

ICAP GRAND ROUNDS: GENDER-BASED VIOLENCE

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WHAT IS GENDER-BASED VIOLENCE?

“Gender-based violence (GBV) refers to any act that is perpetrated against a person’s will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological or sexual in nature, and can take the form of a denial of resources or access to services.”

-UNHCR

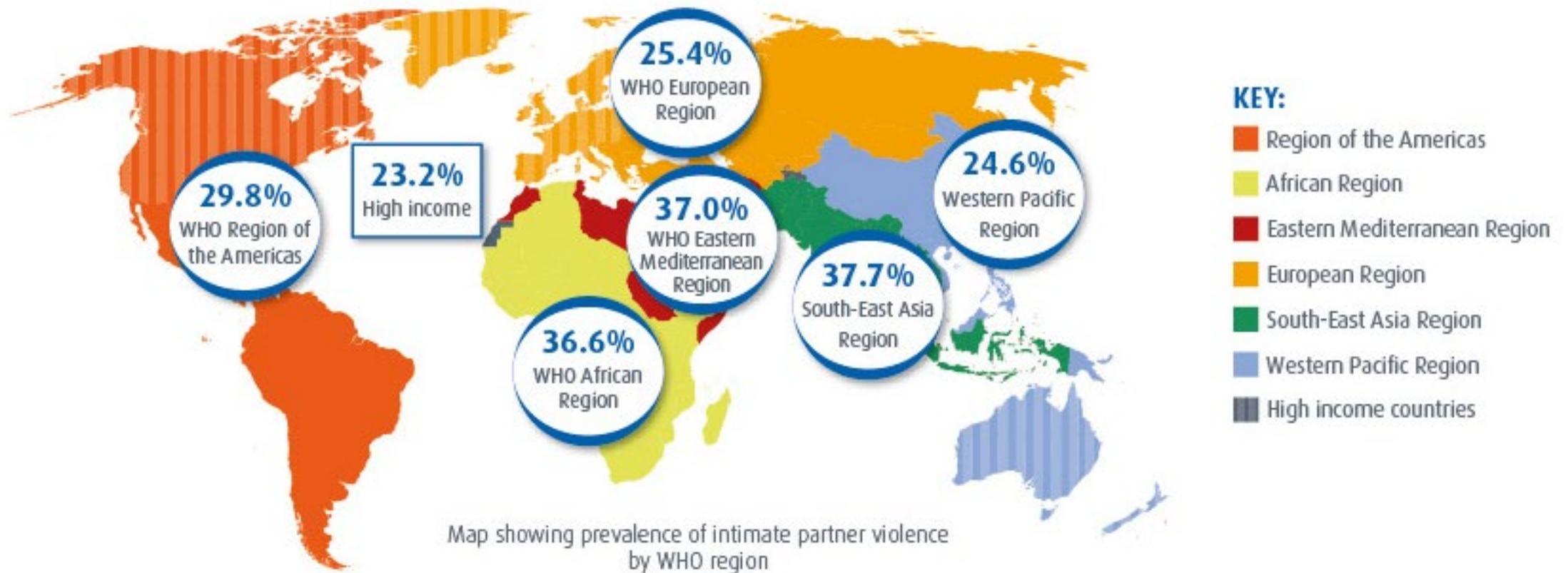
CYCLE OF VIOLENCE IN A WOMAN'S LIFE

Adapted from Potts, 2019

Phase	Type of violence
Pre-birth	<ul style="list-style-type: none">• Sex selective abortion• Physical abuse during pregnancy• Coerced pregnancy
Infancy	<ul style="list-style-type: none">• Female infanticide• Emotional/physical abuse• Differentiated access to food & medical care
Girlhood	<ul style="list-style-type: none">• Child marriage; genital mutilation, trafficking, forced labor• Sexual abuse by strangers or family members• Differential access to food, medical care & education
Reproductive age	<ul style="list-style-type: none">• Physical, psychological, economic and sexual abuse by intimate male partners and relatives• Forced pregnancies• Sexual abuse in the workplace• Sexual harassment; rape• Dowry related violence, “honor” crimes• Criminalization of drug use for pregnant women
Adulthood	<ul style="list-style-type: none">• Abuse of widows• Physical, economic, psychological abuse, by younger family members• Differential access to food & medical care

GBV PREVALENCE: SCOPE OF THE PROBLEM

- Approximately 1 in 3 (35%) of women and girls has experienced physical and/or sexual violence by an intimate partner or non-partner sexual violence in her lifetime
- The majority of violence is intimate partner violence



COMPLEX EMERGENCIES



“Complex emergencies are situations of disrupted livelihoods and threats to life produced by warfare, civil disturbance, and large-scale movements of people, in which any emergency response has to be conducted in a difficult political and security environment.”

-World Health Organization

- Often combine internal conflict with large-scale displacement of people, mass food shortage, and fragile or failing economic, political, and social situations

GBV IN COMPLEX EMERGENCIES

- Globally, 68.5 million people are forcibly displaced
 - 32 million are women and girls of reproductive age

During flight

- sexual attack by bandits, border guards, pirates
- capture for trafficking by smugglers

In country of asylum

- sexual attack, coercion, extortion by persons in authority
- domestic violence
- sexual assault in transit facilities, while collecting wood, etc;
- sex for survival
- sexual exploitation of individuals seeking assistance and resources
- resumption of harmful traditional practices

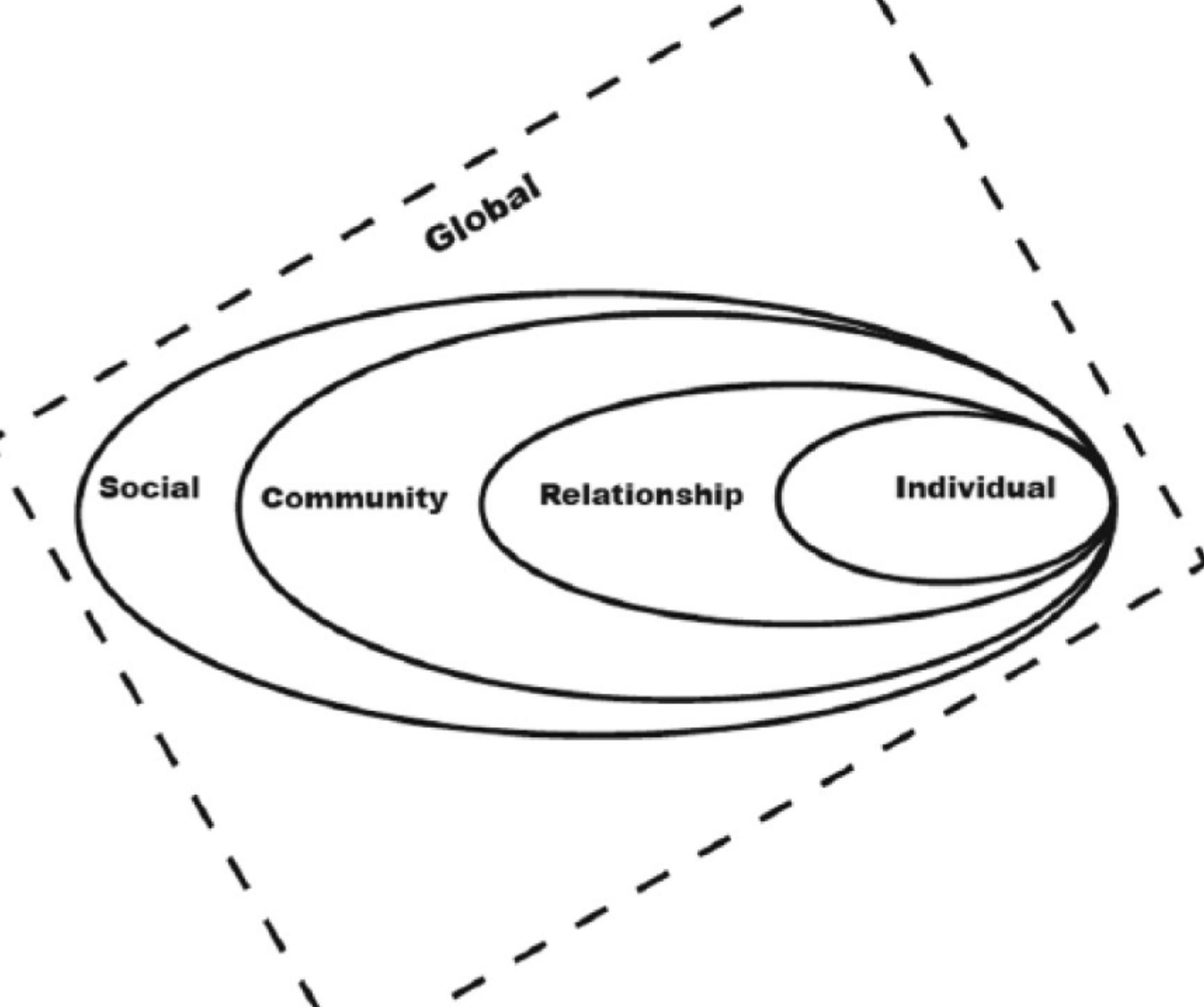
- Results in greater vulnerability to unintended pregnancy, unsafe abortions, and maternal morbidity and mortality. Sexual minorities and disabled individuals are particularly vulnerable to violence

RISK FACTORS FOR GBV

- Lower levels of education
- History of exposure to child maltreatment
- Witnessing family violence
- Community norms that privilege or ascribe higher status to men and lower status to women
- Low levels of women's access to paid employment



The root cause of GBV is gender inequality and norms on the acceptability of violence against women and girls.



Individual

- Experience of childhood violence
- Low social support
- Socio-demographic characteristics

Relationship/Interaction

- Non-egalitarian decision-making
- Poor communication
- High relationship conflict

Community

- Norms (e.g., acceptance of wife-beating)
- Stigma for divorce
- Family privacy
- Lack of sanctions
- Neighborhood characteristics

Social

- Gender order (e.g., discriminatory family law)
- Cultural factors (e.g., collectivist versus individual)
- Economic factors (e.g., level of development)

Global

- Global ideologies
- Economic Integration
- Religious fundamentalism
- Global cultural exchange

CONSEQUENCES OF GBV

- Can be fatal
- Injuries: 42% of women who experience IPV report an injury as a consequence
- Unintended pregnancies, induced abortions, gynecological problems, sexually transmitted infections, including HIV
 - 2013: women who were physically or sexually abused were 1.5 times more likely to have an STI than women who had not experienced IPV
- IPV during pregnancy increases likelihood of miscarriage, stillbirth, pre-term delivery, and low birthweight babies
- Increased risk of depression, post-traumatic stress and other anxiety disorders, eating disorders and suicide attempts
- High social and economic costs
- Long-term impacts for children who witness violence from a young age

TYPES OF GBV INTERVENTIONS

- **Primary Prevention**

- Work with individuals or communities irrespective of their history of violence
- Prevent violence from occurring and reduce recurrence in individuals who have already experienced violence
- Many models have emerged from HIV programming

- **Secondary Prevention**

- Response interventions that target individuals who have already experienced some form of violence or interventions targeting perpetrators
- Aims to prevent revictimization

EXAMPLES OF GBV INTERVENTIONS

- Empowering women and girls: economic empowerment, skills training, cash transfers
- Advocacy and counselling interventions to improve access to services
- Psychosocial support
- Interventions to promote communications and relationship skills within couples and communities (strengthen family and community structures/support systems)
- Transform harmful gender and social norms: community mobilization, participatory education with women and men (focus in many low-income countries)
- Advocacy to enact or enforce legislation and policies that promote gender equality
- Strengthening access to justice: legal education/empowerment, reforming justice institutions, reforming legal norms, policies, budgets

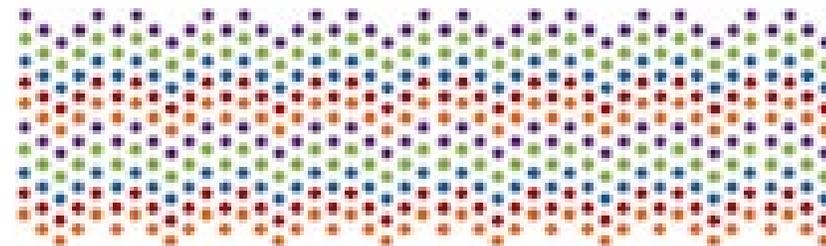
IMPORTANCE OF A MULTISECTORAL RESPONSE

- Health
- Justice and policing
- Social services
- Coordination and governance

ESSENTIAL SERVICES PACKAGE FOR WOMEN AND GIRLS SUBJECT TO VIOLENCE

Core Elements and Quality Guidelines

- Module 1
Overview and Introduction
- Module 2
Health
- Module 3
Justice and Policing
- Module 4
Social Services
- Module 5
Coordination and Governance of Responses



HEALTH SECTOR ROLES

Advocate for GBV as a public health problem

- Provide comprehensive clinical services and train health care providers for how to appropriately respond to the needs of survivors
- Early identification of individuals who are experiencing violence. Appropriate referral and support
- Incorporate egalitarian gender norms in health-related curricula
- Include GBV in population-based demographic and health surveys and other health surveillance systems

HEALTH SECTOR EXAMPLE

- **One-stop centers**
- Provides comprehensive care for survivors of violence often all in one facility. Medical care, emergency shelter, legal aid, counseling
- Often located in hospitals or are stand-alone centers
 - Medical staff trained to screen and refer to crisis center
- Increasingly promoted in low and middle-income countries but not well evaluated
- Budgetary and staffing constraints often impact implementation

COMMUNITY ENGAGEMENT MODEL: SASA!

- Developed by Raising Voices to address link between gender equality VAW and HIV/AIDS by focusing on power dynamics
- Integrates VAW and HIV/AIDS prevention services and uses a stages of change model to support behavior change
- Evaluations have found lower social acceptability of DV in program communities and a 52% reduction in incidence of DV
- Started in Uganda and expanded to more than 25 countries

MULTISECTORAL MODEL: CIUDAD MUJER

- Created in El Salvador to promote women's empowerment and autonomy
- Provides coordinated care from 15 public institutions under one roof
- Women's City Centers include sexual and reproductive health, addressing and preventing VAW, economic autonomy, education and child care
- Integrates services so women do not need to spend time accessing different services
- Potential concerns: accessibility and acceptability for minority women and individuals who identify as LGBT?
 - Sufficient community engagement and engagement of men and boys, particularly around the economic autonomy aspect?

INTERVENTIONS IN LOW-RESOURCE AND COMPLEX EMERGENCY SETTINGS

- Limited body of evidence on the effectiveness of GBV prevention programs and interventions
- Evaluations for gender transformative programming that addresses norms are highly limited in refugee settings
- The majority of rigorous evaluations for GBV programs have occurred in high income countries in the Global North
 - Not necessarily transferable to other settings
 - Yet, because there is an evidence base, these program models get funded instead of more innovative approaches developed by local grassroots organizations
 - Often overlook prevention, overemphasize criminalization, and oversimplify case management

CHALLENGES AND GAPS IN GBV INTERVENTIONS

- Classical GBV interventions have had a narrow scope, focused on short-term, provided services primarily for rape and operated on a limited budget
 - Narrow scope fails to address root causes of GBV: gender inequality, power imbalances
 - Recently, we have seen more efforts to address gender norms
- The needs of adolescent girls often go unmet: both age and gender matter



OUR RESEARCH: PROGRAM ON GLOBAL HEALTH JUSTICE AND GOVERNANCE

- Partner with activists and advocates to deconstruct why existing well-funded GBV interventions are failing, engage in evaluations, and suggest alternative approaches
- Countries: Colombia, Kenya, Uganda, Lebanon, Tunisia
- Map the political and legal context for each country, current interventions, and donor standards
- Analyze GBV interventions taking place
- Propose new approaches based on research and collaboration with partners
 - What is needed versus what exists in funding

CASE STUDY: LEBANON

- Ranks 140th of 149 countries in the World Economic Forum's Global Gender Gap Report
- High levels of intimate partner violence
 - 35% of women have experienced IPV
- Approximately 25% of Lebanon's population is composed of Syrian refugees
 - High risk of GBV due to economic instability
 - Vulnerable to early marriage, sexual exploitation, and trafficking
- We have conducted key informant interviews and have mapped GBV interventions and funding in Lebanon to better understand funding streams and current gaps in programming

LEBANON: PRELIMINARY FINDINGS

- Very active civil society and many GBV organizations, but lack of coordination
- Tension between meeting needs of refugees and serving the host population
- Lack of comprehensive, holistic services (focus on providing referrals or limited case management)
- LGBT organizations have difficulty receiving funding for GBV
- Lack of long-term and flexible funding
- Lack of sufficient legal assistance and justice-related interventions
- No official data on the prevalence of GBV. Lack of evaluations
- Issue of the law...

IMPACT OF PLURAL LEGAL SYSTEMS ON GBV

- Plural legal systems: systems in which multiple sources of law govern simultaneously
 - Fuels contradictions and inconsistencies in provision and interpretation of the law
- In Lebanon, Constitution states that religious communities have the right to apply their own laws, especially in matters related to personal status (marriage, divorce, inheritance)
- There are 18 legally recognized religious groups in Lebanon, each with their own laws and religious courts
- Many of these laws discriminate against women
- Also, despite a landmark domestic violence law in 2014, the definition of domestic violence did not include marital rape

CHANGES TO THE LAW ALONE ARE INSUFFICIENT...

Case of Tunisia

- August 2017: adopted a comprehensive law on the eradication of Violence Against Women
- Little funding has been allocated to governmental institutions combatting VAW/GBV
 - in 2018, .27% of the budget was allocated to Ministry of Women, Family and Children's Affairs for all work on women's rights
 - Courts ill-equipped to handle cases, district offices for reporting often inaccessible
- Social norms remain quite conservative
 - Some women have expressed concern that traditional gender relations and stereotypes are growing stronger
 - Men often still assumed to be head of the family

CONCLUSIONS

- GBV interventions need to be context-specific
 - Interventions in high-income settings are not necessarily transferable or appropriate in other contexts
- Need to provide additional support to grassroots organizations undertaking innovative programming for GBV, with particular attention to organization serving vulnerable groups (LGBTQ, adolescents, individuals with disabilities, etc)
- Interventions should focus on multiple levels of the socio-ecological model
 - Cannot ignore the legal context, but focusing only on legislation is insufficient
- Given that the root cause of GBV is gender inequality, programming must be transformative, and seek to directly address inequitable norms
- More data is critical: prevalence data and evaluation data
 - New approaches to evaluation are urgently needed

QUESTIONS?

