Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed differences between males and females. It includes public or private acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. Some common manifestations of GBV include e.g. child marriage, female genital mutilation, trafficking, and intimate partner violence.

The risk of violence, exploitation, and abuse is heightened during emergencies. Katja Köykkä, Fida’s Special Advisor to the Country Programme in the Democratic Republic of the Congo (DRC), recalls the sad reality of war throughout history, and it has a cheap and terrifying way of destroying people. What makes it even more gruesome here is that the majority of survivors of rape are never able to return to their home villages due to stigmatisation. The same intolerable story is repeated and reported globally: when people flee their homes, they are at greater risk.

Sexual and gender-based violence (SGBV) takes a comprehensive hold of a survivor’s life. It is a personal tragedy inflicting physical, psychological, and social trauma. Often there is a risk of sexually transmitted infections, injury and pregnancy as a result of rape. Children born from rape are targets of hate, abandoned and left without identity. The tragedy does not end there, however, as families get broken and ties to one’s community get severed. Shame prevents from seeking help leading to untreated illness, a broken psyche, and reinforced cycles of violence. Justice is not sought, and perpetrators are not punished.

“"This is not just a humanitarian crisis. This is a real crisis of our humanity. It is our common responsibility to help these survivors who have been denied the protection they need. The silence must end. Violence gains its power from silence.”"
In DRC, Fida has partnered with the Communauté des Eglises de Pentecôte en Afrique Centrale (CEPAC) for several decades. Recent field assessments tell the harrowing story of constantly growing cases of sexual and gender-based violence. Dr. Denis Mukwege (2021), a Congolese gynaecologist, founder of the Panzi hospital, and the 2018 Nobel Peace Prize laureate, appeals: “This is not just a humanitarian crisis. This is a real crisis of our humanity. It is our common responsibility to help these survivors who have been denied the protection they need. The silence must end. Violence gains its power from silence”.

FROM PAIN TO LIFE - A CALL TO ACTION

The harsh realities of GBV in humanitarian crises have not gone unnoticed on any level. The direction has been set, whether it is a global initiative or community-led response. The call is to prevent, mitigate and respond to GBV.

A global initiative4 “Call to Action” was launched in 2013 to put much needed attention on the GBV crisis. The three core objectives of the Call the Action remain crucially valid. Humanitarian actors are called to establish accessible specialised GBV services and programmes, integrate and implement preventative actions to mitigate GBV risks, and continue to mainstream gender equality and women’s empowerment from the very earliest stages of a crisis.

These objectives were all recognized in September 2023, when Fida and the Finnish Ministry for Foreign Affairs hosted a webinar titled “From Pain to Life” to address the GBV crisis. The webinar discussions strongly brought up what is compounded in numerous policies and guidelines: we are faced with a task that requires action and commitment down the pyramid of power in our societies.

There is a need for holistic development to change the course of GBV from the current and constant rise to its decline and its much-anticipated demise. GBV is a reflection of steepening gender and social inequality. Persons with disabilities are three times more likely to experience physical, sexual and emotional violence than persons without disabilities; and women with disabilities are ten times more likely to experience sexual violence than women without disabilities5. Between 40%-68% of young women with disabilities will experience sexual violence before the age of 18. Building more equitable societies, supporting safer schools that in turn build-up stronger societies, strengthening democracy and the rule of law and judicial processes, and fostering an environment of healthy discussions around sexual and gender-based violence are all part of the journey to eliminating GBV.

Fida works with a localised approach and a focus on ensuring local and national ownership. Fida and its local partners have programming for prevention, mitigation and response to GBV. Two of the key areas of work are in sexual and reproductive health and rights (SRHR) and psychosocial support. The aim is to prevent harmful practices, such as child marriages, female genital mutilation and intimate partner violence, that are all forms of sexual and gender-based violence. SRHR and psychosocial support often have a great synergy in addressing GBV prevention and response through awareness-raising, advocacy and education. Male engagement also plays a growing role in reducing harmful practices and SGBV.

One efficient tool in preventing SGBV, HIV and unwanted pregnancies is comprehensive sexuality education (CSE). Many young people lack basic information about puberty, menstruation and pregnancy, especially youth with disabilities. Creating a solid base of knowledge is necessary to address SGBV. In the area of mitigation and response to GBV, Fida and its partners put special focus on the protection of children, i.e. by establishing inclusive Child-Friendly Spaces (CFS). Children are given a chance to be heard and provided with safety to play and learn positive coping mechanisms.

---

4. The Call to Action on Protection from: Gender-Based Violence in Emergencies is a global initiative of governments and donors, international organisations (IOs) and non-governmental organisations (NGOs).
5. UNAIDS, Fact sheet — Zero discrimination against women and girls (unaid.org)
Village leaders, religious leaders, hospital staff, community members and survivors alike call for the same thing: children and youth need education and support to build a future without violence.

POLICIES AND PILLARS IN ACTION

Policies
The humanitarian mandate and principles of humanity, neutrality, impartiality, and independence are at the foundation of preventing, mitigating and responding to GBV. The UNHCR Policy on GBV prevention outlines key issues to consider in humanitarian programming.

Ensuring the safety and dignity of the people in need is at the core of humanitarian action, putting special focus on those in most vulnerable situations and disability inclusivity. Careful needs assessments and contextual understanding are needed to ensure non-discrimination and meaningful access to humanitarian services. Sadly, ensuring access to those in greatest need is exceptionally difficult as GBV is riddled with stigmatization, leaving survivors inconspicuously silenced.

Accountability and participation as well as empowerment are at the core of GBV mitigation and require policies that are thoroughly understood and implemented and frequently monitored. Humanitarian actors also need to identify risks of sexual exploitation and abuse (SEA) by humanitarian workers as a form of GBV and work to extinguish possibilities of harmful actions.

Pillars of Response
GBV responses are founded on four pillars: health services, mental health and psychosocial support, legal action, and a socio-economic response. Survivors of GBV and especially survivors of sexual assault, need healthcare and often surgical care to treat battered bodies. Psychological and social support are just as needed to care for a shattered spirit and severed social support systems. The goal of legal services aim to bring the perpetrators to justice. However, access to legal services and trust in the police and justice system is low leading to reluctance of GBV survivors to seek help from formal systems. They are seen to be unable or unwilling to help and feared to cause further psychological harm and deny protection.

Crises weaken national systems. Health and legal systems, and community and social support networks are broken down as people flee their homes and end up in temporary settlements with dire humanitarian needs. It is difficult to hold perpetrators accountable in an environment of impunity.

The culture surrounding rape will only change when there are clear rules and violence is not tolerated in any of its forms, an interviewed survivor appeals.

Dr. Mukwege writes about the four-fold approach in his book. Despite challenges, he believes that the holistic treatment approach helps survivors of sexual and gender based violence to regain confidence and self-esteem – suffering turns into strength and pain into power. Many survivors become true human rights activists who protect their communities.

Gender equality and human rights issues are indivisible and belong to all of us.

Johanna Lindgren, Specialist in Humanitarian Assistance
Fida International