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Aborder ensemble la violence sexuelle et le VIH

The relevance of institutional anchorage of dealing with sexual violence and HIV/AIDS – experiences of the International Cooperation of the Swiss Red Cross.

Are we on track?

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This article critically reflects the institutional anchorage of sexual violence and HIV/AIDS within the Swiss Red Cross (SRC) at field and headquarter level and provides insight in successes and challenges to bridge the divide between policy and practise. Although this article is based on the experiences of the SRC, we invite other organisations to screen and reflect on their own policies and practise.

The interrelation of sexual violence and HIV lies in its mere existence, whereas the causal relationship can be either way: sexual violence may lead to HIV infection and/or HIV infection makes the infected person more prone to be exposed to sexual violence. Either way, it is important to recognise that the relevance of sexual violence and HIV, whether as stand-alone or in their relationship, has grown globally over the years. Consequently, this has to be taken up by governments and humanitarian organisations and institutions not only at implementation level in the field, but also reflect strategically the institutions policy and concepts.

Sexual violence and HIV/AIDS: a major public health issue

The global and regional estimates report of the World Health Organisation revealed that globally around 35 % of women have experienced either physical or sexual intimate partner violence or non-intimate partner violence (WHO 2013). WHO declares sexual violence as a global public health problem of epidemic proportions, despite the fact that under-reporting is still pertinent.

The vulnerability to sexual violence increases in situations of conflict and crises. No longer are women the only victims, men and children are increasingly targeted. The preference for children lies in the fact that the risk of contracting HIV is lower for the abuser and at the same time, children can be easily influenced and intimidated into not reporting the case.

According to a study in South Africa (Sexual Violence Research Initiative accessed in April 2014), a high-prevalence country for HIV/AIDS, among all cases of sexual violence by own partner, around 16 % contracted HIV.

Likewise HIV positive women report increased sexual violence because of their positive HIV status (N. Haniff; 2014).

What does institutional anchorage mean?

The relationship between sexual violence and HIV/AIDS not only calls for institutional awareness, but also preparedness to tackle it. On the one hand it requires a set of policies to achieve an institutional anchorage at strategic level. On the other hand, tools and expertise need to be built up to put the policies into practise. Therefore firstly, adequate strategic and policy frameworks build the legal foundation for concepts, interventions and actions in the areas of sexual violence and HIV/AIDS. Secondly, concepts outline the operational depth and width of interventions and actions thematically and geographically. Thirdly, specific guidelines, standards, tools, trainings and expertise are important to turn policies into action. Finally, good assessment and monitoring systems need to be in place to measure change and document best practises.

Screening Swiss Red Cross policies concerning sexual violence and HIV/AIDS

The SRC, founded in 1866, is the oldest and largest humanitarian organisation in Switzerland working in emergency relief, rehabilitation and reconstruction as well as in long-term development. It is a member of the world wide Red Cross and Red Crescent Movement with 189 national Red Cross or Red Crescent Societies. In the latest strategy of the Red Cross Red Crescent Movement, valid for all its members, a new strategic aim of "promoting social inclusion and a culture of non-violence and peace" was included. The SRC tackles sexual violence and HIV within its strategic aim to provide healthy and safe living. The SRC health policy 2012–2017 reflects, in its seven thematic priorities, the need to prevent, treat and care for infectious diseases including HIV/AIDS and to provide integrated community-based psycho-social support and violence prevention. Each thematic priority is elaborated in a concept. However, so far only the concept on 'health in emergencies' considers possible interventions strategies in sexual violence and HIV/AIDS; mainly in emergency settings.

Swiss Red Cross actions concerning sexual violence and HIV/AIDS

The screening of different SRC projects in emergency relief, rehabilitation and development cooperation for actions in sexual violence and HIV/AIDS revealed a surprising variety of tools and guidelines which steer SRC interventions in emergency relief and development cooperation. Some actions are especially targeted to prevent sexual violence and HIV/AIDS, such as protected locations, security and light in areas for women in camps for displaced people. In long term development, sexual violence and HIV/AIDS may arise 'unexpectedly' as a topic and issue only long after the project has started and beneficiaries have developed good rapport and trust in the project staff.

A project for elderly care and active aging started to develop actions and create awareness after elderly women living alone reported sexual and violent abuse by men and even their own grandchildren. In Honduras and Paraguay, telephone helplines allow for anonymous reporting of sexual violence and also assist in counselling and giving further advise to victims of sexual violence. Designing programmes especially for adolescents on sexual reproductive health and use of life-skills shall raise awareness and prevent sexual violence and teenage pregnancies. In all projects, the SRC equally targets male and female beneficiaries.

SRC implements the following tools and guidelines:

Table 1: Guidelines and actions in emergency relief

Standards, guidelines and tools	Actions and measures taken

	• Settlement planning/camp and shelter set-up (allocation of tents, distance to sanitation, lights, secured places for women)
Humanitarian Charter and Minimum Standards in Disaster Response (Sphere Standards; 2011)	• Identifying the most vulnerable, in particular women, when distributing goods
Public Health Guide in Emergency (John Hopkins University and the International Federation of Red Cross Societies; 2008)	• Anonymous telephone helpline and reporting of sexual violence
Guidelines for addressing HIV in humanitarian settings and guidelines on gender-based violence interventions (Inter-Agency Standing Committee; 2010)	• Clinical management of sexual violence as part of minimal initial service package (including rape kit)
Health in Emergency Concept (SRC; 2014)	• HIV prevention, treatment and care; including Post-Exposure Prophylaxis
	• Psycho-social support and counselling services
	• Training human resources (professionals and volunteers)

Table 2: Guidelines and actions in development cooperation

Standards, guidelines and tools	Actions and measures taken
Stepping Stones/Paso a paso (Welbourn A.; 1995)	• Adolescent health education, life-skills and empowerment on sexual violence, HIV/AIDS prevention, teenage pregnancies etc.
Community Based Health and First Aid/Domestic violence module (Canadian Red Cross; 2013)	• Addressing mostly domestic violence through local health actions and action groups against alcohol abuse, self-help groups
Guidelines and tools developed by the Breaking the taboo project (European Union and Austrian Red Cross; 2011)	• Addressing communal practises or 'traditions' of sexual violence (e.g. bride kidnapping; Sugar-Daddy)
Community Action for Health Approach	• Addressing violence against women
Conflict management and mediation	• Revealing and tackling problems of sexual violence and abuse of elderly women.
Appreciative inquiry	• Telephone hotlines and help-lines
	• Psychological and medical support through professionals in specialised center

Monitoring changes and progress

Since issues of sexual violence arise within on-going SRC-programmes after a level of trust and rapport has been established, 'assessments' of prevalence of sexual violence are rather informal or ad-hoc without systematic baseline information. Determining reliable indicators for the monitoring of progress and change is extremely difficult and is perpetuated by the fact of under-reporting. While the number of telephone calls for the help line can be easily recorded, a reduction in sexual violence and abuse can often only be determined through qualitative interviews. Documenting change and best practises is often only possible in a qualitative manner.

Gaps and way forward

While the groundwork has been done, SRC has to question whether the present strategies, policies and thematic concepts are sufficient to meet the growing concerns and needs and how they can be adapted and expanded in scope. Since some of SRC's thematic concepts still need to be developed or older ones need to be revised, there is scope to further anchor sexual violence and HIV/AIDS in the near future.

When putting the concepts into practice, further gaps are evident. The SRC projects in emergency relief and long-term development use a variety of guidelines and tools, adapted to their context, in order to create awareness and prevent sexual violence and HIV/AIDS. Because of the different circumstances, a context specific approach is propagated. However, the possibility or need of streamlining approaches, e.g. by always using appreciative inquiry, has not yet been explored.

The projects focus mainly on the creation of awareness and prevention of sexual violence and HIV/AIDS. Access to sexual and reproductive health services after sexual violence and treating raped victims is emphasised far less. On the one hand, there is a need to further capacitate staff to be able to deliver these services including psycho-social support and counselling. On the other hand, SRC projects need to establish relevant alliances and networks with experienced organisations. This considers for example the referral of cases for treatment, counselling and care as well as tackling sexual violence, abuse and trafficking during displacement in emergencies.

While experiences are vast, they are still patchy and require better documentation and streamlining in order for best practises and approaches to be replicated. Experience sharing and learning from others, such as how to advocate better for reporting with easy to handle tools, such as mobile phones, can help to widen the scope of SRC interventions. Sharing of experiences and best practices also takes the fear out of addressing sexual violence and HIV/AIDS.

Interestingly the screening revealed that no rehabilitation projects of SRC integrate sexual violence and HIV/AIDS. This remains a 'black box' yet to be explored. Innovatively and sensitively meeting the needs of the victims should become a priority in all phases of SRC interventions, including rehabilitation and reconstruction.

Conclusion

The relevance of the issue for the SRC is obvious and growing. More and more field interventions are confronted with sexual violence and HIV/AIDS. Thanks to the policy groundwork and the many project interventions, SRC has started positively. However, more needs to be done to fill the gaps and institutionalise and anchor sexual violence and HIV/AIDS within the International Cooperation and the projects, including projects in the rehabilitation and reconstruction phase, in order to keep and remain on track.

Since the most vulnerable are at the core of all SRC interventions, SRC will engage innovatively and sensitively meeting the needs of the victims of sexual violence and HIV/AIDS in all phases of SRC interventions.

Bibliography

European Union and Austrian Red Cross. Breaking the taboo project; www.btt-project.eu/

Canadian Red Cross (2013). Module on domestic violence as part of the Community Based Health and First Aid package of the Red Cross Red Crescent Societies.

Haniff N. (2014). A collision of epidemics; violence, discrimination against women and HIV. A case study from focus groups discussion with HIV positive women in Jamaica. Jamaica Red Cross and Canadian Red Cross. (Online, pdf)

Inter-Agency Standing Committee (2010). Guidelines for addressing HIV in humanitarian settings.

Sexual Violence Research Initiative; www.svri.org/hiv.htm updated April 2014

Swiss Red Cross (2012). Health Policy for International Cooperation 2012–2017; www.redcross.ch/de/shop/publikationen/health-policy-der-internationalen-zusammenarbeit

The Sphere Handbook (2011). Humanitarian Charter and Minimal Standards in Humanitarian Response. Sphere Project. www.sphereproject.org/handbook/

The John Hopkins and Red Cross Red Crescent Guide in Public Health in Emergencies (second edition 2008).

Welbourn A. (1995). Stepping Stones: A training package in HIV/AIDS, communication and relationship skills. London. Strategies for Hope and Salamander Trust.

World Health Organisation, London School of Hygiene; South African Medical Research Council (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.

Online.

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