

A Rights-based Approach to Prevention and Response to Gender-based Violence in Conflict Settings

Marleen Bosmans, Marleen Temmerman

6th ECTMIH

6 – 10 September, 2009

Verona, Italy



ICRH



1. Context

- GBV, including sexual violence:
 - serious violation of human rights and of international humanitarian law
 - mainly targets women and girls
- Armed conflict:
 - increased vulnerability of women and girls to GBV due to:
 - low social and legal status
 - weakening social protection systems



- The Occupied Palestinian Territory (OPT) and the Democratic Republic of the Congo (DRC):
 - complex and protracted armed conflict
 - massive displacements of people
 - poor government capacity
 - health sector highly dependant on external aid
 - weak judiciary
 - prevailing traditional law systems.



2. Objective

- To identify key-determinants for appropriate prevention and response to gender-based violence (GBV) against conflict-affected women from a human rights perspective.



3. Methodology

- Policy support research into SRH&R of conflict affected women and children for the Belgian Development Cooperation.
- Methods:
 - analysis of international human rights law and humanitarian law
 - analysis of national laws and policies
 - field studies:
 - Occupied Palestinian Territory (2002)
 - Democratic Republic of the Congo (2004, 2005, 2009).



- Field studies:
 - qualitative research methodologies:
 - semi-structured focus-group discussions with war affected women (OPT) and children (DRC)
 - semi-structured interviews with a key-stakeholders in SRH&R
 - site visits to refugee camps and health facilities
 - regular feed-back meetings
 - seminars for the restitution of the research findings



4. Results

4.1. Occupied Palestinian Territory



ICRH



- Serious **indications** of increased GBV:
early and forced marriage, domestic violence, Honour killings
- Highly "**sensitive**" issue, both politically and socially
→ not/insufficiently addressed by
 - Palestinian legislation
 - MoH
 - human rights organisations
- Prevention and response highly dependant on **NGO** initiatives
- **Donor** withdrawal for SRH&R and GBV programmes.



4. Results

4.2. Democratic Republic of the Congo



ICRH



- Rape as a **weapon of war**.
- Extreme cruelty.
- Perpetrators:
 - state and non-state actors (incl. foreign armed groups and civilians)
 - denial of civilian participation and complicity.
- Widespread **impunity**.
- Estimated 30.000 to 40.000 rape survivors



- **Victims**
 - **Direct victims :**
 - women, girls, men and boys of all ages
 - severe medical and psychological trauma.
 - **social rejection**
 - no longer “marriageable”
 - **Indirect victims :**
 - Husband, family, community
 - severe psycho-social trauma



... Children Born to Rape Survivors...

- No data available.
- Birth cannot be registered because:
 - biological father unknown
 - high resistance to being assigned as legal guardian→ these children
 - "do not exist"
 - run real risks of violence, abuse and exploitation.
- **Abortion illegal** under all circumstances.



... Sexual Violence “Sells” ...

- Strong civil society mobilization (nat./intl.)
- Sexual violence = a recognized political priority (nat./intl.)
 - strong donor mobilisation
 - domestic law revision
- But :
 - quality?
 - sustainability?
 - cultural appropriateness?
 - local ownership?
 - DRC "sexual violence fatigue"



4.3. Survivors' Needs

- multiple needs:
 - family/community support
 - medico-legal care, SRH, STI/HIV/AIDS, specialised surgery,
 - psycho-social support
 - livelihood
 - legal aid
 - security/safehouses



5. Discussion: Implications of RBA to GBV

1. Multisectoral approach:

→ feasibility?

2. Survivor-centred approach

→ what?

3. States' duties

- to recognize GBV as a political, social, human rights and public health problem
- to review policies and legislation
- to take measures for breaking taboos (abortion)

→ political willingness?



4. Donor obligation:

- Technical and financial assistance
→ sustainability (programmatic approach)

5. Community/civil society:

- Participation and social accountability
→ local capacity building/strengthening ?

6. Research community:

- **local capacity strengthening** in GBV research, prevention and response
→ funding?



Thanks for your attention...



ICRH

