



Schweizerische Eidgenossenschaft
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Swiss Agency for Development
and Cooperation SDC

“Violence against an individual is violence against society, and the family as a whole”

SDC’s experience in addressing Sexual and Gender-based Violence



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Acronyms

| | |
|--------|--|
| CEDAW | Convention on the Elimination of all forms of Discrimination Against Women |
| cfp | Feminist Peace Organisation, Switzerland |
| CSO | Civil Society Organisation |
| DRC | Democratic Republic of Congo |
| DV | Domestic Violence |
| HRBA | Human Rights-Based Approach |
| IASC | Inter Agency Standing Committee |
| IPV | Intimate Partner Violence |
| ICRC | International Committee of the Red Cross |
| MSD | Market Systems Development |
| NGO | Non-Governmental Organisation |
| S&C | Savings and Credit (Groups) |
| SDC | Swiss Agency for Development and Cooperation |
| SGBV | Sexual and Gender-based Violence |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations International Children's Emergency Fund |
| UNSCR | United Nations Security Council Resolution |
| VAW&G | Violence Against Women and Girls |
| WEE | Women's Economic Empowerment |
| WHO | World Health Organisation |

1. Introduction

Addressing Sexual and Gender-based Violence (SGBV) is a topic in which SDC has amassed considerable experience over the last 15–20 years. This document brings together and analyses the knowledge generated over these years. Early work on SGBV was largely conducted in humanitarian contexts, with activities in the Great Lakes region commencing as long ago as 2002. Work on the topic then gradually expanded into comprehensive and long-term programming, with a focus on fragile and conflict affected areas. Over this period, cooperation modalities have evolved. In the early phases, SDC support was mostly to specialist NGOs, particularly women's organisations, providing direct care and services to survivors. This has now expanded to also working directly with State structures.

In the past decade, many countries have introduced new legislation tackling violence against women and girls and domestic violence. This opened new entry points and cooperation opportunities for SDC, working also with governments and supporting legislative reforms and the implementation of new laws such as in Bolivia, Democratic Republic of Congo (DRC), Mongolia, Nepal, and Tajikistan. Today SDC is supporting programmes directly addressing SGBV in 12 different countries, with a financial envelope of over CHF 10 million per annum. These countries are Afghanistan, Bolivia, Bosnia Herzegovina (through Swiss NGO partners), Burundi, DRC, Lebanon, Myanmar, Mongolia, Morocco, Nepal, Rwanda, and Tajikistan. SDC also supports the UN Trust Fund to end Violence against Women.

Nevertheless, not all of this experience is readily traced, as much of SDC's work on SGBV is integrated into sectorial portfolios (the SDC thematic domains), mostly on health (sexual and reproductive health and HIV/AIDS), and governance (rule of law, human rights). The visibility of SGBV work as well as exchange and learning among the different programs is limited. Consequently, the aim of this capitalisation exercise was to promote institutional learning to improve and guide SDC policies and strategies in addressing SGBV.

1.1. International Policies and Framework on SGBV

While SGBV was absent from international policy discourse over many years, it entered the policy agenda in recent decades and has variously been framed as a human rights issue, a peace and security issue, a development issue and a global public health issue (see reference list for SDC papers). The first internationally binding human rights document providing a legal framework for the elimination and prevention of SGBV is the Convention on the Elimination of all forms of Discrimination against Women (CEDAW, 1979). The Beijing Platform for Action (1995) identified SGBV as one of twelve critical areas of concern if gender equality is to be achieved. Since 1995 a UN Special Rapporteur has reported annually on violence against women and girls.

Under International Humanitarian Law (IHL) victims of SGBV benefit from the general protection afforded to civilians; in addition, IHL includes a specific protection regime for women and girls. To address the protection needs of refugee women more precisely, UNHCR introduced the Guidelines on Prevention and Response to Sexual Violence against Refugees (1995, revised 2003). Further in 2015, the Inter Agency Standing Committee (IASC) published its revised guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action¹.

The year 2015 provided strong momentum for work on SGBV, with the new Agenda 2030 and the 15-year anniversary of UN Security Council Resolution 1325 on women and peace and security (2000). The latter demands the political participation of women in peace processes and the protection and prevention of all forms SGBV in conflicts. Resolution 1325 and the subsequent resolutions specifically dealing with sexual violence in conflict (i.e. 1820, 1888, 1889 and 1960) were critical steps in bringing women's rights in conflict situations into the international agenda. Earlier, in 1998, the Statute of the International Criminal Court recognised rape and other forms of sexual violence as war crimes when committed in armed conflict. The Rome Statute and the adoption of resolution 1325 were a response to the Western Balkans and Great

Lakes wars in the 1990s. In both situations, high international attention was triggered by widespread reports of rape and sexual violence used as a weapon of war and for political ends, notably for ethnic cleansing and the terrorisation of the local population. Historically, the use of rape as a weapon of war has always happened, in all wars. Despite the strong commitments under Resolution 1325, these crimes continue – notably being reported of late with reference to the conflicts in the Middle East, or in the protracted conflicts of Southern Sudan and the DRC.

1.2. Swiss policies on combating SGBV

For Switzerland, SGBV constitutes a severe violation of human rights. Protection from and prevention of SGBV is a priority of Switzerland's foreign policy, both in its bilateral and multilateral cooperation. For the new Agenda 2030 for Sustainable Development, Switzerland advocated strongly for the inclusion of a stand-alone goal on gender equality (SDG 5). This calls for Gender-based Violence to be addressed as an essential part of achieving gender equality. The new bill for international cooperation 2017–2020 includes, for the first time, a strategic goal on gender equality, with addressing SGBV being one among three priorities. Swiss humanitarian aid has defined it as one its key topics. At a multilateral level, Switzerland addresses SGBV as a regular item in its human rights dialogue with partner countries and has established strategic partnerships with key stakeholders such as UN Women, UNFPA and UNICEF. In addition, Switzerland is committed to implementing the UNSCR 1325 on Women, Peace and Security (2000) as well as the respective follow-up resolutions through the Swiss National Action Plan 1325 (NAP 1325) – in which combating all forms of SGBV features as a key element. Switzerland also participates in international initiatives such as the UK led Prevention of Sexual Violence Initiative, or the Call to Action engaging humanitarian actors.

1.3. Understanding SGBV – a word on definitions

The term **Sexual and Gender-based Violence** has become an umbrella term for any harm that is perpetrated against a person's will, and that results from power inequalities that are based on gender roles. Forms of SGBV include harmful cultural and traditional practices such as child, early, and forced marriages; sexual trafficking of women and children; sexual slavery; honour killing; female genital mutilation and economic abuse. Globally, SGBV impacts on women and girls disproportionately to men and boys by sheer numbers and negative consequences. For this reason the term GBV is often used interchangeably with the term "Violence

Against Women and Girls". According to the United Nations, GBV covers *"Any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life."*²

Sexual violence refers to **sexual exploitation and sexual abuse**; to any act, attempt, or threat of a sexual nature that results, or is likely to result in, physical, psychological and emotional harm. Sexual violence is a form of GBV, but is not limited to GBV. Sexual violence affects men and boys as well as women and girls, and women and men can also perpetrate sexual violence on individuals of their own sex. While women constitute the large majority affected by sexual violence, dealing with male victims of sexual violence is particularly complicated because male victims very rarely come forward with what has happened to them, and services are mostly addressed to women.

SGBV is occurring both in public and private spheres (within the home). It reflects and perpetuates the subordinate status of women, and is intrinsically tied to unequal gender relations. While SGBV is a regular phenomenon occurring in wars, conflicts, and emergency contexts, it is by no means limited to these situations. It often continues even when armed hostilities have ceased, perpetrators being community members and figures of authority such as teachers, security personnel or gangs. It is further recognised that violence in the private sphere increases during conflicts and in particular in post conflict contexts. It is present too in "peaceful" contexts, when in some cases atrocities committed to women have galvanised public outcry and changes in the law – as in India.

The terms **domestic violence (DV)** and **intimate partner abuse (IPA)** refer to SGBV within the private sphere. Triggers of abuse such as alcohol were highlighted in some countries (Bosnia Herzegovina, Bolivia, and Mongolia).

Some agencies systematically use the term "**victim**" of SGBV, emphasising that wrong has been done to the individual. This is the term generally preferred by legal and medical sectors. However, it also implies passive acceptance, reducing an individual's agency and their ability to fight back. By contrast, the term "**survivor**" emphasises the individual's resistance and inner strength, their ability to take action in the face of obstacles such as shame and stigma, and to overcome the trauma in their day-to-day life. It is the term preferred by those in the psychosocial and support services. In this document both terms are used interchangeably, according to the context and project use. The term "**beneficiary**" is also used for clarity in denoting those benefiting from project interventions.

1.4. SGBV as a human rights and governance topic

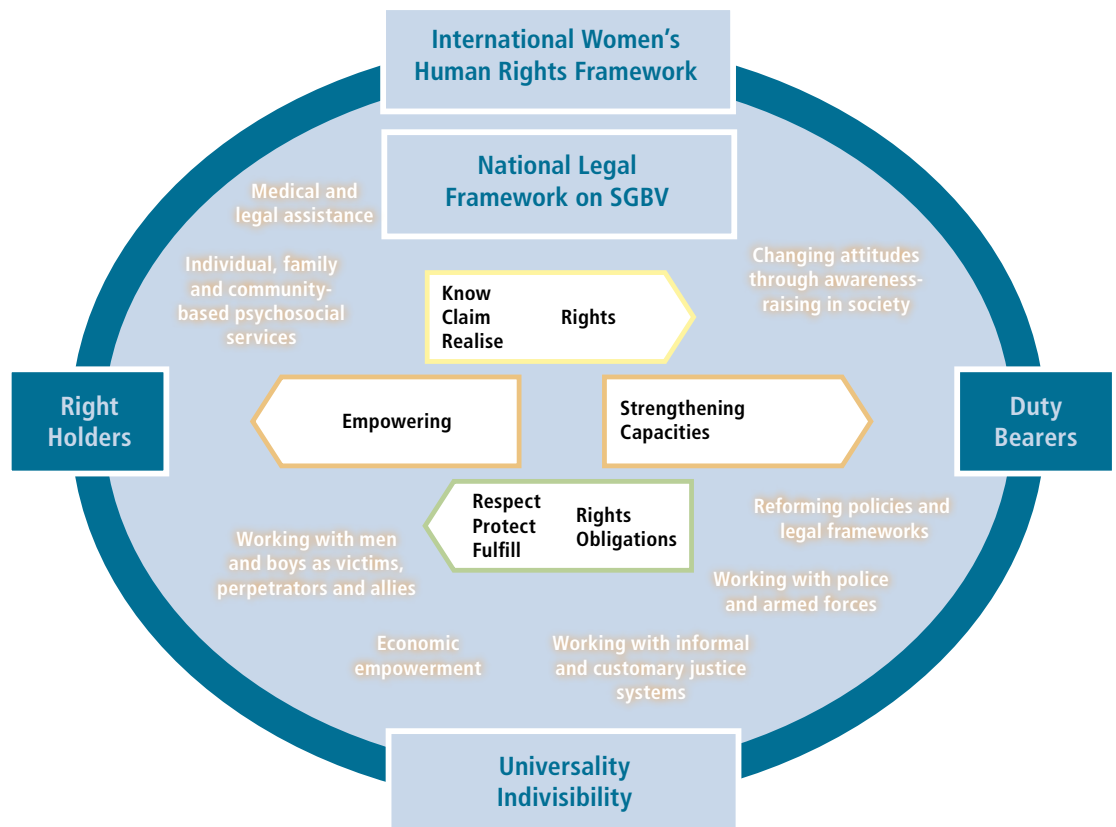
SGBV is clearly a violation of the right of women – and men – to live a life free of violence. The topic and the six thematic lenses thus lend itself to being addressed through a Human Rights-Based Approach (HRBA) (see figure 1). From such a perspective, the survivors of SGBV, as well as perpetrators, wider family members and community members are rights holders. They need to know their rights, and be able to claim them. The duty bearers – officials in the State organisations responsible for providing health services, psychological counselling, for law enforcement and for justice – need to know their responsibilities, and perform them in an effective and efficient manner. While this dichotomy is somewhat over-simplistic, States may discharge their duties to a greater or lesser extent (notably in fragile contexts), and in many cases, non-government or civil society organisations (NGOs and CSOs) or communities themselves take on responsibilities – the HRBA helps conceptualizing intervention strategies and position the SDC work on SGBV as a governance and human rights topic.

1.5. Process and method of the capitalisation exercise

This capitalisation exercise was coordinated by a back-stopping team from Helvetas Swiss Intercooperation and medica mondiale – the latter being specialists in addressing SGBV. Following first consultations with SDC, a number of country programmes working on SGBV were selected for particular focus, covering different security contexts: from on-going conflict (peacebuilding and humanitarian response) to post-conflict to “regular” development. These countries were Afghanistan and Lebanon (hosting Syrian refugees); the Great Lakes with DRC, Burundi, Rwanda; and Bosnia Herzegovina; and Tajikistan and Bolivia. In addition, six thematic lenses were defined for guiding the capitalisation and analysing project experiences (see box 1).

Based on a review of available project documents (largely prodocs and evaluation reports), a number of key questions were formulated and a questionnaire was developed. SDC file-holders in each of the focal countries were asked to hold a local consultation workshop with implementing partners and key stakeholders, and to write up the findings in a brief report. The questionnaire was also circulated more widely through the SDC gender network, and elicited a number of responses from additional countries (notably Mongolia, Myanmar

Figure 1. Human Rights-Based Approach to SGBV



Box 1. Six thematic lenses on SGBV

- » **Service provision and psychosocial approach:** How do we approach and address SGBV? What are key elements, ways of working, types and scope of services? Who are stakeholders, actors and beneficiaries? What are coordination and reference systems and implementation frameworks?
- » **Working with men and boys:** As victims, and as perpetrators; services for men and boys, men as allies in changing attitudes and preventing violence; addressing gender stereotypes and notions and patterns of (violent) masculinities.
- » **Roles and capacities of governments and civil society:** What are the legal frameworks and experiences with reform processes? What is the role, capacity and obligation of governments with respect to civil society in the protection of women's rights and service provision – what is the division of work? What are experiences with institutionalisation, ownership and sustainability of services? What role do civil society organisations play in advocacy and what is the role of external actors and donors?
- » **Security and access to justice:** What are reasons for impunity and what are the obstacles around access to justice? How to work with formal, informal and traditional justice systems? Who provides security (formal security institutions, communities, families) and how do programmes take these into account?
- » **Living perspectives through economic empowerment:** How to build a life without violence in a sustainable manner? What are livelihood perspectives for survivors of SGBV? What are strategies for economic empowerment?
- » **Monitoring and evaluation:** How do we monitor and “measure” progress and results of our work on SGBV? What are observations from the field and indicators and how do we capture quantitative, qualitative and processes related to changes and achievements? How do we report on them?

and Nepal). These reports, many of which contain a wealth of detailed insights, were compiled in a separate internal document.

The local consultation workshops served as a base to design a capitalisation workshop in Sarajevo in February 2016. This brought together project managers, implementing partners, and key SGBV specialists from within SDC and the Swiss NGO partners IAMANEH and cfd, to share their experiences and agree on lessons learned.

This document is the culmination of that process. It is intended for SDC staff and partners, but also for a wider range of development professionals who are interested to learn more about how SDC has addressed the complex issue of SGBV in a variety of countries, and the lessons that have been learned. The intention is both to highlight what had been done, and to use this experience in shaping future work in project design and development.

2. Understanding the context: Similarities and differences



Safe house in
Modrica, Bosnia
Herzegovina

A thorough analysis of the factors affecting SGBV in a specific context is important. This includes an analysis of the forms of violence and the persons affected. In the projects covered in this capitalisation exercise, the context analysis indicated the groups who are most at risk: poor and disadvantaged individuals such as refugees, internally displaced, unaccompanied girls and boys, or migrant women and men. However, differences can be highly localised, meaning that they need to be considered at district or village, urban or rural level, across different geographical terrains, ethnic groups and economic circumstances. Yet broad similarities may also be noted, and indeed it is perhaps these which are most striking when first sharing experiences of addressing SGBV in different countries.

2.1. Similarities across countries

Cultural acceptance of Gender-based Violence (GBV)

"If the husband beats the wife, he loves her." Common saying in Tajikistan

"He hits me because he loves me." Common saying in Bolivia

Source: Capitalisation workshop

In patriarchal societies, social and cultural norms rooted in unequal relations between men and women can be used to justify harmful practices. Thus GBV, and particularly domestic violence or intimate partner violence, may be considered the norm in these societies – even as an indication of “love” of a man for a woman. This acceptance of

Box 2. High societal acceptance of GBV

In Tajikistan, a 2012 national, government supported survey on the status of women found that 60% of women aged 15 – 49 thought that a man was justified in beating his wife if she angered him (by for example burning the food or leaving the house without informing him).

In Nepal, national surveys report GBV as high, with 48% of all women having suffered from violence in their life-time. Yet of these women, an estimated 75% have never reported violence, and two thirds have never revealed their abuse to anyone (Barbara Weyermann, quoting studies on GBV in Nepal).

GBV is found amongst women and men constituting an important underlying factor for the widespread prevalence of SGBV in many countries.

The role of mothers-in-law should not be underestimated, particularly in patrilineal societies in which young married women have to integrate into the marital home where they are often heavily answerable to their mother-in-law. This is particularly relevant where young husbands are absent on labour migration (such as in Tajikistan and Nepal), but also exists in other contexts where the husband is present (Afghanistan). Yet mothers-in-law occupy an important position given the significance of age and status in determining family power dynamics. Mothers-in-law can be perpetrators of violence, but may have been or still are victims within their own family.

"In 70% of the domestic violence cases dealt with by the crisis centre 'Gamkhori' the perpetrators are the mothers-in-law and not the husbands, as they work abroad."
Participant, Tajikistan local consultation workshop

Reinforcement of behavioural patterns over generations

Many studies have shown that if children regularly see their fathers beating their mothers, the boys are more likely to perpetrate the same behaviour on their wives as adults, and the girls to accept such treatment. Similar findings of perpetuated violent behaviour are seen in children who have experienced, witnessed or had family members impacted by violent conflict. The replication of behavioural patterns over generations is not inevitable – but it requires concerted action to break the cycle. Preventing trans-generational transmission of war trauma for children and young people, including hatred towards different ethnic groups, is a crucial part of peace-building, as evidenced for example in Bosnia Herzegovina and Rwanda.

Family honour and the privacy of domestic issues

What happens within the family home is often considered a private matter in which outsiders should not intervene. Unwillingness to intervene in private affairs was a common attitude towards domestic violence in most parts of the world until relatively recently. However, public awareness is growing in many countries, and attitudes are changing. Legal provision is also becoming more protective of victims. Yet it remains that those experiencing violence often fear to speak out.

"One cannot take the 'garbage' out of the house." (Meaning: you cannot talk about the domestic violence outside the family, as this humiliates all concerned) Participant, Tajikistan local consultation workshop

"When women don't conform, the problem starts. A disobedient woman tarnishes family's honour". Participant, Afghanistan local consultation workshop

Rape stigmatises girls and women (and the wider family) in both conflict and peaceful contexts; thus many maintain "silence" in recognition of the negative consequences of speaking out. Those women and girls who do speak out face, at worst, honour killing by their male relatives (Afghanistan, Lebanon), or being shunned by their families and communities, in particular if children are born as a consequence of rape (Great Lakes). Rape survivors are regularly charged with adultery in Afghanistan, although this is illegal under Afghan Law. In many parts of the world, economic dependence on their husbands keeps women in violent relationships.

Expectations of masculinity

In all the focal countries covered in this exercise, stereotypes of masculinity prevail. Men are expected to be emotionally as well as physically strong, and to head the household as far as outside interactions are concerned. A man thus loses face if seen to be “unable to control” his wife or other women in the family – and is deeply shamed if he admits to having experienced sexual violence himself. Men who demonstrate violence often climb to high positions, being effectively “rewarded” for the use of force, and continuing to tolerate or even encourage violent behaviour amongst other men. Overall, political discourses of conservative nationalism, especially in conflict contexts, tend to fuel religious and ethnic divides, and often build on and reinforce gender stereotypes of strong masculinities.

“I try to treat my boy like the girls, they have to do the same work at home, but my husband tries to influence the boy, telling him that he has power over the girls.”

Participant, DRC local consultation workshop

“If men allow decisions by wives, they are seen in public or by other men as weak, or even as ‘bewitched’.” Participant, Burundi local consultation workshop

Distrust towards externally driven interventions

It is common for activities addressing SGBV to be perceived as interventions driven by outside agencies; projects may be accused of not “understanding” or not “respecting” local cultural norms. Such criticisms need to be recognised and addressed – usually through working with local partners, and local SGBV specialists.

“Men are very angry and enraged about this kind of project. A man defending women’s rights is considered as someone who has no power anymore.” Rwanda local consultation workshop participant

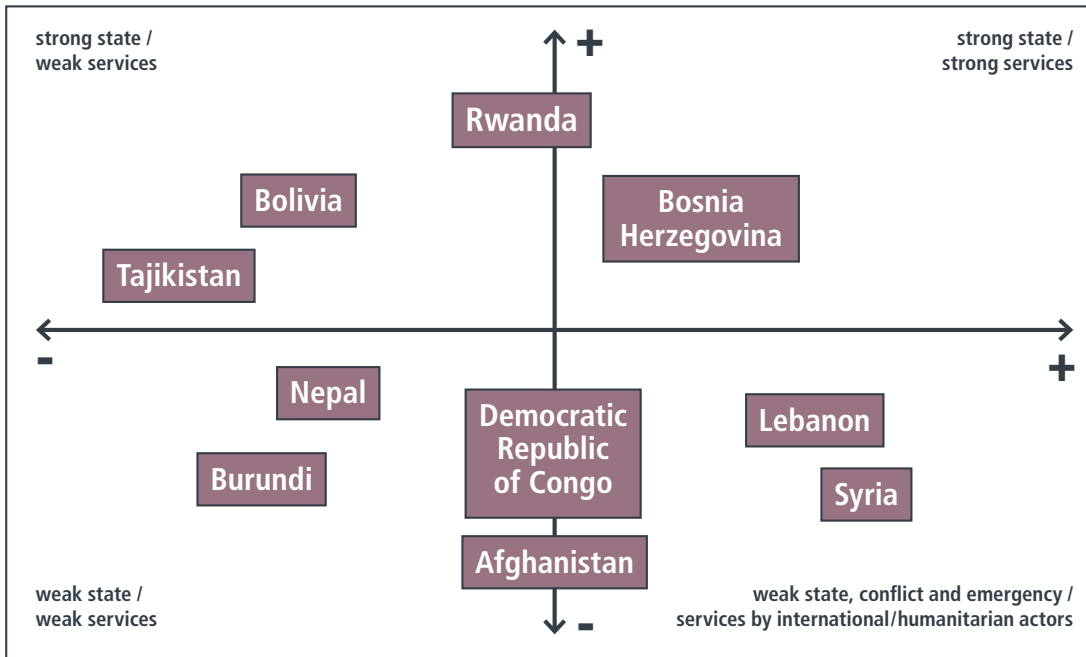


Beneficiary of the
SDC Great Lakes
Programme

2.2. Differences between countries: analysing local contexts and stakeholders

Projects working on SGBV must conduct a thorough context analysis, taking into account the existing (or in-existent) governance and support structures – both at the national and at the local level. Such an analysis of the political and governance structures and service capacities is a pre-condition to identifying the division of roles and responsibilities between different stakeholders, such as the state and the civil society or NGOs in service provisions. Figure 2 illustrates the broad conceptual positioning of SDC project interventions in this regard in different countries and their respective governance contexts. It builds on two axes, the horizontal one describing accessibility and quality of protection and services, and the vertical one indicating the strength of political and governance structures.

Figure 2. SGBV services in different governance contexts



The positioning can help to define the project focus, type of interventions (institutional capacity building, direct services), locations and choice of partners as well as the partnership model. For example, in emergency or conflict settings, governance structures are usually weak. The choice of NGOs, stakeholders and other partners is therefore limited to those available on the ground (including international humanitarian actors), having access to target locations and communities, and already providing services addressing SGBV. In contexts with strong governance structures (including authoritarian states), cooperation with government-led services structures is important. Any intervention should support spaces and roles for women’s and civil society organisations.

Most projects are and were designed to be in full alignment with national priorities and action plans on SGBV, often building on recent new legislation. This has reinforced their mandate. However, some governments are more reluctant than others to recognise the extent of SGBV; this will also influence project design and choice of partners. The model can thus be used as a tool to analyse and identify aims and strategies of a programme, in particular with regard to its sustainability.

3. Psychosocial approach

All SDC programmes on SGBV use a psychosocial approach – combining the psychological development of individual persons, and their interaction with their social environment. From early on, SDC invested considerably in developing a clear conceptual understanding of this approach, and its use in different contexts. A major result of these efforts is an SDC toolkit produced in 2007 (see references).

Early psychosocial approaches focused mainly on the survivors of SGBV. However, truly supportive and preventative approaches have to include perpetrators, family members and communities in a pro-active manner. It is also necessary to address wider social and cultural norms such as stigma and exclusion, limited livelihood options for survivors, and reconciliation and rehabilitation in the context of destroyed or weakened social structures.

Whilst there is broadly shared acceptance and understanding on the need for a psychosocial approach, what it means in practice is not always fully shared. Terminology and definitions are often used interchangeably or in combination to describe interventions. They may adopt an approach that is multi-dimensional, integrated, holistic, multi-level, multi-sectoral, community based, trauma sensitive, or survivor-centred; and/or practice an integrated service delivery model (see appendix on definitions of these terminologies). Of all SDC funded activi-

ties, the approaches taken in Bosnia Herzegovina and in the Great Lakes demonstrate the clearest conceptual grounding; other projects have tended more towards “learning by doing”.

One of the challenges faced by projects is that psychosocial approaches are relatively new in many contexts, and therefore take time to become embedded in interventions at all levels (amongst professionals and those receiving services alike). The heavy investment needed in time and resources to build the necessary capacities is often underestimated, especially in emergency/conflict contexts and where literacy levels are low.

“As something new in Bosnia Herzegovina, the psychosocial approach took a lot of time for professionals in institutions to understand and accept. There are many challenges in putting a holistic and integrated approach into practice, there is a lack of ownership of the public institutions to provide sufficient information as well as comprehensive services for survivors of SGBV. Survivors can even be re-traumatised when using public services.” Participant, Bosnia Herzegovina local consultation workshop

Box 3. A psycho-social approach

This means and includes the following three elements

- » Systemic approach: problem analysis and response includes the whole family/social context as a system, and does not focus solely on the victim
- » Multi-disciplinary support comprises legal, psycho-social, health, and economic aspects as per need
- » Multi-level approach: all levels, i.e. the individual, family, community, state (including policy, legal and institutional framework) are included in the analysis of the problem and in the response.

Source: Capitalisation workshop

“Most rural health structures have no trained psychologist or they are overloaded. The psychologist of the partner organisation accompanies most rape survivors to hospital and take cares of them after medical treatment.” Participant, Rwanda local consultation workshop

In many cases, psychologists (or social workers) are not available, or not in adequate numbers, to implement a psychosocial approach. This means that significant resources need to be invested in training less qualified individuals to an appropriate level. Such training programmes should be fully grounded in context-specific professional practices, and should offer professionally recognised qualifications. Staff working on SGBV cases needs to be equipped with the skills to manage complex cases effectively, in addition to ensuring their own physical and mental wellbeing (see section 3.6).

3.1. Contextualizing psychosocial support

All projects have to balance adherence to professional theory with adaptation to the local context. The Great Lakes region has successfully combined a community-based approach with a psychosocial approach, working at multiple levels (multi-level approach). Emphasis is given to building on existing community mechanisms (informal and formal) as these are more accepted, respected and valued than new ones. In this context, largely derived from years of experience and practice on “what works” in Burundi, DRC and Rwanda, the process of healing undergone by beneficiaries is supported through four steps:

- » Awareness-raising in society and families and reflection on own experiences and stories
- » Allowing grief and dealing with feelings (positive and negative)
- » Reconciliation – finding peace with what has happened and
- » Thinking forward – the future perspective.



Group counselling in Nepal

In Bosnia Herzegovina, an integrated multidisciplinary approach based on the psychosocial model is used. This is based on the understanding that healing of trauma is a multidimensional long-term process that involves work at the individual, local, community and macro levels of the society. In this integrated model, developed from working with war victims, there are three levels:

- » the first level in the “recovery of rape and torture victims” is the individual healing
- » the second level is “rebuilding trust and social connectedness” in local communities
- » the third level is the macro level of reconstruction of society – working with government and local civil society organisations.

In other contexts, methods and approaches are different but all work towards the healing and empowerment of the survivor, intervening also with other members of the family and community to aid recovery, reconciliation and reintegration.

“Violence against an individual is violence against society, and the family as a whole. A solution has to address all actors involved.”

“We have to see the family as a system and not only focus on the victim or the perpetrator.”

Source: Capitalisation workshop

3.2. A systemic approach – including all concerned

Understanding family and community dynamics

Understanding family and wider societal dynamics and power relationships is key to working with all concerned in SGBV, whether in situations of conflict, post conflict or otherwise. For example:

- » Survivors may be children too young to voice what happened, girls or boys, women or (more rarely) men
- » Other victims may be witnesses (usually children in cases of domestic violence), children born as a result of rape, husbands who had to watch their wife being raped, victims of torture, those bereaved through execution or the disappearance of loved ones
- » Perpetrators may be outsiders known or unknown, husbands, other male family members, or female family members such as mothers-in-law
- » Support systems may or may not be present in the family and wider community.

Understanding these dynamics determines the kind of psychosocial interventions, strategies and services required. Figure 3 serves to illustrate two specific examples, taken from work in Nepal.

The two diagrams on page 17 represent two dif-

ferent situations. The first shows the way that counsellors interact with the left-behind family members of a male migrant. The second shows the case of problems between a couple with children – where a woman counsellor works first with the children, and a male counsellor with the man to improve communications within the family.

Family unity should only be the objective when there is a real chance of reducing or halting the violence and improving the situation of the victim. In Bolivia and Bosnia Herzegovina, a woman's shelter can be a "safety valve" from which a woman can eventually return home. By contrast, in Tajikistan or Afghanistan, a wife who leaves the family home without her husband's permission can rarely safely return.

Family mediation and working with couples

In contexts in which temporary shelters are not an option for survivors, family mediation and family conferences are considered an important means of improving communication and mutual understanding between family members. Sometimes these can go as far as written agreements on protection and responsibilities placed on different individuals in the family. It can also be useful to support a SGBV survivor in deepening or re-establishing the bonds with her natal family so that she can seek temporary shelter there. As accepting their daughter's return often entails shame and an additional economic burden, parents may be hesitant to accept her. Interventions seeking to build parental understanding can thus be useful; this was the case in Rwanda, where parent discussion groups were held regarding unmarried teenage pregnancies.

The assumption that family mediation or family conferences will support the survivor can generally only be realised if there are good support systems

Box 4. Contextualising support for refugees in Bosnia Herzegovina

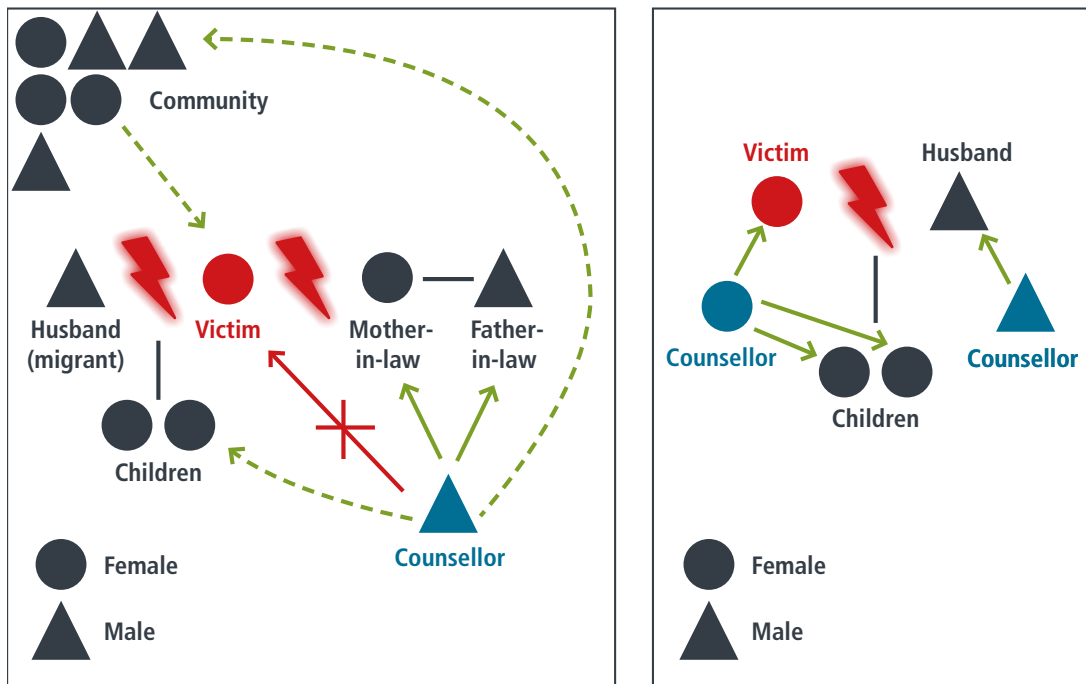
The forced return of refugee communities to their places of origin in Eastern Bosnia required Vive Zene to adapt its support accordingly. They shifted psychosocial group work to the places of origin, and continued to work there with mobile teams, offering psychosocial group counselling. They integrated new topics into their group work (the new living situation in return villages, coping with re-traumatisation, dealing with having to live alongside the former enemy). They also started to work with psychosocial groups of the former enemy (Serbs) on their war experience and trauma. Finally they worked to bring the groups together and to start first steps towards reconciliation and joint empowerment towards better living conditions and a better future in the villages.

Source: Maja Loncarevic, pers. comm.

Couple counselling in the Great Lakes



Figure 3. The systemic approach: working with family and community



The two diagrams above represent two different situations. The first shows a situation of left-behind family members of a male migrant where the victim had a difficult relationship with her in-laws and feared that a direct interaction with the counsellor would worsen this relation. The counsellor therefore concentrated first on the in-laws and developed a relationship with them. This also improved the relations between parents and daughter-in-law. After that the counsellor could work with all family members and address the family conflicts directly. The second diagram shows the case of problems between a couple with children – where a woman counsellor works first with the children, and a male counsellor with the man to improve communications within the family.

for follow up and monitoring. In many countries this is difficult to ensure due to distance, limited staff and resources. It is particularly important to contextualise psychosocial support for refugees, returnees or migrant workers, given the likely challenges of follow-up. Often they are on the move due to security, personal or economic factors, or forced re-location by government authorities.

Interventions in Bosnia Herzegovina provide a good example of structured follow-up; in this case, a contract agreed jointly between the organisation and the individual at the onset of counselling covers the goals, the timeframe, and a joint monitoring and evaluation.

Working with couples can be effective not only for the individuals concerned, but also for wider community dissemination as eventual role models (see box 5).

As victims, secondary victims or witnesses, children are a specific vulnerable group, potentially experiencing developmental and learning problems associated with such trauma. In Bolivia and Bosnia Herzegovina, women’s shelters offer support to mothers with young children, and in some cases, tailor support to

Box 5. Working with couples in Burundi

In Burundi, the organisation Seruka works with couples who have experienced regular physical violence. Of these 50 couples, 15 no longer continue therapy, considering that they now have a good relationship. The others continue; it is a long process. Those that have been successful have become positive role models for their neighbours – not only their relationship, but also their economic situation having improved because they have started to work in a complementary manner. Focusing initially on only a few couples, Seruka could detect little change at first, but five years on, more couples have become role models for change and are disseminating their experience.

A new programme in Nepal is working with couples and with the wider family, particularly husbands of SGBV activists. This will strengthen the mobiliser at home, due to a better understanding between husband and wife, and in her community work. Here the husband will support her in cases in which it is more effective for a man to speak with another man.

Source: Capitalisation workshop

the children themselves. Girls, both children and adolescents, may also require particular attention, whereas projects often consider them either as children or as young women, addressing their needs accordingly. Although to date few SDC-supported projects have given strong focus to addressing children's needs, an initiative in Lebanon has done so (see box 6).

Box 6. Working with children in Lebanon

As a good example of safe practice, the partner Terre des Hommes reports using qualified social workers to work with child protection and SGBV cases. Animators work mostly with children but also invite parents to take part in the activities, working on strengthening their relationship with their children, and raising their awareness on child protection. They discuss with the parents the children's progress. In addition to parents and care-givers, neighbours and relatives are invited to the awareness sessions. In terms of awareness raising, community mobilisers are trained; they then train their peers, friends and families on different topics including SGBV. Terre des Hommes also worked with religious institutions to prepare a leaflet on "Child Protection in Islam" which uses Qur'anic verses and other teachings favouring child protection – including issues of child labour and early marriage.

Source: Project document and Sascha Müller, pers. comm.

Box 7. Local support groups in Tajikistan

There is often little expectation of local groups established to combat SGBV. However, an external evaluation team in Tajikistan was highly impressed by one of these groups. The group comprised equal numbers of local men and women, who were enthusiastic, dedicated and displayed a sense of empowerment and ownership over preventing and responding to domestic violence. There was strong involvement of law enforcement agencies, religious leaders and local authorities. Importantly, the group functioned autonomously, with limited technical support from the partner NGO and no financial contributions.

Source: External Project Evaluation document, Tajikistan.

Box 8. The challenges of ensuring financial sustainability in Bosnia Herzegovina

The SAFENET, the umbrella association of all 10 safe houses across Bosnia Herzegovina, has developed two hotlines (one in the Republika Srpska and one in the Federation of Bosnia and Herzegovina) and serves as professional support mechanism and also lobbying structure for victim's protection work in the country. Legislation in both entities³ ensures that 70% of the funds for these shelters are met from the overall government budget, with the local municipalities and/or cantons providing the remaining 30%. However, in the Federation, a year after the adoption of the law, the budget and financial procedure had still not been developed by the Federal Ministry for social work. In Republika Srpska, the implementation of this financing regulation is being obstructed through avoiding the placing of victims in shelters in order to avoid the cost of their protection and care. Reforms in the social and health sectors are hindered by financial constraints, and this has knock-on effects for all funding sources, drastically curtailing activities and putting previous achievements at risk.

Source: Vive Zene, Project Document.



Children of women at risk of SGBV in South Lebanon engage in psychosocial activities

In many contexts, visiting the communities and households is crucial, as women and girls are unlikely to seek help in centres located far away, partly due to restrictions on their movement, partly cultural norms against “speaking out” and partly because in general it is rare for women and girls to proactively seek help due to shame and fear. Willingness on the part of staff to build relationships of trust and to carefully listen to what all family members have to say has enormous value and helps accelerate the process of healing and behaviour change in the individuals concerned. At the same time, it is crucial to take into consideration social hierarchies and backgrounds (i.e. ethnicity, caste, first language or age) regarding who is giving advice and support to whom, in order to foster respect and acceptance. Generally professional support services should aim for a diverse workforce in order to respond to such sensitivities.

Whilst the establishment of anti-violence networks is covered in section 3.5, it is also of note that small, local neighbourhood or support groups can be an extremely important entry point for support and direction to relevant services.

3.3. Who is delivering services? The role of governments and civil society

A key question is the role and capacities of the State to respond to SGBV victims and uphold women’s rights. Often SDC projects have supported NGOs to develop or build up specialised services – largely in the areas of psychosocial support, legal assistance, shelters and crisis centres. In periods of conflict or post conflict, this may be the only way to reach SGBV victims. Yet for purposes of sustainability, the roles and division of responsibility between the State and NGOs/CSOs have to be regularly negotiated. In many cases the NGOs are dependent on external funding for continued service provision; inevitably this tends to be more forthcoming in conflict and post-conflict periods than once the countries are in transition towards long term governance and state-building (as seen in Bosnia Herzegovina). It is widely accepted that wherever possible, governments should be supported to take on more and more responsibility for service provision – even though a role for NGOs usually remains. Working with formal authorities from both top down and bottom up has proved effective, strengthening the relationship with the State at national and municipal level, as for example in Bolivia and in Tajikistan.

Box 9. The challenges of coordination in Lebanon

In Lebanon, SDC supported the establishment of an NGO consortium (9 NGOs and 18 local partners) to coordinate services between different actors working on SGBV. This involved the creation of a shared data management and referral mechanism on women migrant domestic workers. The consortium faced a number of significant challenges hindering the effectiveness of this approach. These included a lack of trust amongst partners, weak agreements with and poor coordination between partners, a lack of sufficient information/mapping on the concerned women in Lebanon and how to target/access them; and unclear leadership of the consortium overall with regard to strategies and decision making.

The significant success was the establishment of five out of six planned Women’s Resource Centres, founded in partnership with local partners (State and CSOs) to deliver direct relevant services to women at risk and SGBV victims. They have responded to the influx of refugees and migrant domestic workers, providing legal aid, social welfare, psychological support, and vocational training as well as offering a safe space for women on their premises. The one in Saida was considered a model for a successful response to SGBV for refugees and migrant domestic workers. However, limited donor funding meant that it was struggling to continue even during the project time frame.

Source: Project document and evaluation

Box 10. Local multidisciplinary teams in Mongolia

In Mongolia, local multidisciplinary teams (MDTs) comprising district social workers, governors, doctors, police officers, lawyers, teachers and community members handle individual cases of SGBV, covering the planning of services, provision of support, and referrals. Whilst these MDTs are functioning, they face challenges of funding and low quality service provision due to poor understanding of SGBV. This can result in victim blaming, breaches of confidentiality, inadequate situation analysis, and poor service planning and follow up.

Source: Mongolia, local consultation workshop

Box 11. Provincial services in Burundi

The NGO Nturingaho works closely with national authorities and public centres (family and community centres) coordinating medical care, legal and psychosocial counselling, and a rescue shelter in Bujumbura. In other provinces, the association has “antennas” consisting of community leaders who offer counselling in collaboration with public and private institutions such as hospitals, police, family and community centres, courts, etc. The survivors are accompanied by the community leaders, but they rely on good collaboration between all the concerned partners. Thus the hospital must deliver the medical certificate to the police, the police and the court must prosecute the perpetrators, and the social centres must help the survivors reintegrate into the family. One major constraint faced by the antennas is the difficulty in accessing all areas due to distance.

Exchange events with other associations, religious groups, schools, administrations, and hospitals together with different ministers and social worker centres are an important means of raising awareness and supporting collaboration.

Source: Great Lakes Programme document

Building the capacity of public institutions and enhancing staff expertise should go hand in hand with the development of strong, trusted referral systems between different service providers. Legislative reforms (see section 6.3) are often also needed in this regard, and may include mechanisms for service provision by non-government actors. For example, in Bolivia, the law prevents municipalities from subcontracting services, but NGOs provide capacity building to municipalities so they are able to deliver good services. However, such a strict division of tasks carries the potential risk of reducing spaces for NGOs that have, over the years, acquired in-depth expertise.

3.4. Coordination, referral systems or “one stop shop”

Good, effective coordination mechanisms between service providers, case management systems and referral systems are key components of a holistic and multi-disciplinary approach to SGBV interventions. In conflict and fragile contexts, the challenges of making this function in practice are huge. In Lebanon, there have been serious attempts to coordinate referrals regarding protection and SGBV cases (see box 9), although these interventions represent a temporary response rather than a long-term strategy. Inevitably coordination and efficient referrals are easier in more stable development contexts.

So-called “one stop shops” – centres that offer all services under one roof, sometimes including an emergency shelter, are considered an attractive option in many cases. The rationale is that the services come to the survivor, obviating the need to navigate complex bureaucratic procedures when trying to access support. This is appreciated in Rwanda, for example, as an efficient service (see box 12). Nevertheless, careful thought and planning should

be paid to the cultural norms in which one stop referral centres (and shelters) operate. Their use by a woman can carry huge stigma (as for example in Afghanistan, although this is not a part of SDC funded activities); more generally, they are expensive to establish and maintain, and require a long term funding commitment. They are not appropriate where distances to centres are long and transport poor, or where trust in government services is low. Typically, one stop shops are a model used in

Box 12. Rwanda’s police-managed ISANGE One Stop Centre

The One Stop Centre for Survivors of Child, Domestic and Gender-based Violence, established in 2009, is based in the Kacyiru Police Hospital, Kigali. ISANGE (meaning feel welcome and free in Kinyarwanda) was initiated through a partnership between the Rwanda National Police Health Services and the United Nations in Rwanda. The first integrated centre in Rwanda, the model offers a range of services, including protection from further violence, crime investigation, medical testing and court referrals as well as treatment for physical and psychological trauma, in comfortable and confidential facilities. To expand coverage of integrated services, the Ministry of Health has made a commitment to provide offices in all government-run hospitals for police to follow up on cases of Gender-based Violence, which will also support a ministerial order that survivors of rape must be medically examined within 72 hours after an incident. Of the total 30 district hospitals, 23 had integrated offices for the police by end 2015.

Source: Ursula Salesse, pers. comm.

Box 13. Anti-violence networks in the Great Lakes

It was found that an effective mechanism was to use networks that already exist (such as women's groups, prayer groups) as a base. There is no need to create new groups for SGBV issues. Rather, integrating a discussion on SGBV into existing groups helps to spread the message and to bring in new members. With time, new upcoming topics can also be worked on through the same groups and networks.

Source: Great Lakes local consultation workshop

countries with more or less functioning governance structures, such as Rwanda and Bolivia.

Both referral systems and "one stop shop" facilities require agreed systems for recording and confidentiality, sharing information, as well as protocols for quality of care, standards, health and safety, and monitoring by a relevant external authority (to guard against abusive practices). If there are particular concerns about an agency such as the police on confidentiality and abuse of power, special vigilance is needed around sharing any information about survivors. Where all concerned institutions and staff have been trained in the psychosocial approach, it is easier to build synergies and collaboration, due commonalities and shared goals.

"Professionals in institutions always want their discipline to be the most relevant one and have difficulties understanding the need for a multidisciplinary approach! However, once we got over this barrier in Tuzla [Bosnia Herzegovina], everyone realised that collaboration meant a shared and thus reduced workload."

Source: Capitalisation workshop

3.5. Anti-violence networks

Anti-violence networks proved to be remarkably effective in bringing together public institutions (police, legal and health services), CSOs and communities to develop joint solutions in a comprehensive way, accompanied by processes of institutional change and/or the use of legislation to fight against SGBV. The membership of such networks depends on the country context, but in general what works best appears to be a wide selection



Sacaba Network, Bolivia

of partners from the State (local, regional), civil society organisations, community leaders, concerned citizens of different age groups, and the media. It is also wise to build on existing networks rather than to develop new ones. Networks are strong if the members are motivated by personal experience (direct or indirect), and there is a clear strategy for change. Project interventions can then usefully focus on facilitating communication and dialogue through workshops or the provision of safe spaces.

A further factor supporting local anti-violence networks is the existence of strong legislation and political will. In Rwanda, civil society organisations play a huge role in sensitising local administrations to SGBV issues. In Bolivia, recent progressive legislation on GBV has given further impetus to anti-violence networks.

Box 14. Anti-violence networks in Bolivia

In Bolivia, 117 anti-violence networks exist at municipal level, 60 of which receive support from SDC. These networks comprise local level public institutions (SLIMs, the DNA which specialises in child protection, health centres, schools, the public prosecution service and the courts), civil society groups (neighbourhood committees, human rights activists, community promoters, indigenous authorities, oversight committees) and private sector organisations (local media, trade associations, market traders, transport workers, trade unions etc.). Work focuses on improving state provision – notably the municipal legal services (SLIMs), but especially on preventing violence within the community. The networks are important in fostering a coordinated response to SGBV, backed by strong public approval.

Source: Capitalisation workshop

Defining complementarities in work within networks helps to reduce competition and to focus on key competences for effective collaboration. There is otherwise the risk of much competition among network members, and a dilution of efforts. There may also be clashes at the level of political conviction or core mission, and a lack of readiness to harmonize approaches and objectives. Thus often an important project role is to facilitate a process of agreeing on the objectives and goals of the network, or to help reformulate these in a constructive, consultative manner.

3.6. Training and supporting staff

As noted earlier, project interventions almost always, of necessity, invest heavily in capacity development on psychosocial approaches. This largely focuses on staff of the partner organisations – often NGO staff, but also those of State institutions. Yet high staff turnover often means that those trained are unavailable to exercise the skills they have gained. This problem has been recognised in State legislation in some of the countries in which SDC projects operate, with steps taken to curb transfers of trained government personnel. A recent law in Bolivia, recognising the importance of continuity in personnel when addressing SGBV, requires police officers

based in municipalities to remain in post for at least three years. In the canton of Tuzla, Bosnia Herzegovina, there is a similar requirement for police officers specialised in dealing with SGBV.

With regard to NGOs, often one reason for high staff turnover is poor pay, and the chance for a better salary once trained. Here a strategy for motivating staff to remain after training needs to be devised (see box 15).

Box 15. Support to staff

Mechanisms for building the psychological resilience of staff members include inter-visioning with colleagues, staff retreats, a clear system of supervision at different levels, distance support by phone or Skype where face-to-face meetings are impossible, and activities for team stress release such as going out for a meal together, dancing, playing sports or doing exercise (whatever is enjoyable and culturally appropriate). In Burundi, a staff meeting every morning to discuss difficult cases helps staff to share concerns. Teamwork – sharing experiences and having a strong sense of mutual support – is very important.

Source: Capitalisation workshop

Two psychosocial community workers at a training in Mbazi, Rwanda



Ideally, all countries should have a nationally recognised professional psychosocial training system, and a register of all those trained – especially for reference in emergencies/conflict. However, the reality falls well short of this. So far, SDC project interventions have generally not invested in developing working partnerships with higher education institutions to improve accredited diplomas in psychosocial skills (such as social work or psychology). This could be a matter for future consideration.

Working on SGBV, in whatever context, is highly stressful. It is even more so in a conflict situation in which security is an issue or where perpetrators or their families are in a position to make threats. This is another reason for high staff turnover: trauma or burnout, as well as the attractiveness of other, less stressful positions. Often staff engaged in addressing SGBV hesitates to request support – feeling that it is their role to give support, not receive it. They may sometimes be direct or indirect victims of SGBV (both men and women) themselves, and thus have certain emotional vulnerability. Sexual harassment and abuse is another issue that staff may hesitate to report, due to lack of complaint procedures or fear of losing their job. Organisations working on SGBV have a duty of care to their staff as well as their clients. Thus ensuring safety and security, codes of conduct, and the vetting of personnel to check there are no previous offences against children and women, must form part of human resource management.

Lessons learned on the psychosocial approach

- » Focusing solely on victims and perpetrators is inadequate; it is important to engage with all actors, including indirect victims, witnesses, family members, communities, and perpetrators.
- » Children affected by SGBV are a group requiring particular support. Their needs have to be included in project design.
- » Clear understanding of terminologies and concepts is important for building professional services.
- » Long term investment is needed to embed psychosocial approaches, working with the public, NGOs, civil society organisations, sometimes the private sector, and communities themselves. Legislation and appropriate regulations are also needed to support such approaches.
- » A comprehensive human resource policy is essential for managing staff dealing with SGBV in order to prevent stress and burnout and to mitigate against high turnover.
- » Anti-violence networks can help to connect public institutions (police, legal services, and health services), CSOs/NGOs and communities in developing comprehensive solutions and allow burden-sharing in the fight against SGBV.
- » The roles and division of responsibility between the State and NGOs/CSOs in addressing SGBV vary in different contexts, and are not static – they evolve over time. It is important that they are regularly assessed to ensure the sustainability of services and programmes.
- » An effective case management system is necessary to ensure safety, security and confidentiality as well as efficient follow-up and monitoring.

4. Working with men and boys

“Men were surprisingly easy to reach, they were interested and also wanted to be included in activities along with the women!” Observation from Burundi, in the context of working with couples.

Source: Capitalisation workshop

The previous chapter notes the need to work with men and boys – whether they are perpetrators, victims, observers, or change agents. This chapter places a special focus on the topic, recognising the particular issues linked with masculinity. The prevailing male stereotype in most societies is to be emotionally and physically strong; violent behaviour towards women may even be accepted as part of “being a man”. It is also important to recognise that men and boys are vulnerable and that violent behaviour can be rooted in a difficult personal history. Examples include being beaten as boys; heavy responsibility for earning income to support families, including child labour; being tortured or witnessing torture during conflict situations; being a perpetrator as a child soldier; or managing the transition from a military to civilian life in disarmament and demobilisation processes. These examples are not reasons to excuse violent behaviour, but they often need to be worked on through psychosocial counselling. Finally, men and boys may simply be victims of SGBV themselves.

4.1. De-linking violence from a masculine identity

SDC-supported project interventions and activities aimed at “transforming gender relations” towards gender equality are broadly described as educational or preventive-oriented. When working with perpetrators, gender-transformative work has also aspects of direct intervention and aims at minimising reoffending (as in Mongolia, Bolivia, Lebanon, the Western Balkans Region, and the Great Lakes). Gender-transformative work also includes recruiting men and boys as allies in the fight against GBV. Quite often one may lead to the other; men with a violent past who have consciously decided to cease such behaviour can be particularly powerful advocates of change.

Box 16. Working on masculinities in Mongolia

In Mongolia, the MONFEMNET National Network’s education programmes target a broad male audience, aiming to create a critical mass of men and boys who understand violence and hegemonic masculinities and can contribute to influencing perpetrators changing their behaviour. The training focuses on transforming masculinities towards gender justice. A complementary approach is the establishment of a network of activists and the building of capacities within NGOs to mobilise communities in preventing SGBV. These actions are spreading – raising awareness amongst diverse groups in society, as well as within local governments at district level, social workers, teachers and youth, and in schools designated as Safe Schools supported by the United Nations Population Fund (UNFPA) and SDC.

Source: Mongolia, MONFEMNET completed questionnaire.

Box 17. Working on masculinities in Albania

In Albania, it is common for men to use violence in dealing with personal interactions; they may perceive no other way. Offering alternatives is important. Gender and violence and non-violent conflict resolution is a topic covered in schools through interactive workshops offered by specialised NGOs in the form of training modules that are integrated into school curricula. Girls and boys work on this topic together and selected pupils per class are trained to become “negotiators” for situations of conflict at schools. If there are any incidents of violence in the schools, the negotiators take their role and the pupils are encouraged to apply in practice the approaches that they have learned in theory. These concrete situations are closely accompanied by the intervening NGO and also receive targeted support by the teachers, who have been prepared for this task.

Source: Woman to Woman Albania, Capitalisation workshop

At an international level, SDC has regular contacts with organisations working on gender justice, men and masculinities⁴. However, tools and methodologies for working on perceptions of masculinity on community level are particularly new. IAMANEH as institutional partner of SDC has a pioneering role in this regard, especially in the Western Balkans Programme. It has developed specific expertise on gender-transformative work with men, boys and perpetrators. Also the newly planned project in Mongolia will be an interesting example, as it part-



Prevention work at schools in Albania

ners with the NGO MONFEMNET, which has developed its own methodology and training materials, adapted from the Sasa (a Kiswahili word) and Good Schools Programme developed by a Ugandan NGO Raising Voices.

It is also important to recognise the potential for backlash against projects if men perceive that the discourse is questioning their power and authority. Inclusive, Do no Harm⁵ approaches maybe required to avoid a re-emphasising of stereotypical masculinities in this regard.

4.2. Men and boys as perpetrators

In the context of domestic violence or intimate partner violence, some SDC-supported projects work directly with the male perpetrators. Relatively little work is done with perpetrators of sexual violence who were unknown to the victim (in conflict/fragile or development contexts). The exception is the work conducted in Bosnia Herzegovina specifically addressing men and boys on the impact of war, torture and other post-war violence (robbery, rape, mobbing, witnessing of atrocities, abductions). Alcohol and the use of drugs, but also lack of perspectives and sense of life linked with feelings of powerlessness and overstrain were identified as common triggers of violent behaviour in many cases. Nevertheless, the primary entrance point is domestic violence; past behaviour may then surface in the course of treatment.

Persuading male perpetrators to undergo counselling is not easy, they feel ashamed and find it

difficult to talk about themselves, nor do cultural norms and values of masculinity support help-seeking. A good example of specifically reaching out to men who use violence is the Men's Centre run by the local NGO Buducnost in Bosnia Herzegovina. Apart from directly targeting men who have committed violence with specialised perpetrator counselling, they also provide informal entry points for (mainly young) men such as an internet café, a place to read the newspapers, educational workshops on topics linked to gender and violence, self-help groups and study circles focused on education and creative work. The offer also contains social, legal and psychological counselling for men who need support in solving their personal problems. Through these "low-level" offers the link can often be made to perpetrator counselling, after trust between counsellors and clients has been established. The centre has also found that in case of domestic violence, men are particularly likely to agree to treatment if contacted within 24–48 hours of the woman leaving the family home (see box 18). This period is considered an important "window of opportunity" to reach such men; a similar pattern is known to exist in other countries.

Another possibility for increasing the uptake of psychological treatment by male perpetrators is to make it compulsory through legal mechanisms. This has advantages and disadvantages. In Bosnia Herzegovina, the general consensus is that legal enforcement would be constructive; however, counselling is only effective if men are willing. A further challenge is ensuring adequate numbers of staff specifically trained for counselling work with perpetrators of violence, particularly men. These

Box 18. The Men's Centre in Republika Srpska, Bosnia Herzegovina

The law on domestic violence in Bosnia Herzegovina foresees the psychosocial treatment of male perpetrators, but to date is not ratified; thus, such treatment occurs on a voluntary basis. The Buducnost Men's Centre provides services to the violent partners of women who have sought shelter in safe houses. Treatment lasts some 16 sessions, and uses cognitive-behavioural change methodologies. It follows a careful structure, with an individual assessment phase followed by a group phase. Working through the violent incidence and taking responsibility for one's violent behaviour, working on personal gender norms and values and learning alternative ways of dealing with aggression and frustration are key elements of the treatment process. During the preparatory phase of four individual sessions, the Centre's counsellors also communicate with the wife via and with support of the protection structures and include her in the monitoring process. After this, the man signs an agreement making it mandatory to participate in the group sessions. Thorough follow up after the treatment is finished is seen as important for securing the durability of change after re-integration in "normal life". Although the project experience is still very young and long term monitoring results are not available yet, most men who have attended treatment have not recommitted violence so far; neither have their partners returned to the safe houses.

Source: Capitalisation workshop

specialised trainings for male counsellors must contain gender transformative work on oneself and reflexion on one's own dealing with crises. Expecting qualified women staff to work with both women survivors of SGBV and their male perpetrators is not ideal, as it is difficult for them to maintain a neutral position and/or to be perceived by both parties as doing so.

Counselling of perpetrators in Albania



Training of counsellors for perpetrators in Albania

4.3. Men and boys as victims

“The man is the head of the family, a person of respect, power and influence and he will lose these attributes if he admits being a victim.” Rwanda local consultation workshop participant

Far more girls and women are beneficiaries of SGBV interventions than boys and men. Men and boys seeking services do receive medical, psychological and legal support. However, given the difficulty for them to acknowledge violent behaviour and

the associated shame of being a victim of SGBV, they are unlikely to come forward. Future project designs should place greater attention on how to address the specific needs of men and boys as victims and how to motivate them to come forward.

No SDC projects explicitly address issues of SGBV linked to men having sex with men, although homosexuals and transgender individuals are recognised as being particularly vulnerable groups. Interventions in this regard require extreme sensitivity in many countries, taking into account the legal status of individuals whose sexual orientation (or the practice of it) is considered unlawful.

Lessons learned on working with men and boys

- » Integrating men into service provision is important in successfully addressing SGBV. Often those who are violent have a difficult history and may have been victims of violence themselves.
- » Working with men and boys perpetrators requires a separate approach, in separate premises with different, male staff, who have specialised training and particular attitudes and skills for counselling violent men.
- » Boys require specialised attention in protection and psychosocial support services, whether they are victims or witnesses of SGBV, to ensure that they do not become future perpetrators.
- » National campaigns on preventing SGBV and questioning masculine stereotypes can make a crucial contribution to changing power relations between men and women. They need to be carefully crafted, taking into account cultural and local contexts.
- » SDC programmes need to develop positions and approaches on how to deal with SGBV linked to individuals of different sexual orientation.

5. Working with society at large: changing attitudes towards SGBV

As SGBV is not always admitted or recognised by society, it is often necessary to include a component of public awareness-raising in interventions addressing the issue. Such initiatives can range from media/information campaigns, community based approaches, peer-to-peer education of youth, working with community and religious leaders, or a mixture of approaches leading to a critical mass of changed social norms and behaviours.

5.1. Information campaigns

Information campaigns often focus on raising awareness that SGBV is not a private matter – but one of public importance, commonly with legal consequences. Nevertheless, it is important that in addition to informing the public on legal rights, information is also provided about available services; where people can seek medical, legal and other assistance. If such services are not in place, unrealistic expectations are raised.

SDC projects have variously used radio (especially radio plays depicting realistic situations of SGBV), television documentaries or “advertisements”, street theatre, songs, video clips, posters, newspaper articles and text messaging to spread information. The choice of media depends on project budget and local circumstances (such as degree of adult literacy, possession of radios, televisions and mobile phones, and the quality of functioning reception of such devices). It can also be worthwhile testing a campaign through a small pilot, checking reactions, before launching it on a wider scale. Posters and leaflets are rarely effective on their own; they are only likely to stimulate interest and attention if part of a wider and more extensive campaign.

Box 19. Choice of media

In Tajikistan, posters informing the public about SGBV were not very successful. Radio plays and short videos depicting realistic local situations gained greater audience attention – and recall of the message.

In the Great Lakes, community radio is very widely used for information dissemination. This means that there is heavy competition between different channels and agencies spreading information – so any planned emission has to have high audience appeal and make a careful choice of radio channel, according to the quality of reception in the target area. (This is also true in other countries, e.g. Nepal). Street theatre has also been very effective, and has the advantage of giving the opportunity for audience participation and/or discussion afterwards.

In Lebanon, during the 16 days of activism on Violence Against Women and Girls (VAWG), a series of short videos, published on the internet and spread by social media, were influential in provoking public discussion. One (played by actors) showed an elderly man with a child bride posing for photographs. Members of the public were filmed in their reactions – some congratulatory, and some outraged. This provoked further social media discussion. However, the lack of a clear messaging strategy decreased the effectiveness of this campaign.

Source: Capitalisation workshop

5.2. Effective messaging

It is important to develop a message that appeals to local cultural understanding, whilst challenging the audience to question what they may consider normal. Careful consideration of the particular target audience is important; men or women, older or younger generation, etc. Another challenge may be restrictions on media coverage by a State apparatus unwilling to admit the extent of the problem. Careful wording of the message is needed, avoiding the use of sensitive terms or phrases. Given the sensitivity and potential for misunderstanding of the topic, it can be particularly helpful to engage local communication and media specialists in developing the communication product and materials. Messages based on personal stories – whether real or realistic – tend to work well. Engaging the support of well-known public figures or celebrities (as in Bosnia Herzegovina) can also be helpful.

Box 20. Crafting the message to the audience

In Afghanistan and Tajikistan, the use of terms such as “gender” and “human rights” tend to evoke a negative reaction; it is important to avoid the perception of bringing an external, “Western” message.

In Tajikistan, “It is more effective to work through positive messages than negative ones. Images of violence that simply blame the perpetrator tend to evoke a defensive reaction – perpetrators disassociate themselves and block the message”. There was far greater retention of positive messages based around the benefits of non-violent conjugal relations and a “healthy family in an Islamic context”.

In Burundi, the Population Media Centre (PMC) employs the “Sabido” method in radio broadcasting. This entails the use of three character types: one who serves as a good example, one as a bad example, and one who is uncertain and who is used to question and inform.



University students came out to the most crowded areas of Dushanbe (Tajikistan) to share positive messages with their peers, men and women of all ages calling everyone to promote zero tolerance towards discrimination and violence against women.



Awareness campaigns in Tajikistan

5.3. Community based approaches and working with the youth

Community based approaches, particularly working with the youth, can be an important way of changing social norms and behaviour – using a combination of workshops, face to face exchanges, events and messaging through the media. Such interventions have to be sensitive to the effects of conflict on families and children – taking into account the wall of silence that may form between family members over atrocities about which it is too painful to speak.

Box 21. Working face to face within the community

In Rwanda, a community based approach led to the successful reintegration of SGBV survivors, a decrease in violence against women and an improvement of their status, changes in the mental health of vulnerable groups and SGBV survivors, and clear support for them from local authorities and community leaders. In Bosnia Herzegovina, mobilisation and raising awareness was highly successful as demonstrated by the sheer numbers of engaged youth and men as allies in addressing the root causes of SGBV. The work of the Men's Centre and awareness-raising in schools and youth clubs has challenged boys and men to take responsibility for their own actions.

Source: Project document and evaluation report

Lessons learned on awareness raising

- » Only conduct information campaigns where it is possible to direct anyone seeking support to adequate, relevant services.
- » Assess the most effective form of media for the context, taking into account literacy levels, the degree of use and effective coverage of television, radio, mobile telephones, and cultural preferences.
- » Craft the message in a gender responsive and culturally sensitive manner, seeking the support of local professional communication specialists.
- » Check that the message to the public is absolutely clear; if necessary, conduct a small scale pilot test.
- » Avoid the use of posters and leaflets unless as part of a wider campaign.

6. Fighting impunity: security and access to justice

“Impunity is the main barrier to denounce cases of violence at the police and to pursue them in justice. There is an enormous lack of confidence in the formal system; why denounce if the outcome of the result is not sure?” Participant, Burundi local consultation workshop

“In Bolivia, violence affects 7 out of 10 women, and in 84 % of cases, it occurs within the home. Usually the women have to go back to live with the perpetrators. Only 1 % of cases reach the court.”
Source: Capitalisation workshop

Security and access to justice are central in the protection, promotion and advancement of women’s human rights on SGBV, especially in fragile and conflict affected contexts. However, many of SDC’s projects addressing SGBV operate in contexts of dysfunctional and corrupt justice systems. Even where protective legislation and accompanying systems are in place, there are often many barriers to women and girls accessing justice. These include social norms that blame the victim, financial costs, and fear of reprisals towards the survivor herself and her family and her supporters. Fighting a culture of impunity, holding perpetrators to account, and ensuring a safe environment for SGBV survivors who decide to press charges are important aspects of interventions.

“To sue a case of rape with the formal system takes in average 24 months... During this time the complainant has to pay all the costs linked to the process... they have even to nourish presumed perpetrators in prison so that they are not released.” Participant, Burundi local consultation workshop

Going to court is not necessarily the most desirable means for a survivor to obtain justice. Survivors may not always perceive justice primarily in terms of punishment of the perpetrator. Rather, they often have a variety of potentially conflicting wishes. On one hand, there may be the wish for legal justice and compensation for rape, pregnancy and child maintenance. On the other, there may be the wish for security and protection, anonymity and avoidance of being shamed or stigmatised in public. In all cases, survivors need psychological closure to rebuild their lives and reintegrate into their family and community as far as possible. Depending on the context, informal justice systems may represent a more appropriate and considerably less stressful mechanism to achieve justice than going to court.

6.1. Protection: the role of the police and armed forces

In many countries, the police have a poor reputation and are not expected to take SGBV seriously. In Afghanistan, for example, some members of the police force are known to abuse or rape women and girls seeking support, and to blame the victims – going so far as to accuse them of adultery (a capital offence). Where possible, projects addressing SGBV include interventions that build the capacities of security forces and enhance their knowledge on legal aspects. SDC projects in Bolivia, Bosnia Herzegovina and DRC, have developed good collaboration with the police and justice sector, supporting them to respond to the demands placed on them under new legislation to combat SGBV.

Box 22. The Bolivian Police Task Force to Combat Violence (FELCV)

Bolivia has a very high rate of violence against women and girls (“femicide” is a regularly reported crime), and has enacted legislation to address this problem. This includes provision of municipal legal services for SGBV victims (SLIMs), which should be staffed by a woman police officer as well as a social worker and a legal specialist – although often lack of funds means that staff are not in place.

One of the SDC project partners in Bolivia is the Police Task Force to Combat Violence (FELCV). The project works through anti-violence networks (see section 3.5), in which FELVC is a member. FELVC is a particularly motivated partner, recognising that collaboration between the different concerned State institutions, civil society and the private sector makes their work easier. “As a result civil society has moved from the role of claiming rights and social oversights to one of co-management and shared responsibility in the development of response to eliminate VAWG”.

According to Police/FELCV figures from 2014, 89% of victims are women and 11% men.

Participants, Bolivia local consultation workshop

Box 23. Supporting a positive public perception of the police

In the DRC, SDC supports police “Open Door” days, at which members of the public are invited to tour police stations and meet with staff of varying hierarchy. This is a successful initiative, which has contributed to an increased sense of trust and mutual understanding. It also gives communities the opportunity to express any concerns in a group, with less fear of reprisals, whilst senior staff learn about the performance of their subordinates. Senior police particularly appreciated such days as a means of diffusing criticism of the police force. However, such events require good facilitation to ensure adequate follow-up, and demand for organising them outstrips the available project resources.

Source: Capitalisation workshop



Fair police and municipal service in Cotoca, Bolivia

In DRC, one of the ways in which the low public trust in the police force has been addressed, with project support, is through “Open Door” days (see box 23).

As with the capacity building of other project partners, training members of the police force on SGBV issues is resource intensive and is often set back by systems of regular staff rotation. Yet there have been some advances, and projects have been able to bring enhanced professionalism into some police training. The Tajikistan Police Academy has, since 2011, included the project’s modules on domestic violence in their curriculum – thus fostering national ownership and sustainability.

Often governments seek to establish a particular wing of the police force dealing with domestic matters, including GBV. In Bolivia there is the FELV and also the SLIMs (see box 22); in Tajikistan the Family Police Unit; in Afghanistan, the Family Response Unit; and in Nepal the Women and Children Service Centres. Usually there is an explicit aim to recruit women officers to such units. Whilst this is potentially very helpful, such women and their superiors need to be equipped with adequate knowledge, skills and powers. Mechanisms are also needed to retain women police officers, creating an enabling and secure environment for their continued professional development. In Afghanistan, SDC is supporting the recruitment and training of female police officers through the Law and Order Trust Fund (LOTFA) managed by UNDP. However, the lack of social acceptance for women to work within the police force presents many challenges and also exposes them to harassment and abuse from their male colleagues.

6.2. Legal assistance

SDC explicitly promotes an inclusive and integrated approach to SGBV related services, whether they take place during a conflict or in a domestic setting. However, from a legal perspective, conflict

related and domestic violence are treated differently and need different responses. Rape by armed groups as part of a conflict receives high international attention and can be prosecuted both under national and international law. At the same time, bringing such cases to court represents a particular challenge, as forensic evidence and identification of perpetrators may not be possible given poor resources and capacity. Taking cases of domestic violence to court is emotionally and often practically very difficult for women since they have to go against their husbands and families. Overall, the percentage of SGBV cases that reach the courts – whether domestic or otherwise – is extremely low, and usually those that do are concerned with divorce or child custody and maintenance issues. Legal actions to protect children from SGBV (i.e.

Box 24. Supporting access to justice in the Great Lakes

The programme in Burundi works with an association of female lawyers (as sub-contractors to the partner organisation) to follow SGBV-cases, as these lawyers are considered to be more empathetic to women (and child) clients. Some of them participated in a fast track system (initiated as the result of a conference on SGBV in the Great Lakes) which entailed the touring of mobile courts to more remote areas over a three month period. Given the huge backlog of cases, this was seen as the best way to achieve justice; the many pending cases were making it difficult for survivors to find closure in the healing process. Mobile courts are also deployed to reach people in remote parts of the DRC.

Source: Capitalisation workshop.

incest) or marriage have not been an obvious focus of projects to date, although the harm caused by child marriage is a matter of educational campaigns (such as in Tajikistan and Lebanon).

In most contexts, legal provision for victims of SGBV is, in theory, free – with the State covering the cost of lawyers. However, poor governance and corrupt practices mean that often theory does not equate practice. Furthermore, victims who take a perpetrator to court require considerable emotional support. Most projects therefore stress the importance of individual support throughout the legal process, and the accompaniment of SGBV survivors to courts. For example, in Bolivia, SDC supports community promoters to work as a bridge between the community and the formal court. In all countries, trials can be lengthy, traumatic processes taking a year or longer. This requires inner strength

Box 25. Access to Justice in Tajikistan

The Access to Justice Project in Tajikistan supports individuals who are otherwise unable to access legal advice, and is currently working with the government in elaborating a new law on free legal aid. Three possible ways in which free legal aid can be provided are being piloted:

- » by the State directly;
- » jointly by the State and NGOs or
- » through para-legals at the community level (teachers, community leaders, elders) who are trained on basic issues of human rights and who can inform the public and refer them to a legal centre.

Source: Capitalisation workshop

and commitment on the part of the survivor to follow through. In Tajikistan, separate SDC-supported projects exist, one with a focus on legal aspects and the other on SGBV.

6.3. Contribution to policy and legal reform

In SDC-supported projects in Bosnia Herzegovina, Tajikistan, Great Lakes and Bolivia (and now planned in Mongolia and Nepal), significant time and expertise (often over 2-3 project phases) has been invested in contributing to legal and policy reforms on SGBV. Often project contributions to reform processes are valued by the policy makers concerned because they are drawn from practical experience in working with SGBV survivors. Such interventions have met with considerable success; for example, in Tajikistan the Law of Domestic Violence was passed in 2013 and in Bosnia Herzegovina, the regulations for working with male perpetrators were recently approved. These are significant milestones towards national ownership and the sustainability of interventions. Nevertheless, the real challenges lie in implementation. This provides important entry points for SDC to engage with SGBV through a governance and human rights lens.

6.4. Informal and customary systems of justice

Where justice systems are extremely weak and corrupt, informal or customary approaches that provide justice and reconciliation for SGBV survivors may be an important alternative to the courts. In theory, if the survivor is unhappy with the ruling, she or her relatives still have the option to pursue formal legal proceedings.

Informal systems (especially in rural and remote areas) tend to emphasise restorative justice and promoting harmony in the community. They may be more trusted than legal systems, and are quicker in their decision making. Nevertheless, informal or customary systems are often based on patriarchal norms, and may not uphold women and girls' human rights. Examples are the giving of girls and women as compensation to a family (in murder cases) or simply requiring a rapist to marry his victim to "appease" the crime. If customary leaders are to be supported through SDC interventions, capacity building on legal aspects and gender sensitivity is usually needed. The use of gender stereotypes (i.e. "women need your protection") can be a useful argument to gain agreement in the short term, and may be justified in cases of high violence and major suffering in conflict contexts (such as Afghanistan, and the Great Lakes). Nevertheless, stereotypical arguments will not bring about a transformation in gender relations.

Religious leaders can be hugely influential. During the war in Bosnia Herzegovina, the local NGO Vive Zene persuaded religious leaders on both sides to preach that women survivors of rape should be supported and not rejected by their family and community. In Islamic societies, mullahs often have a particularly good knowledge of the community and may be co-opted into speaking against violence, and also registering marriages – an important protection for women in the eventuality of abuse, divorce, and child custody. In deciding who to work with, it may sometimes be helpful to carefully assess the opinions and openness of different leaders against a pre-defined set of issues before making a choice.

Box 26. Engaging mullahs in interventions addressing SGBV

In Tajikistan, the women victims of SGBV usually wish to remain in the marriage (as they have no real alternative), whilst the husbands seek separation. In this case, family conferences bringing together the perpetrator, victim and a religious leader can help both parties to explain the problem and seek solutions – with the objective of avoiding divorce. However, in the case of sexual violence, it is difficult to involve religious leaders.

In Afghanistan, working with mullahs to influence public opinion is seen as crucial, "but at the same time it is important not to strengthen and give legitimacy to patriarchal structures." Source: Capitalisation workshop

Lessons learned on fighting impunity – supporting security and access to justice

- » Seeking justice for survivors entails balancing potentially conflicting wishes. These include on the one hand, punishment of the perpetrator and compensation for the wrong inflicted; on the other hand, anonymity, personal healing, reconciliation and reintegration into the family and community.
- » In conflict situations with dysfunctional justice systems, seeking legal justice can be a harrowing process for survivors and risks provoking reprisals against them, their families and supporters. If this route is chosen, close case management and accompaniment of the victim is crucial – hand in hand with financial support, where needed.
- » Public hearings or "Open Door" days are a good means of promoting public trust in State-delivered justice. However, they only work if the agreed activities are then implemented; this follow-up often requires considerable facilitation and investment.
- » Community-based informal justice mechanisms may be appropriate in contexts of dysfunctional justice systems, but are likely to need support in ensuring that women's rights are upheld. The use of gender stereotypes can be justified in cases of high violence and major suffering in conflict contexts. However, the strengthening of patriarchal structures should be avoided.
- » Where opportunities exist for legal reform regarding SGBV, projects can and have played a constructive and significant role in the formulation of new policies and laws, especially in contributing insights from practical experiences.

Information meeting with men's group from local community of Bokhtar district in Khatlon region (Tajikistan) to raise awareness about negative impact of domestic violence among the local population.



7. Economic empowerment to rebuild a life

"Even small amounts of money mean a lot to these women, and help them to change their lives for the better." Great Lakes

"I am in the kitchen, she is in the office, and it works!" Campaign slogan in Bolivia

Source: Capitalisation workshop

Women experiencing SGBV often have no alternative but to remain with abusive husbands or partners, as they have no other source of livelihood. In many cultural settings, they may also have limited possibilities of independent living. It is a logical development for projects addressing SGBV to seek ways of supporting women to be financially independent. This gives the woman the possibility to separate from an abusive partner and/or potentially empowers her within the family where separation is not an option. The unfortunate flip side of this is that men may feel threatened by their wives developing a separate source of income, seeing this as a potential erosion of their power within the family, and their prestige outside it. Thus women's economic empowerment (WEE) initiatives are both potentially crucial for escape from violence, at the same time as bearing the potential risk of increasing it. It is therefore crucial to gain the support of family members and husbands who can champion the idea of WEE with other men.

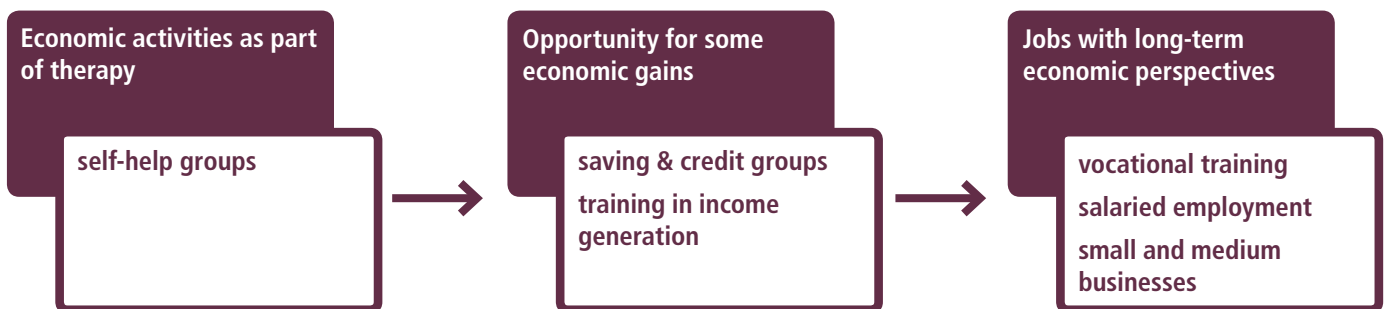
Support for SGBV survivors to obtain a sustainable livelihood can cover activities from simple self-help groups to skills training for paid employment (see figure 4). The terminology used by projects may vary; in Lebanon, WEE was termed "Social Self-Reliance", as it was recognised that economic empowerment is difficult to achieve amongst a target group of vulnerable refugees and domestic migrant workers.



Income generation to change lives for the better in Burundi



Figure 4. Aims of economic activities



7.1. Self-Help and Savings and Credit Groups

Self-help groups and Savings and Credit Groups (S&C groups) can be highly beneficial, as in the Great Lakes Programme (see box 27). The provision of credit requires close supervision, as it can be highly stressful for traumatised survivors to pay back credit on a timely basis. There is also the risk of financial transactions creating conflict in groups, therefore good facilitation (ensuring careful record keeping and regular meetings) is important.

Box 27. Self-help groups in the Great Lakes Programme

"My husband was at first not happy that I give away 1 dollar per week [in a savings and credit group], but now he is OK about it because we have already a new roof". Participant, DRC local consultation workshop

Support to Self-Help Groups and Savings and Credit (S&C) Groups is an important component in the Great Lakes Programme. They have been found to play an important part in changing SGBV survivors' circumstances, with even a small amount of money making a big difference to their lives. The groups each have some 50 members; to avoid stigmatisation, they are a mix of survivors and unaffected women from the community. Where possible, existing S&C groups are used rather than creating new ones.

Source: Capitalisation workshop.

7.2. Training for income generation and employment

Training in income generation and small businesses was linked with psychosocial support in Bolivia, Bosnia Herzegovina and Lebanon. For some SGBV survivors, the acquisition of new skills and an income have brought increased self-esteem, confidence, and respect within the community. A notable example is the “Taxi Warmi” initiative in Bolivia which combines breaking stereotypes with filling a market niche (see box 28). Nevertheless, challenging gendered stereotypes in jobs is not always possible or desirable; it is important to avoid pushing vulnerable women into traditional male sectors (e.g. mechanics) where they face stigmatisation and possible stress in a work environment not set up to be “women-friendly”.

Box 28. Breaking stereotypes in women’s jobs: An example from Bolivia

Taxi drivers are usually men. One NGO (Centro Juana Azurduy in Sucre) works with women experiencing domestic violence. In 2014 they started training women drivers and established Taxi Warmi (“warmi” means “woman” in the Aymara language). They specialise in providing trustworthy, regular taxi services such as school children pick-ups and transporting other women. Women work from 8 am to 8 pm, and only respond to calls, they do not pick up people in the street. Currently 12 women are part of this business association, but more than 50 women have been supported in training, driving practice and start-up businesses. The empowerment of these women is supported through individual psychotherapy; relationship counselling; spaces for building women’s self-esteem, communicating assertively, and decision making. Child care services are provided for children, and interviews are held with women’s partners (where present) to share responsibility.

Source: Capitalisation workshop

As in any intervention, the context needs careful assessment to determine what WEE interventions are possible and appropriate. For example, if the unemployment rate in an area is very high, it will not be easy for SGBV victims to find a job even if they have undergone an appropriate training. This has been the case in Bosnia Herzegovina. Difficulties in obtaining credit – a common problem for women (as they rarely have any collateral) – need to be factored into planning. In Bolivia, micro-enterprises promoted through a Women’s Refuge are often unable to get off the ground due to lack of start-up funding.

Box 29. Vocational training and livelihoods aspects (medica zenica)

“Economic empowerment was very important to women as many had to feed their families after the war – many had lost their husbands.”

In rural Bosnia, many women have no more than primary education. In 1996, medica zenica started a programme of economic empowerment through vocational training in generally stereotypical vocations such as hairdressing, tailoring, upholstery, and beauty care. The choice of training was based on market analysis. An agreement with an employment agency was reached on a 6 month training per person. The employment agency, together with medica zenica and the municipality, organises the final exam which is considered equivalent to secondary school education. The trainings are organised in villages, and at the same work is conducted on social empowerment. Psychosocial workshops are also held on how to recognise violence, and from where to get help. So far, 100 women have graduated. The centre works with private companies in order to find employment. Given a general unemployment rate of around 50 – 60%, the fact that 5 – 10% have found jobs is quite promising. About 50% work from their home and sell products in the neighbourhood. Start-up kits were provided to those with the most successful business plans.

Source: Capitalisation workshop

Interventions should always start by addressing the psychosocial problems faced by the individual, and then gradually address the economic situation – including aspects such as how to manage money, to negotiate finances within the family, how to access credit, and the meaning of different interest rates for different periods of time. It is particularly important to prepare individuals for the eventuality of problems and failure, as these will naturally undermine the therapeutic healing.

Experience indicates that whilst Self-Help and S&C groups may be readily integrated into projects addressing SGBV, the more complex aspects of WEE – from skills training and small enterprise establishment to preparation for employment – require specialist, professional support. Thus it is generally better to link such initiatives to projects specifically focusing on vocational training or market systems development, rather than trying to incorporate such aspects into an SGBV project. One successful example of such a project is the Employment Fund in Nepal, which included women from disadvantaged backgrounds and SGBV victims as a specific target group (see box 30).

Box 30. The Employment Fund in Nepal

The Employment Fund (2008 – 2015) was a large nation-wide project funded jointly by SDC, DFID and the World Bank, and operated through private training institutions. These institutions were paid a higher premium to train women from disadvantaged backgrounds, including those who had experienced SGBV, as an incentive to select such individuals. The institutions were also paid to offer a life skills component – covering critical thinking, creativity, the ability to organise, social and communication skills, and problem solving. A separate component, also supported through the project, was on micro-enterprise development, covering issues such as how to develop a business plan and access credit. These ideas have now been integrated into other vocational training initiatives in Nepal.

Source: <http://www.employmentfund.org.np>

Lessons learned on economic empowerment

- » WEE initiatives with SGBV victims should include consultation with husbands and families in order to avoid escalation of violence.
- » Although the economic prospects of Self-Help and Savings and Credit groups are limited, they have been successful in improving SGBV survivor well-being in situations in which livelihood options are very limited.
- » In supporting WEE initiatives, it is often appropriate to work with mixed groups of women, SGBV survivors and others, in order to avoid any stigmatisation.
- » Professional expertise is required when entering into substantive vocational training or business development activities with SGBV survivors. This should take into account good practice in market systems development (MSD). Projects and programmes addressing SGBV should seek linkages with specialised WEE in MSD interventions, rather than attempting to develop such expertise themselves.



8. Monitoring & evaluation of SDC-projects on SGBV

“The challenge is to measure the decrease in violence and provide evidence.” Tajikistan

Source: Capitalisation workshop

In general, measuring outcomes and impact in the SGBV field represents a challenge on different levels, since we deal with psychosocial processes on individual as well as community level. At the level of individual cases, there is a need to maintain personal confidentiality in sharing information between services. At project level, changes brought about through project interventions need to be tracked in a meaningful way. This requires qualitative indicators that adequately reflect the changes to be reached, but they are difficult to be formulated as well as measured. Given the common under-reporting of SGBV, often projects reveal an apparent increase in cases, due to greater reporting and use of services. At SDC level, information about interventions addressing SGBV needs to be collated from projects that are categorised and monitored under a variety of working domains.

8.1. Changes in individuals: management of case data

Case management has already been mentioned in the context of referral systems in section 3.4. Of all SDC-supported projects, those in Bosnia Herzegovina have the most detailed system of case management, with standardised questionnaires being completed 1 to 3 times over the course of 12 counselling sessions. Notes are kept on case meetings with all relevant professionals. This builds up a comprehensive and detailed picture, but is also time-consuming and may not be possible to replicate elsewhere.

8.2. Change at Project level

Reliable, national level data on the incidence of SGBV is generally difficult to obtain, and in many countries is simply unavailable. Often the problem is grossly underestimated numbers; if they exist, re-

fer only to reported cases of rape. Many rape cases are unreported, whilst domestic violence is rarely reported at all.⁶ Thus projects addressing SGBV usually cannot rely on already existing data (secondary data); to conduct reliable monitoring and evaluation (M&E), they need to establish a comprehensive baseline data. However, baseline studies are difficult to conduct and costly, especially in fragile or conflict situations. One issue of note in most SDC project M&E systems is that whilst data is usually disaggregated by sex, age, location, and (where relevant) ethnicity, the sex of children is often not included – thus failing to give separate information about boys and girls.

Box 31. Effective M&E in Tajikistan

A project baseline survey conducted in Tajikistan revealed a low reporting of domestic violence, even though it was known to be a significant issue in the country. The low reporting and low use of crisis centres was explained by fear, shame, and a high degree of acceptance of such violence – amongst both women and men.

The overall goal of the Prevention of Domestic Violence (PDV) project is to reduce the incidence of domestic violence (DV) in the project area. Within the project lifetime, the goal is to reduce public acceptance of DV, as this should eventually lead to reduced prevalence. The related project assumption is that the more services are used, the more domestic violence is perceived as abnormal. The indicator developed around this was

A. The number of clients served per month by partner crisis centres remains at a high average number.

B. At least (x) cases are treated and (x) clients are represented in court per month.”

Baseline and post-intervention surveys provided further information. These surveys (which required government permission) were staff and resource intensive, covering 1,200 households and including equal numbers of men and women aged 18–46 years old. In addition, qualitative data was sourced from 19 focal group discussions. The detailed information gathered was used not only in project monitoring, but also policy level discussions.

Source: Capitalisation workshop and project evaluation.

The choice of project objectives and indicators needs to bear in mind the likelihood that the reporting of SGBV will increase, rather than decrease, in the early years of a project lifetime. There is a particular need for a very clear “Theory of change” describing how and why the project seeks to achieve its goal. The project in Tajikistan gave considerable thought to this challenge (see box 31).

Even using the number of cases successfully brought to court can be an inappropriate project indicator in some circumstances, as it may result in project staff encouraging women to take legal action. For reasons outlined in chapter 6, women may not wish to do this. Project indicators should never give incentives to staff to persuade or even coerce SGBV survivors into doing something against their wishes.

A common discussion amongst M&E specialists is whether a separate M&E unit should be established within a project, or whether all staff should play a role in monitoring. There is no simple answer, as different contexts warrant different solutions. The engagement of project staff and partners in data collection has the advantage of enhancing self-reflection and ownership. In the Great Lakes Programme, M&E has been successfully integrated into activities, being applied by community workers in their daily work. The system took over a year to implement – the baseline and key indicators having been first developed by a part time consultant in collaboration with the implementing partners, before all concerned underwent training in the application of a case-based questionnaire and regular situation assessment.

Often M&E systems focus on numbers rather than more qualitative outcomes such as changes in individual survivor’s sense of self-confidence, self-respect and psychological closure. For example, in Bosnia Herzegovina, a client is asked to assess at the end of counselling whether a glass is full, empty, or partially – so the degree of emptiness of the glass represents the degree to which the individual feels they have rid themselves of trauma. Aggregation of such data has also shown that it needs to be interpreted contextually and complemented by professional assessments. As an illustration, high media coverage of past atrocities and remembrance or commemoration events can increase trauma levels, although they may return to lower levels once the media event has passed.

New technology can play a significant role in facilitating data collection; thus in the Lebanon, a UNHCR application on mobile smart phones makes data entry easier and quicker. This can be done even in areas with no internet access or mobile phone coverage, and downloaded later. The system, the Gender-based Violence Information Management System (GBVIMS) of UNFPA, the

International Red Cross (IRC) and UNHCR, is one used in humanitarian situations to allow for effective and confidential data sharing. Although not a substitute for project level data management, it is valuable for wider sharing and learning.

8.3. SDC reporting

Projects and interventions addressing SGBV are currently classified under different working domains. Given the variety of entrance points for tackling the topic, this is likely to continue. However, it presents a challenge for sharing experiences in addressing SGBV in any systematic way. One way to improve exchange and learning in future would be to establish a separate reporting system and sharing group through SDC’s Gendernet.

Lessons learned on monitoring and evaluation

- » Effective M&E systems can only be devised once projects have a clear theory of change and realistic objectives, based on understanding of the local context. These should take account of levels of public recognition and reporting of SGBV.
- » Although time consuming and costly, baseline surveys are essential for the effective monitoring of results.
- » Data on individuals should always be disaggregated by sex, age and location as well as other relevant variables; it is important to include the sex of children.
- » M&E systems should not only focus on quantitative measures, but include qualitative data, based on beneficiary self-assessments – combined if possible with professional assessments.
- » SDC-funded interventions on SGBV would benefit from greater exchange and sharing, and more systematic reporting; this could be facilitated through SDC’s sharing platform Gendernet.

9. Conclusions and recommendations

There is increasing recognition amongst the international community of the need to address SGBV as a significant human rights, global health and security issue – particularly in fragile, conflict and humanitarian contexts. Preventing and responding to SGBV is a priority issue for the Swiss Government. The innovative psychosocial approaches, implemented in combination with a community based approach over a number of projects in the Great Lakes Region, Bolivia and Bosnia Herzegovina have achieved impressive results for SGBV survivors. Key findings and recommendations for future SDC projects are as follows.

Continue a psychosocial approach, including greater focus on children

A psychosocial approach is needed when addressing SGBV. Evidence shows that to be truly effective, this has to engage all actors, not only the survivor, but also other family members, communities, and perpetrators. It is recommended that SDC continues to support a holistic psychosocial approach, and that the impact of SGBV on girl and boy children – as survivors and witnesses – is given greater attention.

Develop specialist services for men and boys

Work with men and boys as both perpetrators and victims are an important part of a holistic psychosocial approach. It is recommended that this is given greater focus in future SDC work – not as an “add on” to existing services, but as a separate specialisation.

Raise societal awareness and provide services

In many societies, domestic violence is considered to be a fact of life. Furthermore, it is viewed as a private matter – not a public concern. Information campaigns to change public perceptions of such violence, and to reduce its acceptability, are important. It is recommended that SDC only supports

such campaigns when they are linked to the provision of support services for SGBV survivors.

Ensure support for SGBV survivors in seeking justice, according to their wishes

Combating impunity for perpetrators and ensuring justice for survivors is an important part of addressing SGBV. Yet experience shows that justice may mean different things for different survivors, and can entail conflicting wishes. For some, punishment of the perpetrator and payment of compensation (particularly for affected children) may be paramount. For others, anonymity, personal healing, reconciliation and reintegration into the family and community may take precedence. It is recommended that all SDC projects supporting access to justice evaluate carefully what is in the best interest of each individual survivor, and act accordingly.

Seek professional expertise for vocational training and business development support for SGBV survivors

SGBV survivors need a source of livelihood; often this is the only way that they can survive outside an abusive relationship or put a traumatic past behind them. Evidence shows that even a small amount of money generated through savings and credit groups can have a significant, positive affect on such women. It is thus recommended that SDC continues to support women’s economic empowerment (WEE) initiatives for SGBV survivors. Where these require vocational training and business development support, it is recommended that this is done through relevant SDC projects in this working domain, rather than creating separate initiatives.

Long term investment is needed

All the experience gained through addressing SGBV shows that this is a complex issue, requiring work with many individuals, and the engagement of a wide range of professional expertise. It requires at-

titudinal change at many levels – between couples, within wider families, in society as a whole (especially in fragile and post-conflict situations), and between different professionals. Such change also has to extend to staff and institutions within national and local governments – those ultimately responsible for addressing SGBV. There are no “quick fixes”, and results are likely to be slow. Addressing SGBV is a crucial component in promoting gender equality and healthy societies. It is recommended that SDC continues to support such projects and initiatives, making clear provision for a long term commitment.

Endnotes

- 1 This is a comprehensive revision to the original 2005 IASC guidelines on Gender-based Violence interventions in Humanitarian contexts.
- 2 The UN Declaration on the Elimination of Violence against Women offered the first official definition of the term “Gender-based Violence” (1993)
- 3 Bosnia-Herzegovina is divided into two political entities, the Republika Srpska and the Bosniak-Croat Federation. The two entities have two different governance structures, Republika Srpska having a centralised government and municipalities as sub-units, while the Federation is divided into 10 Cantons, each of them having their own cantonal governments and municipalities.
- 4 In particular the Men Engage Alliance (<http://menengage.org>), Promundo (<http://promundoglobal.org>) and Sonke Gender Justice (<http://www.genderjustice.org.za>).
- 5 Do No Harm, as first conceived by Mary B. Anderson, is an approach to implementing development interventions in fragile contexts whilst minimising the risk of provoking further conflict. see <http://www.donoharm.info/content/welcome/welcome.php>
- 6 In providing guidance on documenting, research and assessment on SGBV, the WHO notes that care and sensitivity is required in order not to re-traumatise girls/women and others. It is known that the risk of sexual violence is high in humanitarian contexts. Thus it can be argued that taking preventative action is more important than waiting for numbers. See: http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

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Definitions and terminology on psychosocial approaches

Gender-based Violence

The definition quoted (1993) is derived from the UN Declaration on the Elimination of Violence against Women

http://www.hhri.org/thematic/gender_based_violence.html; http://www.who.int/topics/gender_based_violence/en/ and http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf

medica mondiale uses the term sexualised violence in war; its definition can be found on <http://www.medicamondiale.org/en/service/glossary/glossar-filter/s.html>

A system approach – at the core this theory holds that people depend on systems in their immediate social environment for a satisfactory and fulfilling life, basics of these systems are: **informal or natural systems** such as family, friends, community and work colleagues; **formal systems** such as community groups, CSOs or women's groups; and **social systems** such as hospitals and schools.

A systemic approach and reforms to improving GBV services typically includes:

- » Change in norms, policies and protocols
- » Infrastructure upgrades to ensure private consultations
- » Training of all staff (including managers) on screening for GBV, safety planning for victims and provision of emotional support.
- » Increased availability of emergency voluntary testing and counselling services (HIV, STI, pregnancy) as well as HIV post-exposure prophylaxis (PEP), treatment of STIs, emergency contraception and treatment for other common health consequences of GBV.
- » Strengthening of referral networks with other GBV-related services such as legal services, psychosocial support and shelter.

Case management is a multi-step process to ensure timely access to and coordination of medical and psychosocial services for a person. Case management includes the following processes: intake, assessment of needs, service planning, service plan implementation, service coordination, monitoring and follow-up, reassessment, case conferencing, crisis intervention, and case closure. In addition to assisting clients to access and maintain specific services, they may include negotiation and advocacy

for services, consultation with providers, navigation through the service system, psycho-social support, supportive counselling, general client education, and also dealing with justice, safety and security issues where the survivor needs immediate protection.

Community based approach (CBA) is first of all about the community focus as opposite to an individual focus only. This means work with the community as group and the collective dealing with GBV cases including also the affected individuals. In the humanitarian context a CBA approach insists that people targeted for assistance have “the right to participate in making decisions that affect their lives” as well as “a right to information and transparency” from those responsible for providing assistance.

The multi-sectoral model – is based on the premises “of a holist inter-organisational and inter-agency efforts that promote participation of people of concern, interdisciplinary and inter-organisational, and collaboration and coordination across key sectors including (but not limited to) health, psychosocial, legal/justice and security” (Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings: GBV AoR working groups, July 2010.) Limitations of the multi-sectoral model as it exists specifies many of the sectoral responsibilities in terms of response but gives limited attention to prevention.

The multi-level approach was first formally outlined in the International Rescue Committee's GBV Programme Strategy (2004). It was conceived as a supplemental model to the multi-sectoral approach. It recognizes that addressing SGBV is no simple task even in well-resourced industrialized settings. The complexities of conflict and humanitarian context demand a conceptual model that addresses the imperative for both immediate and longer-term solutions. The approach advocates activities must take place at multiple levels: to institutionalize structural, systemic and individual changes.

The terms **holistic** and **integrated approaches** are often used inter-changeably with psychosocial and multi sectoral approaches. Hence, these approaches are based on the importance of coordinated interventions operating at multi levels, across sectors and over multiple time frames to address the various aspects, and therefore have a greater impact on, tackling, preventing and responding to SGBV. Timeframes are important on what is achievable, e.g. legal change requires a longer time frame. Programmes have adapted or modified these approaches to the national and local contexts as far as relevant and achievable.

Essentially, a **survivor-centred approach** applies the Human Rights-Based Approach to designing

and developing programming that ensures that survivors' rights and needs are first and foremost. The survivor-centred approach is based on a set of principles and skills designed to guide professionals – regardless of their role – in their engagement with women and girls who have experienced sexual or other forms of violence.

(Source: <http://www.endvawnow.org/en/articles/652-survivor-centred-approach.html>)

Trauma sensitive approach

Based on many years' experience working in war, conflict and post-conflict regions, the women's rights organisation medica mondiale has developed a trauma-sensitive approach as a key element of a multilevel and multi-sectoral support model for survivors of Sexual and Gender-based Violence. The main characteristics of the approach are its sensitivity to the factors of stress and traumatic experiences. The trauma-sensitive approach takes into account certain basic principles in dealing with people who have experienced violence. It involves avoiding additional stress to the affected persons, preventing reactivation of trauma symptoms, and thus strengthening and stabilizing the survivors. Because it is an approach and not a (therapeutic) technique, it can be applied in all fields of work, such as e.g. when survivors seek legal advice or want access to economic programmes or, very prominently, when they look for health care for their seen and unseen health problems resulting from violence.

The aim is: People with experiences of violence receive expert, empathic support, enabling them to become more stable. A further aim is to enable organizations, specialists and activists to carry out this work for sustained periods, in an active and committed way, and with a high level of expertise.

(Source: <http://www.medicamondiale.org/en/what-we-do/project-evaluation/quality-assurance-at-medica-mondiale.html>)

Projects included in the capitalisation exercise

SDC supported Programs

| Country | Project name | Main implementing partner |
|-------------|---|---|
| Afghanistan | Support for Victims of SGBV and Transnational Health Training Project (THTP) (N/A, CHF 584'465.-) | Medica mondiale |
| Bolivia | Programme for the Improvement of Local Services (2013-2016, CHF 14'000'000.-) | Solidar Bolivia |
| | Life without violence (2016-2020, CHF 3'880'000.-) | Foreign private sector South/East, Solidar Switzerland, UNFPA, and multiple local partners |
| Great Lakes | Programme Psychosocial dans la Région des Grands Lacs Burundi DRC (South Kivu) Rwanda (2011-2014, CHF 6'740'000.-; 2014-2017, CHF 8'460'000) | Burundi: Nturingaho and Seruka DRC: Voix de sans Voix ni Liberté (Vovolib), Réseau des Femmes pour la Défense des Droits et de la Paix (RFDP) and Centre neuropsychiatrique Sosamé (Soins de Santé Mentale) Rwanda: Institut Africain pour la Psychologie Intégrale (IAP) and Handicap International (HI); Régional: CIRGL |
| Lebanon | Protection of the Most Vulnerable Children Affected by the Syria crisis in South Lebanon (2015-2017, CHF 1'562'500.-) | Terre des Hommes |
| Mongolia | Combating Gender-based Violence in Mongolia (2016-2020, CHF 4'090'000) | UNFPA |
| Nepal | Domestic and Gender Based Violence Prevention and Response Programme (2015-2025, CHF 18'000'000.-) | UNFPA |
| Tajikistan | Prevention of Domestic Violence (PDV) (2013 - 2016, CHF 3'030'000.-) | GOPA Consultants with local partners |

Programs supported by Swiss NGO partners

| Country | Project name | Main implementing partner |
|--------------------|---|---------------------------|
| Bosnia Herzegovina | Vive Zene Centre for Therapy and Rehabilitation, Tuzla Canton | IAMANEH and Vive zene |
| | Men's Centre Buducnost, Republika Srpska | IAMANEH |
| | Medica zenica | cfid und medica zenica |
| Albania | Development of work with perpetrators | IAMANEH and Vive zene |

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