Emergencies, displacement and conflict place women and children at increased risk of violence and abuse, including sexual violence used as a weapon of war. For instance, 65 per cent of women and girls in South Sudan experience physical and/or sexual violence in their lifetime, and 76% of adolescent girls experience at least one form of gender-based violence (GBV) in the Democratic Republic of the Congo and Ethiopia.

GBV, or harmful acts perpetrated against a person solely because they are female or male, is a violation of human rights. Forms of GBV include sexual violence, intimate partner violence, child and forced marriage, female genital mutilation and psychological/emotional abuse. GBV disproportionately affects girls and women, but men and boys can also be targeted.

Hidden crisis:
- 1 in 3 women, or more than 1 billion, have experienced either physical and/or sexual violence in their lives.
- Adolescent girls are particularly vulnerable to GBV and approximately 15 million aged 15–19 years have experienced forced sexual intercourse.
- Women and girls are at greater risk of GBV in emergencies (GBViE), as they are often separated from their families and communities and undertake new roles.

Her Steps: Restricted

Under the tarp of a makeshift shelter in Kutapalong refugee camp in Bangladesh, it is sweltering. Smoke from cooking engulfs what little fresh air is left. When the monsoons come, water flows past the sandbags, threatening to collapse the bamboo poles and thin sheets, leaving those inside with little protection.

Amina*, age 15, has rarely left the tent – she and her family fear for her safety in a place full of unfamiliar faces and risk. Having fled violence and persecution across the border in Myanmar a month ago, Amina, her parents and two younger brothers are now one of an estimated 706,000 refugees – more than 60 percent of whom are girls and women – living in Cox’s Bazar.

Outside her shelter, is another, and another just like it. There’s no privacy. No protection. She can hear her neighbour’s conversations and knows they can hear hers too. Having survived sexual violence on her journey to the camp, she’s wary of the thousands of strangers in her new surroundings. And although she needs the clothing and medical care, including sexual and reproductive health services, provided in the camp, she rarely goes outside her tent.

*composite character
As an adolescent girl, Amina is particularly vulnerable to child marriage, rape and sexual exploitation and abuse. She feels unsafe in her home, but even more exposed when she leaves it. The furthest Amina’s family will allow her to travel is to collect water and other supplies provided by camp management, but only during daylight – as there is insufficient lighting. She is not going to school either. With restricted movement, Amina lacks access to information, services and social support networks.

**Her risks: At every step**

1. **Unsafe shelter**  
   Amina’s makeshift shelter made of plastic sheeting provides limited privacy and security.

2. **Difficult access to supplies**  
   Her family is without bedding or proper clothing, and the muddy pathway to the distribution site has worsened. An influential community leader proposes adding her family to a distribution list in exchange for marrying Amina. Amina does not want to get married and hopes to finish her education.

3. **Sexual and reproductive health risks**  
   As a survivor of sexual violence, Amina faces serious short- and long-term health risks such as unwanted pregnancy, unsafe abortion and sexually transmitted infections (STIs), including HIV. She needs confidential and appropriate sexual and reproductive health services, but cannot access them.

4. **Mental health challenges**  
   Due to the cramped living quarters, Amina is worried the community will find out about her rape and subject her to further stigma and abuse. Her memories and sense of self-blame increase her fear of leaving her shelter, further increasing her isolation from peers.

5. **Unsanitary conditions**  
   Amina does not have access to sanitary napkins or cloths, so she stays inside during her menstrual period, and risks infections. The nearest water pump is often surrounded by men. The latrines are overused, dirty and there is no light. Reports of sexual violence and abductions near the latrines and bathrooms force Amina and her mother to avoid them.
A Safe Space for Support

One day at the local water point, Amina hears a humanitarian volunteer talking about a women and girls’ safe space and decides to visit it. Whilst there, she makes friends with other girls and receives the following support:

1. **Case management and psychosocial support**: A case worker works with Amina to provide her with case management and psychosocial support, developing a plan with her to make sure that she receives care tailored to her specific needs and circumstances. With Amina’s consent, the staff member refers her to specialist GBV service providers, including reproductive health and shelter services.

2. **Healthcare**: The case worker provides Amina with information on sexual and reproductive health and refers her to a free health care clinic that is adolescent-friendly. To calm her fears, a humanitarian staff member accompanies her to the health facility, where she tests for HIV and sexually transmitted infections, and learns where to seek help if she feels anxious, helpless, or unhappy.

3. **Life skills and social networks**: Amina begins to make friends with other adolescent girls and rebuild her social network, participating in various adolescent groups, empowerment and life skills activities. These enable Amina to strengthen her negotiation and decision-making skills, learn of the risks of child marriage, and use opportunities to express her opinions and leadership, such as on the community project to map unsafe areas in the camp and develop strategies to make them safer with her new friends.

4. **Water, sanitation & menstrual hygiene management**: Amina receives a hygiene kit with a supply of sanitary napkins and information on ways to safely manage her menstruation. She joins the community WASH committee with other women and girls to raise their concerns about the safety and privacy of latrines and provide feedback on improving their design.

5. **Shelter and Distribution**: Through the safe space, Amina learns that receiving humanitarian assistance is not contingent on marriage or sexual favors. When Amina and her family want to move to a different shelter, she knows how to seek and receive that help.

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**What can we do to end Gender-Based Violence in Emergencies?**

1. **Prioritize GBViE programming - especially lifesaving services - at the onset of an emergency so that specific needs, vulnerabilities and potential of girls and women are addressed.**

2. **Include and prioritize the voice, participation and safety of adolescent girls in emergencies, and design programming in collaboration with them, including innovative solutions.**

3. **Ensure local programming collaboration are inclusive of local women’s and youth organisations.**

4. **Uphold ethical standards for collection and use of GBV data.**

5. **Advocate to raise global visibility, engagement and support for ending GBViE.**
UNICEF in Action

UNICEF’s resources include practical tools for emergency professionals that are based on evidence and field experience and are aligned with UNICEF’s Core Commitments for Children. UNICEF’s GBViE approach recommends implementing essential lifesaving humanitarian interventions to respond to GBV from the onset of a crisis as well as mitigate risks for GBV and prevent it from happening.

UNICEF has provided about 3.6 million women and children with GBV support or risk mitigation services in 2017, from 400,000 in 2014. UNICEF’s commitment to the Call to Action on Protection from GBViE promotes accountability of humanitarian actors to those most at risk of GBV in emergencies.

The European Union and the Call to Action on Protection from Gender-Based Violence in Emergencies

Gender-Based Violence in Emergencies is a priority humanitarian issue for the European Union (EU), which in 2017 allocated almost €22 million in humanitarian aid for the prevention of and response to GBV.

The EU is currently leading the Call to Action on Protection from GBViE. Launched in 2013, the Call to Action brings together nearly 80 partners comprising States, donors, international organizations and non-governmental organizations to fundamentally transform the way gender-based violence is addressed in humanitarian emergencies. The goal is that humanitarian efforts, from the earliest phases of a crisis, include polices, systems and mechanisms to mitigate GBV risks, especially violence against women and girls, and provide safe and comprehensive services for those affected by GBViE.

The EU’s leadership of the Call to Action is guided by four main priorities: (1) advocacy, (2) increased focus on prevention of GBV in emergencies, (3) bringing the Call to Action to the field, and (4) facilitating the implementation and monitoring of the Call to Action Road Map 2016-2020. This road map is the operational framework for the initiative and details the priority actions for the stakeholders, who together can make a fundamental and lasting difference in the way GBV is addressed in humanitarian response.