

Addressing Sexual and Gender-Based Violence in SDC programmes



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Swiss Agency for Development
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This guidance note is based on a capitalisation of SDC experiences in addressing Sexual and Gender Based Violence (SGBV), which is documented in a longer report. Here the key lessons learned are highlighted, together with brief recommendations regarding the assessment of the risk of SGBV when planning and implementing other types of interventions.

The term **sexual and gender-based violence** (SGBV) covers any harm perpetrated against a person's will that is based on gender-related power inequalities. Forms of SGBV include harmful cultural and traditional practices such as child, early, and forced marriages; sexual trafficking of women and children; rape; sexual slavery; honour killing, female genital mutilation and economic abuse. SGBV is clearly a violation of the right of individuals to live a life free of violence. While globally, SGBV has a far greater impact on women and girls compared with men and boys, both in terms of numbers and in negative consequences, sexualized

violence is also committed against men and boys, in particular in conflict settings. It is an even bigger taboo and response services for male victims are basically non-existent¹. The term **violence against women and girls** (VAWG) is often used interchangeably with SGBV but clearly does not include any violence perpetrated against men or boys. SGBV occurs both in public and private spheres (within the home). The terms **domestic violence (DV)** and **intimate partner abuse (IPA)** refer to SGBV within the private sphere.

1 Introduction

SDC has accumulated some 15–20 years of experience in addressing SGBV through practical, field-based activities. This began in humanitarian contexts (particularly in the Great Lakes region) and gradually expanded into comprehensive and long-term programming, with a focus on fragile and conflict affected areas. SDC is also supporting a number of national governments in devising and implementing appropriate legislative reforms. The current portfolio of SDC’s programmes directly addressing SGBV amounts to over CHF 10 million per annum, in more than 12 different countries. Since SGBV is variously framed and categorised as a human rights issue, a peace and security issue, a development issue and a

global public health issue, the breadth of SDC’s working experiences has until recently tended to be hidden.

A variety of international policies and conventions call for the elimination and prevention of SGBV, the first being the Convention on the Elimination of all forms of Discrimination against Women (CEDAW, 1979), specifically through its general recommendations 12 and 19 on violence against women, the Beijing Plan of Action, and the UN Security Council Resolution 1325 on Women and Peace and Security (2000). While the Millennium Development Goals did not address SGBV, work on the topic was given strong momentum in 2015

with the new Agenda 2030 – notably under SDG 5 on gender equality, in which addressing SGBV is given prominence with a specific target (5.2.) dedicated to it. The latest and strongest international framework is the Istanbul Convention (2013), which is binding for ratifying states.

Protection from and prevention of SGBV is a priority of Switzerland’s foreign policy, both in its bilateral and multilateral cooperation. The new bill for international cooperation 2017-2020 includes, for the first time, a strategic goal on gender equality, with addressing SGBV being one among three priorities. Swiss humanitarian aid has also defined work on SGBV as one of its key topics.

2 Understanding the context

Worldwide, every third woman experiences some form of SGBV in her lifetime. SGBV tends to be particularly prevalent in situations of armed conflict, and sexual violence can be deliberately used to demoralise communities and reduce social cohesion.

The risk of SGBV in post-conflict situations is also high, with perpetrators often being figures of authority (including teachers), security personnel or gangs. Violence in the private sphere is also known to increase both in conflict and, particularly, in post

conflict contexts. Nevertheless, SGBV is a widespread and generally under-reported phenomenon, occurring also in relatively stable development contexts.

2.1 Risk and cultural acceptance of SGBV

In any intervention, it is important to assess who may be at particular risk of SGBV. Often such individuals are economically poor and socially disadvantaged, and lack strong community networks (such as refugees, migrants, orphans or internally displaced persons). In cultural contexts in which women are expected to stay within the home, those at risk of SGBV may not be visible to outsiders.

of gender stereotypes as normal. Men who abstain from violence may be perceived as weak, and “unable to control” the women in their household, thus losing community respect. Concepts of family honour and the associated shame and fear attached to revealing problems can make it particularly difficult for victims of SGBV to speak out or to seek help. Victims of rape may be

blamed and stigmatised, and any resulting children shunned, rather than viewed with compassion. In such contexts, women as well as men often perpetuate the cycles of violence. For example, mothers-in-law can be particularly aggressive towards daughters-in-law, especially when male family members are absent on migration.

Across different continents, patriarchal cultural norms are often used to justify violence against women and girls. Without intervention, such patterns are reinforced over generations, with boys and girls growing up to consider the violent enforcement

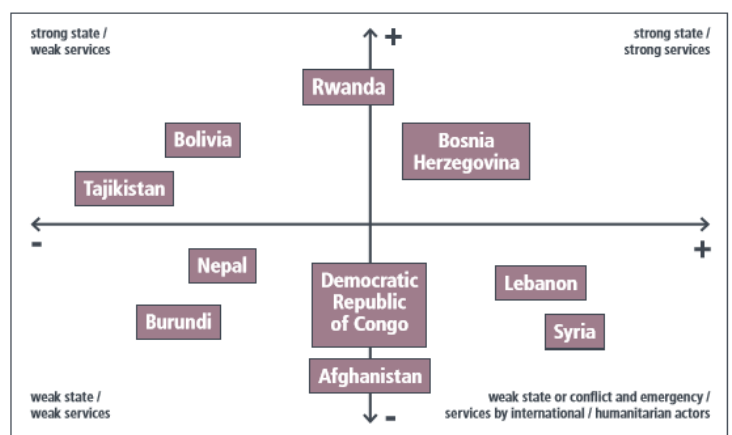


Figure 1: SGBV services in different governance contexts (vertical: degree of governance, horizontal: quality of services)

2.2 Interventions tailored to context

Any intervention addressing SGBV must begin with a thorough context analysis, taking into account the existing governance and support structures – both at the national and at the local level. The importance of this may be illustrated by a simple diagram, based on two axes; see Figure 1. The horizontal axis describes the accessibility and quality of protection and services, whilst the vertical axis indicates the strength of political and governance structures. The focus and type of interventions (such as institutional capacity building, service delivery), location and choice of partners and partnership and reference model will depend on the positioning of the national and local situation according to this diagram.

Thus where governance structures are weak, as is generally the case in conflict and post-conflict situations, the choice of partners will often be limited to non-government organisations (NGOs), civil society organisations (CSOs) and other stakeholders (including international humanitarian actors) that are present on the ground and already providing SGBV-related services.

Where governance structures are strong (including authoritarian states), cooperation with government-led services structures is important. At the same time, any interven-

tion should support spaces and roles for women's and civil society organisations.



Two psychosocial community workers at a training in Mbazi, Rwanda. © SDC

3 Key lessons learned

3.1 A psychosocial approach is proven good practice

Over the last 20 years, SDC has amassed considerable experience in working on the prevention and protection of SGBV. The development of a community-based psychosocial approach is one result of this long-standing experience.

A psychosocial approach combines the psychological development of individual persons, and their interaction with their social environment. SDC has supported this approach over many years in a variety of contexts, particularly in Bosnia Herzegovina

and the Great Lakes region.

Box 1 A psychosocial approach

This means and includes the following three elements

- **Systemic approach:** problem analysis and response includes the whole family/social context as a system, and does not focus solely on the victim
- **Multi-disciplinary support** comprises legal, psycho-social, health, and economic aspects as per need
- **Multi-level approach:** all levels, i.e. the individual, family, community, state (including policy, legal and institutional framework) are included in the analysis of the problem and in the response.

One key finding has been that it is important to provide multi-disciplinary support services and to apply a systemic approach, since it is not enough to focus solely on victims. Experience shows the importance of engaging with all actors, including indirect victims, witnesses, family members, communities, and perpetrators. The Figure 2 illustrates this point; relationships within families and as they relate to the community need to be understood in order to intervene in an effective and sensitive manner. Children affected by SGBV are a group requiring particular support, whose needs have to be specifically included in project design.

Terms and concepts used within psychosocial approaches are sometimes understood in different ways in different countries. Thus it is important to ensure clarity and common understanding in building professional services. Furthermore, working with survivors of SGBV is often highly stressful, and can result in burnout and a high staff turnover. A comprehensive human resource policy to mitigate the negative impact on staff and promote mutual support mechanisms is needed.

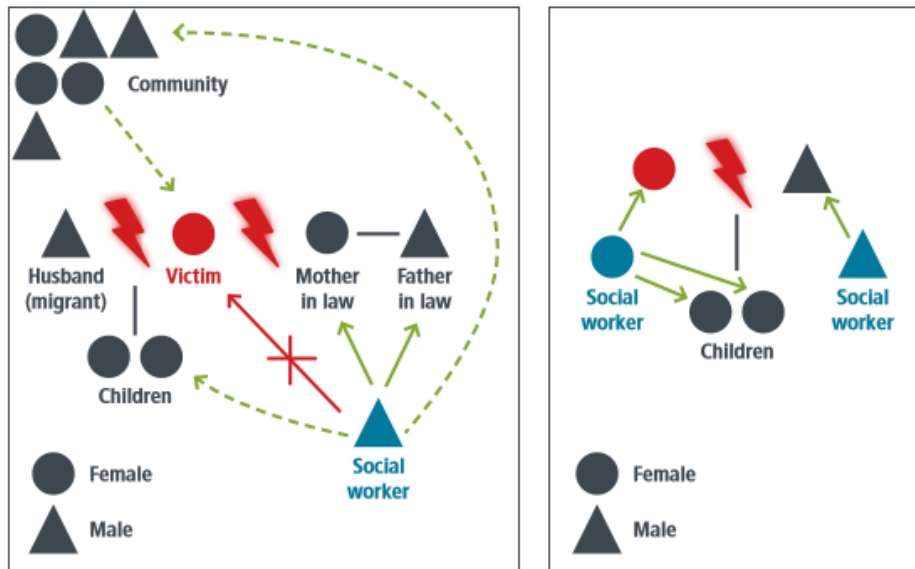


Figure 2 The systemic approach: working with family and community

Working with a psychosocial approach takes time, and requires long term investment to become embedded – working with the public, NGOs, civil society organisations, the police and judiciary, and communities themselves. Supporting legislation and regulations are also needed as part of this institutionalisation process. The roles and division of responsibility between the

State and NGOs/CSOs in addressing SGBV also vary in different contexts, and are not static. Rather, they evolve – meaning that they should be regularly assessed to ensure the sustainability of services and programmes. An effective case management system is also necessary to ensure safety, security and confidentiality as well as efficient follow-up and monitoring.

3.2. Working with men and boys is an important aspect of addressing SGBV

Working with men and boys is emerging as a key aspect in making a lasting change to the prevalence of SGBV in communities. This entails recognising and addressing them in three ways: as victims, as perpetrators, and as allies for change (see next section).

Men who have been a victim of sexual violence may find it particularly difficult to seek treatment, given the shame attached to such a situation in many cultures. It is important to consider ways to make it easier for such men to come forward. Another issue requiring particular consideration is sexual violence committed towards homosexuals and transgender individuals,

both being particularly vulnerable groups. Interventions in this regard must also be especially sensitive to the national legislation regarding individuals of different sexual orientation in the country concerned.

Violent men often have a difficult history (as combatants in war, witnesses to atrocities, etc.) and may have been direct victims of violence themselves. Perpetrating violence becomes a pattern. Therefore, working with perpetrators is key to break the cycle. Ideally the counselling of such men should be undertaken by male staff with specialist skills and experience, in premises separate from those used by women survivors. Boys also require specialised attention in pro-

tection and psychosocial support services, whether they are victims or witnesses of SGBV, to ensure that they do not become future perpetrators.



Counselling of perpetrators in Albania. © IAMANEH

Box 2: The Men's Centre in Republika Srpska, Bosnia Herzegovina

The Buducnost Men's Centre provides services to the violent partners of women who have sought shelter in safe houses. Treatment lasts some 16 weeks, and uses cognitive-behavioural change methodologies. It follows a careful structure, with an individual assessment phase followed by a group phase. During the four individual sessions, the Centre's counsellors also communicate with the wife and include her in the monitoring process. After this, the man signs an agreement making it mandatory to participate in the group sessions. Men who have attended treatment have not recommitted violence so far; neither have their partners returned to the safe houses.

3.3. Changing attitudes requires working with society at large

Changing public perceptions of SGBV from a private matter to one that is of public concern is integral to addressing the topic in a systematic way. Information campaigns on preventing SGBV and questioning masculine stereotypes can make a crucial contribution in this regard. Nevertheless, challenging norms linked to power relations may provoke hostility from those who perceive a threat to their power. One argument often used is that externally-funded projects do not understand, or do not respect, local cultural norms. Usually such criticisms can be addressed by working with local partners and SGBV specialists. Local communication specialists can also ensure that campaign messages are crafted with cultural sensitivity, and disseminated through appropriate media. Nevertheless, it may also be useful to check public responsiveness through a small scale pilot test. Co-opting well-known and respected local personalities to “champion” SGBV prevention campaigns is another often effective

strategy. Anti-violence networks can be an important mechanism in connecting public institutions (police, legal services, and health services), CSOs/NGOs and com-

munities in combatting SGBV. They have been supported by SDC to positive effect in countries as diverse as Bolivia, Burundi, Mongolia and Rwanda.



Awareness campaigns in Tajikistan. © SDC

Box 3: Anti-violence networks in Bolivia

In Bolivia, 117 anti-violence networks exist at municipal level, 60 of which receive support from SDC. These networks comprise local level public institutions, civil society groups (neighbourhood committees, human rights activists, community promoters, indigenous authorities, oversight committees) and private sector organisations (local media, trade associations, market traders, transport workers, trade unions etc.). Work focuses on improving state provision – notably the municipal legal services, but especially on preventing violence within the community. The networks are important in fostering a coordinated, shared response to SGBV, backed by strong public approval.

In general, it is unwise to conduct information campaigns on SGBV where no adequate or appropriate services exist. Raising awareness without offering support can simply lead to greater distress on the part of victims.

3.4. Seeking justice and fighting impunity should be tailored to the context

Seeking justice for survivors entails balancing potentially conflicting needs and emotions. These include on the one hand, punishment of the perpetrator and compensation for the wrong inflicted; on the other hand, anonymity, personal healing, reconciliation and reintegration into the family and community. Listening to and respecting the wishes of the survivor is crucial.

In conflict situations with dysfunctional justice systems, seeking legal justice can be a harrowing process for survivors, and risks provoking reprisals against them, their families and supporters. If this procedure

is chosen, close case management and accompaniment of the victim is essential, backed through financial support, where needed. In some situation, the victim may feel more comfortable with, and better served by, community adjudication processes. The disadvantage in this case is that such systems are often based on patriarchal norms, with the adjudicators being only men. Particular support may therefore be needed to ensure that women’s rights are upheld; the strengthening of patriarchal structures should be avoided.

Where State-delivered justice is functional, boosting public confidence in the system

can be achieved through public hearings or “Open Door” days with the local police – as used for example in DRC. However, these only work if the agreed activities are then implemented, and such follow-up often requires considerable facilitation and investment. Another opportunity for strengthening State functions may lie in supporting processes of legislative reform related to SGBV. SDC has been able to play a constructive role in this regard in a number of such cases – Tajikistan being one example. However, the greater challenge generally lies in the implementation of such laws once they are enacted.

3.5. Rebuilding lives through economic empowerment requires professional support

Women experiencing SGBV are often unable to leave abusive men for economic reasons. Women who have taken this step, and/or who have been shunned by their family and community as a result of SGBV, are often in desperate need of a means of income. For this reason, projects addressing SGBV commonly branch into a range of livelihood support interventions, from savings and credit groups to training for employment. In all economic empowerment activities, it is generally appropriate to work with mixed groups of women, SGBV survivors and others, in order to avoid any stigmatisation.

In situations in which women who have experienced SGBV are still living with

the perpetrator, any income-generation support to them should be conducted in consultation with husbands and families. There is otherwise a risk of escalating the violence. Where livelihood options are very limited (such as in parts of Burundi or DRC), self-help and savings and credit groups can have a positive impact on the well-being of SGBV survivors. Both the access to small amounts of credit and the forum for mutual support can make a real difference to such women's lives.

Women's economic empowerment (WEE) initiatives that are added on to SGBV interventions often fail to attain their objectives. Professional expertise is required when entering into substantive vocational train-

ing or business development activities with SGBV survivors. This should take into account good practice in market systems development (MSD). It is therefore important that projects and programmes addressing SGBV seek linkages with specialised WEE in MSD interventions, rather than attempting to develop such expertise themselves.



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4 Being aware of SGBV during other interventions

4.1. Humanitarian interventions

Incidents of SGBV are increasing during and after situations of conflict, natural disasters and other humanitarian emergencies due to displacement, family separation, breakdown of community protection structures, increased socio-economic vulnerability leading to sexual exploitation or negative coping mechanisms like early marriage, or

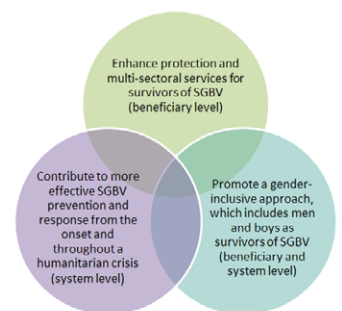
deliberate tactics of war. Those working in humanitarian assistance must assume that SGBV is occurring, even if there is no immediate evidence, and take action accordingly. SGBV in emergencies is a life-saving issue and humanitarian actors have an obligation to prevent and respond to SGBV under international law and relevant soft-law

obligations. Switzerland is also partner to the Call to Action on protection from SGBV in emergencies – an international initiative bringing together states and donors, international organizations and NGOs to better respond to SGBV from the onset and throughout all phases of an emergency².

Box 4: SDC Humanitarian Aid Implementation Concept on SGBV

- More **programmes focusing on protection** (i.e. shelter) and **access to multi-sectoral services** (incl. medical care and clinical management of rape; access to psychosocial care; access to legal aid; socio-economic support) **for survivors of SGBV**
- **SGBV mainstreaming**: reducing the risk of SGBV in sectoral responses (WASH, shelter, food, etc.) and supporting the roll-out of the **2015 IASC guidelines for integrating SGBV in humanitarian action** (i.e. to make sure that a water and sanitation project is safe in terms of distance, lighting, lockable and separate toilets, and does not expose users to additional risks of SGBV).
- **Supporting effective humanitarian SGBV coordination** at the global and country level through support to the SGBV Area of Responsibility (SGBV AoR) of the Protection Cluster and in-country SGBV coordination mechanisms (i.e. through financial support and secondments of Swiss experts). The global lead for SGBV coordination in emergencies is with UNFPA (UNHCR for refugee situation).
- **Advocacy**: country-specific and thematic advocacy on SGBV in emergencies at country, regional and international level.
- **Cooperation and dialog with partner organizations**: increased cooperation and strategic dialog on SGBV with Swiss Humanitarian Aid priority partners (i.e. ICRC, UNHCR, UNRWA, UNICEF) and targeted cooperation with UNFPA; secondment of Swiss SGBV experts to these partner organizations; cooperation at the project level with new partners, including local women's NGOs.
- **Promotion of a gender-inclusive approach, which includes men and boys as survivors of SGBV**: through research, advocacy, standard-setting and piloting of interventions the Humanitarian Aid Department intends to contribute to a more gender-inclusive approach, which also responds to the specific needs and vulnerabilities of male survivors of SGBV. The work on men and boys is to complement Swiss Humanitarian Aid's mainstream SGBV interventions.

Main objectives of the concept



4.2. Development interventions

Given that SGBV is prevalent but often hidden in many development contexts, it is important to consider how it might impact on any project intervention. A few scenarios, based on documented examples, illustrate this point.

Economic sector: It is not uncommon for women to express strong early interest in an intervention, but for enthusiasm to wane and attendance drop over time. The usual assumption is that the intervention was inappropriate; however, it could also be that men resented the women's engagement,

and are responding with violence. This can be addressed by pro-actively engaging men during project planning and initiation.

Governance sector: Women often either do not attend community meetings, or attend and say nothing, despite constant encouragement by facilitators. In cultures where women are not expected to express an opinion in community settings, those who do so may face violence in the home from family members who feel that they have lost face. Working with men in positions of authority who will support women

who speak out is one strategy here.

Educational sector: Despite good schooling facilities, there is often a high drop-out rate and poor performance of adolescent girls. It could be that teachers are demanding sexual favours, or that there is violence in the home. The enforcement of clear regulations banning any such behaviour amongst teaching staff is needed, as is a system of follow-up home visits to discuss reasons for non-attendance with parents.

5 Important aspects for Monitoring & Evaluation

Given the complexity and sensitivity of SGBV, monitoring and evaluation is a challenging task. One particular challenge is that, since SGBV is commonly under-reported, cases tend to increase rather than decrease when interventions get underway.

Effective M&E systems can only be devised once projects have a clear theory of change and realistic objectives, based on a good understanding of the local context. These objectives should take into account the degree of public recognition and reporting of SGBV. Although time consuming and costly, baseline surveys are an essential part of a good M&E system; without such data, project outcomes cannot be reliably

assessed. Data on individuals should always be disaggregated by sex, age and location as well as other relevant variables. Indicators should not only focus on quantitative aspects, but include qualitative data, based on beneficiary self-assessments – combined if possible with professional assessments.

With regards to indicators, the SDC Thematic and Aggregated Reference Indicators (TRI and ARI) related to the strategic goal 7 on gender equality in the new message 2017-2020 can serve as a guidance. They cover the number of beneficiaries served through SDC interventions, and context related indicators such as overall response capacities, access to justice and prevention:

- Indicator 1: Number of women or girls, men or boys – subjected to physical, sexual or psychological violence – having received support in psychosocial, medical and/or legal aid (compulsory Aggregated Reference Indicator (G1)
- Number of service centers / institutions in a country or project region, divided by gov/ non-gov/other (Multi)
- No. of women and girls, men and boys that report / file complaints against SGBV without harassment
- Changing social attitudes and reduced acceptance of SGBV in society

References

This Guidance Sheet is drawn from the SDC publication

“Violence against an individual is violence against society, and the family as a whole”
SDC’s experience in addressing Sexual and Gender-based Violence (2016)

See also IASC (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action Reducing risk, promoting resilience and aiding recovery http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

UNFPA minimum standards for preventing and responding to GBV in emergencies (2015):
<http://www.unfpa.org/featured-publication/gbvie-standards>

Endnotes

1 As part of its SGBV implementation concept, SDC Humanitarian Aid is currently supporting more research and the development of guidance for services for male victims.

2 Switzerland has signed the Call to Action and is an active member in the campaign. See more: <http://gbvaor.net/call-to-action/>