Gender-Based Violence

Gender-based Violence (GBV) is now widely recognized as an international public health and human rights concern. According to the UN Declaration on the Elimination of Violence Against Women, the term 'Violence Against Women' means any act of GBV 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."

The concept of GBV seeks to distinguish violence that is based on gendered expectations and or on the sex or gender identity of another person from other types of violence. GBV generally seeks to reinforce traditional gender roles and inequalities through physical, sexual and psychological abuse: "GBV can apply to women and men, girls and boys (UNFPA, n.d.)." That said, even though violence against boys and men is of grave concern, "the UNFPA focus (and that of this toolkit) remains on tackling violence against women and girls, since it is they who are overwhelmingly affected (UNFPA, 2008)."

The World Health Organization (WHO) multi-country study provides one of the most robust sources of information on the extent of male violence against women as reported by the women themselves (García-Moreno et al., 2005). The study found that the percentage of women who reported physical or sexual violence by a partner ranged from 15 to 71 per cent, with the majority of countries falling between 29 and 62 per cent. Although the main focus of the study was intimate partner violence, it is important to recognize that there are many other forms of GBV — from sexual harassment in the workplace to honour killings by families. All of these reflect and reinforce gender and power inequalities between men and women through the use of violence.

In the past two decades women's rights advocates, governments and UN organizations have devoted most of their attention and resources to protecting and providing support for women and girls affected by various forms of GBV. There has been significantly less attention to working with men and boys to prevent

BOX 1	WHAT ARE THE DIFFERENT TYPES OF VIOLENCE?

Physical violence: Using physical force such as hitting, slapping, or pushing.

Emotional/psychological violence: Often the most difficult form of violence to identify. It may include humiliating, threatening, insulting, pressuring, and expressing jealousy or possessiveness (e.g., by controlling decisions and activities).

Sexual violence: pressuring or forcing someone to perform sexual acts (from kissing to sex) against their will, or making sexual comments that make someone feel humiliated or uncomfortable. It does not matter if there has been prior consenting sexual behaviour.

Economic Violence: involves exerting control over household resources and blackmailing or threatening to withhold resources from a partner.

such violence in the first place. **The growing consensus, however, is that men and boys have an essential role to play in ending violence, both within their own relationships as well as in their larger communities. There is also now an increased recognition that men's violence against women is deeply rooted in rigid gender norms and the manner in which boys and men are socialized.**

Men and boys are often socialized to repress their emotions and anger is sometimes one of the few socially acceptable ways for them to express their feelings. Some men and boys are also raised to believe that they have the "right" to expect certain things from women, and the right to use physical or verbal abuse as a form of "punishment" if women do not provide these things (responding to sexual demands, for example). Sexual violence in particular is also rooted in non-equitable gender norms—especially those that define male sexuality as uncontrollable and aggressive and female sexuality as passive.

Research has confirmed that violence is mainly a learned behaviour (Bandura, 1965; Cunningham et al., 1998). **Boys who are raised to believe that violence against women is "normal" may be more likely to repeat this violence in their own intimate relationships.** In one large-scale study in the United States, for example, men who had witnessed violence against women as children were three times more likely to use domestic violence as adults (Straus,1990; Straus et al., 1980). Qualitative research in Brazil found that many young men who reported witnessing violence in their homes,

felt powerless to speak out against this violence and also feared that if they intervened, the violence would be directed toward them (Barker, 2001).

Overcoming the silence of men who witness other men being violent toward women is a key starting point for this work. At the same time, it is important to emphasize that men who witness violence during their childhood do not inevitably become violent—indeed, research and programme experiences have shown that such men are capable of reflecting on the costs of what they witnessed and making a deliberate choice to practice non-violence in their own lives.

In addition to family and role models, men and boys also learn to be violent from the community and culture around them. Since the media and community reflect the predominant culture, consideration should be given to the challenges that culture and social norms present to working with GBV. Some traditional norms or cultural traditions can at times facilitate GBV or make it difficult for the woman to react or leave situations of violence. Some traditions that support GBV include bride price, the widespread belief that "between a man and a woman no one should interfere", and less common beliefs such as the belief that murdering a woman redresses family 'dishonour'—i.e. honour killings. Engaging the community to critically reflect on negative norms and practices (while keeping in mind the positive values within a culture) and the impact of violence on women's rights is therefore a fundamental part of working to prevent GBV.

BOX 2	VIOLENCE BETWEEN MEN

The violence that occurs between men is often linked to rigid gender norms and power dynamics. Boys and men may be taught, for example, that violence against others is an acceptable means of demonstrating strength and control or that to avoid being victims they must perpetrate violence towards others.

The use of violence against other men can be, among other things, a way to achieve a socially recognized status as a man when other forms of recognition or affirmation are unattainable or perceived to be unattainable. In this way, violence may serve as a mechanism by which some men and boys are placed or kept in a position subordinate to other men. The most extreme form of this violence is homicide. WHO estimates that 80 per cent of homicide victims are males, and that men are three to six times more likely than women to commit murder.

Male-to-male violence can also be linked to gender norms that underlie violence against women and girls. Violence can act as a means of censorship and form of control over male behaviour. It can be used against men who do not adhere to rigid gender scripts and norms, the most extreme example being homophobic violence against men who have sex with men (MSM) or those who self-identify themselves as non-heterosexual.

Men who deviate from norms regarding male behaviour, dress, interests, etc, can also find themselves victims of violence or harassment. Indeed, this type of violence is shaped by many of the same negative views of women and femininity that perpetuate male violence against women.

WHY SHOULD MEN BE ENGAGED IN GENDER BASED VIOLENCE PREVENTION?

Men have a fundamental role to play in the prevention of GBV. First of all, men influence men. **It is men's support (either explicit or implicit) of negative gender stereotypes and unequal relationships, which help to perpetuate GBV. Because men listen to other men, they will be likely to pay attention to men who question these stereotypes and speak out against violence.** Secondly, men are not involved to the same extent as women and women's groups in speaking out actively against GBV. This void makes GBV prevention appear to be a women's issue only and something in which men do not need to or should not participate.

At the same time, however, the participation of men in programmes that address GBV can generate certain levels of scepticism or unease, given the fact that men are generally the perpetrators of violence. It is therefore important that the involvement of men be defined in collaboration with women and women's groups. Moreover, many men may themselves need to be convinced as to why they should participate as well as be persuaded of their ability to bring about change. Men and boys need to be taught that they have an important stake in ending GBV and in showing the world that the majority of men are not, and do not support violence, and that they are willing to speak out against it. They need to understand how their involvement in ending GBV benefits themselves, their partners, their daughters, the lives of other women and girls they know and care for—as well as the larger community and society as a whole.

In working with men to address GBV, it is paramount that men be seen as part of the solution as well as part of the problem. **Programme approaches, campaign messages and images that vilify and stereotype men as aggressors, for example, will do little to positively engage them.** As Kaufman stresses, "language that leaves men feeling blamed for things they have not done or for things they were taught to do...will alienate men and boys" (Kaufman, 2004). Indeed, a study conducted by the US-based Family Violence Prevention Fund found that 13 per cent of 1,000 men interviewed expressed a reluctance to become involved in violence prevention activities because of their perception that men were often vilified through such activities (Garin, 2000).

MEN AND GBV IN POST CONFLICT SETTINGS

Throughout the history of conflict, GBV —including rape, sexual, physical and psychological assault— has been used as a weapon of war to destabilize populations, disrupt social cohesion and transform the ethnic and social composition of warring groups[24]. Unfortunately, GBV does not end once civil conflicts are resolved. The existence of factors that perpetuate continued GBV include increased tolerance to the use of violence, inadequate (and at times, non-functional legal systems) that perpetuate impunity for perpetrators, the adoption of violent role models or identities during conflict, and the effects of trauma on individuals and families. Other factors include extreme poverty that result from economic disruption and displacement, as well as the destruction of social networks and support mechanisms. Amidst these multiple and interdependent factors, however, it is important to recognize how concepts of gender and masculinity perpetrated by men during and after conflict may also contribute to violence.

Male violence may be an outcome of norms promoted by societies and reinforced by states that link masculinity with militarization, and that manipulate gender role expectations for political gain.

Additionally, shifts in gender roles that emerge post conflict may trigger violence by men against women. For example, women may be targeted as beneficiaries for health and development programmes, resulting in changes in their productive and reproductive roles and responsibilities. These changes can cause resentment among men who hold rigid notions about what it means to be male and female and thus can contribute to family violence.

An important paradigm shift around how to address GBV in post-conflict settings has occurred in the last decade. Initially, the humanitarian response to sexual violence affecting women emphasized the provision of treatment services within a reproductive health context. Now, there is increased recognition that programming must be multi-sectoral—the result of coordinated activities between affected communities, health and social services, and the legal and security sectors in the context of humanitarian assistance, disarmament, demobilization and reintegration and reconstruction (DDRR). Moreover, multi-sectoral programming must be based on sound gender analysis and mainstreaming that takes into account gender roles and responsibilities: One that includes transformative

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24 It is important to note that while women and girls are victimized in much greater numbers, either through rape, sexual slavery, trafficking and forced pregnancies, men and boys are also victims of sexual violence during and after conflict. According to the 2005 Human Security Report, cases of sexual violence against men and boys involved in armed conflict or displaced by it have been documented in the majority of the 59 conflicts occurring in the last 10 years. Such violence aims to destroy male power by humiliating and emasculating men, and can have profound effects on men's psychological well-being.

approaches that create more gender-equitable roles and relationships.

There is a small, but growing number of efforts to engage men in GBV prevention and mitigation in post-conflict settings. At the community level, Care Burundi has created "Abatangamuco"[25], ("give light to darkness") which uses dialogue and debate about gender roles to mobilize men to make a personal commitment to changing their behaviour toward women. In Cote d'Ivoire, the International Rescue Committee (IRC) is evaluating whether participation in men's groups leads to changes in gender roles, relationships and their use of intimate partner violence. The IRC is also providing psychosocial support and counseling in the Democratic Republic of Congo (DRC) to family members—particularly husbands— to prevent men from divorcing or beating wives who have experienced rape. In the DRC, Women for Women International has piloted the Men's Leadership Programme, which educates and enhances the capacity of community and traditional leaders to address violence against women.

International and national aid agencies and NGOs are also undertaking critical work with the uniformed services that builds on several Security Council Resolutions—including most recently, 1820—which calls on UN agencies to develop mechanisms to protect women and girls from sexual violence. UNFPA has taken the lead in Sudan and DRC to implement such innovations. Interventions include arranging men to act as escorts for internally displaced women and girls as they collect firewood, and training and supporting special police protection units for women and children. Similarly, Engender Health partners with the South Africa, Ethiopia and Tanzania Defense Forces, and the Namibia Police and Prison Guards.

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25 http://gender.care2share.wikispaces.net/CARE+Burundi

Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action

PROGRAMMING TO ENGAGE MEN AND BOYS IN GBV PREVENTION

Engaging men and boys to prevent GBV is fundamental to the achievement of gender equality. Because men are overwhelmingly the main perpetrators of violence against women, it is logical that they be key partners in the struggle to end it. Programmes which focus on treating perpetrators of intimate partner violence, are also required—although these are complex and not available in many countries(See Box 4). **Moreover, while work with perpetrators is important, attention and resources should be primarily focused on the needs and risks of survivors of violence. This means establishing referral networks and strengthening counselling, legal and health services.**

GROUP EDUCATION

Some men believe that violence can solve their relationship problems or may resort to it out of exasperation or perceived lack of alternatives. **Education programmes offer men and boys an opportunity to discuss and question the norms and inequities that underlie the use of violence against women and help them develop the skills necessary to handle conflict in non-violent ways and to engage other men to do the same.** Programmes should improve participant understanding of the causes and consequences of violence against women and also provide basic knowledge about HIV prevention, treatment, care and support, sexual and reproductive health (SRH), maternal, newborn and child health (MNCH), alcohol and drug abuse, men's mental health, and other relevant issues linked to GBV. In terms of sexual violence, men and boys need to understand what is, and is not, sexual consent.

Skills-building activities should include, for exemple how to express feelings without becoming violent. **And how to manage anger and resolve conflicts in the context of couple relationships.** Programmes should seek to help perpetrators to recognize what triggers their violent reactions and how to prevent these trigger situations from escalating into violence.

It is important that programmes encourage men to take responsibility for their own actions and to provide alternative models of positive behaviour and examples of ways in which men can intervene to prevent violence among their friends, neighbours and communities.

Encouraging men to reflect on the violence they may have suffered from, or perpetrated against other men, can help them to become more empathetic to the violence that women and girls suffer. This empathy can, in turn, enable them to challenge other men about violent attitudes and behaviour — including GBV — and to become role non-violent masculine role models.

BOX 3	**ETHICAL CONCERNS IN WORKING ON GENDER BASED VIOLENCE**

It is of the utmost importance that educators, services providers and others working on GBV are clearly aware of their responsibilities and legal obligations with regard to reporting requirements and testifying at trials. As part of their work, they may be confronted with situations in which an individual tells of an actual, suspected or past abuse suffered, witnessed, or perpetrated. Those working with these individuals should be cognizant of their legal responsibilities with regards to reporting and also be equipped to refer individuals to relevant counselling programmes or other services.

BOX 4   WORKING WITH MEN WHO HAVE
USED VIOLENCE

Many examples of initiatives that work with male perpetrators of GBV come from countries in Europe and North America. Increasingly however, other countries—especially in Latin America—are launching their own initiatives. In Brazil, for example, the 2006 federal law regarding violence against women (also known as the Maria da Penha Law) provided for the creation of "rehabilitation and education centres for men committing acts of violence".

In March 2009, a rehabilitation centre for men who have used violence against women was inaugurated in the state of Rio de Janeiro with support from the Special Secretariat for Women's Policies. The sentence for many men convicted of using violence now includes mandatory attendance of 20 group therapy sessions at the centre. The goal of these sessions, which are held over a period of five months, is to help perpetrators to reflect on their behaviour and develop communication skills as a substitute for violence. More than 100 men have participated in the sessions to date and the government plans to extend the project to 78 municipalities.

Such programmes are often referred to as "batterer intervention programmes" or BIPs. As with the Brazilian example cited above, the majority of these are linked to the legal system and work with men who have been tried and convicted and are obligated to attend either to defer sentencing or as a condition of their release from prison. The underlying premise of BIPs should be that violence is a learned behaviour that can be unlearned.

Sessions should engage men in reflections on the underlying motivations and consequences of their behaviour as well as a questioning of prevailing gender norms that allow them to think that men should have more power or control in an intimate relationship. Although it is common for participants to initially deny their guilt, many are able to assume responsibility after sufficient time and reflection. Defining what constitutes a sufficient "dose", however, is still an issue for debate. There are still questions regarding the necessary number of group sessions as well as to whether group counselling may have a stronger impact if accompanied by individual therapy. One thing that is clear is that the quality of counsellors and group facilitators make all the difference and should receive intensive training as well as on-going support.

Although the evaluation of such programmes has been rather limited, existing data indicates that BIPs range from moderately- to highly-successful with regards to preventing future violence: A number of programmes have reported up to an 80 per cent reduction in GBV. It is also clear, however, that some men do not change their behaviour even after attending a BIP (Bennett and Williams, 2001, Gondolf, 2002, Saunders, 1996).

BIPs can often be controversial and greater attention needs to be paid to their implementation as well as evaluation and follow-up with participants and their partners. Some women may base their decision on whether to stay with a partner on his participation, which means their safety and well-being is in many ways dependent on the "success" of the programme.
BIPs should use partner reports to evaluate the impact of their work since self-reporting by perpetrators is often subject to denial and/or minimization. It is also important that BIPs not be undertaken in isolation: They should be linked with other services that meet the support and safety needs of the women and children affected by the perpetrator's actions.

Existing BIP models and programmes combine different approaches. Nevertheless, whichever approach is chosen, programmes working with perpetrators of violence against women should be based on a critical analysis of prevailing gender norms and a thorough examination of GBV as a manifestation of a disparity in power. The goal should be to overturn gender stereotypes that legitimize GBV.