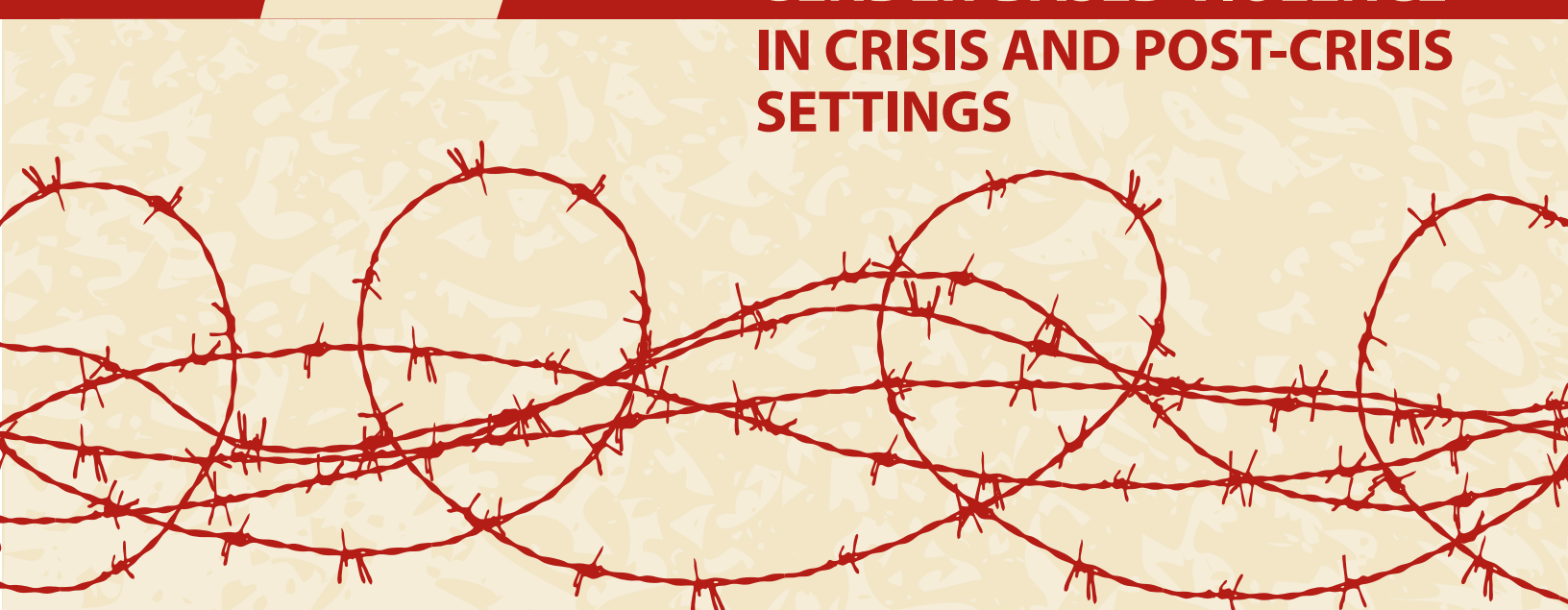




GUIDANCE NOTE
GENDER-BASED VIOLENCE
IN CRISIS AND POST-CRISIS
SETTINGS



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GUIDANCE NOTE

GENDER-BASED VIOLENCE IN CRISIS AND POST-CRISIS SETTINGS

November 2009

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LIST OF ABBREVIATIONS

8PA	Eight-point Agenda for Women's Empowerment and Gender Equality in Crisis Prevention and Recovery (UNDP)
AIDS	Acquired immune deficiency syndrome
AoR	Area of Responsibility
BDP	Bureau of Development Policy (UNDP)
BCPR	Bureau for Crisis Prevention and Recovery (UNDP)
CCA	Common country assessment
CPR	Crisis prevention and recovery
DDR	Disarmament, demobilization, and reintegration
ExpRes	Expert Roster Advisors (BCPR)
FAO	Food and Agriculture Organisation
GBV	Gender-based violence
HC	Humanitarian Coordinator
HIV	Human immunodeficiency virus
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person(s)
ILO	International Labour Organisation
MDGs	Millennium Development Goals
M & E	Monitoring and evaluation
NGO	Non-government organisation
OCHA	Office for the Coordination of Humanitarian Affairs
RC	Resident Coordinator
RDT	Regional Director's Team
SEA	Sexual exploitation and abuse
UNCT	UN Country Team
UNDAF	UN Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
WHO	World Health Organisation

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1 INTRODUCTION

Sexual and other forms of gender-based violence (GBV) are pervasive and life threatening issues deeply rooted in socio-cultural beliefs and practices of gender inequality and disempowerment of women. It is well documented that GBV is a widespread international human rights and public health issue, and that appropriate and effective prevention and response are inadequate in most countries worldwide. At least one in three of the world's female population has been either

Gender-based violence (GBV) takes many different forms and occurs in a wide range of crisis and non-crisis settings. It thrives on impunity, in war and peace, in crisis and calm. Universally, gender-based violence goes largely unpunished. Social institutions and cultural norms maintain and perpetuate gender-based violence, making any legal protections – if they exist at all – virtually ineffective. Women and men, girls and boys know this and they do not disclose their experiences. They suffer in silence and the cycle of violence continues.ⁱ

physically or sexually abused at some time in her life. Although in most countries little research has been conducted on the problem, available data suggest that in some countries nearly one-in-four women may experience sexual violence by an intimate partner, and up to a third of adolescent girls report their first sexual experience as being forced. The economic, social, and health-related costs of gender-based violence are substantial.ⁱⁱ

In crisis and post-crisis settings, many forms of gender-based violence – and especially sexual violence – continue to be among the most important and challenging human rights, security, public health, recovery, and development concerns. The gender discrimination at the core of this problem is further compounded by a prevailing climate of human rights violations and an emerging culture of impunity. Civilian women and children are often targeted for abuse and are the most vulnerable to exploitation and violence simply because of their gender, age, and societal status. Sexual violence is well known as a strategy of war. Other types of GBV often increase in crisis and displaced settings, such as intimate

partner/domestic violence, forced early marriage, and trafficking. At the same time, institutions and systems that provide physical and social protection are often weakened or destroyed. Police, legal, health, education, and other services are disrupted, and weapons proliferate.

While incidents of GBV characteristically rise in crisis and post-crisis settings, these situations can also provide a window of opportunity for changes in policies, laws, knowledge, and attitudes that can be leveraged to promote changes in behaviour through recovery and subsequent development.

UNDP’s mission and human development approach provide a strong foundation, clear framework, and comparative advantage to support increased attention and action to prevent and address gender-based violence. Specifically, UNDP is mandated to work on crisis prevention and recovery, which allows for a natural entry point through which GBV can be addressed at the earliest possible stage, which is critical for countries emerging from crisis.

UNDP’s comparative advantages	Results that can be achieved
Significant presence in over 166 countries, access to large and diverse funds, UN country team coordination and leadership, access to governments and policy-makers, local partnerships.	Serves to add value by initiating, coordinating, or participating in joint programmes and initiatives to establish national and regional programmes to address GBV.
Long-term presence, which links the various phases of post-crisis recovery, i.e., humanitarian intervention to early recovery to long-term development.	Ensure the sustainability of GBV interventions over time by recognizing it as a critical issue to be addressed from the earliest stage of humanitarian intervention through to long-term development efforts.
Experience in building national capacity to enhance alliances among stakeholders, i.e., donors, UN agencies, grassroots and civil organisations.	National ownership and buy-in can be ensured through support to formal and informal structures at national and local levels, which are essential entry points to address GBV.
Monitoring and evaluation components within its programmes and projects on the ground.	Contribute to the body of knowledge about what works and what does not work.
Existence of the UNDP Corporate Gender Equality Strategy, which addresses all UNDP focal areas, including crisis prevention and recovery (CPR).	Provision of guidance and actions on required support for CPR countries.
Strengthened understanding of the intricacies of crisis and post-crisis situations, which leads to tailoring services (advocacy, policy, advisory, technical support) to specific needs of programme countries, with understanding of the different contexts in which UNDP works.	Provision of context-specific interventions to effectively address the socially and culturally entrenched problem of gender-based violence.



2 PURPOSES AND USE OF THIS GUIDANCE NOTE

This Guidance Note has been developed primarily for UNDP staff working in crisis and post-crisis situations to support leadership and decision-making, and to inform planning and implementation of both prevention and recovery programming that addresses GBV.

Specifically, the guidance aims to:

1. Help practitioners understand the basic elements of prevention and response to GBV in crisis and post-crisis situations in order to develop appropriate, effective, and situation-specific programming.
2. Establish some basic guiding principles and minimum standards for effectively integrating prevention and response to GBV into early recovery.
3. Provide suggestions for entry points, specific actions, and further resources for practitioners working on GBV across a range of functions.

5

More specific information and further guidance is available:

- **Annex 1** is an annotated bibliography of key resources that can further inform the full array of guiding principles and interventions suggested in this Guidance Note. In particular, the **IASC GBV Guidelines** are a useful starting point and will inform the interventions suggested here.
- **Endnotes** (references) contain citations and references for more detailed information about each topic area and section in this note. Readers are encouraged to seek out these references for further reading.
- **UNDP Eight-Point Agenda Toolkit** (publication anticipated in 4th Quarter of 2009).
- **Guidance Note on Early Recovery**, New York, UNDP/Cluster Working Group on Early Recovery, 2008. www.undp.org/cpr/iasc/content/docs/Nov07_Links/Doc_13.pdf

3 UNDERSTANDING GENDER-BASED VIOLENCE

3.1. DEFINITION

The Inter-Agency Standing Committee drew upon the description of GBV as it appears in the UN Declaration on the Elimination of Violence Against Women to further define gender-based violence in its *2005 Guidelines for Gender-based Violence Interventions in Humanitarian Emergencies: Focusing on Prevention and Response to Sexual Violence* (hereafter referred to as “IASC GBV Guidelines or “GBV Guidelines”).ⁱⁱⁱ UNDP, as a member of the IASC and a participating agency in developing the GBV Guidelines, adopted the definition of GBV as outlined in the figure below.

DEFINITION OF GENDER-BASED VIOLENCE

Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many — but not all — forms of GBV are illegal and criminal acts in national laws and policies. Around the world, GBV has a greater impact on women and girls than on men and boys. The term “gender-based violence” is often used interchangeably, with the term “violence against women.” The term “gender-based violence” highlights the gender dimension of these types of acts; in other words, the relationship between females’ subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence.

The nature and extent of specific types of GBV vary across cultures, countries, and regions. Examples include:

- Sexual violence, including sexual exploitation/ abuse and forced prostitution
- Domestic violence
- Trafficking
- Forced/early marriage
- Harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, and others

3.2. MALE VICTIMS/SURVIVORS

According to the definition of gender-based violence, victims/survivors may be male or female of any age. These acts are abuses of power and target issues of gender. Sexual violence and other forms of GBV against men strike at the core of masculinity; these acts can be intensely horrifying and traumatic for all survivors – men, women, girls, and boys.

The majority of information, research, and good practice literature on GBV are related to strategies for working with female survivors. There is little available data about acts of GBV targeting males, especially in conflict and post-conflict settings, and this issue is only recently gaining increased attention. Sexual abuse, including rape, of men and boys by armed combatants is not uncommon in many conflict settings.

Although this Guidance Note generally emphasizes strategies related to GBV against female survivors, this is not meant to imply the exclusion of males. Rather, programme development efforts should include consideration that men and boys can be survivors of GBV and that they, too, are in need of safe, accessible, and confidential services. There is an opportunity for UNDP to pilot new and innovative programmes targeting male survivors. This must, however, be carefully balanced with programmes for females to ensure that services and programmes for women and girls are not underfunded or de-funded in favour of new programmes targeting men and boys.

LANDMARK UN SECURITY COUNCIL RESOLUTIONS

In affirmation of the specific circumstances affecting women and girls in war-torn countries, the United Nations Security Council adopted **Resolution 1325** in October 2000 on women, peace and security. This Resolution linked peace, protection of women and girls during and after conflicts, and women's equal participation in the maintenance and promotion of peace and security.

In June 2008, the UN Security Council adopted **Resolution 1820** specifically related to sexual violence as a tactic of war or part of a widespread or systematic attack against civilians. The resolution calls on states to comply with their obligations to prosecute persons responsible for such acts and the possibility of sanctions against perpetrators of sexual violence. Further, it focuses on the role of peacekeeping operations to protect civilians from all forms of sexual violence. It requires the UN system to develop mechanisms for providing protection from sexual violence in and around refugee and IDP camps, in all Disarmament, Demobilization and Reintegration processes, in justice and security reform efforts. In short, it is calling on programmes to be “safe” from sexual exploitation and abuse and other forms of sexual violence. In addition, it calls on the UN system to support national institutions and local civil society networks to provide sustained assistance to victims of sexual violence.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE

The United Nations and its partners are pledged to care for the most vulnerable in our world. However, a key challenge to this care is sexual exploitation and abuse perpetrated by persons working for the United Nations and its partners.

Sexual exploitation and abuse (SEA) represents a catastrophic failure of protection. It brings harm to those whom the UN and its partners are mandated to protect and jeopardizes the reputation of the UN and its partners. It also violates universally recognized international legal norms and standards. Although sexual exploitation and abuse is not a new phenomenon, it was brought to the forefront of public attention in 2002 following allegations of widespread sexual exploitation and abuse of refugee and internally displaced women and children by UN workers and peacekeepers in West Africa. These grave and substantiated allegations highlighted both the vulnerability of such populations and the shortcomings of existing mechanisms to prevent such abuses from occurring within the UN system. *(ECHA/ECPS, UN, NGO Task Force on Protection from SEA)*

Protection from SEA requires prevention and response interventions in keeping with the principles and strategies described in this Guidance Note. **Protection from SEA perpetrated by UN, NGO, or other aid workers requires a set of additional prevention and response actions that must be put into place in all country operations.**

Since 2002, the body of knowledge around SEA has grown exponentially. There are a number of resolutions, policies, and technical guidance notes that have been developed and organized into four pillars of protection from sexual exploitation and abuse:

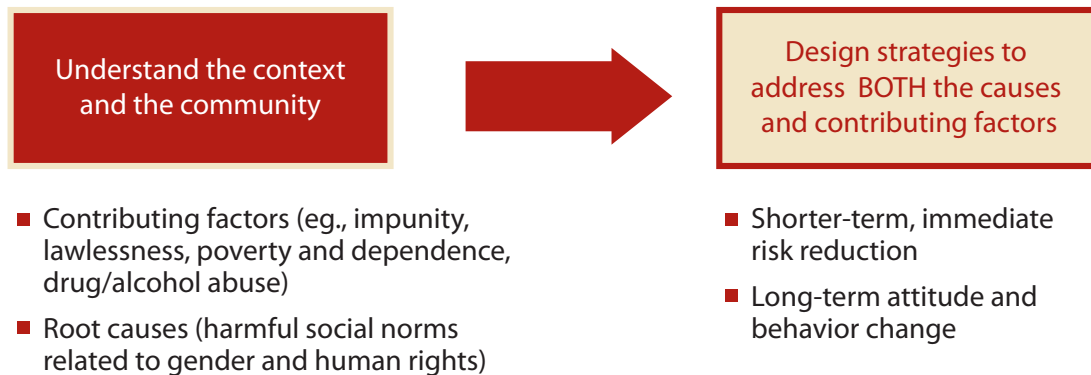
1. Engagement with and support of local populations
2. Prevention (standards of conduct, public information, training, awareness raising)
3. Response (multi-sectoral support and assistance including material support)
4. Management and coordination (leadership, accountability, coordination)

The Executive Committees on Humanitarian Affairs and Peace and Security (ECHA/ECPS) UN and NGO Task Force on Protection from Sexual Exploitation and Abuse was established in February 2005 with the aim of preventing acts of sexual exploitation and abuse and improving response to it when it occurs. The Task Force on Protection from SEA maintains a comprehensive web site* containing technical tools and resources, training guides, policy documents, and background materials.

Despite this progress, allegations of sexual exploitation and abuse are continuing to emerge in UN and partner operations around the world. **In order to prevent these acts from occurring in the future and in order to respond appropriately if they do, the UN and its partners will need to continue to build and implement an effective, comprehensive strategy.**

* At the time of publication of this Guidance Note, the SEA task force's Internet site was under construction. Information and resources can be found at <http://ochaonline.un.org/HumanitarianIssues/ProtectionfromSexualExploitationandAbuse/tabid/1204/language/en-US/Default.aspx> and a link to the SEA task force site is anticipated.

3.3. THE BASICS OF PREVENTION: UNDERSTANDING THE CAUSES AND CONTRIBUTING FACTORS OF GBV IN CRISIS AND POST-CRISIS SITUATIONS

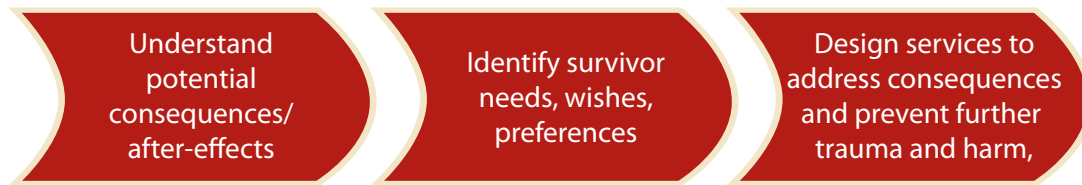


Prevention of GBV in CPR settings requires first identifying and understanding the factors that cause and contribute to GBV during or post crisis. Prevention strategies must be aimed at protecting potential survivors/victims and must also target potential perpetrators. All forms of gender-based violence are rooted in knowledge, attitudes, beliefs, and behaviour regarding gender equality and human rights. In crisis and post-crisis settings, there are situational factors that can contribute to the type and extent of GBV that occurs. In a climate of insecurity, lawlessness, poverty, vulnerability, and dependence, gender-based violence will flourish.

Prevention, then, must focus on both immediate and medium to long-term interventions at the same time:

- 1) Identify and address the immediate (short-term) situational risk factors, or triggers, that contribute to GBV. These types of interventions typically involve a range of strategies in protection and security.
- 2) Understand the socio-cultural environment and develop strategies to influence long-term changes in knowledge, attitudes, beliefs, and behaviour regarding gender equality and respect for human rights. Empowerment of women and girls, including economic empowerment, is an essential prevention strategy. Prevention usually also includes security sector and legal reforms, such as strengthened policing, reversing sex-discriminatory clauses in legislation, and strengthening the judiciary system. Working with men and boys to promote change in behaviour and attitudes is also crucial for successful prevention, and is described in Section 6.7 of this note.

3.4. THE BASICS OF RESPONSE (SERVICES): UNDERSTANDING THE CONSEQUENCES OF GBV PERPETRATED IN CRISIS AND POST-CRISIS SITUATIONS



Response to GBV involves providing services for survivors to reduce the harmful consequences, alleviate suffering, prevent further trauma and harm, and promote recovery and reintegration as productive members of the community. Response also includes dealing with perpetrators. Response action, therefore, must be based on an understanding of the potential consequences/after-effects of various types of GBV and also of gender equality issues in general – that is, the underlying causes of GBV. Response includes – as a minimum – good quality^{iv} multi-sectoral and inter-organisational interventions in health care, psychological support, social integration, economic empowerment, human security, rule of law, and access to justice.

GBV can be linked with injury and death due to homicide or suicide. More frequently, GBV (and especially sexual violence) is associated with a range of sexual and reproductive health problems, including unwanted pregnancy. Gender-based violence is also associated with psychological and emotional problems, including depression, post traumatic stress disorder, anxiety and eating disorders, and suicidal behaviour. Survivors may also experience problems in the long term, including chronic headaches, sexual difficulties, and sleep disturbances.

The social consequences of GBV can also have a significant impact on the life of the survivor. Stigma is commonly experienced by female survivors, who may be rejected by husbands, families, and communities. For male survivors of sexual violence who disclose their experiences, the stigma and shame can be even greater.

Gender-based violence can have a negative impact on crisis recovery and development by limiting the confidence and mobility of survivors to fully participate in society and in the economy.^v While it is true that these social consequences occur in “normal” (peaceful) times as well, they are even more devastating during crises given the breakdown of social and family support systems. For example, in many post-crisis countries the lack of security and the threat of sexual violence are the

main obstacles to women's participation in political processes. Fear and intimidation affect women's campaigning and voting in electoral processes.

There can also be negative effects on human capital accumulation when young women and girls miss out on education and training opportunities due to the physical or psychological consequences of GBV, or the social stigma associated with it. Likewise, GBV could have an impact on women's participation in the labour market, both because of a potential loss of productivity or long-term health effects. Given that poor women tend to concentrate in low-paying, low-security jobs, it is also likely that they would not be able to retain their employment/livelihoods. In this respect it will be important to consider the coping strategies to which women or households resort to in order to deal with sudden and catastrophic medical expenses associated with a GBV incident, or with the loss of a livelihood and income. These coping strategies can be very damaging to the precarious economy of poor households, especially those living in insecure crisis settings.

4

UNDP'S APPROACH TO GBV IN CRISIS AND POST-CRISIS SITUATIONS

To make women count, we need to start doing things that count to women. Moving sexual violence from a humanitarian issue (response) to a security and political issue (empowerment and protection) and moving the victims to survivors should be priorities for UNDP.^{vi}

(Kathleen Cravero, Former Assistant Administrator and Director of BCPR, January 2009)

UNDP works in coordination with other agencies and partners in any crisis or post-crisis setting to rapidly undertake activities to prevent and respond to gender-based violence from the earliest stages of an emergency. Survivors of GBV need assistance to cope with the harmful consequences. These should include interventions targeting the provision of health care, psychological and social support, security, and legal redress. At the same time, prevention activities must be put in place to address the triggers and underlying causes of GBV, with an understanding that these may involve working with the very actors who are perpetrating the violence. Thus, prevention and response to GBV will require engagement with several legitimate and illegitimate parties (e.g., militias, rebel groups, etc.), and coordinated action from many sectors and agencies.

Specific UNDP interventions are described below in Section 6. The following table outlines overarching strategies that should characterise all UNDP activities and programmes to combat gender-based violence:

Characteristics of UNDP's Approach to GBV in CPR Situations	
Coordination and collaboration	Coordinated approaches that bring agencies together around common goals, building on the strengths and comparative advantages of individual agencies while avoiding competition and territorial disputes, as these impede achievement of outcomes.
Partnerships	Establish partnerships with relevant groups and organisations (women's organisations, in particular) to learn from their experiences and work together to strengthen prevention and response action.
Immediate and Longer-Term	Short-term immediate interventions combined with long-term global, regional, and national strategies that are multi-sectoral, coordinated with others, and aimed at reducing the prevalence of all forms of gender-based violence.

Characteristics of UNDP's Approach to GBV in CPR Situations

<p>Robust Monitoring and Evaluation (M&E) systems</p>	<p>Consistent programme monitoring to ensure that interventions are adapted over time as the situation vis-à-vis GBV changes in any given setting.</p> <p>Documentation and dissemination of results, lessons, good practices, and other experiences within focus areas and across/among focus areas:</p> <ul style="list-style-type: none"> - Draw from the growing body of results and lessons in UNDP. - Draw from the wide body of knowledge and resources developed and published by others.
<p>Advocacy</p>	<p>Advocate for sustained attention and effective action to combat GBV.</p>
<p>UN Country Team</p>	<p>Ensure that GBV is integrated into the collective response of the UNCT to the priorities in the national development framework:</p> <ul style="list-style-type: none"> - In the Common Country Assessment (CCA), specifically identify and include gender-based violence. - In the UNDAF, specifically include coordinated multi-sectoral action to both prevent GBV and to ensure good quality, accessible services for survivors. - Through support provided to UNCTs by the Regional Director's Team (RDT) at the regional level.
<p>UNDP Human Resources</p>	<p>Invest in building the capacity of UNDP's human resources to ensure the necessary knowledge, skills, attitudes, and practices among UNDP staff and leadership:</p> <ul style="list-style-type: none"> - Build into headquarters and country budgets dedicated resources for staff and leadership training in gender-based violence prevention and response, taking into account the specific issues in crisis and post-crisis settings. - Include in budgets for all GBV-related projects, programmes, and interventions sufficient dedicated and knowledgeable human resources and capacity building/training resources specifically for gender-based violence in crisis settings. - Expand job descriptions/terms of references to incorporate requirements and accountability for core competencies in knowledge, skills, and performance to integrate action to address gender-based violence in all UNDP programme areas, among staff and leaders. Examples of core competencies include: <ul style="list-style-type: none"> - Be able to access appropriate technical resources (e.g., training, good practice standards, etc.) to support planning efforts and development of good quality programmes. - Be able to identify, join, and collaborate with in-country coordination bodies and working groups engaged in efforts to strengthen local and/or national action for GBV prevention and response.

4.1. RIGHTS-BASED APPROACH

To counter the violations of fundamental human rights, rights-based approaches that stress participation and accountability are required. GBV survivors have the right to good quality, compassionate, confidential, respectful, survivor-centred, non-discriminatory, and well coordinated support for their recovery. Rights-based approaches require listening to those most directly affected by GBV – survivors, their families, and their communities – and engaging with them to build on their knowledge and support their efforts from the earliest stages of programme design.

4.2. SURVIVOR-CENTRED APPROACH WITH GUIDING PRINCIPLES FOR ACTION

UNDP adheres to a set of internationally agreed **guiding principles^{vii} for working with survivors**, aimed at promoting the survivor’s recovery, which **begins with empowerment to identify and express needs and preferences, as well as the capacity and freedom to make decisions about possible interventions**. These guiding principles are incorporated into all elements of UNDP’s GBV work, directly and indirectly.

Guiding Principle 1. All actors diligently ensure the safety and security of the survivor and his/her family at all times.

Guiding Principle 2. Confidentiality of survivors, their situations, and their families is paramount.

Guiding Principle 3. Design and implementation of all interventions to assist survivors are guided by respect for the choices, rights, and dignity of survivors.

- Respect the strength and capacities of the survivor to cope with what happened to her/him.
- After the survivor is informed about all options for support and referral, s/he has the right to make the choices s/he wants.

Guiding Principle 4. Ensure equal protection and non-discrimination.

- All GBV survivors will receive equal care and treatment regardless of their sex, age, marital status, race, ethnicity, religion, nationality, or sexual orientation.

In all GBV-related programmes and initiatives, UNDP promotes understanding and respect by all actors of women’s under-reporting of GBV crimes and their reasons for seeking – or not seeking – legal redress or any other service or intervention in the aftermath of a GBV incident.

To this end, UNDP champions the confidentiality, rights, wishes, choices, and dignity of all GBV survivors.

4.3. CAPACITY DEVELOPMENT OF NATIONAL ACTORS AT ALL LEVELS

Sustainable interventions should be driven and implemented by communities, local organisations, and local networks. In many settings, this requires training and capacity building so that local organisations have the requisite organisational and technical skills for maximum effectiveness. Direct engagement and participation of women's groups and human rights organizations is paramount.

UNDP also has a crucial role in working with governments to develop national plans of action to combat GBV. The national planning process includes capacity building and training of government entities and civil society both to increase knowledge of the effects of GBV on human security, poverty reduction, and all aspects of development and to develop technical capacity for effective action to enable government accountability for protection from GBV.

Critical Entry Point → Development of National Plans of Action

Some examples of activities and initiatives that should be promoted and included in national budgets and action plans include:

Budgets (both UNDP country offices and governments) that include sufficient resources to enable appropriate research, planning, and action to implement effective security and justice strategies both to prevent GBV and to ensure access to justice for survivors who choose to pursue a legal course of action.

Research and data collection, using ethical and safe research and documentation practices,^{viii} on characteristics and prevalence of various types of gender-based violence and survivor needs and preferences for services, support, and assistance. This includes the collection of indicators for gender-based violence in national information systems on crime, violence, and justice outcomes.

Inclusion of gender-based violence in all crime prevention programmes.

Public information campaigns, using well researched, targeted messages and effective communication channels (e.g., to inform communities about help and services available for survivors; to inform communities about the effects of gender-based violence on individuals, families, communities, institutions, and economies; to encourage attitude and behaviour change).

A comprehensive set of accessible and good quality public services for survivors of gender-based violence, such as psychological/emotional support, health care, legal advice and assistance, livelihoods and economic empowerment opportunities, family services, child care, and other related services. This includes technical/clinical protocols and referral systems.

Employment, economic growth, and poverty reduction strategies that integrate issues of gender equality and gender-based violence prevention.



5 COORDINATION: ASSESSMENT, PLANNING, IMPLEMENTATION

The *IASC GBV Guidelines* provide the basic operational framework for an inter-agency response to sexual and other forms of gender-based violence in crisis and post-crisis settings. This framework includes establishment of an active GBV coordinating body to coordinate multisectoral and inter-organisational action from assessment through planning, implementation, monitoring, and evaluation. **UNDP should be an active participant in these coordinating bodies**, participating in information gathering, information sharing, and coordinated planning and monitoring to avoid duplication, fill gaps, and bring UNDP's expertise to the issue.

It is critical for UNDP country programmes to be actively involved in GBV coordination groups and closely linked with the GBV coordinating agency(ies) in crisis and post-crisis settings. UNDP's work can contribute to robust and comprehensive prevention and response to gender-based violence – if it is well coordinated with the work of other sectors, clusters, and organisations. UNDP should also use its coordinating role in the Regional Director's Team (RDT) to set up working groups on GBV in support of the UNCTs at the regional level.

5.1. GBV COORDINATION IN THE CLUSTER SYSTEM

In the cluster system at the global level, gender-based violence falls within the Protection Cluster as an "Area of Responsibility" (AoR).^{ix} Globally, the GBV AoR working group is co-led by UNFPA and UNICEF. At field level, UNFPA or UNICEF often – but not always – function as the GBV coordination agency, convening meetings and coordinating the GBV working groups. Responsibility and accountability for GBV coordination in the field varies from country to country. At the time this Guidance Note was written, the GBV AoR was developing field tools and resources to assist UNCTs in selecting a GBV coordinating agency and establishing reporting and accountability systems. It is also likely that implementation of Security Council Resolution 1820 will include some strengthening of coordination vis-à-vis gender based violence interventions.

The work of the GBV AoR globally and at country level is highly relevant to UNDP as the global lead for the Early Recovery Cluster. Often, the strategies that are developed in the GBV coordinating body at field and global levels cut across issues that need to be addressed in the Early Recovery Cluster.

UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

What is UN Action ?

UN Action Against Sexual Violence in Conflict (UN Action) unites the works of 12 UN system entities (DPA, DPKO, OCHA, OHCHR, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, WFP and WHO) with the goal of better addressing sexual violence in conflict. UN Action builds upon existing inter-agency structures designed to strengthen the response to gender-based violence in humanitarian settings, drawing in UN system partners that work on security, peacekeeping and development issues. It harnesses the comparative strengths of each UN entity to ensure a broad based, multi-sectoral response to conflict-related rape – ensuring women are protected from rape, survivors receive the services they need to rebuild their lives, and perpetrators are brought to account.

What does UN Action Do?

In concert with national governments and NGO partners, UN Action seeks to:

- Better coordinate and amplify existing UN efforts to end sexual violence;
- Raise public awareness of the use of sexual violence as a tactic of warfare through a global advocacy campaign “Stop Rape Now”;
- End impunity for sexual violence as an integral part of efforts to restore the rule of law;
- Ensure a comprehensive range of services for survivors – medical, psychosocial, judicial, socio-economic – by supporting joint programming by the UN at the national level;
- Complete a mapping of the UN system’s response to sexual violence in conflict in selected countries to identify critical strategic and programming gaps;
- Address the longer-term effects of sexual violence on national and community recovery efforts and on the maintenance of peace and security;
- Improve data-collection and trend analysis of sexual violence to fill gaps in current understandings, and enhance the capacity of humanitarian actors to collect information in an ethical manner that meets confidentiality requirements.

5.1. ASSESSMENT AND SITUATIONAL ANALYSIS

In keeping with sound practices for programme development, the first step in establishing prevention and response to GBV is to gather information needed to inform programme design. There is almost always a wealth of existing information in UNDP country offices, government, civil society, other UN agencies, and international NGOs to draw from. Existing information that should be reviewed might include previous gender analyses and relevant UNDP Human Development Reports.

Information-gathering and documentation of gender-based violence is rife with serious ethical and safety concerns – for individuals, communities, and those who seek the information. Any GBV information-gathering activity must be in keeping with the WHO Ethical and Safety Recommendations for Researching and Documenting Sexual Violence in Emergencies (see Annex 1).

Given that GBV is a sensitive topic and there are serious ethical and safety risks involved in discussing the issue, UNDP coordinates closely with others when conducting assessments related to gender-based violence. As a participant in the GBV coordinating body at country level, UNDP participates in and contributes to a coordinated rapid situational analysis, as described in the IASC GBV Guidelines.^x This inter-agency GBV team should use an established and field tested tool(s) as a guide to collect and compile information related to the nature

and extent of sexual violence; of policies, attitudes, and practices of multisectoral actors (government and non-government); and of existing prevention/ response services and gaps.

Every effort must be made to access previous GBV assessments before approaching individuals and communities with information requests. Information-gathering and documentation of gender-based violence is rife with serious ethical and safety concerns – for individuals, communities, and those who seek the information. Any GBV information-gathering activity must be in keeping with the *WHO Ethical and Safety Recommendations for Researching and Documenting Sexual Violence in Emergencies*^{xi} (see Annex 1).

All UNDP personnel should presume that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete evidence.

5.2. PLANNING

The *IASC GBV Guidelines* also describe coordinated planning for GBV interventions and mechanisms for multisectoral coordination to establish referral pathways, share information, solve problems, advocate, and raise funds, as well as to continue to work together to strengthen and improve prevention and responses to GBV.

GBV coordination working group members/participating organisations contribute to the development of a collaborative plan of action and commit to active involvement in implementation, monitoring, evaluation, and holding all actors accountable for action. Sector groups (i.e., health, community services, protection, camp management, human rights, legal/judicial, security/police, livelihoods, education, etc.) define their respective responsibilities regarding prevention and response to GBV, and how they will liaise with the GBV working group and the coordinating agency.

The plan should be developed based on information obtained in the situation analysis and with **active involvement of women and men, girls and boys** in the community.

Internal and Cross-Practice Action Planning in UNDP

UNDP's roles and responsibilities with regard to GBV interventions are perhaps most obvious in the

security and justice sectors. There are, however, a number of other areas for UNDP involvement in these issues. Suggested UNDP interventions are described in Section 6 of this Guidance Note.

As GBV-related interventions are developed in UNDP country programmes, careful collaboration is needed across the focus areas (crisis prevention and recovery, gender equality, capacity development, democratic governance, poverty reduction, HIV/AIDS, energy, and environment practices) and with other organisations working on the ground to ensure well-coordinated strategies that are linked together and accessible to communities.

UNDP CORE ACTIONS AS PART OF A COMPREHENSIVE APPROACH

Much of this Guidance Note discusses the need for a comprehensive package of interventions at community levels to both prevent GBV and respond to the needs and wishes of survivors. The emphasis is on a coordinated effort that combines knowledge, resources, and capabilities from UN, government, civil society, and communities. It can be daunting to consider how to establish a “comprehensive” approach to this complex problem, where to begin, and how to focus.

To identify the core areas that every UNDP country operation needs to focus on, consider that at minimum, five things must be in place*:

1. Survivors must be made aware of the potential longer-term health consequences of GBV and have access to quality, acceptable, accessible services;†
2. There must be a legal framework on the ground that effectively protects people from acts of gender-based violence;
3. Survivors must be aware of the existence of these laws;
4. Survivors must be able to access the justice that these laws provide; and
5. Survivors must be able to live – and live well - in their communities after having sought justice.

*Adapted from Kathleen Cravero, Former Assistant Administrator and Director of BCPR, January 2009.

†Committee on Economic, Social and Cultural Rights’ General Comment on Health (see http://www.wpro.who.int/health_topics/human_rights/).



6

PROMISING INTERVENTIONS AND PROGRAMMES

This section contains a list of promising interventions, strategies, actions, and programme ideas that have been put into place and proven effective in a wide range of cultures and contexts. For easy reference, they are organized by thematic area. Individual interventions described here are **not** intended to stand alone. Rather, a multisectoral approach is highly recommended and is considered best practice for addressing the complex issues involved in gender-based violence.

This list of interventions is intended to provide guidance for taking action in programming, advocacy, coordination with others, partnerships, and work with governments. Country offices are encouraged to draw from this list and expand interventions beyond those listed here.

6.1. RULE OF LAW

6.1.1. Constitution, Legislation, and Access to Justice

- Talk with women to determine their views on security and justice, and design programmes with their extensive input.
- Review relevant provisions in the constitution and in promulgated legislation and case law with a view toward strengthening them to end impunity for gender-based violence crimes and strengthening legal protections for women's human rights.
- Support the drafting or amending of laws related to sexual crimes, family/domestic crimes, women's human rights, property and inheritance rights, temporary protection orders/restraining orders, and other legal issues related to gender-based violence.
- Review case law with a view to understanding and improving women's access to justice. This includes identifying impediments to justice, reasons for delays in court proceedings, reasons why cases are dropped or dismissed or simply "disappear," and actively pursuing solutions to each issue. Simultaneously, it must be continuously acknowledged that very few survivors of gender-based violence crimes ever disclose their experiences. This means that worldwide only a very small percentage of actual GBV crimes (if they are, indeed, crimes) are ever prosecuted in courts of law. Nevertheless, it is likely that understanding and removing impediments to justice will result in an increase in successful criminal prosecutions. There is

a large body of research and knowledge about the reasons why the justice system fails women. Some examples include:

- The legal requirements for “proof” may be impractical for these types of crimes.
 - Victims/witnesses may not appear for scheduled court appearances due to lack of information, lack of transportation, child care responsibilities, or any number of other factors; cases may be repeatedly postponed or dismissed if victims/witnesses are not present.
 - Absence of court staff or insufficient knowledge of laws/policies among court personnel may result in cases being mishandled, delayed, or dismissed.
 - Insufficient resources for legal systems may result in long delays in legal processes for any type of criminal matter; in cases of GBV, victims are likely to become discouraged and (especially without adequate emotional support and legal support) withdraw their participation in the proceedings.
 - Women and men who face multiple forms of discrimination (e.g., on the basis of race, sexual orientation, ethnicity) may find it even more difficult to access justice
- Review relevant laws, policies, and crime statistics related to crimes committed with small arms, with a view toward new or stronger laws and more effective policing to control small arms. In post-conflict settings, large numbers of people possessing and using small arms can be a significant issue of public safety. The availability, use, and control of firearms in many countries are directly linked to domestic violence.^{xii}
 - Screening mechanisms should be included in new legislation regulating the civilian possession of firearms in order to prevent firearms acquisition by those with a history of family violence, whether or not it resulted in a criminal conviction, due to the particular role of legally owned firearms in GBV crimes (especially those committed within families).
 - Train the judiciary and court staff (probation officers, attorneys, prosecutors, etc) in sensitive and appropriate handling of GBV crimes. For example, protecting the identity of the victim, hearing sensitive testimony *in camera*, using videotaped interviews, and other such strategies are essential to protect the rights and dignity of GBV survivors.
 - Aggressively pursue issues of corruption among law enforcement and justice actors. It is commonplace in many settings that alleged perpetrators or their families pressure local security or court officials to make criminal cases disappear.
 - Support provisions in the electoral law aimed at preventing harassment and all forms of intimidation of women and other marginalized groups.
 - Strengthen linkages among and between justice/security actors and other sectors to ensure coordinated action toward achieving legal justice. Consider issues such as:

- Survivors must have access to good quality health care, including forensic medical evidence for criminal prosecution of GBV crimes. Promote action among health partners such as WHO, UNFPA, government ministries of health, and non-governmental health care providers to ensure appropriate and comprehensive clinical management (including evidence collection and documentation) of gender-based violence, especially sexual violence – and appropriate training for health professionals related to documentation and testimony in court.
- Survivors must also have access to psychosocial support through the legal justice process. These processes can be lengthy, punitive to the victim/survivor, and extremely stressful; consequently, it is not uncommon for survivors to drop out of the process. Sustained involvement usually requires ongoing emotional support and psychosocial interventions.

6.1.2. Legal Assistance and Awareness of Laws

- Provide financial and technical support to local lawyers and others. Local lawyers' groups can establish or strengthen legal assistance services for survivors of gender-based crimes who wish to pursue legal justice. Community legal aid clinics are effective strategies to support individuals' access to justice through legal advice and representation. These local groups can also educate communities about relevant laws and how to access justice.
- Provide financial and technical support for women's NGOs and community-based organizations that can promote and assist women's access to the formal justice system for criminal, civil, and property-related cases, including help with appeals from customary, religious, or subordinate jurisdictions.^{xiii}
- Assess the role of the informal justice system in dealing with GBV cases; in many instances family pressure, lack of financial resources, and lack of confidence in the formal justice system result in cases being adjudicated through informal processes. These often include material or financial compensation to the survivor or the family of the survivor, or may entail a forced marriage between a survivor and a perpetrator.

6.1.3. Policing and Administration of Laws and Policies

- Ensure adequate presence of female police officers in all police facilities. When there is a lack of properly trained and active female police officers/investigators, determine the reasons for this and develop strategies to increase female police presence. Cost-of-living adjustments, rotation systems for remote areas, child care assistance, and other strategies may be needed.
- Ensure codes of conduct, with effective accountability measures, for police and security actors.
- Promote adequate budgets for police facilities throughout the country (i.e., not just in major cities) to ensure appropriate and private interview spaces for sensitive cases, as well as to train police in appropriate witness interview and investigation techniques for handling GBV cases.

INCREASED FEMALE POLICE OFFICERS AND FAMILY SUPPORT UNITS IN POST-CONFLICT SIERRA LEONE

Family Support Units were established in the police department with the assistance of the UN Mission in Sierra Leone (UNAMSIL) to address high rates of sexual and domestic crimes in post-war Sierra Leone. This country is a tragic example of the link between war-related sexual violence and a climate of impunity for human rights violations that allows these crimes to continue unabated post-conflict and into recovery.

From the earliest stages of concept and design, these Units were championed by a high ranking female member of the Sierra Leone police. Her internal advocacy, combined with police training and capacity building from UN and NGOs, resulted in establishment of Family Support Units that are consistently staffed by sufficient numbers of well trained female officers. Initiated in urban centers, Units were later expanded into rural areas. The presence of female officers means that victims of rape, domestic violence or sexual crimes who were previously reluctant to come forward and seek help from the police now receive compassionate, humane and appropriate assistance.

The Units represent a coordinated approach to survivor support in that there is also a network of trained medical and legal professionals who provide free services to victims who are referred from these Units. During 2003, the Family Support Units received more than 3,000 reports of sexual and physical violence, with women and girls estimated to make up around 90% of the victims.

Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI),
Department of Economic and Social Affairs. *Faces: Women as partners in peace and security*.
New York United Nations Department of Public Information, 2004, p 19.

- Support standardized police training for appropriate and sensitive handling of GBV cases.
- Establish or strengthen special police units, such as sexual crimes units, family support units, and/or anti-trafficking units. Special attention should be paid to ensuring that such units are properly resourced (i.e., infrastructure) and that referral networks with legal aid, psychosocial support, and medical providers are established.
- In some settings it is advisable to establish or strengthen community-based health clinic-based "rape crisis centres" or "one-stop shops" where victims can access the full package of health care, psychosocial support, security, and legal advice.

- Support a vetting process in security sector reforms to ensure that alleged perpetrators of rapes that belonged to armed groups or forces should not be subsequently integrated into the national police or national army.
- Support election security plans that take into account women's security issues and increase women's representation in electoral processes.

6.1.4. Transitional Justice

- Advocate that perpetrators of gender-based violence – including war-related sexual violence – be held accountable for these crimes through national and/or international transitional justice processes. Such processes must deliver equal justice to women and men.
- Special resource investments are needed to ensure survivors can effectively participate and receive redress through transitional justice mechanisms. This includes special infrastructure, such as witness and victim protection programmes, special and separate hearings for GBV survivors combined with psycho-social support, and training for truth and reconciliation commission and/or war crime tribunal staff.
- Consider advocating for reparations to victims of war-related sexual violence; such as restitution, compensation, or other such strategies. This may be appropriate in some settings and should be researched and considered.

6.2. PEACE BUILDING AND RECONCILIATION

- Actively promote the full and equal engagement of women, including young women, in dialogues for peace and reconciliation, peace processes and reconciliation initiatives. The importance of recognizing and respecting the human rights abuses suffered by women cannot be overstated. In settings where sexual violence was used by combatants as a strategy of war, UNDP ensures:
 - Reconciliation initiatives provide safe and accessible spaces and methods where the voices and views of those survivors are heard.
 - Special care is taken to safeguard confidentiality and to respect any woman's decision to participate or not participate.
- Ensure that GBV is highlighted as a factor in conflict analyses.
- Peacemaking efforts should have dedicated technical expertise on gender-based violence, and women must be fully represented at all stages among relevant stakeholder groups.
- Support efforts to ensure that measures to address sexual violence are incorporated in all stages of peace negotiation and mediation processes, including in peace accords and/or

their implementation. Prevention and response to GBV should be included in peace accords and in political commitments to implement the agreements (e.g., that reparation programmes make provisions for psychosocial support).

6.3. DISARMAMENT, DEMOBILIZATION, AND REINTEGRATION

- Provide health care and support psychosocial recovery, including livelihoods and economic empowerment to women and children associated with armed forces and groups who might have been abducted and forced into labour, sexual slavery, or forced “marriages” to combatants.
- Ensure that male and female participants in the disarmament, demobilization, and reintegration (DDR) process are separated from each other within DDR camps and programmes; this will enable addressing the different needs of males and females, and can also be a strategy to prevent incidents of GBV.
- Develop social re-integration programmes for male ex-combatants targeted at reducing the use of gender-based and other forms of violence while also promoting understanding for female survivors of GBV. (Also see strategies suggested in Section 6.7 on Working with Men and Boys.)
 - DDR programmes can be an opportunity to work with men (combatants) who most likely perpetrated war-related sexual violence as well as combatants who witnessed these crimes and/or stood by in silence. There is insufficient evidence at this time pointing to any particular type of intervention with these men that can contribute effectively to recovery and lasting changes in attitudes and behaviour toward women. Nevertheless, efforts must be made to draw from existing research and practice documentation and to develop programmes aimed at behaviour change among these groups. UNDP is well positioned, with its growing knowledge base and long-term commitment in countries, to monitor outcomes and effectiveness of efforts to stop the use of gender-based violence by demobilized combatants.
- Women and girls who were abducted and forced into labour, sexual slavery, and forced “marriages” to combatants are in need of special programmes and services that provide health care and support psychosocial recovery, including livelihoods and economic empowerment. It is all too easy for these women and girls to become invisible when a DDR process gets underway. To ensure that they receive the necessary health, psychosocial, and economic support, UNDP advocates for special attention and programmes for these women and girls, in addition to the DDR programmes for men and boys.

6.4. DISASTER RISK REDUCTION

- Consult with women’s organisations to develop plans to prevent incidents of GBV following a disaster and to ensure rapidly accessible crisis intervention services for survivors of any GBV incidents that occur.

- Advocate for inclusion of GBV training of service providers in disaster preparedness.
- Identify and raise awareness of safe zones for women and children where they can seek shelter, food, and other necessary provisions.
- Include consideration of and planning for issues of women’s mobility and access to safety during and immediately post-disaster. Many women have been killed or suffered serious injuries due to their limited mobility. For example, women stay behind or are slower to run away due to caregiving responsibilities for children or elderly family members; women in some cultures have limited access to public places and do not know where to go for safety in a disaster.
- Promote awareness of the risks of GBV in the immediate aftermath of disasters, i.e. awareness raising activities in communities that warn of the potential danger of predators.

6.5. HIV PREVENTION, TREATMENT, CARE, AND SUPPORT IN CRISIS PREVENTION AND RECOVERY

UNDP promotes the development of programmes that address the **links among and between gender inequality, gender-based violence, HIV, and risk of HIV transmission.**

- Advocate for available and accessible essential HIV-related services, including at least:
 - Voluntary counselling and testing
 - Post-exposure prophylaxis (PEP)
 - Female condoms
- Advocate for sufficient national budgets and sound program design, implementation, monitoring, and evaluation for HIV-GBV initiatives.
- Promote programmes to empower women to consent or not consent to sexual relations and to negotiate condom use without fear of domestic or other gender-based violence.
- Promote programmes to facilitate men working together to support men in reproductive health issues, general health, masculinity, and the use of power.
- Review and strengthen the rule of law (see section 6.1 above) to ensure appropriate legal protections related to HIV status. HIV status can exacerbate gender-based violence – i.e., women can be at increased risk for domestic violence or other gender-based violence as “punishment” if her family or community is aware that she is HIV-positive or has AIDS.
- Coordinated strategies among programmes targeting HIV, reproductive health, and gender-based violence are essential in order to address the links among these three programme areas.

6.6. LIVELIHOODS

- Address livelihoods systematically and comprehensively among displaced women to strengthen economic empowerment during displacement and upon return (i.e., women's livelihoods and economic empowerment programmes should be systematically planned and long range, rather than short-term one-off programmes).
- Build realistic and accessible child-care options to free women to participate in livelihood programmes.
- Develop and promote women's access to assets, such as land, credit, vocational skills training, and employment. Collaborate with partners to support interventions that provide equal economic opportunities for women.
- Support women entrepreneurs including training in business management.
- Develop and/or support programmes to facilitate women's access to the full array of labour markets.
- Collaborate with partners such as UNIFEM, ILO and FAO as well as women's agencies to support interventions that provide equal economic opportunities for women including access to assets, such as land and credit, employment, and training.^{xiv}

6.7. WORKING WITH MEN AND BOYS

Gender-based violence is directly linked to various notions of manhood and in particular, power relations between men/boys and women/girls and in power relations among and between men and boys. Working with men and boys on these notions of manhood are, therefore, critical prevention strategies that can lead to long-term change. The body of evidence for effective strategies in working with men and boys on these issues is growing, and there is a basic set of recommended and demonstrated effective interventions.^{xv}

Separate or parallel "men's programmes" (that specifically target masculinity and men's use of violence) are not necessarily the best approach in all settings. It may be more effective to integrate "men's programmes" into other programmes, such as DDR, rule of law, community security, as well as programmes targeting military personnel, ex-combatants, youth gangs, and other such groups prone to the use violence.

- Work with partners to establish gendered dimensions of violence programmes for men and boys to explore power and gender stereotypes, drawing from the growing body of emerging best practices globally.
- Work with partners to establish innovative gender programmes targeting boys and adolescent males, with the aim of helping boys break out of expected gender roles and learn to live without abusing power and using violence or abuse.

- Help communities to change the culture of violence and to find alternatives to militarized masculinities.
- Work with traditional leaders and elders in the community as advocates to change behaviour to prevent GBV.
- Increase awareness and understanding that men and boys are also GBV survivors in many conflict affected settings. This should be translated to appropriate policies and interventions that address the needs of male survivors. In many societies, men might find it even more difficult to acknowledge what has happened to them and to seek support. It is also often true that male perpetrators of sexual violence are victims of this abuse themselves.

WORKING WITH MEN AND BOYS IN UNDP ASIA-PACIFIC REGION

Partners for Prevention: Working with Boys and Men to Prevent Gender-based Violence is a regional joint programme among UNDP, UNFPA, UNIFEM & UNV. Initiated in 2008, the long term goal of this programme is to reduce the prevalence of gender-based violence in the Asia-Pacific region through behaviour and attitudinal change among boys and men, increased institutional capacity to involve boys and men in GBV prevention, and through and facilitating policy enhancements. To work towards this long term objective, the three year programme has three interlinked outputs:

1. Public awareness campaigns mobilising boys and men for GBV prevention.
2. Selected government, civil society and UN advocates are equipped with enhanced capacities to implement GBV prevention initiatives involving work with men and boys.
3. Government, civil society and UN advocates gain access to regional knowledge resources and evidence-based policy tools on working with boys and men for gender-based violence prevention.

The essence of this programme is enhancing existing work on gender-based violence prevention and gender equality through greater awareness, capacity and understanding of the roles and potential of boys and men as partners in prevention, not to create stand alone initiatives focused on boys and men.



7

MONITORING AND EVALUATION

In most crisis and post-crisis settings, monitoring and evaluation of GBV interventions is weak at best and nearly absent at worst. Interventions tend to be fragmented and uncoordinated, and information gained through monitoring interventions and evaluating results is of limited use. There has been a disproportionate lack of evaluation as to whether real needs on the ground are matching international interventions.

UNDP is uniquely situated to strengthen monitoring and evaluation of GBV interventions, particularly those related to security and justice. For example, despite under-reporting of GBV and the low numbers of GBV cases going to court, UNDP is in a strong position to build capacity for the collection and analysis of data on legal justice responses and outcomes. UNDP-supported data collection on legal justice is probably the most accurate data that is relatively easily accessible.

7.1. DEFINING AND MEASURING RESULTS

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When establishing objectives and intended results for GBV interventions, careful consideration is needed to identify realistic and achievable results in any given sector or thematic area. In addition, there should be overall intended results related to a multisectoral and well coordinated set of interventions.

True and sustainable impact of GBV programming is usually seen only after several years of active and coordinated interventions in multiple sectors and practice areas. “Impact” in this sense refers to changes in the population that can be attributed to programmes and interventions. In other words, impact would be seen as a reduction in the actual number of incidents of GBV (not just those that are reported) – due to multiple interventions and actions over a long period of time. There is a general assumption among GBV experts that achieving impact requires a step-by-step approach to both prevention and response, building on results over time to ultimately achieve a reduction of the number of incidents of GBV and zero tolerance of GBV among the population.

In the shorter term, it is recommended that monitoring **processes** and **outputs** is essential for **gathering feedback about progress towards building local capacity and establishing the systems needed for a comprehensive – and effective – set of prevention and response actions** addressing gender-based violence.

7.2. INDICATORS

There are global efforts underway to determine a set of standard indicators on GBV that can be measured in any setting and that will eventually allow for comparison across settings.^{xvi} A selection of this body of work is outlined below and is also described in greater detail in the annotated bibliography in Annex 1. A United Nations group drafted a set of indicators aimed at determining the prevalence of various forms of violence against women and its consequences. The Special Rapporteur on Violence Against Women echoed the need for indicators related to prevalence and also for state responses. The MEASURE project published a compendium of indicators, including those related to outcomes of interventions as well as indicators on prevalence. The MEASURE publication includes a chapter specifically focused on humanitarian emergency settings.

All these publications stress the need for population-based figures in indicators. This is further described in the MEASURE indicators; generally it means using proportions or percentages based on population rather than simply counting numbers.

It is also recommended that indicators are needed in relation to each of the following three clusters of data:^{xvii}

- **Indicators measuring commitments** (structural indicators) should reflect the ratification and adoption of legal instruments and the existence of basic institutional mechanisms deemed necessary for facilitating the elimination of violence against women (e.g., number of international treaties relevant to the elimination of violence against women, ratified by a country; date of entry into force of domestic laws relevant to the elimination of violence against women).
- **Indicators measuring efforts** (process indicators) should refer to measures, including public programmes, services and specific interventions that are implemented to give effect to commitments for eliminating violence against women (e.g. proportion of victims accessing appropriate assistance services; number of person arrested, adjudicated, convicted or serving sentence for violence against women per 100,000 population).
- **Indicators measuring results** (outcome indicators) should capture attainments and results that reflect the progress made in the elimination of gender-based violence (e.g., prevalence and incidence indicators on physical, sexual, and psychological violence; proportion of female murder victims killed by their husbands, partners, or former partners).

7.3. LIMITATIONS OF DATA

Many of the suggested indicators set forth in these documents rely on survivor self-reports through the use of population-based and other surveys, since gathering this information from other sources is usually not possible in developing country settings.

Most countries do not have violence surveillance systems in place, and service statistics in the health, legal, and other sectors are of poor quality. In places where these service-based data are reliable, these statistics will only represent survivors who approach these sectors after experiencing violence. Service statistics in crisis and post-crisis settings are even less available.

This means that in order to measure these indicators, women are asked directly to report their experience with physical and sexual violence. **Collecting self-reported information within the context of GBV involves several concerns, related both to the way this information is obtained and how results are interpreted.** Even after adhering to the ethical and safety guidelines (see Annex 1) and providing a safe, sensitive setting for completing interviews, there will always be a proportion of women who will not disclose this type of information. This means that prevalence and other estimates will likely be lower than the actual level of GBV that has taken place among the population. Such under-reporting may occur for many reasons; see Annex 2.^{xviii}

Therefore, estimated levels of physical violence and the patterns associated with factors such as education and socio-economic status should be interpreted with caution. In addition, obtaining information from girls and boys (anyone under the age of 18) is problematic because of the legal necessity of obtaining parental consent for the interview. For example, parents may pressure the child to reveal what they answered in a family interview; or, if the father is one of the perpetrators, the child could be put at risk if he/she participates.



8

CONCLUSION

This Guidance Note was developed for UNDP staff members working in crisis and post-crisis settings in order to help them confront more effectively the epidemic of gender-based violence as part of their work.

With its mandate to work on crisis prevention and recovery and on women's empowerment, UNDP has a natural entry point through which it can tackle the problem at an early stage. This gives staff members the unique opportunity to address simultaneously the root causes and the symptoms of gender-based violence by rebuilding the justice system and reinforcing preventive measures at the community level.

The increasing incidence of gender-based violence in conflict context calls for urgent changes to improve policies and laws and to change attitudes through recovery and development. And UNDP's role in addressing this will have lasting implications in all domains of its work and its approach to human rights-based development.

This First Edition of the Guidance Note is a work-in-progress. The authors look forward to receiving your feedback on the text and insights into the matter in order to make this tool more accessible and practical. Please submit your comments to: gender-net@groups.undp.org.



ENDNOTES

- i Adapted from statements by the UN Special Rapporteur on Violence Against Women.
- ii Statistics from: *World Report on Violence and Health*. WHO, 2002; and Heise, L, Pitanguy, L., Germain, A. *Violence Against Women: The Hidden Health Burden*. World Bank Discussion Paper 255, 1994. A summary of the economic effects of GBV can be found in *Taking Action: achieving gender equality and empowering women*. UN Millennium Project Task Force on Education and Gender Equality, 2005, Chapter 9.
- iii Definitions from *Guidelines for Gender-based Violence Interventions in Humanitarian Emergencies: Focusing on Prevention and Response to Sexual Violence*, Inter Agency Standing Committee (IASC), 2005, Chapter 2.
- iv “Good quality” in this context means that the response actions meet the minimum standards as described in the IASC GBV Guidelines, which includes monitoring for effectiveness, quality, and outcomes.
- v “In his comprehensive study, the Secretary-General states that the costs of violence against women also include the costs associated with political and social instability through inter-generational transmission of violence, as well as the funds required for programmes for victims/survivors of violence.” (SG report 06, page 36).
- vi Quote from Kathleen Cravero, Assistant Administrator and Director of BCPR, opening remarks at the UNDP Workshop on GBV in CPR Situations, January 2009, New York.
- vii These guiding principles are identical to the guiding principles described in the two key international guideline documents for GBV interventions in humanitarian emergency settings; from UNHCR and the IASC. See Annex 2 for more information.
- viii Documenting and researching gender-based violence involves a host of serious and potentially lethal safety and ethical issues with regard to individuals and communities. The World Health Organization has developed guides and tools to support ethical, safe, and sound GBV research and documentation practices. A sampling of these guides can be found in Annex 2.
- ix The Protection Cluster encompasses a wide array of protection concerns, and has organized itself into AoRs for special areas requiring separate coordination and specialized capacity.
- x *IASC GBV Guidelines*, Action Sheet 2.1.

- xi *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*. Geneva, World Health Organization, 2007.
- xii One example of the importance of understanding the link between firearms and domestic violence (especially domestic violence that results in attempted murder or murder) and taking action to prevent the misuse of firearms is described in *Firearms Possession and Domestic Violence in the Western Balkans: A Comparative Study of Legislation and Implementation Mechanisms*. Belgrade, Serbia, South Eastern and Eastern Europe Clearinghouse for the Control of Small Arms and Light Weapons (SEESAC), 2007.
- xiii This strategy is from recommendations for EU in addressing women and armed conflict, short paper by Marguerite Garling, Protection/Rule of Law Adviser, IRC London.
- xiv United Nations Policy for Post-Conflict Employment Creation, Income Generation and Reintegration. New York, United Nations, May 2008.
<http://www.reliefweb.int/rw/lib.nsf/db900SID/ASAZ-7NZKM4?OpenDocument>
- xv A concise summary of the current body of knowledge can be found in *UNDP, UNFPA, UNIFEM & UNV Regional Joint Programme, Asia-Pacific Region 2008 – 2011: Partners for Prevention: Working with Boys and Men to Prevent Gender-based Violence*. UNDP Asia-Pacific region.
- xvi See three documents described in Annex 1: UN Division for the Advancement of Women (UNDAW), UN Economic Commission for Europe (UNECE) and UN Statistical Division. *Indicators to measure violence against women: Report of the Expert Group Meeting*, 8 to 10 October 2007, Geneva, Switzerland, 2008. UN Human Rights Council, *Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences, Yakin Ertürk: Indicators on violence against women and State response*, 29 January 2008. A/HRC/7/6. Online. UNHCR Refworld. Bloom, S.S. *Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*. Measure Evaluation, University of North Carolina at Chapel Hill, USA, 2008.
- xvii UN Division for the Advancement of Women (UNDAW), UN Economic Commission for Europe (UNECE) and UN Statistical Division (2007) p 4.
- xviii Text from Bloom, S.S. (2008) p 19.
- xix Heise, L., Ellsberg M., and Gottemoeller, M.. *Ending Violence Against Women*. Population Reports. Series L. No. 11. Baltimore, Maryland: Population Information Program, Johns Hopkins School of Public Health. 1999.
- xx *WHO World Report on Violence and Health*, 2002
- xxi Heise, L, Pitanguy, L., Germain, A. *Violence Against Women: The Hidden Health Burden*. World Bank Discussion Paper 255, 1994.
- xxii Vetten:1996, Tribune:1991

- xxiii WHO *World Report on Violence and Health*, 2002
- xxiv Graca Machel, *The Impact of Armed Conflict on Children*, 1996
- xxv Washington Post; IRIN reports
- xxvi J. Kerimova et al, "Factors Associated with self-reported forced sex among Azerbaijani women", unpublished paper presented at the RHRC Conference, Washington DC, 2000.
- xxvii Human Rights Watch
- xxviii Human Rights Watch. *The War Within the War: Sexual violence against women and girls in Eastern Congo, 2002*.
- xxix Association Nadjeh, "Domestic violence among selected Palestinian refugee communities in Lebanon", 1999
- xxx Refugees International, 2002
- xxxi Shan Women's Action Network & Shan Human Rights Foundation. *License to rape*, 2002.
- xxxii Association of Widows of the Genocide (Avega), *Survey on Violence Against Women in Rwanda*, Kigali, 1999
- xxxiii Physicians for Human Rights, *War-Related Sexual Violence in Sierra Leone: A Population-based Assessment*, Boston, 2002
- xxxiv Government of Sierra Leone, *Situation Analysis of Women and Children in Sierra Leone*, Freetown, 1999.
- xxxv Human Rights Watch, Amnesty International, Refugees International, MSF, and media reports, 2003-2005
- xxxvi Human Rights Documentation Unit and Burmese Women's Union, *Cycle of Suffering*, Bangkok, 2000
- xxxvii Amnesty International (2004), *Rwanda: "Marked for Death", rape survivors living with HIV/AIDS in Rwanda*. <http://web.amnesty.org/library/index/engaf470072004>
- xxxviii UNHCR (2006), *Protection Incidents in Refugee Camps on the Thai/Myanmar Border: Trends and Analysis 2003-2006*. Pg. 1. Accessed at <http://www.refugees.org/uploadedFiles/Investigate/Anti-Warehousing/Countries/UNHCR%20061101%20Protection%20Incidents%20in%20camp-final.pdf>



ANNEX 1. RESOURCES FOR GBV GOOD PRACTICE STANDARDS AND INFORMATION

Ethical and Safe Practices for GBV Documentation, Research, and Needs Assessment

Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Geneva: World Health Organisation, 2001.

Available at: www.who.int/gender/violence/womenfirtseng.pdf [as of November 2009]

Research on violence against women raises important ethical and methodological challenges in addition to those posed by any research. The nature of the topic means that issues of safety, confidentiality, and interviewer skill and training are even more important than for other areas of research. It is not an exaggeration to say that the physical safety and psychological well-being of both the respondents and the research team can be put in jeopardy if adequate precautions are not taken. In order to guide future research in this area, the World Health Organisation has developed the following recommendations regarding the ethical conduct of domestic violence research. These build on the collective experience of the International Research Network on Violence Against Women (IRNVAW). They have been reviewed and approved by the WHO Steering Committee for the Multi-Country Study on Women's Health and Domestic Violence Against Women, and also reviewed by key members of the Scientific and Ethical Review Group (SERG) of the Special Programme on Research and Research Training on Human Reproduction (HRP). The recommendations are in addition to those outlined in the CIOMS (Council for International Organizations of Medical Science) International Guidelines for Ethical Review of Epidemiological Studies (1991).

Ellsberg M, and Heise L. *Researching Violence Against Women: A Practical Guide for Researchers and Activists.* Washington, DC: World Health Organisation, PATH; 2005.

Available at: www.path.org/projects/researching_violence_practical_guide.php [as of November 2009]

PATH and WHO produced this resource guide as one of the follow on outcomes of the WHO Multi-country Study on Women's Health and Domestic Violence against Women. The guide draws on the experience of researchers from more than 40 countries and presents methods for performing surveys and qualitative research on gender-based violence in low-resource settings. It covers all aspects of the research process, from study design to training field workers. It also describes ways to use findings to influence decision-makers. Most important, it presents clear guidelines for protecting the safety of women participating in the research.

WHO Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies. Geneva: World Health Organisation, 2007.

Available (in several languages) at:

http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

[as of November 2009]

This document is designed to inform all who may be involved in information collection – including gathering and compiling GBV data related to security and justice sectors. The recommendations apply to all forms of inquiry about sexual violence in emergencies, including research, human rights documentation, and GBV programme monitoring and evaluation. In total, eight recommendations are offered. Collectively, these recommendations are intended to ensure that the necessary safety and ethical safeguards are in place prior to commencement of any information gathering exercise concerning sexual violence in emergencies. In each case, accompanying text sets out key safety and ethical issues that need to be addressed and the questions that must be asked when planning any information collection exercise involving sexual violence. These should also inform decisions about whether such an exercise should be undertaken at all.

Security Sector Reform

The Gender and Security Sector Reform Toolkit. Geneva: Geneva Centre for the Democratic Control of Armed Forces (DCAF), UN International Research and Training Institute for the Advancement of Women (UN-INSTRAW), OSCE Office for Democratic Institutions and Human Rights (ODIHR), 2008.

Available at: www.dcaf.ch/publications/kms/series_gssr-toolkit.cfm?nav1=5&nav2=6

[as of November 2009]

Security sector reform (SSR) is increasingly prioritised by governments, and on the agenda of international development, peace and security communities. Despite this recognition of the importance of integrating gender issues in SSR, there has been a lack of resources on the topic. This Toolkit is an initial response to the need for information and analysis on gender and SSR. It is designed to provide policymakers and practitioners with a practical introduction to why gender issues are important in SSR and what can be done to integrate them. Each SSR context is unique. As such, the strategies and recommendations provided in the Toolkit may not always be directly applicable, and should always be adapted to the local context.

The Gender and Security Sector Reform Toolkit includes: User Guide, Twelve Tools – 1. Security Sector Reform and Gender; 2. Police Reform and Gender; 3. Defence Reform and Gender; 4. Justice Reform and Gender; 5. Penal Reform and Gender; 6. Border Management and Gender; 7. Parliamentary Oversight of the Security Sector and Gender; 8. National Security Policy-Making and Gender; 9. Civil Society Oversight of the Security Sector and Gender; 10. Private Military and Security Companies and Gender; 11. SSR Assessment, Monitoring, and Evaluation and Gender; 12. Gender Training for Security Sector Personnel. There are also Twelve Practice Notes based on the Tools and an Annex on “International and Regional Laws and Instruments related to SSR and Gender.”

Global Standards and Guidelines for Coordinated Multisectoral Prevention and Response to GBV in Crises

Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies. Geneva: Inter-Agency Standing Committee, 2005

Available (in several languages) at:

www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp [as of November 2009]

This is the primary set of guidelines for inter-organisational and intersectoral GBV interventions. The guidelines lay out specific actions that must be undertaken by all sectors operating in humanitarian settings, whether UN, NGO, or government. The guidelines are organized sector-by-sector, with clear and specific guidance. There is a CD-ROM that includes additional resource materials and further guidance. Although these guidelines focus on sexual violence (because it is usually the highest priority GBV issue at the outset of an emergency), they are applicable to any type of GBV.

Sexual and Gender-based Violence Against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response. Geneva: United Nations High Commissioner for Refugees, 2003.

Available at: www.unhcr.org/protect/PROTECTION/3f696bcc4.pdf [as of November 2009]

These are guidelines for UNHCR and its partners worldwide and lay out standards of practice that should be put into place. They are broader than the IASC GBV Guidelines in that they discuss a wider range of different types of GBV that can occur. These guidelines also include more detailed information about GBV, including causes, consequences, and other essential basic information. These guidelines can be a useful teaching tool in conjunction with discussions and other learning activities.

Establishing Gender-based Violence Standard Operating Procedures (SOPs) for Multisectoral and Inter-organisational Prevention and Response to Gender-based Violence in Humanitarian Settings (known as the SOP Guide). Geneva: Inter-Agency Standing Committee (Gender sub-working group), 2008.

Available at: www.humanitarianreform.org/Default.aspx?tabid=429 [As of November 2009]

The SOP Guide describes in detail how to establish GBV reporting and referral procedures. It contains clear and concrete information and a step-by-step process for working with the inter-agency multisectoral team to develop standard procedures for prevention and response to GBV.

Clinical Management of Survivors of Rape: Developing Protocols for Use with Refugees and Internally Displaced Persons, revised ed. Geneva: World Health Organisation/United Nations High Commissioner for Refugees, 2004.

Available (also in Arabic and French) at:
<http://www.who.int/reproductivehealth/publications/emergencies/924159263X/en/>
[as of November 2009]

This guide describes best practices in the clinical management of women, men, and children who have been raped in emergency situations. It is intended for adaptation to each situation, taking into account national policies and practices, and availability of materials and drugs. This guide is intended for use by qualified health care providers (health coordinators, medical doctors, clinical officers, midwives, and nurses) in developing protocols for the management of rape survivors in emergencies, taking into account available resources, materials, and drugs, as well as national policies and procedures. It can also be used in planning care services and in training health-care providers.

Medico-legal Response to Sexual Violence

Guidelines for Medico-legal Care of Victims of Sexual Violence. Geneva: World Health Organisation, 2003.

Available at: whqlibdoc.who.int/publications/2004/924154628X.pdf [as of November 2009]

These guidelines will be of interest to a wide range of health care professionals who come into contact with victims of sexual violence or have the opportunity to train health care providers that will attend victims of sexual violence. Health care professionals who come into these categories may include health service facility managers, medico-legal specialists, doctors and nurses with forensic training, district medical officers, police surgeons, gynaecologists, emergency room physicians and nurses, general practitioners, and mental health professionals. Health professionals can use the guidelines as a day-to-day service document and/or as a tool to guide the development of health services for victims of sexual violence. The guidelines can also be used to prepare in-service training courses on sexual violence for health care practitioners and other members of multidisciplinary teams.

At a second level, the guidelines are of relevance to policy-makers in charge of health service planning and professional training within health ministries, and policy-makers with responsibility for developing guidelines for university curricula in the areas of medicine and public health. Policy-makers are in a position to ensure not only that the different aspects of services for victims of sexual violence are provided in a coordinated fashion and adequately funded, but also that the services are given the appropriate priority within relevant training programmes. The guidelines can also be used as a blueprint for the design of suitable care systems for national, regional, and local authorities, and to guide the content of educational curricula on service provision for victims of sexual violence.

These guidelines have been developed with particular regard for health care professionals working in settings where there may be severe constraints on the capacity to provide comprehensive health services or to collect forensic evidence in cases of sexual violence. These guidelines will need to be adapted to specific local and/or national circumstances, taking into account the availability of resources and national policies and procedures.

Monitoring and Evaluation

Bloom, S.S. *Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*. Measure Evaluation, University of North Carolina at Chapel Hill, 2008.

Available at: www.cpc.unc.edu/measure/publications/pdf/ms-08-30.pdf [as of November 2009]

A compendium of monitoring and evaluation indicators focused on violence against women/girls, for programme managers, organisations, and policy makers working to address violence against women/girls at the individual, community, district/provincial, and national levels in development countries.

Indicators to Measure Violence Against Women: Report of the Expert Group Meeting, 8 to 10 October 2007. Geneva: UN Division for the Advancement of Women (UNDAW), UN Economic Commission for Europe (UNECE), and UN Statistical Division, 2008.

Available at: www.unece.org/stats/documents/ece/ces/ge.30/2007/mtg1/zip.3.e.pdf [as of November 2009]

Report of an expert meeting that includes reviews of existing major regional, national, and international initiatives aimed at developing indicators on violence against women, e.g., assessing advantages and disadvantages of various indicator proposals; developing criteria for the identification of a possible set of indicators on violence against women; summarizing options and putting forward recommendations for a possible set of indicators to support countries to measure the scope, prevalence, and incidence of violence against women; outlining related data collection requirements and constraints, as well as opportunities for overcoming these, taking into consideration users' needs; considering the types of violence that should be covered in a possible set of indicators and proposing an approach for defining a technical description of each possible indicator.

Report of the Special Rapporteur on Violence Against Women, Its Causes and Consequences, Yakin Ertürk: Indicators on Violence Against Women and State Response, 29 January 2008. UN Human Rights Council, A/HRC/7/6. Online: UNHCR Refworld.

Available at: www.unhcr.org/refworld/docid/47cd6c442.html [as of November 2009]

This second report of the UN Special Rapporteur on violence against women includes a summary of 2007 activities and a discussion of indicators to measure violence against women as well as State responses towards ending such violence.

Training Manuals

Oxfam Gender Training Manual. United Kingdom: Oxfam, 1994.

Available for purchase from Oxfam UK at: publications.oxfam.org.uk/oxfam/default.asp

An excellent resource, this comprehensive manual of training exercises and modules provides basic training on the concept of gender and on more complex gender topics, such as gender analysis and how to apply knowledge of gender to practice. Organized in three main sections with key concepts, facilitator's guidelines, and training course (or workshop) in 12 units.

Caring for Survivors. UNICEF, New York, 2009 (expected). Will be posted for Internet download on IASC humanitarian reform, UNICEF, and GBV AoR web sites; currently can obtain copies through UNICEF NY.

This inter-agency training manual is an effort to avoid further duplication or confusion among and between training curricula offered by different organisations. Developed by UNICEF in close collaboration with various UN agencies and NGOs, including UNFPA, WHO, UNHCR, UNIFEM, OHCHR, OCHA, ARC, IRC, ICRC, Physicians for Human Rights, Médecins Sans Frontières, and independent consultants.

The training manual provides information and skill development in various aspects related to communication and engagement with sexual assault survivors in conflict-affected countries. It also focuses on medical treatment. The manual is designed for professional health care providers, such as physicians and health workers, as well as for members of the legal profession, police, women's groups, and other concerned community members, including community workers, teachers, and religious workers.

The manual is divided in two parts: The first part (in working draft form, to be revised over time) is designed for all participants who may have face-to-face contact with GBV survivors in any sector or context. The second part, still in development, will contain the medical modules for health-workers only, and focuses on the clinical management of rape survivors.

Training Manual, Facilitator's Guide: Multisectoral and Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict. RHRC, 2004.

Available at: http://www.rhrc.org/resources/gbv/gbv_manual/gbv_manual_toc.html
[As of November 2009]

This manual is a detailed facilitator's guide, with suggested handouts, for workshops or meetings aimed at providing basic GBV information. It can be very useful as a first training step with staff, community members, government officials, humanitarian actors, and others. The manual's interactive and flexible curriculum covers basic information about gender, gender-based violence, and the recommended interventions for prevention and response to GBV in populations affected by armed conflict.



ANNEX 2. UNDER-REPORTING AND ABSENCE OF RELIABLE GBV DATA

Gender-based violence is under-reported even in the best resourced and most stable settings worldwide. In conflict and crisis settings, the risks of disclosure are usually much higher than any potential benefit:

- The human rights, political, and legal environment is often dangerous; it is risky to speak out about any kind of human rights violation.
- Most societies tend to blame the victim. She/he is likely to fear social stigma and rejection by family and community. In conflict settings where social systems and protections have broken down, the survivor is likely to suffer severe social consequences without community support systems.
- The victim may have valid fears for her/his personal safety and the potential for retribution in a setting where security is already precarious at best.
- Some types of violence perpetrated by intimate partners are viewed as normal.
- Rule of law has usually broken down. Even if relevant laws exist, the infrastructure is usually not in place for an appropriate security response, medical evidence, and investigations that could lead to successful prosecutions. Survivors face daunting procedures, unnecessarily invasive questions and exams, and often do not receive social or psychological support or protection when engaging with the security and legal systems.

In short, it is dangerous for survivors of sexual violence to come forward. A set of minimum confidential services must be in place to offer health care, emotional support, social reintegration support, and assistance with the security and legal justice sectors. When those systems are in place and women can trust them, survivors will come forward and report their experiences. Only then can good data can be collected and analyzed.



ANNEX 3. MAGNITUDE OF THE PROBLEM

The following are a collection of qualitative and quantitative data to illustrate the extreme magnitude of gender-based violence across the world in all settings and contexts. **Given the ethical and safety difficulties in collecting data on this sensitive topic, these facts and figures demonstrate the magnitude of the problem as well as trends in crisis/post-crisis settings. This information may be useful to UNDP staff in efforts to bring GBV to the attention of stakeholders in the absence of reliable data from any specific setting.**

Sampling from all contexts

- Around the world at least one woman in every three has been beaten, coerced into sex, or otherwise abused in her lifetime. Most often the abuser is a member of her own family. Increasingly, gender-based violence is recognized as a major public health concern and a violation of human rights.^{xix}
- Forty-eight percent of girls surveyed in the Caribbean reported their first sexual intercourse experience was forced.^{xx}
- More than 90 million African women and girls are victims of female circumcision or other forms of genital mutilation.^{xxi}
- In South Africa, it is estimated that a woman is raped every 83 seconds: Only one in 20 of these cases are ever reported to the police.^{xxii}
- In the Midlands Province in Zimbabwe, 25 percent of women reported attempted or completed rape by an intimate partner.^{xxiii}

Populations affected by armed conflict

Sexual violence, sexual exploitation, and other forms of GBV have been documented, including:

- In 6 of 12 countries studied, *“the arrival of peacekeeping troops has been associated with a rapid rise in child prostitution”*.^{xxiv}
- Multinational peacekeepers and humanitarian aid workers have been found to commit sexual abuse and exploit refugee and internally displaced women and children in Guinea, Sierra Leone, Liberia, Democratic Republic of Congo, Nepal, and other countries.^{xxv}
- Azerbaijan: Twenty-five percent of women acknowledged being forced to have sex; those at greatest risk were among the country’s internally displaced.^{xxvi}

- Bangladesh: *“During the armed conflict in Bangladesh in 1971, it is estimated that 200,000 civilian women and girls were victims of rape committed by Pakistani soldiers.”*^{xxvii}
- Bosnia-Herzegovina: *“A European Community fact-finding team estimated that more than 20,000 Muslim women have been raped in Bosnia since the fighting began in April 1992”* (Human Rights Watch).
- Democratic Republic of Congo.: Thousands of Congolese girls and women suffer from vaginal fistula—tissue tears in the vagina, bladder and rectum—after surviving brutal rapes in which guns and branches were used to violate them. A survey of rape survivors in South Kivu region revealed that 91 percent suffered from one or several rape-related illnesses. As many as 3,000 women in central Kivu were raped between 1999 and mid-2001.^{xxviii}
- Lebanon: Thirty percent of Palestinian refugee women are beaten by their husband at least once during their marriage.^{xxix}
- Liberia: During country’s 14-year civil war, up to 40 percent of women and girls were raped.^{xxx}
- Myanmar (Burma): Shan human rights groups have documented that the Burmese Army has carried out mass rapes involving hundreds of women and girls in central Shan Province.^{xxxi}
- Rwanda: The majority of Tutsi women in Rwanda’s 1994 genocide were exposed to some form of GBV; of those, it is estimated that between 250,000 and 500,000 *survived* rape.^{xxxii}
- Sierra Leone: Approximately 50,000 to 64,000 internally displaced women in Sierra Leone reported experiencing sexual violence at the hands of armed combatants. Half of the women who had face-to-face contact with combatants reported experiencing sexual violence.^{xxxiii}
- Sierra Leone: According to a 1999 government survey, 37 percent of the country’s prostitutes were under age 15; of those, over 80 percent were orphans or children displaced by the war.^{xxxiv}
- Sudan (Darfur): There has been widespread and systematic use of rape and other forms of sexual violence as weapons of war and genocide, particularly targeting black Darfurian females and perpetrated by government-backed militias known as janjaweed and other armed bandits.^{xxxv}
- Thailand: An estimated 40,000 women from Myanmar are trafficked each year into Thailand’s factories, brothels, and domestic work.^{xxxvi}

Aftermath of natural disasters

Sexual violence

- Indian Ocean: Sexual assaults were widely reported to increase in the aftermath of the 2004 tsunami.

Intimate partner violence

- Cambodia: Seventy-five percent of women who participated in a study conducted in the mid-1990s were domestic violence survivors, often at the hands of partners who kept small arms that they used in the war.
- Nicaragua: Following the 1998 Hurricane Mitch, 27 percent of female hurricane survivors and 21 percent of male survivors responded to surveyors that woman battering had increased after the hurricane.
- Indian Ocean: Domestic violence was widely reported to increase in the aftermath of the 2004 tsunami. One NGO reported a three-fold increase in cases brought before them.

Trafficking

- Women, girls, and boys “disappear” from populations affected by natural disaster. The extreme circumstances of disaster, poverty, dependence, and hopelessness provide an opportunity for traffickers to trick and exploit women and children.

Death due to GBV

- Some victims of GBV die in the aftermath of the incident as a result of either homicide or suicide, although statistics on deaths due to GBV are rarely kept.
- Many survivors of rape during the Rwandan genocide are now HIV-positive or are already dead due to complications of AIDS.^{xxxvii}
- Some women – suffering from unrelenting emotional, psychological, and social distress – commit suicide. In Thailand, UNHCR monitors the numbers of suicides, among other protection incidents in the Burmese refugee population. According to UNHCR, “2 in 3 suicide victims are women, compared to a national ratio in Thailand of 3 males to every 1 female. Most suicides involve victims of rape or domestic violence.”^{xxxviii}



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