

Policy Recommendations on Sexual and Gender Based Violence Prevention and Treatment in sub-Saharan Africa:

How Canada should contribute to ending cycles of sexual violence and abuse

Description

Wartime rape has received a great deal of international attention over the past few decades, placing the impact of Sexual and Gender Based Violence (SGBV) in conflict and post-conflict countries on the international agenda as not simply an inevitable by-product of war¹, but a central issue in conflict around the world. SGBV during and post conflict has mostly been conceptualized as the “rape of women and girls by security forces and other armed groups” and that definition prevails today since levels of sexual violence against women around the world remain high²³. World Health Organization (WHO) data estimates that 1 in 3 women suffer sexual / physical violence in their lifetime. However, this definition is too narrow to capture the full impact and prevalence of SGBV and may even be detrimental to ending cycles of violence in many areas. SGBV has not been adequately responded to in humanitarian emergencies and post conflict contexts⁴, and more effective policies and programs are needed to end the violence. There needs to be a shift of focus towards the perpetrators and the root causes of SGBV, and not just a focus on women as victims in need of treatment. A narrow focus on survivors of SGBV has rendered some groups partially invisible, while re-victimizing others. A more inclusive understanding of the root causes of SGBV and how gender identity affects SGBV is needed, alongside better data, which are responsive to the culture and context in which projects and programs to prevent SGBV exist.

Originally, SGBV was officially adopted as “Gender Based Violence” (GBV) in 1993 by the international community, defined as “violence against women and girls”⁵. For many organizations, GBV is still defined in that way. However, there has been a shift in the last decade towards addressing a wider range of violence, including sexual violence against the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community, while at the same time exploring the aspects of masculinity and sexuality that contribute to GBV⁶. This brief defines SGBV as violence (sexual violence or violence based on gender identity) directed at an individual because of the individual’s specific role in society, particularly with respect to the reproduction of gender roles and norms⁷. This includes not only wartime rape against women, but also rape, sexual abuse and gender discrimination during and post conflict against women, men and people of marginalized communities.

Analysis

While violence against women narrowly defined as *sexual violence* during conflict limits the scope of the impact of conflict on women and of the definition of SGBV, masculinity is often simultaneously narrowed to the traditional stereotype of physical strength and aggression. During times of conflict, patriarchal hierarchies defining “real” masculinity through demonstrations of strength and aggression leave little room for pacifist males or less violent characteristics on the part of men⁸. The violence from armed individuals is part of a greater issue of militarized masculinity, meaning that the most acceptable version of being a “man” is

defined by physical strength and the exercise of power, a definition of masculinity that is seen to give men the right to women's bodies to fulfil their needs and / or to give men the right to take out frustrations on the bodies of others⁹. If we take the Democratic Republic of the Congo (DRC) as an example, this ideal of masculinity is not confined to armed groups, it is also demonstrated by the civilian population and peacekeeping forces¹⁰. Although armed individuals, including the country's military, continue to perpetrate a large proportion of sexual abuse, sexual abuse is also perpetrated by teachers, pastors, priests, peacekeepers and intimate partners¹¹; all of whom also benefit from notions of impunity pervasive in the region, as well as from the shame and silence that keeps victims from speaking out. Women who are survivors of SGBV face high levels of stigma because common ideals of femininity conceptualize sexually victimized women as 'sullied' and unsuitable for marriage, and they may be rejected by family or current partners¹². This motivates victims to remain silent if and when they can.

In the DRC, common gender norms conceptualize being a victim as a weakness associated with femininity and therefore a man who has been a victim of violence, especially sexual violence, appears to have failed to demonstrate his masculinity¹³. The stigma and shame that men face are exacerbated by the belief that a male victim of sexual violence is (or becomes) a homosexual, regardless of their actual identity or preference¹⁴. This simultaneously increases the inclination of a male victim to be silent while reinforcing the attitudes towards non-heterosexual identities in the region. There are likely data shortfalls since individuals who do not fall into the dominant narrative of "women as rape victims by armed groups" are even less likely to report the violence committed against them due to the associated stigma and shame. The consequence of the invisibility of SGBV perpetrated by and against groups outside the dominant narrative "further entrenches simplistic gendered distinctions between victims (women) and perpetrators (men)"¹⁵.

In order to understand the causes of the violence, the experiences and motivations of perpetrators need to be understood¹⁶ and addressed in policy and programming to end SGBV. This is by no means an argument to stop providing treatment to victims of SGBV through international aid: it is in fact an argument that, as for any health issue, the best treatment is prevention. Despite over a decade of training on gender-based violence and agreements to protect human rights in emergency settings, the record on protecting individuals against [S]GBV has been dismal, as Thompson & Okumu (2014) report, based on the situation in Darfur¹⁷. Potts & Zuco (2014) state "Failing to include GBV-specific programming in emergency interventions carries consequences: first responders may inadvertently expose women and girls to additional risks; weaken the foundation for their resilience and health; and create barriers to reconstructing the lives and livelihoods of individuals, families and communities."¹⁸ Although we cannot stop current widespread abuse, we can build interventions that stop cycles of abuse by targeting the causes of the violence and better understanding what motivates perpetrators of SGBV.

Recommendations - Policy Options for Canada:

Developing policy options for Canada in its international development work requires a thorough understanding of the local contexts, culturally sensitive collection and analysis of reliable data¹⁹, and partnerships with local organizations, international organizations and other government bodies. In terms of

data collection, it is important to recognize that a lack of data does not mean an absence of SGBV. From some assessments conducted by Non-Governmental Organizations (NGOs) working with people displaced by regional instability we know that, even if there have been few reports of SGBV in an area, after clinics are provided to respond to cases of SGBV, survivors come forward.²⁰

All of the following policy options point to the need for a shift of focus towards preventing SGBV and ending the cycles of violence that occur in post-conflict settings, while providing culturally sensitive treatment as well. The main options fall into six categories:

1) Organizations working abroad **should not separate sexual violence against women from other kinds of sexual violence and gender based violence**, thus recognizing SGBV perpetrated against men and boys, the LGBTI community and people with disabilities. Women-focused strategies neglect the legitimate rights and needs of men and boys and people of other gender identities as survivors of violence and SGBV and they endanger the long-term goals of ending violence against women by strengthening gender-power inequalities and stereotypes²¹, while conceptualizing female victims as sexed, injured and incapacitated bodies²².

2) Institutions both internationally and nationally must **engage in Security Sector Reform (SSR) as well as judicial system and government system reform** to make state institutions more gender sensitive and capable of preventing and responding to SGBV, while improving civil - military relations²³. Part of the improved relationship between the military and the civilian population includes the reintegration of female and male ex-combatants and the professionalization of the military²⁴ under civilian command. Donor countries such as Canada, as well as international organizations, may be more effective if they use a systemic approach, with programs that support the capacity building and gender-equality training of security forces and the judiciary while also working with national institutions in areas such as education and health²⁵. For Canada, this approach includes expanding Canadian Police Peace operations overseas²⁶, for example, to enable partner country police forces to respond to SGBV victims with sensitivity when they file their complaints. Canadian Police already receive some training about SGBV before going overseas, however this training and the training of Canadian Military prior to deployment should be expanded, incorporating well developed training from experts on gender and SGBV prevention. Training on SGBV and gender equality through state institutions as part of SSR must also acknowledge the rights of all survivors including LGBTI individuals²⁷ and disabled people.

3) For the prevention and treatment of SGBV, there needs to be a **full range of sexual and reproductive health education and services** provided, including culturally-sensitive training at community levels, in education systems and in health-care systems (including the promotion of sexual autonomy, and prevention and treatment of sexually-transmitted infections and gynaecological issues²⁸). Many SGBV issues are related to the following: ending forced marriage including girls “married” to combatants, eradicating gender discriminatory laws, promoting consensual sex and criminalizing spousal rape²⁹. Sex education should be included in the prevention and response to SGBV through training on “sexuality, sexual attitudes and behaviours as well as the psychological dimensions of intimate relationships”³⁰.

4) There needs to be a **provision of psychological and emotional counselling**³¹ and support to prevent a cycle of violence: this includes supporting behavioural change by promoting positive male role models and equitable relationships and recognizing the unique needs of children born as a result of rape. The programming and interventions to provide psychological support need to enable perpetrators and survivors to come forward and address the personal and community impacts of SGBV³². It is important to engage with men to promote gender sensitivity and prevent violent sexual behaviour³³ since most traditional gender norms are patriarchal and men will more likely be in positions of power and culturally sensitive psychological counselling will help change the behaviour of men as perpetrators.

5) **Engaging with locals to ensure contextual and cultural understanding** throughout programs is necessary, as change needs to be led locally³⁴. This means understanding local gender relationships and the norms around femininities and masculinities as well as other identities including ethnicity³⁵ and marginalized gender identities. Canada should work with local NGOs and civil society organizations which understand the context, culture and the language spoken in the post-conflict regions and which can understand the need to improve gender equality to end the cycle of SGBV. Duncan (2014) provided valuable insights on working with communities in the DRC, including the following: there should be safe spaces for locals to discuss SGBV, feedback from community members should be sought and incorporated and there should be education on how SGBV affects whole communities³⁶. Integrative partnerships between donors and local organizations require an in depth contextual understanding. Therefore, long-term contracts for organizations are important for sustainable change on SGBV in sub-Saharan Africa³⁷. Programs and projects should be flexible and adaptable to the contexts in which they are implemented³⁸, as numerous studies indicate that gender norms, which may contribute to continued SGBV, are difficult to change³⁹ and require interest and buy-in from target communities.

6) Finally, projects and programs should **promote economic, political and personal empowerment of all members of society**⁴⁰ so that individuals are less inclined towards participating in transactional sex, sexual violence as an abuse of authority, or the use of sexual violence to assert power over others. Projects and programs to address SGBV should help people improve their personal security and economic empowerment through lowering their risk of social marginalization⁴¹.

Prevention of SGBV has received less attention than treatment for SGBV as it is complex and success is hard to measure. The Inter-Agency Standing Committee (IASC) has provided Guidelines for Interventions in Humanitarian Settings, stating that: “All humanitarian actors must take action, from the earliest stages of an emergency, to prevent sexual violence and provide appropriate assistance to survivors/victims”⁴². With advances in the understanding of the multiple causes of SGBV, that objective can be realized. A quick guide by the UNHCR (2011) provides ten minimum steps to prevent and respond to SGBV, and elaborates on several of the points raised above with concrete recommendations.⁴³ These tools may provide policy makers for projects and programs a basis from which to work towards the main goal of ending SGBV.

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- ⁴ Humanitarian Exchange (Feb 2014) *Special Feature Gender-Based Violence in Emergencies, Commissioned by the Humanitarian Practice Network ODI*: Potts, A. & Zuco, V. *If GBV programming is essential in emergencies, how do we do it? Developing a model to operationalise existing guidance* (pages 10-12), Thompson, M. et al. *Building a web of protection in Darfur* (pages 24-26)
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- ⁷ Ibid.
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- ¹⁹ Ibid.: Bhuvanendra, D. & Holmes, R. *Tackling gender-based violence in emergencies: what works?* (pages 3-4)
- ²⁰ Ibid.: Bain, A. & Guimond, M-F. *Impacting the lives of survivors: using service-based data on GBV programmes* (page 16)
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