

Gender-Based Violence Prevention and Response

WOMEN'S & CHILDREN'S HEALTH

Recognized as a leader in humanitarian gender-based violence (GBV) prevention and response programming, International Medical Corps' interventions span countries across Europe, Africa, Asia, Latin America and the Middle East.

International Medical Corps is committed to supporting and empowering women and girls who face particular

risks during and after conflict, disaster and disease. Our priority is to strengthen essential services for survivors of GBV, including case management and psychosocial support services, as well as quality healthcare. To prevent future incidents of GBV, we also work with communities to address protection risks and combat harmful practices. Through our programs and global coordination efforts, International Medical Corps contributes to developing best practices and global standards for GBV prevention and response.



Gender-based violence (GBV) is a term used to describe harmful acts perpetrated against a person based on socially ascribed differences between males and females.

The term also is used to highlight how gender discrimination makes women and girls vulnerable to various forms of violence—including, but not limited to, early/forced marriage, female genital cutting, sexual harassment, dowry/bride price abuse, intimate partner/domestic violence, deprivation of inheritance and property, sexual assault and rape.

GBV is a pervasive public health and human rights problem, affecting the physical and psychological health of survivors, as well as the health and well-being of families and communities. Women and girls are particularly vulnerable to violence in emergency settings, when risks can rise at the very time that support systems are interrupted. International Medical Corps works with communities to address these risks, and to combat beliefs and practices that perpetuate violence against women and girls. We also are a leading agency in the delivery of quality, focused support services for survivors of GBV. We tailor these services to different cultures and contexts, helping survivors to recover from traumatic experiences and safely reintegrate into their communities.

Each incident of gender-based violence is a violation of an individual's rights that can have a significant impact on a survivor's safety, health and quality of life. Survivors of GBV can suffer significant health consequences, including unwanted pregnancies, HIV and other sexually transmitted infections, physical trauma and even death. GBV survivors also experience a range of psychological and social consequences, including shame, guilt, depression, isolation, abandonment and abuse by family members.

All GBV survivors have a right to care and support. However, high-quality and compassionate services are often not available in emergency settings, and survivors face multiple barriers to receiving support, including a fear of perpetrators, social stigma, and discriminatory laws and policies.



Worldwide, one in three women experience violence by an intimate partner or sexual violence by a non-partner.



Women abused by their partners are almost twice as likely to experience depression and, in some regions, 1.5 times more likely to acquire HIV.



Complications from pregnancy and childbirth are the leading cause of death for girls aged 15 to 19 in developing countries, where one in three girls will marry before 18.

SUPPORT SERVICES FOR SURVIVORS

GENDER-BASED VIOLENCE AND PREVENTION RESPONSE

International Medical Corps is one of few humanitarian organizations that delivers specialized support services for survivors of GBV in emergency settings. Through survivor-centered GBV case management and ongoing psychosocial support services, trained staff help survivors recover from traumatic incidents. GBV caseworkers listen to survivors and validate their experiences, while helping them access healthcare, justice and other services. Caseworkers also help survivors develop safety plans, establish support systems and meet personal goals.

We integrate GBV case management services into safe spaces and trusted community structures that women and girls can visit without suspicion. We also offer services through health centers where survivors can access both medical and psychosocial support. Where conflict or displacement restricts access to services, we establish mobile casework teams to reach women and girls through regular visits to remote communities. And during times when face-to-face services are not possible, such as during the COVID-19 pandemic, we support survivors via telephone or internet.

Examples of how we deliver focused support services include the following:

UKRAINE

Supporting women-led organizations

After the Russian invasion in early 2022, International Medical Corps expanded our Ukraine programming to support newly displaced and conflict-affected populations, with attention to the special needs of women and girls. We forged partnerships with nine women's rights organizations across Ukraine, lending critical resources and technical support to the women who serve on the frontlines of the humanitarian response. In partnership with these organizations, we are expanding access to information, safe spaces, psychosocial support opportunities and GBV case management services. We are also helping at-risk women and girls to access critical material items and cash assistance, and we are coordinating with a broad range of humanitarian actors to reduce risks and ensure a safer response.

IRAQ

Catering to different needs in a complex environment

International Medical Corps provides focused GBV response services in northern Iraq, supporting Iraqis displaced by conflict, as well as communities of Syrian refugees in camp and non-camp settings. In both camps and local communities, we have established women's and girls' safe spaces run by Iraqi and Syrian women to offer a range of activities and services, including GBV case management services. Mobile casework teams deploy to support women and girls who live far from or are unable to access the static safe spaces. Additionally, a dedicated team works with adolescent girls to respond to their specific needs.



NIGERIA

Supporting local initiatives to increase opportunities for women and girls

The protracted crisis in northeast Nigeria has involved forced displacement, abductions and trafficking and has exacerbated pre-existing gender inequalities. The ideology of armed opposition groups and general insecurity threaten women's and girls' access to essential services, including school and healthcare. We partner with women-led organizations and associations, reaching women and girls through discreet networks. We have established safe spaces near markets, providing opportunity for women and girls to retreat during their routine shopping and participate in educational and social activities. On select days, these spaces are reserved for adolescent girls, who gather for life-skills classes and other activities. Survivors can always seek GBV case management services through the safe spaces and remotely by phone where needed.



Early medical care after incidents of rape can prevent unwanted pregnancy, infections and HIV. We have trained doctors in more than 20 countries to deliver clinical care and basic psychosocial support for survivors of rape.



For many women, home is not a safe space. The majority of survivors who seek our help report incidents involving domestic violence—including sexual, physical and emotional violence.



In emergency settings, approximately half of all reported cases of sexual violence involve children.



International Medical Corps has established safe spaces for women and girls in more than 20 countries affected by emergencies.



In Central African Republic, International Medical Corps helped women establish 37 Village Savings and Loans groups that collectively saved more than \$36,000 in less than a year.



In a single year of programming, International Medical Corps helped more than 7,500 women and adolescent girls in Cameroon complete classes focused on learning new skills, literacy and life skills.

WOMEN'S AND GIRLS' EMPOWERMENT

Across the world, women and girls face discrimination. Women have limited political, social and economic power compared with men, and their voices and needs are too often ignored. This can be particularly true during emergencies and displacement—when limited resources, security risks and poor planning all contribute to the further marginalization of women and girls.

International Medical Corps is committed to gender equality and to women's and girls' empowerment. Through our GBV prevention and response programs, we work to increase social, educational and recreational opportunities for women and girls affected by emergencies and displacement.

WOMEN'S AND GIRLS' SAFE SPACES

One of our key programming approaches is to organize women's and girls' safe spaces (WGSS). With support from the US Department of State's Bureau of Population, Refugees and Migration (PRM), we partnered with the International Rescue Committee to set global standards for WGSS, and provide guidance and tools for GBV programs to establish, implement and monitor WGSS within an accountable, women- and girl-led process. Together, we developed the [Women and Girls Safe Spaces Toolkit](#).

WGSS enable women and girls to gather, share their concerns and rebuild support networks while participating in a range of activities, such as dancing, sports, literacy classes, arts and life-skills training. Through WGSS, women and girls can organize, elevate their voices and participate more fully in community affairs. WGSS also can serve as hubs for women and girls to access information on important issues, including protection risks, sexual reproductive health services and nursing support for new mothers. Most critically, WGSS enable survivors of GBV to safely and discreetly seek help.





COMBATING GENDER-BASED VIOLENCE

Every act of gender-based violence is preventable, and International Medical Corps is committed to supporting global, national and community efforts to combat it. In emergencies, when risks of GBV increase, all humanitarian actors are obliged by the Inter-Agency Standing Committee to take actions to prevent GBV. Unfortunately, this responsibility is too often overlooked in the face of so many other needs, and attention to GBV is not prioritized. We work with partners through the GBV Area of Responsibility (AoR) and the Call to Action initiative to increase action toward prevention of GBV and to increase accountability to women and girls in emergencies.

In emergency settings, we identify local partners, staff and volunteers committed to ending violence against women and girls. We value local knowledge, and we work with community groups to identify and mitigate specific risk factors for GBV in different environments. Using the Inter-Agency Standing Committee (IASC) *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, we train a range of other actors and service providers—including those organizing health, education, WASH, nutrition and shelter services—to design and implement services in a manner that reduces risks of GBV.

To combat social norms of discrimination that constitute root causes of GBV, we engage whole communities—including men and boys—to promote women's and girls' equality, and foster positive, non-violent behaviors. Cycles of violence can continue across generations, where children who grow up in violent homes are more likely to perpetrate, and be affected by, violence as adults. Increasingly, evidence demonstrates that even short-term interventions can help people change the attitudes and behaviors that perpetuate GBV.



Every year, from November 25 to December 10, International Medical Corps organizes outreach campaigns in as many as 20 countries as part of the global 16 *Days of Activism to End Gender-Based Violence* initiative.



In the Democratic Republic of the Congo, we led an initiative to prevent GBV in schools, including developing a community- and student-led *Code of Conduct* that has since been adopted and rolled out by the Ministry of Education.



Across all operations, International Medical Corps trains humanitarian workers from different sectors of work to uphold their obligations to prevent GBV, and to ensure that all services are safe and accessible for women and girls.



Examples of how we combat GBV include the following.

PAKISTAN

in Afghan refugee villages

We face considerable challenges promoting women's equality in refugee villages, where strict patriarchal traditions dictate that men should make all important decisions, including limits on women's mobility. Our program has organized sex-separated groups of community volunteers into "gender support groups" (GSGs) responsible for holding discussions with men or women about the consequences of GBV, including the harmful effects of some traditional practices. The GSGs engage with community residents about the benefits of girls' education and women's economic and social participation. The GSGs are also trained to provide psychological first aid and first response to survivors of GBV, including safe referrals to GBV caseworkers.

ETHIOPIA

in South Sudanese refugee camps

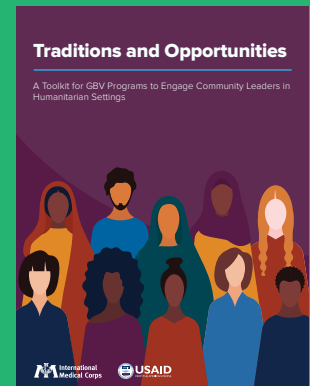
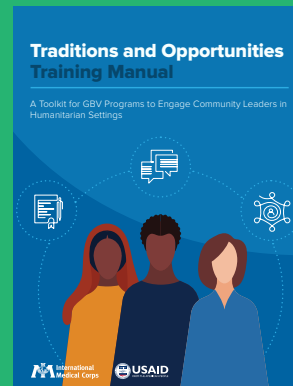
Though early and forced marriage is common in South Sudan, the practice has increased among those displaced by conflict. Parents struggling to support and protect their families may agree to these marriages in an effort to better conditions for their daughters or their other children. In refugee camps in Ethiopia, we have worked with South Sudanese communities to tackle this problem. We support adolescent girls to lead the fight against this harmful practice by engaging teachers, community leaders and parents in discussions on the health, psychosocial and economic consequences of early and forced marriage. We also have worked to increase girls' access to education, life-skills training and mentorship opportunities. In one year, for example, we provided life-skills training for 100 out-of-school adolescent girls at risk of early or forced marriage.



ENGAGING COMMUNITY LEADERS

Community leaders, including traditional and religious leaders, carry great responsibility and influence over communities—particularly in emergency settings where formal systems break down or are more difficult to access. Leaders are custodians of social norms and help to set expectations and practices relating to protection and gender relations. They also are often involved in addressing incidents of GBV—including domestic violence, early and forced marriage and sexual violence perpetrated within communities.

Because of these multiple responsibilities and areas of influence, International Medical Corps developed a new global resource for engaging community leaders. We first piloted it in Cameroon, Iraq and Mali, with support from the US Bureau for Humanitarian Assistance (BHA). [Traditions and Opportunities: A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings](#) provides GBV practitioners with new ideas, guidance,



tools and resources to safely and effectively engage community leaders in GBV prevention and response. The toolkit devotes additional attention to opportunities to promote and support women's leadership in humanitarian settings. It is available in English, French and Arabic.

BUILDING GLOBAL CAPACITY

As a leading agency for GBV prevention and response in humanitarian settings, we contribute to the development of global guidance and best practices for protecting women and girls from violence and for supporting survivors. In this role, we have supported the development of important resources and standards, including the [Inter-Agency GBV Minimum Standards for GBV in Emergencies Programming](#), the [IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#), the [Inter-Agency GBV Case Management Guidelines](#) and the [Core Competencies for GBV Specialists](#). We are a core member of the Gender-Based Violence Area of Responsibility (GBV AoR) under the Global Protection Cluster, and serve on the Gender-Based Violence Information Management System (GBVIMS) Steering Committee and Technical Team. We also serve

on the Reference Group for the IASC's Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

During the early stages of the COVID-19 pandemic, we coordinated with other organizations to play an integral role in developing new resources for GBV programs to adapt services and meet new needs, including guidance for [GBV Case Management](#), [Women's and Girls' Safe Spaces](#) and [Remote GBV Case Management and Hotlines](#).

MANAGING GBV PROGRAMS IN HUMANITARIAN SETTINGS

The GBV AoR “Managing GBV in Emergencies” (MGBViE) global learning program is designed to build a community of competent, informed, connected and well-supported GBV specialists to lead GBV programs in humanitarian settings. Together with the UN Family Planning Association (UNFPA), we piloted learning materials between 2011 and 2012; since 2016, the US Department of State's Bureau of Population, Refugees and Migration has helped International Medical Corps lead the multi-phase learning program, which includes:

- ▶ Phase I: Self-guided [e-learning introductory course](#) available in four languages (English, Spanish, French and Arabic)
- ▶ Phase II: Face-to-face training workshop for graduates of Phase I
- ▶ Phase III: Continued learning and support through a mentorship initiative and the virtual [GBV AoR Community of Practice](#)

The MGBViE program introduces emerging GBV specialists to current standards and evidence, and prepares them to manage GBV programs in different emergency contexts. MGBViE further connects GBV program managers with other specialists, fostering an environment of continuous support and learning to strengthen retention and the quality of GBV interventions.

The [GBV AoR Community of Practice](#) (CoP) provides a virtual space for field-centered, experiential learning, and a platform for GBV practitioners across the world to discuss challenges, share information and support one another. International Medical Corps launched the GBV AoR Community of Practice in 2018 through the MGBViE program. It has since grown into an active community of more than 1,000 members who exchange information daily.



International Medical Corps has trained more than 220 emerging GBV specialists through all phases of the MGBViE learning program.



In surveys conducted six months after the MGBViE in-person training, 100% of graduates rated the usefulness of the training as high or very high, while more than 95% reported increased preparedness to manage a GBV program in an emergency setting.



Through the MGBViE program, 89 emerging GBV specialists have been paired with expert mentors for continued professional support.



**Photographs included in this brochure were taken and published with consent of all subjects, in line with International Medical Corps' communications guidelines. International Medical Corps is careful to document only less-sensitive elements of GBV programs, and does not photograph known survivors of GBV.*



**International
Medical Corps**

www.InternationalMedicalCorps.org

A pre-eminent first responder since 1984, International Medical Corps delivers emergency medical and related services to those affected by conflict, disaster and disease, no matter where they are, no matter what the conditions. We also train people in their communities, providing them with the skills they need to recover, chart their own path to self-reliance and become effective first responders themselves.

January 2023

**CONTACT
INFO:** **Micah Williams, Senior Technical Advisor, GBV**
mwilliams@InternationalMedicalCorps.org

International Medical Corps is headquartered in Los Angeles, CA, and has offices in Washington, DC; London, UK; and Split, Croatia.

For contact information, visit InternationalMedicalCorps.org/contact.