

RHRC Consortium

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Mission statement

The Reproductive Health Response in Conflict (RHRC) Consortium is dedicated to the promotion of reproductive health among all persons affected by armed conflict. The RHRC Consortium promotes sustained access to comprehensive, high quality reproductive health programs in emergencies and advocates for policies that support the reproductive health of persons affected by armed conflict.

The RHRC Consortium believes all persons have a right to good quality reproductive health care and that reproductive health programs must promote rights, respect and responsibility for all. To this end, the RHRC Consortium adheres to three fundamental principles:

- ° using participatory approaches to involve the community at all stages of programming;
- ° encouraging reproductive health programming during all phases of emergencies, from the initial crisis to reconstruction and development; and
- ° employing a rights-based approach in all of its work, as articulated in the 1994 International Conference on Population and Development Programme of Action.

Gender-based Violence Tools Manual

**For Assessment &
Program Design,
Monitoring & Evaluation**
in conflict-affected settings

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Purpose of the Manual

This manual is one of several outcomes of a three-year global Gender-based Violence Initiative spearheaded by the Reproductive Health Response in Conflict (RHRC) Consortium and aimed at improving international and local capacity to address gender-based violence (GBV) in refugee, internally displaced, and post-conflict settings. The tools have been formulated according to a multi-sectoral model of GBV programming (described more thoroughly on page 35) that promotes action within and coordination between the constituent community, health and social services, and the legal and security sectors. The manual is meant to be used by humanitarian professionals who have experience with and are committed to GBV prevention and response.

The tools are divided into three major categories: **assessment**, **program design**, and **program monitoring and evaluation**. The **assessment** tools are meant to improve awareness of the nature and scope of GBV in a given setting, to assist in gathering information about local attitudes and behaviors related to GBV, and to identify existing GBV services and gaps in services within the community. The **program design** tools may be used for designing and implementing projects whose outcomes meet intended goals, and for improving hiring practices within GBV programs. The **program monitoring and evaluation** tools assist in evaluating program effectiveness, as well as in recognizing short- and long-term service utilization and service delivery trends that may be used to adjust programming.

This manual should be used in conjunction with other GBV programming resources, accessible on the RHRC Consortium website at www.rhrc.org/gbv. Of special note are United Nations High Commissioner for Refugees' *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response* (May 2003) and the RHRC Consortium's *Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations* (2002).

Background

Since the mid-1990s, the international community has implemented a number of special programs in conflict-affected countries around the world to address violence against women and children. The earliest projects were generally small in scope, focused on survivors of war-related sexual violence, and provided services through vertical or "stand alone" programs that ended when the special funds were spent (usually 12 or 24 months). Within the last several years, efforts have focused on developing comprehensive and long-term services that include health care, emotional support, and social reintegration, as well as police and legal intervention. Programs are also developing prevention strategies, including community involvement in raising awareness at the international, national, and local levels.

In 2001, the United Nations High Commissioner for Refugees (UNHCR) hosted an international conference to explore and document lessons learned and recommended practices for prevention and response to GBV among conflict-affected populations. The conference proceedings describe the recommended approaches for multi-sectoral, inter-agency, community-based action to address survivor needs and reduce further incidents of violence. Initiatives are currently underway in nearly twenty conflict-affected countries to institute the recommendations outlined by UNHCR.

In May 2002, the RHRC Consortium published *If Not Now, When?: Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-Conflict Settings*. The findings of this global overview of GBV issues, programs, and gaps in programming suggest that the vast majority of refugee and internally displaced settings have not received adequate support, commitment, or funding to implement the model of multi-sectoral programming advocated by UNHCR. One critical limitation to addressing GBV is the absence of data on the nature and scope of GBV. Even when available, methods for GBV data collection are not sufficiently standardized to allow for comparability within and across cultures. Without sufficient data, programs often depend on anecdotal evidence of GBV crimes to inform the design of prevention and response activities.

The tools in this manual are intended to improve data collection efforts on GBV in humanitarian settings. They are also aimed at supporting and furthering the recommendations of UNHCR and others regarding the necessity for multi-sectoral, inter-agency, and community-based GBV programming. An equally important goal of this manual is to assist field programs in establishing and maintaining strategies for ongoing monitoring and evaluation of program outcomes and goals.

How to Use the Tools

These tools were developed for use by international and local professionals with experience addressing GBV in the communities in which they work. Even so, it is anticipated that those using the tools will represent a range of expertise. For this reason, attempts have been made to make the tools as user-friendly as possible and accessible to a wide audience. The one exception to this user-friendly approach is the draft prevalence survey tool, which is included in this manual for reference and research planning purposes, but should only be used by those with extensive GBV research experience, preferably in consultation with the RHRC Consortium.

Every tool within each section of this manual has an introduction that explains the purpose and application of the tool. For each tool, recommendations are provided about the extent to which the tool may be altered or adjusted to meet the needs of the local context. At the end of each section a resource list is provided for further reading relevant to that section.

The **assessment section** contains **situational analysis, focus group, pair-wise ranking, mapping and causal flow analysis guidelines**, as well as a **draft prevalence survey questionnaire** and an accompanying **sample interviewer training handbook**. These assessment tools may be used independently or in conjunction with each other, depending on the needs of the setting. The situational analysis tool is based on a multi-sectoral model of GBV prevention and response, and should be used to guide programming efforts that support existing services and respond to gaps in those services. The focus group guidelines highlight some of the more important issues in conducting qualitative research on GBV, and list specific questions that may be used to investigate local communities' knowledge, attitudes, and behavior related to GBV.

It is important to note that not all assessment tools will be appropriate for all settings. Conducting a methodologically and ethically sound GBV prevalence survey, for example, requires extensive technical and financial resources, and therefore may not be warranted in some situations.

The assessment tools should be adapted to the local situation and informed by a participatory approach. At minimum, the local community should be engaged in reviewing and editing the assessment tools prior to applying them to a local context. The success of any assessment will depend on its relevance to local culture and traditions. However, the extent to which the assessment tools are adjusted to the local context must also be informed by international standards for research on GBV. The prevalence research tool, for example, has been designed not only to provide specific information about a given setting, but also to meet the important goal of cross-cultural comparability of data. Major adjustments to the tool may limit comparability and thus undermine the extent to which research findings improve international understanding of how the nature, scope, and impact of GBV manifest differently around the world. For more information on participatory assessment strategies as well as standards for research on GBV, refer to the resource list at the end of the assessment section.

The **program design section** includes a **causal pathway framework**, as well as some **program implementation tools**, including **hiring guidelines**, a standardized **Rights and Responsibilities of GBV Program Beneficiaries and Employees**, and a sample **Code of Conduct** for GBV staff. The causal pathway framework offers a method for designing and implementing programs that follows a logical progression towards an intended goal. The remaining program design tools are intended to address an important foundation of all GBV programs: professional hiring practices of staff who are familiar with basic GBV-related issues in their communities, and who understand that working in a GBV program requires committing to the human rights values that GBV programs promote.

The **monitoring and evaluation** section contains sample **GBV output and effect indicators**, an **incident report form** including a **consent for release of information**, **monthly statistical forms**, and a **client feedback form**. These tools have been developed by GBV professionals with extensive experience working in humanitarian settings, and are meant to establish global standards and procedures for GBV data collection within cultures as well as cross-culturally. It is therefore strongly recommended that field professionals use the monitoring and evaluation forms as they are presented in this manual. Revisions and adjustments to the forms will limit standardization and comparability of data collection.

Each tool assumes a common understanding of basic GBV-related concepts, such as definitions of various types of GBV, knowledge of the standards of a multi-sectoral approach to GBV prevention and response, and an understanding of participatory methods of assessment and program design, monitoring and evaluation. The **definitions** that will be used throughout this manual and which form the theoretical basis for all the tools are outlined below. See the end of this section for additional references addressing general GBV issues and multi-sectoral programming in humanitarian settings.

DEFINITIONS RELATED TO GENDER-BASED VIOLENCE ¹

Note: Professionals working in the field of gender-based violence often have difficulty sharing and comparing information, including data generated from research and from the provision of GBV services, because ideas about how gender-based violence is defined are inconsistent both within and across cultures. The definitions below are provided in an effort to standardize the way in which gender-based violence is understood within humanitarian settings in order to promote more useful data collection, dialogue, and action.

Gender: Refers to the social differences between men and women that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures.

Gender-based Violence: Gender-based violence is an umbrella term for any harm that is perpetrated against a person's will, and that results from power inequities that are based on gender roles. Around the world, gender-based violence almost always has a greater negative impact on women and girls. For this reason the term "gender-based violence" is often used interchangeably with the term "violence against women." One reason the term "gender-based violence" is often considered preferable to other terms that describe violence against women is that it highlights the relationship between women's subordinate status in society and their increased vulnerability to violence. However, it is important to remember that in some cases men and boys may also be victims of gender-based violence. Violence may be physical, sexual, psychological, economic, or socio-cultural. Categories of perpetrators may include family members, community members, and/or those acting on behalf of cultural, religious, or state institutions.

Violent Episode: An act or series of acts of violence or abuse by one perpetrator or group of perpetrators. May involve multiple types of violence (physical, sexual, emotional, economic, socio-cultural); and may involve repetition of violence over a period of minutes, hours, or days.

Survivor: Person who has experienced violence or other abuse.

Secondary Survivor: Person impacted by the experience of gender-based violence inflicted upon the survivor. May include family members or others close to the survivor.

Perpetrator: Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will.

Intimate Partner: Includes current or former spouses (legal and common law), non-marital partners (boyfriend, girlfriend, same-sex partner, dating partner). Intimate partners may or may not be cohabitating and the relationship need not involve sexual activities.

Minor: Person under the age of 18 (according to the United Nations Convention on the Rights of the Child).

1. The definitions provided in this manual are primarily informed by the work of the Reproductive Health Response in Conflict Consortium, the U.S. Centers for Disease Control and Prevention, and the World Health Organization.

Note: When collecting data on gender-based violence, you must analyze whether the act was committed due to gender or sex-based power inequities between the perpetrator and victim, or for other reasons related to the victim's socially ascribed gender roles and/or sex. Acts that are not based on gender- or sex-based subordination fall outside the realm of gender-based violence and should not be categorized as such. Given that most women and girls around the world suffer gender discrimination, the vast majority of acts of violence against them are gender-based. Acts of violence against men and between men, however, are more selectively representative of gender-based violence. For example, while a man killing another man in war may not represent gender-based violence, a boy forcibly recruited into the armed forces based on the expectation that males fight wars is an example of gender-based violence.

Rape/Attempted Rape

An act of non-consensual sexual intercourse (the invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the genital or anal opening of the victim with any object or any other part of the body by force, threat of force or coercion). Any penetration is considered rape; efforts to rape someone which do not result in penetration are considered attempted rape. Consent by a minor must be evaluated against international standards in which those under the age of 18 are legally considered unable to provide informed consent. Rape/attempted rape may include:

- rape of an adult female;
- rape of a minor (male or female), including incest;
- gang rape, if there is more than one assailant;
- marital rape, between husband and wife; or
- male rape, sometimes known as sodomy.

Sexual Abuse

Other non-consensual sexual acts, not including rape or attempted rape. Sexual abuse includes acts performed on a minor. As above, even if the child has given consent, sexual activity with a minor may indicate sexual abuse because she/he is considered unable to give informed consent. Examples of sexual abuse are:

- forced removal of clothing;
- forcing someone to engage in sexual acts, such as forced kissing or forced touching; or
- forcing someone to watch sexual acts.

Sexual Exploitation

Sexual exploitation includes sexual coercion and manipulation by a person in a position of power who uses that power to engage in sexual acts with a person who does not have power. The exploitation may involve the provision of assistance in exchange for sexual acts. In these situations, the survivor may believe that she/he has no other option than to comply (perhaps to protect her family, to receive goods or services, etc.), so that even if consent is given, it is *manipulated* or *coerced*. Examples include:

- humanitarian worker requiring sex in exchange for material assistance, favors, or privileges;
- teacher requiring sex in exchange for passing grade or admission to class;
- refugee leader requiring sex in exchange for favors or privileges; or
- soldier or security worker requiring sex in exchange for safe passage.

Forced Early Marriage

This occurs when parents or others arrange for and force a minor to marry someone. Force may occur by exerting pressure or by ordering a minor to get married, and may be for dowry-related or other reasons. Forced marriage is a form of GBV because the minor is not allowed to, or is not old enough to, make an informed choice.

2. Adapted from Beth Vann, Global GBV Technical Advisor, RHRC, JSI Research & Training Institute, 2000-2003, and *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons, Guidelines for Prevention and Response*, UNHCR. May 2003.

Domestic Violence: Intimate Partner or Other Family Members

Domestic violence takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between family members (for example, mothers-in-law and daughters-in-law). Domestic violence may include sexual, physical, and psychological abuse. In any reference to domestic violence, it is important to be clear whether the violence is perpetrated by an intimate partner or another family member. Other terms used to refer to domestic violence perpetrated by an intimate partner include “spousal abuse” and “wife battering.” Examples include:

- slapping, hitting, beating, kicking, use of weapons;
- verbal and emotional abuse, including public humiliation, forced isolation;
- murder or threats to life;
- spouse’s control and deprivation of his/her partner’s access to food, water, shelter, clothing, health care, fertility (forced pregnancies and/or abortions);
- wife is beaten or abused for not performing her duties according to husband’s expectations (refuses sex, food is late to be prepared, etc.); or
- a woman is beaten by her mother-in-law because of the woman’s subordinate status in the household.

Trafficking for Sex or Labor

Trafficking, as defined by the International Organization of Migration (IOM), occurs when “a migrant is illicitly engaged (recruited, kidnapped, sold, etc.) and/or moved either within or across borders...Intermediaries (traffickers) during any part of this process obtain economic or other profit by means of deception, coercion, and/or other forms of exploitation under conditions that violate fundamental human rights of migrants.”³ Women and girls are at primary risk of trafficking, in the form of trafficking for domestic work, forced prostitution, forced marriage, etc.

Female Genital Cutting (FGC)

FGC entails cutting of healthy female genital tissue, usually as part of a traditional ceremony that symbolizes a rite of passage for the victim. Adult women and girls may consent to FGC due to social and cultural pressure, or may be physically forced. Minors are often physically forced; even if not, they are considered unable to give informed consent due to their age. FGC is also referred to as Female “Circumcision” and Female Genital Mutilation.

Other Gender-based Violence

This includes physical, mental, or social abuse that is directed against a person because of his or her gender role in a society or culture. Examples include:

- a girl is not allowed to go to school because of gender role expectations in the family (housekeeping, cooking, care of children, etc.);
- a girl or woman is required to marry against her will according to local custom; or
- a woman or girl is prevented from freely walking around in her own community because of cultural practices that require women to be accompanied by a male when in public.

3. See IOM website at www.iom.int for more information on their global trafficking initiatives.

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