



RESEARCHFORCHANGE

**Assessing Responses to
the Needs of Survivors
of Sexual Violence in
Humanitarian Settings**

Findings from Aden, Lahj, Yemen

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ACRONYMS

ECHO	European Civil Protection and Humanitarian Aid Operations
EPI	Expanded Programme on Immunization
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IDI	In-Depth Interview
IDP	Internally Displaced Persons
KII	Key Informant Interview
KIT	KIT Royal Tropical Institute
MoPHP	Ministry of Public Health and Population
NGO	Non-Governmental Organisation
PEP	Post-Exposure Prophylaxis
SCI	Save the Children International
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infections
UNFPA	United Nations Funds for Population Activities

INTRODUCTION

Sexual and Gender Based Violence (SGBV) is one of the greatest protection, human rights and public health challenges that is present in all societies and is further exacerbated during humanitarian emergencies. SGBV violates the right to life, the right not to be subject to torture, inhuman or degrading treatment or punishment, the right to equal protection under the law, the right to equality in the family, and the right to physical and mental health. While women and girls are the most common victims of SGBV, men and boys are also affected.

An eight year long conflict has prompted one of the largest humanitarian crises in the world. Yemen remains heavily affected and the situation continues to deteriorate featuring economic collapse, disease, natural disasters and a breakdown of public institutions and services leaving millions of the population unprotected, hungry, ill and destitute. More than 23.4 million people are in need of humanitarian assistance with 73 percent requiring humanitarian assistance in 2021.

The Demographic and Health survey of 2013 showed a high acceptance rates of violence against women in Yemen before the conflict. In this survey 92% of women interviewed said that violence against women most commonly occurred in the home by family members. Sexual Violence, forced and early marriage of girls and female genital mutilation (FGM) already dominated the society before the conflict (Valette, 2019). According to a press release by UNFPA in 2016, more than 3 million Yemeni women and girls are at risk of gender-based violence, and 60,000 women are at risk of sexual violence, including rape (UNFPA, 2016). Since the onset of the conflict in March 2015, very little information has been made available on violence against women (UNWOMEN 2021 data) except data on FGM/C and child marriage. Statistical data from Yemen on sexual violence is therefore very limited.

The overall objective of this study was to provide evidence-informed recommendations to contribute towards increasing the capacity of humanitarian actors to adequately identify and respond to the needs and uphold the rights of survivors of sexual violence with a specific focus to health including mental health and psychosocial support (MHPSS).

METHODS

This study followed an explorative qualitative design with the aim to contribute to improving the understanding of Sexual Violence in humanitarian crisis caused by conflict. The qualitative research methods in this study consisted of in-depth interviews (IDIs), Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). Specific topic guides for different type of participants were used to conduct FGDs, IDIs, and KIIs to ensure that all necessary issues were sufficiently explored.

The interviews and FGDs engaged adolescent boys and girls, and women and men, as well as people from various population groups vulnerable to sexual violence. Interviews focused on participants' experiences, feelings and thoughts about types of sexual violence and circumstances in which sexual violence occurred, who is at risk and the consequences, what services are needed and provided, and what helps or hinders survivors from finding help. The key informant interviews with policymakers, health workers, police, NGOs, CBOs, community leaders focused on exploring experiences, feelings, thoughts about availability of services and how (quality, standards, tools, rights-based approaches used) these services are provided and interlinked, how integration and referral mechanisms work and what good practices exist. Quantitative data was collected through a health facility assessment conducted in seven health facility, that were designated to be providing sexual violence services to their catchment population in 2 Governorates in the South of Yemen.

The overall study timeframe was lengthy, since the research activities were spread out due to COVID-19 restrictions and other security concerns. The research project was initially set up for two years from 2019 to 2020, however it was extended given the challenges of COVID-19 outbreak and insecurity in Yemen for another one and half year until July 2022.

FINDINGS

The research covers the two Governorates of Aden and Lahj in the South of Yemen. Sexual violence in Aden and Lahj, Yemen affects women, girls, boys, and men severely. Almost all participants to the study were aware of and reported incidents of sexual violence in their communities. They mentioned children to be most vulnerable and among those boys to be more vulnerable than girls. Men were mentioned by a few participants as victims of sexual violence specifically to the conflict, however these cases were not coming forward or were not accessing services at health facilities.

Participants mentioned, from having heard that boys and men were more often victims of sexual violence since the conflict. They also mentioned the increased social stigma associated with sexual violence not only among girls and women, but also among boys and men. The main study had quotes from participants of focus groups discussions saying that survivors of rape would not be easily accepted in the communities specially male survivors. None of the health facilities had data indicating any male survivor above 18 years of age had been seen for services or referral for sexual violence although participants mentioned cases and stories in the communities.

The broken social fabric as a direct consequence of the war was mentioned by most of the participants as the main contributing factor and this related to the other important finding that no place -public or private- was considered as a safe space with regards to sexual violence and insufficient support is provided in preventing and addressing sexual violence.

Participants from the study -through the different data collection methods- highlighted that violence is a common feature in Yemen, and that they are constantly being confronted with different forms of violence in their lives. Every respondent confirmed that sexual violence is one of the ways violence manifests, and that it is an issue of concern in Yemen. During these conversations, it became evident that sexual violence takes multiple forms and occurs inside and outside people's homes. It was also evident that people recognize sexual violence and are willing to speak about it. It was acknowledged that it is a problem, which does not only affect poor people as it takes place across socio-economic strata.

Study participants indicated economic circumstances, poverty, unemployment, lack of security and a collapse of the social and legal systems, as well as widespread accessibility and use of drugs and weapons were factors influencing the increased and worsened circumstances around sexual violence since the war. The war was raised by most study participants as a crucial concern, leading to impunity. Survivors are often blamed, stigmatized, with devastating consequences for their health and psychological well-being.

There is an overall lack of policies on reproductive health and on gender-based violence in Yemen. UNDP conducted a Yemen Gender Justice & Law study in 2018 that enabled the existing laws to be compared to the international human rights standards in terms of their ability to provide protection against violence. The study indicated that under Criminal Laws and Personal Status Law of Yemen; most laws

are not covered for protection against violence. According to a key informant lawyer, there is no policy in place to prevent or reduce gender-based violence in Yemen. This can be confirmed based on the review of information on the legal framework. There was a strategy on gender-based violence, but it is old and has not been updated and was never effective.

Interviewees agreed that the countries' laws and policies don't do justice to the needs and the rights of survivors of sexual violence, and that there are no laws and policies that provide survivors of sexual violence with the rights to (health) services. Besides a challenging policy environment, the interviewees highlighted their lack of knowledge and awareness on which services were available as well as what standard medical services should be made available. There was also mentioning of lack of trust on the quality of services and ability to receive further non-medical related support for sexual violence, especially when the perception was that police services had to be sought before any other services could be availed.

Although the study revealed that protocols and guidelines for management of sexual violence existed; the health facility staff were not able to name these protocols and guidelines. It was also not clear from the key informants, that existing protocols and guidelines were endorsed by the Ministry of Public Health and Population (MoPHP) or being shared through project specific support. During the key informant interview the MoPHP did not identify a specific protocol or guidance that had been endorsed by MoPHP to be used within the health system. However the health facility assessments showed that facilities were using protocols and guidance that had been provided by different organizations who had trained providers on sexual violence or clinical management of rape.

Out of the seven health facilities assessed, two health centers reported that they did not provide or focus on services for sexual violence although both facilities have a significant maternal and new-born health unit. Although the larger hospitals reported as providing services for sexual violence it was noted that most had not seen a survivor in the last month or three months. One of the health centers had provided assistance to a survivor two years ago. The main hospital has been often referred by staff in other health facilities as the main provider of services to survivors of sexual violence and was supposed to be the designated referral point for survivors of sexual violence.

Although the findings highlighted the lack of clarity and fragmented efforts to ensure services for survivors of sexual violence, it is important to note a number of good practices that can be further improved on for strengthening sexual violence programming within the health system.

Some of these positive practices are played by national organizations as well as individuals and professionals in the response to support survivors. These organizations and individuals are trying to assist and help survivors of sexual violence. The participants in the study and during health facility assessments mentioned the provision of immediate and long terms services for survivors. Longer term care and immediate safety and protection services provided by a local national organization, besides the medical services were mentioned several times during the study. Individual professionals such as lawyers and medical consultants

were also mentioned to provide support to survivors who were from marginalized social groups such as the IDPs and Muhamasheen¹. These individuals are known to support survivors in services on a voluntary and free of charge basis. These national organizations and individuals can be formally linked with the health system and further strengthened in their support to survivors of sexual violence.

Table 1. shows the service provision observed per assessed facility. When cells are marked, it means that the specific service was observed to be provided. The last two columns are not marked, because these health facilities did not provide any of these services during the assessment.

Sexual Violence Services Provided by Health Facility in the Last Month	Name of Health Facility						
	Health Facility A	Health Facility B	Health Facility C	Health Facility D	Health Facility E	Health Facility F	Health Facility G
Number of Survivors seen in the last Month	0	10	0	3	0	0	0
Medical Care	✓	✓	✓	✓	✓		
HIV and PEP services		✓		✓	✓		
STI Treatment/ Prophylaxis		✓	✓		✓		
Vaccination of any kind	✓			✓			
Emergency Contraception	✓	✓	✓		✓		
Forensic Examination	✓			✓			
Counselling	✓	✓		✓			
Psychosocial First Aid	✓	✓		✓			
Police Services	✓			✓			

¹ The Muhamasheen as they prefer to call themselves face deeply rooted discrimination and fall out of Yemen's tribal social structures. Some believe that it is linked to their ethnic origin as the descendants of Abyssinian soldiers in the sixth century. They are mostly confined to slums on the outskirts of towns and cities with few economic opportunities, and lack access to basic services such as water, sanitation, and education.. Reports of violence targeting them, including gender-based violence, have been rife. Aisha Al-Warraq (June 3, 2019) The historic and systematic marginalization of Yemen's Muhamasheen Community in Sanna'a <https://sanaacenter.org/publications/analysis/7490>

RECOMMENDATIONS

Recommendations following the dissemination workshops and discussion with different stakeholders are listed below. MoPHP was engaged in three workshops that helped to discuss the results in detail and determined the best way forward to share results and utilise them for improving on service provision for sexual violence. A dissemination workshop was conducted with all reproductive health stakeholders end of June 2022.

The recommendations focused on developing and endorsing of guidelines and protocols for the health system for sexual violence; strengthening referral pathways; supporting frontline providers and exploring possibilities of including male friendly sexual violence service delivery models.

The international and national NGOs and the UN should work hand in hand with the MoPHP to enable technical strengthening as well as participation in coordination mechanisms that allows for improvement in a comprehensive package of service availability for survivors.

Most critical of all engage with influential community members who are already involved and responding to sexual violence in some way to enhance their capacity and utilise them as catalysts for the community. There should be focus on community dialogues on increased awareness of sexual violence and provision of messages/ awareness at high-risk places. Community messaging should emphasize the importance of prompt health seeking for sexual violence survivors.

REFERENCES

Anderson, Kristine, (June 2017), Now is the time: Research on Gender Justice, Conflict and Fragility in the Middle East and North Africa. Foreign & Commonwealth Office, OXFAM, International Alert.

CORI Country Report Yemen, September 2014, UNHCR. Retrieved from: <http://www.frsh.de/fileadmin/pdf/Laenderberichte/CORI-ReportYemen-Sept2014.pdf>

Country Assessment on Violence Against Women: Case of Yemen, 2009, Office of the Secretary General, In depth Study n Violence against Women.

Country Reports on Human Rights Practices: Yemen, March 2018, US Department of State. Retrieved from: <https://www.state.gov/reports/2018-country-reports-on-human-rights-practices/yemen/>

Gressmann, W. (2016). From The Ground Up: Gender And Conflict Analysis In Yemen. Oxfam. Retrieved from: <http://www.careneland.org/content/uploads/2016/11/Yemen-gender-conflictanalysis-201016-en.pdf>

Humanitarian Needs Overview, Yemen, 2019, Retrieved from www.unocha.org/Yemen

Humanitarian Needs Overview, Yemen 2022. Retrieved from www.unocha.org/Yemen

IASC. (2015). Humanitarian crisis in Yemen: Gender alert July 2015. IASC. Retrieved from: https://interagencystandingcommittee.org/system/files/iasc_gender_reference_group_yemen_gender_alert_july_2015_finalised.pdf

INTERMEDIARIES. (2016). Strengthen Prevention and Response to Gender Based Violence in Yemen: Thematic Assessment GBV – Child Marriage. INTERMEDIARIES & UNFPA

Jeremy M Sharp, March 2019, Yemen: Civil War and Regional Intervention, Congressional Research Service, R43960, retrieved from file https://www.everycrsreport.com/files/20190321_R43960_6504382c792e0da20b253f12af20e3b165bd1595.pdf

Moodley, S. (2016). Picking up the pieces: What Yemenis need to rebuild their lives in a country torn apart by conflict. Oxfam. Retrieved from: <http://reliefweb.int/sites/reliefweb.int/files/resources/bp-yemen-picking-up-the-pieces-210916-en.pdf>

Nasser, A. (2017). Is more women entering Yemen's Labor market really progress? Al-Monitor. Retrieved from: <https://www.al-monitor.com/pulse/originals/2017/01/yemen-gender-equality-women-labor-war.html>

OCHA Yemen. (2016). 2017 Humanitarian Needs Overview: Yemen. OCHA Yemen. Retrieved from: https://docs.unocha.org/sites/dms/Yemen/YEMEN%202017%20HNO_Final.pdf

Report on Human Rights Practices for 2018 – Yemen, Jewish Virtual Library. Retrieved from: <https://www.jewishvirtuallibrary.org/report-on-human-rights-practices-for-2018-yemen>

Rohwerder, Brigitte. (March 2017). Conflict and Gender Dynamics in Yemen, K4D – Knowledge Evidence and Learning for Development. Retrieved from: http://www.gsdr.org/wp-content/uploads/2017/07/068_Conflict-and-Gender-dynamics-in-Yemen.pdf

Sexual Violence in Conflict - Yemen, Office of the Special Representative of the Secretary – General, March 2019, S/2019/280.

Sikurajapathy, L., & Al-Fotih, F. (2017). Two-year conflict in Yemen's takes heaviest toll on women and girls – Press release. UNFPA. Retrieved from: <http://yemen.unfpa.org/news/two-yearconflict-yemen%E2%80%99s-takes-heaviest-toll-women-and-girls>

Three million women and girls at risk of violence in Yemen. (November 2016). UNFPA. Press release. Three million women and girls at risk of violence in Yemen - Yemen | ReliefWeb

Trafficking in Persons Report: Yemen. (June 2019). USDOS – US Department of State. Retrieved from: <https://www.ecoi.net/en/document/2010742.html>

UN: Child Marriage Soars in Yemen as Famine Looms, March 2017, Voice of America Press release. Retrieved from: <https://www.voanews.com/world-news/middle-east-dont-use/un-child-marriage-soars-yemen-famine-looms>

UNFPA's Humanitarian Response in Yemen, 2019. Retrieved from: https://www.unfpa.org/sites/default/files/resource-pdf/English_-_2019_UNFPA_Response_brochure_-_final_for_Web-compressed.pdf

UNICEF (2007) YEMEN MENA Gender Equality Profile Status of Girls and Women in the Middle East and North Africa, 2007, UNICEF. Retrieved from: <https://www.unicef.org/gender/files/Yemen-Gender-Eqaulity-Profile-2011.pdf>

Valette, Delphine. (January 2019). Protection, Participation and Potential; Women and Girls in Yemen's War, IRC.

Women in Yemen, 2017. Retrieved from https://en.m.wikipedia.org/wiki/Women_in_Yemen

Yemen Gender Justice & the Law: Assessment of laws affecting gender equality and protection against gender-based violence, 2018. UNDP. Retrieved from: <https://www.undp.org/sites/g/files/zskgke326/files/migration/arabstates/Yemen.Summary.19.Eng.pdf>

Yemen: Ta'iz authorities must tackle child rape and abuse under militia rule. Press Release. March 2019. Retrieved from: <https://www.amnestyusa.org/press-releases/yemen-taiz-authorities-must-tackle-child-rape-and-abuse-under-militia-rule/>
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