Gender-based violence (GBV), and in particular sexual violence, is a serious, life-threatening protection issue primarily affecting women and children. It is well documented that GBV is a widespread international public health and human rights issue, and that adequate, appropriate, and comprehensive prevention and response are inadequate in most countries worldwide. Gender-based violence is especially problematic in the context of complex emergencies and natural disasters, where civilian women and children are often targeted for abuse, and are the most vulnerable to exploitation, violence, and abuse simply because of their gender, age, and status in society. (See below, “Nature and Extent of GBV in Humanitarian Emergencies,” p. 3.)

Gender-based violence is a violation of universal human rights protected by international human rights conventions, including the right to security of person; the right to the highest attainable standard of physical and mental health; the right to freedom from torture or cruel, inhuman, or degrading treatment; and the right to life.

All humanitarian actors must take action, from the earliest stages of an emergency, to prevent sexual violence and provide appropriate assistance to survivors/victims.

Gender-Based Violence Interventions in Emergencies

During a crisis, such as armed conflict or natural disaster, institutions and systems for physical and social protection may be weakened or destroyed. Police, legal, health, education, and social services are often disrupted; many people flee, and those who remain may not have the capacity or the equipment to work. Families and communities are often separated, which results in a further breakdown of community support systems and protection mechanisms.

Focus on Sexual Violence

Throughout any emergency, many forms of GBV occur. During the early stages — when communities are first disrupted, populations are moving, and systems for protection are not fully in place — most reported GBV incidents are sexual violence involving female survivors/victims and male perpetrators. Sexual violence is the most immediate and dangerous type of gender-based violence occurring in acute emergencies. Later — in a more stabilised phase and during rehabilitation and recovery — other forms of GBV occur and/or are reported with increasing frequency. These include, among others, harmful traditional practices (female genital mutilation, forced early marriage, honour killings, etc.) and domestic violence.

Although intervention in the early stages of an emergency should focus on sexual violence, each situation is unique and other forms of GBV should not necessarily be ignored. For example, the severity and incidence of domestic violence often increases in the aftermath of natural disasters (see sample statistics below) and therefore may require immediate intervention from humanitarian actors. A coordinated situational analysis (described in Action Sheet 2.1, Conduct coordinated rapid situation analysis) can give information about other types of GBV that may be occurring, including frequency, risk, and lethality. These other forms of GBV are not explicitly dealt with in these guidelines but are included in resource materials and the summary recommendations for the preparedness and comprehensive prevention and response phases.
To save lives and maximise protection, a minimum set of activities must be rapidly undertaken in a coordinated manner to prevent and respond to gender-based violence from the earliest stages of an emergency. Survivors/victims of GBV need assistance to cope with the harmful consequences. They may need health care, psychological and social support, security, and legal redress. At the same time, prevention activities must be put in place to address causes and contributing factors to GBV in the setting. Providers of all these services must be knowledgeable, skilled, and compassionate in order to help the survivor/victim, and to establish effective preventive measures. Prevention and response to GBV therefore require coordinated action from actors from many sectors and agencies.

**Purpose of the Guidelines**

The primary purpose of these guidelines is to enable humanitarian actors and communities to plan, establish, and coordinate a set of minimum multisectoral interventions to prevent and respond to sexual violence during the early phase of an emergency.

While these guidelines focus on the early phase of an emergency, they also aim to inform and sensitise the humanitarian community to the existence of GBV during emergencies, that it is a serious and life-threatening protection issue, and offer concrete strategies for including GBV interventions and considerations in emergency preparedness planning and during more stabilised phases of emergencies.

Three sets of activities are included in the guidelines:

1) overview of activities to be undertaken in the preparedness phase;
2) detailed implementation of minimum prevention and response during the early stages of the emergency; and
3) overview of comprehensive action to be taken in more stabilised phases and during recovery and rehabilitation.

The guidelines are applicable in any emergency setting, regardless of whether the “known” prevalence of sexual violence is high or low. It is important to remember that sexual violence is under-reported even in well-resourced settings worldwide, and it will be difficult if not impossible to obtain an accurate measurement of the magnitude of the problem in an emergency. **All humanitarian personnel should therefore assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence.**

**Target Audience**

These guidelines are designed for use by humanitarian organisations, including UN agencies, non-governmental organisations (NGOs), community-based organisations (CBOs), and government authorities operating in emergency settings at international, national, and local levels.

The guidelines emphasize the importance at every stage of active involvement of local authorities and communities, in particular the leadership and participation of women and girls in all activities. This participation is fundamental to the success of coordinated action, and will allow strengthening of local capacity and enhance sustainability.

**How to Use These Guidelines**

These guidelines should be available and accessible to all humanitarian actors. The guidelines recommend specific key interventions for preventing and responding to gender-based violence in humanitarian emergencies. The matrix in Chapter 3 is an overview of recommended key interventions for preventing and responding to sexual violence, organised by the three general phases of emergencies:

- Emergency Preparedness
  - Early Phase (Minimum Prevention and Response)
  - Stabilised phase (Comprehensive Prevention and Response)

During the Emergency Preparedness Phase, a number of actions should be taken that can enable rapid implementation of minimum prevention and response to sexual violence in the early stages of an emergency. Although emergency preparedness may be limited by many factors, preparatory action can be taken. The left column in the matrix in Chapter 3 provides summary information about key recommended actions for emergency preparedness. Implementation details for this phase are not included in these guidelines, although the resource
materials referenced throughout the guidelines and included in the accompanying CD-ROM are excellent sources for further information.

Interventions in the early phase, **Minimum Prevention and Response**, are described in the middle column of the matrix in Chapter 3. For each action in this phase, there is a detailed Action Sheet in Chapter 4. Guidance in the Action Sheets includes specific key actions to take, responsibility for those actions, and key resources available to support implementation of the key actions. These minimum interventions and implementation details are the focus of these guidelines.

In more stabilised phases of an emergency, after the initial crisis and into recovery and rehabilitation, **Comprehensive Prevention and Response** will be needed. This will include widening the scope of interventions to address other forms of GBV that are occurring in the setting. The right column in the matrix in Chapter 3 provides a summary of key interventions in this phase. Implementation details are available in resource documents referenced throughout the guidelines, many of which are included in the CD-ROM accompanying these guidelines.

**Action Sheets for Minimum Prevention and Response**

The Action Sheets are organised by sectors and cross-cutting functions. There are five cross-cutting functions that require action from multiple organisations and sectors. These cross-cutting functions are

- Coordination
- Assessment and Monitoring
- Protection
- Human Resources
- Information Education Communication

In addition to the cross-cutting functions, there are specific interventions organised by sector. (Note that protection is both a cross-cutting function and a sector in these guidelines.)

- Protection
- Water and Sanitation
- Food Security and Nutrition
- Shelter and Site Planning and Non-Food Items
- Health and Community Services
- Education

The guidelines emphasize the importance of multi-sectoral coordinated action and community involvement, and include guidance for maximising multi-sectoral involvement in all of the cross-cutting functions. There must be coordination among and between sectors in order to implement the minimum interventions. To this end, each Action Sheet includes links, indicated by purple text, to related Action Sheets for other sectors and functions.

**Resource Materials**

These guidelines draw from many guidelines, tools, standards, research and background materials, and other resources developed by UN, NGO, and academic sources. These materials can provide additional information to assist actors in implementing interventions for each phase of an emergency. For each cross-cutting function and sector, there is a set of key recommended resources listed in Action Sheets. The CD-ROM accompanying these guidelines contains most of these resource materials.

**Nature and Extent of GBV in Humanitarian Emergencies**

At least one in three of the world’s female population has been either physically or sexually abused at some time in her life.\(^2\) Although in most countries little research has been conducted on the problem, available data suggest that in some countries nearly one in four women may experience sexual violence by an intimate partner, and up to one-third of adolescent girls report their first sexual experience as being forced.\(^3\) In the context of armed conflict and displacement, sexual violence, including exploitation and abuse, is a well known and high risk problem. Sexual violence is often used as a weapon of war, targeting civilian women and children.

- Between 50,000 and 64,000 internally displaced women in Sierra Leone reported experiencing sexual violence at the hands of armed combatants. Half of internally displaced women who had face-to-face contact with combatants reported experiencing sexual violence.\(^4\)
- Twenty-five percent of Azerbaijani women surveyed in 2000 by the US Centers for Disease Control acknowledged being forced to have sex; those at greatest risk were among Azerbaijan’s internally displaced populations.\(^5\)
Guidelines for Gender-based Violence Interventions in Humanitarian Settings

- According to a 1999 government survey, 37 percent of Sierra Leone’s prostitutes were under age 15; of those, over 80 percent were unaccompanied children or children displaced by the war.
- The majority of Tutsi women in Rwanda’s 1994 genocide were exposed to some form of gender-based violence; of those, it is estimated that between 250,000 and 500,000 survived rape.
- It is estimated that between 20,000 and 50,000 women were raped during the war in Bosnia and Herzegovina in the early 1990s.
- In the aftermath of natural disasters, field reports of social impacts include abuse, as in this account of an Australian flood: “Human relations were laid bare and the strengths and weaknesses in relationships came more sharply into focus. Thus, socially isolated women became more isolated, domestic violence increased, and the core of relationships with family, friends, and spouses were exposed.”

Increased violence against women was also noted in reports from the Philippines after the Mount Pinatubo eruption; Central and North America after Hurricane Mitch; and in several countries after the 2004 tsunami.

Gender-based violence, including sexual violence, is perpetrated primarily by males against women and girls. Men and boys are also vulnerable to sexual violence, particularly when they are subjected to torture and/or detention. Nevertheless, the majority of survivors/victims of sexual violence are females.

Under-reporting

One of the characteristics of GBV, and in particular sexual violence, is under-reporting. Survivors/victims generally do not speak of the incident for many reasons, including self-blame, fear of reprisals, mistrust of authorities, and risk/fear of re-victimization. Acts of GBV evoke shaming and blaming, social stigma, and often rejection by the survivor/victim’s family and community. Stigma and rejection can be especially severe when the survivor/victim speaks about or reports the incident. Any available data, in any setting, about GBV reports from police, legal, health, or other sources will represent only a very small proportion of the actual number of incidents of GBV.

Consequences

Survivors/victims of GBV are at high risk of severe and long-lasting health problems, including death from injuries or suicide. Health consequences can include unwanted pregnancy, unsafe self-induced abortion, infanticide, and sexually transmitted infections, including HIV/AIDS. Psychological trauma, as well as social stigma and rejection, is also common. Most societies tend to blame the victim in cases of sexual violence, which increases psychological harm. The exact nature and severity of physical and emotional trauma vary greatly among survivors/victims; not all available response services will be wanted or needed by all survivors/victims. Response to GBV must, however, include a set of available services to reduce the harmful consequences and prevent further injury and harm to the survivor/victim.

Children and Youth

Children in emergencies may be at particular risk of GBV given their level of dependence, their limited ability to protect themselves, and their limited power and participation in decision-making processes. Because they have had relatively little experience of life, children are also more easily exploited, tricked, and coerced than adults. Depending on their level of development, they may not fully comprehend the sexual nature of certain behaviours, and they are unable to give informed consent. Adolescent girls and young women may be specifically targeted for sexual violence during armed conflict or severe economic hardship.

Causes and Risk Factors in Emergencies

While gender inequality and discrimination are the root causes of GBV, various other factors determine the type and extent of violence in each setting. In emergencies, norms regulating social behaviour are weakened and traditional social systems often break down. Women and children may be separated from family and community supports, making them more vulnerable to abuse and exploitation due to their gender, age, and dependence on others for help and safe passage. During armed conflict, sexual violence is often used as a weapon of war, targeting civilian women and children. War-related sexual violence often includes abductions and sexual slavery.
Notes


9  Violence Against Women in Disasters Fact Sheet http://online.northumbria.ac.uk/geography_research/gdn/resources/violence-against-women-in-disasters.doc