

Today, unprecedented humanitarian crises resulting from conflict, natural disasters and the ongoing COVID-19 pandemic are occurring around the world. The United Nations High Commissioner for Refugees (UNHCR) estimates that over 82 million people were forcibly displaced from their homes by the end of 2020.¹ Just under half of these individuals were women and girls.²

The impact of pre-existing structural and systemic inequalities and discrimination faced by women and girls is often exacerbated during humanitarian crises and displacement. As a result, there is a heightened risk of gender-based violence (GBV), such as intimate partner violence, child, early and forced marriage and sexual violence, including the use of rape as a weapon of war. Statistics on GBV show that while a staggering 35% of women globally experience GBV during their lifetime, its incidence jumps to 70% for those in humanitarian contexts.³

Preventing and Responding to GBV in Emergencies⁴

When a crisis hits, the urgent deployment of humanitarian assistance is lifesaving. Services to respond to the needs of survivors of GBV and efforts to prevent GBV must be prioritized from the onset of a crisis, alongside other immediate needs like shelter, food, water and sanitation. Since it is well-established that GBV exists in all regions and contexts and that it spikes during crises, these programs should be assumed to be an essential component of the initial response regardless of whether data on GBV prevalence is available yet.

The availability of quality and survivor-centered health services, particularly sexual and reproductive health services, is vital for those who have experienced GBV. Health care providers are often the first people to whom survivors disclose their experience and play an important role in helping survivors navigate the care and services they need. The international minimum standards for addressing GBV emphasize the importance of prompt access to post-rape care, including emergency contraception and post-exposure prophylaxis to prevent unintended pregnancy and sexually transmitted diseases like HIV, and treatment of other physical injuries. Other forms of GBV, including intimate partner violence, also have significant impacts on the physical and mental health and well-being of women and girls, including leading to negative maternal and newborn health outcomes and increased rates of depression and anxiety.

The U.S. Government's Role in Addressing GBV

The United States is one of the largest humanitarian donors, providing much needed bilateral assistance and support for multilateral agencies, such as UNHCR and the United Nations Population Fund, when emergencies strike around the world. The United States should be a leader in addressing GBV by setting a standard of prioritizing this form of violence from the start of a crisis. The government has expressed its dedication to this through its Safe from the Start initiative and its commitment to the Call to Action on GBV in Emergencies, a global effort to change how the entirety of the humanitarian system addresses GBV.⁵ The Safe from the Start Act builds upon the principals behind this initiative.

COSPONSOR THE SAFE FROM THE START ACT

Please support efforts to prevent and respond to GBV in humanitarian emergencies and crises by cosponsoring the Safe from the Start Act.

This bill:

- Authorizes the State Department's and U.S. Agency for International Development's existing Safe from the Start program to address and respond to GBV in emergencies;
- 2. Updates and enhances the goals of the Safe from the Start initiative, such as improving access to support services for survivors, increasing efforts around protection and empowering women and girls in emergencies by promoting increased equity and equality; and
- 3. Encourages the U.S. government to strengthen its efforts to build the capacity of women and women-led local organizations in countries responding to humanitarian crises to prevent and respond to GBV.

To be added as a cosponsor of the Safe from the Start Act, please reach out to staff in the office of Representative Grace Meng.

Sources

1 United Nations High Commissioner for Refugees. (2021, June 18). Global Trends: Forced Displacement in 2020. <u>https://www.unhcr.org/flagship-reports/globaltrends</u>

2 United Nations High Commissioner for Refugees. (2021, June 18). Global Trends: Forced Displacement in 2020. <u>https://www.unhcr.org/flagship-reports/globaltrends</u>

3 UN Women. (2017, May). Facts and figures: Humanitarian action. https://www.unwomen.org/en/what-we-do/humanitarian-action/ facts-and-figures

4 United Nations Population Fund. (2019). The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming. https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_ Standards_Report_ENGLISH-Nov.FINAL_.pdf

5 Call to Action on Protection from Gender-Based Violence in Emergencies. (2021). Call to Action on Protection from Gender-Based Violence in Emergencies. <u>https://www.calltoactiongbv.com</u>