

BACKGROUND

Gender-based violence (GBV) and sexual gender-based violence (SGBV) occur throughout Colombia, and the armed conflict has reinforced the occurrence and risks for girls, women, and the LGBTQ+ community, especially in conflict-affected areas in indigenous territories. According to UN Women, the most prevalent form of violence against women is physical or sexual intimate partner violence (UN Women accessed 21/03/2023). There is a general understanding that GBV and SGBV cases are underreported in Colombia, especially cases against indigenous women (ACAPS 17/11/2023; akubadaura Fokus, 12/2022). Not only does underreporting limit the understanding of the actual magnitude of GBV and SGBV in the country, but it may also weaken criminal deterrence and perpetuate the incidence of such crimes. Underreporting creates a lack of data, hampering response design, and as a consequence, ineffective or non-implemented response mechanisms do not meet the needs of survivors. Five years after the signing of a historic peace agreement, mounting conflict from armed groups and mass migration have put women living in many of the country's crisis-stuck regions in increasingly vulnerable situations (TNH 09/12/2021).

There are legal frameworks and institutional responsibilities for dealing with GBV and SGBV cases in place in Colombia. In 2021, the Office of the Attorney General also created a National Working Group on Gender-Based Violence to use a gender-based approach in all phases of its investigation (OHCHR 17/05/2022). Colombian authorities have already created legal frameworks and undertaken institutional responsibilities and actions to activate a GBV response system. Despite these, OHCHR recommendations over the years indicate that programmatic and operational gaps exist in responding to the needs of survivors, especially in territories with high levels of conflict.

About this report

Aim: this short thematic note identifies the barriers to reporting GBV cases and some response gaps in Colombia. The findings are intended to help create situational awareness and inform the local, national, and international programmatic decision-making of the responders dealing with GBV in Colombia.

Method: the analysis uses a secondary data review of reports and documents developed by international organisations and Colombian organisations and researchers. There were also eight key informant interviews with GBV experts in the health and protection sector. They work for UN organisations, INGOs, and Colombian civil society organisations.

Limitations: the sensitive nature of the issue and the lack of reporting of GBV incidents mean that GBV data is limited. More research is necessary to cover further pathways of GBV response beyond the first one.

BARRIERS TO THE DISCLOSURE OF GBV CASES

The normalisation of GBV and SGBV in Colombia deters survivors from disclosing violence and sexual violence against them. Colombian society largely considers GBV and SGBV an intractable part of life. Social institutions, including families, are also known to create conditions that tolerate or sanction acts of SGBV (KII 17/02/2023). Normalisation means that survivors do not expect support, contributing to underreporting (KII 16/02/2023).

There is a lack of information about reporting mechanisms (COALICO accessed 30/03/2023). Survivors lack knowledge of who to refer to and which rights they have for assistance. That the GBV response system is not fully activated in Colombia and advocacy and information materials are missing are likely causing this lack of information. Social norms in some Colombian communities normalise SGBV and GBV, and survivors are not aware of the services available for disclosure and assistance (KII 15/02/2023).

Armed groups perpetrate SGBV as part of territorial control. Intimate partner violence and abuse from parents or caregivers against children, including physical, sexual, and psychological or emotional violence, have forced girls, boys, and adolescents to flee their homes and join armed groups (KII 15/02/2023). They often do not report the abuse and violence

they experience, including SGBV. Society normalises girls, adolescents, and young women being in relationships with members of armed groups, leading to a high rate of teenage pregnancies (KII 17/02/2023). Armed groups also perpetrate femicide on women accused of belonging to or maintaining relationships with rival armed groups (OHCHR 27/02/2023). The Colombia Femicide Observatory tracks the gender-related killing of women as one of the most visible forms of GBV that often is the result of an escalation of an abusive situation (TNH 09/12/2021).

There are high rates of discrimination, death threats, and stigmatisation of LGBTQ+ people (KII 17/02/2023). In some areas under the control of non-state armed groups, LGBTQ+ people, especially transgender women, face restrictions on free expression, the risk of expulsion from territories, and verbal and physical violence (OHCHR 27/02/2023; KII 16/02/2023). These threats likely inhibit GBV survivors in the LGBTQ+ community from disclosing their cases (Colombia Reports 19/05/2016). In 2021, the Office of the Ombudsman assisted in 72 cases of GBV against LGBTQ+ people and identified a lack of an LGBTQ+ approach in the investigations of the Office of the Attorney General, making it impossible to determine the relationship between the attacks and the sexual orientation or gender identity of the victim. Members of the police also discriminate against members of the LGBTQ+ community, especially transgender women (OHCHR 17/05/2022).

The lack of confidence in institutions and fear of armed forces are high (COALICO accessed 30/03/2023; AI 01/12/2022). The fear of reprisals and social stigmatisation following direct or indirect disclosure to responsible institutions or mechanisms is high. These fears are also high in small communities, where armed groups and the fear of reprisal often compromise the role and position of community leaders as trustworthy points of reference. The lack of safe spaces for disclosure may also be a barrier (KII 15/02/2023). A COALICO study found that over 90% of women surveyed in over 400 municipalities in Colombia considered the presence of armed groups as an obstacle to reporting GBV in those municipalities. GBV survivors also feel intimidated about reporting their cases, fearing further aggression and knowing that members of armed groups can deny any allegations without reprisal (COALICO accessed 30/03/2023). The proof of GBV lies mostly with survivors, and a complainant's credibility in a GBV case is the same as in any other criminal proceeding. An increase in the number of security entities may also increase the risk of abuse of power, leading to GBV perpetration. Numerous reports from civil society organisations highlighted that security forces commit multiple forms of GBV (AI 01/12/2022). SGBV survivors rarely approach service providers because of a lack of trust and fear of being revictimised or of the perpetrators retaliating (HIAS/UNHCR 09/12/2022). Impunity for SGBV perpetrators remains common, and this prevailing impunity remains a high barrier for survivors to report their cases. Other barriers include deep-rooted cultural factors that worsen shame, isolation, and stigmatisation (KII 14/02/2023).

Armed groups have imposed movement restrictions in some territories, impeding women from going to markets, health centres, and other facilities and from attending to daily life needs. Movements are controlled at checkpoints (KII 14/02/2023). Restrictions also further prevent SGBV and GBV disclosure, as a lack of relevant authorities and institutions in many areas means that disclosure has to take place in urban areas, but movement restrictions make travel towards those places nearly impossible.

The economic dependence of GBV survivors on their partners, who are often the perpetrators of violence and abuse, is high. Many GBV survivors do not have an independent income and cannot afford the costs associated with travel to the closest service provider for GBV disclosure or potential subsistence and overnight stays. There is also a lack of transportation to service delivery points and money and resources to access providers, both in person and remotely (KII 14/02/2023).

KEY GAPS IN THE FIRST RESPONSE

Lack of comprehensive care provision for GBV survivors. The latest UNHRC report on the human rights situation in Colombia for 2022 “calls for intensified efforts to ensure access to comprehensive care for survivors of sexual and gender-based violence in the context of conflict, ensuring stigmatization is avoided”, indicating that gaps are present (OHCHR 27/02/2023). Such a care system would address some prevailing Colombian social norms, the context of conflict, and the behaviour of armed groups.

Lack of health staff trained for immediate response. A lack of knowledgeable health staff trained in referral mechanisms and SGBV disclosure response prevents the coordination of SGBV cases among the state institutions (at local and national levels) in charge of the healthcare response to SGBV cases. This gap is especially found in small municipalities and those with underlying structural issues, such as a lack of adequate water and sanitation facilities, where resources are unavailable for dedicated staff to process SGBV cases (KII 15/02/2023). This lack of dedicated staff is likely also present in sectors other than health. SGBV survivors face barriers and obstacles in bringing their cases to justice and accessing efficient processes that align with human rights standards and victim-centred processes (AI 01/12/2022).

High turnover of staff knowledgeable about and trained in GBV case management and the activation of referral pathways (KII 15/02/2023). Frequent staff changes, and staff who only work in their positions during one project or election period, lead to the loss of institutional memory and knowledge. New, incoming staff are often not adequately trained in GBV response.

Lack of coordination that would allow a multisectoral response. There is a lack of coordination between different institutions in the referral pathway. The lack of coordination affects administrative levels, from national directives to local implementation. Cities and municipalities often do not coordinate SGBV and GBV response systems, so referrals between different locations, necessary because of resource availability, cannot be processed smoothly (KII 15/02/2023). The lack of coordination likely also means that there is no information management approach or technical infrastructure aimed at sharing and processing data for coordination among referral partners.

Lack of adequate facilities and equipment. The response lacks physical facilities, such as rooms to ensure confidentiality to deal with SGBV and GBV survivor cases, a collapse in the telephone support lines, and a lack of access to forensic assessments. In 2020, during the COVID-19 pandemic, the lack of technological resources to provide virtual assistance to survivors created problems in the state's response to SGBV (OHCHR 10/02/2021).

Lack of a differentiated approach to adequately respond to the needs of different groups. Because of the multifaceted consequences of GBV, most survivors have multiple and diverse needs: legal aid, including case management and legal accompaniment; psychosocial counselling; one-stop centres; shelters; health services; and referral pathways and multisectoral services. Survivors react differently, and, consequently, needs will not be uniform. The needs and responses of LGBTQ+, indigenous, and Afro-Colombian people still have to be addressed (OHCHR 17/05/2022; COALICO accessed 30/03/2023).