CHAPTER 10
GENDER-BASED VIOLENCE
A SAFE ENVIRONMENT
CHAPTER | 10 | GENDER-BASED VIOLENCE

The term camp is used throughout the text to apply to a variety of camps and camp-like settings which include planned camps, self-settled camps, collective centres, reception and transit centres, and evacuation centres.

KEY MESSAGES

→ The Camp Management Agency shares a responsibility to ensure that conditions in the camp minimise risks of gender-based violence (GBV) for all vulnerable population groups in the camp.

→ A comprehensive understanding of the risk factors faced by vulnerable groups in camp settings, and the causes of these risks, is essential for effective GBV prevention and response interventions. Although the vast majority of those who experience GBV are women and girls, men and boys also experience violence based on gender, including sexual violence.

→ Direct and meaningful participation of, and consultation with, women in decision-making in the camp is critical to ensuring that management, assistance and service delivery reduce the risks of GBV and respond to GBV in a timely and culturally appropriate manner, so as to provide protection for the groups most at risk.

→ Camp management staff should make regular, preferably multiple times during the day, monitoring visits, or safety audits, at distribution points, security check points, water and sanitation facilities, service institutions and in any other areas where vulnerable groups might be at higher risk. Their observations should be shared with the relevant protection partners and humanitarian organisations.

→ To effectively prevent and respond to GBV, a multi-sectoral and inter-agency approach is needed. The Camp Management Agency should monitor and advocate for the availability of appropriate health and psychosocial services and ensure that relevant information is provided in terms of prevention and response.

→ The Camp Management Agency's staff should be trained and well prepared to understand GBV issues and therefore mainstream them in their daily work and activities in the camp.

INTRODUCTION

WHAT IS GENDER-BASED VIOLENCE?

“GBV is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed gender differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many, but not all, forms of GBV are illegal and criminal acts in national laws and policies.

Around the world, GBV has a greater impact on women and girls than on men and boys. The term gender-based violence is often used interchangeably with the term violence against women.

The term gender-based violence highlights the gender dimension of these types of acts; in other words, the relationship between females’ subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence.”


Note that sexual and gender-based violence (SGBV) is also used by some agencies to refer to gender-based violence (GBV).

GBV exists across the world and in a range of contexts. Situations of displacement often increase the risks of GBV as community protective mechanisms may be weakened or destroyed. Displacement sites, instead of providing a safe environment for their residents, can sometimes increase exposure to violence.

Worldwide, GBV occurs both within the family and community, and is perpetrated by persons in positions of power. This may include spouse/partners, parents, members of extended family, police, guards, armed forces/groups, peacekeepers and humanitarian aid workers.

Sexual violence is the most obvious and widely recognised type of GBV. However, all forms of GBV can increase in humanitarian contexts, including domestic violence, trafficking for the purpose of sexual exploitation, early and forced mar-
In camp settings vulnerable groups are particularly exposed to GBV risks. It is important to note that although the vast majority of those who experience GBV are women and girls, men and boys may also experience violence, including of a sexual nature, based on their gender. In all cases, survivors of violence should receive timely referrals to confidential and appropriate care and support.

FACTORS CONTRIBUTING TO GBV

Gender discrimination is an underlying cause of GBV. The risks of GBV are often heightened during conflict or while in flight, and can continue during displacement. The environment of the camp must ensure that everyone living there is safe and protected. The following are examples of how camp responses may exacerbate the risk to GBV:

- **registration:** Women not individually registered may not be able to access services, food and non food items, and as a result may be at higher risk of sexual exploitation and abuse.
- **camp layout:** Female-headed households who arrive and register once much of the camp is already established may be pushed toward the camp outskirts. This isolation can expose them to opportunistic rape and/or attack from hostile surrounding communities, bandits or armed actors. Camp layout should take into consideration, among others, the location of military posts and markets.
- **site infrastructure:** Where service delivery is poor or inadequate, women and girls are most often tasked with leaving the camp and traveling long distances in search of food, fuel and water. This exposes them to risk of attack.
- **psychosocial stress:** The danger and uncertainty of emergencies and displacement place great strain on individuals, families and communities, often contributing to the likelihood of violence within the home or family.
- **livelihoods:** The absence of livelihoods in the camp might lead individuals to engage in maladaptive practices, such as child marriage or sex work.
- **distributions:** How, where and when food and non-food items are targeted and distributed can either increase or reduce the risks to women and girls. Distribution points should be safely accessible to women and girls, and distribution monitoring should look at safety issues that arise both during and after the distribution.
- **other factors:** like overcrowding in camps, poor or no lighting in common areas, unlit and unlockable latrines, poor access to education and vocational activities, absence of women or child friendly spaces can increase the risk of GBV during the staying in a camp.

Certain groups may also be at heightened risk of GBV, such as female heads of households, persons with physical or mental disabilities, or associated with armed forces or groups. Adolescent boys and girls, particularly those who are unaccompanied, are in foster families, or are child mothers, are also a group subject to high levels of GBV. Notably, adolescent girls may lack social power due to the combination of their age and gender, and often missed in traditional child protection interventions in emergencies, such as child-friendly spaces, but also cannot be reached with the same programming used to reach women.
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☞ For more information on GBV, see the Inter-Agency Standing Committee’s Guidelines for Gender-based Violence Interventions in Humanitarian Settings in the References section.

The consequences of GBV can be physical, psychological and social in nature. The below table, although not exhaustive, lists a few examples of possible consequences.

<table>
<thead>
<tr>
<th>Physical health consequences</th>
<th>Psychological health consequences</th>
<th>Social health consequences</th>
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<tbody>
<tr>
<td>Physical injury</td>
<td>Depression</td>
<td>Victim-blaming</td>
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<td>HIV/AIDS</td>
<td>Fear</td>
<td>Stigmatisation</td>
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<td>Sexual transmitted infections</td>
<td>Self-blame</td>
<td>Rejection</td>
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<td>Unwanted pregnancy</td>
<td>Anxiety</td>
<td>Isolation</td>
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<td>Fistula</td>
<td>Mental illness</td>
<td>Honour crimes</td>
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<td>Death</td>
<td>Suicidal thoughts or attempts</td>
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<td>Post Traumatic Stress Disorders (PTSD)</td>
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A woman who has experienced sexual assault has just 72 hours to access care to prevent the potential transmission of HIV or infections, 120 hours to prevent unwanted pregnancy, and sometimes just a few hours to ensure that life-threatening injuries do not become fatal. Although medical services are essential, they are not the only lifesaving aspect of emergency GBV interventions. The Camp Management Agency should advocate for case management, including both basic psychological first aid and safety planning, which is also critical and necessitates the establishment of specialised GBV programming. Wherever possible, these services should build on and work in collaboration with existing support structures, such as local civil society organisations and governmental social service institutions. Finally, efforts to reduce risks to women and girls must be mainstreamed across all sectors in humanitarian response. The Camp Management Agency plays an essential role in reducing risks, preventing GBV and ensuring that all actors recognise and take responsibility in this area.


Within the camp setting, the Camp Management Agency has roles and responsibilities in both the prevention and mitigation of GBV. Key activities for the Camp Management Agency related to both of these are explained on the following pages.

KEY ISSUES

ROLES AND RESPONSIBILITIES

To prevent and respond to GBV in the earliest stages of an emergency, a minimum set of coordinated activities need to be undertaken quickly and in collaboration with all partners; community groups including women, non-governmental organisations (NGOs), national authorities, UN agencies and the displaced and host community. Key areas of intervention include:

➔ ensure that the needs of all vulnerable groups are considered in the assessments
➔ establishment of safe and appropriate structures and mechanisms for reporting and accessing lifesaving services, especially of referral pathways. Any of these responses should first seek to strengthen and support existing services and structures where they exist
➔ provision of health care, psychological and social support, and security services in the first responses. Medium term measures should also include the provision of legal aid and redress
➔ raising awareness in the community on how to support survivors to access services, and how to play a role in mitigating risks.

Lead United Nations GBV coordination actors, United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations Refugee Agency (UNHCR), or other relevant authorities, should set up GBV coordination and work with specialised NGOs and the community to establish multi-sectoral and inter-agency responses. The Camp Management Agency needs to collaborate with these agencies, which have substantial field practice in dealing with GBV.

☞ For more information on GBV coordination mechanism, see the Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings in the References section.

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In 1978, the Government of the Philippines established the National Disaster Coordination Committee. This defined the overarching law on disaster management and subsequently gradually developed a coordinated disaster mechanism. The first activation of the CCCM Cluster in the Philippines was in 2006 following Typhoon Durain (locally designated as Reming) which affected over one and a half million people. Following several other severe natural disasters, the government formally adopted the cluster approach in 2007. In response to Typhoon Haiyan, the Department for Social Welfare and Development (DSWD) led the CCCM Cluster.

The recurring natural disasters that impact the Philippines have led to a dramatic rise in GBV and child trafficking. GBV was an alarming concern in the Philippines, even before the disaster, with physical and sexual violence affecting many women and girls. Sexual assault poses a significant threat to public health in disaster-affected settings, placing survivors at risk of unintended pregnancy, unsafe abortions, sexually-transmitted infections (STIs), HIV, psychological trauma and stigma. The National Demographic Health Survey in 2008 estimated that one in five Filipino women between the ages of 15 and 49 were subject to physical violence. It is clear that violence is further exacerbated by the onset of natural disasters. During and after emergencies social services and community support systems may break down, leaving women and girls more vulnerable, thus increasing the risk of GBV.

Disasters such as Typhoon Haiyan (locally designated as Yolanda) in 2013 affect men and women, the young and old, very differently. The gender dimension constitutes a significant aspect of vulnerability as women tend to be affected considerably more than men. Among the women and children who survive and find themselves in evacuation centres, the risk of exposure to the perpetrators of GBV is increased. Gathering specific data on these vulnerabilities allows for a greater awareness which can inform targeted assistance.

To do this, a referral pathway for gender-based violence survivors is discussed and agreed with the Protection Cluster members and the government which is co-chaired by the DSWD. Information on the referral pathway is then circulated through posters and banners inside the evacuation centers and bunkhouses. Public orientations through group discussions with the community leaders and the IDPs may then occur. Content is always agreed with the DSWD at the local levels of governance because most of the caseload is managed by DSWD-paid social workers. A deputised local NGO or accredited service provider is the referral agency for survivors only in locations where the DSWD is not present.

In the capital Port-au-Prince, Camp Management Agencies faced challenges of access and coordinating interventions of numerous humanitarian actors in order to provide protection in some 1,550 sites. Building showers and digging latrines in crowded areas with mazes of paths winding through camps was problematic. The community-based approach used for participation in camp management was frail. Camp Management Agencies did not always grasp the individualistic nature of urban residents. They also had to deal with the underlying criminality, particularly GBV, that prevailed in disadvantaged communities before the earthquake.

Additional protection problems arose from the precocious sexual activity of children and youth at IDP sites, the number of unwanted pregnancies, the scale of rejection of young girls by their families and single-headed households obliged to leave their children alone in the camp in order to seek daily employment.

Through the establishment of a reporting mechanism for different kinds of violence, as well as the training of women and youth committees on Haitian legislation around GBV responses to victims were assisted and referred. The creation of youth clubs at the sites, in which questions of consensual, planned and protected sexuality are addressed, has helped to improve the situation.

**Reducing Risks of GBV Assessments and Monitoring Risks**

GBV assessments, carried out by specialised GBV experts, seek to identify and improve understanding of violence against women and girls, protective and risk factors for violence, and available services. When not carefully planned and carried out in line with international guidelines, however, GBV assessments can also put women, girls, communities and humanitarian staff at great risk.

The Camp Management Agency should not seek to carry out specific GBV information gathering unless working in collaboration with a specialised GBV partner, including through the GBV Working Group and with well-trained staff. However, the Camp Management Agency can and should play a lead role in identifying and monitoring risks to women and girls in the camp environment. This can be done through regular and frequent observation of service delivery points, camp perimeters, communal latrines and showers, collective centres, security checkpoints, and other areas. The Camp Management Agency...
should also monitor and report on the existence or lack of medical, psychosocial or legal services available to survivors, their accessibility and quality.

**GBV RISKS MONITORING CONSIDERATIONS**

Considerations for the Camp Management Agency to take into account while monitoring risks related to GBV should at minimum include:

- **Lighting:** Is lighting functioning and is it powered every night? Are latrines, water points, health posts and other services well lit?
- **Shelter:** Do shelters have doors with internal locks? Are walkways well lit? Do households have privacy? Are there partitions between families in collective centres?
- **Latrines/Showers:** Are latrines/showers in a secure location? Are they separated by sex? Are individuals including those with different gender identities able to access them without fear of harm/stigmatisation? Do they have functioning interior locks? Are there armed actors visible in the vicinity of latrines?
- **Schools:** Is there a safe access route to schools? Are there armed actors visible in the vicinity of schools?

These examples are part of the IRC's Camp Management Safety Audit Tool, a simple tool to guide the Camp Management Agency in observing, monitoring and improving the camp environment.

The Camp Management Agency plays other key roles related to assessments and GBV, these include:

- advocate for all assessments undertaken in the camp to be participatory and include women, girls, boys and men of different age and background
- ensure that assessments are well informed and are undertaken in a safe and ethical way
- incorporate safety audit results and analysis into camp-specific security strategies such as provision of appropriate lighting, patrols of fuel wood and water collection routes and monitoring of school routes
- be on the look-out for information relating to community practices that might contribute to secondary (psychological) or tertiary (loss of opportunities such as income) trauma for GBV survivors, or which might dissuade them from seeking health and psychosocial support
- share information with the GBV and protection coordination leads in a systematic manner, such as through weekly coordination meetings while always respecting the confidentiality and survivor-centered approach
- work with teams carrying out community awareness and prevention activities to ensure they understand, and can provide information on where survivors of GBV can go for help
- monitor the availability of Information Communication and Education (ICE) culture-genre-and-age appropriate material throughout the camp and request packages if not available

- **SAFETY AND ETHICAL RECOMMENDATIONS**

“The eight safety and ethical recommendations for researching, documenting and monitoring sexual violence in emergency are:

1. The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.
2. Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.
3. Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.
4. The safety and security of all those involved in information gathering about sexual violence is of paramount concern and in emergency settings in particular should be continuously monitored.
5. The confidentiality of individuals who provide information about sexual violence must be protected at all times.
6. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.
7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialised training and ongoing support.
8. Additional safeguards must be put into place if children, those under 18 years, are to be the subject of information gathering.”

commensurate with consideration for survivors of GBV, and the broader community. GBV-sensitive planning measures are essential, including protecting GBV-sensitive facilities.

GBV-Sensitive Shelter and Site Planning

Provision of appropriate and safe shelter is one means of strengthening protection. Many cases of GBV can be prevented if there is safe planning of sites where displaced populations live, and if shelters are safe and meet internationally agreed-upon standards.

The Camp Management Agency should ensure that there is strong coordination among organisations and active involvement of communities, especially women, in decision-making to ensure security-focused, gender-sensitive and culturally appropriate shelter arrangements. Camp layout should also strive to promote a sense of community and reinforce community-based protection measures, while preserving privacy, safety and security of individuals and the family unit. Other key roles the Camp Management Agency plays related to shelter and site planning include:

→ Ensure that the physical layout of the camp, including the placement of latrines and other communal facilities, is done with the involvement of the community including women and girls specifically, thus mimicking the risk of GBV.
→ Ensure that in cases where collective centres are the only options appropriate divisions between gender and families are established. Ensure sufficient space and privacy, including, when possible, door locks. Take specific protection measures for female headed households.
→ Ensure areas used by children are safe and can be monitored by the community.
→ Check that the shelter solution provided is the right one in the cultural context, considering that, for example, in

COMMUNITY PARTICIPATION

To fully address the safety and security concerns of women and girls, they themselves must participate in planning camp activities. Programmes that are not planned in consultation with women and girls, nor implemented with their participation, often increase the risks they face. The Camp Management Agency should ensure that camp committees and other decision-making bodies have equal participation from both women and men, and that women have a safe space for meaningful participation. Engagement with men and boys as part of any prevention intervention is critical. Other internal measures that improve protection include:

→ employ and train female camp management staff
→ promote the employment of female staff by other agencies
→ ensure all staff working in the camp are clearly identified by a uniform or name tag. Job functions can be provided in writing to the community so that followup can be facilitated in the case of complaints
→ ensure all camp staff have received training on gender and GBV.

TRAINING IS ESSENTIAL

Before sending any staff into a camp setting as monitors, as trainers, coaches, field staff or supervisors, the Camp Management Agency should work with a GBV specialist to provide them with training on the GBV guiding principles and referral pathways.

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PROTECTION SYSTEMS

Survivors of GBV have multiple needs and coordination amongst service providers is crucial to meeting those needs. The Camp Management Agency cooperates with responsible GBV and protection organisations, including national authorities where relevant, in the establishment of a coordinated, confidential and appropriate referral and reporting mechanism for survivors of GBV in the camp.

Agencies responsible for providing health, case management, psychosocial, legal, safety and other services for survivors should be involved in the mapping of services and establishment of the referral system. All agencies within the referral system must agree upon guidelines to maintain confidentiality and informed consent for survivors, and to agree upon mechanisms for referrals, documentation information-sharing and regular coordination. The GBV coordinating agency is responsible for ensuring the referral system functions. This means establishing and supporting links between service providers, scheduling regular meetings to discuss any problems with the system, and developing and updating referral forms and a directory of locally available service providers.

The Camp Management Agency needs to know what is the referral system for survivors of GBV, and improve it in line with international guidelines, where it is inadequate. Where national systems are not functioning, it may be possible to have women’s groups, after appropriate capacity-building, serve as focal points for the referral system. The Camp Management Agency can play a role in considering what option best fits the specific community and context, and ensuring that appropriate measures are taken for each particular displacement setting.

GBV INFORMATION SHARING

Information sharing on GBV needs to be survivor-centred ensuring the safety of the survivor, confidentiality, and respect for the survivor and her/his right to informed choice. One way to ensure this is through ethical information sharing and reporting. At the onset of emergencies and subsequent months, members of media, UN staff, donors and some NGOs may fixate on one question: How many girls and women have been raped or were otherwise subjected to sexual violence? The Camp Management Agency should not seek to speculate or provide estimates in response to this question. If GBV agencies have made reports on trends available for public information, for instance, there has been a 20% increase in reported cases, these can be cited. Other options are to refer the question directly to specialised GBV and health actors, or to redirect the question and speak to what is known regarding the kinds of roles women and girls face in the current environment. Answers, particularly to the media in a conflict setting, should never identify one particular group as either victim or perpetrator, as this could trigger retaliation by armed groups who perceived women and girls to be blaming or identifying them.
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For more information on site planning see Chapter 7, Camp Set-Up and Closure.

VoICE FROM THE FIELD - PROTECTION IN PRACTICE: IMPLICATIONS OF GENDER BALANCE IN A CAMP

Following a displacement it is reasonably common for the displaced population to comprise more women than men and in particular a higher prevalence of female-headed households. The Camp Management Agency should therefore identify female-headed households and target assistance and protection activities accordingly.

The picture was however very different following the South Asian tsunami. It is believed that in some parts of Indonesia, four times as many women died as men and in parts of Sri Lanka, twice as many.

The reasons for this depended on the place and the time the tsunami struck, but factors such as women being near the shore drying fish or bathing, having children with them or wearing clothes which weighed them down, all slowed flight and contributed to the higher female death toll. As a result, Camp Management Agencies were post-tsunami dealing with a new group of people with special needs: widowers with young children, or single-headed households.

Agencies were not used to working with so many single-headed households and the protection implications took some time to detect. According to women interviewed in northern Sri Lanka, most men were not willing or able to look after their children and perform domestic duties. As a result, the burden fell on surviving female relatives, including older women and female children who were in some cases kept out of school to carry out the domestic duties that their mothers had performed. Many women felt overburdened as they had their own family responsibilities in addition to new extended family obligations. Women also complained that men were not willing to remain unmarried for long and because so many women had died, forced and early marriage increased dramatically.

DISTRIBUTIONS AND SERVICES

In many cases, humanitarian agencies can improve women’s and girls’ immediate safety and security by providing assistance to meet their basic needs. Distributing entitlement cards or vouchers, plastic sheeting, food and other humanitarian materials through female heads of households, may help ensure that women and girls have access to aid.

This approach, however, may also unintentionally increase violence against women and girls, because their engagement and participation may be challenging traditional gender and social roles. It is essential that the Camp Management Agency analyse and monitor what distribution approaches will best ensure equitable access to resources while at the same time minimise risks. Other key roles for the Camp Management Agency related to distributions and meeting basic needs include:

- advocate with distribution partners to ensure that decisions on the distribution of food and non-food items are done with the direct participation of the camp community, and particularly with women of diverse backgrounds and ages
- promote interventions designed to address risks associated with fuel collection and other activities that involve movement in insecure or volatile areas. This may include the promotion of fuel alternatives, firewood patrols or similar interventions
- promote food security and livelihood strategies, particularly for those who are most at risk of abuse, exploitation and rejection. These activities also help to reduce competition for scarce resources and intra-community and household tension or violence
- advocate for the regular and ongoing distribution of hygiene or dignity kits to women of reproductive age to meet sanitary needs, help restore dignity and promote basic hygiene and health. These kits typically contain sanitary materials, soap, a bathing bucket and clean underwear. Access to these materials also allows women and girls to resume daily activities outside the home, such as collecting water and food or attending school.

RAISING COMMUNITY AWARENESS

A lack of understanding of what constitutes GBV, its prevalence, social attitudes and a lack of legal structures to address GBV, often makes it difficult to discuss openly. Therefore, more awareness raising activities are needed to support community members to identify and understand GBV, and commit to its prevention. These efforts should specifically target engaging men and boys and be coordinated/designated in close collaboration with GBV expertise to ensure appropriate messaging, and addresses safety considerations in particular during the initial emergency response. The camp population should also be informed about the existing complaint mechanisms and specifically who is entitled to what service in which circumstances. Key roles for the Camp Management Agency in raising community awareness include:

- work with the GBV working group, GBV actors and agencies within the GBV referral pathway to identify appropriate means of sharing information about GBV services with communities. This may include community outreach/ awareness activities, posters at health centres or camp information points, radio spots, or stories, theatre plays and ICE materials
ensure that staff and volunteers working with the Camp Management Agency are aware of GBV referral pathways and GBV guiding principles and are able to communicate this information in a way that respects confidentiality and the survivor approach.

work with GBV actors to share the GBV referral pathway and community outreach messages with other sectors and actors, and to provide guidance for their teams working within the camp community.

For more information on GBV pathway, please see UNFPA, UNHCR, IRC, Gender-Based Violence Information Management System in the Tools section.

**SAFETY AND SECURITY**

There are many different personnel involved in providing security for camp populations and camp property, such as the police, camp security personnel, community security groups, or military personnel. All of the personnel involved in security measures have a crucial role in protecting GBV victims. They need to be known to the camp population and have clearly delineated responsibilities. All security groups, particularly those assisting survivors of GBV, must uphold human rights in their work and should be trained on prevention of GBV and women’s rights. These groups also play an important role in prevention activities by assessing security risks and communicating issues they become aware of through their surveillance.

In some emergency settings, displaced populations may establish camp security groups or community watch teams. These groups must recognise that they are not a military or police force, and care should be taken to ensure that they do not assume the responsibilities of security or military personnel, such as levying fines or punishments.

In any case, the Camp Management Agency should carefully consider the role of security forces. In some cases, increased patrols by peacekeeping forces may decrease general lawlessness and improve communities’ sense of security, while in other settings an increase of peacekeepers may augment the presence of other armed actors or increase the militarisation of the camps.

In many contexts, the security forces are not the main interlocutor who survivors will turn to. Sometimes they do not have the necessary training or personnel to deal with cases. In these contexts the Camp Management Agency should advocate to enhance the capacity of the security forces on this regard and, in coordination with GBV lead agency, plead in favor of alternative response mechanisms. Other key roles for the Camp Management Agency plays related to safety and security include:

- ensure that woman are informed and are involved in camp security measures and are represented within camp security groups or community watch teams
- advocate for women’s support networks which may act when someone is in danger
- advocate for community policing, monitoring and for security structures to take into consideration high-risk areas, and specific risks faced by women and men of different age groups and backgrounds
- liaise with national/host authorities to encourage them to participate and take an active interest in the host community’s welfare. Wherever possible, promote joint benefits from doing so
- advocate for adequate numbers of properly GBV-trained police and security personnel and promote gender parity among all security staff.

**IMPORANCE OF TRAINING CAMP STAFF ON GBV**

Breaking cycles of violence in an emergency setting is difficult, especially if humanitarian actors across sectors fail to recognise and address the specific concerns of women and girls through their work. Training should be given by GBV specialist. One major challenge is training field teams on the relationship between gender and violence, and how this relates to their own work, whether as hygiene promoters, community health workers, distribution staff, or others. How violence against women and girls is understood will vary according to context, and culture can present both barriers and opportunities for GBV prevention. Often the trauma, fear and vulnerability experienced by people living in a camp environment, promotes and reinforces negative traditional and cultural power relations that allow GBV to continue. Inequality that existed prior to displacement may also be reinforced during crises.

“In the context of this culture and the camps where we work, it is important that any training or awareness raising in gender based violence be done by co-facilitators, a man and a woman, and that all workshops take place in the local language and not through translation. They need to be delivered by trained national staff, who represent and can understand the camp population and the culture. It is important to remember that social/cultural stigma together with psychological trauma, often prevents women and girls in particular, from reporting incidents of GBV. All too often, reporting systems are bureaucratic and male-dominated. It is vital to have well-trained female members of staff in the field. Fifty percent is a good goal to aim for.”

The Inter-Agency Standing Committee (IASC) published in 2010 an e-learning course (Different Needs-Equal Opportunities: Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men) to provide the basic steps that humanitarian workers must take to ensure gender equality in programming. This training is based on the IASC’s Gender Handbook and related guidelines, including the Guidelines for Gender-based Violence Interventions in Humanitarian Settings.
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PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

The Bulletin issued by the UN Secretary-General in 2003, (Special Measures for Protection from Sexual Exploitation and Sexual Abuse) applies to all UN staff including UN peacekeeping forces conducting operations under UN command and control, as well as NGOs under contract to the UN. All staff members and persons working on behalf of the camp residents should be trained on and sign codes of conduct.

Experience in several camps has demonstrated that measures taken that allow displaced populations to more safely and appropriately report GBV committed by security forces include mandatory training for police officers on GBV and sexual exploitation issues, mandatory wearing of name tags for easy identification and establishment of a photo registry of all camp based personnel. The engagement of female officers has enhanced police effectiveness on issues related to GBV. Other key roles for the Camp Management Agency related to the prevention of sexual exploitation and abuse include:

- ensure that all camp management staff are trained on international codes of conduct. This should include Prevention of Sexual Exploitation and Abuse (PSEA) training and awareness for all staff, focusing on those in direct contact with the camp population
- inform camp population about existing complaint mechanism and how it can be used
- work with the UN and inter-agency PSEA focal point and others to ensure the establishment of a confidential complaint mechanism and a clear protocol for investigating reported abuses
- designate and train a PSEA focal point within the camp management agency
- ensure that individuals who report sexual exploitation or abuse are referred to GBV service providers for further follow-up and support.

RESPONSE TO GBV

Camp residents who have experienced gender-based violence may approach the Camp Management Agency to seek help and referral to medical or legal services. Camp Management staff must be prepared to handle reports of GBV in a manner that prioritises confidentiality, respect, non-discrimination and the dignity of the survivor.

While it is the responsibility of specialised service providers and GBV actors to ensure appropriate response services for survivors of GBV, the camp management personnel should facilitate the referral to appropriate services to respond to the needs of a survivor. Where no GBV actors or coordination mechanism exist, the Camp Management Agency should advocate for their presence while at the same time work with health- and psychosocial actors to ensure that minimum health services are available, and continuing to focus on risk reduction through the work of other humanitarian sectors and actors.

The following key areas of GBV response concern the main responsibilities of GBV actors. For each of these areas of work, the Camp Management Agency advocates, shares information and supports GBV specialised agencies:

HEALTH

Health services must be equipped to respond to GBV by ensuring availability and delivery of post-exposure prophylaxis (in response to HIV exposure), STI treatment, emergency contraception, and hepatitis and tetanus vaccination. This also requires that health staff is trained in the clinical management of rape. All staff working within health clinics, medical and non-medical, should be trained on GBV guiding principles and know the local referral system for survivors.

CASE MANAGEMENT

GBV actors should seek to establish basic, emergency case management services at the outset of an emergency. This means having trained caseworkers available to offer survivors crisis counselling, information on where and how to access other available services, support in accessing those services where necessary, and follow up ensuring that survivors obtain the care they need. In some contexts, it may be most appropriate to have GBV caseworkers located near health- or registration/transit facilities, to ensure safe and easy access for women and girls. In other contexts, these services may be provided through a dedicated safe space or women’s centre, or other service provision point.

VOICE FROM THE FIELD - SAFE SPACES FOR WOMEN AND GIRLS

The establishment of women and/or girl-only spaces can help to reduce risks and prevent further harm. These spaces, whether formal or informal, allow women and girls a safe entry point for services and a place to access information. Safe gathering points for women and girls also offer an opportunity for women and girls to engage with each other, exchange information, and begin rebuilding community networks and support. Establishing safe spaces means managing complex and context specific risks.

Approaches to safe spaces should be organised and managed in consultation with communities. In some situations, a formal women’s centre may be the most accessible and appropriate. However, this should not be a default in every context. Safe spaces may also be less formal, within the community and linked to women’s leaders and/or networks, for example.

For more information and case studies on safe spaces, see Human Rights Centre Sexual Violence Program, Safe Haven, Sheltering Displaced Persons from Sexual and Gender-Based Violence, Comparative Report in the References section.
CHAPTER 10 | GENDER-BASED VIOLENCE

PSYCHOSOCIAL
GBV actors should put in contextually appropriate psychosocial support mechanisms. The approach to psychosocial care must be determined in consultation with local communities, and can take a variety of forms. This may include individual counselling delivered through the case management process, group-based activities through safe spaces or women’s centres, activities led by local women’s groups, skills and knowledge-building activities, or other locally appropriate approaches.

☞ For more information on how to provide psychological first aid, see WHO’s Psychological First Aid: Guide for Field Workers, in the References section.

LEGAL
Where safe, functioning legal aid services exist, some survivors may elect to pursue access to justice. This can play an important role in healing and empowerment. It is important to remember, however, that if resources are limited, allocating them to legal services is not appropriate if adequate health, case management and psychosocial care are not yet available. These lifesaving services must be prioritised. They also lay the groundwork for improved access to justice later, as specialised response staff can provide women with accurate and realistic information about existing services and support and the likely outcomes of legal action to help them make informed decisions about the options before them.

It is often not feasible to link women with justice actors such as the police and courts early in humanitarian response, in part because justice systems and structures may have disintegrated as a result of the emergency. This may be particularly true in a camp setting. In cases where access to justice efforts do exist, protection and GBV agencies may work together to build the capacity of formal and informal justice actors to enable them to appropriately carry out their responsibilities. In any circumstances it is important to respect the survivor’s decision whether or not she/he wants to pursued a legal recourse.

WELL INFORMED SURVIVORS OF GBV
A survivor of GBV should be fully informed of his/her choices, the services available and the potential positive and negative consequences of accessing those services. His/her case should never be referred to a specific service or actor without being aware of the consequences of this action, so-called informed consent.

CHECKLIST FOR A CAMP MANAGEMENT AGENCY
✓ Camp Management Agency advocates for specialised GBV expertise and programming in the camp.
✓ Camp Management Agency staff is trained on GBV guiding principles, referral systems, appropriate GBV prevention and response and has signed a code of conduct.
✓ Regular observation-based GBV monitoring is carried out to identify potential risks to women and girls and changes in the camp environment.
✓ Camp is designed and laid out in consultation with women, and with the aim of mitigating risks of GBV to the greatest extent possible.
✓ Clear referral procedures are in place, including health care, case management, psychological and social support.
✓ Safe and confidential reporting mechanisms are in place and the community is informed about how to use them.
✓ Camp residents who experience GBV before arrival in the camp receive appropriate care and treatment.
✓ The context and culture of the community, including gender and power relations, inform prevention of and response to GBV.
✓ Women are involved in decisions which effect the daily management of the camp and the delivery of assistance and services and help to minimise the risk of GBV.
✓ GBV response and prevention are integrated into programmes within all sectors, at every stage: assessment, planning, implementation, monitoring and evaluation.
✓ GBV survivors’ safety, security and dignity are prioritised at all times.
TOOLS

TOOLS AND REFERENCES

All tools and references listed below are available on the electronic Camp Management Toolkit either on the USB memory stick accompanying every hardcopy or from the website: www.cmtoolkit.org.

- Inter-Agency Standing Committee (IASC), 2012. Why Does Gender Equality Matter in Emergency CCCM Interventions?
- International Rescue Committee (IRC), 2012. Camp Management Safety Audit Tool
- Proposed System for Organising, Monitoring and Promoting Firewood Patrol, 2005
- United Nations Population Fund (UNFPA), United Nations Refugee Agency (UNHCR), IRC, Gender-Based Violence Information Management System
- UNHCR, 2003, Checklist for Action: Prevention and Response to GBV in Displaced Settings

REFERENCES

- Human Rights Center Sexual Violence Program, University of California, Berkeley, School of Law, 2013. Safe Haven, Sheltering Displaced Persons from Sexual and Gender-Based Violence, Comparative Report
- IASC Cluster Working Group on Early Recovery, 2010. Key Things to Know about Gender Equality as a Cross-Cutting Issue in Early Recovery
- Inter-agency Working Group on Reproductive Health in Crises, 2011. The Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations
- UNHCR, 2011. Action against Sexual and Gender-Based Violence: An Updated Strategy
- UN Secretary General, 2003. Special Measures for Protection from Sexual Exploitation and Sexual Abuse