

Sexual and Gender- Based Violence (SGBV)

Stance, humanitarian commitment and advocacy

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Schweizerisches Rotes Kreuz



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1 Summary

This paper¹ sets out the SRC's internal and external stance on the global problem of sexual and gender-based violence (SGBV). SGBV contravenes key Red Cross principles and also affects people in vulnerable situations – a major target group for the SRC's humanitarian work in Switzerland and abroad. SGBV is sexualized violence and any violence and/or threats of violence inflicted on a person based on their gender. Perpetrators often take advantage of an emergency or the dependency of victims to exert power in the form of sexualized and/or gender-based violence. SGBV occurs in normal everyday life, for example within the family, in relationships and in the workplace. In chaotic situations – such as during major disasters and emergencies, in war, when migrants and refugees are in transit, as well as in camps for refugees and displaced people or in large-scale accommodation for asylum-seekers – there is an increased risk of SGBV, since protection and social or even legal sanctions are frequently absent. In terms of global numbers, those affected are first and foremost women and girls, and secondly men and boys. Members of the LGBTIQ+ community are also victims of SGBV, and in many countries these people not only have no access to protection, but are sometimes even prosecuted. The health consequences of SGBV, both physical and above all psychological, are usually serious and, particularly if left untreated, often have a long-term negative impact on the victims' quality of life. Depending on the context, SGBV survivors may also have to deal with social sanctions or even social exclusion. In turn, this can additionally augment the trauma they have already experienced. In its humanitarian work with vulnerable people both at home and abroad, the SRC encounters SGBV and its negative consequences for those affected, their environment and, ultimately, society as a whole. With its SGBV pledge at the International Red Cross and Red Crescent Conference in 2019, the SRC committed itself to prevention and protection, awareness-raising, education and training, promoting low-threshold access to healthcare, gender-sensitive medical and psychotherapeutic treatment for those affected, and to advocacy. In order to implement this commitment in specific terms in its work, it adopted a 2020-2023 action plan. This includes not only all currently ongoing measures, some of which require reinforcing, but also new measures that need to be taken. An overview of these can be found at the end of this paper.

2 Introduction

Sexual and gender-based violence (SGBV) is a serious social problem. The headquarters of the Swiss Red Cross (SRC) is addressing it in the form of this document. SGBV is widespread, both in Switzerland and also globally. It seriously violates fundamental SRC values, and also those of the International Federation of Red Cross and Red Crescent Societies (IFRC): humanity, dignity and human rights. Moreover, SGBV frequently affects the central target group of the SRC's humanitarian work, namely the most vulnerable. For this reason, the SRC sets out below its stance on SGBV, and explains its current humanitarian commitment in this field. It draws on a number of national and international principles and policies, committing itself to gender equality and also the prevention and combating of sexualized and gender-based violence. Against the backdrop of its commitment – the SGBV pledge it submitted at the International Red Cross and Red Crescent Conference in Geneva in 2019 – it also defines where and how it is already advocating the interests of SGBV survivors at an international and national level.

¹ The mandate to draw up this document is contained in the Action Plan (2020-2023) relating to the SRC pledge on SGBV dated 2019.

This document serves firstly as an internal basis on the subject of SGBV and the SRC's humanitarian work in this field. It is also intended to define the orientation and action framework for reinforcing future efforts in the field of external advocacy for SGBV survivors vis-à-vis politicians, the authorities and other stakeholders. If necessary, it can also be used to set out the SRC's position regarding SGBV-related issues.

3 What is SGBV?

SGBV is a collective term for sexualized violence and any violence and/or threats of violence inflicted on a person based on their gender and which results in physical, psychological and/or social harm.

Based on socially ascribed gender roles, SGBV is both the cause and result of structural gender inequality.

SGBV is always carried out against a person's will, and is based on unequal social gender norms and power structures. SGBV causes women, girls, men and boys lasting harm and is a serious violation of dignity, several human rights and, under certain circumstances, is a crime against humanity. Within the context of war, under authoritarian regimes or where there is no rule of law, during indiscriminate armed conflict, when many migrants and refugees are on the move, or in humanitarian emergencies and disasters, SGBV can easily intensify and often flourish with impunity.

Among other things, sexualized and gender-based violence mean a misuse of power by more powerful/stronger individuals against more powerless/weaker individuals through the exploitation of a fragile situation, such as by people smugglers against refugees (particularly women and minors), by torturers against those being tortured, by human traffickers against their victims (women, children and, somewhat less frequently, also young men), by pimps against forced prostitutes, and by soldiers in areas of conflict and war zones against civilians (often but not exclusively women and girls).

3.1 The term "sexualized violence"

The SRC explicitly uses the term "sexualized violence" rather than "sexual violence" to highlight the fact that its manifestations, such as rape, have nothing to do with sexuality. Rather, it is violence that is used to humiliate more vulnerable people, often in emergencies or situations in which they are dependent. Sexualized violence encompasses all forms and means of violence that aim to harm or destroy people's sexual integrity. It seeks to intimidate, threaten and humiliate the victim – and also their environment – and demonstrate the power of the person exercising the violence.

3.2 The forms and manifestations that gender-based violence² may take

- Sexualized violence against women as a strategic and systematic means of warfare by men, in which the enemy is humiliated by violating the integrity of its women, such as wives, mothers, daughters and sisters, for example in both world wars, in numerous civil wars, in Ethiopia, Sri Lanka, Rwanda and many other African countries, in Bosnia, Ukraine, etc.;

² Some of the forms and manifestations of SGBV shown are illustrated with reference to individual countries, but these are merely used as examples, and are not systematic or exhaustive. Many misogynistic practices occur in several or many countries. Not infrequently, those affected are ethnic minorities who have fewer rights and do not enjoy any state protection.

- Sexualized violence against women or men as torture within the context of political detention and persecution. Men are often threatened with the rape of their wives, or this is actually carried out in order to extract information or confessions (clan liability), e.g. in dictatorships or countries with repressive regimes;
- Physical and psychological domestic violence, e.g. violence within a marriage/relationship, or the sexual exploitation of children worldwide;
- Genital mutilation, principally of young women and girls, for instance in certain African countries;
- Menstrual confinement as a deprivation of liberty in small outbuildings or huts, such as in Nepal;
- Forced sterilization, e.g. Uyghurs in China;
- Aborting female fetuses, e.g. in China and India;
- Human trafficking, frequently of women and children;
- Bride kidnapping, such as in Kyrgyzstan, where around 12,000 women are affected by this each year³;
- Forced marriage, frequently of under-age women to (also elderly) men;
- Forced prostitution, e.g. of young women of the "Rohingya" ethnic minority who were driven out of Myanmar and live in huge refugee camps in Bangladesh;
- Sexual exploitation and harassment, particularly in dependent relationships such as in the workplace by superiors, or of domestic workers by their employers, particularly if they are completely dependent on them because they have no right of residence, such as those known as "sans-papiers", including in Switzerland;
- Violence, rape, sexual coercion or even death as a punishment or revenge for overstepping gender-specific norms and codes of conduct, such as honour killings of women and girls, the persecution and killing of homosexuals, the public flogging or stoning of women for contravening dress codes, e.g. for violating veiling rules such as in Iran and Pakistan, or for suspected or actual adultery or pre-marital relations;
- Sexualized violence in male prisons as a demonstration of power and a means of reinforcing the hierarchy;
- Deliberately withholding resources, such as food, shelter, money, means of livelihood, e.g. access to education – for instance, forbidding girls and women from attending school in Afghanistan – and access to work and services such as medical care.

Furthermore, SGBV is often carried out because of the gender identity or sexual orientation⁴ of those affected, if they do not conform with majority norms – usually a binary gender identity and heterosexuality. People belonging to the LGBTIQ+⁵ community therefore run an increased risk of experiencing violence due to their sexual orientation or gender identity, which does not conform with that of the majority in all societies.

³ See "Der Bund" newspaper, 1.2.2022, p. 28.

⁴ Gender identity = An individual's own definition and conception of their gender.
Sexual orientation = Relates to attraction, in other words, who a person feels attracted to emotionally, sentimentally or sexually (heterosexual, homosexual, bisexual or pansexual). See Queeramnesty, Geflüchtete LGBTI- Menschen. Praxisleitfaden für eine auf Integration und Gleichbehandlung ausgerichtete Aufnahme: www.qai.ch/broschuere

⁵ LGBTIQ+ is a collective term used to describe all people who have a non-standard social (gender) and/or biological gender identity (sex) (i.e. one that does not conform with majority social norms). LGBTIQ includes homosexual (lesbian) women and (gay) men, as well as people who are bisexual, transgender, intersex, queer and sexually ambiguous. The plus sign (+) at the end of this collective term indicates that it may also include additional gender identities. See also IFRC, 2018 and www.queeramnesty.ch

In some refugees' home countries, they are persecuted individually or as a minority by members of the public – including their own families – such as in Iraq, or by the state itself. They do not enjoy any state protection. In more than sixty countries, for instance, homosexuality is against the law⁶, criminalized and subject to prosecution, while in seven countries it is subject to the death penalty.⁷

SGBV is a global reality.⁸ While it is primarily women and girls who are affected by SGBV – various studies conclude that one in every four or five woman will become a survivor of sexualized violence – men, boys and LGBTIQ+ people are also victims in significantly smaller numbers.⁹ SGBV exists in all societies and at all times. During and after humanitarian disasters and emergencies, SGBV frequently increases.¹⁰ For instance, one estimate suggests that 31 million new cases of SGBV occurred worldwide during the first six months of COVID lockdown.¹¹

SGBV statistics are frequently not recorded in many places. Due to the stigma associated with the issue in most societies, it is difficult to obtain reliable figures concerning its extent. It is estimated that 50% of SGBV survivors are female victims under the age of 16, and that women and girls with disabilities suffer from SGBV between four and ten times more frequently than women and girls without disabilities.¹² The weaker the social position of those (potentially) affected, the greater their actual risk is of becoming a victim of SGBV.

There are several reasons why SGBV increases during and after emergencies. These include forced migration and accommodation in overfilled, disorganized camps for those displaced or fleeing within their country, increased socio-economic precariousness that can lead to negative coping mechanisms such as early marriage, transactional sex and various types of (sexual) exploitation, the collapse of law and order, the fact that SGBV goes unpunished, the breakdown of protective social structures, and high levels of stress and trauma.

⁶[In diesen Staaten leben Homosexuelle immer noch gefährlich \(nzz.ch\)](#), 28.6.2019

⁷ [LGBT-Rechte weltweit: Wo droht Todesstrafe oder Gefängnis für Homosexualität? \(lsvd.de\)](#)

⁸ For this and further statements in this section, see EDA/DEZA, 2020 SDC/HA Operational Concept 2017-2020 Sexual and Gender-based Violence (SGBV), 2020.

⁹ See SDC Position Paper "Sexual violence against men and boys, including against members of the LGBTIQ+ community", 14.11.2021: Statistics on sexualized violence against men and boys, including members of the LGBTIQ+ community, have only been available in an international context from 2012 onwards. Although data are largely still not systematically recorded today, it is reckoned to be of increasing significance. Violence against men and boys is even more taboo against the backdrop of male role models, so one must assume that a considerable number of cases go unrecorded here too.

¹⁰ The International Committee of the Red Cross also highlights this problem: [Addressing sexual violence | International Committee of the Red Cross \(icrc.org\)](#): accessed on 7.9.2022.

¹¹ For further statements: UNFPA, State of the World Population, 2020, in: IFRC, Power of humanity, Jihane Latrous and May Maloney, December 2020: Addressing sexual and gender-based violence – the challenges of a global pandemic.

¹² UNFPA, State of the World Population, 2003; WHO and WB, World Report on Disability, 2011.

4 Context and consequences of SGBV

SGBV contravenes international human rights and, in some cases, humanitarian law. Over twenty years after UN Resolution 1325 on "Women, Peace and Security" was adopted, its demands remain largely unfulfilled. In its fourth National Action Plan 2018-2022, Switzerland is showing how it would like to contribute towards implementing the resolution. With Resolution 1325, which was agreed in 2000 and is binding in humanitarian law, the UN Security Council recognized for the first time that women have different experiences in the context of war and peace from those of men. The resolution therefore demands the equal participation of women and the integration of a gender perspective in all peace and security initiatives. The aim of the resolution is also for women and girls to be better protected during and after violent conflicts and to prevent sexualized violence. Furthermore, many forms of SGBV are criminal offences according to national jurisdiction. SGBV has immediate and far-reaching consequences on the sexual, reproductive, physical and mental health of survivors, on their social status and on their ability to participate in economic life. Some of these consequences are long term or even lifelong.

SGBV has a negative impact not only on the survivors themselves, but secondarily also on their families, other dependants and the community as a whole. It is therefore a serious and life-threatening social problem, which urgently requires awareness, prevention and advocacy for those actually or potentially affected, both in "normal" times and during all phases of humanitarian crises.

SGBV takes place in a national and also an international context, frequently within relationships involving dependency. At an individual level, the consequences of SGBV for survivors are similar in both contexts. However, at the level of families and the wider social environment, the impact of SGBV may differ and intensify depending on the socio-cultural context and the applicable norms. Moreover, as already mentioned, the risk of vulnerable people experiencing SGBV is heightened in emergency situations, humanitarian disasters and crises as well as wars, since any protective social controls as well as moral and criminal sanctions are largely annulled.

4.1 National context in Switzerland

SGBV is present in everyday life in Switzerland, both in private and domestic contexts, and also in public. It manifests itself as various forms of physical, psychological or sexualized violence, sexual exploitation and harassment in the workplace or as a gender-specific lack of equal opportunities, discrimination and sexism in many spheres of society. SGBV is rooted in a fundamental structural inequality with an imbalance of power between the sexes, which enables discrimination or even occasionally encourages it. Despite equality being guaranteed in constitutional law, this fundamental problem is bolstered by traditional role models that are tenaciously upheld. Sexist advertising reduces both (binary) sexes, but in particular women, to their biological gender and frequently degrades them to become sexual objects. This supports stereotypes and also indirectly trivializes SGBV. Once more in 2022, the latest debate on Swiss legislation governing sexual offences has shown how our society is struggling to effectively protect victims of SGBV. However, responsibility for SGBV should always be borne by the perpetrator and never by the victim. SGBV can never be justified. The continued heavy economic reliance of many women on their husbands facilitates SGBV in domestic settings and makes it difficult for women to defend themselves effectively against this issue. As long as paid work and family responsibilities and housework are unequally shared between the sexes and it is not self-evident that women themselves should have access to a living wage, even after starting a family, gender-specific dependence will remain. As long as women have to reckon with lower old-age pensions due to breaks in employment or part-time work due to

childcare commitments, it will be difficult for them to their lives autonomously, on equal terms and independently. Such dependency-based relationships run a significant risk of being subjected to violence.

According to the Federal Office for Gender Equality, the following figures relate solely to domestic violence involving killings or attempted killings¹³:

- Every two weeks, a person dies as a result of domestic violence; this equates to an average of 25 people per year, of whom four are children (2009-2021).
- In addition to this, one attempted killing takes place each week (an average of 50 people per year).
- The victims of attempted and actual killings from 2009 to 2021 were: 686 women (62.6%), 306 men (25.3%) and 124 children (12,5%).
- The victims of actual killings from 2009 to 2021 were: 329 people, of whom 74.8% were women and girls, and 25.2% were men and boys.

According to one study¹⁴ of 4,495 women (aged 16 or over), 22% had already been subjected to unwanted sexual acts in 2019 by their own accounts. Extrapolated across all of Switzerland, this would equate to around 800,000 women. Twelve percent, or 430,000 in extrapolated terms, were raped.

In Switzerland, sexualized and gender-based violence, such as rape or sexual assault, is now no longer merely a criminal offence prosecuted only upon application by the victim (*Antragsdelikt*), but a criminal offence rendering the accused liable to public prosecution (*Offizialdelikt*), even in homes and within personal relationships. However, since it largely takes place within relationships and/or in situations that are characterized by an imbalance of power and the dependency of those affected upon the person exercising the violence, survivors still required a great deal of courage to face the outside world and seek help. This also applies to sexual harassment and exploitation in the workplace, where many of those affected are in a weaker hierarchical position and, in cases of disclosure, frequently have to reckon with repercussions sometimes even involving dismissal. There is also often a lack of effective support. Either the person affected is not believed, the perpetrators¹⁵ exert pressure on them, or the employer downplays the violence as a trivial offence and protects the perpetrators, particularly when they in a more senior position. Many of those affected feel ashamed or think they are partly to blame. It is therefore presumed that many SGBV survivors prefer to remain silent about the violence they have suffered through fear of social stigmatization. This means one must assume that a large number of SGBV cases go unrecorded.

4.2 International context

SGBV is one of the most widespread problems globally. The issues illustrated within the national context of Switzerland also apply in an international context. Furthermore, SGBV may be mutually reinforced if existing misogynistic practices and an acute humanitarian crisis or disaster are combined with increased instances of defenceless exploitation and violence. These include human trafficking and smuggling, specifically the trafficking and smuggling of women and girls where the victims are usually in a powerless or hopeless situation. If

¹³ These figures have been taken from the following website: [Statistik \(admin.ch\)](https://www.statistik.admin.ch): accessed on 5.4.2022.

¹⁴ gfs.bern: Befragung Sexuelle Gewalt an Frauen im Auftrag von Amnesty International Schweiz. Sexuelle Belästigung und sexuelle Gewalt an Frauen sind in der Schweiz weit verbreitet. Hohe Dunkelziffer im Vergleich zu strafrechtlich verfolgten Vergewaltigungen. Berne, May 2019

¹⁵ The masculine form only is consciously used here (in the original German), since sexual exploitation and harassment in the workplace by women represents a marginal problem. The vast majority of cases involve male perpetrators and female victims, as illustrated by figures from counselling services for sexual violence and harassment.

economic interests are then added to this mix – the trafficking of women and girls is one part of the black economy where the most money is earned worldwide – this makes systematically controlling it hugely more difficult. Situations involving war and refugees inevitably lead to SGBV going unpunished. Disorganized reception centres and accommodation camps in transit countries and host countries also pose an increased risk of SGBV.

However, in many armed conflicts, and in a context of political persecution and detention as well as torture, men – including minors – also become the victims of sexualized violence.

4.3 Physical consequences

SGBV can lead to extensive injuries to the genitals, unwanted pregnancies, complications due to unsafe abortions, the impairment or total loss of fertility and women's ability to give birth and men's ability to father children, sexually transmitted diseases including HIV, and many secondary somatic disorders that require intensive medical and gender-sensitive care. Particularly during humanitarian crises and disasters or in situations of war or imprisonment, such care is usually not guaranteed. In transit countries and host countries too, for instance, refugees cannot be sure firstly that their exposure to SGBV will be recognized and secondly that professional, gender-sensitive psychosocial and medical treatment will be provided.¹⁶

4.4 Psychological consequences

SGBV also leads to huge mental stress and suffering, which can be ongoing, i.e. long term or even lifelong. SGBV frequently traumatizes its survivors. The symptoms of post-traumatic stress and the after-effects of trauma¹⁷ include severe sleep disorders, anxiety and panic attacks, depression, loss of self-confidence through to self-hatred, severe relationship problems through to an inability to form attachments, an inability to experience sexuality, a loss of trust in the social environment, an inability to work and many more. If SGBV survivors experience situations in everyday life that remind them of the violence they have previously experienced, they may suffer from flashbacks. These cause negative physical and, above all, psychological reactions. Survivors of SGBV suffer due to the social stigmatization that is often associated with SGBV, as well as many other types of secondary victimization. As a result, many feel socially isolated and ostracized, which often exacerbates their psychological stress. Survivors frequently do not discuss the sexualized violence they have experienced for fear of stigmatization. SGBV must be actively addressed by professional caregivers, therapists, etc. This also sends out a message that survivors are permitted to talk about the issue.

¹⁶ Criticism has been expressed in Switzerland too. For example, non-governmental organizations have complained that Switzerland has been too slow and half-hearted in implementing the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which came into force in 1979 and which it only ratified in 1997. The same applies to the 2014 Istanbul Convention, a Council of Europe convention on preventing and combating violence against women and domestic violence, which Switzerland ratified in 2017. Various studies criticize the lack of gender-sensitive accommodation and medical / psychotherapeutic care for female asylum-seekers, most of whom could be potential victims of SGBV. In response to this criticism, Postulate 16.3407, Feri dated 9 June 2016, called on the Federal Council to investigate the situation of asylum-seeking women and girls in Federal asylum centres and collective cantonal accommodation. The resulting report, published on 25 September 2019, confirms several shortcomings and formulates measures to rectify them. However, the situation remains unsatisfactory, there is room for improvement and action is required, particularly in terms of the early professional detection of SGBV and resulting post-traumatic stress disorder and concerning the aim of providing the most efficient possible low-threshold access to gender-sensitive counselling and treatment for those affected.

¹⁷ See Maier, Thomas, Naser Morina, Schick Matthis and Ulrich Schnyder (Pub.), 2019: Trauma – Flucht – Asyl. Ein interdisziplinäres Handbuch für Beratung, Betreuung und Behandlung. Berne: hogrefe.

4.5 Social consequences

Depending on the socio-cultural context, female SGBV survivors are socially marginalized, frequently disowned by their families, ostracized by their communities, prosecuted (e.g. due to adultery) or, in order to redeem their family's honour, forced to marry the perpetrators.

Examples of the social consequences of SGBV may be:

- losing the opportunity to marry as a dishonoured single woman and therefore, depending on the country, losing all prospects of an economic livelihood;
- being divorced/rejected by their spouse and/or their family as a dishonoured woman, since those close to SGBV victims may also be considered to be dishonoured and therefore socially stigmatized. This can lead to "social death" and secondary victimization. This in turn leads to severe consequences for mental health, through to suicidal tendencies or actual suicide, for example in the case of many Tamil women in Sri Lanka or women in African countries embroiled in civil war;
- social exclusion and marginalization, not only in their home country, but in some circumstances also within their own migrant community in Switzerland;
- a negative impact on the process of social integration and the ability to seek gainful employment;
- lasting invalidity and a dependence on social welfare as severe long-term consequences.

5 SGBV in the humanitarian work of SRC Headquarters in Switzerland and abroad

The SRC uses several international and national basic principles as a reference for its humanitarian work involving SGBV. For instance, it has undertaken to make an international and national contribution towards implementing UN Sustainable Development Goal 5 "Gender equality". Amongst other things, this seeks to achieve the following:

"Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation."¹⁸

Furthermore, as a member of the International Federation of Red Cross and Red Crescent Societies (IFRC), the SRC supports the "Protection, gender and inclusion" (PGI) policy¹⁹ and its implementation in the countries in which it operates, both internationally and also in Switzerland. It works closely with its sister societies and partner organizations on the ground, training and supporting them in this issue where necessary. One important aim here is the prevention of and protection from SGBV in general, and in fragile contexts of disasters and emergencies in particular.

The SRC also supports the IFRC policy on mental health and psychosocial needs and support, as well as the associated resolution.²⁰

¹⁸ The SRC notes that this issues does, of course, also apply to men and boys. However, men and boys are affected by SGBV less frequently in purely numerical terms. Sexualized violence against males is also associated with an even greater taboo than is already the case with SGBV against women and girls. It is therefore not talked about as much and, until a few years ago, the public were scarcely even aware of the problem.

¹⁹ IFRC, 2021. Amongst other things, the PGI policy explicitly states that the IFRC respects the right of every person to define their gender identity themselves.

²⁰ International Red Cross and Red Crescent Movement policy on addressing mental health and psychosocial needs – Psychosocial Support IFRC: see www.pscentre.org and Resolution 2 – Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies – Statutory Meetings: see www.rcrcconference.org

It is actively involved in implementing the Mental Health and Psychosocial Needs and Support (MHPSS) roadmap, in order to give particularly vulnerable people access to low-threshold mental health and psychosocial services.²¹

SGBV survivors rank among the particularly vulnerable target groups of SRC humanitarian work, both internationally and nationally, for example as patients of the SRC Outpatient Clinic for Victims of Torture and War in Berne, and the SRC Gravita Centre for Psychological Trauma in St Gallen, or as clients of the Social Integration and Migration Unit. People who have experienced war, persecution, imprisonment, torture and repression, have fled and find themselves in Switzerland frequently endure post-migratory stress and an asylum process with uncertain prospects of residency. They find themselves in a fragile environment that is socioculturally alien to them. The trauma experienced by these women, men and children has a long-term impact on them and severely compromises their everyday life, both while they are migrating and also in Switzerland. It also hinders their chances of integrating into society.

The SRC is aware of this situation. With its SRC Outpatient Clinic for Victims of Torture and War in Berne and the SRC Gravita Centre for Psychological Trauma in St Gallen, it therefore offers multi-disciplinary treatment and advice for victims of torture and war as well as their relatives, including SGBV survivors. For migrants with no right of residence – known as "sans-papiers" – it provides specific medical and gender-sensitive care and advice in Berne and Zurich, particularly through the provision of gynaecological services. In its accommodation for asylum-seekers, temporarily admitted persons, recognized refugees and recipients of emergency aid in the canton of Uri, the Social Integration and Migration Unit within the SRC's Health and Integration Department is additionally supporting residents with a pilot mental health project, which is also available to those affected by SGBV. Moreover, as a consequence of the arrival of refugees from Ukraine, the SRC is strengthening its commitment in the field of psychosocial support and trauma.

The SRC advocates the early recognition of SGBV and equal-opportunity, low-threshold access to gender-specific and gender-sensitive medical and psychotherapeutic treatment and therapy as well as psychological and psychosocial counselling for asylum-seekers and refugees who have been victims of SGBV. It has also developed an advanced training course in refugees and trauma that makes experts and volunteers aware of how to recognize and respond correctly to the consequences of trauma, including SGBV trauma.²² An e-mental health consultancy offering is also being developed. This will provide refugees with low-threshold native-language psychological and psychosocial support. It will also be made available to SGBV survivors.

SRC Headquarters has also set up an external whistle-blowing unit for all SRC member organizations and SRC institutions in Switzerland, to support professional and voluntary workers who have been affected by SGBV themselves or confronted with cases of it.²³ SRC employees abroad have had their own whistle-blowing unit in the form of Safecall since 2014.

²¹ See [MHPSS-roadmap-2020-2023-1.pdf \(pscentre.org\)](#). The SRC also submitted a pledge at the IFRC conference to reach people affected by violence by means of low-threshold digital MHPSS support services: [Digital Mental Health and Psycho Social Support: Exploring technology-empowered pathways to addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies within the Red Cross and Red Crescent movement – Statutory Meetings \(rcrcconference.org\)](#)

²² This offering will be multiplied via the SRC's cantonal associations. From 2023 onwards, it will be provided exclusively by these cantonal associations and will no longer be offered by the Health and Integration Department at SRC Headquarters.

²³ Further information can be found at: [Schutz persönlicher Integrität \(sharepoint.com\)](#)

6 The SRC Headquarters' pledge, commitment and advocacy regarding SGBV

With the **SGBV pledge** it submitted at the **International Red Cross and Red Crescent Conference in December 2019**²⁴, the SRC committed itself to prevention and protection, awareness-raising, education and training, to promoting low-threshold access to healthcare, gender-sensitive medical and psychotherapeutic treatment for those affected, and to advocacy. In so doing, it is also helping to boost efforts by other players within the Red Cross and Red Crescent Movement. The International Committee of the Red Cross has also decided to expand its commitment to preventing sexualized violence and supporting victims.²⁵

In order to implement this commitment in practice, it agreed a **2020-2023 implementation plan including actions**.²⁶

Implementing the SRC's SGBV pledge is a **cross-cutting task**. To prevent and combat SGBV in Switzerland, the SRC will therefore be collaborating even more closely across departments and units within headquarters in future. Moreover, SRC Headquarters will in future support any activities relating to SGBV that are being undertaken by SRC member organizations, should these organizations so wish. For instance, it is raising awareness of preventing SGBV and of specific preventative measures to counter it in asylum-seekers' accommodation run by the SRC. In an international context, it maintains a regular dialogue with the IFRC and works together with it. The SRC and the IFRC coordinate the development and implementation of the IFRC policy on gender and diversity, and also the IFRC policy on protection, gender and inclusion (PGI), and regularly review them. The SRC Executive Board will in future report annually on the success of SGBV awareness-raising, prevention, protection and combating efforts. The SRC for its part will report at the 2023 International Red Cross and Red Crescent Conference at the end of 2023. Implementation will be reviewed and, depending on the outcome, a decision will be taken on stepping up measures.

According to the 2020-2023 Plan, the following **organizational units** within SRC Headquarters are responsible for measures to implement the SRC's SGBV pledge: SRC Executive Committee and Management, IC Department and HI Department (Outpatient Clinic for Victims of Torture and War, Health and Support Unit, Strategic and Conceptual Development Sector), MC Department (Public Affairs Office) and FHRL Department (Personnel Unit).

The fundamental **prerequisites** for all further measures are:

- an **awareness that is as comprehensive as possible within SRC Headquarters (SRC HQ) of the problem of SGBV as a cross-cutting issue in Switzerland and abroad**
- the **integration of preventative measures for SGBV in all SRC HQ interventions (projects, programmes and services) at home and abroad.**

From these two fundamental prerequisites, **measures** can be derived that should be implemented, systematized and strengthened at SRC HQ.

²⁴ Power of humanity: 33rd International Conference of the Red Cross and Red Crescent, 9-12 December 2019, Geneva, Swiss Red Cross Pledge, 2020 – 2023: Prevention of and Response to Sexual and Gender-based Violence (SGBV): [IC2019_Pledge_SGBV_2020-2023.pdf \(redcross.ch\)](#)

²⁵ See [Umgang mit sexueller Gewalt | Internationales Komitee vom Roten Kreuz \(icrc.org\)](#): accessed on 7.9.2022.

²⁶ The [SRC SGBV Pledge Implementation Plan](#) sets out all responsibilities individually, and also cross-unit and cross-departmental collaboration.

6.1 Advocacy

Via its Executive Committee and management, as well as its departments and Public Affairs Office, SRC HQ is responsible for advocacy on behalf of SGBV survivors. It does this by maintaining a confidential dialogue with politicians and authorities, and by participating in Federal consultation processes on parliamentary business that is relevant to the prevention and combating of SGBV in Switzerland and abroad, and also relevant to those affected by SGBV. It also specifically makes use of its special relationship (rôle d'auxiliaire des pouvoirs publics) with the Swiss government in order to advocate non-discriminatory and comprehensive support and treatment of the "asylum seekers and refugees" target groups as (potential) victims of SGBV.²⁷

6.2 Awareness-raising and prevention/protection in our own workplace

Through its HR Unit, SRC HQ is stepping up existing efforts to make new and existing employees, particularly managers, aware of and train them up in issues relating to sexual harassment and exploitation in the workplace. And with proven precautionary measures, it is actively committed to SGBV-free working conditions for its employees and volunteers, both in Switzerland and abroad.

6.3 Education, training and professional development

All SRC HQ employees working in education, training and professional development, first and foremost the Health and Support Unit and the Outpatient Clinic for Victims of Torture and War (afk), are explicitly and by default integrating the subject of "SGBV and its consequences" into those training and development documents in which the subject of SGBV is, or could be, relevant. The target groups for the dissemination of this subject matter are firstly salaried employees and volunteers at SRC HQ who work with at-risk groups such as asylum-seekers, refugees, sans-papiers and other clients in vulnerable situations. Secondly, depending on their requirements and wishes, target groups include SRC member organizations that are interested in the subject of SGBV or encounter it in their own work with those (potentially) affected. For instance, they might be working in the field of integration or collective accommodation for asylum seekers. The Outpatient Clinic for Victims of Torture and War is raising awareness among all its employees who work internally in medical and psychotherapeutic/psychological care and social counselling and support, and also in particular among its interpreters, of the specific challenges arising in therapy and counselling sessions with SGBV survivors.

6.4 Prompt identification and specialist treatment

With its Outpatient Clinic for Victims of Torture and War and its Social Integration and Migration Unit, the Health and Integration Department is making even more targeted efforts to identify cases of SGBV promptly and to alleviate the physical, psychological and social effects it has on those patients and clients affected and on their environment by means of expert medical, therapeutic and psychosocial treatment and support. The Outpatient Clinic also defines clear standards and referral routes for working with victims of domestic violence and

²⁷ For instance, in 2020 and 2021, the SRC assisted in drawing up the SODK (*Conference of Cantonal Social Directors*) practical guidelines for improving the accommodation in cantons for people affected by violence, and the prompt detection of such people. The State Secretariat for Migration is also consulting the SRC on preparing guidelines for dealing with people who have special needs in the field of accommodation and care in Federal asylum centres.

human trafficking who have been identified as such during the medical and psychotherapeutic treatment and psychosocial counselling it provides.

6.5 Prevention through the introduction of gender-sensitive tools, capacity building, participation and empowerment in an international context

In its work abroad, the International Cooperation Department promotes the active, equal participation of all women, girls, boys and men in decision-making processes in disaster and emergency preparedness and response as well as reconstruction and development, in order to prevent any risk of SGBV. It is also introducing gender-sensitive training tools that focus explicitly on SGBV, in collaboration with the IFRC and the SDC, as well as revising all the indicators used in international cooperation programmes and designing them in a gender-sensitive form. Where the SRC works in contexts that are fragile and affected by conflict, it is strengthening the capabilities of its local partners in the field of SGBV by establishing capacity through training and technical support.

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