



## Gender-Based Violence (GBV) Incidents Trends Analysis

Cabo Delgado | July – December 2021

### Introduction:

Widespread violence and armed conflict in Cabo Delgado have displaced over 735,000 people since October 2017, the majority across various districts in the province. The security situation remains unstable, especially in hard-to-reach locations. Internally displaced persons (IDPs) are mostly concentrated in the southern districts, in both host community locations as well as in IDP sites. In this context risks of multiple forms of GBV have been identified, with women and girls being the most at risk. IDP sites and host community locations lack basic safety and assistance, leaving women and girls exposed to ongoing risks of GBV.

UNHCR, with partner Doctors with Africa- CUAMM, is currently providing mobile GBV-MHPSS services in six IDP sites across three districts of Cabo Delgado (Chiure, Metuge, and Montepuez). The services, provided to survivors of GBV in safe spaces include GBV case management, psychosocial support, information provision, and referral to other essential services (health, legal, security, and other essential humanitarian assistance).

Through GBV case management a GBV information management system is implemented which collects GBV incident data for trends analysis. The aim of sharing GBV trends analysis is to inform and improve GBV response and advocate for stronger protection of women and girls, and other groups at risk of GBV. The GBV information management system adheres to UNHCR and inter-agency standards of safe, and ethical GBV data collection and management. The system upholds a survivor-centered approach. In accordance with this approach, all data belongs to the survivor, and as such, de-identified GBV data can only be shared with the informed consent of the survivor and if safety can be ensured. UNHCR and partners do not actively seek to identify GBV survivors for data collection purposes.

The GBV incident data collected was based on survivors who reported to UNHCR-CUAMM GBV services in Cabo Delgado between July and December 2021. Due to the vast under-reporting of GBV cases, often related to stigma, wider survivor-blaming attitudes and lack of awareness of survivor-centered services, the data should not be interpreted as a representation of GBV prevalence.

### GBV Incident Trends Analysis:

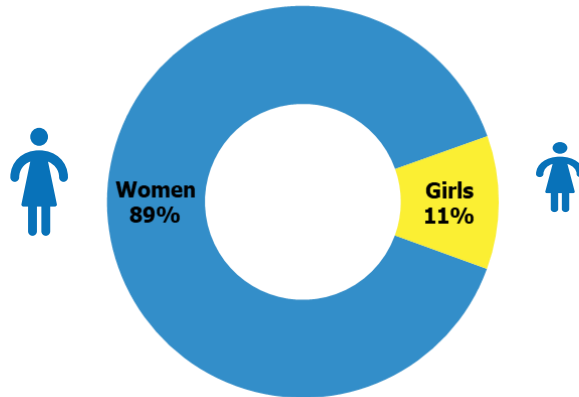
Displaced women and girls face significant risks of GBV. 100% of survivors seeking support from UNHCR and CUAMM were women and girls. More analysis is required of the gendered barriers of accessing GBV services to ensure that services are accessible to support men and boy survivors. **98% of incidents were reported by IDP Survivors**, demonstrating that displacement increases the risks of GBV, but also that increased engagement of host communities is required. Most crucially GBV services in more urban locations are needed as significant populations of IDPs are integrated into host populations often with existing heightened vulnerabilities.

**Adolescent Girls** have been identified as a group at significant risk of GBV, including sexual violence and early marriage (UNHCR, LSHTM *'The gender-based violence (GBV) situation and response in Cabo Delgado, Mozambique: A rapid assessment,'* 2021.). Nevertheless, the number of adolescent girl survivors seeking support is limited representing only **11% of GBV incidents**. However, adolescent girls are proportionately more likely to report sexual violence compared to women. **17% of GBV cases reported were survivors of Early Marriage**. It is likely that early marriage is widely underreported and puts girls at risk of other forms of GBV including sexual and physical violence. Early marriage can be linked to harmful traditional practices as well as a harmful coping mechanism due to heightened socio-economic vulnerability. According to CUAMM data, girls are most likely to self-report to GBV services; thus, community volunteers (*'activistas'*) as well as referral systems more broadly, need to be more accessible for girls.

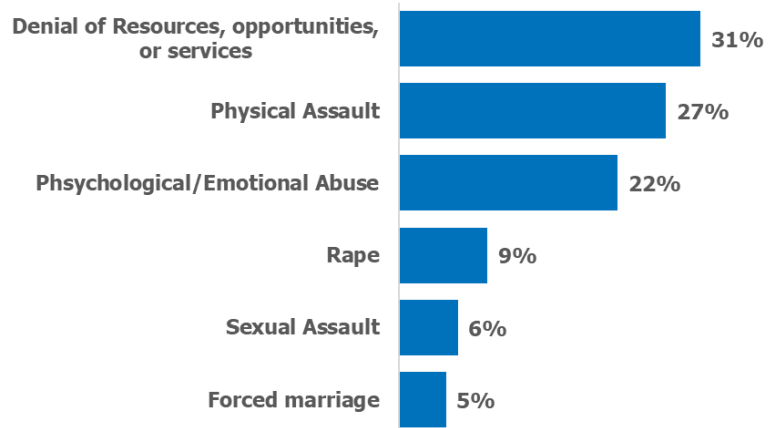
A high amount of **Denial of Resources, Opportunities, or Services** incidents were reported at 31% (widely known as 'economic violence'). Social economical disempowerment of IDP women and girls is both a key driver of this violence as well as a main consequence of it. Economic violence is limiting women and girls' capacity to meet their basic needs. Denial of access to humanitarian assistance, theft of women's income generation outputs/resources, and abandonment of women and their children have been reported as economic violence. Equally risks are reinforced by limited awareness of women's economic risks (including Housing, Land and Property rights) and limitations of gender equity mainstreaming in humanitarian assistance (e.g. assistance targeting men as heads of households).

The conflict and displacement context of Cabo Delgado is causing risks of **Sexual Violence**. 15% of incidents were sexual violence (rape 9 % and sexual assault 6%). Sexual violence is often underreported, it has been identified as a risk in UNHCR GBV Safety Audits in Cabo Delgado, but community members shared that survivors

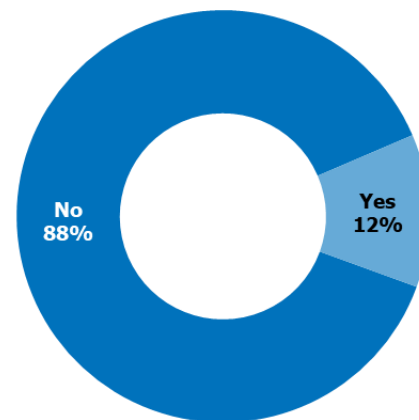
### Survivors' Gender and Age



### GBV Incident Type



### Sexual Exploitation and Abuse

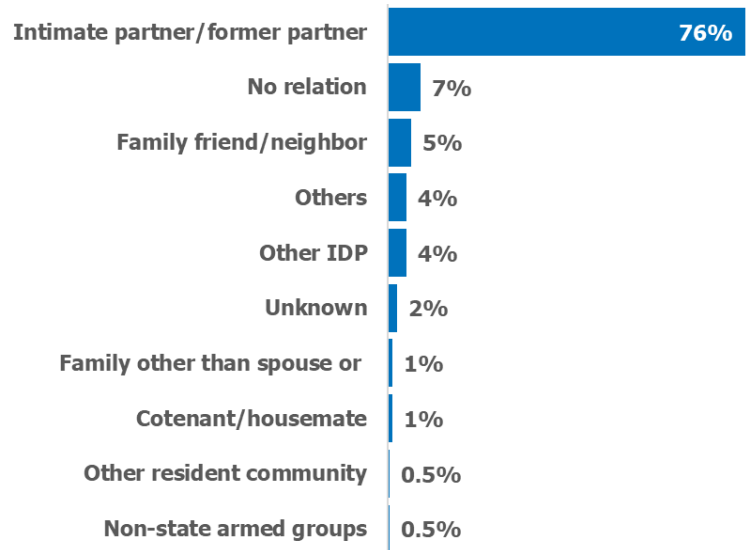


often do not seek support. The majority of survivors do not seek support within the 72 hours to receive life-saving medical care. Women and girls with other specific vulnerabilities are at increased risk of sexual violence, in particular **married girls, single women headed households, and women and girls with disabilities**. 12% of reported GBV incidents included **Sexual Exploitation and Abuse (SEA)**. SEA classified in wider GBV incident trends data includes all perpetrator profiles (such as intimate partners and other family/community members) and not only humanitarian workers. It is classified as any GBV incident where money, goods, benefits and/or services are exchanged in the context of the reported incident. This trend further highlights how the socio-economic disempowerment of IDP women and girls is increasing the risk of GBV.

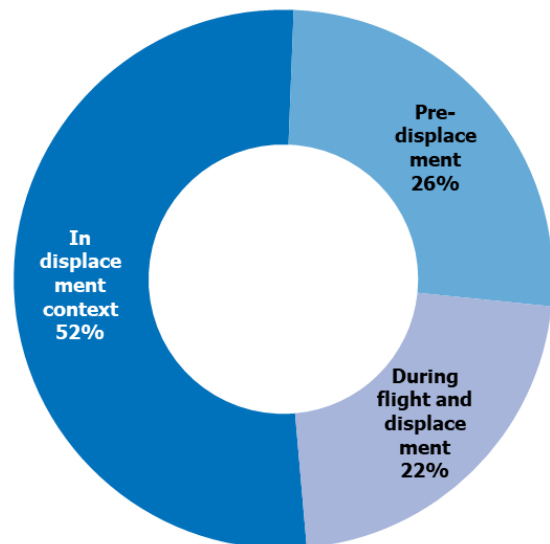
**Intimate Partner Violence** is a grave protection risk for displaced communities across all phases of displacement. 76% of survivors reported GBV as being perpetrated by intimate partners. Discriminatory gender norms joint with spiraling socio-economic disempowerment of IDP women and girls is producing alarming rates of **Physical Violence** (27% of total cases reported) and **Psychological Abuse** (22% of total cases reported) in intimate partner relationships. In UNHCR GBV safety audits women reported that intimate partner violence is increasing whilst displaced given the socio-economic pressures (22% of perpetrators are unemployed) and lack of protection mechanisms in IDP sites. Sexual violence (including sexual exploitation and abuse,) psychical, psychological, and economic violence have all been reported in the context of intimate partner violence.

The 6% of incidents perpetrated by non-state armed groups (NSAGs) were conflict related sexual violence when villages were attacked, and women and girls were fleeing to attempt to seek safety. **22% of GBV incidents occurred when women and girls were fleeing to seek safety**. This concerning trend demonstrates that routes used to access safety are unsafe for women and girls. The overall protection environment in Cabo Delgado is marked by gendered insecurity. Women and girls put themselves at grave risk of GBV in reaching IDP sites, where equally, they

### Incident vs. Relation with Perpetrators



### Displacement Phase of GBV Incidents



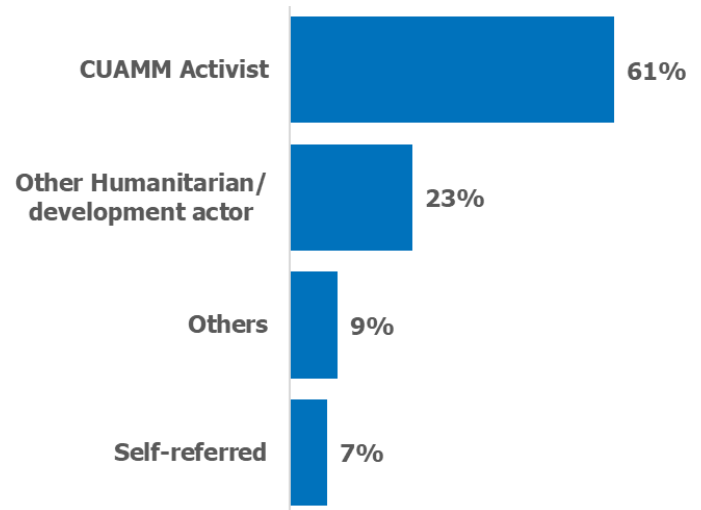
are also facing significant risks of violence. The lack of GBV services present and their capacity in hard-to-reach areas where women and girls are in flight from violence, as well as lack of GBV specialized legal support, are hampering capacity to respond adequately to the needs of conflict-related sexual violence survivors’ needs.

### GBV Services Access and Referral:

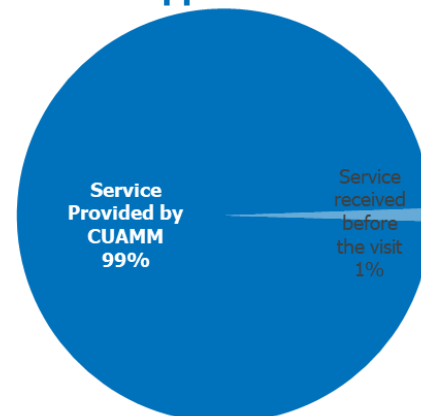
In terms of entry points to the UNHCR-CUAMM GBV services, most survivors **(61%) were referred to the services by trained CUAMM community volunteers**, with consent of the survivor. This indicates that capacity building of community volunteers to support GBV survivor centered referrals increases access to support. **23% of survivors were referred by other humanitarian or development actors**. This trend increased over the reporting period, likely due to UNHCR, CUAMM, the Protection Cluster, GBV AoR, and other humanitarian actors’ efforts to develop GBV referral pathways, and to train different actors on survivor centered referrals. To date UNHCR and CUAMM have trained 665 staff and volunteers from government, NGOs, UN agencies, and community structures. **7% of survivors seek support directly with services** indicating the need to raise awareness about safe spaces as an entry point for GBV services for women and girls. 9% of survivors access UNHCR- CUAMM GBV services in other ways, usually through word of mouth as survivors currently receiving support introduce other survivors in the community to the services; this indicates a level of satisfaction with services and community-based peer support between survivors.

**99% of survivors who seek support at the UNHCR-CUAMM GBV mobile services are provided with individual Psychosocial Support (PSS)**. This indicated significant needs for PSS services among GBV survivors as well as service accessibility. As the UNHCR-CUAMM GBV mobile teams have integrated MHPSS services provided by GBV trained Psychologists and Psychiatrists, the services are able to respond to GBV survivors PSS needs more effectively and directly.

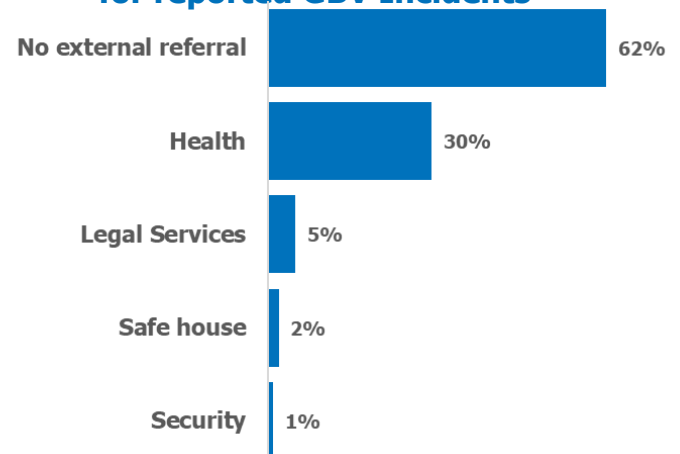
### Entry Points for GBV Survivors to Case Management



### Psychosocial Support Services Provided



### External referrals for reported GBV Incidents



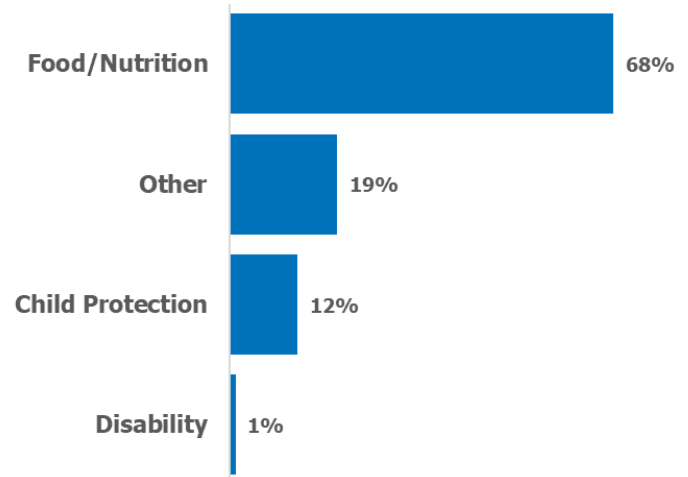
**58% of survivors requiring Safe Shelter were not able to be referred** as the service is not available in Cabo Delgado. That is to say that survivors who are at ongoing risk of serious physical harm and meet the criteria for referral to a GBV safe house cannot be offered this option as it does not exist. Urgent resourcing and capacity are required, in coordination with government services to develop GBV safe house options in the province.

**30% of survivors received referrals to Health Services.** UNHCR-CUAMM Caseworkers offer accompaniment, transport and payment of medical related costs to improve access to health support for GBV survivors. 21% of survivors did not receive health referrals as they had already sought medical services prior to reporting to GBV Caseworkers. This demonstrates that when quality health services are provided within the IDP sites and referral mechanisms are in place from GBV case management, GBV survivors access to healthcare can be enhanced. It is crucial to ensure survivor centered care and increase access to clinical management of rape services.

Access to **Legal and Security Services** for GBV survivors is low. Only **5% of survivors accessed legal support**, this is likely as there are limited actors and capacity to provide legal advice and counseling for GBV survivors. Access to legal services can entail mandatory reporting thus survivors often prefer not to seek support. GBV survivors are also reluctant to seek legal support due to the lack of safe shelter options and women’s financial dependency on intimate partner perpetrators if they were to report their case. Access to the legal referrals was made possible through UNHCR-CUAMM collaboration with local women-led NGO’s legal experts who require greater resourcing. Only **1% of survivors were referred to security services** (police), mainly as the survivors do not wish to report their cases but also as many survivors felt that the service was not physically accessible for those living in remote IDPs sites.

Owing to the strong collaboration and commitment of other humanitarian actors to support GBV survivors a number of referrals to other sectors were made. **45% of referrals were for food assistance.** This is the result of effective survivor-centered referral pathways developed between UNHCR-CUAMM and Food Security Cluster partners. The provision of safe and inclusive food assistance to GBV survivors not only responds to their basic needs but also reduces their risks of further harm. Through a similar collaboration, **24% of referrals were for Shelter support** to Shelter Cluster partners. Shelter referrals included shelter kits and construction support for survivors with no safe accommodation options, as well as shelter reinforcement for safety support (solid doors, locks, closing gaps in walls and windows, etc.) **8% of cases were referred for Child Protection support**, this was usually when there was a child protection concern in the same household as the GBV incident. Referral and coordination capacity is in place between GBV and CP actors as IDP households are at risk of multiple forms of violence.

**Other external referrals per sector for Reported GBV Incidents**



A number of gaps remain in the comprehensive referral pathways for GBV survivors. One significant gap is a Livelihoods referral pathway for GBV survivors in IDPs sites. This is a concern as socio-economic vulnerability is increasing the risks of GBV for IDP women and girls, including high rates of economic violence. Increased engagement and resourcing of Livelihoods programs and GBV actors across the humanitarian-development nexus, is crucial for the economic empowerment of displaced GBV survivors.

## **Recommendations:**

Through the analysis of GBV incident data trends several ways in which response to GBV survivors' needs and GBV risk reduction could be improved have been identified:

- **Increase access to survivor centered GBV case management and PSS services:** including hard to reach and urban locations, services should assess and reduce barriers to access, and provide services according to inter-agency GBV case management guidelines.
- **Conduct coordinated technical capacity building for GBV service providers:** this requires dedicated technical support and longer term, more regular capacity building. Capacity building is required for government services GBV focal points that is survivor-centered, in-depth and relevant to the specific GBV service functions they perform (case management, clinical management of rape, police reporting and investigation, legal framework and protocols, etc.).
- **Enhance GBV mainstreaming across Clusters:** this requires dedicated resourcing and capacity to build evidence based GBV risk reduction outcomes across humanitarian clusters. In particular GBV risk reduction in IDP sites and increased GBV survivors' (and more broadly women and girls) inclusion in core humanitarian assistance and services is crucial.
- **Invest in impact focused GBV community engagement:** support more in-depth longer-term GBV capacity building for community volunteers, committees, complaints and feedback mechanisms, community leaders and other community structures. These should include GBV community engagement approaches that seek to transform harmful gender norms and empower women and girls as core to GBV prevention.
- **Implement dedicated adolescent girls GBV packages:** adapt and roll out adolescent girls' prevention (social and emotional skills) curriculum, joint with engagement of key stakeholders for the girls in the community (parents, caregivers, leaders, etc.). Increased capacity building of GBV services on supporting adolescent girl survivors is required.
- **Bridge concerning gaps in GBV referral pathways by enhancing service provision for GBV survivors:** this includes reinforcing access to GBV specialized legal counselling and support, GBV safe shelter in collaboration with existing government models at national level and in coordination with the GBV AoR.
- **Develop and reinforce referral pathways to Livelihoods projects for GBV survivors:** referral pathways to gender inclusive Livelihoods programs, with a focus on women's economic empowerment, should be established. Whereby there are gaps in such referral pathways, advocacy and funding for Livelihoods actors to establish/reinforce women's economic empowerment programs is required, in close collaboration with GBV actors.