

Prevention Webinar IV – Gender-Based Violence Prevention Approaches – 19/10/2021

Keynote speaker: Anna Nabulya (UYDEL)

Panelists: Sara Esmizade (ADNA), Sigríður Björnsdóttir (Barnaheill – Save the Children in Iceland),
and Nkechika Perpetua Ibe (Impact Her World Foundation)

Recordings: <https://vimeo.com/637357753>

Keynote Contribution by Anna Nabulya ([presentation slides](#))

Gender-based violence (GBV) means that the act inflicts physical, mental, or sexual harm, suffering, threats, or coercion and deprivations of liberty. Can also be termed as an act done to someone against their will as a result of gender norms and unequal power relationships. GBV often involves crimes of power intending to degrade, humiliate, and subjugate victims. There has been a high increase in gender-based violence, which is also known as the shadow pandemic (as a result of the COVID-19 pandemic). During this time, the restricted movement made services inaccessible, resulting in lower reporting but a higher prevalence of GBV. There also was an increase in human trafficking, which is closely intertwined with GBV, since 50% of trafficked persons (the majority being women/girls) is trafficked for sexual exploitation. Several regional and international legal frameworks are ratified, meaning that governments have to obey them. Yet, the issue is still highly apparent.

There are different forms of GBV: physical, sexual, psychological, and socio-economic. Female Genital Mutilation is a form of physical GBV. It is a practice involving the partial or total removal of external female genitalia or other injuries to the female genital organs for non-medical reasons. It has no health benefits but can cause severe physical and psychological harm. Yet, 3 million girls are estimated to be at risk of it annually.

Statement: GBV should be regarded as a private matter, true or false? False, it is a deprivation of human rights. When it is a private matter, those affected by it will not receive the necessary service and things can escalate.

Statement: Only women can become victims of GBV, true or false? False, quite some males are victims of GBV.

The perpetrators of GBV are usually people in positions of power with control over others and are often known to the victims. Most but not all perpetrators are men. GBV against women and girls encompasses a complex mix of gender roles and expectations, male entitlements, and sexual objectification. Social indicators reflect the access to various resources, which can be restricted. The disadvantage already starts before birth and continues across their life cycle. The community often want to treat GBV as a private matter and do not want to speak on the issues.

GBV against men and boys add cultural and societal stigma faced by male survivors. The stigmatization of not being allowed to cry, to be a man, or the fear of being perceived as homosexual and in some countries potential persecution makes it difficult for male survivors to admit and disclose that they are survivors of GBV. There is a lack of awareness or access to the service and support. There is limited data on the issue but people with disabilities also face a higher level of gender-based violence for a longer period. Women and people with mental disabilities are particularly at risk. They face stereotypes, barriers to access services and have a lack of power and resources.

The main principles of handling GBV survivors show fundamental respect for the wishes, rights, and dignity of the survivor. Confidentiality also needs to be ensured, as well as safety and security. The

survivor will need help regarding health, economic, psychosocial, security, and legal and justice. Provide access to social protection, bring it to the community and do not hide GBV.

Sara Esmizade

The clients in the project by ADNA targets young women and girls. It tries to improve their quality of life to some extent to avoid future poor living standards. However, these women and girls are often from untrained, uneducated, under deprived family backgrounds, making interference difficult. A high majority are forced into child marriage and as adults, they suffer from GBV, lack of nutrition, health problems, physical and mental damage, etc. Most of the girls in the target group are in the capital city, let alone the numbers that face the same issues in the countryside.

Most of the clients are given basic social skills and are worked with traumas. At first, there was scepticism about whether change can be created in an environment where perpetrators feel entitled and are protected by the law. Victims are used to it and see it as part of their life. Whereas other indicators are worked with, such as preventing suicide, school dropout, child marriage, etc., domestic violence in itself is difficult to change. However, 74 per cent did experience less violence than ever. Which is a big achievement with many barriers. GBV cannot be addressed in the community and has to be addressed individually by cautiously offering support to all family members, including the perpetrator. It will be interesting to see whether the 74 percent is a long- or short-term result.

It is important to pursue education, teach life skills, and not to lose hope no matter the difficult circumstances to work in. It can be disappointing and frustrating but refuse to get used to failure. Every bit of effort can change a life of a domestic violence victim.

Sigríður Björnsdóttir

It is important to work with a preventive matter regularly. Challenges are usually addressed out of necessity. We should be learning based on experiences while realizing the importance of knowledge. Among learning, the next step is how to deal with it by informing, advising, teaching, providing assistance, and adapting, including a long-term vision. Dealing with challenges is prime. The happening of sexual violence is particularly a fact. It is important to apply successful matters, to create existence, teach proven and long-term measures to prevent, and create a collective responsibility for all. GBV is a human rights violation for all genders.

Over the years, change has happened. NGOs have been pushing on a small scale and big movements have appeared, such as the #metoo movement. 20 years ago, we did not speak about GBV and looked into death causes in adulthood. During this change, people have been moved to speak up, tell their story, get believed, etc., which has been an impact in ending GBV. The main focus should be building a framework around children that should not have to protect themselves from abuse. More children have started speaking. It is important to educate adults and children and show on how to set boundaries. Whereas change when educating adults takes long, children are the ones that better understand the importance of GBV. These children are now part of the movement and demanding the change to be faster than the system can make possible. Still, the first step of change is to happen in the new government.

Start with five steps:

- 1) Know the facts and risk –Knowing the facts, such as that 1 in every 3 girls and 1 in every 5 boys is being sexually abused, and what it is, is a necessary first step.
- 2) Stay alert and reduce risk factors – make sure to create a safe environment
- 3) Educate children – teach them boundaries, about their body, etc.
- 4) Listen, believe, and support children – believe their stories and encourage and support them
- 5) React responsibly – respond appropriately to knowledge.

Knowledge is power - educate and raise awareness. Help survivors to speak up, support the system in municipalities, educate everyone on GBV, provide trauma-informed training, etc. This should be included in all systems.

Nkechika Perpetua Ibe

COVID-19 has shown that everyone can come together, provide high leverage in the media, and take action. This should also happen with the issue of GBV. The organisation of Impact Her World Foundation works on the interest of women and educate them on sexual health. During educational classes at schools, one thing that always strikes again is the vulnerability of young girls in their teenage years.

Example: one girl at one of the schools that received education had good grades and was about to receive a scholarship for university, yet did drop out. After she had been asked by the principal several times, she finally spoke up. It appeared that she had been a victim of GBV by her father. Her father got a job at the school, including a house next to the school. She was afraid to speak up in fear of her father losing his job and the family being financially unstable and therefore wanted to protect him.

This story showcases the power of consent. Most of the time the girls do not speak up is due to the fear of stigmatization and intimidation. They are already intimidated by the perpetrator and you cannot force them to speak. Yet, it is important to work through it and build their confidence and self-esteem. Teenage women who do not have a voice and are not empowered will not easily speak up and we, therefore, have to empower them now.

There are solutions to the issue. Project safe helps women through, for example, technology. Technology is here to stay and through it, we can leverage knowledge, create a reporting channel, and provide access to support without being seen. People often do not speak because they do not feel safe. If they feel safe, they will be motivated to talk. GBV is a private matter until the person speaks up. When spoken up, the matter becomes public/open. We must focus on encouraging people to speak up, give reasons why they should speak up, why address these issues, etc. It is because they have every human right to do so and it is important. Everyone has a say and has time to speak up.

Q&A

What resources were needed that you wished you had access to reach girls/women at risk of GBV during the pandemic lockdown?

Anna Nabulya: We wished access to a reporting platform where GBV cases could be reported. Due to the restricted movement, it was difficult for people to report. They could not walk to the nearby police, reception, or centre. There were quite many medical centres but these were all working with COVID-19 and the fear of getting infected when going was high. There was a need for mental healthcare, financial support, and alcohol and drug prevention families. The financial issue was where the biggest problems came from. The husbands went out drinking coming home drunk as well as mothers drinking and beating their children without providing food. People did not know where to go, rehabilitation centres were closed, making it difficult to find a safe place to refer a survivor.

What measures do you consider necessary to be able to reach out with important efforts with the prevention of GBV to the part of the population that is undereducated, unaware, or disadvantaged?

Sara Esmizade: The most crucial in the context is to provide an absolutely safe space. Speaking openly is not common and can have serious consequences, especially for the disadvantaged. Perpetrators cannot be arrested since they are protected by law. It is important to give life skills training and provide mental health services for all family members and provide parenting training and support. Family interventions conducted by peers have proven to be beneficial. Economic empowerment can help

women to get control of their lives. *Collectivism is important to get to the root of the problem to get sustainable change.*

What do the children say they especially want the adult world to get better at to give them a healthier and more risk-free upbringing and society?

Sigríður Björnsdóttir: Kids want to be listened to and desperate for information and be understood, most kids that have been sexually abused have reached out but had to do so 7 times before they are being listened to. They are really eager to get educated. Adults should be more interactive with children and teenagers at their level. In most cases, the victim and the perpetrator are teenagers. Educate them on healthy sexuality and prevent them from becoming adult perpetrators. However, to get the education to them, adults need to be educated first.

. What measures can you take in such in the situation when the perpetrator is a family member, without putting the girl in danger?

Nkechika Perpetua Ibe: In situations such as in the given example, it is important to get the official consent of the girl. If she gave her consent, the next step is to make clear to her what to expect from the journey. Every possibility needs to be showcased since she might be moving to different shelters. When moved to a shelter, counselling, education, and other services need to be given. The process needs to be transparent. The person victim of GBV needs to gradually understand that whatever they are doing and saying is highly confidential. Give them trust that they can leave the situation and share their story without putting them in danger. Ensure that they are in line with what they are doing and walk hand in hand. The biggest challenge is institutions jeopardising the work. It happens that the perpetrator is put behind bars but is back on street with a little bribe. Costs of the court also make it almost impossible for some victims to get justice.

How best are you going to empower the listeners to reach out to the local communities? / What are your experiences on addressing the politicians to support and change the attitudes about sexual abuse of children?

Anna Nabulya: there is a need for a multidisciplinary approach. Currently, everything is handled in a particular facility. However, the problem is that it is often run by the state and there is an issue of trust towards the state from the community. It is good to have one-stop centre (like in Rwanda) and ensure that not several interferences need to happen. This stop centre needs to be neutral and not politicised, which the survivor can trust and with enough resources to support. The best empowerment is to educate and be aware of the issue. Look for best-practices and how to adapt these in your own country. Also, think about committing key stakeholders to address issues of GBV and not to leave out boys. Start to get boys to speak up. Think about what services to design and what should work.

Sigríður Björnsdóttir: In Iceland, there are children houses, which are now copied all over the world. By raising public awareness and speaking up about the problem, change can happen. The public needs to understand the scope of the problem and ensure the right of the child. Every child has the right to be brought up in a healthy society and society needs to step up to ensure this. Meet and talk to politicians one on one and give them both sides of the story. What happens if we do prevention, what is happening currently, etc. Provide them with information, research, and data, and what a healthy community and society is.

Nkechika Perpetua Ibe: Get help in the comfort of their homes by giving them privacy and anonymity. We also should leverage technology and media. Not just print flyers but use the power of media. Heavy tv presence, radio, etc. Keep showcasing the importance and show the effects of both sides (when actions are taken and when not). Strengthen institutions and advocate for better through policy.