

GBV SECTOR ASSESSMENT RESULTS REPORT

DECEMBER 2017



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1. METHODOLOGY

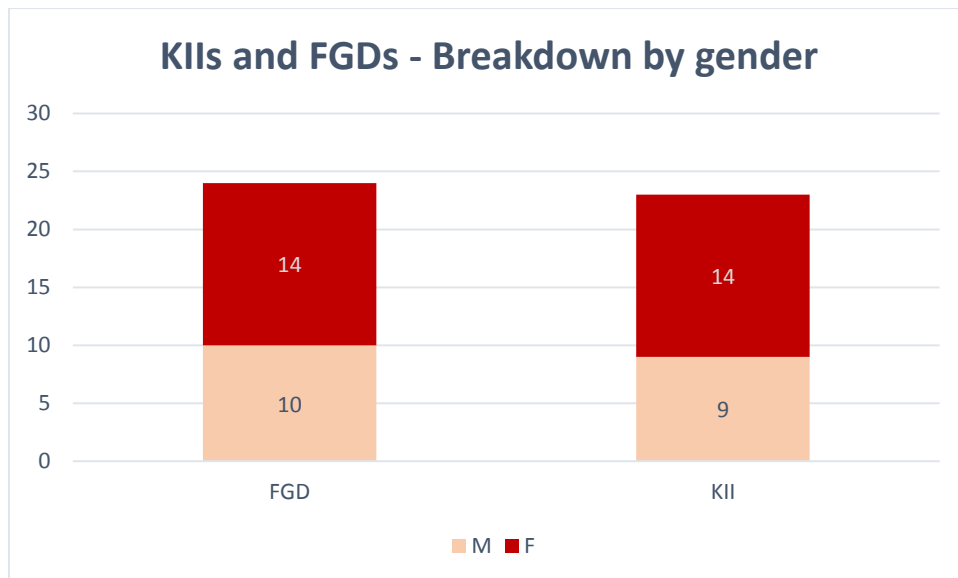
RI carried our surveys on GBV in 12 villages across 5 districts and 4 provinces, namely:

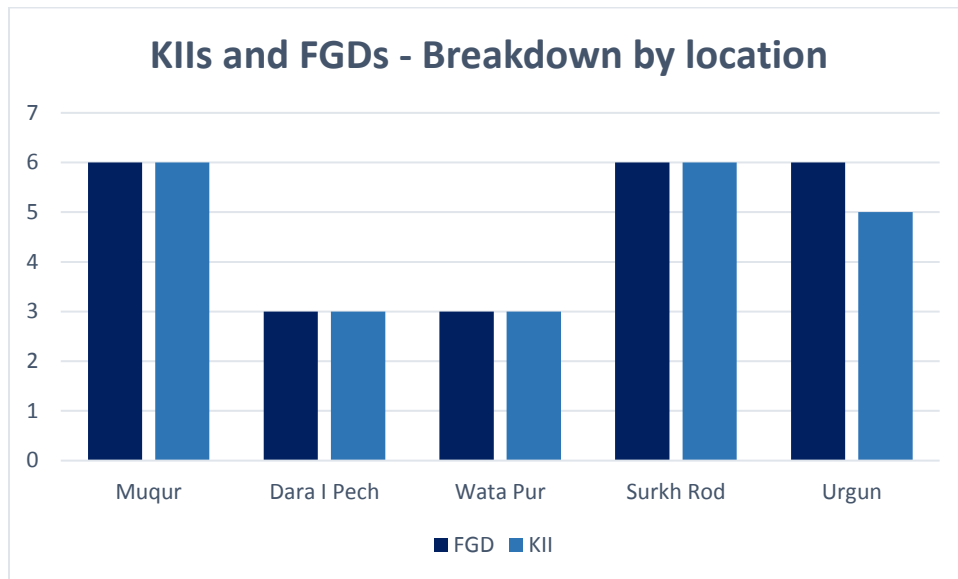
- Muqur, in Ghazni
- Dara-I-Pech and Wata Pur, in Kunar
- Surkh Rod, in Nangarhar
- Urgun, in Paktika

Methodology included:

- Focus Group Discussions (FGDs)
- Key Informant Interviews (KIIs)

RI held 24 FGDs and carried out 23 KIIs; the graphics below show the breakdown of this figure by geography and gender of respondents.





Responders in both FGDs were all adults between 18 and 50 years of age. 83% of key informants were adults between 18 and 50 years of age; 17% were adults over 50 years of age.

During the life of the project, RI will conduct confidential individual interview with survivors or women at risk of GBV and attending the Women Friendly Health Spaces. Data will be collected throughout the project and a separate summary report will be shared with the Cluster and OCHA at the end of the project, for wider circulation as relevant.

2. SAFETY WITHIN THE COMMUNITY

The majority of responders stated that the community did not have specific safety problems and mentioned political instability and insecurity, followed by general criminality as the main issues.

Those who replied that safety was a concern, mentioned the following:

- ✿ Boys and girls grazing livestock are at risk of GBV when they are on the mountains (Kunar, Dara I Pech)
- ✿ Boys are at risk of GBV when in the streets during dark hours (Kunar, Wata Pur)
- ✿ Girls are at risk of GBV when going to fetch water and wood, especially if unaccompanied (Kunar, Ghazni, and Paktika)
- ✿ Safety process near police stations, probably perceived as targets (Paktika, Urgan)

Night time movements are perceived as insecure for all age and gender groups. Taliban and ISIS were mostly mentioned when the threat was perceived as coming from armed groups.

Key informants in the 5 hard to reach districts identify main GBV issues for women, girls and boys, as illustrated in graphic below:



When specifically asked about violence against women, girls and boys, respondents in Nangarhar and Ghazni suggested that this was a problem in general, but that they knew of no cases in their villages. On the contrary, Kunar and Paktika focus group discussions participants (6 female and 4 male FGDs) acknowledged the presence of relevant violence; in particular:

- ✿ Girls are kept from going to school as the road is too unsafe; in general the perception is that girls are exposed to violence whenever they are out of their home (Kunar);
- ✿ Rape was specifically mentioned by two FGDs, both female and both in Kunar;

FGD participants identified specific groups at risk of violence, as follows:

- ✿ Boys are more at risk than girls and women, because whilst the latter are not leaving the house and are therefore more protected; boys are leaving the house more often to work
- ✿ Although occurrence of violence against women and girls is mitigated by preventing them from leaving the house, the threat against women is considered higher than that to boys when they do leave the house, especially if unaccompanied. Reasons include: patriarchal society, cultural norms, physical weakness of females compared to males, etc.
- ✿ One focus group discussion (male) shifts the blame for violence on to women, claiming that violence against women happens when they do not follow cultural norms (Ghazni)

19 out of 24 FGDs claim that although marrying girls is not the norm, families would do that in moments of hardship, and particularly for the following reasons:

- ✿ Providing protection and food for the family;
- ✿ Poverty;
- ✿ Avoiding that girls (who might have lost parents or guardians) become unaccompanied;

3. JUSTICE AND ACTION AGAINST PERPETRATORS

When generally speaking about security, members of the FGDs remark that in case of a security incident people would go to their families, to the local government and police. Significantly, participants never include other authorities or actors outside their close community as legitimate participants to the investigations.





Participants to the focus groups discussed reporting rates and how communities would react to reports of gender based violence. All focus groups participants agree that the reported case needs to undergo the investigation of the communities, namely the local elders and other authoritative members. After the investigation, it is widely believed, the person reporting the case will be believed.

Some groups agree that people have stopped believing these kind of reports. Given the extremely low report rate and the sensitivity of GBV in traditional communities, this answers reflect discomfort with the topic.

Only one answer mentions that women might falsely report violence (Kunar), although another contrary opinion from another group argues that nobody will report such a thing if it was a lie, because that would compromise the reputation of the person reporting the fact (Paktika).

Belief of the woman's story does not necessarily translate to positive support for that woman; this, in addition to the need for community investigations and the possible repercussions on the reporter's reputation, are two factors that play a role in why women do not come forward.

In the discussion on punishment for the perpetrators, participants to FGDs agreed on a few punishments that perpetrators should expect (and that ideally would deter them from committing the act of violence). These are:

-  Punished according to the Islamic law;
-  Banished from the community;
-  Imprisoned by the local government and punished according to formal government laws;
-  Other punishments according to the cultural norms.

Because of the sensitivity of the topic, the tendency to recur to traditional and informal systems of prosecution, and rely exclusively on members of the community, leaves the victims with limited options and distrust in justice and rule of law. The likelihood of ruining one's reputation (accompanied by the social consequences of such outcome) if the report is not believed, or punishment not enacted, is another factor that contributes to explaining the low number of reports.

4. STIGMA

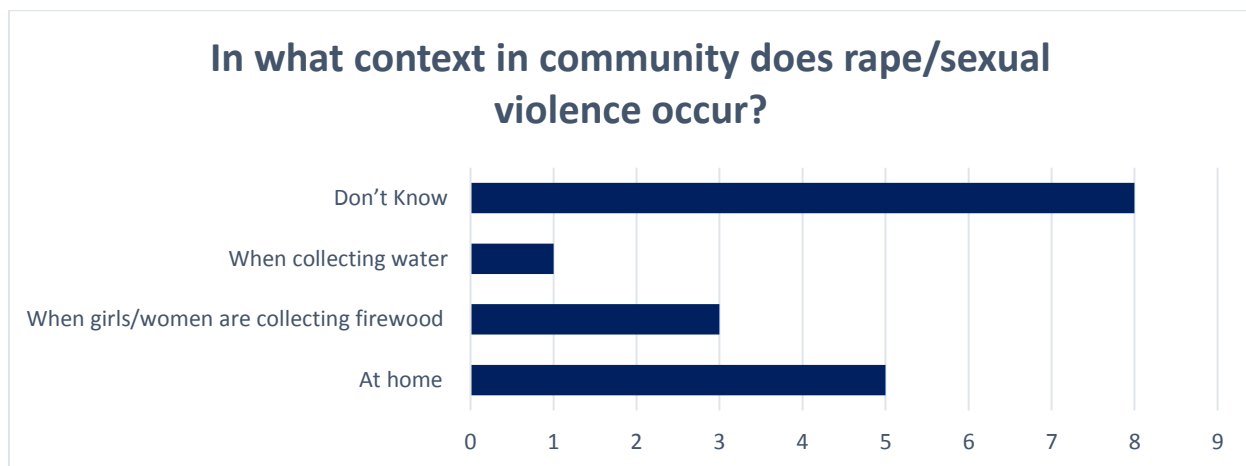
Focus group members discussed what would be the community reaction in case a woman or a girl were assaulted. The issue of boys being the target of such violence was not mentioned.

There are geographic differences in the answers: in Paktika, groups came to the agreement that the woman or girl would receive assistance, be brought to the hospital, introduced to the law or somehow helped.

In the remaining provinces, the general agreement is that survivors would be judged, blamed or ostracised from the society; from all conversations this seems to be a way for the community to distance themselves from the shame and reputational damage generated by the action. The most conservative communities were in Kunar, where one group mentioned that even if the woman or girl is helped, she would always bear the shame of the action. Also, another FGD in Kunar agreed that to avoid the scandal, the perpetrator of the act of violence and the survivor will be forced into marriage, and then asked to leave the community.

Despite different attitudes from communities, survivors are stigmatised and treated differently by the community. They are sometimes blamed for the act of violence some other times treated as scapegoat, to prevent the blame to fall on the community as a whole.

Key informants identify rape and sexual violence as being mostly perpetrated at home. In this case preventing the act of violence from becoming public or blaming the survivor is a strategy to maintain the family's reputation.



The other two main contexts are when at risk categories are out of the house, collecting wood or water. In these cases, violence is assumed to be coming from outside the HH. In extreme cases, not only the victims have to bear the shame and social consequences of sexual violence (such as being unable to find a husband and being the burden of their already poor families), but sometimes they are forced to marry their aggressor, likely starting a life of violence and abuse.

5. COMMUNITY AND SURVIVORS BEHAVIOUR

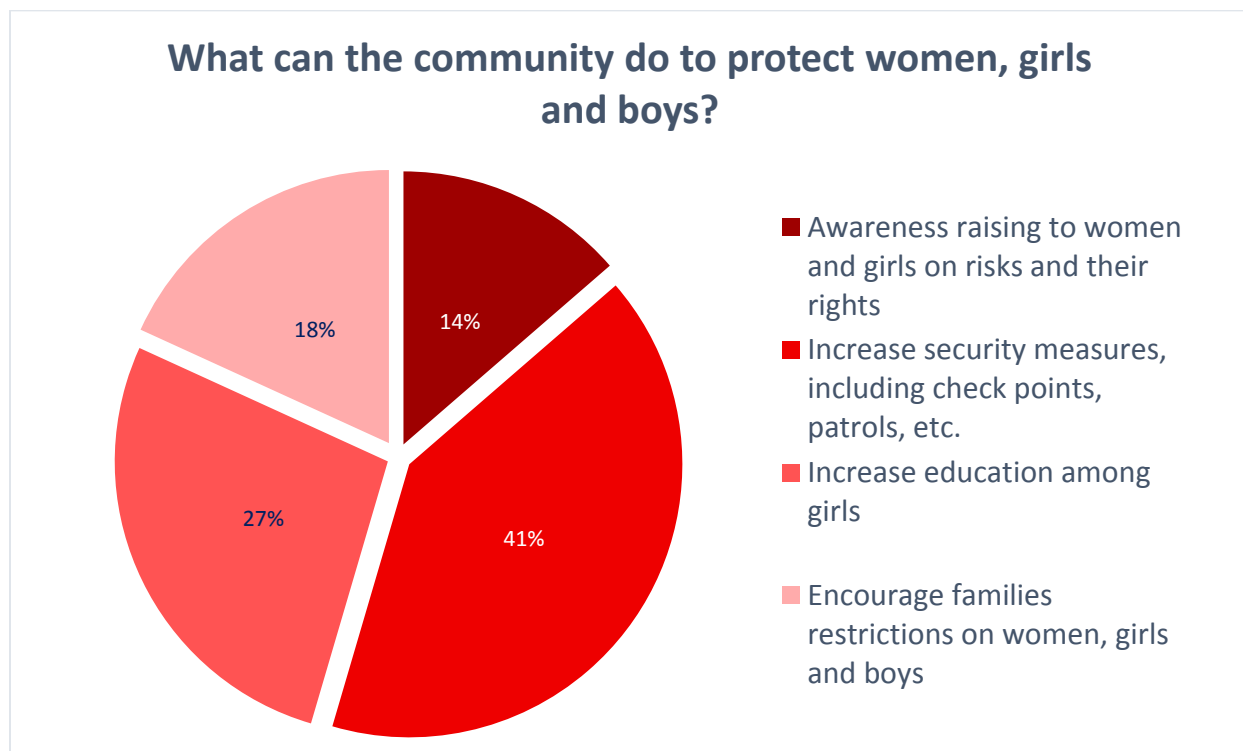
FGD participants were asked whether a survivor of gender base violence would seek assistance, and where. In almost all cases, responders have agreed that the woman or girl would seek assistance. Most of communities stated that such incident had not yet happened in their communities, but if they were ever to happen, then the survivor will seek help from their families, local authorities, government, police and law; they also reported the survivor would feel comfortable going to a clinic or to the hospital.

Unfortunately, the discussion represented more of a theoretical exercise. In fact, the process to get an act of violence recognised and persecuted is so biased towards preventing shame on the family and the community that most of the women and girls experiencing violence do not feel free to report the fact, despite the general knowledge that in case of need hospitals and clinics could be of help; this could explain low reporting rates.

Significantly, there was no reference to the psychosocial needs of the survivor, in any of the focus groups conducted.

Focus groups discussed on survivor and community agency and what could be done to minimise episodes of gender based violence.

Action that the community should take is described by the graphic below:



Among actions that FGDs participants identify as things women, girls and boys can do to protect themselves, are:

- ✿ Women, girls and boys should not go to unsafe locations;
- ✿ They should rely on the protection provided by the family;
- ✿ Women, girls and boys should not leave the house unaccompanied;
- ✿ At risk groups should respect cultural, traditional and Islamic norms;
- ✿ Women, girls and boys should obey rules imposed by their families, including restriction of movement.

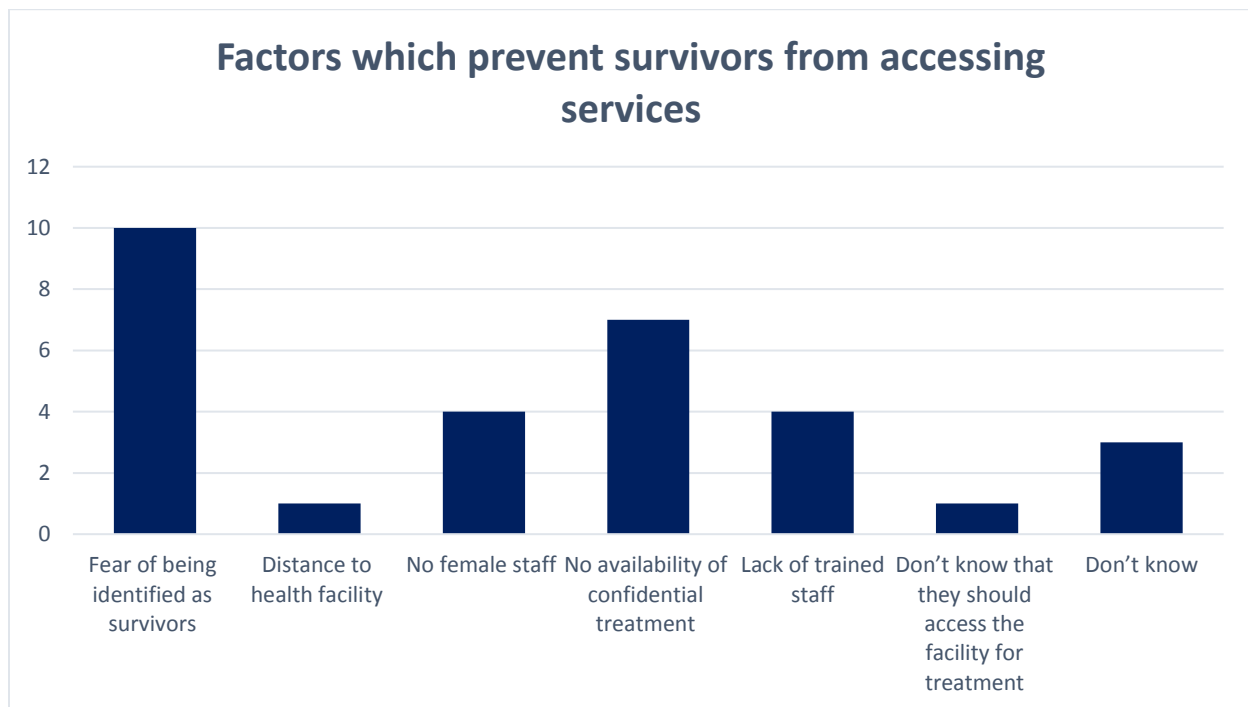
NOTE! Some of the opinion expressed above entails victim blaming and the idea that if violence happens to women, girls and boys is because they fail to respect shared traditional norms. This constitutes *per se* a reason for concern.

In two cases, both in Paktika, groups stated that the survivor would look for assistance away from their community and their home.

6. SERVICES

13 out of 24 focus groups determined that there were no services in or near the community accessible to GBV survivors. All these groups were in Kunar, Nangarhar and Ghazni. The only province that was reported to have services is Paktika; services in Urgan, Paktika, consist of a hospital and a delivery room with midwives. They might be able to provide some medical assistance to survivors, but are not specialised and lack of the psychosocial support component.

RI trained staff asked key informants reasons or constraints which may prevent women, girls and boys from seeking or accessing assistance; results are summarized in the graphic below:



The main concern remains the fear of being identified as survivors, followed by lack of facilities offering treatment confidentially.

One of the key issues is the lack of psychosocial support services and the lack of referral system between health facilities, medically treating cases of violence, and psychosocial support (PSS) services, when they exist. Only 2 key informants claimed that PSS services exist, and that they are connected with health providers. Both of them are in Paktika.

7. CONCLUSIONS

GBV is a sensitive topic, very difficult to approach with community members, either male or female. Stigma around survivors is very high and reputation the main concern. Most of communities deny that episode of gender based violence happened in their communities and prefer speaking in general, or under conditionally (*"If there was violence, then.."*). Kunar is the only province where both FGD participants and key informant interviewed directly referred to rape.

Some of the most interesting findings are summarised below. These findings are important to understand the issue a bit better in the target hard to reach communities in Muqur, Dara-I-Pech, Wata Pur, Surkh Rod and Urgun and design programmes that have better chances to succeed and have an impact.

- ✿ The only respondents to give specific answer to the question *"What types of violence have women, girls and boys reported?"* were in Wata Pur, Kunar. This was violence that is external to the home (kidnapping and being raped when going to fetch water. This highlights a very specific protection concern in the district, connected to the high presence of armed group (Taliban and ISIS specifically mentioned in FGDs).
- ✿ Most common responses to the question *"To whom do women, girls and boys most often go for help, when they've been victims of some form of violence?"* are: family; community leader. This aligns with RI's GBV Mapping findings (RI, WEAT) and points to the importance of Women Friendly Health Spaces (WFHS) as an alternative avenue for women and girls to potentially talk about GBV and access alternative services.
- ✿ What are some reasons that women, girl and boy survivors of GBV may not be able to access psychosocial support services? - fear of being identified as survivor and no confidential services are the highest reasons that women, girls and boys survivors of GBV may not be able to access services. This points at challenges for project operation and survivor's fear of reprisal from husband/family/community for those women that openly seek GBV support service.
- ✿ Kunar and Paktika seem to be where people are most forthright about GBV and again in Kunar, they mention the issue of rape, as flagged above.
- ✿ If a woman reported that she experienced violence similar to the woman in the story the communities would *'investigate the incident and then if there is proof will believe her'*. Belief of the woman's story doesn't necessarily translate to positive support for the survivor and investigation by community to get that belief is probably a factor in why women do not come forward.