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Sexual and gender based violence (SGBV) prevention and response

Key points

- Anyone can become a survivor of SGBV: women, men, girls, boys, of every age and background.
- Initiate SGBV prevention and response programming from the start of an emergency, whether or not cases have been reported.
- Do not forget to include men and boys when you work with communities on SGBV prevention.
- Involve staff having a variety of functions in SGBV prevention: it is a UNHCR protection priority and a responsibility of all staff.
- Put aside your cultural and other biases and assumptions with regard to SGBV (including assumptions about traditional practices).

1. Overview

Sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services. Violence includes threats of violence and coercion. SGBV inflicts harm on women, girls, men and boys and is a severe violation of several human rights.

Persons of concern are often at heightened risk of SGBV during emergencies. This can be due to a number of factors, including the sudden breakdown of family and community structures after forced displacement. Certain groups in a population may be particularly at risk of SGBV: older persons, persons with disabilities, adolescent girls, children, LGBTI persons, and female heads of household.

SGBV may be perpetrated by anyone, including individuals from host communities, from refugee or IDP communities, and humanitarian actors. Persons in positions of authority (police, security officials, community leaders, teachers, employers, landlords, humanitarian workers) may abuse their power and commit SGBV against persons of concern. Changed social and gender roles or responsibilities, as well

as the stresses of displacement, can cause or exacerbate tensions within the home, sometimes resulting in domestic violence. Some harmful customary or traditional behaviours may amount to SGBV: early marriage, female genital mutilation/cutting (FGM/C), honour killing and maiming, forced abortion. During situations of armed conflict, sexual violence may be used as a weapon of war.

Preventing and responding to SGBV is a core component of UNHCR's protection mandate. Given the multi-sectoral nature of the response it requires, UNHCR and partners should mainstream SGBV prevention throughout the emergency response and in programming across all sectors. SGBV prevention and response interventions are life-saving. Programming must begin at the very outset of an emergency, irrespective of the number of reported SGBV cases. UNHCR works together with Governments, other UN agencies, local and international NGOs and persons of concern to prevent and respond to SGBV.

2. Protection objectives

- To protect displaced women, girls, men and boys against SGBV at all times and in all locations, including in the home, school and work, in public places, on public transport, and at aid distribution points.
- To ensure that SGBV survivors can confidentially report incidents and have timely and non-discriminatory access to services and support, including medical, psychosocial, legal and material assistance, as well as safe spaces where needed.
- To address the specific protection needs of persons at high risk of SGBV (including older persons, persons with disabilities, adolescent girls, children, LGBTI persons, and female heads of household) and take them into account in all programming.
- To ensure that SGBV survivors can seek a judicial remedy if they wish.
- To encourage and enable persons of concern to become actively involved in protecting women, men, girls and boys against SGBV, including through community-based protection networks and initiatives.

3. Underlying principles and standards

- A survivor-centred approach:
 - o Treat every survivor with respect.
 - o The safety of survivors and their families is paramount.
 - o Respect the choices, wishes, rights and confidentiality of survivors and their families. The identity of a survivor should never be revealed without his or her prior consent.
 - o Provide services and support without discrimination on any grounds.
- A rights-based approach. Empower individuals and communities to exercise their rights, rather than assist them as 'beneficiaries'.
- An age, gender and diversity approach. All women, men, girls and boys of all ages and diverse backgrounds should enjoy their rights on an equal footing and participate fully in decisions that affect them.

- Community-based protection. Put the capacity, agency, rights and dignity of persons of concern at the centre of programming. Involve communities actively and substantively in all aspects of programmes that affect them. The community should be the driving force of change.
- Gender equality and women's empowerment. Gender norms and unequal power relations are the underlying causes of SGBV: work with women, men, girls and boys to address the root causes of SGBV and support women and girls to be leaders in their communities on an equal footing with men and boys. Please see entry on Age, gender and diversity (AGD).
- A life-saving intervention. SGBV prevention and response are life-saving interventions. Plan and implementing them from the start of an emergency, without waiting for evidence of prevalence.
- A multi-sectoral approach. Involve UNHCR personnel and partners with different functions to make sure that SGBV prevention is mainstreamed throughout the response.

4. Protection Risks

- Persons of concern may be at risk of SGBV in many different settings (at home, in public places, on public transport, in the workplace, at school, at aid distribution points). Perpetrators may be from the host or refugee/IDP community, from the humanitarian community, or in an official position.
- Although there are also communalities, SGBV-related risks in camps may differ from those in out-of-camp settings. For example
 - o In camp settings, displaced people are at risk of SGBV at aid distribution points; in water, sanitation and hygiene (WASH) facilities; in unsafe shelter arrangements such as communal tents; and in areas where lighting is poor.
 - o In out of camp settings, they are at risk of SGBV in public spaces such as markets; in the workplace; at and on the way to and from school; while using public transport; and at home (where they may be abused or exploited by landlords, neighbours, or other members of the household).
- The risk of SGBV in an emergency context is exacerbated by several factors. These include: breakdown of family and community support systems; the presence of armed forces or combatants; weak legal systems and law enforcement; abuse of power by individuals in positions of authority; laws and practices that reinforce gender discrimination; inadequate access to shelter, food, water and fuel; and inadequate access to livelihood opportunities.
- Certain people are particularly at risk of SGBV during and after forced displacement, especially when they have been separated from or have otherwise lost the support of their relatives or communities. They include older persons, persons with disabilities, adolescent girls, children, LGBTI persons, and female heads of household.
- Girls and boys are at risk of sexual exploitation, abuse or violence by persons who care for or have unhindered access to them, including in schools. Gender-based denial of resources or access to services can also amount to SGBV; for example, girls may be denied access to school because of their gender.
- When persons of concern are dispersed in the population, in urban or rural settings, it is difficult to identify survivors and those at risk of SGBV, or ensure their access to services.

- Under-reporting of SGBV is often a serious issue. Survivors may not speak out because they are ashamed, stigmatized, blame themselves, fear reprisals or re-victimization, or mistrust the authorities. As a result, survivors may not make use of services to which they are entitled.
- The difficult social and economic conditions that people experience during displacement may drive men, women, boys or girls to adopt negative coping strategies, such as survival sex.

5. Other risks

- UNHCR faces a reputational risk. If UNHCR and its partners do not adequately address SGBV, this may harm UNHCR's credibility and authority.
- The media may demand information on SGBV cases. If survivors come forward, it may put them at additional risk, particularly when the services in place cannot meet their immediate support needs.

6. Key decision points

Senior management is responsible for making sure that UNHCR and partners prioritize action to prevent and respond to SGBV, as a life-saving intervention. Programming should start from the inception of an emergency, whether or not cases of SGBV have been reported.

If no staff member has a specific SGBV portfolio, management should decide which protection staff will take primary responsibility for SGBV prevention and response. As part of protection mainstreaming, managers must also ensure that colleagues with different functions within UNHCR work together on SGBV prevention, and that all programmes address it. They should also make sure that steps are taken to identify people at risk, undertake prevention activities, and disseminate information about the services that are available.

Managers should work closely with other UN agencies, Government authorities and ministries, and NGOs working on SGBV, to ensure the approach taken is collaborative. SGBV prevention and response programmes should fall broadly within protection and (in a refugee emergency) should be led by UNHCR. Services that meet the needs of survivors (health care, psychosocial support, legal aid) will ordinarily be provided by partners. Depending on capacity, UNHCR may assume a role in individual case management, alongside partners.

7. Key steps

Systems

1. Appoint at least one professional member of the protection staff to be responsible for SGBV prevention and response, under the overall supervision of the Assistant Representative Protection (or equivalent position in the operation) or the senior protection officer.
2. Identify other actors working on SGBV prevention and response (and their focal points), in Government institutions, UN agencies, and local and international NGOs, as well as service providers in the fields of health, psychosocial support, safety and security, and legal assistance.

3. Conduct individual interviews with persons of concern, and local actors, to identify their needs, solutions, and gaps in programmes and services. Complement interviews with situation analyses and focus group discussions.
4. With partners, establish (and in refugee situations lead) a coordination mechanism, such as a SGBV working group.
5. In collaboration with partners and service providers, develop clear reporting mechanisms and referral pathways for SGBV survivors, to ensure survivors are able to disclose SGBV [MV1] in a variety of points of contact and can obtain efficient and non-discriminatory access to services.
6. In collaboration with partners and service providers, prepare standard operating procedures (SOPs) on SGBV prevention and response, which describe the coordination arrangements, referral pathways, and reporting mechanisms.
7. Set up a management system for SGBV cases.
8. Put special procedures in place for working with child survivors and child perpetrators.
9. Establish an information management system for SGBV data, including an information-sharing protocol for participating organizations. (For tools go to website <http://gbvims.org>[MV2])
10. Develop a monitoring and evaluation framework for SGBV programmes and integrate it in protection programming.
11. Review national laws and policies on SGBV protection, the rights of survivors, and gender equality, to ensure they are in line with international law and are not discriminatory.
12. In countries that are listed in the annual *Report of the Secretary-General on Conflict-related Sexual Violence*, and in operations that receive refugees from those countries, UNHCR has an obligation to help coordinate, to collect and verify information, and participate in monitoring, analysis and reporting arrangements (MARA). UNHCR usually collects data for MARA via its protection monitoring and information management systems. The information is submitted to women protection advisors (or their equivalent) in peacekeeping missions, the MARA working group, or SGBV coordination structures at country level.

Prevention

1. Take steps to raise awareness among persons of concern of the need to prevent SGBV and promote gender equality, and about services available to survivors. Where it is relevant, include information on how survivors can access justice through formal and informal justice mechanisms. Please see entry on access to justice.
2. Identify or encourage the formation of community-based networks among persons of concern and assist them in their preventive and information work on SGBV.
3. In coordination with communities and the host Government, establish arrangements to ensure the safety and security of persons of concern.
4. Work with partner organizations to create safe spaces for women and for children in, out-of-camp settings. Where these already exist, make the community more aware of them.
5. Ensure that teachers, other school staff, and students are trained in SGBV and that systems are in place in schools to identify and refer survivors and children who are at risk of SGBV. Ensure that all teachers sign a code of conduct that prohibits all forms of SGBV against students and are trained to implement it. Please see entry on education in emergencies.
6. In camp settings, work with UNHCR and partners from relevant sectors to ensure that camps are set up, structured and managed to promote safety, by the provision of lighting, an adequate security presence (including female security personnel), secure shelters allocated according to need and vulnerability, and WASH facilities that are safe and accessible. Please see entries on camp coordination

- and camp management (CCCM) cluster (IASC), shelter solutions, and WASH in camps.
7. In urban settings, work with shelter partners to reduce the risks of SGBV created by overcrowded or insecure housing arrangements. Ensure that programmes (such as cash assistance) target persons with specific needs, including survivors and persons at risk of SGBV.
 8. Explore the provision of vocational, skills training and livelihood programmes because these can contribute to SGBV prevention by empowering women. Ensure that programmes are open to women, including survivors. Please see entry on livelihoods and self reliance.
 9. Engage with persons who have power (employers, teachers, landlords), and educate them about the risks and consequences of SGBV.
 10. Provide training to local authorities, law enforcement and judicial officers, including informal justice mechanisms where relevant, to ensure that they recognize, respect and protect the rights of SGBV survivors. Emphasize the principles of non-discrimination, equality before the law, and equality before courts and tribunals. Please see entry on access to justice.
 11. In discussions with local authorities, and law enforcement and judicial officers, including representatives of informal justice mechanisms, emphasize the importance of bringing perpetrators to justice.
 12. Provide training to all UNHCR and partner personnel on prevention of sexual exploitation and abuse of persons of concern. Disseminate UNHCR's Code of Conduct and the Secretary-General's Bulletin on special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13).
 13. Train and inform UNHCR and partner personnel in a range of functions (education, protection, food security, livelihoods, camp coordination and camp management (CCCM), health, shelter, fuel and energy, WASH), to ensure they understand the risks of SGBV and their responsibility to prevent and, where appropriate, respond to it in their programming.

Response

1. Provide training to relevant UNHCR and partner personnel to ensure they fully understand the SGBV SOPs[MV3] . Make sure they are familiar with reporting and referral systems, and core principles that underpin work with survivors: respect, safety, confidentiality and non-discrimination. Familiarize staff with SPHERE standards, to ensure that response planning and assistance take the specific needs of women, men, girls, and boys into account.
2. Engage with service providers to make sure that services they provide to SGBV survivors are appropriate, of high quality, and comply with basic standards for survivor care. When a survivor reports a SGBV incident, always respect his or her wish to report the incident formally or not, or access particular services. Every survivor should be:
 - Informed of the assistance available, including medical services, psychosocial support, legal assistance, and (where necessary) material assistance and access to safe shelter.
 - Provided with health assistance as a priority if he or she has experienced physical or mental harm. In cases of rape, all (eligible) survivors must have access to post-exposure prophylaxis (PEP) against HIV, prophylaxis for sexually transmitted infections, and (in the case of female survivors) emergency contraception. Able, where admissible, to have forensic evidence collected by the health sector/cluster, where appropriate[MV4]
 - Granted free legal aid if he or she wishes to pursue legal action. If the survivor agrees, acts of sexual violence or female genital mutilation should be reported to the police as soon as possible.

- Relocated to a safe house, shelter or an alternative location within the country, or considered for resettlement if their safety is at risk and circumstances require it.

Note: Pay attention to the definition of 'eligibility' and 'eligible rape survivor'. Eligibility should be determined for each prescribed medical intervention, based on the medical indication of the intervention and the time that has passed between the incident and the intervention.

Standard / Indicators

Emergency Standard

- All SGBV survivors have access to the medical care they require.
- All SGBV survivors have access to psychosocial support.
- All survivors who choose[MV6] to disclose an incident should be able to access legal advice and support
- Where a survivor's safety is at risk and the circumstances require, he or she is relocated to safe house, shelter, or alternative location within the country, or considered for resettlement[MV7]
- All survivors of rape should have access to services for clinical management of rape. All health facilities should have trained staff, as well as sufficient supplies and equipment for the clinical management of rape. Indicators that will be collected using the UNHCR Health Information System are:
 - o 100% of eligible rape survivors receive PEP (against HIV) within 72 hours of an incident.
 - o 100% of eligible female rape survivors receive emergency contraception within 120 hours of the incident.
 - o 100% of eligible rape survivors receive prophylaxis for sexually transmitted infections within 2 weeks of the incident.

Long-term Standard

The same standards apply to long-term situations and emergencies.

8. Key management considerations

To manage SGBV prevention and response programmes, at least one professional member of the protection staff should be dedicated to SGBV, in an appropriate supervisory or management structure. A monitoring and evaluation framework should be set up soon after an emergency starts, to measure the impact of interventions and identify gaps in programming. Because preventing and responding to SGBV is a multi-sectoral and inter-agency obligation, effective management, oversight and monitoring arrangements should involve relevant inter-agency mechanisms, partners and Government institutions, as well as persons of concern.

9. Resources and partnerships

Staff

- At least one member of the protection staff in each operation must have responsibility for SGBV prevention and response programming, under the overall supervision of the Assistant Representative Protection (or equivalent position in the operation).
- SGBV prevention and response activities are multi-sectoral and require coordination with UNHCR and partner organizations in a variety of sectors (including protection, WASH, livelihoods, health, shelter, CCCM, education and child protection). Ensure that protection and health staff work together to ensure that survivors are able to access health facilities as soon as possible. [MV1]

Partners

- Partnerships outside UNHCR include local, national and international NGOs; other UN agencies; and relevant Government authorities including ministries, and law enforcement and judicial institutions.
- It is essential to work closely with women, men, girls and boys across populations of concern at every stage of programming (assessment, prioritization, design, implementation, monitoring and evaluation).

Resources

- Adequate financial resources are required to plan, implement and monitor SGBV prevention and response programmes and interventions. SGBV programmes should be prioritized as life-saving interventions in funding proposals.

10. Links

Minimum Initial Service Package for Reproductive Health in Crisis

UNHCR Refworld, Special Feature Page, Gender Equality and Women
UNHCR, SGBV e-learning
International Rescue Committee, Women's Empowerment and Protection
Global Protection Cluster, Gender-based Violence Area of Responsibility
MenEngage – an alliance of NGOs working with men and boys to promote gender equality
Gender Based Violence information management system

Need help?

CONTACT As first port of call, the UNHCR Dep. Representative (Protection), UNHCR Asst. Rep. (Protection), and/or Snr Protection Officer in the country; or The UNHCR Regional Asst./Dep Rep (Protection) and/or Snr. Regional Protection Officer at the regional office (if applicable); or The Snr. Regional Legal Advisor in the respective UNHCR regional bureau, covering the respective country region, who in turn will liaise as required with the parent unit at UNHCR DIP.

Annexes

- UNHCR, Action Against Sexual and Gender-based Violence. An Updated Strategy, 2011
- UNHCR, Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response, 2003
- Gender-based Violence Area of Responsibility Working Group, Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, 2010
- UNHCR Handbook for the Protection of Women and Girls
- Clinical Management of Rape Survivors
- Implementation of Security Council Resolution 1960 (2010) On Women, Peace and Security
- Handbook for Coordination Gender-based Violence Interventions in Humanitarian Settings

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