

# ABSTRACTS

## Gender-Based Violence:

### Approaches and Challenges at Community and Advocacy Level

*Avni Amin, WHO/UNFPA*

#### **Understanding and Applying a Public Health Approach to Preventing and Responding to Gender-Based Violence**

The sustainable development goals have made the elimination of violence against women and girls a specific target under the gender equality goal. The 2030 Agenda finally recognises the importance of addressing gender-based violence or violence against women and girls as an essential component in promoting gender equality and the empowerment of women and girls. In the context of the #metoo and #timesup movements, what do we know about the nature of violence faced by women and girls around the world? How common is it across different settings? How does it affect their lives, their health and their well-being? How does violence against women and girls affect families, communities and societies? Which factors increase or decrease the vulnerability of women and girls to gender-based violence? And what can governments, organisations and we ourselves do to prevent it? As the world's global public health agency for setting norms on health, what does WHO recommend that the health sector does to address this public health pandemic? Avni Amin, who is a technical officer at the department of reproductive health and research at WHO will address some of these questions, focusing on both the scientific evidence and country experiences in implementing programmes to address violence against women and girls.

*Achille Bapolisi, Mbarara University of science and technology Catholic University of Bukavu, Catholic University of Leuven*

#### **The Most Vulnerable Among the Vulnerable: Women in Refugee Camps**

Psychological disturbances are highly prevalent among victims of gender-based violence. They present a complex and severe symptomatology. Very few are the victims who dare to seek care despite the stigmatization. The limited number of health professionals in the field and the lack of mental health training specific to the disturbances of this vulnerable group make it very difficult for patients to access psychiatric care. Therefore, humanitarian programs should include awareness raising campaigns and psychoeducation in the communities, training of primary health care professionals and reliable community members, as well as supervision provided by mental health specialists. A framework characterized by multidisciplinary collaboration is to be chosen if a complex trauma-informed care to gender-based violence victims is to be achieved.

*Maja Loncarevic, IAMANEH*

#### **The Call to Engage Men and Boys: Addressing Sexual and Gender-Based Violence from the Men's Perspective**

Despite the fact that engaging men and boys has been promoted in international treaties and agreements, gender programmes have frequently been regarded as purely programmes for the advancement of women. Also interventions in the gender-based violence field have mostly focused on the survivors. In order to bring about lasting change to gender inequality and to reduce violence against women in a durable way, both men and women must be actively involved and a critical self-

examination of gender roles must be conducted. But how can this be done? Within a framework of gender-transformative work, it is important to conduct a detailed analysis of the cultural context and the individual distinctions of local concepts of masculinity. It is crucial to establish and define which social norms and values are having a negative effect on gender relations both for men and women. Men and boys are called upon to reflect on their personal experiences with regard to gender inequality and gender-based violence and are encouraged to develop new attitudes and values that are critical of dominant male behaviour patterns. This discussion is intended to help them become aware of their responsibilities and empower them to become positive role models as fathers, husbands or brothers. Finally, if gender equality is to take effect on a broad scale transformation of values and norms needs to take place in a wider societal context. Therefore gender-transformative action cannot remain limited to NGO-led small-scale projects with limited duration, but must be brought on larger scale with broader impact on societies. Programmes need to promote frame conditions that support such gender-related societal changes.

*Abubakar Mutoka Balibanga, Terre des Hommes Schweiz, Tanzania*

### **Youth Left Behind: Empowering Youth in Responding to Violence Against Women and girls: Lessons Learnt from terre des hommes schweiz**

Forty percent of women in Tanzania experience physical violence from the age of 15 onwards, 22% of whom are young girls aged from 15-19. Eleven percent of young girls aged from 15-19 experience sexual violence. Young women who have been abused by a partner are ten times more likely to be HIV positive than those who have not been abused. GBV increases women and girls' vulnerability, disempowers them from social, economic and political participation, and leaves the survivors with long-lasting traumas.

The country strategy of Terre des Hommes Schweiz in Tanzania is to empower young people to know their rights and to give them a voice in promoting violence-free communities. The strategy recognizes that:

- GBV is an epidemic that requires a massive response by reaching out to all layers of the ecological model;
- Programmes must harness the power of vulnerable young people to respond to violence and make an impact in their communities.

In order to achieve this, we require approaches that enable young people to understand the power dynamics at relationship and societal levels that underlie violence, explore personal values and identities, experience personal strengths and activism and build movements and raise voices to respond to violence. Partner projects are built on the pillars of youth participation and a solution-focused mindset.

*Morgane Rousseau, Médecins du Monde (Mdm) and Nathalie Romain-Glassey, Unité de médecine des violences (UMV), Switzerland*

### **Forensic Medicine: an Essential Dialogue between Health and Justice in the Care of GBV Patients**

Gender-based violence is a strategic priority for Mdm-Switzerland for the period 2017-2020. Mdm Switzerland has been working on reproductive health for several years. During this time, the issue of GBV has come up as a major public health problem that our medical staff cannot ignore. In Benin, Haiti and Cameroon, Mdm Switzerland has developed projects to prevent GBV and care for its survivors. Since 2016, Mdm Switzerland has been assisting the Beninese government in the implementation of Standardised Operational Procedures (SOP) and taking preventive actions in community and school settings. Based on the SOPs, the Beninese Ministry of Health has set up three

integrated care centres for victims of gender-based violence (CIPEC) in the country's three main departmental hospitals. MdM Switzerland is supporting these structures and is working to strengthen the quality of services.

In all its projects, MdM places a particular importance on the question of sustainability. But working on GBV as a medical NGO that wants to ensure sustainability is difficult if we only focus on health. Therefore, we have arrived at intersectorality. To limit oneself to the medical care (even psychosocial care) of the victims of violence is extremely frustrating even if governments are gradually realising its implications. To work intelligently on the issue of gender-based violence requires us to open up our projects to the education and justice sectors. In concrete terms, our support for CIPEC soon came up against the complexity of the forensic field: only a true collaboration between health and justice systems could allow victims to escape the circle of violence. Our collaboration with Le Centre Universitaire Romand de Médecine Légale (CURLM) has thus opened up an exciting avenue of response.

*Gry Tina Tinde, Gender and Diversity Coordinator at International Federation of Red Cross and Red Crescent Societies IFRC*

### **The Survivor-Centred Approach to Caring for Survivors of Sexual and Gender-Based Violence**

It is not true that sexual violence can be addressed only by experts. Since 2015 the RCRC Movement has a mandate to address SGBV in conflicts, disasters and other emergencies. The mandate comes from the International Conference resolution on SGBV:

We have a commitment to address SGBV in our plans and activities. RCRC role: Do the minimum of what we can do, building capacity over time. The main focus should be on survivor-centred approach; maintaining safety, dignity, confidentiality, and ensuring informed consent from the survivor regarding any action to take. Also important in this approach is to know psychological first aid (look, listen, link) and to map services that the survivor might need before speaking to survivors or making inquiries about SGBV-related matters

The four guiding principles of the survivor centered approach include to:

- ✓ Ensure the physical safety of the survivor e.g. *Never ask female survivor to disclose to a male relative what has happened to her.*
- ✓ Guarantee confidentiality e.g. *Do not reveal identifying information.*
- ✓ Respect the wishes, the rights, and the dignity of the survivor e.g. *Do not give advice, give information. Never judge or attribute blame.*
- ✓ Ensure non-discrimination e.g. *Do not make assumptions about the history or background of the survivor.*

One actor cannot do it all. Multi-sectoral coordination, referral pathways must be planned in advance. Learning about these practical steps are part of the training on protection, gender and inclusion in emergencies that the Federation, ICRC and National Societies offer globally.