HIGHLIGHTS

Since 2016, the Colombian Red Cross together with Norwegian Red Cross, has implemented a sexual and gender-based violence (SGBV) project in Tumaco, Colombia, focusing on health response, awareness and improved coordination to ensure access to services for survivors.

SGBV in Tumaco:
Sexual violence in the form of rape, rape in presence of family, and gang-rape; child sexual exploitation, forced prostitution and sexual slavery;
Gender-based violence in form of emotional, psychological, verbal, economic, patrimonial, sexual and physical domestic violence; forced recruitment.

BETWEEN 2016 AND 2018:

- 483 survivors accessed health, justice and protection through specific project support. In 70 emergency protection cases, women and their children received assistance to relocate by receiving support for transport and food costs.
- 129 staff from relevant public institutions were trained on the referral pathway and appropriate first response.
- 1,103 people (teachers, students, psychologists) in two schools were trained in SGBV prevention.
- Two schools developed school safety plans, focusing on SGBV and non-violent behaviour.
- 90 students in two ‘educational brigades’ were trained and worked to increase SGBV awareness with their peers.

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1 IFRC and ICRC Background Report on Resolution 3 “Sexual and gender-based violence: joint action on prevention and response”, October 2015 defines SGBV as follows: Sexual and gender-based violence is an umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, man, girl or boy on the basis of their gender. Gender-based violence is a result of gender inequality and abuse of power. Gender-based violence includes but is not limited to sexual violence, domestic violence, trafficking, forced marriage, forced prostitution and sexual exploitation and abuse.
CONCEPT

SGBV in Colombia is linked to a “machismo” culture, where violence against women is naturalised and justified by negative stereotypes imposed on men. SGBV is silenced and invisible and, in most areas is even socially accepted and normalised. The violence has been exacerbated by the conflict and includes characteristics such as torture and mutilation, the killing of unborn children, rape in the presence of family members, and gang-rape. Both state and non-state armed actors engage in the use of sexual violence.\(^2\) About 19,000 victims of sexual crimes (such as forced abortion, sexual abuse, rape, forced contraception, forced pregnancy, sexual slavery, forced sterilization, sexual and commercial exploitation of children and youth, sexual mutilation, forced birth-control) have been recorded by the Colombian state in the context of the conflict and armed violence.\(^3\)

Stigma and fear of reprisals cause many attacks to be kept in silence and the real numbers are likely to be higher.\(^4\) This invisibility is even more challenging when it comes to male victims and people from sexual and gender minority groups. Racist perceptions have resulted in higher rates of violence against afro-Colombian and indigenous women.\(^5\)

A joint Colombian Red Cross (CRC) and Norwegian Red Cross (NorCross) needs assessment was conducted in 2015. The assessment showed that, due to the taboos surrounding SGBV, the survivors’ right to medical care was unknown and incidents involving both men and women were not registered. Furthermore, the referral pathway was not known and there was a lack of knowledge on the subject among the service providers.

Available figures differ depending on the sources and suffer from overall under-reporting.

According to the Ombudsman Office (Defensor del Pueblo) in charge of overseeing the protection of civil and human rights, in 2017, 3,234 cases of violence against women and people from sexual and gender minority groups were registered (of which 726 were conflict-related).

The National Institute of Legal Medicine and Forensic Sciences report that, in 2017, around 27,000 cases of domestic violence were registered in the country, affecting women more than any other population group. In the same year, there was a record number of sexual offences, with more than 23,000 cases registered, of which 85% of these were against women.

“Armed groups in Tumaco, including FARC dissident groups, are also committing rape. Nowhere else in Colombia does sexual violence by armed groups appear to be so widespread in absolute terms as in Tumaco.” (Human Rights Watch 2018)

Although local institutional response existed, and humanitarian organisations have developed additional activities, needs exceeded capacities and numerous cases were left unattended without sufficient medical or psychological care.

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3 ICRC Colombia report 2017 and Statement by Ms. Paula Gaviria Betancur, Head Director of the Unit for Attention and Reparation of Victims of Colombia, at the official presentation of the Guidance Note of the Secretary General: "Reparations for Conflict-Related Sexual Violence", New York, August 1, 2014
4 ICRC Colombia report 2017
5 ABColombia (2013), p. 7
PROJECT OVERVIEW

Based on the needs assessment and building on NorCross’ and CRC’s previous engagement in the municipality, Tumaco was identified as a priority area. Initially, the project had three components: health, awareness, and institutional coordination, in addition to capacity-building of the CRC. Income-generation was later included as an additional component to support survivors.

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<thead>
<tr>
<th>HEALTH AND PSYCHOSOCIAL RESPONSE</th>
<th>AWARENESS/SENSITIZATION</th>
<th>INSTITUTIONAL COORDINATION</th>
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<tr>
<td><strong>Psychological care:</strong> Survivors were offered individual and group therapy by a CRC professional psychologist. The therapy looked at the specific needs of each survivor and used an innovative methodology that focused on both gender and ethnicity. It included strategies such as relaxation, meditation, free talking, discursive therapy, and emotion management, offering support as long as the survivor felt it was needed.</td>
<td><strong>Schools:</strong> The project worked through the methodology of Educational Brigades (Brigadas Educativas), which is a programme of the CRC Youth that focuses on prevention campaigns and activities inside schools. Two new ‘educational brigades’ were established with a total of 90 students. These were trained by CRC staff/volunteers in SGBV-related matters, first aid and psychological first aid. In addition to conducting awareness sessions with peers, they helped to identify cases of SGBV and to guide survivors to support. School safety plans, which normally focus on natural and man-made emergencies, were updated to include SGBV.</td>
<td><strong>Referral pathway:</strong> CRC worked with the relevant state institutions and international actors to update the SGBV referral pathway for the municipality of Tumaco. Communication material was developed, aiming to ensure timely and real information to the survivors of SGBV regarding their rights and how to access the responsible entities.</td>
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<td><strong>Access to services:</strong> Survivors were also guided and accompanied to access health, justice and protection through the referral pathway. CRC project staff provided survivors with information on state duties and the referral pathway, and in several cases accompanied the survivors through the process.</td>
<td><strong>Communities:</strong> Home visits and prevention workshops were undertaken by CRC staff and volunteers in targeted communities, supported by material such as pedagogical leaflets, and working with women’s and youth organisations from each community. The focus was on creating awareness of risk and protective factors, types of violence and the referral pathway. During the workshops, people also reflected on their traditional cultural practices which have put women at risk because they reinforce gender roles and stereotypes. The home visits were later cancelled due to the security situation.</td>
<td><strong>Training public officials:</strong> Workshops were conducted by CRC staff for public officials in institutions that form part of the referral pathway to ensure knowledge of their specific responsibilities within the referral system.</td>
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<td><strong>Protection:</strong> CRC, in coordination with the ICRC and key actors in the area, set up an emergency fund to attend to specific cases of life threats or attempts of femicide. Through this fund, transport and food costs were covered for women and children when moving away from their aggressors, including to other municipalities. Tumaco Red Cross coordinated with other Red Cross units to facilitate relocation to relatives or other safe places.</td>
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<td><strong>Coordination mechanisms:</strong> CRC helped create working groups within the local structures to increase coordination among the actors working on sexual violence and GBV. Written or verbal agreements were established with all partners.</td>
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CRC CAPACITY-BUILDING:

- 50 CRC staff were trained by project staff on the application of the IASC GBV Guidelines and the appropriate approach for SGBV cases.
- After home visits and attending survivors, CRC staff/volunteers and other first responders were supported through debriefing sessions offered by the project psychologist.

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6 The Afro-Colombian women in Tumaco (as the rest of the population living in the Pacific coast) are victims of multiple forms of discrimination: firstly, as members of their racial and ethnic group, and secondly, their sex. They are doubly vulnerable to abuse and mistreatment by the armed groups in their struggle to control resources, territory and illegal economies in the areas.

7 Members of the Gender and SV sub-cluster such as MSF and Plan International were key to develop a network for SGBV emergency cases.
WHAT WAS ACHIEVED?

An evaluation of the project conducted in 2018 concluded that it contributed to the return of dignity and self-confidence of survivors of abuse, allowing them to return to a normal life, in particular through the psychological support, follow-up visits in the homes, reinforcement of the referral pathway, and payment of transportation costs, food and, in some cases, lodging.

1) Comprehensive healthcare for SGBV survivors. During the first phase of the programme, 371 survivors received timely response by the CRC psychologist to their mental health needs, facilitating quicker rehabilitation and reducing risks for serious mental problems. Furthermore, 112 survivors who received psychological support from MSF received additional support from the CRC such as food and transport costs to access the referral pathway. During follow-up interviews, survivors stated that for them, the biggest impact of the programme was the individual and group therapy, which not only helped them to heal, but empowered and changed their lives by making them more independent emotionally and economically. By providing survivors with knowledge of state duties they were empowered to demand their rights, generating a greater degree of response by the institutions and recognition of the survivors as subjects of rights. In addition, transport and food costs were covered for 70 emergency protection cases, safeguarding women and their children when moving to another municipality.

2) Strengthened awareness in communities and schools. Pre and post-tests after the initial phase in 2017, showed that a total of 1,297 (85% of total population trained) strengthened their skills and knowledge related to SGBV. At the end of the initial project, teachers and principals from the targeted schools said that not only had the levels of SGBV been reduced, but the project had contributed to reduction of all types of violence and aggression within the institutions. The school component was only partially successful, due to a national teacher’s strike and because parents could not be integrated as planned into the project because of the security situation in one of the targeted schools.

At community level, the pre- and post-tests showed that people trained increased their knowledge regarding the identification of different types of violence and the referral pathways for responding and protecting in cases of SGBV. The women who participated in these training sessions began processes of empowerment and transformation in their families and communities. Changes were registered on parenting patterns and initial steps taken by women looking for means that would make them financially and emotionally independent. Finally, a number of women took on roles as community leaders where they were able to support SGBV survivors in their communities.

“Tumaco was always very patriarchal. It still is, but now there is more awareness of these issues. The knowledge has increased and women and youth have been receptive. We see their lives have changed.” (Dorlis, Tumaco Red Cross volunteer)

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8 A pre-test through a sampling of 544 people was carried out with this population group, of which 22% were clear on the concepts of Gender-Based Violence, attention routes, and types of violence, among other topics. At the end of the project, a post-test was applied to 537 people, revealing a rise in the percentage of people who increased their knowledge by 85%.

9 Narrative report of teachers and principals of the two educational institutions.

10 Parenting patterns with high levels of sexual division of housework.
3) **Strengthened interinstitutional coordination.**
Interinstitutional coordination was strengthened by enhancing knowledge of public servants and updating the SGBV referral pathway in the municipality. Tumaco’s women’s organisations and public institutions reported that the CRC’s work to update and create awareness of the referral pathway had facilitated survivors’ access to their rights and to care and protection services. Furthermore, 129 staff from public institutions in Tumaco were trained, contributing to knowledge and awareness of their responsibilities related to the referral pathway. This component is one of the less successful due to the high turnover of staff, which meant that the trainings had to be repeated several times and knowledge often got lost.

“The programme has contributed to making the issue more visible, offered space for victims to share their needs, and contributed to coordinated response.” (Anne-Sylvie Linder, ICRC)

4) **Increased CRC response capacity.** CRC volunteers and staff had little previous knowledge about SGBV and referral pathways. Focus group discussions showed that they now are more aware and able to attend to and refer these cases with more confidence.

**LESSONS LEARNED**

The SGBV project in Colombia demonstrates that Red Cross and Red Crescent can play an important role in complementing the efforts of state institutions in preventing and responding to SGBV challenges.

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<tr>
<th>COMPLEMENTARITY</th>
<th>The Red Cross fills a gap caused by insufficient state services.</th>
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<tr>
<td>COMPREHENSIVE MOVEMENT APPROACH</td>
<td>A comprehensive Movement approach is absolutely necessary to tackle the multidisciplinary response to SGBV.</td>
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<td>RED CROSS ROLE</td>
<td>The Red Cross’s role is to substitute services, and to play a strong role in protection and service delivery.</td>
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<td>RED CROSS ACCOMPANIMENT</td>
<td>Accompaniment of survivors by Red Cross staff is seen as added value by survivors and public officials.</td>
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<td>PSS APPROACH</td>
<td>The innovative PSS approach with an ethnic and gender perspective worked well.</td>
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<td>EMERGENCY FUND</td>
<td>The Emergency Fund is seen as a flexible and straightforward way for guaranteeing protection.</td>
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**SELECTION OF TARGET AREAS**
Target area selection is based on community health committees and structures that already trusted the Red Cross. Thus, it was possible to expand the scope from talking about community health to healthy families and non-violent communication to SGBV.

**DO NO HARM**
The volunteers’ lack of experience with SGBV is a risk and needs to be mitigated by carefully considering how volunteers should be involved, in which areas and for which tasks.

**INVOLVEMENT OF MEN**
Engaging men has been difficult and engagement methodologies need to be thought of from the outset of the project.

**DONOR FLEXIBILITY**
Adaptation and inclusion of an income generation component was possible due to donor flexibility. This results in adaption to needs with positive outcomes.

**SUSTAINABILITY**
High staff turnover in local structures and lack of motivation made sustainability challenging. It is important to be aware of the limit of substitution in services.

**DOCUMENTING RESULTS**
Despite clear log frame and indicators documenting results is difficult. Red Cross has difficulties showcasing what exactly is done and describing its activities in depth.

**NOTES**

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