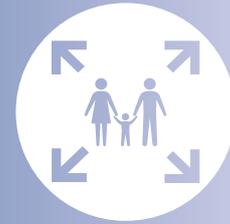
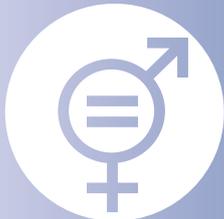


Department of Operations and Emergencies (DOE)



## INSTITUTIONAL FRAMEWORK FOR ADDRESSING GENDER-BASED VIOLENCE IN CRISES



The International Organization for Migration (IOM) is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in the meeting of operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

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#### Cover photos

Picture on top: (Papua New Guinea) A group of women attend a vocational training workshop in the Carteret Islands of Papua New Guinea. As the rising sea levels continue to threaten the low-lying islands, women are preparing themselves by learning useful trade skills to be able to work and generate income should they become displaced in the years to come. © IOM 2016/Muse Mohammed

Picture in the middle: (Maiduguri, Nigeria) IOM site planning expert trains shelter and camp coordination and camp management partners on how to conduct safety assessments to identify and address gender-based violence risks in sites hosting populations displaced by the conflict. © IOM 2017

Picture at the bottom: (Bentiu, South Sudan) Women community leaders meet every two weeks to discuss issues about the Protection of Civilians site. In the last meeting there were several questions about malaria, so IOM brought a specialist to talk to them and clarify questions about the subject. © IOM 2017/Amanda Martinez Nero

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Department of Operations and Emergencies (DOE)

INSTITUTIONAL FRAMEWORK  
FOR ADDRESSING  
GENDER-BASED VIOLENCE  
IN CRISES



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CAMP COORDINATION AND CAMP MANAGEMENT (CCCM) AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) TEAMS CARRY OUT A PARTICIPATORY EXERCISE TO CAPTURE LOCAL KNOWLEDGE AND SOCIAL PERCEPTIONS ABOUT RISK AND SAFETY IN THE COMMUNITY. © IOM 2017

## INTRODUCTION

Gender-based violence (GBV)<sup>1</sup> is one of the most widespread human rights abuses in the world,<sup>2</sup> affecting individuals everywhere, with consequences that reach beyond the individual and can affect entire families and communities. Humanitarian crises and situations of fragility more broadly can exacerbate exposure to different forms of GBV.

GBV interventions refer to core crisis programming activities that can remedy, mitigate, or avert direct loss of life, physical or psychological harm and threats to a person's dignity and well-being. Therefore, specific measures and interventions to mitigate, respond to and prevent GBV must be undertaken from the onset of a crisis and continue through transition and recovery efforts in all IOM sectors and programmes.

Crisis operations that do not take into account vulnerabilities to GBV cannot adequately adhere to common standards that promote gender equality, conflict-sensitivity and protection principles. As such, these operations can in fact exacerbate the risk of GBV and represent a failure on the part of the Organization to fully promote, respect

and protect the rights of affected populations, particularly those of women and girls.<sup>3</sup>

The International Organization for Migration (IOM), through its Department of Operations and Emergencies (DOE), has made concerted efforts to transform the way in which IOM addresses GBV in crises. Building up an understanding of challenges, as well as documented lessons learned and emerging good practices, IOM has developed this Institutional Framework for Addressing Gender-based

### ESSENTIAL TO KNOW

**Migration crisis** describes the complex and often large-scale migration flows and mobility patterns caused by a crisis, which typically involve significant vulnerabilities for individuals and affected communities and generate acute and longer-term migration management challenges. A migration crisis may be sudden or slow in onset, can have natural or man-made causes, and can take place internally or across borders (IOM Migration Crisis Operational Framework, 2012).

1 In line with terminology adopted by the Inter-Agency Standing Committee (IASC), the International Organization for Migration (IOM) uses the term "gender-based violence" (GBV) and recognizes that sexual violence is one type of GBV. Other organizations, however, use the term "sexual and gender-based violence". For more explanation, see the IASC *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risks, Promoting Resilience and Aiding Recovery* (hereinafter *GBV Guidelines*) (2015), p. 322.

2 GBV violates a range of human rights, including the right to life; the right to security of person; the right not to be subject to torture or to cruel, inhuman or degrading treatment or punishment; the right to equal protection under the law; the right to equality in the family; and the right to the highest standard attainable of physical and mental health (Convention on the Elimination of All Forms of Discrimination against Women, 1992). It also violates the right to health, the right to non-discrimination and the right to just and favourable work conditions. Successive Security Council resolutions (SCRs) have defined some of the most egregious forms of GBV as threats to international peace and security. See for example: SCR 1820, SCR 1888 and SCR 2106. See also: IASC, *GBV Guidelines*, 2015, pp. 5 and 16.

3 GBV is included in the IASC Principals commitments to the Centrality of Protection in Humanitarian Action. Addressing GBV is further a core responsibility of Humanitarian Coordinators and Humanitarian Country Teams (HCTs), identified in HCT terms of reference as one of four mandatory issues to which responders are required to pay particular attention.

Violence in Crises (hereafter GBViC Framework),<sup>4</sup> the first such dedicated Framework for the Organization, as well as an accompanying toolkit for operationalizing the Framework's strategic interventions.<sup>5</sup>

The GBViC Framework's key objective is to ensure that the safety, dignity and well-being of all crisis-affected persons, especially women and girls, and their equitable access to services are prioritized, integrated and coordinated across all IOM crisis operations. The Framework articulates why and how IOM tackles GBV in crises and defines IOM's vision and scope through three institutional approaches:

1. **Mitigate risks:** Mitigating the risk of GBV in all crisis operations and doing no harm;
2. **Support survivors:**<sup>6</sup> Facilitating access to survivor-centred, multisectoral services; and
3. **Address the root causes:** Contributing towards progressively transforming the conditions that perpetuate GBV.

IOM's approach to supporting survivors strives to leave no one behind and ensure that all survivors have access to the care and services they need. Prevention and risk mitigation approaches are conceptually designed on the basis of evidence that women and girls are disproportionately impacted by GBV and have the greatest need for protection from it.

The GBViC Framework reinforces IOM's accountability to crisis-affected populations, partners, and donors by articulating and advocating a robust and consistent approach to quality GBV interventions as an essential part of IOM crisis operations. It begins with an introduction to the core concepts of GBV, followed by its implications for crisis situations or fragile settings. The Framework then presents IOM's institutional policies and global commitments relevant to addressing GBV in crises. The Framework concludes with an outline of its principles and an explanation of the GBViC operational model. The model presents key outcomes and strategic interventions, which – based on operational capacities and strategic advantages, and depending on the GBV programming needs and gaps in a given context – can guide IOM's crisis programming.

Mitigating, responding to and preventing GBV must be a collective endeavour. The Framework provides the foundation for IOM staff to strengthen their engagement and contribution towards the collective efforts of the United Nations (UN) system, civil society and partners to address GBV worldwide. IOM's humanitarian crisis operations are guided by the principles of humanity, impartiality, neutrality and independence. When responding to crises, the humanitarian imperative of saving lives, alleviating suffering and preserving dignity must prevail.



WOMEN QUEUE FOR AID IN BALUKHALI ROHINGYA REFUGEE SETTLEMENT IN COX'S BAZAR, BANGLADESH. © IOM 2018/OLIVIA HEADON

4 This Framework is the result of extensive field consultations across Headquarters and nine IOM Country Offices and Regional Offices, involving 208 staff members, as well as external partners. Technical review of the Framework has been conducted at the field and Headquarters levels.

5 The toolkit is under development, anticipated for release in October 2019.

6 The terms "survivor" and "victim" are often used interchangeably. "Victim" is often used in the legal and medical sectors, whereas "survivor" is preferred in the psychological and social support sectors because it implies resilience. IOM uses the term "survivor".

## PART 1

GENDER-BASED VIOLENCE  
IN CRISES CORE CONCEPTS

## DEFINITION OF GENDER-BASED VIOLENCE

The Inter-Agency Standing Committee (IASC) defines GBV as “any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.”<sup>7</sup>

**Understanding the definition**

Crisis-affected men, women, boys and girls are exposed to different protection risks. Understanding the gender and age-specific nature of these risks is critical to avoiding harm and facilitating protection.<sup>8</sup> However, not all violence is perpetrated on the basis of an individual’s age and gender, even though age and gender invariably impact the way in which the violence is experienced.

GBV is a distinct protection risk. The term first entered into widespread use to describe violence against women and girls specifically, defining it as “gender-based” in an effort to acknowledge that such violence is primarily rooted in gender inequality, and perpetuated by patriarchal laws,

institutions, heteronormative cultures and harmful social norms.

Acts of GBV should not be regarded as ad hoc, isolated phenomena, but rather framed as abuses that fall along a continuum of violence experienced as a result of unequal power distributions between genders. Envisaging a continuum of violence enables a fuller consideration of the scope of GBV as well as a better understanding that GBV occurs anywhere, at any time: in crisis and non-crisis settings; in public and in private.

Broadly speaking, the effects of discriminatory, gendered stereotypes, expectations and behaviours grounded in gender inequality primarily affect women and girls. However, they can also result in violence being perpetrated against other categories of individuals, due to their sexual orientation, gender identity, gender expression or sex characteristics. It is important to understand that gendered and sexualized violence can also affect men and boys.<sup>9</sup>

IOM’s approach to GBV is in line with the IASC definition – that is, a **harmful act** perpetrated **against a person’s will** – male or female – **on the basis of his/her gender**. This

<sup>7</sup> IASC *GBV Guidelines* (2015), p. 5.

<sup>8</sup> For instance, gender analysis helps to determine whether men and boys may be more at risk of forced recruitment into armed groups, forced labour and/or getting killed. See: IASC, *The Gender Handbook for Humanitarian Action* (2017), p. 24.

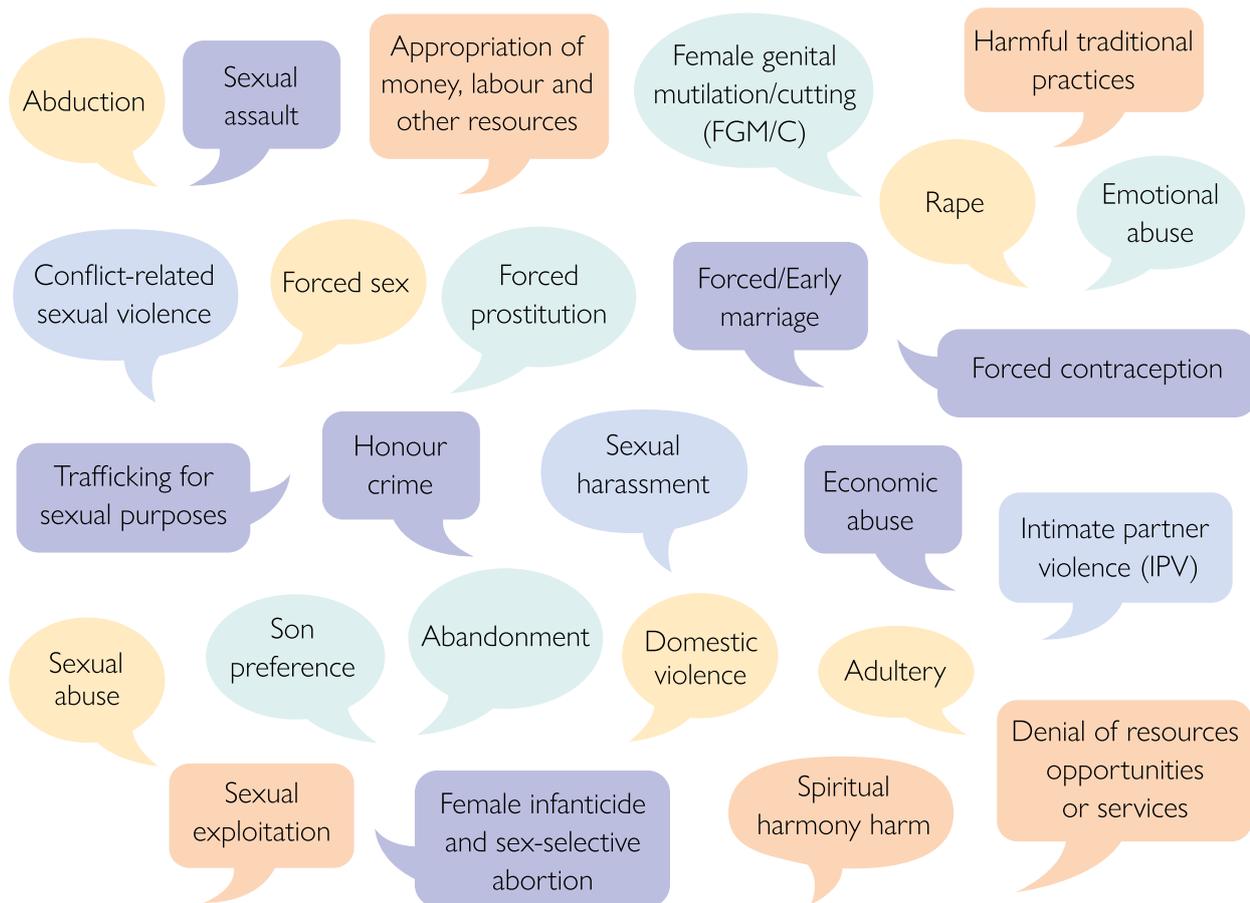
<sup>9</sup> Recent evidence reveals the use of sexual violence against men to emasculate them and exert power over them in ways that are similar to gendered violence against women and girls. In line with the Gender-Based Violence Area of Responsibility (GBV AoR) strategy, IOM is looking at what types of violence affecting men and boys constitute GBV and at guidance on how best to support male survivors of sexual assault. There have also been cases of GBV perpetrated against lesbian, gay, bisexual, transgender and/or intersex (LGBTI) individuals to punish them for not complying with dominant gender behaviours and norms. See: Office of the High Commissioner for Human Rights (OHCHR), “Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity”, A/HRC/19/41, 2011. Available from [www.ohchr.org/documents/issues/discrimination/a.hrc.19.41\\_english.pdf](http://www.ohchr.org/documents/issues/discrimination/a.hrc.19.41_english.pdf)

definition is inclusive of the understanding that violence against persons other than female must also be rooted in gender inequality in order to be defined as gender-based.<sup>10</sup>

IOM’s approach to gender is progressively evolving to recognize that other dimensions of identity – for example, age, race, religion, ethnicity, sexual orientation, physical ability and socioeconomic status – intersect to produce unique and specific experiences, privileges and vulnerabilities at the individual level. GBV interventions should employ this lens of “intersectionality”, taking into consideration how vulnerabilities to and experiences of GBV differ depending on other aspects of identity.

**GENDER-BASED VIOLENCE: FORMS, TYPES AND CONSEQUENCES**

**Gender-based violence: Forms and types of “harm”**

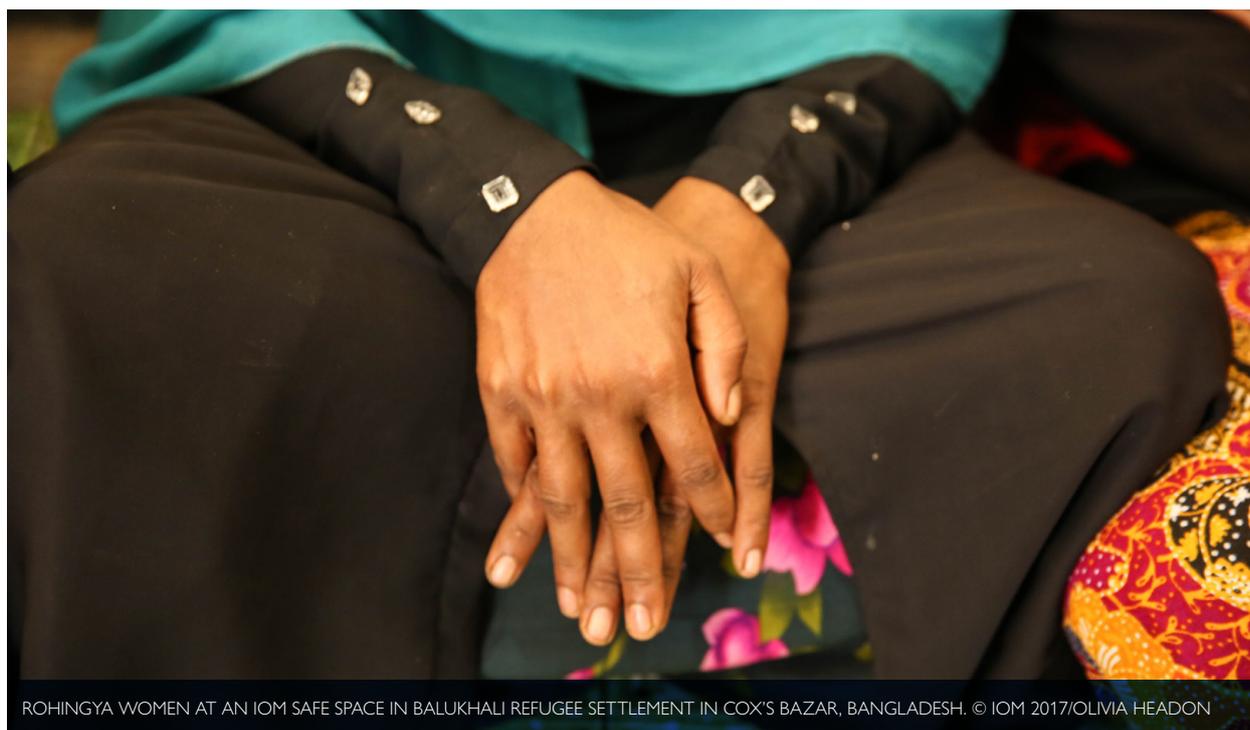


GBV can take many different forms.<sup>11</sup> The international humanitarian, development, human rights, and security community apply different typologies, definitions and acronyms. Relevant for this Framework, humanitarian actors primarily use the Gender-Based Violence Information Management System (GBVIMS) Classification Tool<sup>12</sup> for engaging in GBV service provision. This tool categorizes GBV incidents according to six core types of harmful acts:

- Rape;
- Sexual assault;
- Physical assault;
- Forced marriage;
- Denial of resources, opportunities and services;
- Psychological/Emotional abuse.

In this typology, each type of GBV is classified as a separate harmful act. The emphasis is on the harmful act rather than the perpetrator or the context in which it was perpetrated.<sup>13</sup>

10 S. Ferro Ribeiro and D. van der Straten Ponthoz/United Kingdom Foreign and Commonwealth Office, *International Protocol on the Documentation and Investigation of Sexual Violence in Conflict*, second edition (March 2017), Part II (Chapter 2) and Part VII (Chapter 17). Available from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/598335/International\\_Protocol\\_2017\\_2nd\\_Edition.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/598335/International_Protocol_2017_2nd_Edition.pdf) (accessed 24 August 2018).  
 11 See Annex II for the common forms/types of GBV.  
 12 The GBV Classification Tool was developed by the Gender-Based Violence Information Management System (GBVIMS). The tool can be found at [www.gbvim.com/gbvims-tools/](http://www.gbvim.com/gbvims-tools/).  
 13 GBVIMS, GBV Classification Tool, p. 1.



This typology, to which IOM subscribes, is useful from a programmatic perspective because it focuses primarily on the harm experienced by the survivor. Harm extends from the threat, consequences, or impact of GBV,<sup>14</sup> and different individuals can be impacted in different ways by the same form of GBV. It is the harm itself that IOM's interventions should specifically aim to remedy, mitigate or avert. However, successful GBV programming must also be designed and implemented based on an understanding of the drivers and patterns of harm, factors that contributed to harm occurring, and the different environments or contexts in which harm is perpetrated and the perpetrator(s) involved.

### Understanding challenges to typologies

IOM's interventions focus on harm in order to overcome some of the challenges that arise due to the limitations of any GBV typology. For example, the GBV IMS Classification Tool standardizes and compartmentalizes acts of GBV, which is beneficial for collecting statistically comparable data. However, a survivor often experiences multiple harmful acts even as part of one single GBV incident and these acts are often interrelated, one leading to another. Accordingly, an incident of trafficking for sexual purposes can be typified as rape or sexual assault, but the circumstances related to the violence, such as being deceived and coerced, should also be accounted for. Similarly, a case of intimate partner

violence might be typified as physical assault irrespective of whether additional acts of violence, such as denial of resources or psychological abuse took place, and without recognizing that the perpetrator is the survivor's intimate partner.

While typifying the violence in these six core types is important for informing service provision, it is also critical to analyse and understand the drivers, patterns and perpetrator(s) of violence. In all types of GBV, violence (whether it be the threat of violence, coercion or abuse) is used primarily to subordinate, disempower, punish or control. The gender of the perpetrator and the survivor is central to understanding both the form of violence, and the way in which society condones or responds to it. This includes whether male or female GBV survivors will be able and/or willing to seek assistance, support or justice.

Finally, challenges with adopting any typology emerge from the fact that local terms and definitions vary considerably. Often the language used to refer to different forms of GBV is "coded" (e.g. "he insulted me" could pertain to emotional abuse or denial of rights or resources, among other meanings; or "he made me unclean" could range from transgressing a social norm to physical violence, and so on). Cultures define forms of violence in their own ways, which may not fit into internationally defined GBV typologies.<sup>15</sup>

<sup>14</sup> In order to seek reparations for some forms of GBV, for example, sexual violence, documenting harm caused is more important than proving who perpetrated the crime. This is also in line with the survivor-centred approach, which underpins IOM's GBV interventions.

<sup>15</sup> For example, in many settings, female spousal abandonment – when husbands abandon their wives and children in other countries or settings following migration and displacement – has been reported by women themselves as a brutal form of violence against women, one that creates opportunities for additional forms of violence. Despite this, abandonment is not adequately captured as a phenomenon by any commonly used term in the GBV community of practice.

## Gender-based violence: Consequences

GBV has tremendous negative consequences for the person victimized by it, who is often referred to as a “survivor”. Consequences can be short and/or long term, and affect GBV survivors, their families and their communities – at worst GBV can be fatal.

While every person’s experience of GBV will be different, commonly experienced consequences of GBV include:

- *Death:*<sup>16</sup> Examples are fatalities including femicide, honour killings and suicide.
- *Physical consequences:* Examples are immediate and long-term injuries including sexual reproductive health problems, unwanted pregnancy and sexually transmitted infections such as HIV.
- *Mental and psychosocial consequences:* Examples are post-traumatic reactions, anxiety, depression and other mental disorders; suicidal or self-harming thoughts and behaviour; sexual dysfunctions and disorders; stigma, isolation, ostracism, damaged reputation, divorce/loss of marriage opportunities and other sources of moral damage; damage to spiritual harmony;<sup>17</sup> challenges related to delivering, accepting and nurturing children born out of rape; and transgenerational transmission of negative feelings and thoughts affecting entire families and communities.
- *Socioeconomic consequences:* Examples are loss of income and earning potential; lost opportunities including employment, education and social benefits, medical expenses incurred and costs of future rehabilitative care, including psychological services; costs of legal processes (legal/expert assistance fees); costs of raising a child born of rape and of raising children by single parent survivor after losing marriage or re-marriage opportunities, and ostracism from the family unit; and displacement.
- *Legal consequences:* Examples are arrest, detention and punishment for sexual relations outside of marriage or adultery, or same-sex relations in countries where such behaviour is illegal; lack of witness protection during investigations or trials.

The consequences of a GBV incident may lead to a series of other hardships that affect multiple aspects of a survivor’s life. For example, physical well-being affects psychological well-being, and psychological well-being in turn impacts a survivor’s socioeconomic opportunities. In crises, these hardships and the consequences of the GBV incident may be obscured by other forms of traumatic events, violence

and instability experienced by the broader population, leaving the consequences of the incident unaddressed for the survivor and the full extent of the harm caused unaccounted for in crisis programming.

For this reason, IOM’s approach is to understand the needs of survivors holistically and to consider all the different impacts of GBV on the individuals, their families and the communities. Failure to do so can limit individuals’ ability to heal and societies’ ability to recover.

## ROOT CAUSES AND CONTRIBUTING FACTORS

Inequitable power dynamics and patriarchal gender norms lie at the root of GBV. During times of stability, attitudes, beliefs, norms, structures, practices and sometimes laws can promote and/or condone gender-based discrimination and unequal power. Prevalence rates show that approximately 35 per cent of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.<sup>18</sup> Prevention of GBV can only be successful if these attitudes, beliefs, norms and so on are

### ESSENTIAL TO KNOW

Generally, programming **that addresses root causes** of GBV is referred to as **prevention**; programming that **addresses the experience and consequences** of GBV is referred to as **response**; and programming that addresses **GBV contributing factors** is referred to as **risk mitigation**.

**GBV programming** refers to the entire spectrum of crisis programming to address GBV; it includes specialized GBV prevention and response programming as well as risk mitigation interventions.

**GBV mainstreaming or non-specialized programming** is the process of ensuring that all crisis programming interventions: (1) do not cause or increase the likelihood of GBV; (2) proactively seek to identify and take action to mitigate GBV risks in the environment and in programme design and implementation (risk mitigation); and (3) proactively facilitate and monitor vulnerable groups’ safe access to services. GBV integration is distinct from – but complementary to – GBV specialized programming.

**Specialized programming**, also called targeted or stand-alone GBV programme, focuses on comprehensive, technical GBV prevention interventions and response services for survivors.

See Annex I: Glossary for more details.

16 Death can be a direct consequence of GBV, at the hands of the primary perpetrator; it can also be “secondary” GBV, for example, honour killing, suicide or execution by authorities, as a result of the primary GBV incident.

17 This is applicable to some cultures and ethnic groups, particularly those forcibly displaced from their territories and unable to carry out traditional practices.

18 WHO, *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-partner Sexual Violence* (Geneva, 2013). Available from <http://apps.who.int/iris/handle/10665/85239>

addressed and progressively shifted – a process that takes time.

There are also contributing factors that can make people more or less susceptible to experiencing GBV. Some of these serve to increase resilience (protective factors); others to decrease it (risk factors).<sup>19</sup> Having the support of family and community, access to quality services and access to essential resources is commonly acknowledged as contributing to higher individual resilience. GBV is mitigated by reducing risk factors and promoting protective factors.

Crisis settings in general contribute to increased risks of GBV due to, for instance, displacement and family separation, disruption of relationships, scarcity of essential resources to care for most basic needs, substance abuse, collapse of community and/or State-led protection systems (such as security and rule of law), disruption of community services, changes in cultural and gender norms (including towards increased acceptance of violence), weakened infrastructure, increased militarization,<sup>20</sup> and increased ethnic and racial discrimination.

The way in which a crisis response is implemented may also exacerbate pre-existing gender inequality and aggravate the risk of many forms of GBV.

Mitigating the risks of GBV can only address contributing factors. As long as there is widespread gender discrimination and gender inequality, crisis-affected populations will remain exposed to multiple forms and multiple instances of GBV throughout their lives, including “secondary” GBV as a result of a primary incident.<sup>21</sup>

## LINKAGES: GENDER-BASED VIOLENCE AND CRISES

GBV can be a catalysing factor for movement. GBV may be perpetrated with the specific intention to cause displacement or the displacement might be the result of flight from widespread and systematic attacks comprising multiple acts of sexual violence. In both conflict and natural hazard-affected contexts where GBV is exercised with impunity – including through cultural practices such as female genital mutilation (FGM), early marriage and high rates of domestic violence – GBV can be a factor to why people choose to leave an area they perceive as being unsafe. In some countries where IOM operates, forced marriage and intimate partner violence have compelled women and girls to flee to neighbouring countries. Gender-related persecution specifically can take the form of GBV, including domestic abuse, FGM and honour crimes, cumulative



ONE-ROOM DURABLE SHELTER BUILT BY BENEFICIARIES WITH THE ASSISTANCE OF IOM FOLLOWING 2011 FLOODS IN PAKISTAN. © IOM 2013

<sup>19</sup> See Annex III for the list of contributing factors.

<sup>20</sup> IASC, *GBV Guidelines*, 2015, p. 1.

<sup>21</sup> For example, abuse by those they report to, honour crimes following sexual assault or forced marriage to a perpetrator.

discrimination and disproportionate punishment.<sup>22</sup> Sexual violence practised in detention centres as a form of torture has been identified as a reason why men, in particular, have chosen to flee a country once they were released.

### Gender-based violence considerations during crises

For many, GBV may be a defining feature of displacement. The movement itself may be driven, for example, by sexual exploitation, migrant smuggling or human trafficking.<sup>23</sup> Sexual abuse is often a risk during displacement and sexual exploitation is common along migration routes.<sup>24</sup> Vulnerabilities during movement, the lack of secure living conditions and the lack of stable community structures can also elevate the risk of GBV. Changes in family dynamics and loss of livelihood can lead to further entrenchment of harmful gender norms<sup>25</sup> and practices, such as early marriage, or increase intimate partner violence. Women and girls, in particular, may become more vulnerable as a result of the lack of physical security, poor infrastructure, design and overcrowding of displacement sites as well as lack of access to services. Limited participation in decision-making and failure of crisis-programming actors to consult with affected persons on crisis interventions expose them to further risks.<sup>26</sup> In addition, the increased presence in crises of peacekeeping forces and the often large influx of crisis response staff can lead to heightened risk of sexual exploitation or abuse (SEA) by service providers if their respective organizations lack proper vetting procedures, a clearly articulated institutional policy prohibiting such misconduct, staff training, accessible complaint mechanisms, and sufficient investigation and disciplinary measures. These considerations apply not only at the onset of a crisis but also in protracted situations.

### Gender-based violence considerations after crises

The end of a conflict or a natural disaster is rarely the end of GBV, and the continuing fragility of post-crisis environments may in fact exacerbate some of its forms. Therefore, post-crisis reconstruction and peace- and security-building initiatives must ensure that addressing GBV remains a priority and that GBV programmes implemented during a crisis are sustained. For example, evidence suggests that the risk of intimate partner violence actually increases in post-conflict settings, which highlights the importance of recognizing and addressing drivers and patterns of such violence through transition and recovery programming.

Empirical evidence shows a strong and highly significant link between women's security and State and international stability. Post-crisis environments often remain fragile and lacking essential and accessible services and social cohesion. Therefore, the success of activities supporting durable solutions to displacement, community stabilization and peacebuilding is impacted by their ability to address past and potential GBV concerns, as well as their capacity to challenge discriminatory social and gender norms, transform systems that perpetuate gender inequality, and positively impact women's and girls' immediate and long-term health, safety and well-being. For example, disarmament, demobilization and reintegration (DDR) and return and reintegration programming has been shown to increase the risks and susceptibility of young girls to GBV. When support is denied because women's and girls' non-combatant roles are not recognized, when support to individuals is withdrawn due to funding constraints or when livelihood support is insufficient to meet real-life needs, maladaptive strategies can be employed, including transactional sex. Inadequate housing for returnees – in terms of location and physical security – can also signify heightened risks, in particular for female-headed households, as do unsustainable and gender-blind livelihood

22 (Office of the) United Nations High Commissioner for Refugees (UNHCR), Guidelines on International Protection No. 1: Gender-Related Persecution within the Context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees, HCR/GIP/02/01 (7 May 2002). Available from [www.refworld.org/docid/3d36f1c64.html](http://www.refworld.org/docid/3d36f1c64.html)

23 See: IOM, *A Manual to Address Human Trafficking in Humanitarian Settings. Strategies and Tools for IOM Staff* (forthcoming).

24 IOM, *The Other Migrant Crisis: Protecting Migrant Workers against Exploitation in the Middle East and North Africa* (Geneva, 2015), available from <https://publications.iom.int/books/other-migrant-crisis-protecting-migrant-workers-against-exploitation-middle-east-and-north>; UNICEF, "A deadly journey for children: The Central Mediterranean migration route", *UNICEF Child Alert* (February 2017).

25 For instance, socially ascribed roles of men and boys may put them at a disproportionate risk of forced recruitment by armed groups. While this generally would not be considered GBV, it is an example of how individuals can be impacted by crises based on age and gender. Furthermore, recent evidence has shown that boys associated with armed forces and armed groups are at higher risk of experiencing sexual violence.

26 Dynamics of exclusion of LGBTI persons are exacerbated in crises and transpersons in particular are vulnerable to human rights violations when their gender identity or expression does not match their name and sex details in official documents. This can have a particularly profound impact on access to assistance and protection in crises. See: United Nations General Assembly, "Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity", Human Rights Council, thirty-eighth session, 11 June–6 July 2018, A/HRC/38/43 (11 May 2018). Available from [http://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/38/43](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/38/43)



IN MAIDUGURI, NIGERIA, IOM SITE PLANNING EXPERT TRAINS SHELTER AND CCCM PARTNERS ON HOW TO CONDUCT SAFETY ASSESSMENTS TO IDENTIFY AND ADDRESS GBV RISKS IN SITES HOSTING POPULATIONS DISPLACED BY THE CONFLICT. © IOM 2017/ MONICA NORIEGA

*Victims/survivors of conflict-related sexual violence (CRSV) have a right to a variety of justice measures. These may include accountability, truth-seeking and acknowledgement, reparations and guarantees for non-repetition. IOM has extensive experience in reparations for victims/survivors of human rights violations in general and victims/survivors of CRSV in particular. In the development and implementation of reparation programmes, IOM adheres to four programming principles, namely, victim-/survivor-oriented approach, compliance with international standards, effectiveness and efficiency. The most important programming principle in developing and implementing reparations for victims of CRSV is the victim-/survivor-oriented approach. This implies taking into consideration victims'/survivors' needs and expectations through carefully implemented assessment and consultative processes while avoiding secondary traumatization, exposure and stigmatization. Reparations for victims/survivors of CRSV can take various forms ranging from simple acknowledgement, financial compensation, psychosocial support, health care and medical support, improving access to regular services, educational and livelihood support, and inclusion into development planning and programming.*

interventions.<sup>27</sup> The lack of participation of women and girls in peacebuilding and conflict mediation efforts can result in GBV risks during return and transition. Furthermore, failure to punish perpetrators of conflict-related sexual violence (CRSV) and to provide justice to survivors and include them in peacemaking and peacebuilding processes is commonly identified as a contributing factor to ineffective peace processes all over the world. This can have a detrimental impact on affected individuals and communities as well as on social cohesion and stability.

Successive Security Council resolutions<sup>28</sup> have called for the inclusion of provisions addressing sexual violence in peace agendas, mediation, ceasefire and amnesty arrangements. Efforts to support post-crisis legal, policy and institutional reforms, including training of judiciary, police and other response services, must address the need to create – or restore and rehabilitate – an integrated, holistic response to GBV survivors.

27 IOM and Women's Refugee Commission (WRC), "Women's participation in camp governance structures – learning report" (December 2017).

28 These are Security Council Resolution (SCR) 1820, SCR 1888 and SCR 2106.



IOM STAFF DISTRIBUTE NON-FOOD ITEMS (NFIS) TO SYRIAN REFUGEE HOUSEHOLDS IN HATAY, TURKEY. © IOM 2016/MUSE MOHAMMED

## PART 2

IOM INSTITUTIONAL POLICIES  
AND GLOBAL COMMITMENTS

## INSTITUTIONAL POLICIES

Addressing GBV is at the heart of IOM's mandate to promote the respect, protection and fulfilment of the rights of individuals and to preserve the safety, physical integrity, well-being and dignity of the persons whom the Organization seeks to support.<sup>29</sup>

The primary responsibility to prevent and respond to GBV lies with States, and IOM has committed to supporting the efforts of States to fulfil this responsibility and broader obligations to protect and assist crisis-affected persons. IOM works to ensure that all crisis-affected persons can better access their fundamental rights to protection and assistance by empowering them and supporting States.<sup>30</sup>

In recent years IOM has worked towards strengthening its institutional policies and commitments on gender and protection within its crisis operations.

The IOM Migration Crisis Operational Framework (MCOF), anchors the Organization's approach to crisis. The strategic qualities of the MCOF are that it is comprehensive, inclusive and holistic. It sets out 15 sectors of assistance that should be considered for their relevance for all affected

or potentially mobile populations and vulnerable groups, regardless of their migration status, before, during and after crises.<sup>31</sup> A focus across the crisis spectrum is fundamentally important and should be used to ensure programmatic continuity and coherence across what is often referred to as the humanitarian–development nexus. The MCOF gives IOM a unique role in responding to the needs of people exposed and vulnerable to the impact of crises from a human mobility perspective.<sup>32</sup>

The IOM Principles for Humanitarian Action (PHA)<sup>33</sup> state that IOM provides assistance based on an assessment of needs that takes into account the diversity of vulnerabilities and threats faced by the persons affected, and on the basis of a “do no harm” approach.<sup>34</sup> From humanitarian through post-crisis settings, the IOM Progressive Resolution of Displacement Situations (PRDS) Framework promotes an approach towards durable solutions that takes age, gender and diversity into consideration, and identifies and mitigates potential risks that may undermine recovery.<sup>35</sup>

Through its institutional commitments and policies, including the PHA and the Gender Equality Policy,<sup>36</sup> IOM is committed to responding to the different protection and assistance needs of women, men, girls and boys,

29 IOM, Migration Governance Framework, 106th session of the Council, 4 November 2015, C/106/40, pp.2–3. Available from <https://governingbodies.iom.int/system/files/en/council/106/C-106-40-Migration-Governance-Framework.pdf>

30 IOM, IOM's Humanitarian Policy – Principles for Humanitarian Action, 106th session of the Council, 12 October 2015, C/106/CRP/20, Part II.8, p. 5.

31 The Migration Crisis Operation Framework (MCOF) considers actions across the crisis spectrum: before (at-risk, prevention, risk reduction, preparedness), during (humanitarian responses, mitigating impacts of protracted crises) and after (transition, recovery, as well as migration management).

32 The mobility dimensions of humanitarian crises – in short, migration crises – are of specific concern to IOM as defined in the MCOF, a framework approved by Member States for IOM's response to the mobility dimensions of crisis situations. See: IOM, IOM Migration Crisis Operation Framework, 101st session of the Council, 15 November 2012, MC/2355, available from [www.iom.int/sites/live/sites/iom/files/What-We-Do/docs/MC2355\\_-\\_IOM\\_Migration\\_Crisis\\_Operational\\_Framework.pdf](http://www.iom.int/sites/live/sites/iom/files/What-We-Do/docs/MC2355_-_IOM_Migration_Crisis_Operational_Framework.pdf); IOM Council, Resolution No.1243, 27 November 2012.

33 Chapter IV.3 (p. 9) of the IOM Principles for Humanitarian Action (PHA) states: “In addressing the mobility dimensions of humanitarian crises in an integrated and comprehensive manner, IOM seeks to ensure that the right to protection of migrants, displaced persons and affected communities is upheld and their needs fulfilled regardless of inter alia, their age, sex, gender, physical condition, nationality, ethnic group or religious affiliation.”

34 IOM, IOM PHA, 2015, Part III.

35 IOM, The Progressive Resolution of Displacement Situations Framework, 2016. Available from [www.iom.int/sites/default/files/our\\_work/DOE/humanitarian\\_emergencies/PRDS/IOM-PRDS-Framework.pdf](http://www.iom.int/sites/default/files/our_work/DOE/humanitarian_emergencies/PRDS/IOM-PRDS-Framework.pdf)

36 IOM, Gender Equality Policy 2015–2019, 106th session of the Council, 19 November 2015, C/106/INF/8/Rev.1. Available from [www.iom.int/sites/default/files/about-iom/gender/C-106-INF-8-Rev.1-IOM-Gender-Equality-Policy-2015-2019.pdf](http://www.iom.int/sites/default/files/about-iom/gender/C-106-INF-8-Rev.1-IOM-Gender-Equality-Policy-2015-2019.pdf)



## ESSENTIAL TO KNOW

**Protection mainstreaming** involves conducting activities in ways that seek to avoid any unintended negative effects (do no harm), prioritize safety and dignity, foster empowerment and participation of local capacities and hold humanitarian actors accountable to affected individuals and communities, and are non-discriminatory and needs-based. Actors need to understand who is at risk, from what or whom as well as why, and the consequences their actions or inaction may have on the threats people experience and their vulnerability and capacity vis-à-vis these threats. This includes knowing how and where to refer people in need for specialist support to prevent or recover from violence and exploitation, as well as understanding when, how and to whom to refer specialized protection issues, including GBV.

**Protection integration** involves incorporating protection objectives into the programming of other sector-specific responses (i.e. beyond the protection sector response) to achieve protection outcomes. Integrated protection programming requires all IOM sectors to commit, wherever feasible and appropriate, to protection objectives in the design of their activities (e.g. women's participation programmes

in camp management, cash-based interventions with protection outcomes and dignity kit distributions). It can therefore support the system-wide commitment to the centrality of protection because it relies on different actors (i.e. protection and non-protection) to work individually and together as part of a multisector humanitarian response.

**Specialized protection activities** directly aim to prevent or respond to human rights and humanitarian law violations, or to restore the rights of individuals who are particularly vulnerable to or at risk of neglect, discrimination, abuse and exploitation. Stand-alone protection activities can include activities aimed at preventing or responding to specific protection risks (e.g. GBV), violations (e.g. lack of access to documentation and restrictions on freedom of movement) and needs, including for specific groups such as women, children, persons with disabilities, the elderly, displaced persons and migrants. Activities can thus range from documentation, mine action, mental health and psychosocial support, land property and reparations, to rule of law (see box on specialized GBV programming).

ESSENTIAL TO KNOW

The IOM Gender Marker is a tool that assesses how well projects integrate gender considerations. It establishes a clear set of minimum standards for incorporating gender considerations into projects and sets out a coding system based on how many minimum standards are met. It allows IOM to track the percentage of its projects and financial allocations that are designed to contribute to gender equality. The Gender Marker aims at improving the quality of IOM projects by emphasizing the importance of addressing the specific needs and concerns of women, girls, boys and men of different ages, so that everyone benefits in an appropriate way.

including lesbian, gay, bisexual, transgender and/or intersex (LGBTI) individuals.<sup>37</sup> The Gender Equality Policy further articulates that: “IOM will not meet its objective unless gender equality is taken into account.”<sup>38</sup> It further calls upon IOM to effectively integrate gender<sup>39</sup> into programming during crises, including through “addressing gender-specific protection and assistance needs and preventing and responding to the emergence of new forms of gender-based violence.”<sup>40</sup>

IOM fully adheres to the IASC Statement on the Centrality of Protection and the IASC Protection Policy in Humanitarian Action,<sup>41</sup> rationalizing the objective of

its activities as supporting States in obtaining the respect, protection, fulfilment or promotion of rights of individuals, and inclusive of efforts to prevent or stop actual or potential violations of relevant bodies of law or norms.

Based on this IASC policy, IOM works on three dimensions of protection, namely, protection mainstreaming, protection integration and stand-alone protection programming (see “Essential to Know” box on page 16). IOM has developed internal guidance<sup>42</sup> and training packages on protection mainstreaming, which are implemented across all MCOF sectors. It is within this larger scope of work that the Organization engages in activities that seek to make individuals more resilient, limit the threats they face by reducing their vulnerability or their exposure to risk, including GBV risks, and support survivors of protection incidents, including GBV survivors.

IOM GLOBAL COMMITMENTS

IOM recognizes that only collective and sustained efforts lead to effective protection from GBV in and beyond crisis settings. IOM’s public commitments to address and respond to GBV have been expressed through the Organization’s support to and participation in a range of international declarations, networks and groups that clearly prioritize addressing GBV in crises and accountability to affected populations. These are described in the following subsections.

Call to Action on Protection from GBV in Emergencies

In 2013, IOM joined the Call to Action on Protection from GBV in Emergencies (Call to Action) – a global multi-stakeholder initiative that aims to fundamentally transform the way that humanitarian actors address GBV.<sup>43</sup> The Call to Action brings States, international organizations, non-governmental organizations (NGOs) and civil society organizations together under a unique platform for collectively addressing GBV, supporting stronger communication and coordination, helping stakeholders better identify and address gaps, and enable more comprehensive approaches to GBV prevention, risk mitigation and response. IOM has made organization-wide, specific and measurable commitments<sup>44</sup> under the Call to

ESSENTIAL TO KNOW

GBV MAINSTREAMING

- Promote human rights
- Integrate measures to
  - Prevent GBV from occurring
  - Mitigate risks of GBV
  - Respond to GBV survivors’ needs
- Ensure measures are taken
  - In *all* sectors of assistance
  - At every stage of a crisis
  - At organizational level
- Train staff and partners

GENDER MAINSTREAMING

- Promote human rights
- Integrate measures to
  - Address the immediate and structural needs of *all* people of concern at *all* times
  - Foster respectful, non-violent gender norms
- Promote gender equality
- Train staff and partners

37 As noted in the IOM PHA (Part II.10, footnote 8): “Special consideration must therefore be given to how gender and age affect an individual’s social vulnerabilities and opportunities, ability to make independent and informed choices, access to economic livelihoods and participation in reconstruction efforts, physical security and access to rights and protection.”  
 38 IOM, IOM PHA, 2015, Section II A, paragraph 6, p. 1.  
 39 For more information, see [www.iom.int/gender-and-migration](http://www.iom.int/gender-and-migration)  
 40 IOM, IOM PHA, 2015, Section II A, paragraph 18, p. 3.  
 41 IASC, “The centrality of Protection in Humanitarian Action”, statement by the IASC Principals (17 December 2013); IASC, Inter-Agency Standing Committee Policy on Protection in Humanitarian Action 2016., available from [https://interagencystandingcommittee.org/system/files/iasc\\_policy\\_on\\_protection\\_in\\_humanitarian\\_action\\_0.pdf](https://interagencystandingcommittee.org/system/files/iasc_policy_on_protection_in_humanitarian_action_0.pdf)  
 42 IOM, IN/232: Guidance Note on How to Mainstream Protection in IOM Crisis Response (20 January 2016).  
 43 See [www.calltoactiongbv.com](http://www.calltoactiongbv.com)  
 44 Commitments will be revised before the end of 2018.



MAINSTREAMING GBV INTO SHELTER AND NFI INTERVENTIONS WORKSHOP IN AFGHANISTAN. © IOM 2018/HASHIMI MOHAMMAD OMER

Action Road Map,<sup>45</sup> covering internal policies; migration health; mental health and psychosocial support (MHPSS); counter-trafficking; land, property and reparations (LPR); camp coordination and camp management (CCCM); Displacement Tracking Matrix (DTM);<sup>46</sup> shelter; transition and recovery; and protection from sexual exploitation and abuse (PSEA). IOM submits annual progress reports to Call to Action partners and the Chair of the initiative.

### Real-Time Accountability Partnership

IOM has joined the Steering Committee of the Real-Time Accountability Partnership (RTAP), a multi-agency initiative seeking to translate humanitarian commitments on GBV in emergencies into concrete actions that lead to results in the field and promote system-wide accountability for GBV prevention and response in emergencies. Its overall goal is that all actors prioritize and coordinate GBV response services and integrate GBV prevention across sectors from the outset of an emergency.<sup>47</sup> RTAP responds directly to the objectives of the Call to Action and complements this initiative by providing operational tools aimed at facilitating the implementation of the Call to Action Road Map at the field level.

### Protection from sexual exploitation and abuse

IOM has an institutional policy on PSEA which defines this form of GBV committed by IOM staff. The policy outlines the PSEA-related standards that must be followed in order

to protect the most vulnerable populations, the mandatory reporting responsibilities and complaint pathways, and the leadership roles of the Chiefs of Mission/Heads of Office and PSEA Focal Points. All people employed by or working for IOM worldwide, including but not limited to its staff members, consultants, volunteers and interns, are bound by this policy and the related Standards of Conduct.<sup>48</sup>

In addition, from 2011 to 2018, the IOM Director General served as the IASC Champion on PSEA, and IOM has played a key leadership role in promoting stronger safeguards, standards and inter-agency cooperation on PSEA at the global level. Although distinct from its work on GBV in crises, IOM's leadership in PSEA points to a visible responsibility to ensure that IOM programming as a whole is sensitive to and responds appropriately and effectively in the case of sexual exploitation and abuse committed by its staff and partners. While this global lead does not require each IOM mission office to lead the in-country PSEA network, IOM is committed to following the Minimum Operating Standards for PSEA<sup>49</sup> and being an active member of such networks where they exist.

### Accountability to affected populations

As a member of the IASC and a signatory to the Grand Bargain, IOM is working to advance commitments made on accountability to affected populations (AAP). AAP is defined as “an active commitment by humanitarian actors and organizations to use power responsibly by

45 See: *Call to Action on Protection from Gender-based Violence in Emergencies: Road Map 2016–2020* (2015), available from [https://docs.wixstatic.com/ugd/49545f\\_a1b7594fd0bc4db283dbf00b2ee86049.pdf](https://docs.wixstatic.com/ugd/49545f_a1b7594fd0bc4db283dbf00b2ee86049.pdf)

46 See: <https://displacement.iom.int/>

47 See the Real-Time Accountability Partnership (RTAP) Action Framework, available from <https://reliefweb.int/topics/accountability-gbv-emergencies>

48 While GBV specialists are not, by definition, specialists in protection from sexual exploitation and abuse (PSEA), in practice, very often IOM GBV actors become nominated PSEA Focal Points in their mission offices and take on these responsibilities on top of their daily work.

49 To provide protection from sexual exploitation by an agency's own personnel, compliance with a set of Minimum Operating Standards for PSEA (MOS-PSEA) is required. The MOS-PSEA are modelled after the well-known Minimum Operating Security Standards for Staff Safety (MOSS) compliance mechanism, which is mandatory for the UN System to ensure there is a common set of requirements that all agencies follow in order to ensure staff safety. See: [https://interagencystandingcommittee.org/system/files/3\\_minimum\\_operating\\_standards\\_mos-psea.pdf](https://interagencystandingcommittee.org/system/files/3_minimum_operating_standards_mos-psea.pdf)

taking account of, giving account to, and being held to account by the people IOM seeks to assist". AAP reaffirms human dignity and rights of affected people in crisis and is considered essential for quality programming. AAP requires humanitarian actors and organizations to involve people affected by crises in decision-making processes by engaging with all diverse groups of the population especially the most vulnerable and the marginalized.

### UN System-wide Action Plan

Commitments to address gender inequalities, empower women and girls, and address GBV are also evident in other international human rights, humanitarian and development frameworks to which IOM adheres, including the **New York Declaration on Refugees and Migrants**, the commitments generated at the **World Humanitarian Summit** and the **2030 Agenda for Sustainable Development**.

The UN System-wide Action Plan (UN-SWAP) on gender equality and women's empowerment is an accountability framework to accelerate mainstreaming of gender equality and the empowerment of women in all institutional functions of the entities of the UN system.<sup>50</sup> Since the adoption of the UN-SWAP in 2012, IOM has reported annually against commonly agreed performance indicators documenting progress made to advance gender equality both externally, in IOM's projects and activities, and internally, within IOM's workforce, work culture, systems and policies.

### Gender-Based Violence Area of Responsibility

The Gender-Based Violence Area of Responsibility (GBV AoR) is the global level forum for coordination

and collaboration under the cluster approach on GBV prevention and response in humanitarian settings. The GBV AoR constitutes a focus area within the Global Protection Cluster and brings together NGOs, UN agencies, academics and others under the shared objective of ensuring life-saving, predictable and effective GBV prevention, risk mitigation and response in emergencies in both natural disaster and conflict-related humanitarian contexts. It also works to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies. The United Nations Population Fund (UNFPA) is the lead agency of the GBV AoR. As a core member, IOM actively contributes to the work of the GBV AoR, and supports the implementation of its strategic priorities at the global and country levels.

### Inter-Agency Initiatives

The IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (GBV Guidelines) provide information and resources for 13 humanitarian sectors to enable practitioners to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV in emergencies. IOM is an active member of the GBV Guidelines Reference Group, hosts of one of two global GBV Guidelines Capacity-building Specialists, and actively participates in the roll-out of the GBV Guidelines at both country and regional levels.

In 2018, IOM became the fourteenth member of the United Nations Action against Sexual Violence in Conflict (UN Action), a UN system-wide effort to improve coordination and accountability, amplify programming and advocacy, and support national efforts to prevent and respond to sexual violence in conflict.



IN ECUADOR, THE POPULATION AFFECTED BY THE EARTHQUAKE HAS SOUGHT REFUGE IN TEMPORARY OR SPONTANEOUS SITES. IOM CONDUCTS ASSESSMENT TO EVALUATE DIFFERENTIAL NEEDS. © IOM 2016/MONICA NORIEGA

50 See: [www.unwomen.org/en/how-we-work/un-system-coordination/promoting-un-accountability](http://www.unwomen.org/en/how-we-work/un-system-coordination/promoting-un-accountability)



IN A PROTECTION OF CIVILIANS (PoC) SITE IN WAU, SOUTH SUDAN, CASH-FOR-WORK VOUCHERS ARE DISTRIBUTED UPON SUCCESSFUL INSTALLATION OF SHELTER UPGRADES. © IOM 2018/RIKKA TUPAZ

# PART 3

## PRINCIPLES AND OPERATIONAL MODEL

### PRINCIPLES

IOM's work on GBV is guided by the following key principles. These principles represent the IOM-specific approach, are in line with the Organization's values and reinforce IOM's approach as outlined in the MCOF.

#### I. **GBV happens at all stages and in all types of crises.**

All IOM operations will treat GBV as a serious and life-threatening problem and will take action to secure funding, integrate GBV risk mitigation across the operation, deploy technical expertise and preposition the necessary items to reduce risks, regardless of the presence or absence of evidence.

*"I cannot emphasize enough that attempting to understand the scale of gender-based violence through known case numbers alone is impossible. This type of egregious violence and abuse is underreported even in the best resourced and most stable settings worldwide. In crises like this, where usual social systems and protections are no longer in place, so many barriers stand in the way of survivors seeking support. Our staff on the ground should always work to break down these barriers and get to those most in need." Former Director General W.L. Swing, October 2017*

Although GBV is typically underreported worldwide, there is ample evidence that multiple forms of GBV are perpetrated against women, girls, men and boys in conflict and natural disaster-affected countries across the world. IOM therefore acts under the working assumption that

GBV is occurring and threatening affected populations in all the contexts where it operates and that the form of GBV and the harm experienced may vary depending on a survivor's gender identity or expression, sexual orientation, race, ethnicity, physical ability or other characteristics. Given the safety and ethical challenges in collecting such data, IOM interventions should not wait for or seek out population-based information on the magnitude of GBV before taking action.

#### II. **Living free of GBV is contingent upon addressing gender inequality.**

IOM will work to ensure that crisis programming does not exacerbate pre-existing gender inequalities. Furthermore, the Organization will leverage its significant operational footprint to contribute to gradual shifts in social norms that promote peaceful, respectful and equal communities.

Although no single factor can cause GBV,<sup>51</sup> gender inequality is at the root of all its forms. It is often evidenced in and expressed as harmful social norms that promote unequal power relations between the genders, shape gender roles and relations, and often cast some groups of individuals as inferior and submissive (e.g. women and girls having low and negligent access to cash, land and resources; women and girls suffering from lack of autonomy and participation, and from exclusion from decision-making authority). GBV is also influenced by the intersection of other systems of power in which different types of marginalization – such as racism and discrimination based on sexual orientation and gender identity, religion, or disability – can accentuate gender inequality.

51 See Part I of the GBVIC Framework.



Interventions that address GBV must recognize the inequalities that underlie this violence. Evidence suggests that interventions aiming to transform harmful gender and social norms are effective at reducing violence. Such interventions can in turn mitigate GBV risks and positively impact the immediate health, safety, dignity and well-being of affected populations.<sup>52</sup> Furthermore, these interventions can extend IOM's engagement beyond the immediate crisis response into the period of transition and recovery and contribute towards the realization of Sustainable Development Goals (SDGs).<sup>53</sup>

Effective social norm change requires an approach that progressively includes men and boys as partners in prevention and advances alternative notions of masculinity as a strategy for addressing the root causes of GBV and fostering durable, transformative change. IOM supports the meaningful participation of men and boys in developing programmes that promote gender equality. Failing to address gender inequality results in programming that falls short of meeting the needs, capacities and priorities of affected populations and does not deliver assistance and protection in a way that is rights-based, equitable and empowering.

**III. Anyone can be a survivor or a perpetrator of GBV, but women and girls are primarily affected by it.**

IOM's global-level capacity on GBV will focus primarily on tackling violence against women and girls but will develop tools to support local and context-specific analysis that

integrates assessing and responding to GBV perpetrated against men and boys, and other categories of GBV survivors, at the country level, according to need. While IOM recognizes that not all abuses committed against men and boys in crises constitute GBV, it remains critical that their needs be assessed and adequately addressed by crisis programming.

IOM is guided by the principle of impartiality, which states that humanitarian action must be carried out on the basis of needs alone, prioritizing those most in need without discrimination of any sort. The historical and structural inequalities that exist between men and women, and the different forms of gender-based discrimination that women are subjected to all over the world, contribute to women and girls being disproportionately affected by GBV in both crisis and non-crisis settings. Although men represent a higher percentage of survivors of sexual violence than previously assumed,<sup>54</sup> women and girls in crisis settings are more likely to be subjected to multiple forms of GBV that pose life-threatening risks, hamper their ability to recover from crises and sustain livelihoods and education, care for their families, and fully participate and engage in the private and public spheres.

**IV. Mitigating GBV risks is about good quality programming.**

At a minimum, mitigating risks is essential across all 15 MCOF sectors of assistance and at all stages of project design and implementation because this forms the basis of good quality programming for the Organization as a whole.

52 United Nations Populations Fund (UNFPA), *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies* (New York, 2015).  
 53 Ending all forms of discrimination against women and girls is not only a basic human right, but it also crucial to accelerating sustainable development. See SDG 5: [www.undp.org/content/undp/en/home/sustainable-development-goals/goal-5-gender-equality.html](http://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-5-gender-equality.html)  
 54 Ferro Ribeiro and van der Strathen Ponthoz, *International Protocol*, second edition, 2017, Part VII, Chapter 17.

IOM will ensure that crisis programmes are conducted in ways that avoid any unintended negative effects (do no harm), prioritize the safety and dignity of crisis-affected populations, foster empowerment and participation of local actors, hold humanitarian actors accountable to affected individuals and communities, and are non-discriminatory and needs-based.<sup>55</sup>

IOM's actions are based on the understanding that people affected by crises remain agents, enablers, and drivers of their own resilience, recovery and development. Far from being helpless victims, crisis-affected persons have much to contribute in preparing for and responding to crises. Engaging with affected populations about the safety concerns that they have and enabling them to support the identification of responses to mitigate these risks not only contributes to protecting them against GBV but also means that IOM's interventions are more participatory, effective and impactful.

**V. Localizing response and developing partnerships are the key to the success of interventions.**

IOM will seek to build upon and leverage national capacities for GBV programming through line ministries, NGOs, service providers and community-based organizations where feasible and appropriate, striving to ensure that needs of survivors are prioritized throughout the operation.

IOM is set apart by its significant operational footprint and has a comparative advantage through its direct engagement with crisis-affected populations and scope of programming. Designing effective GBV interventions that leverage IOM's strategic advantage and maximize IOM's impact is dependent on supporting localized response efforts as well as building partnerships at the national, regional and global levels. While direct implementation is IOM's preferred assistance delivery modality, strengthening local and national responders – such as the health sector – in their role as first responders is an organizational priority, and IOM particularly works to support civil protection authorities usually mandated to respond to natural disasters and coordinate humanitarian action.

Similarly, IOM prioritizes partnerships at the national, regional and global levels with specialized GBV actors and women's organizations to ensure that its interventions are complementary, and that the needs and gaps of the GBV sector as a whole are addressed. IOM will scale up field-based GBV technical capacity to support local actors and partners to prevent, mitigate and respond to GBV, based on context-specific needs and gaps in order to maximize IOM's interventions.

**VI. Ensuring safety, confidentiality, respect and non-discrimination is essential to protecting the rights and dignity of survivors and promoting resilience.**

IOM programmes will be guided by these principles to ensure that its interventions are survivor-centred and will contribute to an environment in which populations vulnerable to GBV can live free from violence.

IOM adheres to and promotes the core guiding principles that inform any GBV intervention or programme, including mainstreaming GBV risk mitigation<sup>56</sup> (see box on page 10).

**GENDER-BASED VIOLENCE PROGRAMMING GUIDING PRINCIPLES**

- Confidentiality:** At all stages of an intervention, the privacy and confidentiality of survivors will be ensured, prioritizing the well-being of survivors and that the delivery of services and support will not compromise the privacy or identity of individuals involved.
- Respect:** Respecting the wishes, dignity and choice of the survivors will be observed at all times and during all stages of any intervention. Survivors will be supported to give their free and informed consent, based on a clear understanding of the facts, implications, risks and consequences of an action, before information is shared or action is taken.
- Safety and security:** Awareness and consideration of any risks or safety concerns that might compromise the physical safety of individuals affected by GBV will be sufficiently addressed and factored into any GBV intervention or initiative.
- Non-discrimination:** All GBV interventions will be designed to ensure access and the same level of quality of care and assistance for all persons seeking support, or persons affected by GBV, without regard to sex, sexual orientation, gender identity, age, ethnicity, religion or other status.

The principles of confidentiality, safety and security, respect and non-discrimination underpin the survivor-centred approach and are essential to upholding the survivor's dignity and well-being.

**GENDER-BASED VIOLENCE IN CRISES OPERATIONAL MODEL**

As stated above, IOM designs its operational responses in line with the MCOF, an approach aimed at addressing the multiple vulnerabilities, threats and violations that can impact individuals and communities affected by crises. The MCOF is an organization-wide tool combining humanitarian, transition and recovery, and development activities in 15 sectors of assistance, covering crisis preparedness, emergency response and post-crisis recovery.

55 IOM, IN/232: Guidance Note on How to Mainstream Protection, 2016. This is also in line with other institutional commitments. See for example: AAP framework, in Part 2: IOM Institutional Policies and Global Commitments, of this publication.  
 56 For more details on GBV mainstreaming, see: IASC, *GBV Guidelines*, 2015.

In turn, the GBViC operational model (see model on page 27) builds on all 15 MCOF sectors of assistance. It centres on a common vision and shared objective, to which each IOM operation can make a contribution based on an understanding of the different outcomes and strategic interventions that are sought and undertaken.

The GBViC model and the interventions within it are relevant, to varying degrees, to all of IOM’s sectors of assistance. The model outlines three approaches with corresponding outcomes and strategic interventions.

The strategic interventions listed in the GBViC model are meant to guide IOM operations in defining the Organization’s specific contributions to addressing GBV in that context. Which intervention(s) an operation implements will depend on the identified needs and priorities of the GBV response in that particular geographic area, and on IOM’s capacities and comparative advantages. **The model does not intend for an operation to undertake all strategic interventions but rather to rapidly select appropriate and attainable interventions** in an integrated manner, bearing in mind the intended outcomes that these interventions seek to achieve.

IOM interventions can be divided into those that can be undertaken by all IOM sectors, regardless of whether there are **GBV-specialized** staff in the operation (non-

A **GBV specialist** is someone who has received GBV-specific professional training and can undertake comprehensive GBV prevention and response activities that go beyond GBV risk mitigation interventions (non-specialized). Examples of specialized GBV interventions include case management, running women’s and girls’ friendly spaces, prevention programmes and building the capacity of the police (see “Essential to Know” box on page 10).

specialized interventions on the left side of the model) and interventions that require GBV specialist capacity to be implemented (specialized interventions on the right side of the model).

**Based on the principles outlined in Part 2: IOM Institutional Policies and Global Commitments, at a minimum, all IOM operations must implement the essential, non-specialized interventions marked with a star (★) in the model.**

## READING THE MODEL

The GBViC model starts with the ultimate change that the Organization envisions and maps backwards to understand the necessary conditions to reach that intended change. This is sometimes referred to as vertical logic, or a means–ends relationship. It is recommended to read the following sections in conjunction with the model itself, which should be read from the top, vertically downward.

### Vision and objective

In line with the goal of global initiatives on ensuring protection from GBV in emergencies,<sup>57</sup> IOM’s overall **vision** is that crisis-affected persons live free from GBV. This vision means that IOM implements interventions in an integrated and coordinated manner to mitigate risks, respond to and prevent GBV at all stages of a crisis throughout all sectors of assistance. IOM also recognizes that collective action with partners across levels and sectors is required to ensure this vision is achieved.

The **objective** of the GBViC model is that *the safety, dignity and well-being of all crisis-affected persons, especially women and girls, and their equitable access to services are prioritized, integrated and coordinated across all IOM crisis operations.*

To achieve the above objective, IOM’s GBViC model focuses on three approaches with corresponding outcomes:

APPROACH	OUTCOME
 MITIGATE RISKS	All groups at risk, especially women and girls, face reduced risks of GBV.
 SUPPORT SURVIVORS	All survivors of GBV access survivor-centred, multisectoral services, including in response to SEA.
 ADDRESS THE ROOT CAUSES	Conditions that perpetuate GBV are progressively transformed to enable gender equality.

### Outcome 1: All groups at risk, especially women and girls, face reduced risks of GBV.

Achieving this outcome requires coordinated action to ensure that GBV risk mitigation is both a standard element of IOM’s crisis operations and integrated across all IOM sectors of assistance at every stage of the programme

57 Examples include Call to Action, RTAP and UN Action.

cycle. **GBV risk mitigation refers to reducing the risk of exposure to GBV** (i.e. addressing GBV contributing factors). As a process, it is intended to prevent IOM programmes from overlooking GBV risks and failing in their ultimate objective of promoting the safety, dignity and well-being of crisis-affected persons.

**GBV risk mitigation is everyone's job.** IOM is guided by evidence and good practice that GBV prevention and response interventions (outcomes 2 and 3) must be accompanied by effective GBV risk mitigation actions across all sectors to foster protective environments and affect change. Even in the absence of GBV specialists or GBV programme experience, all IOM staff and partners should undertake activities to reduce risks of GBV. Consequently, all IOM staff and partners must understand the core concepts of GBV, how to identify risks and implement risk mitigation measures and must be familiar with the code of conduct, the AAP framework, and PSEA protocols and mechanisms.

**Risk mitigation requires an approach that is grounded in community needs and realities.** Risks to women, girls, men and boys and other vulnerable groups (e.g. the elderly, unaccompanied and separated children, persons with disabilities, LGBTI individuals) can only be identified through methods that ensure safe avenues for expressing concerns (e.g. safety mappings, confidential health consultations, DTM exercises that purposefully consult vulnerable groups, focus group discussions, and monitoring and evaluation participatory tools). Based on engagement with an inclusive and representative sample of the affected population, IOM sectors of assistance can capture the variety of needs, concerns, perspectives and priorities in partnership with the affected population, all sectors and actors. This allows the Organization to assess intersectional vulnerabilities and design and implement programming that reduces risks as defined by the population directly experiencing them, in line with the IASC GBV Guidelines and Organizational best practices.

Interventions include, but are not limited to, basic measures such as ensuring that latrines are segregated by sex and have functioning locks and ensuring sufficient lighting in displacement sites. They also include listening to women and girls of all ages and backgrounds so that context-specific risks or factors that block women and girls from accessing services – for example, issues related to single returnee women in contexts where it is not culturally acceptable for women to be in the public space without a male family member – are identified and addressed.

**Representative community participation**, especially of women and girls and other groups identified as vulnerable to GBV, in assessments and planning phases is crucial for the identification of GBV risks. Addressing contributing factors means increasing protective factors (i.e. resilience); it requires undertaking dedicated actions to increase women's and girls' and other groups' access to resources, including information and material support. Increasingly, cash and/or livelihood interventions are also used in crisis and post-crisis settings to give women and girls and other groups the means of meeting their own basic needs and those of their families. The provision of material support and assistance must be safe and free from the threat of exploitation or abuse; clear AAP systems, including feedback and complaint mechanisms that take into account the capacities of different groups, must be established as early as possible in the operation to ensure that risks are captured and mitigated from the onset of an intervention.

**Risk mitigation measures are non-specialized interventions** but must always be undertaken in consultation with GBV coordination mechanisms (e.g. GBV Sub-Cluster, GBV Working Group) and/or specialists.<sup>58</sup> As a core member of the GBV AoR, IOM should participate in and support the GBV coordination group in-country.

**Outcome 2: All survivors of GBV access survivor-centred, multisectoral services, including in response to SEA.**

All survivors of GBV have the right to receive quality, compassionate care and support that addresses the harmful consequences of violence. Achieving this outcome requires that safe, life-saving and quality multisectoral services are available to anyone who experiences GBV. Safe and comprehensive services include a holistic array of multisectoral interventions to address the immediate harmful consequences and effects of GBV, and to prevent further injury, trauma and harm.

**Multisectoral services** include health-care services, psychosocial support, case management,<sup>59</sup> safety and security options, legal support and access to justice, economic and social reintegration. Services also include non-GBV-specific options such as registration, family tracing and reunification, as well as general assistance (e.g. non-food items (NFIs)/shelter distribution, food). Establishing or supporting the operation of women's and girls' friendly spaces is also considered a strategic intervention under this outcome because they are a critical entry point for providing

58 For guidance on what to do when there are no GBV actors, see the inter-agency guidelines in: *How to Support Survivors of GBV When a GBV Actor Is Not Available in Your Area: A Step-by-step Pocket Guide for Humanitarian Practitioners – Version 2.0*. Available from <https://gbvguidelines.org/en/pocketguide/>

59 At the global level, the recently published *Interagency Gender-Based Violence Case Management Guidelines* and the GBVIMS serve as guidelines for GBV management services in humanitarian settings.

safe, accessible services, information and activities that promote women's and girls' empowerment and healing. Identifying appropriate entry points for different groups of survivors is critical for successful GBV programming.

Services, including non-GBV specific ones, must be linked through a common and quality-assured **referral pathway** to ensure that survivors access the assistance required and requested.

Central to achieving this outcome is **communities' access to information** about available support services as well as their involvement in developing appropriate messages about services and identifying channels that are relevant to share these messages. In order to reduce harm, a first step is that communities themselves support survivors to access life-saving services.

Additionally, **awareness-raising and capacity-building for all stakeholders** to develop survivor-oriented and survivor-friendly restorative justice and reparations mechanisms is critical; in most cases, implementing these mechanisms is the responsibility of the government.

Accessing multisectoral services is a right for all types of GBV survivors, including survivors of SEA. Often, the focus on the investigation and accountability for cases of SEA can obfuscate the fact that SEA survivors are entitled to the same assistance services as other survivors of GBV. IOM should support the GBV sub-cluster/sub-sector and the PSEA in-country network to work together to ensure that service providers know how to report instances of SEA through the relevant complaint channels and that PSEA Network Focal Points know how to refer survivors to assistance services.

As indicated in the model, this outcome includes specialized interventions requiring GBV expertise within the operation and strategic non-specialized interventions that can be undertaken by all IOM sectors.<sup>60</sup> **At a minimum, all IOM staff and partners should be equipped to safely provide basic support and information to GBV survivors and facilitate their access to available services without doing further harm.** Any IOM operation engaging in specialized interventions must have secured qualified GBV capacity and must be guided by the survivor-centred approach and its four principles of safety, respect, confidentiality, and non-discrimination.

### **Outcome 3: Conditions that perpetuate GBV are progressively transformed to enable gender equality.**

**GBV prevention** means addressing the root causes of GBV and taking action to stop GBV from occurring in the first place. Gender inequality and unequal power relations between genders lie at the root of GBV. As such, social and institutional changes that shift these are critical for reducing and ultimately eradicating GBV. IOM has committed to advancing gender equality and protecting crisis-affected persons from GBV; this necessarily entails contributing towards progressively transforming conditions that perpetuate it. Failing to do so results in programming that falls short of meeting the needs, capacities and priorities of affected populations and does not deliver assistance and protection in a way that is rights-based, equitable and empowering. It also means that IOM operations are less likely to be inclusive, effective and efficient. Ultimately, peaceful, equitable and stable communities are contingent upon eliminating all forms of violence.

While crises and situations of fragility can exacerbate risks of and vulnerabilities to GBV, they can also provide entry points for challenging harmful social norms and practices with the aim of transforming prevailing discriminatory conditions into an environment that promotes gender equality. Transforming norms and systems is essential for advancing equality in access to and control over resources and opportunities in the longer term.

Depending on the phase of the crisis, this outcome might include community-based interventions seeking to influence positive changes in sociocultural norms around gender, gender equality, violence, non-violent communication, and the use and/or abuse of power;<sup>61</sup> or interventions to promote women's and girls' economic, social and political empowerment. In more transitional settings, it may include engaging men and boys to promote positive social norms, including alternative notions of masculinity.

Because conditions that perpetuate GBV go beyond communities and permeate the national/institutional level,<sup>62</sup> and because national governments hold the ultimate responsibility for implementing laws, policies and services around GBV, achieving outcome 3 requires undertaking interventions to support duty bearers in driving change and fostering accountability. Efforts must be invested in building capacities and mechanisms at the national level that address GBV and promote equality. It is also essential to adopt measures at all levels within IOM to increase the Organization's accountability towards crisis-affected persons, including on PSEA.

<sup>60</sup> Capacity-building is a cross-cutting intervention for all staff involved in GBV programming.

<sup>61</sup> As programming moves from the individual/household level to the community level, norms and attitudes as well as absorptive and/or adaptive capacities must be understood. See: IOM, The Progressive Resolution of Displacement Situations Framework, 2016.

<sup>62</sup> Systems-focused interventions aim to build capacity and support the creation of enabling policies and practices that uphold rights. See: IOM, The Progressive Resolution of Displacement Situations Framework, 2016.

# GENDER-BASED VIOLENCE IN CRISES OPERATIONAL MODEL

<b>VISION</b>	Crisis-affected persons live free from GBV						
<b>OBJECTIVE</b>	The safety, dignity and well-being of all crisis-affected persons, especially women and girls, and their equitable access to services are prioritized, integrated and coordinated across all IOM crisis responses.						
<b>APPROACH</b>	 <b>MITIGATE RISKS</b> Address GBV contributing factors, reduce GBV risks and do no harm.	 <b>SUPPORT SURVIVORS</b> Facilitate survivors' access to specialized services.			 <b>ADDRESS THE ROOT CAUSES</b> Transform conditions that perpetuate GBV.		
<b>OUTCOMES</b>	1. All groups at risk, especially women and girls, face reduced risks of GBV.		2. All survivors of GBV access survivor-centred, multisectoral services, including in response to SEA.		3. Conditions that perpetuate GBV are progressively transformed to enable gender equality.		
<b>STRATEGIC INTERVENTIONS</b>	A. All programming is safe, dignified and accessible to all.	B. All programming promotes resilience.	A. All IOM staff and partners safely and ethically facilitate access to GBV services.	B. Communities are informed about and support survivors to access available services.	A. Community prevention efforts, including social-norm approaches, are progressively implemented.	B. Accountability structures are reinforced.	
<b>STRATEGIC INTERVENTIONS</b>	1.A.1 Train IOM staff, national authorities and partners on protection, GBV core concepts, principles, risk identification and mitigation measures, PSEA, AAP and Code of Conduct.	1.B.1 Ensure women's and girls' participation and voice are promoted in all aspects of crisis response (e.g. women's participation in camp governance), including through selection and capacity enhancement of female staff.	2.A.1 Deploy protection/GBV specialists to lead and support GBV programming.				
<b>STRATEGIC INTERVENTIONS</b>	1.A.2 Identify context-specific risks and vulnerable groups through participatory assessments and data collection, including regular safety audits.	1.B.2 Ensure women's and girls' active participation in all assessment and planning processes.	2.A.2 Equip and support IOM staff and partners to safely and ethically link survivors to available specialized services/referral pathways in the case of a disclosure.	2.B.1 Engage with communities to develop outreach approaches and context-appropriate messages.	3.A.1 Design and implement interventions to promote women's and girls' economic, social and political empowerment.	3.B.1 Enhance the capacity of national authorities to enact and enforce laws, policies and protocols that promote gender equality and address GBV.	
<b>STRATEGIC INTERVENTIONS</b>	1.A.3 Systematically collect and review sex and age disaggregated data on differential needs and access to assistance.	1.B.3 Increase all groups' access to general information about resources and opportunities (e.g. location, distribution channels, opening hours and access for persons with disabilities).	2.A.3 Support mapping of GBV services in all IOM operations.	2.A.6 Enhance the capacity of national authorities to deliver survivor-centred health, PSS, safety and justice services.	2.B.2 Inform communities about available specialized services in a safe and context-appropriate manner.	3.A.2 Engage men and boys to design and advance programmes that promote positive norms and behaviours to encourage respectful, equal, stable and non-violent communities.	3.B.2 Create and/or increase access to forms of reparation and compensation support.
<b>STRATEGIC INTERVENTIONS</b>	1.A.4 Involve women and girls in assessing their access to and the safety around provision of services.	1.B.4 Identify and preposition supplies that specifically address women's and girls' needs (e.g. dignity kits, solar lanterns and locks).	2.A.4 Include links to non-GBV-specific programmes in referral pathways.	2.A.7 Train health service providers in clinical care for survivors and preposition medicines and supplies.	3.A.3 Design and implement interventions aimed at shifting harmful social gender norms and practices.		3.B.3 Support/establish PSEA networks.
<b>STRATEGIC INTERVENTIONS</b>	1.A.5 Identify and implement context-specific measures with the affected population to enhance their safety (e.g. patrols, female contingents and lighting).	1.B.5 Develop and implement dedicated activities specifically addressing the needs and capacities of those at highest risk of GBV (e.g. economic, land or livelihoods interventions; reintegration interventions; supporting women's and girls' groups and networks with technical and material inputs).	2.A.5 Support the development and updating of referral pathways in geographic areas of operation.	2.A.8 Establish and/or support PSS services, addressing the different needs of all GBV survivors.			3.B.4 Support/establish community-based complaints mechanisms or other mechanisms to promote mitigation of and response to GBV/SEA cases.
<b>STRATEGIC INTERVENTIONS</b>	1.A.6 Establish AAP systems, including feedback and complaint mechanisms, to ensure equitable and safe access to information, services and assistance.	1.B.6 Support women's and girls' friendly spaces.		2.A.9 Identify and/or establish and operate women's and girls' friendly spaces, and other entry points for different groups of survivors.	★ Essential actions		
<b>STRATEGIC INTERVENTIONS</b>	1.A.7 Inform communities of IOM's Code of Conduct and AAP principles.	1.B.6 Support women's and girls' friendly spaces.		2.A.10 Enhance justice and safety services (e.g. CRSV justice measures and supporting/providing emergency shelter options).			
<b>STRATEGIC INTERVENTIONS</b>	1.A.8 Uphold PSEA protocols and reporting mechanisms throughout the humanitarian system.			2.A.11 Build the capacity of service providers to address the special needs of survivors of trafficking and SEA.			
<b>STRATEGIC INTERVENTIONS</b>	★ 1.A.9 Support GBV coordination mechanism and consult GBV partners on system-wide priority interventions.						
Non-specialized Interventions			Specialized Interventions				

## ANNEX I: GLOSSARY

TERM	DEFINITION
Case management	GBV case management is a structured method for providing help to a survivor. It involves one organization, usually a psychosocial support or social services actor, taking responsibility for making sure that survivors are informed of all the options available to them and that issues and problems facing a survivor and her/his family are identified and followed up in a coordinated way, and providing the survivor with emotional support throughout the process. Due to its relevance to and history of being used to support vulnerable populations requiring a range of services across sectors, case management has become a common approach in humanitarian settings, drawing largely from the field of social work. <sup>1</sup>
Confidentiality	This is an ethical principle associated with the appropriate response to the disclosure of a GBV incident. Confidentiality promotes safety, trust and empowerment. It reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. <sup>2</sup> All written information is kept in locked files and only non-identifying information is written down on case files. Maintaining confidentiality about GBV means that staff who come in contact with a GBV survivor never discuss incident details with families or friends, or with colleagues whose knowledge of the incident is deemed unnecessary. There are limits to confidentiality while working with children or people who express intent to harm themselves or someone else. <sup>3</sup>
Consent/Informed consent	When considering whether an act is perpetrated against a person's will, it is important to consider the issue of consent. Informed consent is voluntarily and <b>freely given</b> based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have all relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. They also must be aware of and have the power to exercise their right to refuse to engage in an action and/or to not be coerced (i.e. being persuaded based on force or threats). Children are generally considered unable to provide informed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse.  There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory, or developmental disabilities. <sup>4</sup>
Continuum of violence	This is an analytic framework that regards instances of GBV not as isolated, spontaneous phenomena, but rather locates them within a larger pattern of violence that results from unequal relations of power between genders. Though the degree of violence may vary along the continuum, the theory holds that these abuses are connected by the common thread of gendered relations of power and must be analysed and addressed accordingly. <sup>5</sup>
Disaster	A disaster is a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic, and environmental losses and impacts. <sup>6</sup>
Discrimination	This refers to any distinction, exclusion, restriction or preference which is based on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons, on an equal footing, of all rights and freedoms. <sup>7</sup>
Do no harm	The concept of <b>“do no harm”</b> means that humanitarian organizations must strive to “minimize the harm they may inadvertently be doing by being present and providing assistance.” Such unintended negative consequences may be wide-ranging and extremely complex. Humanitarian actors can reinforce the “do no harm” principle in their GBV-related work through careful attention to the human rights-based, survivor-centred, community-based and systems approaches. <sup>8</sup>

1 GBVIMS Steering Committee, *Interagency Gender-Based Violence Case Management Guidelines* (2017).

2 UNICEF, *Gender-Based Violence in Emergencies Programme Resource Pack* (forthcoming).

3 Adapted from: IASC, *GBV Guidelines*, 2015, p. 324. Available from <https://gbvguidelines.org/en/home/>

4 IASC, *GBV Guidelines*, 2015, p. 324.

5 The concept of a continuum of violence was first introduced by Liz Kelly. See: L. Kelly, *Surviving Sexual Violence* (Minneapolis, University of Minnesota Press, 1989).

6 IOM, *Glossary on Migration*, third edition (Geneva, 2018).

7 United Nations Human Rights Committee, General Comment No. 18: Non-Discrimination, thirty-seventh session, 10 November 1989, paragraph 7 in UN Doc HRI/GEN/1/Rev.1, p. 26. Available from <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G94/189/63/PDF/G9418963.pdf?OpenElement>

8 IASC, *GBV Guidelines*, 2015, p. 45.

TERM	DEFINITION
Empowerment	Empowerment is a process that allows human beings to take greater control over the decisions, assets, policies, processes and institutions that affect their lives. It aims at developing the capabilities of individuals and communities to make informed choices and act on their own behalf. This implies a bottom-up approach, in contrast with protection, which often implies a top-down approach. <sup>9</sup>
Gender	Gender refers to the socially constructed differences between females and males – and the relationships between and among them – throughout their life cycle. They are context- and time-specific and change over time, within and across cultures. Gender, together with age group, sexual orientation and gender identity, determines roles, responsibilities, power and access to resources. This is also affected by other diversity factors such as disability, social class, race, caste, ethnic or religious background, economic wealth, marital status, migrant status, displacement situation and urban/rural setting. <sup>10</sup>
Gender equality	Gender equality, or equality between women and men, refers to the equal enjoyment by women, men, girls and boys of rights, opportunities, resources and rewards. Equality does not mean that women, men, girls and boys are the same, but it means that their enjoyment of rights, opportunities and life chances are not governed or limited by whether they were born male or female. <sup>11</sup>
Gender equity	Gender equity refers to fairness and justice in the distribution of benefits and responsibilities between women and men, according to their respective needs. It is considered part of the process of achieving gender equality in terms of rights, benefits, obligations and opportunities. <sup>12</sup>
Gender mainstreaming	Gender mainstreaming is the process of assessing the gendered implications for all migrants of any planned action, including policies, programming or legislation with the ultimate goal of achieving gender equality. <sup>13</sup> It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies, programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. <sup>14</sup>
Gender-based violence (GBV)	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 (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private. <sup>15</sup>
Gender-Based Violence Information Management System (GBVIMS)	The GBVIMS was created to harmonize data collection on GBV in humanitarian settings, to provide a simple system for GBV project managers to collect, store and analyse their data, and to enable the safe and ethical sharing of reported GBV incident data. The intention of the GBVIMS is to both assist service providers to better understand the GBV cases being reported as well as to enable actors to share data internally across project sites and externally with agencies for broader trends analysis and improved GBV coordination. <sup>16</sup>
GBV mainstreaming	This is a strategy that aims to: (1) integrate measures to prevent GBV from occurring, mitigate risks of GBV, respond to GBV survivors' needs into all aspects of an organization's policies and activities; (2) ensure GBV-related measures are taken at every stage of a crisis; and (3) promote human rights. It involves making GBV interventions central at every stage of the humanitarian programme cycle, and it is intended to prevent GBV issues from being overlooked or considered as add-on or optional. Mainstreaming helps to minimize instances where the risk of GBV is inadvertently exacerbated when gender dynamics or protection concerns are not considered in programme design and implementation. <sup>17</sup>
GBV programming	GBV programming refers to the entire spectrum of programming to address GBV; it includes specialized GBV programming and risk mitigation interventions. <sup>18</sup>
Intersectionality	Intersectionality is an analytic framework for understanding the ways in which interlocking systems of power – such as those governing race, gender, sexual identity and class – overlap and intersect to inform the unique privileges or marginalization experienced by different individuals and groups. <sup>19</sup>

9 IOM, *Glossary on Migration*, International Migration Law No. 25, second edition (Geneva, 2011), p. 29.

10 IASC, *The Gender Handbook for Humanitarian Action* (2017), p. 380. In the IOM *Working with Lesbian, Gay, Bisexual, Transgender and Intersex Persons in Forced Displacement and the Humanitarian Context* (Geneva, 2017), gender is defined as “the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for individuals based on the sex they were assigned at birth” (Module 1: Participant Workbook, pp. 4–7). Available from [www.dropbox.com/sh/phlv27f20kx0v7/AABU6ryAEPywcFxrYkOUDLgAa?dl=0](http://www.dropbox.com/sh/phlv27f20kx0v7/AABU6ryAEPywcFxrYkOUDLgAa?dl=0)

11 IASC, *Gender Handbook*, 2017, p. 381.

12 Ibid.

13 IOM, *Gender Mainstreaming Emergency Manual* website. Available from <https://emergencymanual.iom.int/entry/40508/gender-mainstreaming>

14 IASC, *Gender Handbook*, 2017, p. 381.

15 IASC, *GBV Guidelines*, 2015, p. 322.

16 GBVIMS, “Purpose”. Available from [www.gbvim.com/what-is-gbvims/purpose/](http://www.gbvim.com/what-is-gbvims/purpose/)

17 UNFPA, *Minimum Standards*, 2012, p. 58.

18 *Call to Action Road Map: 2016–2020*, 2015, p. 27.

19 K. Crenshaw, “Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics”, *University of Chicago Legal Forum*, 1989(1):138–167.

TERM	DEFINITION
Mental health and psychosocial support (MHPSS)	Mental health and psychosocial support (MHPSS) aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. An MHPSS approach is a way to engage with and analyse a situation and provide a response, taking into account both psychological and social elements. This may include support interventions in the health, education, community services, protection and other sectors. <sup>20</sup>
Migration	This refers to the movement of a person or a group of persons, either across an international border or within a State. The term encompasses any kind of movement, in which the persons move or have moved away from their places of habitual residence, when, at the time of moving, imminent return was not envisaged or possible. <sup>21</sup>
Migration crisis	Migration crisis describes the complex and often large-scale migration flows and mobility patterns caused by a crisis which typically involve significant vulnerabilities for individuals and affected communities and generate acute and longer-term migration management challenges. <sup>22</sup> A migration crisis may be sudden or slow in onset, can have natural or man-made causes, and can take place internally or across borders. <sup>23</sup>
Mitigation (of GBV risks)	This refers to reducing the risk of exposure to GBV (e.g. ensuring that reports of hotspots are immediately addressed through risk reduction strategies; ensuring sufficient lighting and security patrols are in place from the onset of establishing displacement camps). <sup>24</sup>
Non-discrimination (principle of)	This is a principle obliging States (and crisis actors) not to discriminate against any persons. Discrimination should be understood to imply any distinction, exclusion, restriction or preference which is based on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons, on an equal footing, of all rights and freedoms. <sup>25</sup>  In the context of GBV interventions, it means that all GBV interventions will be designed to ensure access and the same level of quality of care and assistance for all persons seeking support, or persons affected by GBV, without regard to sex, sexual orientation, gender identity, age, ethnicity, religion or other status.
Perpetrator	This refers to a person, group or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against his/her will. <sup>26</sup>
Persons of diverse sex, sexual orientation and gender identity (SSOGI)	This is an umbrella term for all people whose sex, sexual orientation or gender identity places them outside the mainstream, and people whose gender identity does not correspond with the sex they were assigned at birth. <sup>27</sup>
Prevention	Prevention refers to taking action to stop GBV from first occurring (e.g. scaling up activities that promote gender equality, working with communities to address practices that contribute to GBV). <sup>28</sup>
Protection against sexual exploitation and abuse (PSEA)	PSEA relates to certain responsibilities of international humanitarian, development and peacekeeping actors. These responsibilities include preventing incidents of sexual exploitation and abuse committed by United Nations, NGO, and inter-governmental organization (IGO) personnel against the affected population; setting up confidential reporting mechanisms; and taking safe and ethical action as quickly as possible when incidents do occur. PSEA is an important aspect of preventing GBV and PSEA efforts should therefore link to GBV expertise and programming – especially to ensure survivors' rights and other guiding principles are respected. <sup>29</sup>
Sex	Sex is the physical and biological characteristics that distinguish males and females. It refers to a person's anatomy and physical attributes such as external and internal reproductive sex organs. <sup>30</sup>

20 IASC, *GBV Guidelines*, 2015, p. 325.

21 IOM, *Glossary on Migration*, second edition, 2011.

22 IOM, Migration Crisis Operational Framework (MCOF) website. Available from <https://emergencymanual.iom.int/entry/37151/migration-crisis-operational-framework-mcof#1,1532014674830>

23 IOM, *Glossary on Migration*, second edition, 2011.

24 IASC, *GBV Guidelines*, 2015, p. 1.

25 IOM, *Glossary on Migration*, third edition, 2018.

26 IASC, *GBV Guidelines*, 2015, p. 325.

27 IOM, *Glossary on Migration*, third edition, 2018.

28 IASC, *GBV Guidelines*, 2015, p. 1.

29 *Ibid.*, p. 8.

30 UN Women, Gender Equality Glossary (2017). Available from <https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36&mode=letter&hook=5&sortkey=&sortorder=asc>

TERM	DEFINITION
Specialized GBV programmes	<p>These are also called targeted or stand-alone GBV programmes. These programmes focus on comprehensive, technical GBV prevention interventions and response services for survivors. Specialized programmes may target one specific form of GBV, such as conflict-related sexual violence, or they may address multiple forms of GBV occurring among the population. Care and case management for GBV survivors is a common intervention that responds to a survivor's needs by linking her/him to specialized GBV services (such as emergency health services) and non-specialized GBV services (such as NFI/shelter services) and can also include recovery and empowerment activities such as livelihoods and social reintegration, and emotional support services. Specialized GBV programming can also include care and support for male survivors, which is a specific area of expertise. Another example of a specialized GBV programme is legal aid/legal assistance for GBV survivors to provide information, support, and sometimes legal counsel to access criminal or civil justice. Prevention interventions in specialized GBV programmes typically go beyond the risk mitigation interventions undertaken by all humanitarian sectors and may include community-based approaches for influencing changes in sociocultural norms around gender, gender equality, and the use and/or abuse of power. Engaging communities to transform harmful beliefs can include working with men and boys on gender equality, promoting positive interpretations of masculinity, and promoting women's empowerment within the community to support GBV prevention.<sup>31</sup></p>
Survivor/Victim	<p>This refers to a person who has experienced GBV. The terms "survivor" and "victim" are often used interchangeably. "Victim" is often used in the legal and medical sectors, whereas "survivor" is preferred in the psychological and social support sectors because it implies resilience. IOM uses the term "survivor".<sup>32</sup></p>
Vulnerability	<p>Within a migration context, vulnerability is the limited capacity to avoid, resist, cope with or recover from harm. This limited capacity is the result of the unique interaction of individual, household, community, and structural characteristics and conditions. As a concept, vulnerability implies exposure and susceptibility to some form of harm. There are different forms of harm, meaning that different sectors use the term differently (e.g. vulnerability to food insecurity, vulnerability to hazards, vulnerability to violence and abuse, and vulnerability to rights violation).<sup>33</sup></p> <p>Vulnerability derives from a range of intersecting and coexisting personal, social, situational and structural factors. For example, in crisis- or disaster-affected communities, individuals and groups may have different levels of vulnerability, depending on their exposure to hazards or to risks of neglect, discrimination, abuse and exploitation. The level of exposure is determined by the interplay of many factors: their sociodemographic characteristics, their capacities (including knowledge, networks, access to resources, access to information and early warnings, among others), their location (e.g. in a displacement site, in a transit centre or at the border) and the crisis-induced factors impacting them (e.g. separation, loss and lack of resources and opportunities, and discrimination in access to assistance).<sup>34</sup></p>
Vulnerable group	<p>Depending on the context, this refers to any group or sector of society (e.g. children; the elderly; persons with disabilities; ethnic or religious minorities; migrants, particularly those who are in an irregular situation; or persons of diverse sex, sexual orientation and gender identity) that is at higher risk of being subjected to discriminatory practices, violence, social disadvantage or economic hardship than other groups within the State. These groups are also at higher risk in periods of conflict, crisis or disasters.<sup>35</sup></p>

31 *Call to Action Road Map: 2016–2020*, 2015, pp 30–23.

32 IASC, *GBV Guidelines*, 2015, p. 326.

33 IOM, *Glossary on Migration*, third edition, 2018.

34 IOM, IN/232: *Guidance Note on How to Mainstream Protection*, 2016, pp. 6–7.

35 IOM, *Glossary on Migration*, third edition, 2018.

## ANNEX II: COMMON FORMS/TYPES OF GENDER-BASED VIOLENCE

TYPE/Form	DEFINITION/DESCRIPTION <sup>1</sup>
Abduction	This refers to the act of leading someone away by force or fraudulent persuasion. When used in relation to child abduction, this term means the removal or retention of a child in breach of custody rights. <sup>2</sup>
Child sexual abuse	The term “child sexual abuse” generally is used to refer to any sexual activity between a child and closely related family member (incest) or between a child and an adult or older child from outside the family. It involves either explicit force or coercion or, in cases where consent cannot be given by the victim because of his or her young age, implied force. <sup>3</sup>
Conflict-related sexual violence	“Conflict-related sexual violence” refers to incidents or (for SCR 1960 listing purposes) patterns of sexual violence – that is, rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g. political strife). They also have a direct or an indirect nexus with the conflict or political strife itself (i.e. a temporal, geographical and/or causal link). In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement. <sup>4</sup> The term can also encompass trafficking in persons when committed in situations of conflict for the purpose of sexual violence/exploitation.
Denial of land inheritance and property rights	In many parts of the world, women’s land inheritance and property rights are systematically denied because of gender as well as racial, cultural, political and legal factors. The lack of power to access or control such resources places women in a more disadvantaged position in accessing economic opportunities and independence.  Examples include women denied the right to inherit land and women denied property rights in divorce. <sup>5</sup>
Denial of resources, opportunities or services	This refers to denial of rightful access to economic resources/assets or livelihoods opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives and a girl prevented from attending school, among others. “Economic abuse” is included in this category. Some acts of confinement may also fall under this category. <sup>6</sup>
Domestic violence and intimate partner violence	While these terms are sometimes used interchangeably, there are important distinctions between them. “Domestic violence” is a term used to describe violence that takes place within the home or family between intimate partners as well as between other family members. “Intimate partner violence” applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships), and is defined by the World Health Organization as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological/emotional abuse and controlling behaviours. This type of violence may also include the denial of resources, opportunities or services. <sup>7</sup>
Economic abuse	This is an aspect of abuse where abusers control a survivor’s finances to prevent her/him from accessing resources, working or maintaining control of earnings, achieving self-sufficiency and gaining financial independence. <sup>8</sup>
Emotional abuse (also referred to as psychological abuse)	This means infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature and destruction of cherished things, among others. “Sexual harassment” is included in this category of GBV. <sup>9</sup>
Female genital mutilation/cutting (FGM/C)	This refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. <sup>10</sup> FGM/C is an act of violence that impacts sexual organs, and it is classified as sexual assault under the GBVIMS. <sup>11</sup>

1 The definitions/descriptions provided here are based on commonly accepted international standards. Please note that national and local legal systems may have different definitions and/or other legally recognized forms or types of GBV that are not universally accepted as constituting GBV.

2 IOM, *Glossary on Migration*, second edition, 2011, p. 7.

3 IASC, *GBV Guidelines*, 2015, p. 321.

4 UN Action against Sexual Violence in Conflict, “Analytical and conceptual framing of conflict-related sexual violence” (2011). Available from [www.stoprapenow.org/uploads/advocacyresources/1321456915.pdf](http://www.stoprapenow.org/uploads/advocacyresources/1321456915.pdf)

5 Description and examples are based on IOM’s experience and practice.

6 IASC, *GBV Guidelines*, 2015, p. 321.

7 WHO, “Violence against women”, fact sheet no. 239 (29 November 2017). Available from [www.who.int/news-room/fact-sheets/detail/violence-against-women](http://www.who.int/news-room/fact-sheets/detail/violence-against-women). See also: WHO, “Understanding and addressing violence against women: Intimate partner violence” (2012), available from [http://apps.who.int/iris/bitstream/handle/10665/77432/who\\_rhr\\_12.36\\_eng.pdf?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/77432/who_rhr_12.36_eng.pdf?sequence=1)

8 Ibid.

9 Ibid.

10 Ibid.

11 See the GBVIMS Classification Tool.

TYPE/Form	DEFINITION/DESCRIPTION <sup>1</sup>
Female infanticide and sex-selective abortion	Sex selection can take place before a pregnancy is established, during pregnancy through prenatal sex detection and selective abortion, or following birth through infanticide (the killing of a baby) or child neglect. Sex selection is sometimes used for family balancing purposes but far more typically occurs because of a systematic preference for boys. <sup>12</sup>
Female spouse abandonment	While this term is not included in any inter-agency typology of GBV, it refers to instances in which a husband or intimate partner abandons his wife/wives and/or children in other countries/sites following migration and displacement. <sup>13</sup>
Forced marriage and child (also referred to as early) marriage	This means marriage that is entered into without the free and full consent of one or both the intending spouses. <sup>14</sup> Forced marriage violates several universally recognized human rights. <sup>15</sup>  Child marriage is a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions. <sup>16</sup>
Forced nudity	Forced nudity is one type of sexual violence that consists of forcing a person to undress. This type of violence is generally used to increase the humiliation and sense of vulnerability of the survivor. <sup>17</sup>
Forced pregnancy	Forced pregnancy refers to situations in which one or more women are forcibly made pregnant with the intent of affecting the ethnic composition of any population or carrying out other grave violations of international law. <sup>18</sup>
Forced prostitution	Forced or enforced prostitution is a form of sexual violence in which a perpetrator causes a person (or more than one person) to engage in acts of a sexual nature by force, threat of force or coercion, or taking advantage of a person's (or persons') incapacity to give genuine consent. The perpetrator or another person obtains or expects to obtain monetary or other advantage in exchange for or in connection with the acts of a sexual nature. <sup>19</sup>  In conflict settings, forced prostitution is considered a crime against humanity <sup>20</sup> and a war crime <sup>21</sup> by the International Criminal Court.
Forced sterilization	This is a form of sexual violence whereby survivors are forced to undergo surgical or other sterilization without their full, free and informed consent. <sup>22</sup>
Forced sex	This is a concept usually used to refer to rape or sexual assault.
Harmful traditional practices	These are cultural, social, and religious customs and traditions that can be harmful to a person's mental or physical health. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. These harmful traditional practices include female genital mutilation (FGM); forced feeding of women; child marriage; the various taboos or practices that prevent women from controlling their own fertility; nutritional taboos and traditional birth practices; son preference and its implications for the status of the girl child; female infanticide; early pregnancy; and dowry price.  Other harmful traditional practices affecting children include binding, scarring, burning, branding, violent initiation rites, fattening, forced marriage, honour crimes and dowry-related violence, exorcism or "witchcraft". <sup>23</sup>
Honour crimes	Crimes in the name of "honour" are defined as violent crimes committed against women for "tarnishing the name and the honour of the family." <sup>24</sup> An "honour" killing is the most extreme form of honour crime; however, there are other manifestations, such as forcing marriage. <sup>25</sup>
Physical assault	This is an act of physical violence that is not sexual in nature. Examples include hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury. <sup>26</sup>

12 IASC, *GBV Guidelines*, 2015, p. 321.

13 Description is based on IOM's experience and practice.

14 IOM, *Glossary on Migration*, third edition, 2018.

15 For example: Article 16(2) of the Universal Declaration of Human Rights; Article 2 of the Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery; and Article 1 of the Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriage.

16 IASC, *GBV Guidelines*, 2015, p. 321. The Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriage, as stated in Article 2, aims to eliminate child marriages and obliges States to take legislative action to specify a minimum age for marriage.

17 Adapted from: Fero Ribeiro and van der Straten Ponthoz, *International Protocol*, second edition, 2017, Part VII, Chapter 17, pp. 12–14.

18 Rome Statute of the International Criminal Court (ICC), 2002, Article 7(2)(f), Part II: Jurisdiction, admissibility and applicable law.

19 Adapted from: Rome Statute of the ICC, 2002, Article 7(2)(f), Part II: Jurisdiction, admissibility and applicable law.

20 *Ibid.*, Article 7(1)(g).

21 *Ibid.*, Article 8(2)(b)(xxii).

22 Adapted from: OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO, *Eliminating Forced, Coercive and Otherwise Involuntary Sterilization: An Interagency Statement* (Geneva, WHO, 2014).

23 IASC, *GBV Guidelines*, 2015, p. 322.

24 United Nations Human Rights Council, "Report of the Special Rapporteur on violence against women, its causes and consequences, on her mission to the Occupied Palestinian Territory/State of Palestine", thirty-fifth session, 6–23 June 2017 A/HRC/35/30/Add.2 (8 June 2017). Available from [www.refworld.org/docid/59dca83b4.html](http://www.refworld.org/docid/59dca83b4.html) (accessed 3 September 2018).

25 UNICEF, *Gender-Based Violence in Emergencies Resource Pack* (forthcoming).

26 IASC, *GBV Guidelines*, 2015, p. 322.

TYPE/Form	DEFINITION/DESCRIPTION <sup>1</sup>
Rape	This means non-consensual (physically forced or otherwise coerced) penetration – even if slight – of the vagina, anus or mouth with a penis or other body part, and also includes penetration of the vagina or anus with an object. <sup>27</sup> Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape. <sup>28</sup>
Sexual abuse	The term “sexual abuse” means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. <sup>29</sup>
Sexual assault	This refers to any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. FMG/C is an act of violence that impacts sexual organs, and as such should be classified as sexual assault. <sup>30</sup>
Sexual exploitation	The term “sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category. <sup>31</sup>
Sexual exploitation and abuse (SEA)	This refers to particular forms of GBV that have been reported in crisis contexts, specifically alleged against humanitarian workers and peacekeepers. <sup>32</sup>
Sexual harassment	Sexual harassment occurs between personnel/staff and includes any unwelcomed sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature. <sup>33</sup>
Sexual violence	Sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless or relationship to the victim, in any setting, including but not limited to home and work.” Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, forced sterilization, sexual harassment, sexual exploitation and/or abuse, and forced abortion. <sup>34</sup>
Son preference	“Son preference refers to a whole range of values and attitudes which are manifested in many different practices, the common feature of which is a preference for the male child, often with concomitant daughter neglect. It may mean that a female child is disadvantaged from birth; it may determine the quality and quantity of parental care and the extent of investment in her development; and it may lead to acute discrimination, particularly in settings where resources are scarce. Although neglect is the rule, in extreme cases son preference may lead to selective abortion or female infanticide.” <sup>35</sup>
Trafficking in persons	This refers to “...the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.” <sup>36</sup> Trafficking in persons can take place within the borders of one State or may have a transnational character. <sup>37</sup>
Violence against women and girls (VAWG)	The United Nations Declaration on the Elimination of Violence against Women (1993) defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” (Article 1) “Violence against women shall be understood to encompass, but not be limited to, the following: (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.” (Article 2) The Secretary-General’s <i>In-Depth Study on All Forms of Violence against Women</i> (2006) highlights that the term “women” is used broadly to cover females of all ages, including girls under the age of 18. <sup>38</sup>

27 GBVIMS, Classification Tool. Available from <http://gbvims.com/wp/wp-content/uploads/Annex-B-Classification-Tool.pdf>

28 IASC, *GBV Guidelines*, 2015, p. 322.

29 Ibid.

30 Ibid.

31 Ibid.

32 Adapted from: IASC, *Best Practice Guide: Inter-Agency Community-Based Complaint Mechanisms* (Geneva, IASC and IOM, 2016), ix.

33 Adapted from: IASC, *GBV Guidelines*, 2015, p. 322.

34 IASC, *GBV Guidelines*, 2015, p. 322.

35 OHCHR, “Fact sheet no. 23: Harmful traditional practices affecting the health of women and children”, section I.B.

36 United Nations, Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, GA/RES 55/25 of 15 November 2000.

37 See: IOM, *IOM Handbook on Direct Assistance for Victims of Trafficking* (Geneva, 2007), available from <https://publications.iom.int/books/iom-handbook-direct-assistance-victims-trafficking-0>; and IOM, *IOM Data Protection Manual* (Geneva, 2010), available from <https://publications.iom.int/books/iom-data-protection-manual>. See also: IOM, IN/220: Guidance Note on Identification of Victims of Trafficking for Purposes of IOM Protection through Direct Assistance (December 2014); and IOM, IN/219: Guidance Note on Assessing Risks when Assisting Victims of Trafficking (December 2014).

38 IASC, *GBV Guidelines*, 2015, p. 323.

ANNEX III: CONTRIBUTING FACTORS TO GENDER-BASED VIOLENCE<sup>1</sup>

CONTRIBUTING FACTORS TO GBV	
Society-level contributing factors	<ul style="list-style-type: none"> <li>• Lack of meaningful and active participation of women in leadership, peacebuilding processes and security sector reform</li> <li>• Lack of prioritization on prosecuting sex crimes; insufficient emphasis on increasing access to recovery services; and lack of foresight on the long-term ramifications for children born as a result of rape, specifically related to stigma and their resulting social exclusion</li> <li>• Failure to address factors that contribute to violence such as long-term internment or loss of skills, livelihoods, independence and/or male roles</li> <li>• Economic, social and gender inequalities, including towards LGBTI individuals</li> <li>• Porous/unmonitored borders; lack of awareness of risks of being trafficked</li> <li>• Lack of adherence to rules of combat and international humanitarian law</li> <li>• Hypermasculinity; promotion of and rewards for violent male norms/behaviour</li> <li>• Combat strategies (e.g. torture or rape as a weapon of war)</li> <li>• Absence of security and/or early warning mechanisms</li> <li>• Impunity, including lack of legal framework and/or criminalization of forms of GBV, or lack of awareness that different forms of GBV are criminal</li> <li>• Lack of inclusion of sex crimes committed during a humanitarian emergency into large-scale survivors' reparations and support programmes (including for children born of rape)</li> </ul>
Community-level contributing factors	<ul style="list-style-type: none"> <li>• Poor camp/shelter/water, sanitation and hygiene (WASH) facility design and infrastructure (including for persons with disabilities, the elderly and other at-risk groups)</li> <li>• Lack of access to education for females, especially secondary education for adolescent girls</li> <li>• Lack of safe spaces for women, girls and other at-risk groups</li> <li>• Lack of training, vetting and supervision for humanitarian staff</li> <li>• Lack of economic alternatives for affected populations, especially for women, girls and other at-risk groups</li> <li>• Breakdown in community protective mechanisms and lack of community protections/sanctions relating to GBV</li> <li>• Lack of reporting mechanisms for survivors and those at risk of GBV, as well as for sexual exploitation and abuse committed by humanitarian personnel</li> <li>• Lack of accessible and trusted multisectoral services for survivors (e.g. health, security, legal/justice, mental health and psychosocial support)</li> <li>• Absence or underrepresentation of female and diverse SSOGI staff in crisis programming and key service provider positions (health care, detention facilities, police, justice, etc.)</li> <li>• Inadequate housing, land, and property rights for women, girls, children born of rape and other at-risk groups</li> <li>• Presence of demobilized soldiers with norms of violence</li> <li>• Hostile host communities</li> <li>• "Blaming the victim" or other harmful attitudes against survivors of GBV</li> <li>• Lack of confidentiality for GBV survivors</li> <li>• Community-wide acceptance of violence</li> <li>• Lack of child protection mechanisms</li> <li>• Lack of psychosocial support as part of DDR programming</li> </ul>
Individual/Family-level contributing factors	<ul style="list-style-type: none"> <li>• Lack of basic survival needs/supplies for individuals and families or lack of safe access to these survival needs/supplies (e.g. food, water, shelter, cooking fuel and hygiene supplies)</li> <li>• Gender-inequitable distribution of family resources</li> <li>• Lack of resources for parents to provide for children and the elderly (e.g. economic resources and ability to protect), particularly for woman and child heads of households</li> <li>• Lack of knowledge/awareness of acceptable standards of conduct by humanitarian staff, and that humanitarian assistance is free</li> <li>• Harmful alcohol/drug use</li> <li>• Age, gender, education and disability</li> <li>• Family history of violence</li> <li>• Witnessing GBV</li> </ul>

<sup>1</sup> Adapted from: IASC, *GBV Guidelines*, 2015, p. 10.

ANNEX IV: ACRONYMS

ACRONYMS	
AAP	accountability to affected populations
AoR	Area of Responsibility
CCCM	camp coordination and camp management
CSRV	conflict-related sexual violence
DDR	disarmament, demobilization and reintegration
DOE	Department of Operations and Emergencies
DTM	Displacement Tracking Matrix
FGM/C	female genital mutilation/cutting
GBV	gender-based violence
GBV AoR	Gender-Based Violence Area of Responsibility
GBViC	gender-based violence in crises
GBVIMS	Gender-Based Violence Information Management System
IASC	Inter-Agency Standing Committee
IOM	International Organization for Migration
LGBTI	lesbian, gay, bisexual, transgender and/or intersex
LPR	land, property and reparations
MCOF	Migration Crisis Operational Framework
MHPSS	mental health and psychosocial support
NFI	non-food item
NGO	non-governmental organization
PSEA	protection against sexual exploitation and abuse
PSS	psychosocial support
RTAP	Real-Time Accountability Partnership
SEA	sexual exploitation and abuse
UN Action	United Nations Action against Sexual Violence in Conflict
UN-SWAP	United Nations System-wide Action Plan
WASH	water, sanitation and hygiene





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