

WHEN THE WEDDING SONGS CHANGE – GENDER RELATIONS IN HUMANITARIAN CONTEXTS

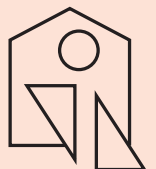


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EDITORIAL

Humanitarians tend to know before they come to any scene of crisis who is vulnerable: it's the women and children. Often in these exact words. The *womenandchildren* perspective, however, does not explain in any meaningful way what really happens with men and women, with girls and boys and non-binary individuals in the specific location where aid is delivered.

In this edition of *protection in focus* we want to explore aspects of gender and gender relations that are not usually expected or taken into consideration in an average humanitarian response: women who gain mobility and freedom in displacement situations; men who discover how to play with children and change their views about themselves.

The Wedding Song is an important cultural expression of the ideal groom or the ideal bride in some parts of the world. When gender relations change so do the Wedding Songs. A study from Pakistan illustrates, why this is important for humanitarian aid.

The shift in socioeconomic conditions and the reconfiguration of power relations in crisis and displacement provide an opening for change for better and for worse. To support the positive aspects of such changing circumstances, working on norms with men and boys is important. In the Great Lakes Region, the SDC psychosocial programme helped men to gain a new understanding of themselves and their relations with their wives.

The greater mobility of women and the questioning of traditional masculinity can also provoke men to resort to violence. And indeed, gender-based violence increases sharply in most humanitarian contexts. In this edition, we present you with three aspects of GBV: how an SHA secondment works with UNFPA and the Area of Responsibility GBV to integrate gender analysis and GBV risk mitigation into Cash and Voucher Assistance; how adolescent survivors of sexual violence were empowered while identifying the barriers to access services; and why SDC insists that survivors of sexual violence against men and boys have access to protection and services.

When confronted with the trauma and destruction of conflict and displacement, our task must be to support the self-determination and empowerment of the affected people; supporting them to be heard, to be taken seriously and to be able to make their own decisions might be the most important contribution to recovery and healing. This is why Switzerland supports more voice and agency for local organisa-

tions. We present you an innovative approach to localisation and an effort to organize women-led organisations so that their perspective is heard by those who decide on programmes and policies.

Finally, we have to look at ourselves: sexual misconduct by aid providers is GBV committed by people humanitarian organisations pay for. Therefore, we have made great efforts to raise awareness and improve policies at SDC and SHA. In this edition, we ask members of the SHA for suggestions how we can do more and better.

Enjoy reading!

**Barbara Weyermann
and Larissa Seemann**

With Brigitte Oederlin,
Yvonne Diallo-Sahli and Yvan Löhle

THE DIVERSITY OF GENDER EXPERIENCE IN DISPLACEMENT

Conflict and displacement is immensely difficult and often traumatic. Almost everything changes for people who have to leave their homes. However, the breakdown of traditional structures can open up a space and the disruption of norms can create opportunities for change, especially for women. A compilation of studies on gender relations in displacement paints a nuanced picture of how new socioeconomic conditions allow women and men to take up new roles and relate to each other differently. What does this mean for humanitarian action?

Paro Chaujar and
Barbara Weyermann



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Whether a refugee is a man or a woman influences every step of the displacement process - from leaving home to the reception in the new place and throughout the rest of their journey through life.

This has been stated in countless policies and conferences for the past four decades. Yet, little attention is paid to the different ways in which people experience crisis and displacement and to the different ways in which gender relations change in the course of displacement. Instead, humanitarians often come up with pre-conceived and simplistic ideas that women and children are most vulnerable and make assumptions about what the women and children need.

In their paper "Gender in Displacement – the State of Play"¹ a team of researchers from ODI, Kerrie Holloway, Maria Stavropoulou and Megan Daigle, identified key issues that profoundly influence interpersonal relationships among forcibly displaced women and men.

WOMEN PROVIDE THE FAMILY INCOME

The most significant change they recorded across all regions is the shift in the gendered division of paid labour. In many places, women have become the primary earner, while men were unable to fulfil their most important "masculine" role, that of the provider.

¹ Kerrie Holloway, Maria Stavropoulou and Megan Daigle. Gender in Displacement – The State of Play. Humanitarian Policy Group Paper. ODI 2019.

All quotes in the article are from this publication, if not otherwise indicated.

The paper lists the following examples: "Somali refugee women in urban Kenya run market stalls, engage in door-to-door trading or sell tea, with 70%–80% of families dependent on women's income. In Georgia in the late 1990s, displaced women with professional backgrounds took up trading and farming, becoming the main earners in 70% of families. In Colombia, rural women fled to urban areas, where many became domestic workers. Syrian refugee women in urban Jordan engaged in home-based paid work or became shop assistants, factory workers or agricultural labourers. In Yemen, women have started working as butchers, barbers or poultry sellers – work that used to be considered shameful". For many of these women, this new role is empowering; they speak with pride about their achievements and participate in household decisions on much more equal terms.

Not all displaced women are able to work, though. They might feel insecure in a public sphere that is dominated by men with guns; and sometimes husbands and elders do not allow to break the gender norms even if it is at the price of economic hardship. Working women might also feel conflicted about their activities for the generation of income as it contradicts their inner image of how a woman should be. They then often frame their new status of breadwinner as an extension of the duty as a mother to care for her family.

The changing role of women in the paid economy often implies that women-headed households or households where women are working in paid jobs are not found among the most (economically) vulnerable households. Assumptions about women's vulnerabilities must be verified by an analysis of real changes in gender roles in each context. For example, data on Syrian



refugees in Jordan shows that female principal applicant households were not more likely to be poor than male applicant ones, but poverty rates were higher for sibling households, unaccompanied children and single caregivers.

CRISIS OF MASCULINITIES

While women express pride with the new roles, men on the other hand often experience severe identity crises as they find themselves “unable to compete in a wage economy, face restricted opportunities for employment that is sufficient or acceptable to them and may be confined to their home to avoid conscription or arrest”, write Holloway et al. in their paper. The following examples illustrate the conflicts that many men may face: “Middle-aged, educated Bosnian refugee men tended to ‘stubbornly cling’ to their previous lives, where they had enjoyed wealth, status and recognition. They felt out of place in exile, trapped ‘in a limbo’ and refusing to compromise by accepting low-status jobs.

Somali refugee men in Kenya noted that women could accept all manner of jobs, but men would bring shame to the wider group by doing the same”.

The strong feeling of having failed as a man was expressed by this Syrian refugee in Lebanon: “I don’t feel that I am a real man after what has happened to me now, and to be honest, I can’t handle it anymore”.

The difference in the ways in which women and men respond to the new economic situation they find themselves in, while liberating for women in some ways and restricting for men in others – remain deeply rooted in patriarchal norms. Women stepping out of their homes becomes acceptable as a continuation of their responsibilities towards their families; while the same imperative – to support their families – is not sufficient to push men towards taking whatever jobs they might get because those jobs would be an affront to their masculinities. Notions of hegemonic masculinity prevent men from taking more responsibility for their families, while notions of femininity expand to allow women to take on greater responsibility for their families.

CHANGING FAMILY DYNAMICS

The effect of these socioeconomic changes on the household and family dynamics are profound and mixed. While most research and evidence focuses on deteriorating interpersonal relationships, the authors argue that there is evidence of shifting norms towards greater egalitarian relationships as well.

The shift in women taking on paid work outside of the home is not accompanied by shifts in their responsibility for unpaid household and care work. Their burden can be particularly heavy when amenities such as water, fire wood and electricity are not easily available and sick or injured relatives have to be taken care of. Men might be lazy, not used to this work or worried about further losing their masculinity by engaging in household chores:

“My husband does not help me, because he is afraid of gossip, because in our community it is not accepted for a

husband to help his wife”, said an IDP woman in Iraq.

Most available evidence also focuses on how men’s frustration and anger at losing their primary breadwinner role, turns them against their wives and children.

The *State of Play* quotes a series of studies from East Africa, West Africa, the Middle East and Latin America relating the almost always increasing intimate partner violence to the men’s perceived loss of manhood and honor. This is how a woman from Liberia explains it: “Sometimes you see the husbands don’t have financial means to support the home, and the wife is trying to talk of the children’s school fees, trying to talk of the feeding of the home, and you will see men getting so angry and chopping on the wife and fighting ... Because he don’t have to give, and then he sees the woman asking him to give, so he’ll just get angry because it’s shaming him.”

However, the *State of Play* also lists evidence of relationships that were transformed in displacement, couples that were brought closer together and developed a deeper understanding of each other’s plight: “Some men express their appreciation of women’s achievements and dedication to the family, while women recognize men’s difficult position, showing empathy and support. In the Middle East and South Asia, physical separation from

the extended family has given couples greater autonomy and intimacy and improved communication.

“Unemployment may also offer men a chance to spend more time at home and express their feelings, bond with their wives and appreciate fatherhood, free from the gaze of gatekeepers.” A Chechen man living in exile said that “I couldn’t cradle or kiss my baby in front of my father, uncle, or any other family elder. It is a kind of shame, according to our laws. But here, we are alone and I feel that I have to help her (referring to his wife Maleyka) with the kids. And I am ok with it; I feel I’m closer to them than before.”

ROLE OF HUMANITARIAN ACTORS

Changes in gender norms and interpersonal relationships in displaced communities are not just a result of changed socio-economic circumstances (absence of extended family, changed economic context) and different responses to the crisis by men and women. They are also actively enabled by strategic interventions of humanitarian and development actors. While gender-blind or neutral interventions can reinforce harmful stereotypes and exacerbate unequal gender relations, interventions that are responsive to gendered dimensions of displacement can contribute to progressive change.

Where humanitarian action is informed by the community’s concerns and both women and men are involved, chances of addressing gender inequality are better.

For example, an evaluation of the UN Women’s multi-sectorial programme providing cash for work (C4W), life skills, dialogue forums, leadership support and protection referral services in the Za’atari camp for Syrian refugees in Jordan found that by including both men and women in their interventions, the programme contributed to improving interpersonal relationships.² Respondents reported that the comprehensive support – the provision of economic empowerment with access to public spaces and social capital for both men *and* women – has helped them recover their self-esteem and their identities. Twenty percent reported a decrease in domestic violence as a result of engagement in full-time C4W opportunities.

Creating space for women’s engagement in the public sphere (camp management for example), has expanded space for their engagement within family and community matters. Supporting women-led organisations is another way towards a more gender-transformative humanitarian system. An assessment of the role of women’s organisations in humanitarian crises in Bangladesh and South Sudan finds that in contrast with more “traditional” humanitarian action, women’s

organisations tend to adopt a holistic and long-term approach that straddles the artificial divides between humanitarian action, development work, and peace processes.³

In Bangladesh, for example, the Bangladesh National Woman Lawyers Association provides legal aid services to refugees in Cox’s Bazar while also advocating for the adoption of national sexual harassment guidelines. In South Sudan, the Titi Foundation provides non-food items to IDPs and also works on advocacy efforts to hold duty bearers to account to provide education for marginalized women, among other things. The assessment underscores the need for humanitarian action to do more to recognize the leadership of women and women’s organisations.

CONCLUSION: WHAT DOES THIS MEAN FOR HUMANITARIAN ACTION?

1. Conduct a gender analysis

Gender norms do not only affect women, they affect everybody. Men and women are affected differently by displacement and respond differently to the challenges. Gender intersects with geography, race, caste, ethnic identity, age, disability and socioeconomic class in influencing experiences of all individuals. Simplistic assumptions about the universal experience of all displaced women as vulnerable and helpless or remarkably resilient are inaccurate and misleading. Intervention designs must be responsive to an analysis of (changing) gender roles and their impact on interpersonal relationships.

² UN Women (2016): Restoring Dignity and Building Resilience: Monitoring Report on UN Women’s Programming in Za’atari Refugee Camp, June–October 2015.

³ Namalie Jayasinghe, Momotaz Khatun, Moses Okwii (2020): Women Leading Locally—Exploring Women’s Leadership in Humanitarian Action in Bangladesh and South Sudan. OXFAM Research Reports, January 2020.

2. Work with all genders

For the pursuit of gender equality empowerment of women and girls should be accompanied by psychosocial processes where all genders engage in sharing, reflecting and connecting in mutually rewarding ways. Reflections on traditional notions of masculinities that often are at the root of the identity crisis for men in displacement are crucial to greater self-awareness and improved interpersonal relationships in families and communities. Creation of spaces for such reflection should be integrated in humanitarian/development programmes.

3. Integrate humanitarian interventions with development goals

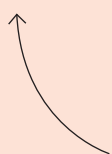
Gender norms, roles and their impact on interpersonal relationships are not confined to, although influenced by the contexts of conflict and displacement – they exist pre-crisis and pre-displacement. Solutions therefore, cannot be found in the context of displacement alone. Humanitarian interventions must be connected with efforts for peacebuilding, development and gender justice and partner with local women's organisations.



UNDERSTANDING THE LOGIC OF INEQUALITY

In addition to their analysis of existing studies on gender and displacement in the "State of Play", ODI also researched how life changed for the Afridi people after they were displaced to Peshawar from the Federally Administered Tribal Areas (FATA) of Pakistan. Although Peshawar is not exactly a gender egalitarian place, the transformation of gender relations among the displaced was profound.

Interview with Simon Levine, ODI



Simon Levine is a Research Fellow at the Humanitarian Policy Group at ODI in London.

In your study, you document impressive changes of gender relations among people who came from one of the most patriarchal places that probably exists: you met men who discovered the love for their children, women who worked outside the house while before they never even went to the health post without a male chaperone and families who sent their daughters to school. How was this possible in just a few years of living in displacement?

You can only understand what is happening in a humanitarian setting if you look at how people lived before their displacement and what factors supported or propped up gender relations.

Back home, the people we interviewed used to live in big multi-generational houses, in joint families.

These households were really big, 20, 30 people. They lived on agriculture; land and cattle were passed down a male line; a family with no male heirs lost its claims to land. This created pressure on women to bear sons. Sons also guaranteed strength which was needed to protect land against challenges from rivals, often relatives. Such strength was expressed mainly in arms. The ability to fight, to defend the family and the land was vital.

In Peshawar this way of life changed completely. The families came to urban and semi-urban areas; for lack of space, they split up and lived in smaller units; the men engaged in wage employment and some women were able to find paid work. How did this huge shift affect the relationship between men and women?

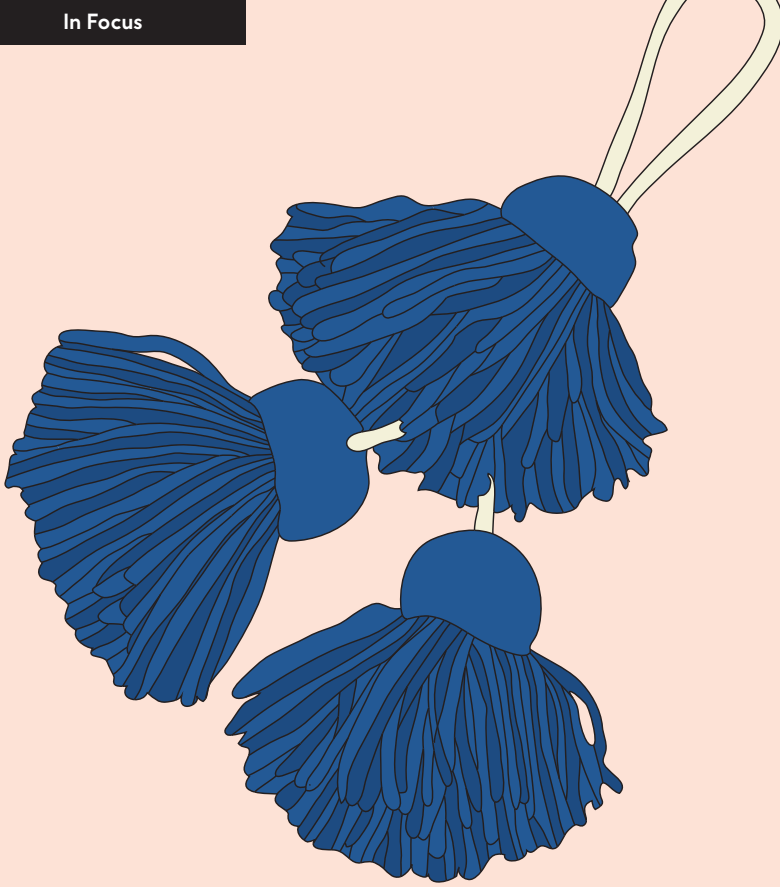
In the joint family system back home the male and female spaces were separate. Men and women both talked about how constraining that was. Inequality was not merely between the sexes. Just as overall authority rested with the oldest man, domestic authority lay with his wife – which, for most women, meant their mother-in-law. A disfavoured daughter-in-law could be given a very difficult time, with a much greater burden of menial tasks, and punishments such as beatings or even denial of food.

Women also recounted the common and often extreme violence they had endured from their husbands and male relatives. The male spaces were difficult too. Masculinity was constantly under scrutiny, every weakness would be immediately pounced on.

To a certain degree, both men and women perceived the breakdown of the joint family system as liberating.

Women and men were able to reconfigure their relationship and many said that they only now got to know each other; some women reported that their husbands had become gentler.





Men also got to know their children who they had previously very little contact with. They began playing with them, cuddling them – something that was previously seen as unmanly.

Did this new relationship of fathers to their children influence the decision to send them to school?

This was one factor, that men knew their children better, and were directly responsible for them. They now had to make the decision for their children, no longer the patriarch, the elders. Many interviewees explained that education used to be regarded as bringing weakness, as making people 'soft', and less willing to kill or be killed in the feuds over land. Education was not perceived as relevant for the pre-displacement way of life. But the IDPs now saw that their relatives in Peshawar, who inhabited the same cultural and religious space, sent their children to school.

Schools were available, also for girls and it was considered acceptable for them to attend school up to puberty.

The displaced families realized quickly that education was a necessity in a market economy. They began to regard education as an asset of a groom and even for a bride. This was also reflected in a higher bride price for girls with some education.

Do you think these changes are sustainable, they happened in such a short time?

We continued the study after people returned and we observed that many had not rebuilt the joint family houses but decided to continue living in smaller units – often because the wives insisted on this as a condition for returning. According to those we interviewed, many of the changes were sustained. Although it was still uncommon for women to generate income outside the house, it was not seen as absolutely unacceptable anymore. Upon return, the provision of schools was no longer seen as a threat to their way of life but as a service they expected from the state. Girls continued to go to school, albeit still very few attended school after puberty. Parents spoke of educating their daughters not for material advantage, but to improve their lives as people and to give them useful life skills such as basic literacy and numeracy. Others, most commonly mothers, have spoken of the importance of education for women's overall wellbeing and their ability to have a voice within the family and the community.

These changes, created by an interlinkage of new family configurations, the exposure to the market economy and to different interpretation of religion and culture by their relatives also had implications for marriage. The children were no longer betrothed at the age of 2 or 3 but were more likely to be married at around 15 for girls and 18 for boys.

Although there is change, undoubtedly, there is still a very long way to go for some form of equality between women and men.

Absolutely, even after the significant changes in the roles of women and

men, inequality remains very high. For us, it was important to understand the logic and the drivers of inequality. Gender reports that describe the symptoms of gender inequality (e.g. counting the hours that each sex works or listing the tasks which each does) do little to help us understand why those rules exist, what keeps them in place and where the potential for change could come from.

Studies which go beyond this simple description, and which explain the logic of gender inequality in a given society, are not yet common in the humanitarian world.

What should humanitarianists learn from your study?

The study of the changing lives of women in displacement showed that listening to people's own stories very quickly dispelled many humanitarian perceptions, such as that displacement leads inevitably to more vulnerability of women. We did not write a PhD, it took us basically 3 weeks to carry out the field research. Any humanitarian interaction beyond the first 3 months of life-saving activities should dedicate time to study the logic of gender relations. In my view what is really important is to listen to the people and the local actors. The local organisations understand what is happening and should have a greater role.

Read the full articles here

Simone Levine, *The impact of displacement on gender roles and relations: the case of IDPs from FATA, Pakistan*. HPG Report, ODI 2019.

Simon Levine, *Changing gender relations on return from displacement to the newly merged districts of Pakistan*. HPG Report, ODI 2020.

Change in wedding songs after returning from displacement

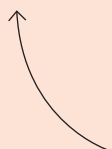
In South and Central Asia, the wedding song is an important cultural expression and reflection of social norms. Women would sing folk songs at weddings and engagements, projecting a woman as a symbol of beauty and fragility, while the man was projected as a symbol of toughness, hardness, bravery, and strength. A poet in the place

of origin of the displaced Afridi people observed how the wedding songs changed after they had come back from Peshawar. Now, after their return, they were singing about the virtues of new masculinities. No longer did they praise the bravery and valor in fighting, but instead it was about how kind and dedicated he was.

DEALING WITH THE WOUNDS OF LIFE – HOW MEN ARE CHANGING IN THE GREAT LAKES REGION

In SDC's Psychosocial Programme in the Great Lakes Region, GBV is understood not only as an individual tragedy but as a violation that profoundly affects families and communities. Over the ten years since the programme started, the work with men and boys has become increasingly important in addressing the collective trauma caused by violence against girls and women.

Maja Loncarevic



Maja Loncarevic has been backstopping the Regional Psychosocial Programme of the Great Lakes since 2018. In 2020 she supported the Programme to capitalize the main learnings from their work with men and boys.

Most GBV programmes focus on providing medical care, psychosocial support and safe shelter to survivors of gender-based violence. The regional Psychosocial Programme in the Great Lakes, however, started in 2011 from the premise that the trauma of the survivors is closely interlinked with the community's response to the violence. If, for example, a young girl is raped by militia members, she not only has to deal with her experience of extreme violence, but also with the stigma – the rejection and exclusion by the family and the community. Violence against a woman affects the whole community.

PSYCHOSOCIAL EFFECTS OF RAPE ON THE COLLECTIVE

Shame and disgrace are determined by prevailing (gender) norms and values. Like in most patriarchal societies, also in the Great Lakes the social status of a family is measured by the behavior of the women. The rape of a woman is considered a shame for the family, and by rejecting the survivor, the family attempts to maintain its social status. Expected to protect their family, men come under social and personal pressure. They fear being judged for not having protected their wives or sisters; they may feel shame and may try to prove their masculinity by rejecting or even punishing the survivor and in so doing to comply with the community's expectations. Also the community may exclude survivors, whom they see as tainted and having defiled the honour of the collective. Their pushing



away or splitting off those that have been wounded can be understood as their way of dealing with the trauma of war and destruction. Hence, the community-based psychosocial approach sees GBV as rooted in gender discrimination *and* in the traumatic experience of the war that affects all individuals of a community and their relationship with each other. Failure to address the individual and the collective trauma will prevent restoration of the group cohesion and its capacity to act as a community.

THE PSYCHOSOCIAL APPROACH OF WORKING WITH MEN

Men in their roles as fathers, brothers, husbands, religious leaders or village chiefs must be seen as determinants when it comes to social interaction with violence and survivors. They decide whether a survivor can seek professional help, whether her family rejects her, and whether she can continue to participate in social life.

The work with men in the community-based Psychosocial Programme in the Great Lakes follows a 3-phase model, which leads from the individual to the collective.

In a first step, the focus is on the men and their personal history. This life experience is related in a second step to the men's own behaviour. Finally, an arc is drawn to social expectations and prevailing practices and these are critically questioned with regard to overcoming conflicts at the family and community level.

For many men, this is the first time ever that they are given the opportunity to formulate and express personal thoughts and feelings and are taken seriously by the *vis-à-vis*, the project's psychologists and social workers as well as the trained community resource persons who facilitate the process. The men are enabled to reflect on their behavior and attitudes and on the negative consequences traditional notions of masculinity have for themselves. The

aim of this work is always to support the men in reflecting on their own vulnerabilities and the wounds they have suffered in the course of their life (*les blessures de la vie*). Such wounds may stem from traumatic events during childhood and young adulthood and from their experience during war and genocide.

While becoming aware of how life experience shapes their behaviour, they begin to understand the negative consequences their actions have on their partners, on their children and on other community members. The facilitators carefully accompany the men in this process and ensure that a dialogue about the painful issues is initiated and sustained with their partner and in the family. If the men can realize how they have hurt others and themselves, they will open up for real change.

At this point, the men are helped to critically question the cultural practices and customs that stand in the way of constructively dealing with the wounds of life and of positive change at an individual and collective level.

In the process, traditional and religious leaders play an important role. They together with the men and women of the community engage in the process of deciding to abandon or re-interpret traditional values and practices so that a constructive process of change becomes possible.

The 3-step-process can last between 3 and 6 months, depending on the frequency of meetings and the level of vulnerabilities of the participating men. The process is facilitated by trained professionals or lay resource persons from the communities. Both, the psychologists and social workers employed by the implementing organisations as well as the resource persons at community level undergo the same 3-phase self-reflection and are trained to accompany change processes with groups and individuals. The trained community resource persons attend regular supervision sessions after their training.

DIEUDONNÉE'S JOURNEY

Many of the men addressed by the programme grew up in strictly patriarchal families. As boys, they were asked to follow the example of their fathers and to comply with the dominant norms of masculinity. Only later, in the course of their work on their own wounds of life, did they realize how ambivalent they were about their fathers' position of power and how traumatically they had also experienced the oppression of their mothers.

Dieudonné is one of them. He is 32 years old, he is married and has 5 children. During his childhood, his family had to flee violent attacks on their village in the Eastern DRC. During the flight, his younger brother was killed and his elder sister was raped. After their re-settlement, his father became even more violent and oppressive towards his mother. Dieudonné tried to protect his mother, but also didn't want to be seen as a coward by the male members of his family. He continuously struggled with living up to the expectations of his dominant father. Although Dieudonné's life is marked by the hurts he experienced and losses he

suffered, he outwardly acts unaffected and demonstrates strength; inwardly he almost cracks under the burden of responsibility and social expectations. When his wife is raped during a raid on his village, he is unable to admit his feelings of powerlessness, grief and despair.

Instead of empathy and support for his severely traumatized wife, he keeps silent and spends more and more time outside the house.

He often comes back drunk and beats his wife. His children are increasingly scared of him and avoid him. The family's economic situation deteriorates; Dieudonné feels the pressure to provide income but doesn't know how. When he learns from a neighbour that a men's group in the village talks about life's difficulties, he decides to join. In the group, he hears other men who suffer in a similar way and he begins to understand that his wounds shape his behavior. For the first time, he finds a safe place where he can talk about his fears of failing as a man and about the burdensome social expectations. He realizes that with violence against his wife, of which he is increasingly ashamed, he tries to compensate his own humiliation and experienced weakness with power and control. In the group they discuss how they can start a conversation with their families and how they can really listen to each other without judging. Dieudonné experiences how his own reflections and change improve his relationship to his wife and children. He and other men who have gone through this process,

reflect on the prevailing gender relations and start changing their attitude towards women. They also understand the situation of men with their hurts and vulnerabilities in a new way and critically deal with social expectations. Many of them want to share their positive experiences and are committed to addressing the collective life wounds together in their communities.

CONCLUSIONS

By targeting men and boys in particular and opening up a space for reflection on their different roles and responsibilities as men and the norms, rules and expectations of society, this work initiates a self-reflection that goes to the root of the problem of violence and produces a basis for the development of new views on gender. It improves the communication of couples and within families and creates a new basis for more equal gender relations in the target communities. The result is more respect for women, increased well-being in the household, better management of household resources, and a positive contribution to the development of children.

Support for women and girls

The Regional Psychosocial Programme supports survivors of GBV and other violence through safe spaces for women and girls and referral or direct provision of specialized medical, psychosocial and legal services (in collaboration with governmental services). The objective is to offer emergency support and to help survivors to slowly address their mental suffering and become able to rebuild trusting relationships in the family and community.

Apart from the individual support, the programme helps survivors to go through a 5-step process together with their partners and other community members with similar experiences.

During this process, they are accompanied in 1. Gaining understanding of their own life wounds; 2. Mourning as a collective experience; 3. Managing related emotions; 4. Practicing forgiveness and reconciliation at the end of the mourning phase; 5. Developing a new life project.

In this systemic approach, the psychosocial programme takes into consideration different conflicts, which are caused by the violence at individual and community level. It helps to restore social ties and the capacity of caring for vulnerable members. This strengthens community resilience in a context of persisting insecurities.

The Regional Psychosocial Programme of the Great Lakes Region started in 2011 and is now entering its last two years.

HOW CAN HUMANITARIAN CASH TRIGGER GENDER-BASED VIOLENCE?

Cash and voucher assistance, or CVA, is like any humanitarian tool: it has great potential to contribute to the resilience of vulnerable populations, but it can also lead to unintentional harm and fuel pre-existing negative gender dynamics. As humanitarian actors, we have a responsibility to “do no harm” and keep protection at the centre of all of our interventions. CVA is no different.

Luana de Souza – Monbaron



Luana de Souza – Monbaron is a member of the SHA, presently working as Roving GBV & CVA Specialist with the GBV Area of Responsibility at the UNFPA Humanitarian Office in Geneva.

Providing cash or vouchers is the preferred aid modality in 19% of today's global programming.¹ Since 2019, United Nations Population Fund (UNFPA) - as the lead of the GBV Area of Responsibility - has been actively engaging Cash Working Groups at field level to wate new or exacerbate existing gender-based violence (GBV) risks.

While collecting best practices and acknowledging the appetite of cash actors to learn from their protection and GBV peers, we came across scenarios of how things can go wrong.

Here are some examples and potential mitigation measures.

SOMALIA

In 2020, humanitarian agencies in Somalia transferred approximately USD 225 million in cash to vulnerable people.² In parallel, there is a high prevalence of GBV in the country, especially among Internally Displaced Populations (IDPs) and marginalised communities. Joint workshops between CVA and GBV actors held in 2020-2021 highlighted several areas where CVA has a high potential to create and exacerbate GBV. For example local protection actors voiced their concerns during one of the group sessions: they

usually witness an increase in female genital mutilation or cutting (FGM/C)³ when families get a sudden influx of cash.

Another area of concern is the commonly used community based targeting⁴ to identify recipients for humanitarian interventions. While this can be useful for some programming, it is vital to make sure that women - especially those traditionally at risk of exclusion in Somalia (widows, divorcees, etc.) - do not suffer from discrimination as the whole community takes part in identifying those with humanitarian needs. In a highly patriarchal context such as Somalia, it is extremely difficult to ensure fair representation of women and vulnerable populations in community committees in order to make sure that no one is left behind or discriminated against.

To mitigate these challenges, GBV and CVA actors have increased their collaboration and coordination. The GBV sub-cluster is planning to provide regional trainings for CVA actors on GBV, including information about referral pathways for victims/survivors. The tools for focus group discussions will be adjusted to ensure a strong participation of women's groups. CVA actors suggested to revise questions regarding the participation, access and safety of women in the process and output monitoring (PDM).

NORTHWEST SYRIA

In early 2021, an inter-agency feasibility assessment on scaling up cash was carried out in Northwest Syria. Seizing this opportunity, GBV and CVA actors conducted a joint risk analysis to feed into the overall assessment as a way to highlight potential risks for women and respective mitigation measures. Access to Northwest Syria is currently very challenging due to an extremely volatile security context. As a result, most CVA actors rely on hawalas (popular and informal money transfer systems) to deliver cash assistance. Feedback from actors on the ground⁵ shows that men usually send their wives to collect the cash, most likely because it may seem less risky for women to travel in the context of the ongoing armed conflict. However, women experience risks too, not least when dealing with the male employees at the hawala agent. This can lead to discrimination and exclusion. It is suspected that some women choose *not* to go to collect their assistance as a result of the risks and difficulties involved. Some - especially female - recipients are exposed to extortion or abuse from men working in those private companies. Monitoring by protection actors and/or female staff is very difficult to ensure due to the difficulties in accessing this region. UNFPA took this into account and specifically requested hawala agencies to hire female agents, which contributed to women's feelings of safety when withdrawing cash. However, CVA actors face enormous difficulties contracting female hawala agents.

Targeting is also an issue in Northwest Syria: people on the move, those who do not have IDs, but also elderly individuals, persons with disabilities, some-

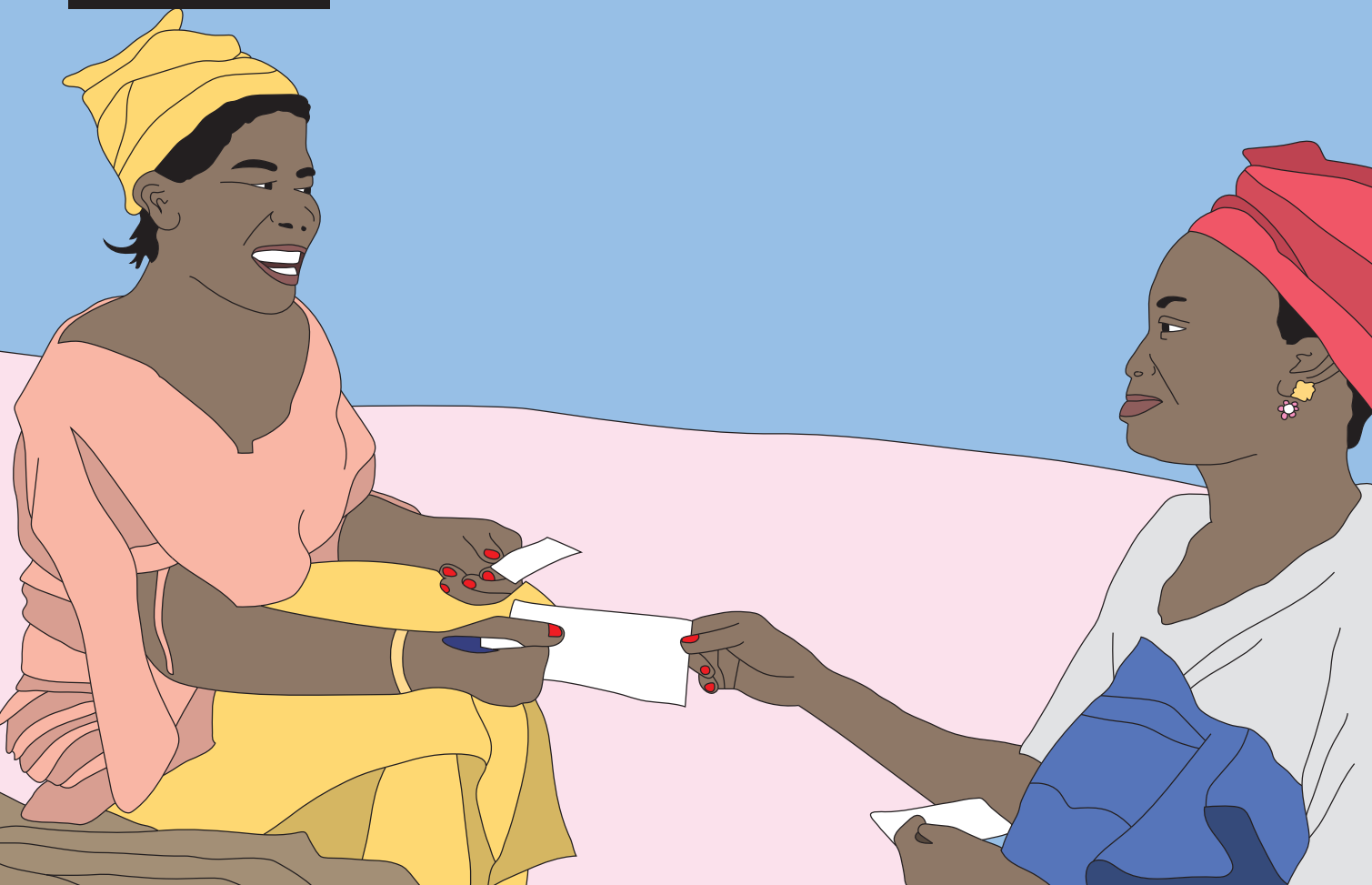
³ According to the last Somalia Health and Demographic Survey, it concerned 99% of women aged 14-49 years.

⁴ Somalia Food Security Cluster: Community Based Targeting Guidelines for Somalia, 2018.

⁵ Mitigating GBV for Cash-based Interventions in Humanitarian Settings in Rakhine State Guidance Note, July 2020.

¹ State of the World's Cash 2020 (CaLP).

² HDX: Cash-based Programming in Somalia.



times widows and members of minority groups can be unintentionally excluded from CVA schemes. This is also the case for some older individuals, persons with disabilities, widows and individuals from minority groups.

Protection/GBV and CVA actors discussed the options to address these issues: Is it feasible to strengthen the door to door reach out, to make sure they are better informed about the CVA schemes? Should community channels for communication be established? These could be focal points or committees that reflect the diversity of the community and ensure the inclusion of persons with disabilities.

BURUNDI

In Burundi, a three-day workshop in October 2019 brought together GBV and CVA actors and highlighted best practices and lessons learned.

One of these lessons was to *not* systematically give cash to women, as this might fuel tensions within the household.

To address this problem, a workshop participant explained that they arranged separate focus group discussions with men and women to discuss to whom the cash assistance should be directed, in a way to troubleshoot any potential tension that the cash could create in the households. Another realization emerged for participants of the joint workshop: CVA can be an opportunity to reach individuals who may not be aware of GBV services, as protection actors can use mobile money services to share key protection messages and services. However, in order for this to work, it is crucial to

make sure that women have access to phones and know how to use them.

MYANMAR

Because of the political situation and the effects of the COVID-19 pandemic – more and more – humanitarian actors are relying on civil society organisations (CSOs) when implementing programmes in Myanmar. One can assume that local CSO staff will be distributing cash to neighbours, family members or friends, circumstances that make it difficult to remain impartial and neutral. In an upcoming training, such challenges will be discussed and knowledge shared on humanitarian principles. UNFPA will support these grassroots actors to understand, prevent or at least mitigate GBV risks in their cash programmes.

This training will help colleagues to focus on some basic key actions that have high impact, such as having female staff in frontline teams and ensuring there is no tolerance for sexual exploitation and abuse (SEA).

CVA and GBV actors have started close collaboration in 2020 in Rakhine State. They jointly prepared a guidance⁶; later in 2021, they will act on the results of the presently ongoing evaluation of the implementation of minimum actions to mitigate GBV risks in CVA. UNFPA will support CSOs to implement the GBV risk mitigation tools to “do no harm” while distributing cash to men and women.

AFGHANISTAN

The latest political events in Afghanistan had an impact on implementation of humanitarian programmes and humanitarian assistance in general. While the country is currently experiencing a lack of currency flows, main CVA actors are already planning their future interventions, by either distributing cash directly, through mobile money or vouchers. The rapid changes to the status of women and girls under the new regime, as well as some minority groups, will definitely influence CVA, leading to a number of key questions: How can we

make sure that those most in need actually receive cash assistance in this complex and fluid context? How do we ensure that cash and humanitarian actors do not expose recipients to further harm while trying to support them? How can we speak about GBV in a country where those in power have a strong negative position towards women? How can we ensure that we do not expose our own field staff? While winter is around the corner and needs are tremendous, all these protection questions must be addressed alongside the technical ones.

CONCLUSION

CVA is an efficient modality to support people in need. However, as any other modality, it bears risks. With a combined effort CVA and GBV actors can make sure to identify these risks from the outset and design appropriate mitigation measures.

Concepts like “protection mainstreaming” should not only be addressed while drafting the proposal but also during implementation of CVA programming. It is vital to keep in mind that GBV and protection risk mitigation may also help to identify and avoid potential reputational, operational and financial risks which can set back the entire humanitarian community working in a specific area. With the following actions, risks can be mitigated:

Start every design of a CVA with a gender and GBV/Protection Risk Analysis.

Make sure to:

- Establish a strong feedback mechanism
- Consult with women and at risk populations
- Create the link to the GBV sub-cluster and to referral pathways
- Ensure internal and external staff (incl. staff of financial service providers) are trained on and sign a Code of Conduct
- Hire women for your front line teams

Regular monitoring is imperative to ensure that we do no harm.

Key resources & Contact

Learning briefs: Somalia, Burundi

Example of SOPs for GBV Sub-Cluster & Cash Working Group joint work: Northwest Syria

Key guidance and tools: CVA & GBV Compendium: Practical Guidance for Humanitarian Practitioners, CVA: Your Role as a GBV Coordinator


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⁶ Mitigating GBV for Cash-based Interventions in Humanitarian Settings in Rakhine State Guidance Note, July 2020.

AMAZING ADOLESCENTS ADDRESS SEXUAL VIOLENCE IN KENYA AND THE PHILIPPINES

Adolescents worldwide are vulnerable to sexual violence and more so in humanitarian settings. However, very few of them ever access care services. Child protection and GBV experts engaged with adolescents to understand why. This is what they learnt from the young people in Nairobi and Western Mindanao, and how the research process promoted change.

**Carina Hickling
and Vivian Koech**



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Vivan Koech is a GBV specialist, presently working for the Child and Adolescent Survivor Initiative (CASI) in Nairobi.

The major barriers for young people to access care services in Kibera in Kenya and Zambonanga in the Philippines are related to lack of information about available services, quality and accessibility of services as well as stigma, discrimination and fear of judgmental attitudes.

INFORMATION

Adolescent survivors and their caregivers have limited knowledge of GBV services. Adolescents in both the Philippines and Kenya emphasized that information about services does not 'speak' to them. Contact information is hard to find even for the tech savvy. As adolescents and their caregivers are often not aware of the importance of psychosocial counseling and other multi-sectoral support services, they reported only accessing HIV prevention services. Lack of awareness and information about services such as clinical management of rape, caused adolescent girls to delay accessing health facilities following sexual violence.

GENDER NORMS

Adolescents reported that they find it difficult talking to parents who often react harshly:

"When I arrived and she (caregiver) saw my clothes were bloodstained, the first thing she started reprimanding me and asked me where I slept. 'You have started sleeping with men nowadays', and all that. I was in pain and I couldn't answer her back at that time."

Adolescent girl in Kenya

"I would have gone and talked to my father because he is male. But I feared his reaction so much; I took a step and went to friends."

Adolescent LGBT boy in Kenya

"My friends feel like they cannot access programs and services because "wala sila sa bible" (they are not included in the bible) and this makes them feel like they don't have the right to access programs and services."

Adolescent LGBT girl in the Philippines

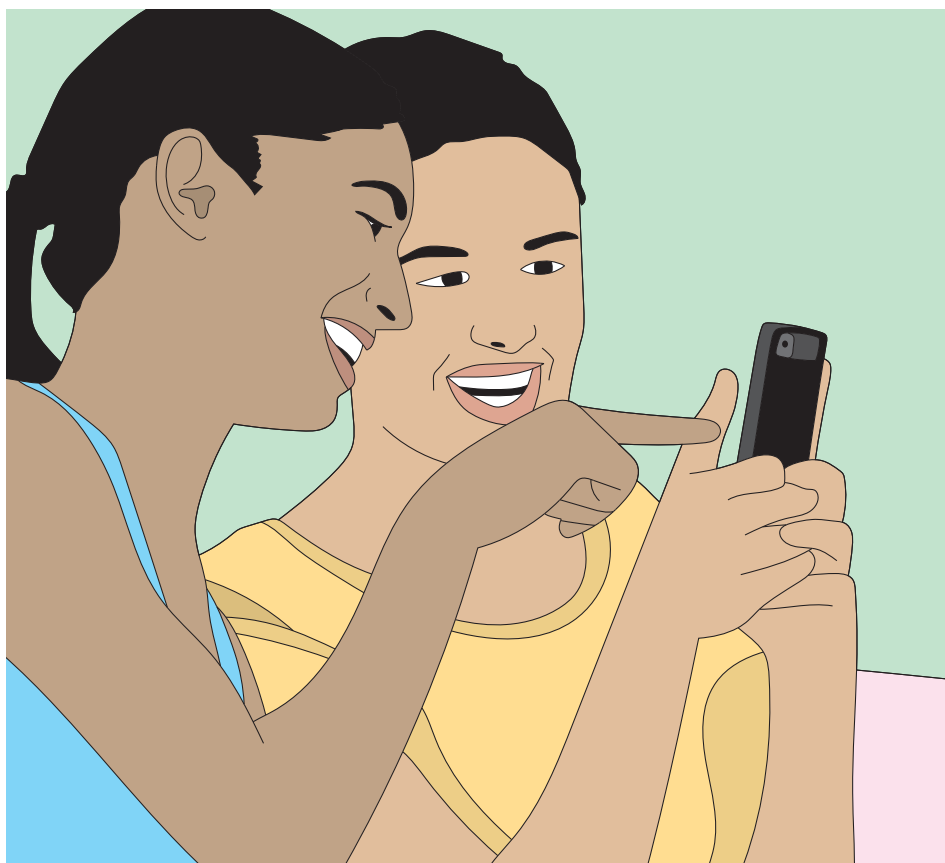
Harassment by strangers, friends and relatives is the reality for adolescent survivors of sexual violence and even more so for gender non-conforming youth, when services do not maintain strict confidentiality.

"My family doesn't accept my gender preference because almost all of my family members are police officers. My father would scold and hit me. I don't know if there is a service for that so I just hope that one day my father and brother will get tired of hitting and scolding me and that one day they will accept me."

Adolescent LGBT boy in the Philippines

"There are some parents who don't understand, even some people don't understand. You find some will leave you, if you share such a scenario with them. They won't care much about me, they will say, 'That's your life, you willingly went there yourself.' [...] So for you to be safe, you don't want the violation to be known by anyone. Because of that I don't disclose it to anyone, I don't want people to know that something happened to me. So I just want to keep the incidence [rape] a secret."

Adolescent LGBT boy in Kenya



SERVICE QUALITY

Adolescents further identified that services must be better at practicing youth friendly case management including the need to be knowledgeable about other specialist services; they should have the capacity to deal with the survivor's whole life situation for example providing safe shelter. When accessing support services, adolescents reported being ignored or faced with service providers who did not know how to interact with children. Health providers tended to focus on the adults who accompanied them. The adolescents explained they want to be assured that their problems can be handled in a non-judgemental manner.

FINANCIAL BARRIERS

Many adolescents expressed that their families struggle with financial needs affects access to services. Adolescents lack support, encouragement and proper guidance from their parents or a responsible adult in the family. Some adolescents spoke of parents that are not able to read, and therefore unable to bring them to appointments and referral services.

PROTECTION CONCERNS

Adolescents feared retribution from perpetrators. Both adolescents and caregivers reported that their children had received threats from perpetrators to silence them.

"The boy [perpetrator] threatened her: 'If you continue to say it is me, I will let people know where you stay and burn your mother. I will tell my fellow motorbike riders, they will go and burn your father, your mother and your sisters in your house if you continue to say it is me.'"

Caregiver in Kenya

Fearing further perpetration by the offender emerged as an effective barrier to seeking criminal justice services. Gay boys reported not seeking legal redress for rape or report to the police because they feared that the perpetrator would tell their community about their homosexuality. Others refrained from pursuing justice due to a fear that the perpetrator would cause them harm when released.

ADOLESCENTS AS EXPERTS AND RESEARCHERS

The adolescents in Kenya and the Philippines have been at the forefront of the access barrier analysis process. The selected core group of young people conducted key informant interviews (KIIs), focus group discussions (FGDs), and the data analysis. Prior to engaging in data collection and community awareness activities, the core groups received comprehensive training on children's rights and violence against children. They were also trained in FGD techniques, data collection and handling.

"My experience joining the project was not as I expected, I thought it would be boring, but I was wrong, I really enjoy sharing my thoughts and experiences. It's life changing".

Adolescent boy in the Philippines

The young people led the validation and dissemination of findings to community members, service providers and fellow adolescents. Based on the findings, the core group made recommendations for how to address the identified barriers. In both geographic settings, this resulted in community awareness activities on violence against children and information on services and referral pathways. In Kibera, the young researchers moderated policy-maker panel discussions on violence against children; in Zamboanga they organised a stakeholder workshop on child friendly case management.

The conventional way of needs and access analysis in humanitarian settings involves adults asking adolescents questions. That approach merely extracts data. In this project, however, the adolescents were treated as the 'experts'; experts at being young, experts in their context, age group, gender, ethnicity etc. They were asking other 'experts', i.e. their peers, about violence and access to services. This cultivated an ownership of both the problems - and the solutions. Adolescents in both settings have expressed feeling responsible to their peers and to the community for continuing to improve the situation for adolescent survivors of GBV. The status of the core group of adolescents as 'equals' has proved to be a valuable strategy in the dialogue with service providers and key stakeholders prompting immediate corrective actions to better address and reach young people. It led to them teaming up with the members of the core group to continue the engagement beyond the project.

The difference to other projects that engage with adolescents is that the focus is on tangible, measurable change in adolescents' access to services, as opposed to creative actions that are

often associated with the children engaging in song and dance or painting murals with general messages.

The SDC-funded participative access barrier analysis for adolescent survivors of gender-based violence was carried out between January and September 2021. The project is part of the Child and Adolescent Survivor Initiative (CASI) that is jointly implemented by the GBV and the Child Protection Area of Responsibility.

How to improve adolescent survivor's access to services

Recognize children and adolescents' agency at every stage of any project.

Their meaningful engagement is important and their voices should be given due weight in design and implementation of interventions.

Don't assume that children and adolescents 'do not know.'

Children may not express issues as adults would. Therefore, it is important to listen and seek clarification to better understand and interpret what they mean. In Kenya and the Philippines, the young people gave examples or illustrations of the violence they face and the challenges they have to deal with while seeking services. When asked about solutions, they thought of practical activities that would make services work better and change attitudes in the community.

Promote closer engagement with service providers and local government.

Be inclusive of all services and stakeholders that come in contact with children and adolescents e.g. health, social welfare, criminal justice, education and shelters. Better coordination allows for informed referrals, which was one of the major obstacles for adolescents' access to support.

Map and share information about GBV multi-sectoral service providers.

Information must be accessible to children and displayed in adolescent friendly ways, in places where young people are. The contact information should be relevant to the local area where they live. Information about services needs to be combined with information about children's rights.

Establish service directories for service providers.

It is key to ensure that community members and service providers are aware of all the various available post-violence services. It will ease the referral process for service providers and support uptake of comprehensive post-violence services by survivors.

Facilitate capacity building for service providers

such as health, police, social welfare and education on multi-stakeholder case conference practice and child friendly case management. This will contribute to clarifying expectations, roles and responsibilities and address bottle necks in the referral process.

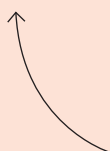
Conduct targeted and community-led awareness and capacity building of community members.

The key messages in these forums should be focused on children's rights, violence against children; issues related to sexual and gender identities and how to respond appropriately.

SEXUAL VIOLENCE AGAINST MEN AND BOYS

Until recently, international and national treaties and efforts have focused on women and girls as survivors of GBV, with the understanding that gender-based discrimination is at the heart of GBV and it affects women and girls disproportionately. Indeed, one in every 10 women and girls below age 20 has experienced some form of forced sexual contact; and 1 in every 3 women worldwide has experienced physical or sexual violence in their lifetime. Notwithstanding the high prevalence among and focus on women and girls, there is a growing recognition of the need to address sexual violence against men and boys.

SDC Gender Unit



This article is a short version of a longer SDC paper on sexual violence against men, boys and members of the LGBTIQ+ community.



In 2012, sexual violence against men and boys was noted for the first time by the UN Special Representative of the Secretary General on Conflict Related Sexual Violence (CRSV).¹ In April 2021, the Special Representative of the Secretary General on CRSV said:

“Reports of sexual violence against men and boys were recorded in almost all of the countries examined, with the majority occurring in detention settings”.

Men and boys were included in the Women, Peace & Security (WPS) agenda for the first time in 2013 (UNSC Resolution 2106) and in 2019, the UNSC Resolution 2467 “urge[d] Members States to protect victims who are men and boys ... offer appropriate responses to male survivors and challenge cultural assumptions about male invulnerability to such violence.”² The resolution reaffirms that women and girls remain disproportionately affected by sexual violence and that prevention “requires the advancement of substantive gender equality before, during and after conflict”.³

² Remarks of Under-Secretary-General Pramila Patten, Special Representative of the Secretary-General on Sexual Violence in Conflict, for UK/Liechtenstein/All Survivors Project Event, Justice for All Survivors of Conflict-Related Sexual Violence – Accountability for Perpetrators - United Nations Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict, NY July 2020.

³ Commentary on Security Council Resolution 2467.

EXTENT AND REASONS FOR SEXUAL VIOLENCE AGAINST MEN AND BOYS

Although systematic data collection and availability on the extent of sexual violence experienced by men and boys is still scarce, case studies suggest that the prevalence is significant. For instance, 23.6% men in the eastern Democratic Republic of the Congo in 2010 and 32.6% former male combatants in Liberia in 2008, reported having experienced sexual violence. In Yei County of South Sudan, 47% men reported experiencing or witnessing sexual violence against a man (2008).⁴ In 2018, the Independent International Commission of Inquiry on the Syrian Arab Republic reported detailed evidence on sexual violence against men and boys in Syria.

⁴ Touquet, Heleen and Chynoweth, Sarah et al. (2020): From ‘It Rarely Happens’ to ‘It’s Worse for Men’. Dispelling Misconceptions about Sexual Violence against Men and Boys in Conflict and Displacement, in: *The Journal of Humanitarian Affairs*, Vol. 2, Issue 3 (2020), p 25–34.

¹ Meger, Sara (2018): The political economy of sexual violence against men and boys in armed conflict; in: Zalewski, Marysia et al, pp102-116.

Sexual violence in conflict is often framed as “a tactic of war, torture and terror, and a tool of political repression, to dehumanize, destabilize, and forcibly displace populations”.⁵ Certain settings pose particular risks for sexual violence against men. In detention and other situations of deprivation of liberty, sexual violence is more frequent and may often be used as a form of torture. It is also prevalent in military settings, including during recruitment, in armed forces or armed groups or in any other association with fighting forces.⁶

Among the most mediatized and well documented examples of sexual violence against men are: sexual violence by US forces against Iraqi prisoners in Abu Ghraib; the public displays of dismembered penises in the eastern DRC in the 1990s and sexual violence perpetrated against Muslim men during the Bosnian War.⁷

Not all forms of sexual violence against men and boys in conflict and displacement situations can be understood as a weapon of war. Like girls and women, men and boys may be forced into sexual slavery or trafficked for sexual purposes. Sexual violence may also be used to extort money from the victim or from their family members. In Afghanistan, boys as young as 11, young men and transgender youth are forced to dance and sexually serve their “keepers” who are men associated with armed forces/groups or otherwise influential in their societies.⁸ Abuse of men and particularly boys and young

adults is also frequently committed by community members, by employers, by teachers or family members.

SEXUAL VIOLENCE AGAINST MEMBERS OF THE LGBTIQ+ COMMUNITY

There is even less systematized documentation of sexual violence against individuals belonging to the LGBTIQ+ community in general, and in conflict-affected settings in particular. The UN recognizes that violence motivated by homophobia and transphobia is often particularly brutal, and in some instances characterized by levels of cruelty exceeding that of other hate crimes.¹⁰ Accordingly, studies show that around half of LGBTIQ+ refugees and migrants might have experienced sexual assault.

Such violence is rooted in heteronormativity, i.e. the strong belief in patriarchal societies that heterosexuality is the only normal and natural expression of sexuality; sexual violence maybe used to discipline or sanction persons with non-conforming sexual orientations or gender identities.

LGBTIQ+ individuals may face specific barriers, broader cultural stigma and societal obstacles to obtaining justice and care services – laws can be exclusive, and access to competent medical and psychosocial support and protection measures are therefore limited.

SDC is aware and takes into consideration the particular problematic situation for members of the LGBTIQ+

community. The following chapters, however, address more explicitly the aspect of survivors identifying as men or boys.

SEXUAL VIOLENCE HAS TRAUMATIC CONSEQUENCES

Social and cultural gender norms with strict binary gender structures rule out weakness and victimization in association with the so-called ‘real man’.¹¹ In Northern Uganda, for example, people perceived men as inexistent, “because they had been – in the words of the community – ‘turned into women’ as a result of having been raped by government soldiers.”¹²

The overwhelming shame, humiliation, anger and fear resulting from sexual violence can lead to heightened anxiety, self-harm, depression and drug abuse among men survivors – they sometimes become aggressive towards others, including their own family members.

Trauma from sexual violence is not a static condition. It is a dynamic process shaped over time by the interaction between the social and political environment with the physical and mental state of the victim/survivor. With appropriate care and a politically and socially supportive environment, it is possible for victims to become empowered survivors.

5 Statement of SRSF-SVC Pramila Patten Security Council Open Debate on Conflict-Related Sexual Violence “Turning Commitments into Compliance”, 17 July 2020.

6 ASP, Briefing on conflict-related sexual violence against men and boys prepared for Colombia’s Truth, Coexistence, and Non-Repitition Commission, December 2020.

7 Chynoweth S.K. et al (2021).

8 ASP & YHDO (2020): AFGHANISTAN - Briefing to the Committee on the Rights of the Child on Conflict -Related Sexual Violence against Boys in Afghanistan, 85th session of CRC, September 2020.

9 LGBTIQ+ refers to lesbian, gay, transgender, intersex and queer persons, as well as issues related to sexual orientations, gender identities or expressions and sex characteristics (SOGIEESC).

10 United Nations General Assembly HRC (2015): Discrimination and violence against individuals based on their sexual orientation and gender identity. 4 May 2015.

11 Leiby, Michele (2018): Uncovering men’s narratives of conflict-related violence, in: Zalewski, Marysia et al (eds), Sexual violence against men in global politics. London: Routledge, pp. 137-151.

12 Schulz, Philipp (2018): Displacement from gendered personhood: sexual violence and masculinities in northern Uganda, in: International Affairs, 2018, 94:5, 1101-19.



RESPONSE TO SURVIVORS OF SEXUAL VIOLENCE AGAINST MEN AND BOYS

Men survivors, just as women, rarely report sexual violence incidents immediately, and tend to do so when the physical wounds require urgent intervention. They, just like women survivors, require a survivor-centered, multi-service response, consisting of medical, psychosocial, legal and economic support.

Services and approaches that were developed to respond to women GBV survivors are not appropriate for men and boys. For example, 'Women and Girls Safe Spaces' are important for the empowerment of women and at the same time an entry point for survivors to seek support. 'One Stop Crisis Centers' for women survivors are often located in the maternity section of a hospital. To ensure the safety of the female survivors seeking refuge, these spaces must remain women-only.

It is important that services are tailored to the needs of the different survivors. Specialized services for men and boys enable and encourage survivors to reduce their physical pain, to break through their isolation and to support "the renegotiation of gendered identities".¹³ Response must adjust to people's gender identities and sexual orientation, taking into consideration the intersectionalities, mainly along lines of class, race, ethnicity, caste, nationality and ability etc.¹⁴

¹³ Touquet, Chynoweth et al. (2020).

¹⁴ Touquet, Chynoweth et al. (2020).

Staff members of service providers that address male survivors must deal with their often deeply ingrained gender stereotypes and negative attitudes to (male) victims of sexual violence.

Critical examination of norms of heteronormativity must therefore be an integral part of their training.

Detailed guidance on key issues of an adequate multi-sector response for survivors of sexual violence against men and boys is increasingly available.¹⁵

¹⁵ See 'guidance and resources'

The GBV AoR published a guidance, funded by SDC, to ensure that GBV response in humanitarian contexts “effectively takes into account the needs of male survivors of sexual violence, understands patterns of disclosures and aims to provide systems that enable safe and effective referrals to the most appropriate support”.¹⁶

PREVENTION OF SEXUAL VIOLENCE AGAINST MEN AND BOYS

SDC promotes gender equality by empowering girls and women and working with all members of communities on interventions that address gender norms. Increased awareness about the harm caused by unequal gender norms to women and girls as well as to men and boys, can change attitudes and reduce violence and stigma.

Of particular relevance for the prevention of sexual violence against men and boys is the regulation of police and military.¹⁷ They must abide by international law, amongst others through adopting policies that prohibit and sanction sexual violence and must put in place effective gender sensitive internal oversight and complaint mechanisms. Similarly, detention settings – which are prone to the use of torture – should be particularly monitored. Sexual violence as a means of torture must be clearly prevented and sanctioned given its absolute prohibition under international law. Mechanisms for safe reporting of incidents and international and independent monitoring must be put in place.

¹⁶ See ‘guidance and resources’

¹⁷ All Survivors Project (2019): Checklist on preventing and addressing conflict-related sexual violence against men and boys

In many countries including Switzerland, legislative frameworks do not use gender-neutral language when describing rape, which is mostly defined as affecting girls and women. Sixty-nine states still criminalize same-sex relations, which can lead to survivors being punished for same-sex relations rather than protected and assisted.

SDC’S POSITION ON MALE SURVIVORS

Gender inequality is anchored in strict definitions of what it means to be a man or a woman, accompanied by a rigid heteronormativity. Many of the reasons for sexual violence against men and boys are rooted in these gender norms, such as conflict-related sexual violence, aiming to defeat and subjugate the men of the enemy groups or the sexual violence to discipline or punish gender non-conforming men and boys, including members of the LGBTIQ+ community.

As a result of the sexual violence, many men and boys are not only physically wounded, they are traumatized because the crime committed against them is an attack against their gender identities and/or their diverse sexual orientation or gender expression.

Hence, SDC includes sexual violence against men and boys in its understanding of GBV and advocates for the right of everyone, including of men and boys, to be protected from sexual violence and to receive gender-responsive care.

SDC advocates for increased funding to address gender inequality and for services for women and girl survivors of GBV. Services for men, boys and LGBTIQ+ survivors should be funded in addition, not in competition with services for girls and women.

Guidance and Resources

Chynoweth, S. and D. Busher (2021): Addressing Sexual Violence against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings. A Field-Friendly Guidance Note by Sector. WRC, 2021.

WRC (2021): Supporting Young Male Refugees and Migrants who are Survivors or at Risk of Sexual Violence. A Field Guide for Frontline Workers in Europe.

GBV AoR (2021): Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination.

GBV AoR (2021): Responding to violence against women based on their diverse sexual orientations, gender identities and expressions – an annotated bibliography of resources.

All Survivors Project (2019): Checklist on preventing and addressing conflict-related sexual violence against men and boys.

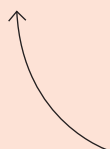
Toquet, H. et al. (2020): From ‘It Rarely Happens’ to ‘It’s Worse for Men’: Dispelling Misconceptions about Sexual Violence against Men and Boys in Conflict and Displacement, in: *Journal of Humanitarian Affairs* Volume 2, No. 3 (2020), 25–34.

UNHCR (2012): Need to Know Guidance: Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement.

ARAB WOMEN LEAD

The Call to Action Field Initiative (CAFI) is a transformative project based on a simple idea: protection programming in emergencies is more sustainable and equitable if it bolsters existing work undertaken by agents of change within communities and centers decision-making around local actors. Over the past twelve months, more than 60 women-led organisations in Iraq, Lebanon, and Palestine have demonstrated the huge amount of leadership and capacity that exists at the local level.

**Wesal Abdullah
and Joe Read**



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The Arab Women's Organisation of Jordan (AWO) is an SDC partner based in Amman. The organisation has worked to strengthen the status of Jordanian women to become equal and effective partners in development since 1970. AWO shares its capacity with grassroots women-led organisations all over Jordan through networks such as *Mosawa*.

With the CAFI project, AWO has now scaled its efforts to the region, working with women-led organisations in Iraq, Lebanon, and the Occupied Palestinian Territory (oPT). As an established GBV service provider, AWO has the credibility and the trust of local GBV actors - a trust that takes much longer to build for international actors. AWO focuses on small and medium women-led organisations in the three countries. They come together to exchange experience on concerns of women and girls, and on the way they have been supporting GBV survivors, often with very little or no external funding. The network that AWO has established in just the first 12 months of the CAFI project is impressive.

The way AWO and the CAFI project work, differs from the top-down approach often adopted by humanitarian initiatives.

The *Call to Action* on Protection from Gender-based Violence in Emergencies is such an initiative. It was founded in 2013 to transform the way gender-based violence is addressed in humanitarian settings. Today, the initiative has 96 members, of which 25

are states (including Switzerland), 15 are multilateral organisations and 56 are INGOs and NGOs. Although programmes to address GBV are still vastly under-resourced in the humanitarian response, the *Call to Action* has been very successful in putting the issue on the map; donors, including Switzerland, have increased fund allocation for GBV and OCHA has identified GBV as an underfunded issue that needs more attention. The *Call to Action* is a strong and very visible initiative, but it functions mainly at the global level. Although it has been advocating for localisation, efforts to enable local women-led organisations to present their analysis and voice their concerns with humanitarian actors at national, regional and global level have made slow progress.

While the *Call to Action* Road Map for 2021 – 2025 was still being elaborated, AWO, now a member of the *Call to Action*, began bringing together a wide range of women's groups in Iraq, Lebanon and oPT. These groups have been at the forefront of work to sup-

port and protect women and girls for generations; it is these experts that are best placed to decide on priorities for implementation. Rather than abiding by priorities of global initiatives, the network that AWO and the CAFI project are now creating will define its own approaches and activities and mobilize the necessary resources to secure that work. It has already developed participatory and inclusive plans, based on known needs and resource requirements, with realistic asks from donors. AWO is planning to host the women-led organisations in Amman and together, they will develop a regional *Call to Action* Roadmap for the Middle East. In 2022, AWO and SDC plan to launch a *Call to Action* Contact Group for the MENA region, in order to mobilize resources and partnership to fund roadmap activities.

An innovative approach to localisation

CAFI is implemented in six focus countries across two regions: Cameroon, Mali, Niger in West Africa and Iraq, Lebanon, oPt in the MENA region. The overall goal is to prevent, respond and mitigate the risks of GBV in humanitarian settings through collective action led by women and girls. The CAFI project is innovative in the way it is operating and in the way it is funded.

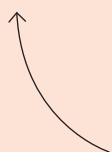
The project is led by a consortium consisting of AWO, the West African organisation *Dynamique des Femmes*

Juristes and CARE. The three organisations form the Steering Committee which directs the Project Coordination Unit (PCU). The PCU ensures the overall management for the CAFI project and is responsible for the technical design of the project. The PCU, funded by the US, is staffed with four CARE personnel. The AWO is responsible for the activities in the MENA region and has a direct contract with SDC. AWO will transfer a small part of the funds to CARE to receive technical inputs and backstopping support.

PSEAH IN THE ORGANISATIONS WE WORK FOR

Sexual misconduct by aid workers is still widely prevalent as the recently published investigation report about allegations against WHO staff in the DRC shows. The WHO has now promised to seriously change. But how is Protection from Sexual Exploitation, Abuse and Harassment – or PSEAH – addressed by SDC and what do SHA members experience while on mission?

**Barbara Weyermann
and Larissa Seemann**



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The recently published report of the Independent Commission charged with investigating allegations of sexual exploitation, abuse and harassment (SEAH) by WHO staff and partners during the Ebola epidemic in 2018-2020 in the Democratic Republic of the Congo (DRC)¹ was shocking. The commission was able to identify 21 perpetrators of SEAH; they included men in a wide range of positions, from expatriate doctor to local driver. All of them took advantage of the power of the organisation to provide jobs and salaries in a context of poverty and destitution. The report quotes the experience of many survivors. "Lisianne" for example told the commission that she had been asked for sex by a WHO expatriate doctor: "[he] insisted and threatened to make me lose my job if I did not agree to have sex with him. [...] I finally gave in to his solicitations so I wouldn't lose my job." Another survivor was told by another expatriate doctor that "he could get her a better paying job for a salary of \$600 but on condition that she had sex with him."

The commission identified the structural failures of the organisation, its unpreparedness for the risks of SEAH perpetrated by its staff and individual negligence in the response or rather non-response to complaints. The WHO published a Management Response Plan² to address the findings of the commission and WHO Director-General T.A. Ghebreyesus said:

"I am committed to ensuring that the suffering of the survivors and their families is the catalyst for a profound transformation of WHO's culture". The member states including Switzerland will now closely observe WHO's compliance with its promises.

The WHO case makes it clear that in spite of increasing action taken on SEAH, the aid community still has a long way to go to zero tolerance.

SDC AND SHA - FIT FOR PSEAH?

After the Oxfam incident in 2018, the Federal Department of Foreign Affairs (FDFA) strengthened the Code of Conduct for staff working abroad and for implementing partners; in October 2019, SDC established a PSEAH Focal Point. The FPs' mandate is the prevention of and response to SEAH committed by staff of implementing partners. However, conducting partner risk assessments and supporting contractual partners to improve their PSEAH systems is only possible if the SDC staff in Bern and abroad are themselves fully aware of what PSEAH means. The FDFA has developed an e-learning tool; from the beginning of 2022 it will be compulsory for all staff. This tool complements other efforts to create awareness about sexual misconduct. One of them is the forum theater "Fit for PSEAH?"



¹ Final Report of the Independent Commission (2021).

² See on WHO's webpage.

The forum theater is a participative method to reflect with groups about challenging issues.

The PSEAH FP and the training team of SHA developed a play about sexual misconduct in international cooperation together with professional actors of the Swiss forum theater group "Kuckuck". But as soon as the rehearsals were successfully completed - the world went into lockdown. Hence, the PSEAH FP decided to transform the forum theatre into a video-tool to enable online discussions. Since then, the tool has been applied successfully by SDC teams in Bangladesh and Moldova and is about to be translated into a contextualized real live theater in Bukavu, DRC. Finally, in August 2021, the forum theater was performed live twice in Bern for SDC directors and colleagues, staff of other FDFA units and of Swiss Partner NGOs. At both performances, the audience engaged fully: participants discussed whether what they saw was sexual harassment and how the employees and managers on stage should react more appropriately and accurately in the various sequences of the play. Manuel Bessler, Deputy Director of SDC and Head of Humanitarian Aid, delivered strong statements in support of the zero tolerance policy.

The PSEAH FP together with SHA Human Resources have developed and implemented a number of PSEAH measures: New members are questioned on PSEAH during the initial assessment and interview. References are checked accordingly. In the introductory course, half a day is dedicated to discussions on PSEAH - with the help of the *Fit for PSEAH* video-tool. The topic is now

introduced systematically into the expert group trainings. Furthermore, SHA has nominated a focal point for PSEAH, Isabelle Mellana-Tschoumy; she can be contacted by SHA members who would like to get information or advice on any aspect of PSEAH. For reporting, SHA refers to the FDFA Whistleblower Platform which has gone online on 1 November 2021. Clear instructions for how to act if confronted with SEAH as a SHA-member in a UN organisation are about to be released. If someone would like to talk first in a strictly confidential atmosphere without including the HR department, the SHA psychologists are available for support or advice in order to find the right coping mechanism or define next steps before making a decision about reporting. SHA members are invited to use this offer; they receive the contacts of the SHA psychologists at their briefing at HQ before going on mission.

SHA MEMBERS: "IT TAKES MORE THAN AN ONLINE TRAINING"

After discussions of SEAH in two introductory courses and in several expert group trainings, we randomly selected 10 SHA members - 6 men and 4 women - who had participated in these events, for an interview on how they perceive PSEAH while on mission and how they suggest to better anchor the issue in humanitarian action in general and SHA in particular. This is what they said:

- **A lot has changed - a lot has remained the same:** "When I started in the 1990s, there were no codes of conduct", said one experienced SHA member. He and other long-serving colleagues described how until a few years ago it was completely normal to see the official cars of aid organisations in front of bars and brothels.

"It was seen as a perk of the job". According to all our interview partners, this is no longer practiced in such an obvious fashion. However, they agreed that

"the power relations which favour sexual exploitation have not changed".

The extreme power imbalance between humanitarians and the populations they serve and the gender inequality in the offices they work continue to be the basis for sexual exploitation and abuse. "To this", commented one colleague, "add the expatriate arrogance and sense of superiority".

- **What matters is the tone from the top:** Many of our interview partners spoke of the discrepancy between talk and action. While PSEAH is a big issue at the HQs of aid organisations, it does often not trickle down to the "field". A colleague who is presently deployed to a big UN agency in the Middle East said: "I am sometimes surprised, considering that PSEAH has become a widely acknowledged problem in the humanitarian space, how little has actually been achieved in terms of procedures and awareness amongst staff and communities". Another respondent who had recently come back from serving in a UN agency in Africa, said that where she worked, "there was utter confusion about PSEAH". Two respondents to our small survey had seen a different picture and both confirmed that it is all a matter of the managements' attitude: "I was seconded to two different UN offices in two countries and in both, PSEAH was taken very seriously. In both countries, management took

a very clear position". PSEAH was talked about frequently, messaging was clear and there was a certain trust that something will be done when a complaint is filed.

– **Go beyond the box ticking:** "We all have to complete the PSEAH online training in my present agency. It's a box-ticking exercise, not an ethical shift", is one respondent convinced. Humanitarians are now better aware what is not allowed but it is not internalized. "There are no mechanisms where we are asked to collectively review our behavior. You don't find out what is right or wrong by ticking boxes or filling forms", he added. He suggested an intensive confrontation with the issues in the form of collective reflection.

– **Make it a standing item on the agenda:** Several colleagues suggested to make sure that PSEAH is part of every SHA training – and be it only as a 30 minute refresher: "Make sure you mention it every time. Make sure you present case studies – they stick".

Beyond the trainings, one long-serving SHA member recommended to make SEAH - together with concerns of marginalized groups - a standing item on the agenda of SET briefings and reporting: "Ask the team members: what have you observed in terms of SEAH? It should be part of the routine".

– **Deploy gender mixed teams:** The Independent Commission investigating the WHO Ebola mission, indicated that extremely male dominated teams were an unaddressed risk factor for SEAH. At least two of the SHA respondents to our survey confirmed this and recommended to deploy only gender mixed teams. "It is a big change that we now have more wom-

en in the technical teams; it makes a huge difference. The atmosphere changes, and so do the questions and observations. It becomes normal to speak to women and not just male leaders in a community. When women speak to women, they become aware of many more things that are going on, including violence".

– **Speak about sexuality:** During the live performances of the forum theater in Bern, the issue of sexuality while on mission popped up – albeit hesitantly. One respondent of the survey also raised the issue: "There should not only be a punitive approach to SEAH, there should be space to openly reflect how we deal with the fact that we would like to have a relationship". This would help to gain clarity on how to engage with a partner from the host country in a respectful way. He indicated that being transparent about one's relationship is also a matter of security: To his manager he openly declared that he had a girlfriend. When communicating about his movements, he did not, like many others, hide that his companion was also in the car. "We should be aware that a partner can be in danger too when an inci-

dent happens – we should protect not only ourselves but also the person we are with".

– **Address the traumatic experiences of SHA members:** Two respondents spoke about the powerlessness they sometimes experience while in a crisis area, the destruction they see and the fear they feel. "I had a very difficult mission and it really affected me. We are told to talk to a psychologist if we need to. I might have asked for a session if a psychologist were part of the debriefing team, but without that, I was unsure whether what I felt was serious enough to justify a visit to a therapist". Another respondent reflected on what such difficult experiences can do to aid workers: "On a mission, one can feel quite isolated. We experience very heavy things and I feel that SHA is not really acknowledging that." He suggested that traumatic experiences may lead people to lose perspective and control: "We have to understand better why people do things. The discussion about PSEAH should go deeper. It should include reflections on what we can do to ensure that people are less at risk – even of behaving badly".

What's next?

It takes more than guidelines and protocols to make the cultural shift that is required to anchor PSEAH in an organisation. In SDC and SHA we want to open the space for critical reflections on what drives our behavior towards the people we work with and for.

The PSEAH Focal Point is about to launch discussions among colleagues in SDC on various issues related to PSEAH. The series will start with the topic: "Sexual relations in in the host country".

Furthermore, SHA members to difficult contexts are invited to participate in the workshop: "Working with suffering – Humanitarians and Humanitarian Action in Traumatic Contexts", in December 2021 near Bern.

If you are interested in any of these two events, contact the Focal Point PSEAH:

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EXPERTISE

SDC TRAININGS IN 2022

GBV and Child Protection

June 2022

GBV short course

In collaboration with Geneva Centre of Humanitarian Studies
2022

PSEAH Training

In collaboration with CHS Alliance
2022

Dealing with Trauma

December 2022

Child Protection in Emergencies

In collaboration with unicef
2022

Humanitarian Negotiations

In collaboration with ProCap
2022

Humanitarian

Community-based Protection

In collaboration with ProCap
2022

Durable Solutions

2022

For questions about the SDC Protection course programme, please contact the Protection team or HR-Feld.

PARTNERS' TRAININGS

Protection of Civilians, from humanitarian to peace operations

Geneva Centre of Humanitarian Studies
19 – 30 September 2022

Negotiation in Humanitarian Crisis

Geneva Centre of Humanitarian Studies
9 – 20 May 2022

CASH and voucher assistance in humanitarian crisis: what works?

Geneva Centre of Humanitarian Studies
6 – 17 June 2022

Complaints and feedback mechanisms: Making much-needed changes

International Association of Professionals in Humanitarian Assistance and Protection (PHAP)
7 December 2021, online 14h-16h CET

Masculinities, Marginalization, Militarism **Swisspeace, University of Basel**

20 – 22 April / 27 – 29 April 2022

INDIVIDUAL E-LEARNING

Managing Gender-Based Violence Programs in Emergencies

UNFPA

Cash and Voucher Assistance

International Association of Professionals in Humanitarian Assistance and Protection (PHAP)

International Legal Frameworks for Humanitarian Action

International Association of Professionals in Humanitarian Assistance and Protection (PHAP)

Unlocking Humanitarian Access

Norwegian Refugee Council (NRC)

Education in Emergencies (EiE)

INEE, Save the Children, Plan International, UNICEF, university of Geneva, World Vision

Sustainable Development in Humanitarian Action

IFRC

UPDATE ON THE EXPERT GROUP PROTECTION

In November 2021, the protection expert group counts 68 active members, and 48 in reserve, for a total of 116 members. 8 experts have been newly recruited in 2021, while no experts left the SHA during this year.

31 SHA protection experts are currently deployed, supporting 8 different organisations in 15 countries worldwide, with around one third in Switzerland.

Overall, as of November 2021 HH-SHA accounted for 30% of all SHA protection experts deployed, followed by UNICEF, UNHCR and UNFPA.

UNICEF 5 experts	HH-SHA 12 experts	UNHCR 4 experts	UNFPA 5 experts	UNRWA 2 experts
Jordan 1 Lebanon 1 Switzerland 2 Syria 1	Cameroon 2 Ethiopia 1 Jordan 2 Mali 1 Niger 1 Nigeria 1 OPT 1 Switzerland 2 Turkey 1	Iraq 1 Jordan 1 Switzerland 2	Bangladesh 1 Eastern and Southern Africa 1 Nigeria 1 Switzerland 2	OPT 2
IASC 1 expert	ICRC 1 expert	UNOCHA 1 expert	WFP 1 expert	TOTAL 32 EXPERTS
Switzerland 1	Switzerland 1	Ukraine 1	Italy 1	

We would like to thank all the protection experts for their great commitment!

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comments and contributions, please contact:

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