



Sexual and Gender-based Violence in Crisis and Conflicts – The Responsibility to Speak out



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development
and Cooperation SDC
Humanitarian Aid and SHA

What is the aim of this fact sheet?



Based on the experience of the SDC Great Lakes program in support of women and children victims of violence this fact sheet aims to present a set of lessons learnt, and recommendations on how to approach Sexual and Gender-based Violence (SGBV). SDC has produced several reference documents dealing with this issue; the purpose of this fact sheet is not to duplicate existing materials, nor to present an exhaustive account of the complex causes and consequences of SGBV, but to provide complementary insights on practical guidelines for the implementation of projects addressing sexual violence.

Based on the SDC Great Lakes experiences, the fact sheet outlines important principles for SGBV interventions with a specific focus on sexual violence in conflict. It may serve as a useful tool for staff at headquarters and in the field in the planning, implementing, monitoring and evaluating of SGBV projects.

Sexual and Gender-based Violence in conflicts

Sexualized violence against civilians is a common form of human rights violations in many conflicts and crisis situations. Often rape is used as a systematic weapon of warfare with the aim to torture and humiliate the victims and their families, to destroy the fabric of the community and demoralize the enemy. As such, sexualized violence is always an act of domination, grounded in cultural perceptions of what constitute identities of masculinity and femininity. Women and children form the vast majority of victims of sexualized violence. Men also become victims of sexualized violence, although less often. However, dealing with male victims of sexual violence is even more complicated because male victims hardly ever come forward with what has happened to them and services are mostly addressed to women.

Rape can have severe consequences for women's health, ranging from HIV/AIDS infections to incontinence, from fistula to infertility, inflicting lasting suffering and fear to live with HIV/AIDS. Many victims are deeply traumatized and face rejection and stigmatisation by their families and communities. The same goes for children born after rape, they are excluded by their social group and for their mothers it is difficult to care for them with love. Also the economic life of the entire family is disrupted, especially if women are the main breadwinner. Their capacity to work in the fields may be severely reduced due to physical and mental vulnerabilities and daily tasks such as fetching water and wood are often avoided out of fear of further attacks.

I have no joy, no peace of mind

"That night, I was home with my husband and my four children. Suddenly there was an attack on our village. My husband managed to escape, but I was eight month pregnant. I had no strength to run and my children were with me. I had to protect them and so I couldn't escape. Three armed men entered our house and tore off my clothes, as I remained naked in front of my children. They hit me with the butt of their guns and then raped me – all three of them, in front of my children. I lost consciousness. When my husband came back, he called the neighbours and they took me to the health centre. However, I still suffer from the pain in the chest because of the knocks I received (...). I am very afraid to have caught diseases and at night I suffer from insomnia. The baby I was carrying at the time of the rape survived, but he is always sick. Since what happened, my husband insults me every day calling me the wife of the militiamen who raped me and sometimes he doesn't even sleep at home. I have no joy, no peace of mind anymore." *23 year-old women raped in January 2003*

Source: MSF (2004) "I have no joy, no peace of mind".

Sexual violence is by no means a war phenomenon only; it often continues even when armed hostilities have ceased – perpetrators being family members, neighbours, and figures of authority such as teachers, security personnel or gangs. Thus, gender-based violence during and after the conflict, in the public area and in the private 'arena' of the home form a continuum. Hence it is important to understand and recognize that any form of SGBV reflects and perpetuates the subordinate status of women, particularly the way women's bodies are regarded and controlled, and is intrinsically tied to unequal gender relations.

The Responsibility to Protect

The protection of civilians in crisis and conflicts lies at the heart of the Swiss Humanitarian Aid's mandate. Protection includes prevention of violence and harm as well as response to the needs of those who became victims.

Protection from sexual and gender-based violence is enshrined in key international legal frameworks and instruments. In 1998, the International Criminal Court recognized rape as a war crime which is an important step towards fighting the impunity of sexual violence in armed conflicts. The UNSCR 1325 on women, peace and security (2000) demands measures to be taken to prevent gender-based violence and protect the rights of women and girls during and after conflicts. The latest resolution, UNSCR 1820 (2008), calls on conflict parties to end sexual violence and to protect civilians from sexual violence. Many countries have developed national legislation to punish sexual violence (i.e. DR Congo). Hence, the ongoing violations in many conflicts do not arise because of gaps in the law, but rather because the law is not sufficiently respected, implemented and enforced.

As the violence affects all dimensions of a person and her life, protection strategies must take into consideration medical and psychosocial as well as legal and economic needs of survivors. And any response must take into consideration the causes of the violence that is always a combination of war



strategy and the subordinate position of women. Therefore, humanitarian interventions are to be linked to long term empowerment strategies that strengthen gender equality and respect women as active agents in the rebuilding of their communities.

Legal frameworks and instruments for the protection from SGBV

International Humanitarian Law: Includes the four Geneva Conventions of 1949 and the two additional protocols of 1979. Victims of SGBV benefit from the general protection afforded to civilians, in addition IHL includes a specific protection regime for women: Article 76 of the Additional Protocol 1 states that 'Women shall be the object of special respect and shall be protected in particular against rape, forced prostitution and any other form of indecent assault. Furthermore, women are protected in respect of their health and reproductive needs.

Refugee law: The Convention Relating to the Status of Refugees (1951) and its Protocol (1967) are the core protection instruments for refugees and internally displaced people (IDP). To address more precisely the protection needs of refugee women, UNHCR introduced its 1990 Policy on Refugee Women and in 1995 the Guidelines on Prevention and Response to Sexual Violence against Refugees (revised 2003 to include returnees and IDPs).

CEDAW (1979): The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is commonly referred to as the international bill of women's rights. In 1992, the CEDAW Monitoring Committee has expressed an official interpretation of violence against women as a form of discrimination and the 1995 Beijing Platform for Action adopted key strategic objectives to prevent and eliminate any form of gender-based violence.

Statute of the International Criminal Court (1998): Recognizes rape and other forms of sexual violence as war crime when committed in armed conflict.

UN Res 1325 (2000): Calls for (1) the protection against gender-based violence and the rights of women and girls in armed conflict, (2) the participation of women in peace building efforts and (3) gender mainstreaming in peacekeeping operations. Based on UN Res 1325, Switzerland has developed a National Action Plan (NAP 2007-9) in which it commit itself 'at the protection of women, in recognition of the fact that they as well as children are among those who suffer the most violence during and after armed conflict'. Protection of victims of rape and projects that contribute to the reduction of violence against women in armed conflicts has been outlined as one of the priority areas.

UN Res 1820 (2008): Calls on all conflict parties to end sexual violence, to protect civilians from sexual violence, and to end impunity.

The SDC Program in the Great Lakes Region

«femmes et enfants victimes de violences»



Thousands of women have been, and continue to be, brutally raped by combatants of all armed groups in the East of the Democratic Republic of the Congo. SDC has been alarmed as early as October 2002 when local women's groups in the city of Uvira reported that more than 2000 women were raped. The Swiss Humanitarian Aid immediately supported medical and psychosocial care for the victims. Subsequently, SDC developed the program "femmes et enfants victimes de violences" with five synergies – four of them in the DRC and one in Burundi. A synergie is a network of local associations engaged in complementary aspects of support and protection of victims such as medical care, psychosocial accompaniment, legal aid and economic support as well as sensitization and advocacy.

SDC has gained a reputation among local associations and the international community for its

commitment and pioneering role in the Eastern Congo. The synergies proved to be an adequate organisational response to the multilayered needs of survivors of sexualized violence, and, almost as a side effect, the cooperation within the synergies is promoting dialogue and communication across ethnic and political divides as the partners are of different social backgrounds.

In the fragile post-conflict environment, the projects also face many challenges. Psychosocial accompaniment of victims is a huge responsibility that is carried out by lay persons – the leaders locaux or conseillères - who are extremely dedicated but have limited knowledge and skills to extend psychosocial support. Often they are not sufficiently supported by people with more experience because either such persons are not available or the dire transport situation in the DRC prevents them from visiting regularly; sometimes the helpers' personal safety is jeopardized because of their work. Projects have to find the balance between advocating for the rights of victims and provide targeted support without increasing the social stigma and the exclusion that victims of sexual violence face in their families and communities.

Local partners are very committed but the institutional and management demands are challenging for many of them, as psychosocial interventions require specialized and long-term engagement.

Six points to consider when implementing SGBV projects

Based on the experience in the DRC, six important areas have been identified that need to be considered in the protection of SGBV survivors and particularly survivors of sexualized violence:

1 Conceptual Issues – a holistic approach

- **Empowerment of women instead of singular focus on sexual violence**

War rapes are of unspeakable brutality; the numbers are often enormous and the suffering of the women is overwhelming. An immediate response to ensure that essential medical care and specialized services for rape victims are available is of key importance and targeted aid for survivors is therefore indispensable. However, such a single focus on victims of sexual violence may be problematic: Firstly, it may further stigmatize beneficiaries and, in some cases, lead women to declare themselves as a victim of rape to get access to project benefits (e.g. free medical treatment). Secondly, and this is even more important, rape is not the only violation, but happens usually in a context of women suffering many forms of discrimination and gender-based violence, including domestic violence, and together with men and children they experience immense war-related suffering that usually remains unaddressed. Thus, in order to provide meaningful support to victims of sexual violence it is necessary to open the project focus and strive towards a) gender equality and the empowerment of women and b) dealing with the trauma of war of individuals and communities.

• **Multilayered needs demand a multi-sectoral response**

The response to the victim of sexual violence has to be structured according to when the person comes into contact with a helper. Within the first 72 hours after the rape, the emergency medical treatment is a priority. Even at a later stage, a medical check-up can be useful or necessary but it is no more, as it is often treated by the counsellors, the first priority. In the first few days after the rape, the victim needs someone she can talk to and who can help her talk to family members. This is particularly important if the family has strong reactions or even sends her away. In the mid- and long-term, the victim must be supported in rebuilding her social and economic life and she may want to bring the case to justice. In this, she will need accompaniment, and perhaps, more intensive psychosocial care. To meet these needs a well-coordinated multi-sectoral response is indispensable. It must include

- a) Medical treatment
- b) Psychosocial counselling including mediation between victim and rejecting family/men
- c) Economic empowerment
- d) Legal support.

• **Preventing and reducing stigma attached to SGBV**

Survivors of sexualized violence are almost always confronted with social rejection and exclusion that aggravate the traumatic process. Hence it is of utmost importance to avoid interventions which will increase the stigma and exposure to public judgement of victims of sexualized violence. For example, visible benefits such as a counsellor in the community who only attends to rape victims or economic support only for victims of sexual violence should be avoided at all costs. Community development, women's empowerment or livelihood projects that are also able to address the particular needs of victims of violence are preferable to projects only for rape victims.

2 Basics of Psychosocial Accompaniment

• **Focal person in the community**

Because of shame and fear, rape survivors and generally victims of gender-based violence often do not seek help but have to be offered support proactively. Therefore, a system that reaches out to the women is vital. Focal persons should be identified in the communities, keeping in mind that these women should also work with other people in need. A focal person in the community should have the capacity for empathy with women who are rejected by society and the confidence that is required to successfully negotiate with family and community members. The major tasks of fo-



cal persons in the communities are to: a) identify rape survivors or other victims of SGBV, b) refer to medical facilities, c) be an active and empathetic listener for the survivors, d) identify together with the victims their priority needs and accompany them in their struggle for survival and recovery, e) refer to more specialized psychosocial or other services if required.

• **Creating spaces for SGBV survivors in the community**

The SDC projects in the DRC work with two different outreach models: The leader locaux (Bunia, Ituri) work from their home while the conseillères in Goma (North-Kivu) are based in maisons d'écoute (shelters). The advantage of a maison d'écoute is that it may serve as a temporary shelter for women who have been rejected by their families; also, confidential conversations may be easier if a separate space is available. However, if a maison d'écoute is exclusively used for victims of sexual violence, it will become a stigmatised location and sometimes, this may even jeopardize the security of those who use the shelter. Therefore, it is advisable to organize a variety of activities in the maison d'écoute such as trainings, get-togethers of women, cultural events, discussions besides the counselling and sheltering of victims. The leader locaux in Bunia who work from their homes are less visible to the public. This model also costs less than a separate shelter. On the other hand, receiving the victims at home and sometimes hosting them for days or even weeks may be a burden for the leader locaux and her family. The decision about the adequate model of support infrastructure must be guided by the intention to avoid stigmatisation of survivors and supporters and to reduce the risks of further harassment or assault by perpetrators. Issues of costs and sustainability, too, are crucial because in no area of armed conflict or transition will the work with survivors of SGBV ever be short-term.

• **Working with men**

Men are affected by SGBV as direct victims, indirectly as husbands/fathers of women who were raped, and as perpetrators. Neither in Bunia nor in Goma do the projects work specifically with male victims. But when they occasionally faced men who were raped, the counsellors were quite helpless. The stigmatization and ridicule of male victims is usually severe. Where rape of men occurs frequently, engaging male counsellors and sensitization work on the impact of rape of men is a must. The counsellors often get trapped in their own strong reactions against men who reject the women after rape and thus find it difficult to intervene effectively (see box).

Husbands of rape victims

The exclusion from their families is a major dimension of the trauma of victims of sexual violence. Rehabilitation efforts thus need to focus strongly on opening communication between the family members and to assess possibilities for the survivor's reintegration. Yet, this is an extremely difficult task and often the psychosocial focal person's discussions with husbands fail as in this example from Goma:

A man was faced by the militias with the choice: either we kill you or we take your wife. They then tied him up and made him watch them raping his wife. A few days later, the husband sent his wife away, he said she was now polluted and he was no longer able to touch her. The project counsellors were unable to convince the husband that it was his wife who had saved his life and he thus had to take her back.

A major reason for the failed family mediation was the difficulties of the counsellors to restrain from condemning the husband for his behaviour. It was difficult for them to imagine how the man must have felt when he had to watch the violence his wife had to endure so he could live: extreme fear, total powerlessness, shame, guilt, humiliation. Sending her away, a culturally accepted and even expected practice after rape, may have been his way to regain some power and manliness – but may have ultimately hurt him even more.

Family interventions should focus on helping all members to express how the violence had affected each of them and to acknowledge each others suffering. Only on the basis of such mutual understanding will it be possible to work towards a true support for the rape victim. Acquiring the knowledge and skills for the work with the husband and other family members should form a centre piece of trainings for all those who support survivors of non-domestic rape.

When dealing with domestic violence, counsellors should first help the women to reflect on their situation and to prepare a safety plan. If the woman permits, the counsellor should intervene with

the husband and support him to understand how his violent behaviour impacts his wife and children and ultimately his own well-being. Such interventions should only be undertaken if the counsellor doesn't put her-/himself at risk.

For prevention of SGBV it is essential to work with men (see Sensitization and Awareness); if possible particularly with men who return from active participation in the armed conflict and are brutalized and traumatized.

• Referral options and referral chains

A project in support of SGBV victims has to plan its referral chains. Three major links to specialized services are to be established:

Emergency medical treatment

According to the WHO protocol, each victim of sexualized violence should receive emergency medical treatment within 72h. Community workers must know how to accompany a victim to which medical service. The project must give careful consideration to a system of cost recovery for transport so as to ensure sustainability. Covering these expenditures with project money is at best a short-term solution.

Specialized psychosocial interventions

Often, the cases are too difficult to handle for the community focal persons. From the beginning, therefore, projects must invest into enabling selected persons to work with victims suffering from severe traumatic reactions and to support field staff in dealing with difficult cases. If specialized centres exist in the project area, a memorandum of understanding and clear referral protocols should be worked out to ensure smooth cooperation. It is particularly important that people supporting the field team also have knowledge on how to support victims that have been infected with HIV/AIDS and how to help mothers and their children who were conceived during rape.

Other specialized services

As survivors of SGBV require various types of support for their survival and recovery, the focal points in the communities and the psychosocial specialists have to closely work with organisations that provide legal aid, income generation support, facilities for disabled persons, support for people living with HIV/AIDS etc. This seems logical. But difficult communication, conflict or competition among associations and a lack of awareness of each others activities often hamper professional cooperation among service providers. Therefore, special attention has to be paid to creating viable working links between organisations.



A difficult case

A group of militia stormed the house of a family and killed every member except a 14 year old girl. The girl was raped by all the militia men and after they finished they took the pot of water that was boiling on the stove and poured it over the girl. They left, thinking she would die. But she survived. Today, she is 17 and severely handicapped because the burns contracted the skin. She cannot move around. In the village she was looked after by a woman, a rape victim herself, whose husband was rarely at home. The leader local helped the girl to go to MSF hospital. She now has an operation date and hopes that she will recover. It is, however, very likely that she will remain disabled albeit to a less severe degree. The girl talks often about her fears of the future, she asks whether she may have a chance to get married and wonders what she could do to survive economically. And she talks about her wish to learn to read and write and generally to learn something. At times she seems withdrawn and hardly reacts if talked to. She is extremely vulnerable to further physical assault.

A case story from the SDC Project in DRC, 2008

• Psychosocial training and support of project staff

A focal person in the community should have the opportunity to attend regular trainings. This will not only allow her to help the SGBV survivors more effectively, it will also help her feel less helpless in view of the overwhelming suffering of the victims. The trainings should focus on:

- basic understanding of psychological, social and medical implications of SGBV for female and male victims and their children and other family members
- communication skills, active listening
- analysis of the specific needs of each survivor
- addressing the specific issues related to children born out of rape
- understanding the importance of empowerment rather than managing the victims
- mediation and negotiation skills
- referral protocols and referral options
- skills required for her other work (i.e. if the focal person is also engaged in awareness activities or in women's empowerment or in leading saving groups etc.)

Staff that deals directly with victims should also have an opportunity to reflect on their own difficult experiences – some may have suffered from SGBV, too – and on their personal values and attitudes towards victims of sexual violence.

• Strengthening links between periphery and center

Trainings alone are not the only support that focal persons in the community require. It is highly important that they are regularly supported with supervision, practical guidance and encouragement by their better trained supervisors. In war torn regions where transport systems are grim and the security situation is fragile, building strong links between the community workers and the supervising staff that often stays in the urban areas is a challenge. Thus, any outreach project has to give sufficient consideration on how to establish a feasible support and supervision system for its field staff.

• Protection of staff

For any project working with victims of violence, the protection of staff members is a priority. Protection always encompasses two aspects: the protection of staff against external security risks and self-protection as a means to prevent burn-out and secondary traumatisation.

It must be clear that the security of the staff is not a private matter but is a primary responsibility

Justine Masika Bihamba,
co-founder of the movement against gender-based violence in Eastern-DRC



of the project leadership. Staff must be helped with risk management and must be supported if something happens to them. Local organisations may need occasional external support in discussing such issues as long experiences through war and violence may lead to belittlement of risks or to a loss of concern for the plight of others, particularly of subordinate staff.

Self-protection from burn-out and vicarious trauma is a key element in every psychosocial intervention. Self-protection means providing space for people to reflect and order their experiences. Ideally, regular external supervision can take place, in groups or individual sessions. When no professional supervision is available, other means have to be found: staff should regularly discuss cases among themselves; trainings or staff meetings must always include case discussions. Supervision and support by phone or internet can be an alternative when mobility is restricted.

• Define appropriate objectives and indicators

When working with trauma, it is highly important to define realistic objectives because people in crisis areas deceive themselves regarding the extent of the loss and destruction. This is supported by unrealistic expectations of donors as to what can be achieved by the partner organisations in a short period of time. And often, such projects set only quantitative objectives. But the number of persons that were accompanied by the project doesn't mean much if nothing is said about how this treatment supported the women. Case documentations should thus form a central piece of monitoring and reporting. The descriptions of difficult cases and of success stories illustrate the complexity of the work and help the project and the donors to understand the reality better.

Furthermore, the combination of quantitative objectives with targeted aid (i.e. services available exclusively for victims of sexual violence) may lead to adverse effects when other persons in need declare themselves as victims to access the benefits, or, when project staff feels urged to inflate the numbers with 'wrong cases' to fulfil an objective. Such unintended negative effects can be prevented when the project defines appropriate objectives with quantitative as well as qualitative and process oriented indicators.

3 Sensitization and Awareness – addressing social taboos

The change of public attitude towards women and addressing the social taboos surrounding all forms of violence against women is key for the prevention of SGBV and the protection of victims. Most projects engage in awareness activities but often not very successfully. The focus usually is on disseminating messages rather than on a dialogue with community groups about gender relations and the reasons for the violence; discussions should focus on how the sexual and domestic violence harms women and men and what could be done to increase the women's safety and thus their and their families' well-being. Sensitization should not be reduced to information about what should be

done after a person was victimized. Rather, the aim should be to create awareness and to support people to take action – or speaking with Paulo Freire – the aim is conscientization. Such work with community groups needs to be learned and regular training and support of those who facilitate such discussions is a must.

Men are probably the most important target group for sensitization. Unless their attitude to women changes no progress can be made in the prevention of and protection from sexual and domestic violence. Men have to be helped to understand how violence against women and generally unequal gender relations ultimately harm their own dignity and well-being and undermine the stability of their families. Often it is easier to facilitate such discussions first in gender-segregated groups. How to attract men to participate in such discussions, however, is a question that SGBV projects all over the world are wrestling with. Innovative initiatives on working with men and boys against gender violence have been documented for example by the 2001 Bellagio group and the Brazilian Instituto Promundo.

4 Justice for victims

Justice for victims acknowledges publicly the harm that the survivor has experienced and contributes to the rehabilitation process. At the same time, justice and legal systems in war-torn societies have generally many flaws. Security and protection for the victims cannot be guaranteed and prosecution procedures may expose her to further humiliation and re-victimisation. Often, the chances that perpetrators will actually be convicted and that victims receive compensation are extremely slim and such failed attempts reinforce the general climate of fear and impunity.

Hence it is of utmost importance to carefully assess the objectives and possible consequences of legal action for the survivor of sexual violence as well as for those who help her. Legal advisers and human rights lawyers involved in SGBV interventions should seriously collaborate with psychosocial staff in developing strategies for the best protection of the victim and her supporters when legal action is initiated. Furthermore, psychosocial and legal professionals should cooperate closely when they train personnel of the judiciary and security sector.

Violence against the conseillères

After a conseillère encouraged the family of a 13 year old girl who was raped by a militia man to denounce the aggressor, she was threatened by the rapist: He let the conseillère know that she and her three teenage daughters were no longer safe. She tried to involve influential men in the village to talk to him but with no results. The conseillère advised her girls to stay close to the house and not to go anywhere alone. Each time she hears that the militiaman is in her area, she does not sleep at night and worries all day. When the conseillère told her story during the evaluation meeting, the others brought up their stories of threats and fear and told of colleagues who were raped by men who wanted to punish them for their work.

Case story from the SDC project in DRC, 2008

5 Economic Support

Because victims of sexualized violence are often sent away from their families and communities and/or are unable to work as they used to before the assault, economic hardship has to be addressed as an important part of the rehabilitation process. Ideally, the economic support schemes should take into account the capacities, interests and resources of each woman and should avoid interventions such as a goat for everyone. Activities in groups, such as saving, can be a useful economic support and in addition strengthen the often fragile social relations and support networks. However, it has to be taken into account that not all survivors feel strong enough to join a group and thus must be supported individually. Groups, particularly in rural areas, should not only consist of victims. Sometimes, however, economic groups for survivors can also be a platform for solidarity and mutual support.

6 Role and Responsibility of Donors

What needs to be taken into account when planning and implementing a psychosocial project? And what is the role and responsibility of donors in this context?

• Conflict sensitive choice of partners

Donors are never only external financers of aid but become inevitably part of the complex intertwined system of local development with conflict economies. The selection of a partner organisation or of local staff should therefore never only be guided by the professional capacities but equally by their allegiances and politics. This also applies when cooperating with multilateral institutions or other international actors, as they too, are part of the system and usually work with local staff.

SDC's experience in the DRC showed that supporting networks of local associations with complementary mandates – the so called synergies – may have a stabilizing effect because it can foster dialogue and communication between groups with different social and ethnic backgrounds. The

DRC-experience, however, also showed that such a dialogue requires a capable facilitator, i.e. a coordinating person or agency that is able to ensure real cooperation by balancing diverse interests. In some contexts bringing different groups together is not appropriate or workable. Whatever the choice of partners, it has to be made in view of its implications not only for the quality of work but also in relation to the impact it can have on the local conflict situation.

*«They break humanity,
we break the silence!»*

Micheline Calmy-Rey

Federal Councillor

Head of the Federal Department of Foreign Affairs

Working with Synergies - a conflict sensitive model

The synergies in Ituri and North-Kivu include partners of different ethnic and political allegiances. In a war that was, particularly in Ituri, fought along ethnic lines, the inclusion of representatives of different groups was essential for the acceptance of the intervention by a broad population. At the field level, the leader locaux in Ituri made a conscious decision to support victims of violence in neighbouring villages with different ethnic identities. Initially, this required enormous courage and was only possible with the support of a local peace initiative that facilitated the leaders locaux' crossing of front lines.

Cooperation among the different synergy-partners was not always easy. The strong lead by the coordinating agency was crucial in building a common project vision and also, at times, in managing tensions and conflicts. In Ituri as well as in North-Kivu, the coordinating agency also played a central role in strengthening the organizational capacities of the synergy-members – a precondition for both an effective service to victims and proper management of the project.

SDC project in DRC, 2008

• Capacity building and management support

A careful choice of partners is crucial also regarding management requirements. An assessment of the institutional and administrative capacities of potential partners allows the donor to get a clear picture on what kind of management support the donors should provide. The reality is, however, that in emergency contexts we often deal with young organisations that are inexperienced in terms of project management and fund administration. In addition, psychosocial projects are complex and require particular know-how, not only for the counsellors but equally for the managers who have to understand the logic of psychosocial work in order to make correct decisions. Thus, capacity building of partners should not have the sole objective to receive satisfactory reports and avoid mismanagement of funds; instead, strengthening the professional capacity of projects should be understood as an essential contribution to quality services for victims. The allocation of adequate resources is a necessary investment to fulfil the protection mandate for victims.

Partner organisations should consider the following four key management responsibilities:

Develop training and protection strategy for staff

As soon as feasible after the start of the emergency intervention, an assessment should be carried out to identify the partner's capacities and training needs for management and different categories of staff. The issues highlighted in point 2: Basics of psychosocial accompaniment should guide the design and content of the training strategy. Special attention has to be given to support and protection measures for field staff.

Organize regular follow-up and support

When organizations are weak and work in a difficult context, regular and reliable follow-up is required. A person from outside the entanglements of the particular context can be a great resource because she or he has the distance to help partners to reflect on their work and to structure it. Frequent contacts that also coincide with moments forts of the project cycle are essential. If a donor does not have the time or professional expertise, such accompaniment may be provided by an external consultant.

Define realistic geographic coverage

When needs are overwhelming, partners and donors wish to help everywhere. But providing support to victims of violence requires long term commitment and high investment in staff training and support. Survivors of violence need transportation to reach services and projects have to supervise field staff. Often, the resources needed for transportation and follow-up are not sufficient when project sites are spread too far and too thin, which affects the quality of the work. Therefore, any project should define the geographic coverage by the means that are available for solid work. A well defined project area also increases synergies among the different partners and services involved.

Plan long-term

Sexual and gender-based violence never stops when the war is over. To the contrary, often domestic violence even increases in transitional and post conflict periods as many men experience the transformation from military to civilian life as a loss of power and status which they compensate with violence against women and children. Also, survivors often require accompaniment over a long period of time. Therefore, interventions in the area of SGBV are never short-term. It is important to keep this in mind. It will make it easier to see the need for investment in capacity building and in developing sustainable solutions.

• Invest in advocacy for victims of violence

SDC has gained a lot of experience and insights into the issue of SGBV in the Great Lakes region and has made great efforts to give victims a voice through active advocacy interventions. This is in line with the mandate of the Humanitarian Aid that has defined advocacy as one of its strategic tasks. It is a responsibility of donors to make the best use of their political capital to better protect victims and ensure that assistance and support is directed to those who really need it. When working with

victims of violence, donors should discuss with their partners what advocacy actions are to be pursued at which level in order to create pressure for the protection of victims while respecting their dignity.



Checklist

	Issue	What to keep in mind	Key questions
1	Conceptual issues – a holistic approach	<ul style="list-style-type: none"> Focus on gender and empowerment rather than only on sexual violence Multilayered needs demand multi-sectoral responses Make sure project interventions prevent and reduce stigma attached to SGBV 	<ul style="list-style-type: none"> How does the project reflect on causes and consequences of violence and gender inequalities within its context? How does the project organize the links among the different intervention lines? How is the project working towards creating relationships of solidarity and support in the community?
2	Basics of Psychosocial Accompaniment	<ul style="list-style-type: none"> Develop a context specific outreach system to identify, receive and accompany victims of sexual violence Invest in psychosocial training and provide resources for staff supervision and protection Be aware that staff protection has two dimensions - protection from external security risks and self-protection Be aware of potential negative effects of aid targeted exclusively to victims of sexual violence Define realistic objectives and indicators 	<ul style="list-style-type: none"> How are focal persons in the community selected, trained and supported? Is the 72h protocol for medical treatment established and respected? Does project staff understand and practice the basic psychosocial attitudes towards victims - listening, acknowledging the pain and supporting the person to regain control over her life? Does the project staff know how to deal with children born after rape? Are victims referred to more specialized services if required? How is case work documented? How does the project organize supervision and support its staff? Does it deal with risks and take responsibility for staff security?
3	Sensitization and Awareness	<ul style="list-style-type: none"> Sensitization is more than disseminating messages – its about <i>dialogue</i> with the community The objective of sensitization is change – of attitudes and practices Men are a key target group to address social taboos surrounding violence against women 	<ul style="list-style-type: none"> In what way do sensitization activities work towards more support and acceptance of victims of violence in their communities? Is community sensitization interlinked with other interventions (psychosocial, legal)? Are people who do sensitization activities properly trained? What are the projects' strategies to involve men in a dialogue on SGBV and women's status in the society?
4	Psychosocial work and Justice	<ul style="list-style-type: none"> Know that justice for survivors of SGBV is a key for violence prevention and contributes to the rehabilitation process Be aware that prosecution procedures may expose survivors to further humiliation and re-victimisation Assess possible consequences and risks of legal actions for the survivors and her supporters 	<ul style="list-style-type: none"> What are local and national legislation and justice mechanisms on SGBV? Does project staff respect the fact that legal actions may have negative consequences? Is there any indication that they pressurize the victim to seek legal action? Do legal advisors and psychosocial staff cooperate and ensure close accompaniment of victims during prosecution procedures? Does the project address judiciary and security personnel (sensitization, training)?
5	Economic Support	<ul style="list-style-type: none"> Acknowledge that dealing with economic hardship is one of the top priorities for victims of SGBV Develop tailor made economic support schemes for each woman 	<ul style="list-style-type: none"> What are economic opportunities for women in need (victims or not)? How does the project analyse the economic needs and options for beneficiaries? Do economic activities strengthen or weaken ties of solidarity in the community? Does it create resentments (between those who benefit from the project vs. those who don't)?
6	Role and Responsibility of Donors	<ul style="list-style-type: none"> Be aware of allegiances and politics when selecting local partners - make a conflict sensitive choice Resource allocation and investment in capacity building are part of the protection mandate for victims Plan for support to be available over a long period of time Define realistic geographic coverage Make best use of your political capital as a donor and invest in advocacy for victims of violence 	<ul style="list-style-type: none"> Has a conflict analysis been conducted? Does the donor know the history, mandate and background of local partners? What has been done or planned to ensure sustainability of services?

Annex: References and Resources

SDC Tools and Guidelines

- SDC (2005) Gender, Conflict Transformation and Psychosocial Approach (OPSI)
- SDC (2008) Gender and Humanitarian Aid (Toolkit), thematic checklist sheet 6 on SGBV
- SDC (2008) Code of Conduct for SDC Employees and Partners.

Other Guidelines

IASC 2005/2007 - Guidelines for gender-based Violence Interventions in Humanitarian Settings. Focusing on Prevention of and Response to Sexual Violence in Emergencies.

http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsi-tf_gender-gbv

UNHCR (2003) Sexual and Gender-based Violence against Refugees, Returnees and IDPs. Guidelines on Prevention and Response.

<http://www.unhcr.org/protect/PROTECTION/3f696bcc4.pdf>

Background Reports

DCAF (2005) Women in an Insecure World. Violence against Women. Facts, Figures, Analysis.

DCAF (2007): Sexual Violence in Armed Conflict. Global overview and implications for the security sector.

Human Rights Watch (2002) The War Within the War. Sexual Violence Against Women and Girls in Eastern Congo.

ICRC (2008): Women and War.

International Alert (2005) Women's Bodies as Battleground: Sexual Violence Against Women and Girls During the War in the Democratic Republic of Congo. South Kivu (1996-2003).

Unifem (2007): Women Building Peace and Preventing Sexual Violence in Conflict-Affected Contexts. A Review of Community Based Approaches.

UNFPA (2006) Sexual Violence Against Women and Girls in War and Its Aftermath: Realities, Responses, and Required Resources.

Documents and reports supported and/or produced by SDC

IRIN (2004) "Our bodies – their battle ground". Gender-based Violence During Conflict. Web Special and CD.

IRIN (2005) Broken bodies, broken dreams. Violence against women exposed.

IRIN (2007) The shame of war. Sexual violence against women and girls in conflict.

MSF (2004) "I have no joy, no peace of mind". Medical, psychosocial, and socio-economic consequences of sexual violence in Eastern DRC.

Radio Suisse Romande (2005) Hommage à toutes les femmes victimes de violences en temps de guerre (CD).

SDC (2007) "Non à la Violence" Bande dessinée (français, kirundi, kiswahili)

Radio Okapi reports and website on SGBV and the launch of the Bande dessinée

<http://www.radiookapi.net/>

Authors of the Fact Sheet:

Ursula Keller, cfd (Christlicher Friedensdienst) www.cfd-ch.org

Barbara Weyermann, opsi (Office for Psychosocial Issues), www.opsiconsult.com

Eva Zimmermann (contribution)

Graphic: Frank Baumann, Atelier Mausclick, Belp, Switzerland

Photos: SDC and Nathalie Guinand