



Gender-based violence prevention and response during and after disasters

Dr. Priyanka Bhalla, IFRC Asia Pacific GBV Advisor , Priyanka.Bhalla@ifrc.org



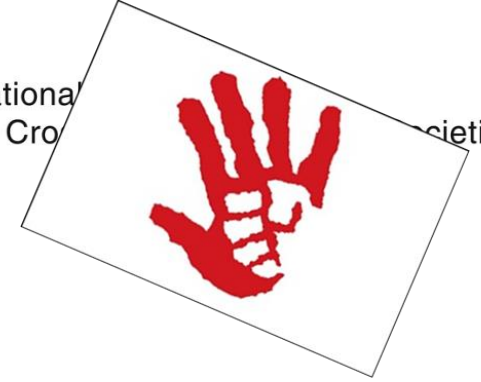
Objectives

- **Defining GBV**
- **Why does GBV increase during disasters?**
- **How does the Red Cross Red Crescent address GBV prevention and response during disasters?**
- **The IFRC-ASEAN research collaboration**
- **Expected Outcomes**



International
of Red Cro

societies



Gender-based Violence

- What % of women worldwide have experienced either physical and/or sexual violence? **Is it 20, 25 or 35%**
35%



Gender-based Violence

- What % of the 4.5 million people forced into sexual exploitation are women and girls? **Is it 75, 88 or 98%**
98%
- How often does an adolescent girl die as a result of violence in the world? **Is it every 30, 20 or 10 minutes?**
Every 10 minutes





Gender-based Violence

- What % of men in conflict-affected countries are in situations where the law provides no protection for them if they become victims of sexual violence? **Is it 50, 70 or 90 %**
90%
- How many countries only recognise female victims of rape? **42, 62 or 82**
62



Gender-based Violence

- How many states criminalise men who report abuse? 39, 54 or 67

67





Defining Gender Based Violence (GBV)

“an umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, man, girl or boy on the basis of their gender. Sexual and GBV is a result of gender inequality and abuse of power.”

Includes but is not limited to:

sexual violence

**domestic
violence**

**trafficking for
sexual
exploitation or
domestic slavery**

**sexual
harassment**

**forced or early
marriage**

**harmful
traditional
practices**

**gender-based
discrimination
(e.g. denial
service access)**

**forced
prostitution;**

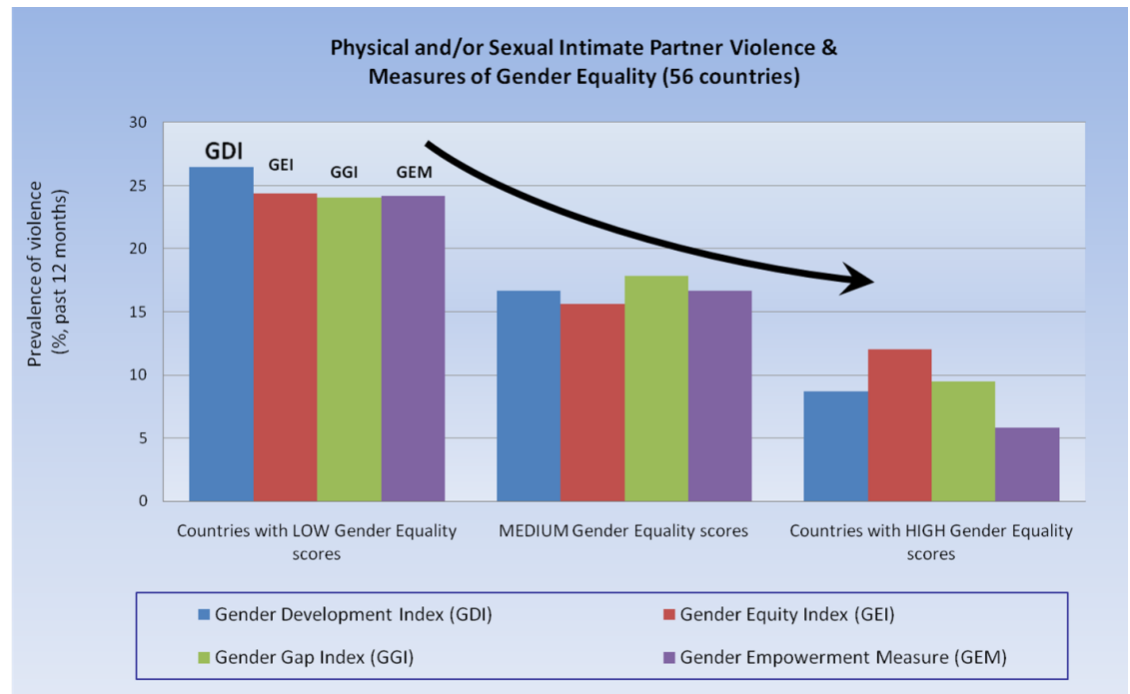
**We should assume gender
based violence is happening
even if we do not see it or hear
about it**

- (IASC guidelines on GBV & Gender based violence
Area of Responsibility [AOR])**



What we already know about GBV


- Exists in all societies in which we work
- Some forms (domestic violence) crosses class and educational divides
- Is often already a Government policy priority **prior** to disasters
- GBV is a “silent disaster” and WHO says it is epidemic and endemic public health concern
- Direct correlation to gender inequality (causal)




This bar chart shows the correlation between government initiatives to address gender equality, and levels of GBV.



Exacerbating factors in disasters

- 
- Increased number of actors at community level
 - Increased level of 'chaos' and opportunities for GBV
 - Increased levels of separation may undermine existing networks
 - 'Hyper gender roles – the division of labour is often intensified in disasters (women care for children, take care of reproductive roles)
 - Some use of negative coping strategies on behalf of men, women, boys and girls

- 
- (Sometimes) decreased family cohesion
 - Interrupted social protection mechanisms
 - (Total) breakdown in health, justice and regular social services
 - Access to justice, to remedy and to safety decreases in times of emergency
 - Inappropriate assistance (not based on consultation with community) is most often provided, or local GBV response services left out



What we know about GBV during disasters globally

Haiti:

- Violence and exploitation in camps - Crowded conditions, lack of secure shelter, and the failure of the Haitian police and UN troops to provide adequate security in some camps have contributed to an upsurge in both rapes and domestic violence following the earthquake. In some camps, where male dominated committees control aid distribution, women have been forced to negotiate sexual favours to meet basic needs and obtain access to supplies. More broadly, women leaders link post-earthquake economic hardship to a rise in the number of women and girls engaging in sex work. (Horton, 2012)

Lugufu refugee camp Tanzania/DRC border:

- Refugees two and a half times more likely to have experienced forced sex and three times more likely to have engaged in transactional sex (IFRC, 2012, p.91)

Uganda:

- A study in northern Uganda found women were eight to ten times more likely to experience violent assault by their husband than by a stranger. (**SAMOA** and economic hardship)

Australia and New Zealand:

- Following the bushfires in southern Australia in 2009, and the subsequent to the Christchurch Earthquake in New Zealand, local domestic violence centres in both countries measures a 400% increase in referrals for new domestic violence, with those people citing that the violence was new, and had never occurred before

Pakistan:

- Early and forced marriage increases in face of heightened poverty and desperation



What we know about GBV during disasters in the ASEAN context

Indonesia:

- “Girls in Indonesia, India and Sri Lanka have been pressed into marriages with so-called ‘tsunami-widowers,’ in many instances to receive state subsidies for starting a family. After the 2004 tsunami, early marriage increased in Indonesia as families in refugee camps saw it as the only protection for their daughters from rape” (Singh, 2012 –PLAN UK)
- The constant fear of violence and discrimination has become commonplace in the lives of the warias, and other members of the LGBT community in Indonesia. The 2010 eruption of Mt Merapi - following official policy guidelines, they only listed evacuees as women, men, girls, or boys
- Generally warias chose not to stay in temporary shelters, but rather to seek help from friends, for fear of facing discrimination and hostility in the evacuation sites.

Myanmar:

- Out of 4,841 respondents interviewed three months after Cyclone Nargis, 31.4% were afraid they were going to be raped and 20.4% were worried about increased violence at home. (Women’s Protection Technical Working Group, 2010)

Philippines:

- In Compostela Valley, from January to December 2012 there were 40 reported GBV cases. This was before Typhoon Pablo. After the typhoon, between December 2012 to April 2013, **there were 110 reported GBV cases** (7 of which were rape). Similarly, in Davao Oriental, between 2007 to November 2012, there were 50 reported GBV cases. Between December 2012 to January 2013, there were 19 reported GBV cases (1 case of trafficking and 1 case of rape). (UNFPA Philippines, 2015).



What is the Red Cross Red Crescent doing?

In Bangladesh...

DAPS centers.

Dignity kit distribution.

Safe referral pathways.

Protection Field Guide.

Working with Partners.

**Following the survivor
centred approach in
preparedness, response
and recovery.**

Safety

Confidentiality

Respect

Non-discrimination



International Federation
of Red Cross and Red Crescent Societies

What is the Red Cross Red Crescent doing?

In Nepal...

Inclusion of affected transgender population.

In Indonesia...

Deployment of surge personnel during Mt Agung eruption.



Using effective tools during disasters

- **Minimum Standard Commitments on Protection, Gender and Inclusion in Emergencies**
- Training Packages: 7 Moves on Gender and Diversity, SGBV in emergencies
- IASC Guidelines on GBV in emergencies



[

...Promoting,
Integrating and
Implementing dignity,
access, participation
and safety better AND
ALWAYS

3. Water, Sanitation and Hygiene (WaSH)

Dignity

S

Justification for score

Sanitation facilities are culturally-appropriate for all – females and males of all ages, including older people and people with a disability – to use.

Latrine and bathing facilities ensure maximum privacy and dignity.

Women and adolescent girls are consulted about their personal hygiene management practices.

Culturally-appropriate sanitary materials and underwear are distributed to women and girls of reproductive age in sensitive ways (e.g. distribution through women's groups, distribution directly after school when girls are together) and appropriate disposal or care (washing and drying) facilities provided. Pre-packaged materials for distribution are clean and unopened.

Access

S

Justification for score

The beneficiary selection and prioritisation criteria for participation in all WASH activities is informed by a gender and diversity analysis to ensure that the activity reaches the most vulnerable.

Water and sanitation facilities are designed or adapted so that all people can use and access them, especially older people and people with disabilities.

Promotion of DAPS framework and checklist



What is the minimum that we advocate for?

- Collect sex, age and disability disaggregated data
- Use minimum standard commitments for sector specific analysis
- Work together with focal points on how to integrate sexual and gender based violence in preparedness, response and recovery (including Gender and Diversity focal point in IFRC and/or NS)
- **Confidential multi-sectorial referral of survivors**
- **Internal codes of conducts and structures for cases of concern**



International Federation
of Red Cross and Red Crescent Societies

The study and research collaboration



International Federation
of Red Cross and Red Crescent Societies

ASEAN SGBV Research during disasters

Overall Purpose: *To better understand how public authorities and humanitarian actors can prevent and better respond to gender-based violence during and after disasters.*



- In partnership with ASEAN Disaster Management Committee (ACDM) Working Group on Prevention and Mitigation
- Results will feed into ASEAN regional social protection guidelines
- Two disaster-affected data collection sites in three countries: Philippines, Indonesia and Lao PDR
- Results will feed into multi-sectoral, community based programmes for GBV survivors in select data collection sites.





Where did the study take place?





Objectives of the Study and Scope

- Understand how SGBV affects women, girls, men and boys differently in all disaster affected ASEAN countries during and after disasters;
- Map essential SGBV response services in the health, legal, security and psychosocial sectors, that remain functioning during a disaster;
- Document how public authorities (including ASEAN coordinated response) and humanitarian actors (especially the Movement actors) have responded to disaster affected communities in the areas of SGBV prevention and response. Collect and document good practices but also recommend what could be done better.

Not a prevalence study. Insight on how humanitarian actors prevent and respond to SGBV during disasters and other emergencies. Insight into best practices and stronger coordination.



Methodology and Study Participants

Mixed methods research design including:

- Household level surveys with disaster affected adult men and women in rural, urban, shelter and non-shelter areas (age 18-60). Scale and type of disaster also differs. Purposive area sampling with random household sampling at village level.

Administered through the open data kit (ODK)

- Focus Group Discussions with disaster affected adult men and women and adolescent boys and girls (age 13-17).
- Key informant interviews with different governmental and non-government sector responders



The process

- **December 2016:** Preliminary Presentation to the Co-Chairs of the ACDM WG on Prevention and Mitigation on the side-line of Project Steering Committee Meeting in Vientiane, Laos
- **February 2017:** Submission to the ASEAN Secretariat for further circulation for the consideration of the WG.
- **March 2017:** Presentation on February 2017 concept note to ACDM Working Group on Prevention and Mitigation Bangkok, Thailand and **official endorsement by ACDM of project**
- **May – November 2017:** Data collection in Lao PDR, Indonesia and Philippines
- **September 2017:** Project update to ACDM Working Group on Prevention and Mitigation
- **Present:** Consultation with ACDM Working Group, ACW and ACWC



Expected Outcomes

- Report on study results for each country with ASEAN specific recommendations and country specific recommendations
- Policy roundtables in each country for dissemination of results and follow-up programming
- Detailed workplan for continued IFRC-ASEAN partnership in implementing the recommendations
- Monitoring timeline for policy formulation and implementation in GBV prevention and response in each country chosen for research (over a period of four years)