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I. Overview of Violence against Women and Girls

What is Violence against Women and Girls?

Defining Violence against Women and Girls

Violence against women and girls is one of the most systematic and widespread human rights violations. It is rooted in gendered social structures rather than individual and random acts; it cuts across age, socio-economic, educational and geographic boundaries; affects all societies; and is a major obstacle to ending gender inequality and discrimination globally. (UN General Assembly, 2006)

The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (General Assembly Resolution 48/104 Declaration on the Elimination of Violence against Women, 1993).

The terms ‘gender-based violence’ and ‘violence against women’ are frequently used interchangeably in literature and by advocates, however, the term gender-based violence refers to violence directed against a person because of his of her gender and expectations of his or her role in a society or culture. Gender-based violence highlights the gender dimension of these types of acts; in other words, the relationship between females’ subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence.

Given the disproportionate numbers of women and girls that experience violence, the focus of this site is on women and girls, and therefore the term violence against women will be used throughout this site.

In conflict/post-conflict and emergency settings, the term sexual and gender-based violence (SGBV) is commonly used. Sexual violence in these settings is also largely perpetrated against women and girls.

Throughout the site, unless specified differently, the term “women” refers to females of all ages, including girls. (UN General Assembly, 2006)
Forms of Violence against Women

Violence against women and girls has many manifestations, including forms that may be more common in specific settings, countries and regions.

Violence against women manifests itself as physical, sexual, emotional and economic. The most universally common forms include domestic and intimate partner violence, sexual violence (including rape), sexual harassment, and emotional/psychological violence. Sexual violence as a tactic of warfare and in the aftermath of emergencies is also common in the respective countries and areas affected.

Other widespread forms around the globe include: sexual exploitation, sexual trafficking, and harmful practices, such as female genital mutilation/cutting (FGM/C), forced and child marriage.

Less documented forms, include:
- crimes committed in the name of “honour”
- femicide
- prenatal sex selection
- female infanticide
- economic abuse
- political violence
- elder abuse
- dowry-related violence
- acid-throwing

Particular groups of women and girls, such as members of racial, ethnic and sexual minorities; HIV-positive women; migrants and undocumented workers; women with disabilities; women in detention and women affected by armed conflict or in emergency settings, may be more vulnerable to violence and may experience multiple forms of violence on account of compounded forms of discrimination and socio-economic exclusion.

The perpetrators of violence may include the State and its agents, family members (including husbands), friends, intimate partners or other familiar individuals, and strangers. (UN General Assembly, 2006)

Settings where violence occurs

Violence against women and girls takes place in various public and private settings including the home; within the community, such as in and around schools, on streets or other open spaces (e.g. markets, public transportation), places of work (e.g. offices, farms and factories); and state-run or custodial institutions, such as correctional, police, health and social welfare facilities. Refugee and displaced persons camps and areas related to armed conflict, such as military compounds or bases, are also often sites of violence. (UN General Assembly, 2006)
The Life Cycle and Violence

Women and girls are at risk of different forms of violence at all ages, from prenatal sex selection before they are born through abuse of widows and elderly women. While sexual violence affects women of all ages, the changing nature of women and girls’ relationships (with family members, peers, authorities, etc.) and the different environments (at home, in school, at work, within the community, etc) in which they spend time expose women and girls to specific forms of violence during each phase of their life. (Council of Europe, 2000)

**Life Cycle of Violence against Women and Girls**

Fast Facts: Statistics on Violence against Women and Girls

Between 15 and 76 percent of women are targeted for physical and/or sexual violence in their lifetime, according to the available country data. Most of this violence takes place within intimate relationships, with many women (ranging from 9 to 70 percent) reporting their husbands or partners as the perpetrator.

**Femicide**

- In Guatemala, two women are murdered, on average, each day.
- In India, 8,093 cases of dowry-related death were reported in 2007; an unknown number of murders of women and young girls were falsely labeled ‘suicides’ or ‘accidents’.
- In Australia, Canada, Israel, South Africa and the United States, between 40 and 70 percent of female murder victims were killed by their intimate partners.
- In the State of Chihuahua, Mexico, 66 percent of murders of women were committed by husbands, boyfriends or other family members.

**Violence and Young Women**

- Worldwide, up to 50 percent of sexual assaults are committed against girls under 16.
- An estimated 150 million girls under the age of 18 suffered some form of sexual violence in 2002 alone.
- The first sexual experience of some 30 percent of women was forced. The percentage is even higher among those who were under 15 at the time of their sexual initiation, with up to 45 percent reporting that the experience was forced.

**Harmful Practices**

- Approximately 100 to 140 million girls and women in the world have experienced female genital mutilation/cutting, with more than 3 million girls in Africa annually at risk of the practice.
- Over 60 million girls worldwide are child brides, married before the age of 18, primarily in South Asia (31.3 million) and sub-Saharan Africa (14.1 million). Violence and abuse characterize married life for many of these girls. Women who marry early are more likely to be beaten or threatened, and more likely to believe that a husband might sometimes be justified in beating his wife.
**Trafficking**

- Women and girls are 80 percent of the estimated 800,000 people trafficked across national borders annually, with the majority (79 percent) trafficked for sexual exploitation. Within countries, many more women and girls are trafficked, often for purposes of sexual exploitation or domestic servitude.

- One study in Europe found that 60 percent of trafficked women had experienced physical and/or sexual violence before being trafficked, pointing to gender-based violence as a push factor in the trafficking of women.

**Sexual Harassment**

- Between 40 and 50 percent of women in European Union countries experience unwanted sexual advances, physical contact or other forms of sexual harassment at work.

- Across Asia, studies in Japan, Malaysia, the Philippines and South Korea show that 30 to 40 percent of women suffer workplace sexual harassment.

- In Nairobi, 20 percent of women have been sexually harassed at work or school.

- In the United States, 83 percent of girls aged 12 to 16 experienced some form of sexual harassment in public schools.

**Rape in the context of Conflict**

- Conservative estimates suggest that 20,000 to 50,000 women were raped during the 1992-1995 war in Bosnia and Herzegovina, while approximately 250,000 to 500,000 women and girls were targeted in the 1994 Rwandan genocide.

- Between 50,000 and 64,000 women in camps for internally displaced people in Sierra Leone were sexually assaulted by combatants between 1991 and 2001.

- In eastern Democratic Republic of Congo, at least 200,000 cases of sexual violence, mostly involving women and girls, have been documented since 1996: the actual numbers are believed to be far higher.

*(The Facts: Violence against Women & Millennium Development Goals* (compiled by UNIFEM, 2010). The Fact Sheet with references available in [English](#), [French](#) and [Spanish](#).)

The main sources of data available by country (focused on domestic and sexual violence):

- The Demographic and Health Surveys, Domestic Violence Module country reports.

- The International Violence against Women Surveys publication and country-level data, available for purchase from [Springer](#).

- The World Health Organization (WHO) Multi-country Study on Women’s Health and Domestic Violence against Women Study and Fact Sheets.

- The [Secretary-General’s Database on Violence against Women and Girls](#) (go to “Advanced Search” and filter for Research and Statistical Data)
See also Violence against Women Prevalence Data: Surveys by Country (compiled by UN Women, 2012 update), which presents data available for 99 countries on the prevalence of physical and sexual violence against women, forced sexual initiation and abuse during pregnancy, mainly drawn from leading international surveys: Demographic and Health Surveys, Reproductive Health Surveys, Violence Against Women Surveys and the World Health Organization Multi-Country Study. Available in English and French. Previous compilation of 86 countries from 2011 available in English, French and Spanish.

For lead sources on other specific forms, see:

**Female genital mutilation/cutting**
- Multiple Indicator Cluster Survey (UNICEF);
- Demographic and Health Surveys (MACRO International)

**Trafficking**
- Human Trafficking Report (UNODC);
- Trafficking in Persons Report (United States Department of State)

**Femicide**
- Database on Femicide (Isis International)
- Femicide Statistics (Forthcoming from the Economic Commission for Latin America and the Caribbean)

**Additional Resources:**
- Sexual Violence and HIV Fact Sheet (Sexual Violence Research Initiative and Medical Research Council AfroAIDSinfo Project). Available in English.
- Get the Facts: Violence against Young Women (UN Women, 2010). Available in English; French and Spanish.
**Causes, Protective and Risk Factors**

*Gender inequality and discrimination* are root causes of violence against women, influenced by the historical and structural power imbalances between women and men which exist in varying degrees across all communities in the world.

Violence against women and girls is related to their lack of power and control, as well as to the social norms that prescribe men and women’s roles in society and condone abuse. Inequalities between men and women cut across public and private spheres of life, and across social, economic, cultural, and political rights; and are manifested in restrictions and limitations on women’s freedoms, choices and opportunities. These inequalities can increase women’s and girls’ risks of abuse, violent relationships and exploitation, for example, due to economic dependency and limited survival and income-earning options, or discrimination under the law as it relates to marriage, divorce, and child custody rights.

Violence against women and girls is not only a consequence of gender inequality, but reinforces women’s low status in society and the multiple disparities between women and men. (UN General Assembly, 2006)

**Risk Factors**

A variety of factors at the individual, relationship, community and society (including the institutional/state) levels intersect to increase the risk of violence for women and girls. These factors, represented in the *ecological model*, include:

- witnessing or experiencing abuse as a child (associated with future perpetration of violence for boys and experiencing violence for girls);
- substance (including alcohol) abuse (associated with increased incidences of violence);
- women’s membership in marginalized or excluded groups;
- low levels of education (for boys associated with perpetrating violence in the future and for girls, experiencing violence);
- limited economic opportunities (an aggravating factor for unemployed or underemployed men associated with perpetrating violence; and as a risk factor for women and girls, including of domestic abuse, child and forced marriage, and sexual exploitation and trafficking);
- the presence of economic, educational and employment disparities between men and women in an intimate relationship;
- conflict and tension within an intimate partner relationship or marriage;
- women’s insecure access to and control over property and land rights;
- male control over decision-making and assets;
- attitudes and practices that reinforce female subordination and tolerate male violence (e.g. dowry, bride price, child marriage);
- lack of safe spaces for women and girls, which can be physical or virtual meeting spaces that allow free expression and communication; a place to develop friendships and social networks, engage with mentors and seek advice from a supportive environment.
• normalized use of violence within the family or society to address conflict;
• a limited legislative and policy framework for preventing and responding to violence;
• lack of punishment (impunity) for perpetrators of violence; and,
• low levels of awareness among service providers, law enforcement and judicial actors. (Bott, et al., 2005; UN General Assembly, 2006)

Additional risk factors related to intimate partner violence that have been identified in the context of the United States include: young age; poor mental health levels related to low self-esteem, anger, depression, emotional insecurity or dependence, antisocial or borderline personality traits and social isolation; history of physical discipline as a child; marital instability and separation or divorce; history of perpetrating psychological abuse; unhealthy family relationships; poverty-related issues such as overcrowding or economic stress; and low levels of community intervention or sanctions against domestic violence. (Centers for Disease Control and Prevention, 2008)

**Protective Factors**

On the other hand, there are protective factors that can reduce women and girls’ risk of violence, including:

• completion of secondary education for girls (and boys);
• delaying age of marriage to 18;
• women’s economic autonomy and access to skills training, credit and employment;
• social norms that promote gender equality;
• quality response services (judicial, security/protection, social and medical) staffed with knowledgeable, skilled and trained personnel;
• availability of safe spaces or shelters; and,
• access to support groups.

Other factors that require further research and analysis, but may be associated with risk of and protection from domestic violence include: women’s prior experience as a survivor of violence (any form) at any age; men’s communication levels with their female intimate partners; men’s use of physical aggression against other men; as well as women and girl’s restricted mobility. (WHO, 2005)

It is important to remember that risk and protective factors are not direct causal links, but rather *correlated* – that is to say, for example, that a boy who witnesses abuse of his mother by his father as a child will not necessarily become a perpetrator later in life; nor is a women of high socio-economic status and highly educated immune to domestic violence. Violence against women is a complex social, economic and cultural phenomenon.
Consequences and Costs

There are multiple consequences of violence, having immediate and short-term to inter-generational effects. The consequences and costs of violence have impacts at the individual level (for survivors, perpetrators and others affected by violence), as well as within the family, community and wider society, which translate into costs at the national level.

Individual and Community Consequences and Costs

Costs due to violence against women and girls—beyond the intangible suffering and impacts on quality of life and well-being—include costs to the survivor and her family in terms of health (mental and physical), employment and finances, and the effects it has on children. Illustrative costs include:

- immediate injuries such as fractures and hemorrhaging, and long-term physical conditions (e.g. gastrointestinal, central nervous system disorders, chronic pain);
- mental illnesses, such as depression, anxiety, post-traumatic stress disorder, attempted suicide;
- sexual and reproductive health problems, such as sexually transmitted infections (including HIV), and other chronic conditions; sexual dysfunction; unintended/unwanted pregnancies and unsafe abortion; risks to maternal and fetal health (especially in cases of abuse during pregnancy);
- substance abuse (including alcohol);
- poor social functioning skills and social isolation and marginalization;
- death for both women and their children (from neglect, injury, pregnancy-related-risks, homicide, suicide and/or HIV and AIDS-related);
- lost workdays, lower productivity and lower income;
- overall reduced or lost educational, employment, social, or political participation opportunities; and,
- Expenditures (at the level of individual, family and public sector budgets) on medical, protection, judicial and social services.

(Heise, et al., 1999; Heise and Garcia-Moreno, 2002; UN General Assembly, 2006)

Out of ten selected causes and risk factors for disability and death among women between the ages of 15 and 44, rape and domestic violence rated higher than cancer, motor vehicle accidents, war and malaria. (World Bank, 1994)

Beyond the direct and short-term consequences, child witnesses of violence are more likely to have emotional and behavioural problems, perform poorly in school and be at risk of perpetrating or experiencing violence in the future. Businesses and employers can incur financial losses on account of absences due to the health consequences inhibiting the survivor from working; incarceration of the perpetrator; and expenses related to additional security measures that might be needed in the workplace. (Bott, et al., 2005; TC-TAT, 2008; UN General Assembly, 2006; Walby, 2004)
Violence against women and girls adversely affects a country’s human, social and economic development. It hinders poverty reduction efforts and has inter-generational consequences. The UN Millennium Project Task Force on Gender Equality recognized that ending violence against women and girls is one of seven strategic priorities needed to achieve the Millennium Development Goals (MDGs).

### Ending Violence against Women and Girls: 'Missing Target' of the MDGs?

These facts are extracted from *The Facts: Violence against Women & Millennium Development Goals* (compiled by UNIFEM, 2010). Available in English, French and Spanish.

Violence against women undermines efforts to realize the Millennium Development Goals (MDGs), which 189 Heads of State and Government have committed to achieve by 2015. While ending violence against women is a strategic priority for achieving gender equality and the goals overall, it remains a ‘missing target’ of the MDGs.

#### Gender inequality and violence hamper countries’ efforts to reduce poverty

Women and girls are half of the human capital available to reduce poverty and achieve development. Yet gender-based violence undermines human rights, social stability and security, public health, women's educational and employment opportunities, and the well-being and development prospects of children and communities — all fundamental to achieving the MDGs.

#### Violence against women reduces productivity and drains public budgets

Violence against women has enormous direct and indirect costs for survivors, employers and the public sector in terms of health, police, legal and related expenditures as well as lost wages and productivity.

According to a study in India, a woman loses an average of at least 5 paid work days for each incident of intimate partner violence, while in Uganda, about 9 percent of violent incidents forced women to lose time from paid work, amounting to approximately 11 days a year.

Annual costs of intimate partner violence were calculated at US$5.8 billion in the United States and US$1.16 billion in Canada. In Australia, violence against women and children costs an estimated US$11.38 billion per year. In Fiji, the annual estimated cost was US$135.8 million or 7 percent of the Gross Domestic Product in 2002. Domestic violence alone cost approximately US$32.9 billion in England and Wales.

#### The costs and consequence of violence against women last for generations

Children who witness domestic violence are at increased risk of anxiety, depression, low-self esteem and poor school performance, among other problems that harm their well-being and personal development. In Nicaragua, 63 percent of children of abused women had to repeat a school year and they left school on average 4 years earlier than other children.

Children, both girls and boys, who have witnessed or suffered from gender-based violence, are more likely to become victims and abusers later in life. For example, surveys in Costa Rica, Czech Republic, Philippines, Poland and Switzerland revealed that boys who witnessed their father using violence against their mother were 3 times more likely to use violence against their partners later in life.

#### Sexual violence deprives girls of education

School-related violence limits the educational opportunities and achievements of girls. In a study in Ethiopia, 23 percent of girls reported experiencing sexual assault or rape en route to or from school. In Ecuador, adolescent girls reporting sexual violence in school identified teachers as the perpetrator in 37 percent of cases. In South Africa, 33 percent of reported rapes of girls were perpetrated by a teacher. Many girls changed schools or left school as a result of hostility after they reported the violence.
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Violence harms reproductive, maternal and child health
Gender-based violence severely restricts women’s ability to exercise their reproductive rights, with grave consequences for sexual and reproductive health.

As many as 1 in 4 women experience physical or sexual violence during pregnancy. This increases the likelihood of miscarriage, stillbirth and abortion, as well as premature labour and low birth weight. Between 23 and 53 percent of women physically abused by their intimate partners during pregnancy are kicked or punched in the abdomen.

Violence limits women’s access to family planning, which can potentially decrease maternal mortality by an estimated 20 to 35 percent by reducing women’s exposure to pregnancy-related health risks.

Women who experience violence tend to have more children than they themselves want. This not only shows how little control they have over decisions affecting their sexual and reproductive lives, but also reduces the potential demographic benefits of reproductive health, estimated to reduce poverty by 14 percent.

Harmful practices also damage maternal and child health. Child marriage resulting in early and unwanted pregnancies poses life-threatening risks for adolescent girls: pregnancy-related complications are the leading cause of death for 15-to-19-year-old girls world-wide. Female genital mutilation/cutting increases the risks of obstructed labour, childbirth complications, newborn deaths, postpartum bleeding, infections and maternal mortality.

Violence fuels the HIV and AIDS pandemic
Violence limits women’s ability to protect themselves from HIV, and women living with HIV or AIDS are often the targets of abuse and stigma. Young women are at especially high risk of both HIV and gender-based violence: they represent approximately 60 percent of all the 5.5 million young people in the world living with HIV and AIDS.

Women are already 2 to 4 times more likely than men to become infected with HIV during intercourse, with forced sex or rape increasing this risk by limiting condom use and causing physical injuries. In the United States, 11.8 percent of new HIV infections among women over 20 during the previous year were attributed to intimate partner violence. Studies from Tanzania, Rwanda and South Africa suggest that women who have experienced partner violence are more likely to contract HIV than those who have not.

Up to 14.6 percent of women in sub-Saharan Africa and south-east Asia reported that when they disclosed their HIV status, their intimate partners subjected them to violence, and fear of violence is a barrier to women disclosing their status and accessing appropriate care.

Life is dangerous for women and girls in city slums
Women in poor urban areas are especially at risk of physical and psychological violence. They are twice as likely as men to experience violence, particularly in developing countries. In São Paulo, Brazil, a woman is assaulted every 15 seconds.

No woman or girl in the world is entirely free of the risk of violence and abuse.

MILLENIUM DEVELOPMENT GOALS (MDGs):
MDG 1: Eradicate extreme poverty and hunger
MDG 2: Achieve universal primary education
MDG 3: Promote gender equality and empower women
MDG 4: Reduce child mortality
MDG 5: Improve maternal health [Target 2 — Universal reproductive health access]
MDG 6: Combat HIV/AIDS, malaria and other diseases
MDG 7: Ensure environmental sustainability [Target 4 — Significantly improve living conditions for slum dwellers]
MDG 8: Develop a global partnership for development
Other studies reveal that:

- In Chile, women’s lost earnings as a result of domestic violence cost US$1.56 billion or more than 2 percent of the country’s Gross Domestic Product (GDP) in 1996, and in Nicaragua US$29.5 million or 1.6 percent of the national GDP in 1997. (Morrison and Orlando, 1999)
- In Uganda, the annual cost for hospital staff treating women for intimate partner violence-related injuries is US$1.2 million. (International Center for Research on Women-ICRW, 2009)
- In Morocco, intimate-partner violence costs the justice system US$6.7 million annually. (ICRW, 2009)
- In New Zealand, violence against women and children costs at least 1.2 billion New Zealand dollars annually (Snively, et. al., 2006)
- Domestic violence costs US$1.38 million annually (as of 2006) in Macedonia. (Gancheva, et. al., 2006)
- In Viet Nam, the out of pocket expenditures and lost earnings by women who experienced domestic violence were estimated at 2.53 billion Viet Nam Dong in 2010 (UN Women, 2012).

See References.

Additional Resources:

- Social and Economic Costs of Violence against Women: the Value of Prevention (Institute of Medicine, 2011). The workshop materials and report are available in English.
- Intimate Partner Violence—High Costs to Households and Communities (ICRW and UNFPA, 2009). Available in English.
- Combating Gender-Based Violence: A Key to achieving the MDGs (UNIFEM/UNFPA/OSAGI, 2005). Available in English and French.
- Making the MDGs Work for All: Gender-Responsive Rights-Based Approaches to the MDGs (UNIFEM, 2008). Available in English.
- **Costs of Intimate Partner Violence at the Household and Community Levels: An Operational Framework for Developing Countries** (ICRW, 2004). Available in [English](#).

- **The Costs and Impacts of Gender-Based Violence in Developing Countries: Methodological Considerations and New Evidence** (World Bank, 2004). Available in [English](#).

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Timeline of Policy Commitments and International Agreements

Decades of advocacy efforts led by the women’s movement and grassroots organizations across all regions have led to the recognition that violence against women and girls is a manifestation of systematic gender discrimination and inequality, a violation of human rights and detrimental to development. The historical developments below highlight the building momentum and increasing attention to violence against women on international and regional agendas:

- **Early 20th century**: Trafficking and sexual exploitation identified as a concern within international conventions.

- **1975-1985**: Advocacy during the United Nations Decade of Women leads to increased prominence of the issue on the international agenda, with an initial focus on domestic violence, later expanding to cover various forms of violence against women (domestic violence, trafficking and sexual exploitation, women in detention and during armed conflict), and their linkages with development, peace and gender equality.
  - Resolution on violence in the family adopted at the 1980 Second World Conference of the United Nations Decade for Women (Copenhagen), calling for programming to end violence and protect women and children from physical and mental abuse.
  - Forward-Looking Strategies from the 1985 Third World Conference of the United Nations Decade for Women (Nairobi) called for comprehensive national prevention and response efforts through legislation, policies, support to survivors and public awareness.

- **1979**: the *Convention on the Elimination of all Forms of Discrimination Against Women* or CEDAW was adopted (entered into force in 1981) and its *Optional Protocol* (2000). It is a legally binding instrument that defines discrimination against women, identifies several forms of such discrimination, and establishes an agenda for national action to end all forms of discrimination against women. States parties to this international treaty are obligated to undertake all measures necessary to protect and maintain women’s human rights and end all forms of discrimination against them (due diligence standard), as well as submit national reports periodically on measures taken to comply with their treaty obligations. Though the original Convention did not explicitly mention violence against women and girls, General Recommendations 12 and 19 clarified that the Convention includes violence against women and makes detailed recommendations to States parties.

- **1989**: The *Convention on the Rights of the Child* or CRC was adopted (entered into force in 1990). The Convention is legally binding and obligates States parties to recognize and uphold children’s basic human rights and protections, without discrimination, including with respect to abuse - protection from all forms of violence by parents or other caretakers (Article 19), sexual exploitation (Article 34) and trafficking (Article 35).

- **1993**: Coordinated advocacy by women’s movement and governments at the World Conference on Human Rights led to recognition of violence against women as a human rights violation and called for the appointment of a Special Rapporteur on violence against women in the *Vienna Declaration and Programme of Action*; and contributed to the Declaration on the Elimination of Violence against Women.
1993: The landmark Declaration on the Elimination of Violence against Women was adopted, providing a framework for analysis and action at the national and international levels.

1993: The International Criminal Tribunal for the former Yugoslavia was established, which included prosecution of sexual violence within its mandate and advanced international legal responses to sexual violence in conflict, such as specific rules of procedure for submitting evidence in sexual violence cases.

1994: The International Criminal Tribunal for Rwanda was established, which included sexual violence in its statute and made the first conviction of rape as a crime of genocide. The Criminal Tribunal has also developed a manual on best practices in investigating and prosecuting sexual violence in conflict.

1994: The Special Rapporteur on violence against women, its causes and consequences was appointed to seek and receive information on violence against women, its causes and consequences from governments, treaty bodies, specialized agencies, other special rapporteurs and intergovernmental and non-governmental organizations and recommend measures, ways and means, at the national, regional and international levels, to eliminate violence against women and its causes, and to remedy its consequences. The Special Rapporteur produces both country visit reports and annual thematic reports on the issue.

1994: International Conference on Population and Development resulted in recognition of the linkages between violence against women and reproductive health and rights, from the health consequences of domestic violence and harmful practices such as female genital mutilation/cutting, to women’s increased risk of HIV and AIDS as a result of violence. The Program of Action called upon governments to take legal and policy measures to respond and prevent violence against women and girls.

1994: Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará) was adopted. It is the first and only legally binding instrument at the regional level on violence against women.

1995: Beijing Platform for Action identified specific areas of action for governments to take in prevention and response to violence against women and girls. The issue of violence against women features as a chapter, and one of the twelve areas for priority action, with an expansive definition of forms of violence.

1996: The United Nations Trust Fund in Support of Actions to Eliminate Violence against Women (UN Trust Fund to End Violence against Women) was established by General Assembly resolution 50/166 in 1996 as the only multilateral grant-making mechanism that supports local, national and regional efforts to end violence against women and girls. The Fund is managed by the United Nations Development Fund for Women (UNIFEM) on behalf of the UN system.

1998: The International Criminal Court (entered into force in 2002) was established, which prosecutes sexual violence and gender crimes within the context of war crimes, crimes against humanity and genocide and has established a Gender and Children’s Unit to improve investigation and prosecution of crimes related to gender inequality,
including rape and other forms of sexual violence perpetrated against women and children.

- **1999**: 25th November was designated United Nations International Day for the elimination of violence against women (which also marked United Nations formally joining the ‘16 Days of Activism against Gender Violence’ proclaimed and commemorated by the international women’s movement since 1991).

- **2000**: Security Council Resolution 1325 was passed, calling for special protective measures for women and girls in armed conflict and emphasized the responsibility of all States to put an end to impunity for perpetrators.

- **2002**: South Asian Association for Regional Cooperation (SAARC) Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, a legally binding instrument was adopted.

- **2003**: Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa was adopted, with a dedicated article on violence against women (4) in addition to references throughout the Protocol.

- **2004**: The Commission on Human Rights appointed a Special Rapporteur on trafficking in persons, especially women and children.

- **2006**: The General Assembly passes the first Resolution on the Intensification of Efforts to Eliminate all forms of Violence against Women (passed annually thereafter through 2010).

- **2008**: The United Nations Secretary-General launches an unprecedented global campaign, UNiTE to End Violence against Women calling on governments, civil society, women’s organizations, young people, the private sector, the media and the entire UN system to: 1) Adopt and enforce national laws to address and punish all forms of violence against women and girls; 2) Adopt and implement multi-sectoral national action plans; 3) Strengthen data collection on the prevalence of violence against women and girls; 4) Increase public awareness and social mobilization; and 5) Address sexual violence in conflict by 2015.

- **2008**: The Security Council adopted the landmark Resolution 1820, the first devoted to addressing sexual violence in conflict and post-conflict situations.

- **2009**: The Security Council adopted Resolution 1888 on the issue of sexual violence in armed conflict situations, providing concrete actions such as calling for the designation of a special representative to the Secretary-General on the issue, deploying international legal experts and women peace advisers to strengthen responses to sexual violence in conflict, and requesting annual reports on the resolution’s implementation.

  - For an overview of the Security Council Resolutions, see the power points on 1325 and 1820 and on 1888 developed by UN Action against Sexual Violence in Conflict.
• **2009:** The Security Council adopted Resolution 1889, which aims to strengthen implementation of Resolution 1325, and specifically addresses women’s low participation and limited funding for women’s needs (including physical safety and access to services) in the post-conflict and peacebuilding periods.

• **2010:** The Secretary-General appoints a [Special Representative on Sexual Violence in Conflict](#).

• **2010:** The Human Rights Council adopted Resolution 14/12 on accelerating efforts to eliminate all forms of violence against women.

• **2010:** The Security Council adopted Resolution 1960, reaffirming commitments to addressing sexual violence in conflict.

• **2011:** [Council of Europe Convention on preventing and combating violence against women and domestic violence](#) adopted as the second legally binding regional instrument on violence against women and girls.

• **2013:** Member States adopt agreed conclusions during the [57th Commission on the Status of Women](#) on the prevention and elimination of all forms of violence against women.
Main Challenges

Advances in law and policy are limited by a number of critical challenges that perpetuate gaps in implementation, upscaling and accountability, and prevent effective programmatic responses.

Gender inequality

The historical and multiple forms of inequality that persist between women and men across all societies enable violence against women and girls to continue in both public and private settings. This discrimination and the barriers preventing women and girls from exercising their rights, accessing services and other opportunities, greatly increase their risks of experiencing violence. Socially-accepted gender norms and values about what constitute acceptable behavior and interpersonal relationships are instilled since childhood. For example, in simplified terms, in many societies girls are raised to be more submissive and to defer to male authority, while boys are taught to be more controlling, dominant and aggressive – also reflecting traditional gender roles of what is expected of them later in life in terms of becoming a woman (wife and mother) and what it means to be a man (a virile provider and protector).

How men and women are socialized and the definitions and understandings of womanhood and manhood establish their positions of relative power and control at home and in society. These same norms governing gender power relations influence how violence against women and girls is viewed and tolerated in different contexts. These norms, gender biases and discriminatory attitudes also often permeate the various sectors within government, whose public officials are likely to hold many of the same views as those in the society within which they live. Addressing gender inequality is critical across sectors responsible for delivering justice, social, health and security services to survivors and to those responsible for the education of boys and girls.

One of the greatest challenges in ending violence against women and girls lies in unraveling how harmful gender attitudes and roles are deeply ingrained across the fabric of societies, and fostering values of mutual respect and equality.

Impunity

The lack of state accountability in comprehensively addressing violence against women and girls is a significant obstacle to ending the problem. Generalized acceptance of violence against women, lack of political will, inadequate legal protections and enforcement, insufficient resource allocation and/or poor implementation of national commitments contribute to pervasive impunity. This is particularly evident in countries and communities with weak justice systems and where customary law practices and more widely-used informal justice mechanisms may contradict international human rights standards. In such contexts, access to formal justice for women and girl survivors of violence may be hindered by obstacles such as gender bias and
discriminatory attitudes, social stigma and financial constraints (linked to women’s lower socio-economic status). Ending impunity requires adequate prosecution and punishment of perpetrators; equal protection for women under the law and equal access to justice (that holds up to public scrutiny); and the elimination of attitudes that foster, justify or tolerate violence against women. (AusAID, 2008; UN General Assembly, 2006)

Inadequate human, technical and financial investments

While an increasing number of countries have adopted laws and policies, they are rarely accompanied by adequate budget allocations, nor the requisite institutional, staffing, infrastructural improvements and other supports that may be needed at the national and sub-national levels to implement them. Skills and knowledge on preventing and responding to violence against women and girls, including in evidence-based programming, is often limited, particularly in resource-scarce settings. This is also compounded where high staff turnover poses additional challenges in retaining a skilled and experienced cadre of individuals. Long-term and sustained resource investments, including for strengthening expertise and building ‘critical masses’ of expertise in key areas and sectors, and improvements to remove service delivery bottlenecks are critical across sectors, in order for governments to deliver on their commitments to ending violence against women and girls.

Weak coordination and monitoring mechanisms at the national level

Addressing violence against women and girls requires a multisectoral approach, involving at a minimum the health, education, social, legal and security sectors, and strategically, other key sectors such as labour, migration and urban planning, among others. Unlike stand-alone sectors, there is no ‘natural’ government entity to take charge of coordination for ending violence against women. In many cases it is the Ministry of Women’s Affairs or its equivalent, which are often under-resourced and lacking the institutional and political influence within government. Other mechanisms and processes, such as sector-wide approaches (SWAs) and decentralization may pose additional challenges to coordinating and monitoring the implementation of policies and programmes, where addressing violence against women may not be seen as a priority. Formal channels of communication and information-sharing between and among government and non-governmental entities working on this issue are also needed for coordinated, effective responses.

Insufficient data and research

Though an area receiving increased attention and investments, statistical data on the scale, nature and consequences of violence against women and girls remains limited. Quantitative surveys have been conducted in roughly 100 countries, though there is wide variation in methods, in the size of the population surveyed, and in the type of information that is collected. Surveys usually do not capture all forms of violence, nor reflect variations among different groups of women within a given country or other disaggregated information that is useful for planning. Population-based surveys (of which there are fewer) are the most reliable sources of data, but are costly to implement and require technical expertise. Without regular
implementation of such surveys (every five to ten years), progress on reducing the prevalence and incidence of violence cannot be monitored over time. High impact advocacy messages that are not backed by hard data also hinder ongoing efforts to ensure policy commitments and investments.

Limited attention to neglected groups and issues

Insufficient attention has been paid to certain forms of violence, to certain groups of women or to particular contexts, and their costs and consequences. This is due in part to the absence of data and analyses that can help develop understanding of how violence differs for different parts of the population in different situations. These will vary by country and region, but include:

- Femicide
- Violence against marginalized or excluded groups, such as indigenous women, domestic workers, women in detention and migrant workers (UN General Assembly, 2006)
- Sexual violence and rape within marriage and as experienced by adolescent girls and young women in all contexts
- The intersections between violence against women and HIV and AIDS
- Violence and sexual harassment in public spaces such as public transport, marketplaces, cities, schools, farm fields and other common locales
- Political violence directed at women during elections, vying for public office or in high-level decision-making positions
- Violence in conflict, post-conflict and emergency settings
- Primary prevention (efforts to stop violence before it occurs by working with strategic groups such as men, adolescents or children who have witnessed abuse).

These issues and contexts are often missing, neglected or low-profile in advocacy, policy and programming. Consequently, identification and development of effective programme strategies and approaches has been hindered or slow.

Dearth of evaluations and evidence to guide programmes

Related to the neglect and underfunding for many years in addressing violence against women, the field is characterized by few evaluations and therefore by a dearth of knowledge on proven approaches that can guide policies and programmes. While a great deal of know-how has been accumulated, from an evidence-based approach, it is challenging to identify promising or good practices and effective strategies for prevention and response in the absence of a more robust body of evaluation findings. To date, initiatives have rarely included adequate resources for conducting baseline assessments, or putting in place appropriate monitoring and evaluation frameworks and activities. This makes it impossible to determine the correlation between the programme interventions and the changes observed.

Where evaluations and assessments have been conducted, they often vary greatly in methodology and rigour, scale and scope (e.g. focused on only one sub-group of women or men, or in one location), making it difficult to draw conclusions that are transferrable for
adaptation to other socially and regionally diverse settings. These factors limit broader understanding of successful approaches and the actual impact of programmes, and prevent the identification of practices that could be upscaled or adapted for implementation in different country contexts.

To learn more about conducting monitoring and evaluation, see the Monitoring and Evaluation Section.

To learn more about the evidence available to date, see the specific programming modules on the Virtual Knowledge Centre home page.

Limited scope and coverage of services and interventions

In most countries, especially considering the magnitude of the numbers affected, services for survivors are very limited in scope and reach. This is linked to the low priority and insufficient investments made in addressing the problem. Where services do exist, they are often concentrated in urban centres or larger cities, and are unlikely to be comprehensive, perhaps focused in one or a few sectors and lacking the coordination and referral capacities required. Many services to date (especially safe houses/shelters, legal aid and other supports) are provided by non-governmental and women’s organizations, who are lacking resources and are only able to reach small numbers of the population. In addition, existing approaches may not reach especially vulnerable and at-risk groups such as adolescent girls, migrant, indigenous or other groups of women in the population for which mainstream outreach efforts will be inadequate. Also limited is the existence of effective primary prevention programmes, resulting from underinvestment in this area and the fact that most interventions have focused on supporting survivors after abuse has already occurred.

Low demand for services by survivors

There are many reasons why women and girls may not seek services, some personal and some a result of the systematic discrimination that they face from the institutions and communities that surround them. Some of these factors include:

- The fear of stigma and judgment they may face from service providers, community members and their families and friends;
- The negative attitudes and poor quality of care provided by service providers (in particular, those that are the first point of contact - health and police);
- Limited knowledge of their legal rights, the resources and services available to them, and the existence of other recourse mechanisms;
- Inability to access services for lack of transportation, time or money;
- Restricted mobility;
- Restricted decision-making within the household;
- The fear of retribution by an abusive partner (especially where police capacity is low and orders of protection are not closely monitored);
• Financial dependence on the husband, partner or family together with non-existent income opportunities or alternatives;
• Intimidation and hesitation to engage with a complex legal system and processes that are not gender-sensitive and may re-victimize them; and,
• The fear of losing custody of children.

Fragmentation of efforts

Without a strong national multisectoral plan, coordinating body and formal mechanisms of collaboration and information-sharing, most interventions are planned and implemented in isolation from one another. As a result, there are severe gaps in the overall approach to ending violence against women and girls, including incomplete and unevenly distributed services; ad-hoc prevention efforts that are independent from response efforts; and law and policy that is disconnected from the realities on the ground. Fragmented efforts at the local level mean survivors may not have access to comprehensive services and may be required to travel long distances and to multiple locations to receive them, requiring them to repeat their story time and again and putting the burden of coordinating and tracking their medical, police and legal files on their own shoulders. Fragmented efforts also mean that administrative data is not likely systematized, affecting the ability to have accurate, consistent records that shed light on the nature and scale of the problem; on which responses are working and which need reworking; and makes it difficult to integrate findings into larger multi-stakeholder policy and programming frameworks.
II. Guiding Principles

The following principles should guide the design, implementation, monitoring and evaluation of all policies, programmes and services related to addressing violence against women and girls. (UN General Assembly, 2006; AusAID, 2008)

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**Adopting a Human Rights-based Approach**

Violence against women and girls is a human rights violation. As a human rights issue enshrined in the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW), and other international and regional human rights instruments, it should be recognized that this phenomenon violates the principle of equality between men and women and persists because of this inequality. As such, approaching violence against women from a rights perspective requires that gender inequality is addressed as a root cause, and that women’s rights and freedoms vis-à-vis CEDAW are upheld. States are obligated to promote and protect these human rights and all interventions should be designed and implemented with this understanding.

A human rights-based approach requires developing the capacities of ‘duty-bearers’, or those responsible for implementing the law (e.g. justice, security/police, health and education personnel, among others) on human rights and gender and on what these mean and how they can be applied in the context of violence against women. In practical terms, examples include:

- Ensuring that health care providers uphold a woman’s right to make her own decisions related to reporting abuse or taking legal or any other action.
- Ensuring that police understand that it is their duty (at the request of the woman) to intervene in domestic violence situations, even when it occurs in the privacy of a home.
- Ensuring that justice procedures (e.g. the type of evidence that is/is not allowed in cases of sexual abuse; the statute of limitations for filing a case, etc.) take into account the gender-based nature of this crime and the fact that women survivors face stigma and discrimination that may deter them from reporting or filing a case right away.
- Ensuring women’s safety, confidentiality and anonymity at all times.

A human rights-based approach also requires developing the capacities of ‘rights holders’ (i.e. women and girls), so that they can avail themselves of the rights to which they are entitled. In practical terms, examples include:

- Ensuring services are available, accessible and known to women and girls.
- Implementing awareness-raising campaigns on zero tolerance for violence to reduce stigma and change attitudes that tolerate this human rights violation.
- Undertaking legal rights training for women and girls.
- Engaging with customary, traditional and religious leaders (who ascribe to human rights and gender equality) to reach underserved populations, such as the elderly, women with disabilities, immigrants and ethnic minorities, with whom they often have contact.
Operating under Ethical Guidelines

- Interventions and services should prioritize and guarantee women’s and girls’ rights to safety and security, confidentiality and privacy, expression of opinion and autonomy to make decisions, including as related to health, protection and judicial processes. (UNDAW and UNODC, 2005)
- Research about violence with women and girls should always follow ethical guidelines to ensure their safety and rights protections.
- Awareness-raising efforts and other activities (e.g. research) should not be undertaken unless survivors and other community members have access to minimum services (health, protection and legal) or referrals to acquire the supports they may need. In many instances, such outreach or interviews may be the first time a woman or girl speaks of her history of abuse and prompt counseling and care should be made readily available, in line with ethical standards.

Ensuring Gender-responsiveness

- To work effectively on ending violence against women and girls, it is especially important to become familiar with and be responsive to the specific gender dynamics and social and cultural reference points that prescribe the roles of men and women in any given society. This requires socio-cultural research and analysis to understand what the norms and expectations are for men and women in any given context and how this might affect the programme, so that interventions can be designed accordingly. It is also important to assess how interventions might interact with and influence the attitudes and behaviours of the target group and surrounding community, to ensure that negative gender stereotypes and discrimination against women and girls are not reinforced by the programme.
- Understanding how gender inequalities are compounded for certain groups of women and girls (because of their age, ethnicity, national origin, occupation or other characteristics) is also important in order to identify the barriers these groups face in accessing services and developing strategies to overcome them.
- Capacity (knowledge, skills and attitudes) of government sector personnel and service providers must be developed on gender to effectively address the needs of survivors and undertake prevention initiatives.
- A gender-responsive approach also requires empowering women and ensuring that they know their rights, so that they can avail themselves of the services and recourse they are entitled to.
- When working with men and boys, programmes should explicitly address gender attitudes and promote alternative notions of masculinity. These have proven to be more effective in changing attitudes and behaviours related to violence against women than programmes that do not have built-in gender and masculinities components. (WHO, 2007)
Employing Culturally-appropriate Measures

- Social norms, culture and beliefs can wield significant power over individual behavior.
- Programmes should examine the relevant cultural norms and integrate them as appropriate into intervention frameworks to ensure that attitudes condoning violence as a ‘traditional practice’ or ‘inherent to' the community are discussed openly among various stakeholders, including both leaders and marginalized groups within the community. Understanding these forces is crucial to developing effective and appropriate programmatic approaches, though culture should never be used to justify discrimination or violence.
- Interventions should identify culturally-relevant strategic entry points and institutions, and involve cultural, community, faith-based and other leaders. They can also bring a better understanding of community perspectives to inform programmatic approaches and strategies and can be engaged to influence public opinion, values and behaviours to reject violence.

Addressing Specific Forms and Settings

- Programmes sometimes tend to address violence against women and girls in a general manner, without acknowledging that different and specific forms of violence may require specific strategies (such as dating violence as opposed to violence against a woman by her husband), also tailored to the particular settings in which they occur (such as within the home, in and around schools, on streets, in markets and public spaces, at places of employment, or in detention facilities, etc.) and to how various population sub-groups (adolescents, indigenous, disabled, rural, HIV-positive, displaced, etc.) might experience or be affected by it differently.
- Interventions should be based on a clear understanding (via research and data collection) on the specific context in which violence takes place for effective programme design and implementation, with knowledge about specific forms, settings and population groups affected. For example, sexual abuse against women and girls with disabilities requires particular attention, since such violence may not be well-documented or adequately addressed by laws and policies, and tailored approaches for this group may be non-existent or incipient. Participatory assessments are a sound method of grasping the specific manifestations and context of violence against women in the area and community where programme implementation is planned.
Responding to Diversity

- The risks and experiences of violence may be shaped by multiple factors, such as age, race, ethnicity, education and social-economic status, marital status, occupation, national origin, religion, disability, sexual orientation or other status. As such, policies and programmes should be tailored to address them in order to be relevant and effective.
- Initiatives should be informed by comprehensive research and analysis regarding the specific context of violence against women and girls (forms, settings, groups affected) and the different variables that affect a particular group’s vulnerability to violence. Such information and data should guide the design of policies and interventions.
- Programme design should also be informed by an understanding of the distinct contexts in which violence against women and girls occurs throughout the life cycle, from before birth through old age, with interventions tailored accordingly to address the specific forms of violence affecting different age groups and appropriately support the needs of survivors.
- Interventions should consider national, sub-national and local variations in regards to the nature of violence, the policy context and the extent to which actions are implemented to address the violence. For example, where national legal and policy frameworks are underdeveloped, advocacy to raise awareness and public commitment to address the issue is critical. However, in countries where legal reforms have been established, the advocacy efforts may prioritize implementation and monitoring of existing laws and policies.
- Programmes should seek to identify and equally address less documented forms of violence that may affect particularly marginalized groups within the population, such as domestic workers, adolescent girls or communities affected by conflict. These groups may be more vulnerable to violence and lack access to health care, legal assistance, economic opportunities and other resources critical to addressing an abusive situation. Given their peripheral social status, these sub-groups of women and girls face issues that are often less visible in public and policy agendas. For example, post-conflict demobilization processes should consider the distinct forms of violence experienced by women and girl soldiers, and develop tailored interventions that address their specific reintegration needs.
Operating within the Ecological Model

- Programme design should be informed by the ecological model, which presents risk factors at the individual level in combination with risk factors within relationships or the family, the community, and at the broader societal/institutional level to assess the likelihood of a woman’s experiencing violence in a particular situation. (Heise, 1998)

![Ecological model for understanding violence](image)

Source: Heise et al., 1999; Krug et al., 2002; CDC, 2004

- The ecological approach aims to ensure that interventions consider and address the conditions across different levels (e.g. individual, family, community and society), which affect women and girls’ risks of experiencing violence. As illustrated in the model there are biological, social, cultural and economic factors and norms at each layer that may increase men’s risk of perpetrating violence and a woman’s risk of experiencing it. Illustrative factors include:
  - Witnessing marital violence or experiencing abuse as a child; having an absent or rejecting father; and substance abuse at the individual level.
  - Marital conflict; male control over family wealth and decision-making; and age and education disparities between spouses at the relationship level.
  - Lack of economic opportunities for men; negative influence of social peers; and women’s isolation from family and peers at the community level.
  - Social norms granting or tolerating male control over female behavior; acceptance of violence as a conflict resolution method; concepts of masculinity linked to dominance, honour or aggression; and rigid gender roles at the societal level. (Heise, 1999; Morrison, et al., 2007)

- Interventions should also identify and reinforce the protective factors, or those that decrease the likelihood of women and girls experiencing violence, at each level within the ecological model. Protective factors that can support women’s and girls’ resilience against violence include, for example: education (especially completing secondary school); vocational skills; economic resources and opportunities; and social norms that promote gender equality.
Programmes should be mindful of the different levels in the ecological model to achieve results, since each level is interconnected. However, it is not necessary to operate at all the levels, but to choose interventions at one or more level that will influence the risk and protective factors within other levels. For example, the norms at the community level influence behaviours and practices within homes and among relationships between men and women. Similarly, implementation of laws and policies at the societal level, for example, through institutionalization of protocols and training can improve police responses to survivors at the community level and discourage men from perpetrating violence in their homes.

**Working in Partnership**

Programmes should involve partnerships between different stakeholders, such as government, civil society and community-based groups, academic and research institutions and importantly, women and girl survivors. Consulting, planning and monitoring interventions with the key groups directly implicated (survivors, policy-makers, service providers, etc.) helps obtain a better understanding of the situation faced on the ground and develops understanding among the stakeholders on the challenges and opportunities faced by each and on what is working or not working. Partnership can also increase sustainability by pooling the capacities of different stakeholders, improving coordinated responses and enabling formal channels of communication and knowledge sharing to monitor and increase implementation of the policy commitments that are in place. The following stakeholders should be considered:

- **At both the national and decentralized levels, all arms of government** have a duty to address violence against women and girls, in particular the ministries of finance, women’s affairs, justice, health, education, interior/security, labour and social affairs. National statistical offices are also key partners in systematizing the collection and analysis of data; and offices of ombudspersons and human rights institutions to assist in monitoring the law.
- **Within government, parliamentarians** are also key partners as representatives of the public, as decision-makers and in their roles related to legislative reform and budget approval. They can also be highly influential public opinion leaders and mobilize political support.
- **Civil society organizations** that have most likely been at the forefront of working directly with women and girl survivors - providing shelter, psychosocial and legal support and other services are critical partners. They can make valuable contributions to informing policies and programmes given their practical expertise; have access to local networks and often enjoy trust of the community which can provide critical complements to the government’s systems and resources. Engagement with diverse and marginalized groups can ensure that at-risk populations (e.g. adolescent mothers, incarcerated youth and adults, displaced populations, indigenous and migrant groups) are reached. Parents, guardians and teachers have important roles to play and should be sensitized and engaged in efforts to prevent and respond to violence, as they are
responsible for children’s well-being and for transmitting the values, norms and behaviours that can either perpetuate or eliminate gender-based violence. Faith-based, adolescents/youth and men’s groups committed to gender equality should also be engaged as potential key partners, particularly in the context of primary prevention efforts.

- **Academic and Research Institutions** can bring specific expertise and technical skills to programming, especially in the areas of research, data analysis, monitoring, evaluation, documentation and dissemination of findings; and can be engaged to provide guidance on evidence-based programming approaches toward informing the design and implementation of interventions, and optimizing results.

- **The private sector** can provide valuable support to initiatives through financial and in-kind contributions (e.g. sponsoring events, media campaigns and public service announcements). They also have a direct role to play by instituting strong internal policies and programmes on sexual harassment; providing support services and/or referrals for employees who have experienced domestic violence or abuse in the workplace; and can be important allies in shaping social norms that do not tolerate violence by reaching non-traditional audiences through their networks (e.g. trade unions or professional organizations).

- **Media** outlets are extremely powerful socialization mechanisms, wielding considerable influence on public opinion. The media (including journalists) can be engaged to ensure gender-sensitive and rights-based reporting on violence against women; increase coverage related to less documented forms, new research findings and violence committed against marginalized groups; and to promote more gender-equitable attitudes and zero tolerance for violence through popular cultural figures and their ability to reach large audiences quickly.

**Illustrative Resources:**

**Parliamentarians**
- **Combating Trafficking in Persons a Handbook for Parliamentarians** (UNODC/Inter-Parliamentary Union/ UN.GIFT, 2009). Available in [English](http://example.com) and [French](http://example.com).
- **Parliaments Take Action on Violence against Women** (Inter-Parliamentary Union, 2009). Available in [Arabic](http://example.com), [English](http://example.com), [French](http://example.com) and [Spanish](http://example.com).
- **A Parliamentary Response to Violence Against Women** (Inter-Parliamentary Union, 2008). Available in [English](http://example.com) and [French](http://example.com).

**Private Sector**
- **Women’s Empowerment Principles: Equality Means Business.** (UNFEM and UN Global Compact, 2010). Available in [Arabic](http://example.com), [Chinese](http://example.com) (Mandarin), [English](http://example.com), [French](http://example.com), [Portuguese](http://example.com), [Russian](http://example.com) and [Spanish](http://example.com).
Ensuring Survivor-Centered and Empowering Approaches

Interventions should integrate women’s and girls’ own experiences and input within all initiatives and strategies, which is essential for successful programming. A survivor-centered approach is fundamental to the protection and promotion of the human rights of women and girls affected and to their empowerment.

A survivor-centered approach entails:

- Respect for women’s autonomy and right to make decisions (for example, in determining whether to report an incident to the police or renew contact with the perpetrator in cases of intimate partner violence). (UNDAW and UNODC, 2005)
- Consideration of a survivor’s family and social environment when providing health services and safety responses (e.g. where survivors are ostracized by their families or cannot return to their homes).
- Ongoing rights-based education and legal literacy, which empowers all women and girls, including survivors of violence.
- Provision of both immediate needs (e.g. medical, safety, psychological needs, legal), as well as longer-term socio-economic supports (such as ongoing therapy and health care, access to income, employment security, housing, transportation) for the survivor and her dependents (e.g. children and elderly relatives). (UN General Assembly, 2006)

Drawing upon Existing Evidence

Programmes should be designed based on the existing knowledge of “what works” (or doesn’t) to respond to and prevent violence against women and girls. Such information about the evidence-base may be drawn from formal evaluations and assessments, research and studies, expert consensus and recommendations, shared practitioner experiences and the feedback of survivors. Implementing activities without considering existing evidence wastes resources, reduces the effectiveness of programmes and, at worst, may harm women and girls.

Interventions can draw upon the evidence-base by:

- Examining the material available through this Virtual Knowledge Centre
• Examining the few resources which provide information on promising practices, a meta-analysis or cross-country global review of the evidence-base:


- **Preventing and Responding to Gender-based Violence in Middle and Low-income Countries: A Global Review and Analysis** (Morrison, Ellsberg and Bott/World Bank, 2005). Available in [English](https://www.worldbank.org/).  


- **Evaluating batterer counseling programs: A difficult task showing some effects and implications** (Gondolf, 2004). Available in [English](https://www.who.int/).  


- **Primary prevention of intimate-partner violence and sexual violence**: Background paper for WHO expert meeting (WHO, 2007). Available in [English](https://www.who.int/).  


• Scanning literature reviews and studies in free and paid journals, which can be found through:

- **End Violence Against Women: Information and Resources** (Johns Hopkins University Center for Communications Programs)  
- **National Online Resource Center on Violence against Women**  
- **MINCAVA Electronic Clearinghouse** (Minnesota Center Against Violence & Abuse)  
- **GBV Bibliography** (Reproductive Health Response Consortium)  
- **Sexual Violence Research Initiative**  
- **Stop Violence against Women** Website (Advocates for Human Rights)  
- **The Bora Laskin Law Library**: Women’s Human Rights Resource Programme  
- **The WHO Violence Prevention Alliance** (World Health Organization)  
- **GBV Prevention Network** (Raising Voices)  
- **Men, masculinities and gender politics** (compiled by Michael Flood)
Reviewing programme evaluations, which often identify lessons learned and promising practices from specific interventions. However, there are limited evaluations that have been conducted on programming to end violence against women and girls, and even fewer are available publicly. Obtaining these evaluations often requires contacting the programme directly or searching the paid journals noted above.

Consulting specialists and organizations with practical experience and expertise (see Sources of Expertise Section of the Virtual Knowledge Centre).

Programmes and interventions should also document their findings and contribute to the knowledge base to augment the limited evidence on addressing violence against women and girls.

Toward contributing to the global knowledge base, programmes should give attention to:

- **Conducting** research on the situation and the needs of the population to establish data prior to an intervention, which can serve as comparison post intervention.
- **Monitoring and evaluating innovative and learning initiatives** by considering monitoring and evaluation activities from the design phase and integrating them throughout interventions.
- **Improving quality documentation and dissemination** through systematic information and knowledge management processes and practices that capture programme experiences, lessons learned, recommendations for other practitioners and promising approaches.
- **Use participatory and reflective practices**, engaging a wide range of stakeholders to maximize learning and analysis of the experiences.
- **Stimulating interest in scaling up or replicating catalytic initiatives** by implementing pilot or experimental models with an identifiable **theory of change** and evaluation of outcomes to demonstrate impact, enhance the effectiveness of investments, and provide data on key issues (e.g. costing, reliable external evaluation) for upscaling and possible absorption of the intervention by governments.
- **Establishing partnerships** with recognized expert entities, such as research institutions, that can guarantee strong measurement as well as monitoring and evaluation indicators and plans.
III. Main Strategies to End Violence against Women and Girls

Investing in Gender Equality and Women’s Empowerment

As gender inequality is at the root of violence against women and girls, long-term efforts to improve women’s rights, human development standing, opportunities and choices while addressing negative social norms and values related to the roles of men and women within the community at large, are critical to reducing women’s risk of experiencing and escaping abuse in the short-term and ending violence against women altogether. (WHO, 2009) In addition to investments targeted directly at preventing or responding to violence against women and girls, broad strategic investments in gender equality are also necessary over the long-term. These investments include:

- **Ensuring that all human rights and fundamental freedoms for women and girls are respected, protected and fulfilled**, including by: ratifying without reservations all human rights treaties, including, in particular, the Convention on the Elimination of All Forms of Discrimination against Women and its Optional Protocol; ensuring that women know their rights and are empowered to demand and exercise them; educating men and women, boys and girls about women’s human rights and their responsibility to respect the rights of others; ensuring that women have access to justice and equal protection of the law and that perpetrators of violence against women do not enjoy impunity; recognizing and protecting women’s right to control their bodies and their sexuality; and securing women’s rights to inheritance, property, housing and social security, among the range of economic and social rights. (UN General Assembly, 2006)

- **Improving girls’ access to quality and safe education** particularly at the secondary or higher levels. Education for girls can serve as a protective factor by increasing their knowledge, skills and opportunities, which can help avert early and forced marriage and can further improve prospects for avoiding or escaping intimate partner abuse. Higher educational levels are also associated with better employment and income earning opportunities which also serve as a protective factor.

- **Increasing women’s access to and control over economic resources**, including income and assets such as land and property. Access to income involves ensuring women’s right to own, inherit and use land and property, as well as women’s opportunities to work in safe spaces with equal wages and protection against exploitation and abuse. Improving women’s labour conditions and access to economic assets such as agricultural land and other resources used for productive activities can contribute to increased economic support and standards of living for their families, through reinvestment of earnings, and increased levels of productivity, both for their families and at the national level. (UNFPA, 2005) Research has demonstrated that male economic and decision-making power is highly correlated with abuse against women. Abuse is more likely where there is clearly a dominant male partner; with men who were raised in families where men dominated and where community-level notions support men as the primary breadwinners and controllers of wealth. (Heise, et al., 1999) Male dominance and control in dating
relationships has also been a strong predictor of intimate partner violence. (Vezina and Herbert, 2007) Women in abusive relationships often stay because they are financially dependant on their partner and lack economic alternatives. Increasing women’s access to and control over economic resources can help them escape abuse and may also provide options for women to enter into a relationship on their own terms and on more equitable footing.

- **Promoting a critical mass of women who can exercise their political rights and participate in political decision-making** at local through national and international levels. Women’s increased representation and participation in politics and institutions contributes to improved governance and policies addressing key education, health and other development issues, as well as decreased levels of corruption. (Swamy, et al. 2001; World Bank, 2001; UN Millennium Project, 2005, cited in UNFPA, 2005) Women in decision-making positions can help advocate for and implement laws, policies and programmes to address violence against women and girls. The presence of women in certain sectors, such as in security (as police or military personnel) and health (care providers) may provide an enabling environment for women to feel more comfortable reporting and seeking assistance for the abuse that has been perpetrated against them.

- **Addressing the socio-cultural norms and attitudes** regarding men and women’s roles and status within the home and community which perpetuate gender-inequality within the society, through holistic multisectoral interventions which engage key traditional, faith-based and other community leaders who can influence the harmful attitudes, opinions and practices that maintain unequal treatment of women and men and also perpetuate violence against women and girls. (Victoria Health Promotion Foundation, 2007; UNFPA, 2005)

Positive changes in these areas can help empower women and girls by expanding their development opportunities and improving their (and their dependents’) economic, political and social well-being, which can reduce their vulnerability to violence and can increase their potential to live a life free of abuse over the long-term. For example, see *Investing in Gender Equality: Ending Violence against Women* (UN Women, 2010); available in Arabic, English, French, and Spanish.
Introducing or Reforming Legislation

Legislation provides the normative framework for society and a foundation for policies and programming to prevent and respond to violence against women. It establishes rights and entitlements, government duties and obligations, and serves as a benchmark for monitoring and a framework for national accountability.

The legislative framework establishes the definition and context of violence against women and girls; determines the scope of the law; the remedies available under the law and provides guidance on its implementation, monitoring and evaluation toward the successful execution of the law. (UNDAW, 2008)

National legal frameworks and entry points to address violence against women and girls, include:

- Constitutions
- Legislative provisions within different parts of the law (e.g. civil, criminal, family, administrative, etc.)
- Stand alone bills, amendments and acts
- Jurisprudence
- Case law
- Decrees, regulations, protocols and guidelines

Whichever legal frameworks are in place, legislation on violence against women should aim to: **prevent** violence against women and girls; ensure investigation, prosecution and punishment of perpetrators; and provide protection and support for survivors of violence.

Important **guiding considerations** for the law include:

- Recognition that violence against women is a form of gender-based discrimination, and a violation of women’s human rights;
- Making clear that violence against women is unacceptable and that eliminating it is a public responsibility;
- Ensuring that survivors of violence are not revictimized through the legal process;
- Promoting women’s agency and survivors’ empowerment;
- Addressing all forms of violence against women, in public and private spaces; and
- Taking into account the different impact of measures on women according to their age, race, class, ethnicity, religion, disability, culture, indigenous or migrant status, legal status and/or sexual orientation or other status.

Elements that should be addressed within the law include:

- Legislative preamble
- Implementation
- Monitoring and evaluation
- Definitions
- Prevention
- Protection, support and assistance to complainants/survivors
• Rights of immigrant women
• Investigation
• Legal proceedings and evidence
• Protection/Restraining orders
• Sentencing
• Civil law suits
• Family law
• Asylum law (UN Division for the Advancement of Women, 2008)

Strategies:

• Advancing state ratification, without reservations, of international (such as, the Convention on the Elimination of Discrimination against Women and its Optional Protocol) and regional human rights instruments (such as Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women/Convention of Belém do Pará).

• Aligning national legislation with the international and regional human rights standards by reviewing the concluding observations of treaty bodies (in particular, the Convention on the Elimination of Discrimination against Women) in order to integrate, for example, gender equality language in the constitution and develop national legislation on gender equality and on violence against women (either as a stand alone bill/act or by comprehensively integrating it throughout existing civil, criminal and administrative law). (UN General Assembly, 2006)

• Conducting an assessment of the legislative framework for addressing violence against women and girls, including gaps in the content of laws; weaknesses in its implementation; barriers to protection, access to justice and services for women survivors of violence; investments and budget allocations as well as monitoring mechanisms for enforcement of the laws.

• Developing a critical mass of expertise and capacities among lawyers, prosecutors, public defenders, paralegals, ombudspersons, and other legal professionals through training and professional development based on the existing models and lessons on legislative practices to end violence against women and girls.

• Promoting legislative reforms which address protection for women and girls and prosecution of perpetrators, as well as other legal reforms that can reduce the risk of violence and increase the opportunities women and girls have to avoid or escape it (such as, equal marital rights regarding divorce, property, custody, child support; minimum age at marriage; and legal recognition of customary marriage).

• Advancing legal frameworks that address forms of violence that affect girls, such as forced and child marriage; FGM/C; and dating violence.

• Promoting cross-border and regional cooperation to address forms of violence against women which occur in international contexts, such as trafficking, crimes committed in the name of “honour”, forced marriage, female genital mutilation/cutting and violence against women migrant workers. (UNDAW and UNODC, 2005)
### Specific Legal Considerations

- Ensure the law is equally applied to different groups of women (across race, class, ethnicity, religion, disability, culture, age, sexual orientation, or legal status, including indigenous and migrant women).
- Cover all forms of violence, the various settings in which it takes place and perpetrators involved (family members, intimate partners – including couples not living together and same sex relationships, community members, state authorities, armed forces, etc).
- Contain comprehensive prevention, protection and integrated support to survivors (health, legal, employment, housing, financial assistance) alongside prosecution and conviction of perpetrators. This could include laws that mandate police to inform survivors of rape about their options for a legal abortion.
- Amend any related legal provisions (related to family or property law, social security, immigration, etc) to uphold women’s human rights and gender equality throughout the legal framework. For example, this includes eliminating provisions that remove criminal sanctions in rape cases if the perpetrator agrees to marry the woman or girl survivor. (Bott et al., World Bank working paper)
- Mandate the establishment of a national action plan or strategy to address violence against women and girls (including indicators and targets for progress); and where a plan exists, reinforce its role in implementing the legislative framework, including resource allocations.
- Set timelines and establish institutional mechanisms for developing capacities and protocols for relevant officials, toward ensuring the law’s entry into force and execution.
- Strengthen the investigation and prosecution of cases by outlining responsibilities of police, prosecutors and court officials and penalties for non-compliance; describing practices for specific police units or women’s courts; and mandating resources for their operation.
- Provide guidance for monitoring the implementation of legislation, such as establishing and funding a multi-sectoral oversight and reporting mechanism, as well as a statistical database on all forms of violence against women and interventions to address it. Ongoing independent institutional oversight mechanisms, such as ombudspersons, a national rapporteur or gender equality machinery can promote enforcement of laws once they are enacted.
- Prevent impunity for crimes by: promoting arrest and prosecution; prohibiting mediation at any point in the legal process; making provisions for free legal aid for survivors of violence throughout court proceedings; ensuring survivors have control over the legal process and their rights are upheld (in testifying, during collection and submission of forensic evidence, removing discriminatory provisions related to sexual violence, etc), among other actions.
- Develop protocols for the issuance of protection orders; establish sentencing guidelines which correspond to the gravity of crimes; address repeat and aggravated offenses; abolish exceptions and reduced sentencing; and describe the application of fines and restitutions to ensure standardized penalty procedures and results throughout the country’s judicial system.
- Recognize the validity of both customary and formal justice systems and prioritize the survivor’s human rights in cases where the two systems call for contradictory measures.
- Ensure survivors of violence are protected by and are able to utilize family, constitutional, civil and criminal law, and other legal remedies available, toward perpetrators as well as others negligent in protecting survivors (including intimate partners, state officials, etc.)
- Recognize violence against women as persecution and survivors of gender-based violence as a particular social group in regards to asylum law. (UNDAW, 2008)
Lessons Learned:

- Changes made in one part of the legislation need to be made consistent across other parts of the legislative framework, otherwise contradictory provisions can result in an ineffective application of the law and judicial decisions that do not uphold survivor’s rights.
- Though criminalization of all forms of violence is imperative, other remedies (e.g. civil) are also important for a survivor-centred approach and proceedings in one case should not preclude filing a case in the other.
- Legislation cannot be effectively implemented without an adequate budget and resource allocation.
- Where the law provides for perpetrator programmes, there must be a strong monitoring mechanism, a capable police response and criminal recourse for discontinuation and reoffending, so that the survivor does not face further harm.
- Aggressive restraining order and arrest policies provide the survivor with immediate protection from the abuser, but have been known to backfire in some cases deterring women from reporting abuse. These cases include for example, when a woman (and her children) is dependent on a man economically and lacks an alternative means of survival or when a woman is more immediately concerned with stopping the abuse by her intimate partner than having him removed and/or barred from being around her.
- Training of judges and prosecutors on gender in addition to the law is essential for effective execution of the law. It is not uncommon for judicial actors (who possess some of the same traditional socio-cultural beliefs as the societies that they are part of) to shy away from proceeding with cases on violence against women and girls where the penalties for perpetrators are viewed as excessive.

To learn more about drafting, advocating for, implementing and monitoring legislation, see the Legislation Module.

Additional Resources:

To search and view existing legislation on violence against women and girls by country, see:

- The Secretary-General’s Database on Violence against Women
- The World Legal Information Network
- Global Legal Information Network
- Human Rights Information and Documentation Systems
- Human Rights Tools
- Universal Human Rights Index
- Legislation Online
- Institute for Law and Justice
- Bora Laskin Library for Human Rights
- American Bar Association Section of International Law
Ensuring Holistic Multisectoral Policies and National Plans of Action

States have an obligation to prevent violence against women and girls, provide comprehensive responses to survivors, and bring perpetrators to justice, to the best of their ability given their resources and capacities. This obligation is known as the ‘due diligence’ standard. (United Nations, 2006) The due diligence standard was established by General Recommendation No. 19 of the Committee on the Elimination of Discrimination against Women, and recognizes that States should address the structural gender inequality and discrimination that causes and perpetuates violence against women and girls as well as ensure that measures are put in place to prevent and respond to individual cases of violence.

In order for States to meet the due diligence standard and strengthen their accountability on ending violence against women and girls, a holistic multisectoral approach is needed to ensure that the range of inter-related needs and rights of women survivors are addressed, and that both responses to and prevention of violence against women is covered by policies and programmes.

Multisectoral approaches entail the coordination of resources and initiatives across sectors, involving both government institutions and civil society. (AusAID, 2008; Commonwealth Secretariat, 2003; Morrison, et al., 2004; UN General Assembly, 2006) They can be applied through policy frameworks to:

- Promote effective implementation of national legislation.
- Provide a mechanism for the allocation and tracking of resources.
- Promote accountability of the institutions responsible through clear delineation of their roles and time-bound targets that can be monitored.
- Ensure that key frontline services (health, police and legal) are well-equipped, coordinated and available to survivors, and that prevention efforts are mainstreamed throughout.
- Involve other sectors that are not traditionally included in a multisectoral approach, but have a critical role to play in preventing and responding to violence against women and girls, such as: education, social affairs, youth affairs, the ministries of labour, urban planning, defense as well as finance and planning.

A coordinated framework provides for the delivery of a diverse range of health care, protection and justice services that survivors need which cannot be provided by a single sector or intervention. Integrated approaches strengthen advocacy efforts; establish long-term collaboration across sectors; improve the efficiency and reach of services and prevention efforts; and maximize the available technical expertise, resources and investments on the issue. Implementation of a national framework requires a strong centralized coordinating mechanism and investment in developing the capacities of the women’s machinery or responsible entity performing this role.
The following services and interventions are core elements of a national response:

- A free national 24-hour hotline/helpline to report abuse and life-threatening situations, staffed by trained counselors who can provide the appropriate service referrals.

- See a video on the domestic violence helpline in Pakistan.

- Quality ‘frontline’ services: free medical and psychosocial support, security/police responses and judicial/legal aid – which represent a basic package of support for survivors. These services, whether provided through governmental and/or non-governmental sources, should be multisectoral and coordinated (either through a coordinated community response, one-stop shop or strong referral network) and made available within a reasonable timeframe which minimizes the risks and further harm to survivors. Longer-term support is also essential to mitigate the consequences of abuse.

- Initiatives to increase demand for services and encourage abused women to come forward. This requires reviewing the actual needs and experiences of survivors (including from specific groups and marginalized communities) and analyzing the range of economic, social and cultural barriers that they may face in reporting the abuse they have experienced and availing themselves of the medical, social and legal support that is available.

- Investing in primary prevention efforts at the individual, relationship, community and societal level to stop abuse before it occurs. This requires interventions aimed at transforming gender norms and attitudes that accept gender-based violence and putting in place the appropriate mechanisms to end impunity that can affect behaviour change over the longer-term.

- Shelters or safe spaces available in urban and rural areas and accessible to all women (and their children). Some experts recommend that there should be roughly one shelter for every 10,000 inhabitants, depending on local context to ensure accessible distribution across the whole population, while ensuring that all women, even in low population density areas have easy access to a safe space. (adapted from Council of Europe, 2008) In low-resource settings, safe spaces have been established using innovative approaches such as volunteer or subsidized housing through a network of community members, or safe spaces connected to village elders, hospital facilities or faith-based organizations. In other settings (for example, some countries of Europe), more recent laws require removal of the perpetrator from the household and restraining orders (so that the woman and children or other dependents can remain safely in their homes).

- Women’s support and self-help groups, and counseling services, with a minimum of one centre for every 50,000 women, distributed in accordance with the population, while ensuring that all women, even in low population density areas have easy access to such supports. (adapted from Council of Europe, 2008) Women’s support groups can be made available as stand alone services or through police stations, health centres and other locations where abused women seek help. These support services may provide trauma-healing, accompaniment in court and other assistance which can facilitate women’s access to safety planning, health, police and legal services, and give them confidence and support to pursue justice, as well as avoid returning to abusive partners.
• Carefully monitored perpetrator programmes where appropriate. For guidance see the perpetrator section of the Men and Boys Module.

Additional Resources:

General

➢ The Secretary-General’s In-depth Study on Violence against Women (United Nations General Assembly, 2006). Available in Arabic, Chinese, English, French, Russian and Spanish.

Hotlines/Helplines


Shelters

➢ Thinking Shelter Online Training Course (Washington State Coalition against Domestic Violence). Available in English.
➢ World Conference on Shelters 2008 Presentations:
  Getting Started: Challenges and Lessons
  Ethics, Standards and Innovation
  Shelters and One Stop Centers
  Sustaining Shelters
  Sheltering Indigenous Women
  Shelter and Immigrants
  Refuge Evaluation Model
  Integrating Programming for Male Batterers with Shelter Programs

Survivor groups and safety planning

➢ The Power to Change: How to set up and run support groups for victims and survivors of domestic violence (Women’s Aid, 2008). Available in English.
Though planning and funding mechanisms vary by country, some of the more common include:

**Dedicated national action plans** which are comprehensive multisectoral mechanisms that cover legislation; services, (provided by both government and civil society organizations); prevention initiatives; capacity development needs and strategies across sectors; coordinating mechanisms (e.g. between government and civil society, inter-sectoral and inter-ministerial); resource allocations; and data collection, monitoring and evaluation plans and mechanisms.

**Lead policy and funding frameworks** related to poverty reduction (such as poverty reduction strategies); national development plans or action plans related to the Millennium Development Goals, HIV and AIDS, or maternal mortality; and other policy entry points (such as on employment, migration, youth, etc.), which may also be effective mechanisms in ensuring commitments are operationalized—in addition to sector-specific plans and budgets.

**Sector-wide approaches** in health, education, justice, security and other sectors can either complement national action plans dedicated to addressing violence against women (by ensuring they include interventions that correspond to the multisectoral framework) or provide an alternative mechanism for implementing legislation and policy commitments (even where national action plans do not exist). Integrating key actions and resources to address violence against women and girls into sector-wide plans and sector reforms (in health, security and education) makes it easier to track allocations, expenditures and service delivery.

**Humanitarian action plans and early recovery frameworks** (including national action plans on Security Council Resolution 1325) are influential mechanisms in the planning, coordination and funding of services provided in emergency and post-conflict situations, and can be developed with a view to bolstering national capacities to prevent and respond to violence against women and girls. The multisectoral coordination of institutions engaged in humanitarian operations offer an important opportunity to direct funding in support of those institutions and in strengthening civil society. Technical assistance during the post-conflict recovery and development process can help develop capacities and can promote implementation of state commitments to end violence during crises as well as through the post-conflict recovery and development periods.
Resources:

- **Planes y Presupuestos Pro-equidad de Género en Municipios Rurales: Metodología e Instrumentos Técnicos** (ACOBOL, UNIFEM, UNDP and GTZ, 2006). Available in [Spanish](#).
- **Making the grade: A model national policy for the prevention, management and elimination of violence against girls in school** (ActionAid, 2009). Available in [English](#).
- **Sector Wide Approaches: A Resource Document for UNFPA Staff** (HLSP Institute, 2005). Available in [English](#).
- **Qué son y cómo se emplean los enfoques sectoriales: Una Vía para la Armonización de la Ayuda Oficial al Desarrollo** (HLSP, 2005). Available in [Spanish](#).
- See also the **Secretary-General's Database on Violence against Women** for illustrative national action plans (go to advanced search and filter by country).
Securing Resources/Gender-Responsive Budgeting

Securing resources and budgets is central to successfully undertaking implementation efforts and sustaining them. Resources and contributions from diverse participating stakeholders can be financial or in-kind (technical expertise, free space and facilities, equipment or materials needed for services, free mass media time to raise awareness or information for abused women on where to call, etc.) Advocacy, dialogue with policy-makers and other strategies for securing resources and longer-term budget lines should be built-in from the beginning of programme planning and design. Ultimately, however, governments hold primary responsibility for ensuring that adequate public sector budgets are made available to address violence against women and girls.

A leading approach is gender-responsive budgeting, a methodology and tool to promote more equitable allocation and utilization of government resources. It encourages accountability in legislative and policy implementation, thereby advancing commitments to prevent and respond to violence. Gender-responsive budgeting can be applied in the development and execution of national and local funding mechanisms and can ensure the needs of women and girls, among other particularly marginalized social groups and communities, are met. It can be employed to analyze and track government commitments to address violence against women and girls in multi-sector or sector-specific budgets. (UNIFEM and UNFPA, 2006)

Strategies:

- Engaging ministries of finance to address violence against women in budgeting processes generally.

- Collaborating with sector-specific institutions to address violence against women in budgeting processes as they relate to specific issues within the sector (e.g. sexual violence and HIV in the health sector; prevention curriculum for children and adolescents in the education sector; and so on).

- Analyzing and monitoring of budgets to review:
  - the sectoral and inter-sectoral allocations to women’s machineries or institutions coordinating efforts to address violence against women and girls;
  - allocation and distribution of funds at both the central and local levels;
  - the extent to which gender-responsive budgeting is practiced; and
  - the level of access to free legal, health and economic support services for survivors and for low-income populations in particular.

- Complementing gender-responsive budgeting with costing exercises to determine what an adequate level of funding is to deliver all of the services required under laws and policies.
Lessons Learned:

- Gender-responsive budgeting programmes in support of investments to prevent and respond to violence have been more successful in securing allocations at the sub-national level than at the national level.
- Though gender-responsive budgeting entails a range of tools and processes, many organizations only analyze budget allocations and do not go so far as to analyze expenditures or service delivery.
- Investments in other areas of gender equality that may serve as protective factors should be assessed and monitored to ensure overall disparities between men and women that perpetuate gender-based violence are being addressed, such as secondary education, sexual and reproductive health programmes (Heise, 1999; Morrison, et al., 2007), as well as women’s economic and political participation.
- Gender-responsive budgeting supports the long-term, sustained funding stream required to provide quality services to survivors (e.g. housing, shelters, legal aid, health services, vocational skill-building, etc.); develop capacities across sectors (e.g. for training and infrastructural improvements); and allows planning, implementation and monitoring of polices over multiple years. This is especially relevant for primary prevention interventions that require programming over several years to impact behaviour change and transformation of social norms.

Illustrative Reports:

- **Opportunities and Challenges for Introducing Gender Sensitive Budgeting in the Area of Domestic Violence on Local and Entity Level in Bosnia and Herzegovina** (United Women Banja Luka, 2007). Available in English.

Resources:

- **Costing the Implementation of Violence against Women Laws and Policies** (UN Women webinar, 2011). Read the background note. See the presentation.
- **Budgeting for Equity: Gender Budget Initiatives within a Framework of Performance Oriented Budgeting** (Sharp/UNIFEM, 2003). Available in English.
Promoting Primary Prevention

This section is based on the guidance in the Primary Prevention Module. (Guedes and Bott, 2009-Forthcoming)

Primary prevention or stopping violence before it occurs is the most strategic approach to ending violence against women and girls, for the following reasons:

- It upholds the human rights of women and girls and averts a serious public health, security and justice problem.
- It is always preferable to prevent problems than to respond to them and their devastating costs and consequences.
- Over the longer run, successful primary prevention efforts could improve the social, economic, and health status of women and the broader societal wellbeing around the world through:
  - Improved quality of life;
  - Improved health status for girls and women;
  - Greater respect for and protection of human rights;
  - A reduction in related forms of violence (child abuse, youth violence); and,
  - Cost benefits through lower need for medical care, mental health services, criminal justice, incarceration and expensive perpetrator programmes, diminished educational performance and lost productivity of women.

Prevention entails working at different levels of society to change institutions and implement targeted interventions with specific groups, and more generalized approaches for the population at large (e.g. campaigns, mass media messaging and other awareness-raising initiatives). Broad areas of intervention include:

- Influencing government policy and legislation to explicitly address primary prevention;
- Changing organizational practices to be more gender aware and put in place specific and proactive policies of zero tolerance;
- Fostering coalitions and networks;
- Mobilizing communities, education and social marketing;
- Changing individual knowledge and attitudes: reaching young people and engaging men and boys as allies; and
- Empowering women socially and economically.

However, there is a limited evidence-base and expertise in how to design and implement effective primary prevention strategies in the area of ending violence against women, with some exceptions primarily from industrialized countries and in specific areas. Some experts recommend that universally-applied youth education and school-based programmes together with sustained national prevention campaigns reinforced through community mobilization interventions may provide a particularly promising strategy when combined. (Donovan and Vlais/VicHealth, 2005)
There are also responses that can have a preventive effect over the long-term, though they cannot be substituted for or be considered the same as direct primary prevention interventions. These, include for example:

- counseling for children who have experienced or been exposed to violence (which may prevent boys from becoming perpetrators and girls from becoming victims);
- risk assessments for survivors (and children or other dependents); and
- consistent prosecution of cases with successful convictions (which may deter perpetrators or would-be perpetrators from committing future abuse).

Prevention interventions should not be implemented without adequate responses in place for survivors, who may come forward as public attention increases and stigma around the issue is reduced.

**Strategies:**

- Putting in place the infrastructure and institutions to address violence against women and girls, using the ecological model to achieve changes in individual, interpersonal, community and wider societal behaviours and practices. For example, legal reforms delaying the minimum age for marriage to 18 years and promoting the completion of girl’s secondary education that can reduce girls’ risks of forced and early marriage, and the related intimate partner violence that may be experienced by child brides.
- Promoting gender equality through the expansion of women’s and girls’ economic opportunities, access to basic services, education, social and political participation, as well as breaking down gender stereotypes harmful to women and girls. Effective interventions have included community education on gender equality, human rights or violence against women, coupled with livelihood support for women, such as microfinance.
- Changing the discriminatory attitudes, norms and practices that perpetuate violence against women and girls through multi-faceted educational and social mobilization approaches and targeted campaigns. Examples include school-based programmes for children and adolescents and ‘edutainment’ on gender equality and educational messages against violence shared through television, film and other popular forms of entertainment for young adults, and mobilization of peer networks; or campaigns specifically aimed at men’s behaviours and roles to end violence against women.
- Developing programmes and interventions that are based in behavioural science and change theories for both school-based and community-based settings.
- Targeting specific problems that are correlated with violence against women and girls. For example, in cases of alcohol abuse, interventions might regulate alcohol sales through increased prices or limited purchase times or develop targeted treatment programmes for individuals with substance abuse problems. Early intervention programmes for children who are witnesses of domestic abuse is another potential entry point to reduce the chances of perpetration or victimization later in life. (WHO, 2009)
- Engaging key and strategic groups, in particular adolescents and men, in addition to key community, traditional, cultural and faith-based leaders.
• Supporting the development of socially just and gender-equitable institutions.
• Promoting Safe Cities and Communities to improving the security of women and girls in public spaces and in preventing rape and sexual harassment.
• Campaigning is an important strategy for achieving various outcomes related to ending violence against women and girls, since it can support changes at the individual, interpersonal, community levels as well as within the broader society. Campaigns may be developed to achieve different goals related to preventing and responding to violence against women, targeting various audiences and using diverse methods to communicate the targeted message. Social marketing strategies implemented over several years, in particular can strengthen the impact of messages and expand the audiences reached through a particular campaign. Broad areas for campaigns include:
  o Raising public awareness of the issue and promoting ‘zero tolerance’ for violence.
  o Garnering policy-makers’ support for the introduction, reform and implementation of legislation.
  o Increasing knowledge among women and girls of their legal rights and recourse mechanisms, and making known the availability and location of services.

See the full module on Campaigns.

Illustrative Global Campaigns and Social Mobilization Initiatives:

• UNiTE to End Violence against Women (United Nations Secretary-General) – Arabic, Chinese, English, French, Russian and Spanish
• Say NO – UniTE (UNIFEM) – English, French and Spanish
• Stop Rape Now (UN Action against Sexual Violence in Conflict) - English
• The 16 Days of Activism against Gender Violence (Center for Women’s Global Leadership) – English
• Stop Violence against Women [including Safe Schools] (Amnesty International) – Arabic, English, French and Spanish
• The White Ribbon Campaign - English
• End HIV and Violence against Women. Now. (Women Won’t Wait) - English
• Blue Heart Campaign Against Human Trafficking (UNODC) – English and Spanish
• VDAY- English

Lessons Learned:

• Primary prevention is most effective when diverse methods, such as community mobilization, mass media and awareness-raising, school-based approaches and policy changes are combined and employed at different levels of society.
• Primary prevention efforts are more effective when they aim to both 1) transform individual and collective attitudes, beliefs and behaviours related to gender norms and roles in a given community and 2) implement local and national strategies to empower women and eliminate gender disparities. (Morrison, et al., 2004) Interventions that target change at the interpersonal, relational, community and societal levels or those
that facilitate broader community mobilization against violence can have a powerful affect on individual behavior change. (Harvey, et al., 2007)

- Primary prevention initiatives require long-term planning and investment. It may only be realistic to expect changes in knowledge and attitudes within a short timeframe, but changes in behaviours can take at least 5 or more years.
- Mass media and awareness-raising campaigns can increase their visibility and reach larger audiences by including popular figures (e.g. athletes, musicians, and television and film stars) and influential community leaders (e.g. religious groups and local leaders). However, it is important that those individuals share the gender equality and zero tolerance values being espoused, including as role models and through their own behavior.
- Communications strategies against violence should be developed using formative research to ensure that messages and approaches resonate with the public or the specific population being targeted, otherwise interventions may not be effective.
- Partnership with civil society and community-based organizations is key to successful community mobilization, and important to gaining legitimacy and community-wide support.
- Including intimate partners in microfinance and domestic violence reduction schemes that target women may be an effective strategy in reducing any friction that arises from the programme.
- Mobilization strategies at the community level can be effective in preventing violence against women if they emphasize the benefits of not using violence and are coordinated across all levels of society, including local government representatives, community leaders, non-governmental organizations and women’s groups. (AusAID, 2008; UN General Assembly, 2006)

Resources for Prevention:

General

- **Intimate Partner and Sexual Violence Prevention Course** (Violence and Injury Prevention and Disability/ World Health Organization). Available in [English](#).
- **Violence Prevention** Website. Available in [English](#).
- **Prevention Connection** Website. Available in [English](#).
- **Violence Prevention Alliance**. Website. Available in [English](#).
- **Prevention Institute** Website. Available in [English](#).

Campaigns and Social Mobilization

- GBV Prevention Network Communications Materials (Gender-based Violence Prevention Network). Materials available in a number of languages.
- End Violence Against Women Resource Center (Johns Hopkins Center for Communication Programs' Information and Knowledge for Optimal Health). Materials available in a number of languages.
- Health Communications Materials Database (Media Materials Clearinghouse). Materials available in a number of languages.
- The Communications X-Change (Futures Without Violence). Materials available in a number of languages.
- Gateway to Health Communication & Social Marketing Practice (Centers for Disease Control and Prevention). Available in English.
Strengthening Key Sectors

Systems-based Approach

System-wide approaches transform the structure and operational aspects of any particular sector to better prevent and respond to violence against women and girls by integrating actions and responsibilities across the sector and its personnel.

System-wide approaches are critical to implement in the ‘frontline’ health, security (police), and judicial sectors, particularly since effective services for survivors of violence depend on collaboration between actors in different roles and interaction with processes within a particular sector. For each sector, this involves policy-makers, service providers, technical and administrative personnel, and includes the policy framework and infrastructure (training and service protocols, facilities and processes) that can facilitate or create barriers to survivors seeking assistance. (Heise, Ellsberg, and Gottemoeller, 1999)

Key opportunities to support system-wide approaches include:

- Multi-faceted interventions that support individual, organizational, institutional and broader societal change.
- Consideration of processes, relationships and incentives for performance toward improving effective service delivery (and of sanctions for failure to comply with established human rights obligations and protocols).
- Programming that engages all relevant stakeholders, from policy-makers to community-level service providers from different sectors and that integrates broader efforts to address violence against women, involving diverse groups and institutions (including community networks and non-governmental organizations), drawing upon existing policy frameworks and other resources committed to ending the problem.
- Acknowledging and investing in demand-based interventions in order to empower women and girls and maximize the utility of services provided, since supply-based interventions (e.g. improving standards and extent of services for violence survivors) may be underutilized by those most in need. Demand can be increased by:
  - Widely disseminating information on the services available (through electronic and print media and through women’s networks).
  - Raising awareness on legal rights, the recourse available to women and the penalties that perpetrators may face.
  - Working with communities to reduce stigma and promote zero tolerance.
  - Improving the quality of care provided by health practitioners and the police through standards of practice/protocols, pre-service and on-the-job training.
  - Considering the practical and logistical challenges women face (transportation, user fees, hours of operation for services, etc.)
- Within a given sector, a system-wide approach normally entails: training for all staff on gender and violence against women (ideally before service begins and on the job); skill-building with staff on their specific roles and other programmatic elements (such as management information systems and monitoring and evaluation processes); institutionalization of protocols and policies; and improved equipment and infrastructure.
**Health Sector**

- Global research has shown that women living with violence suffer a wide range of serious physical and mental health problems and visit health services more frequently than non-abused women. Physical and sexual violence are associated with negative health consequences for women and children, their families and entire communities. (WHO, 2006)

- Health services provide a unique window of opportunity to address the needs of abused women, and are essential in the prevention and response to violence against women and girls, since most women come into contact with the health system at some point in their lives (Poverty Reduction and Economic Management Network/World Bank, 2006). The health sector is frequently the first point of contact with any formal system for women experiencing abuse, whether they disclose or not. Every clinic visit presents an opportunity to ameliorate the effects of violence as well as help prevent future incidents.

**Strategies:**

- Health service response requires a system-wide approach that includes strengthening policies, protocols; upgrading infrastructure to ensure privacy and adequate supplies; training staff to ask about and respond appropriately to gender-based violence; provision of emotional support, free emergency medical treatment and preventive health care, and crisis intervention; assessment of a woman’s level of danger; documentation of cases; dealing with stigmatizing attitudes and practices; and utilizing referral networks. (Heise et al., 1999)

- Advancing laws, policies and protocols to provide comprehensive health care (including in sexual and reproductive health and HIV-related services, such as voluntary testing and counselling facilities and as part of primary care) and improve the quality and scope of services available to women and girl survivors of violence.

- Investment in equipment to complement efforts increasing survivors’ access to updated services (e.g. resources such as private rooms, free transportation, forensic and other examination equipment, medical supplies, rape kits and emergency treatments – emergency contraception, post-exposure prophylaxis for sexually transmitted infections and HIV, and safe abortion where it is legal), as well as targeted employment of trained and skilled service providers.

- Strengthening a quality response, whether through one-stop centres, integrated services within a facility or through coordinated referrals to other health facilities.

- Establishing standardized information systems in the health sector, across facilities to register and track cases, collect and analyze data. At a minimum, the form of abuse and consequences should be recorded along with the woman’s age, among other demographic characteristics. (Morrison, et al., 2004)

- Institutionalizing health provider training (generally and for specialized services) and protocols to ensure standardized quality of care.

- Increasing the availability and accessibility of forensic exams, for example, by expanding the staff (e.g. authorizing and training nurse practitioners) that can perform these exams and by providing medical certificates free of charge.
• Improving monitoring and evaluation systems for ensuring quality health care services through participatory and systematic mechanisms involving women and girl users and community groups.

• Clinics and public-health community-based education (including HIV and AIDS and adolescent sexual and reproductive health interventions) should incorporate violence against women in programming, providing general information on the issue, raising-awareness on legal rights and availability of services. Multimedia approaches (e.g. skits, videos, songs, pamphlets, presentations, group discussions and workshops) are useful strategies to educate the community, especially women and girls, about services available and efforts to end violence against them.

• Data on violence against women and girls should be regularly collected and standardized into information systems as part of an institutional public health approach to addressing violence against women. (Morrison, et al., 2004)

• Research should be undertaken to understand the factors that influence access to services for adolescent girls who have experienced sexual abuse, such as the costs, negative or biased health provider attitudes, stigma from family and friends, among other factors, so that appropriate strategies for action and improved demand-driven service provision can be identified for this age group.

• In conflict-related situations, providers should follow the Minimal Initial Service Package for Reproductive Health in Crisis Situations, which establishes recommendations for the prevention of and support for cases of sexual violence in crisis situations.

Lessons Learned:

• Health providers are typically reluctant to ask women about experiences of violence - either from fear of offending women or reluctance to open up issues to which they will not know how to respond. Providers often feel they do not have the knowledge or skills to address violence against women. They may not recognize violence against women and girls as a public health problem or see it as their role to ask clients about violence or provide support for victims. They may therefore rarely identify violence as the reason for client visits in medical records. (Poverty Reduction and Economic Management Network/World Bank, 2006)

• Providers’ beliefs regarding gender-based violence may also affect women’s access to meaningful care. Stigma and discrimination towards victims of gender-based violence in the community may be reflected in providers’ own attitudes and quality of response (i.e. if they consider the issue is a private matter which they should not become involved in).

• Serious gaps may also exist in the overall institutional response to gender-based violence. Service delivery and care is often fragmented and inconsistent across the health sector, especially in the absence of clear protocols to guide practitioners.

• Victims of sexual violence and rape face particular concerns and challenges when dealing with the health care system. Health care providers and counsellors may be unsure of how to deal with sexual violence cases and unclear on protocols that should be followed, including, for example, proper care and referrals for HIV and AIDS treatment and counseling, distribution of emergency contraception, and documentation of evidence for prosecutions.
Training for health care providers should be part of broader interventions that cover pre-service and in-service training. Reforms should include protocols on service delivery, referral systems, the legal framework, and other relevant issues, such as professional development in the areas of medical, psychosocial and forensic responses. Single training sessions do not adequately equip providers to address the issue.

Gender biases and attitudes of providers should be explicitly addressed in training programmes to prevent re-victimization or further trauma of survivors.

Competencies of providers should be determined based on standards of good practice, the law and protocols in place. For example, providers conducting routine screening and counselling for survivors need a distinct set of skills from providers who only screen for violence and provide referrals to counsellors.

Service providers should have the skills to respond to the multiple forms and diverse populations affected by violence (e.g. sexual violence against adolescent girls, or undocumented domestic workers, or survivors with multiple experiences of abuse) and provide tailored support to the survivors as needed.

Interventions should be designed to target health providers who assist different groups of women (e.g. teen mothers, married and pregnant women, sex workers, employees in large enterprises, migrant workers, displaced women and girls).

Survivors of violence should have access to medical treatment without having to first go to the police. Going to the police should always be the woman’s voluntary decision.

Mandatory reporting of violence to the police or courts by service providers, although required in some legal systems, is not recommended because it violates women’s autonomy, decision-making and human rights. Mandatory reporting has been found to prevent women from seeking care, and reduce provider willingness to conduct screening, due to potential involvement in legal proceedings.

Routine screening for violence should not be implemented without proper follow-up services and referral systems to protection, police and legal assistance in place.

Forensic evidence should not be required in legal proceedings for cases of violence. However, doctors and nurses should be trained in forensics to improve their response to survivors and to make this evidence available if a survivor decides to seek legal recourse. (Morrison, et al., 2007) Medical certificates should be granted free of charge.

Health care services for survivors/victims of violence should be free and universal.

The intersections between violence against women and HIV have often been neglected and require greater attention. In particular, counselling should be conducted with extra
care to assess the risk of escalated violence for women who test HIV-positive and are in abusive situations.

- One-stop crisis centres provide a model of improved integrated services when adequately resourced and staffed; but they may be costly to implement and sustain and may be a more suitable strategy for urban centres or areas with high population densities.

For detailed guidance on working through the health sector, see the full module on this site.

Resources:

- **Improving the Health Sector Response to Gender-Based Violence: A Resource Manual for Health Care Professionals in Developing Countries** (Bott, Claramunt, Guedes and Guezmes/IPPF, 2004). Available in [English](#) and [Spanish](#).
- **¡Basta! The Health Sector Addresses Gender-Based Violence and ¡Basta! Women Say No to Violence** (IPPF/WHR, 2003). Available in [Spanish](#) with English subtitles.
- **¡Ver y Atender! Guía Práctica para Conocer Cómo Funcionan los Servicios de Salud para Mujeres Víctimas y Sobrevivientes de Violencia Sexual** (Troncoso, Billings, Ortiz and Suárez/Ipas, 2006). Available in [Spanish](#).
- **A Manual for Integrating the Programmes and Services of HIV and Violence Against Women** (Luciano/Development Connections, 2009). Available in [English](#) and [Spanish](#).
- **Addressing Gender-based Violence through USAID’s Health Programs: A Guide for Health Sector Program Officers** (Guedes/USAID, 2008). Available in [English](#), [French](#) and [Spanish](#).
- **A Practical Approach to Gender-Based Violence** (UNFPA, 2001). Available in [English](#), [French](#) and [Spanish](#).
- **VAW: the Health Sector Responds** (PAHO, 2003). Available in [English](#) and [Spanish](#).
- **Counselling Guidelines on Domestic Violence** (CIDA/SAT, 2001). Available in [English](#).
- **Gender-based Violence and Reproductive Health** (IGWG/USAID, 2006). Available in [English](#).

Security Sector (Police)

Within the security sector, police may be the first point of contact for survivors of violence and it is critical that they are equipped to respond appropriately and sensitively to the needs and rights of women and girls. Police services are a central part of securing the immediate safety of survivors and serve an important role in holding perpetrators accountable for their actions. Responses to survivors by police and other uniformed personnel can either encourage women and girls to report an incident of violence or deter them from seeking police assistance altogether. In addition to immediate and ongoing protection (e.g. in response to repeat incidences and orders of protection), police services include investigation and proper documentation of cases.

Strategies:

- Institutionalizing training for all police in-service as well as pre-service training for recruits.
- Establishing specific units or focal points (‘gender desks’) within offices/stations, with especially trained staff as a short-term strategy (until institutionalized change can be implemented across the sector, including in pre-service training). Such units may be all-female or mixed-sex groups of officers.
- Developing one-stop multi-service units staffed with police to assist survivors reporting an incident of violence to access immediate related health, shelter and legal support services.
- Strengthening partnerships between the police and NGOs serving survivors.
- Supporting community policing where formal services and resources are limited. Within communities, local networks of men and women can serve as a voluntary alarm system and support survivors to report on violence and seek appropriate care.
- Promoting increases in the number of female staff (at all levels) who are trained to address violence against women and girls by supporting recruitment and personnel policies that do not discriminate against women and include flexible family policies to help retain and promote female staff, among other measures that advance system-wide gender equality.
- Acquiring commitment of leadership or top management personnel is critical and should be prioritized as an investment to ensure effective police responses to address violence against women and girls.
• Community outreach is important to raise awareness of police responses, improve trust with police and support zero tolerance of violence against women.

Lessons Learned:

• Coherent and uniform policies, procedures and protocols on the human rights of women and violence against women and girls should be integrated within law enforcement systems.

• Protocols should be developed on the obligations of law enforcement officials, including protection and response processes, case documentation and providing effective referrals to survivors of violence.

• Security sector ‘duty-bearers’ (e.g. police, military, other uniformed personnel), from the highest level to administrative desk personnel, may not be sensitive to gender issues; aware of their obligations under the law; or knowledgeable on appropriate responses to dealing with survivors and perpetrators. Ideally, police should have pre- and in-service training to prevent re-victimization and encourage women and girls to seek assistance. Without proper training, police may discourage survivors from seeking support and may fail to hold perpetrators accountable for their actions.

• Gender desks, specialized units, focal points for gender-based violence in police stations, and all-women police stations may increase reporting and expand women’s access to services (e.g. counselling, emergency contraceptives, post-exposure prophylaxis, legal aid and other social and economic supports) in the short-term, but only if they are adequately financed and staffed.

As a regional review on in gender desks or specialized units Latin America (where they were first instituted) shows, in the long-term:

  o Conviction rates have not increased;
  o These units are not part of a system-wide approach and are not supported by adequate investment in training and professional resources;
  o They isolate responsibility for addressing violence to specific staff/ sections, forcing women to go to only these units, and thereby marginalizing gender-based violence from the responsibility of all police;
  o Female officers do not necessarily have better attitudes towards abused women;
  o Weak judicial responses and impunity for perpetrators lead to low prosecution rates despite increased reports; and,
  o Such stations are particularly challenging to implement in rural areas given limited staff and infrastructure to respond adequately to the needs of survivors. (Jubb and Izumino, 2003; Morrison, et al., 2007)

• Security sector reform offers an opportunity to integrate violence against women across the sector in an institutionalized manner.
• Interventions with security sector institutions (such as police) require a significant time investment to get institutional buy-in and reach a critical mass of police.

• Community distrust of police and impunity for crimes committed by police needs to be addressed (particularly in conflict or post-conflict situations) alongside efforts to develop training and response protocols in order to improve demand and use of police services by survivors.

See the full module on working with the Security Sector.

Illustrative Resources:
- Gender and Security Sector Reform Toolkit (Centre for the Democratic Control of Armed Forces, 2008). Twelve tools and practice notes available in English and French.
- Department of Defense Partners with Men Can Stop Rape on Sexual Assault Prevention Campaign. Available in English.
Justice Sector

The justice sector, including both formal and informal justice mechanisms, is central to the enforcement of laws and ending impunity for perpetrators.

Effective justice systems are important in reducing and preventing violence against women and girls because:

- They offer women protection from current and potential aggressors through amendment of discriminatory legislation and consistent implementation of appropriate laws and policies.
- They send a message to society that the highest authorities (e.g. Judges) are committed to human rights and ending impunity for violations of those rights.
- Prosecution removes the shame often felt by survivors, contributes to their recovery, acts as a potential deterrent to offenders and an incentive for other survivors to come forward.

Strategies:

- Seizing opportunities available for justice sector reforms to institutionalize adequate responses, procedures, training and other measures that are aligned with human rights standards and recommended practice.

- Promoting training of all personnel related to judicial processes (e.g. judges, lawyers, public defenders, paralegals, prosecutors, social service providers and ombudspersons’ offices), working with faculties of law in the development of curricula and tools, and providing benchbooks on the laws related to violence against women and girls. Judicial actors themselves should be engaged in the production of such tools and materials.

- Improving court room and legal proceedings so that they are gender-sensitive and survivor-centred, such as providing improved court and legal proceedings, such as private and separate interviews for survivors and perpetrators of violence by trained interviewers; ensuring privacy and alternative means of testifying (e.g. closed circuit televisions); safe space and security guarantees for survivors before, during and after judicial processes; and witness protection.

- Providing survivors access to free or low-cost legal assistance and representation, where possible, through partnerships with women’s and non-governmental organizations and through other mechanisms. (Council of Europe, 2000)

- Establishing periodic meetings or workshops with other key personnel, such as police and health care providers, as well as NGOs providing services to survivors. This helps personnel in each sector understand their respective roles and what is required of them to ensure the survivor’s case is handled in a coordinated and effective manner.
• Partnering with women’s advocacy, survivor and legal groups to raise awareness among judicial personnel (which tend to be male-dominated) about the specific needs and experiences of survivors.

• Allowing survivors to be accompanied by victim advocates or organizations that can help them navigate the complex and often intimidating legal/judicial system and provide them with support throughout the process.

• Ensuring that survivors have a right to actively participate in all stages of legal proceedings and to be informed about the process and progress of their case. (UNDAW and UNODC, 2005)

• Making available orders of protection/restraining orders that are mandated by the court to keep perpetrators away from the victim as well as her family members when relevant, that are enforced by the police.

• Making available legal education programmes for women and girls so that they are aware of their rights, the legal protections and remedies available to them.

• Expanding women’s participation in official positions in formal and informal justice sectors (i.e. as lawyers, prosecutors, judges) as a long-term strategic objective for improved gender-responsiveness of the judiciary.

• Working with informal justice systems (traditional councils, customary and family courts) to reduce impunity and increase access to justice, while ensuring the system is aligned with international human rights standards by engaging authorities of those systems through training and mobilization of local leaders committed to women’s rights and access to justice.

• Establishing special courts for violence against women and children. The existing evidence suggests that these courts may have positive impacts in contexts where they are adequately resourced, have case management protocols and trained staff in place. (Morrison, et al., 2004)

• Implementing monitoring mechanisms, such as human rights ombudspersons or civil society monitoring of judicial outcomes, to help advance reforms of existing formal and informal justice systems. (Morrison, et al., 2004)

• Promoting protections at the national, bilateral and multilateral levels to address the rights of migrant workers, trafficked and other groups of women who are at-risk of economic and sexual violence and exploitation.

• Where they are present and a main judicial recourse, engaging Justices of the Peace (particularly relevant for rural or semi-urban areas) in training opportunities on violence against women and appropriate response protocols for case management. This is critical to counter any personal gender biases that may promote marital mediation over formal
legal redress and often results in injustice for women and girl survivors (by leading to victim-blaming and pushing traditionally female roles of forgiveness and submission).

- Addressing impunity for perpetrators in transitional justice settings who have used rape and sexual assault, forced pregnancy and other serious crimes as tactics of war and removing amnesty for perpetrators of violence against women where it is incorporated in peace agreements (FRIDE, 2008).

**Lessons Learned:**

- Even when appropriate laws and policies exist and the judicial system is relatively accessible, barriers of education, literacy, language and mobility mean many women do not know about their rights or laws enacted and hesitate to engage with a justice system that seems far removed and complicated to navigate.

- Men too may be unaware when their behaviours are harmful, or criminal, and community leaders may be unaware of their legal obligations.

- In addition, fear of further violence, stigma and becoming isolated, losing their children or being forced to leave their homes may prevent women from reporting violence or pursuing court proceedings.

- Stigmatizing biases on the part of justice personnel also interfere with women’s access to justice. Legal systems are often ill equipped to properly assist victims, investigate and document incidents and prosecute cases of violence against women. The vast majority of cases remain unreported and only a small percentage are brought to trial and successfully prosecuted.

- Training judges may be challenging, especially in hierarchical societies, where because of their social status some judges may refuse to participate and believe that they do not require further learning.

- Orders of protection/restraining orders are important to securing women’s safety, but may have limited impact, particularly in resource-scarce contexts, due to understaffing of police, insufficient training, weak legal systems, and barriers to accessing a protection or restraining order. They are difficult to implement without complementary community services (e.g. safe spaces, housing, economic or social support) for women survivors.

- Women will often exhaust informal systems before turning to formal justice, since they are more accessible, have social legitimacy, resolve cases quickly and at a low cost, and for lack of a formal mechanism at the local level. (ICRW and UNFPA, 2009)

- Mediation is not recommended by experts in cases of violence against women, as it incorrectly assumes that both parties have equal power in the negotiations. Women may continue in the relationship putting them at further risk of or continued abuse, without effective recourse to justice and opportunities to leave the situation.

- Special courts dedicated to handling cases of violence against women have the benefits of specialized staff and centralized services, but may also experience problems from poor coordination with criminal courts. These courts may also be costly to operate and have
been concentrated in urban centres making it challenging for rural populations to have access to equitable justice services.

- Though there is limited evidence that incarceration alone leads to reduced prevalence, the justice sector may have a preventive effect when sanctions are consistently applied for crimes (Counts, Brown and Campbell, 1999 cited in Morrison, et al 2004).
- Making greater use of non-punitive measures (e.g. civil remedies, such as financial support for housing, children’s education, or other economic supports for women survivors such as vocational training and job placement, which can be especially critical, if not essential to enable women survivors to abandon situations of abuse.

See the full module on working with the Justice Sector.

**Illustrative Resources:**

- **Advocating for Women in the Criminal Justice System In Cases of Rape, Domestic Violence and Child Abuse** (Women’s Justice Center, 2008). Available in [English].
- **Justice, Change and Human Rights: International Research and Responses to Domestic Violence for Bulgaria, India, Mexico and Russia** (USAID). Available in [English].
**Education Sector**

Working with the education sector is critically important in ending violence against girls and women. Broadly it encompasses two areas:

- Ensuring that girls can access education without the fear or experience of violence.
- Leveraging the education sector to transform negative social norms, attitudes and knowledge related to gender and violence with boys and girls.

**Strategies:**

- Adopt legislation on zero tolerance of harassment and sexual violence in the education sector.
- Establish and strictly enforce well-defined policies/codes of conduct for teachers and all school staff to prevent violence against girls.
- Train teachers on their responsibilities as duty-bearers and on specific topics related to gender and violence and how to communicate these to students of different age/grade groups.
- Introduce or modify existing curriculum and materials according to age/grade appropriateness to address gender stereotypes and to address issues related to violence (e.g. conflict resolution skills for older youth; respectful relationships for dating age youth; or what kind of touching is OK or not OK for younger children, etc.) and violence against women and girls specifically.
- Explore innovative interventions for girls, such as formation of support groups or introducing counselors in the school setting that can provide a ‘safe space’ for freely expressing ideas, feelings and experiences, in addition to seeking advice from a trained professional.
- Establish protection units in schools, telephone “help lines”, and other means by which children can report abuse. (USAID, 2009)
- Ensure that girls have safe access to and from and within school by being mindful of the location of schools (i.e. not in remote areas); the design and placement of the facilities (i.e. well lit rooms, corridors/hallways and toilet facilities); the scheduling of classes; and other measures that can be protective, such as providing safe travel arrangements or security.
- Mobilize parents, care providers, community leaders, youth-leaders and peer counselors, and organizations within the community and schools.
- Promote the establishment of school counsellors and service referral networks, and develop policies and protocols for responding to violence in schools.
Lessons Learned:

- Most evaluations on school-based interventions to reduce violence against women have taken place in the global North. Results of these evaluations indicate that prevention interventions:
  - with young children have not demonstrated clear results with respect to reducing sexual abuse against them;
  - with pre-adolescents have demonstrated promise with respect to reducing psychological and sexual violence, but not in severe cases of dating violence; and
  - with university aged youth have demonstrated improvements in attitudes and knowledge, but without clear evidence of sustained changes in behavior.

- Risk factors for perpetration (and victimization) of violence are complex and a number of these factors are particularly relevant in childhood (for example, poor parenting and care, child abuse and neglect). Starting prevention interventions early and with younger children has the potential to interrupt this course and instill more gender-equitable, respectful social norms and values. (Victoria Health Institute, 2007)

- Like other sectors, training alone is not enough to change a school environment. A whole school approach must be employed to address all aspects of the educational environment to ensure it is a safe space. The approach involves infrastructural considerations for safety; institutionalizing clearly articulated educational principles and policies of zero tolerance for violence across all staff; and integrating violence against women and other important issues (e.g. conflict resolution, respectful relationships, etc.) into a comprehensive curriculum context that is reinforced in extracurricular activities through partnerships with organizations and clubs, parents and other community members and is strategically planned to take into account local needs and issues. (Government of Victoria, 2009)

Resources:

- Sustainable Strategies for Safe Schools, Centre for Research and Education on Violence Against Women and Children (Centre for Research and Education on violence against women and children) Available in English.
- What is a good school? Imagining Beyond the Limits of Today to Create a Better Tomorrow (Raising Voices, 2007). Available in English.
Conflict/ Post-conflict and Emergency Situations

Prevention is critical in emergency, conflict and post-conflict situations, since violence against women and girls often increases during these periods. However, this remains an underdeveloped area. Prevention programmes in unstable settings may include:

- pre-deployment and in-service training for uniformed personnel (military, peacekeepers and police);
- foot and vehicular patrols in areas identified as high risk (by women);
- protocols for all protection officers on how to intervene;
- integration of gender equality issues and violence against women in formal and non-formal education curricula for displaced children and youth;
- public messaging addressing violence against women through radio, television, print media and other entertainment forms that reach a wide audience;
- ensuring women and girls have safe access to humanitarian assistance and basic amenities, such as water, food, fuel and sanitation; and,
- Increasing opportunities for women and girls to participate in political, economic and social activities established in response to the conflict or emergency situation and in peace-building processes.
- Incorporating sexual violence in early-stage peace agreements, in order for victims, their families, and their communities to receive specialized medical and psychosocial services from field agencies; to deter sexual violence against civilians by armed groups and to enable monitoring of sexual violence patterns by relief agencies. (Jenkins and Goetz, 2010)
- Including sexual violence prevention in demobilization, disarmament and reintegration programmes to minimize the risk of post-conflict sexual and gender-based violence by formerly-armed men and boys.
- Integration of sexual and gender-based violence assessment in national security analysis, reform and programmes (Anderlini et al., 2010).
- Increasing women in police or military units or developing all-female units to improve community relations, particularly with women, and strengthen intelligence on security issues, even when conducting cordon-and-search operations or other potentially threatening activities.
- Increasing the recruitment of women from countries providing military or police personnel to peacekeeping forces in order to increase women’s experiences and ability to participate in peacekeeping units at all levels.
Lessons Learned:

- Paying attention to sexual violence with respect to the composition, mandate, security and reporting procedures of the ceasefire monitoring apparatus can be just as important as incorporating sexual violence (as a prohibited act) in ceasefire agreements. (Jenkins and Goetz, 2010)

- Protection measures such as patrols and escorts may offer short-term security, but can place women and girls at greater risk for retaliation and future violence if measures are not sustained (such as erratic or inconsistent patrols), lack follow-up (such as rescue from trafficking or other forced circumstances), or the protection is perceived as a result of women and girls’ alliance with a particular side (in the case of visible escorts to support women and girls’ mobility). This reinforces the need for consultation with women when planning any intervention which affects them.

- Regular presence of uniformed personnel through unarmed patrols can help build trust with communities and reinforce respect for human rights and the rule of law among all armed groups.

- Cultivating empathy among uniformed personnel has been shown to be an effective strategy for improving their commitment to protect vulnerable groups such as women and children. (Slim, H. and Mancini-Griffoli, 2007)


Resources:

- The Minimum Initial Services Package for Reproductive Health in Crisis Situations: A Distance Learning Module (Women’s Commission for Refugee Women and Children, 2006). Various elements are available in Arabic, Indonesian, English, French, Korean, Nepali, Russian and Spanish.
- Clinical Care for Sexual Assault Survivors: Multimedia Training Toolkit (International Rescue Committee, 2009). Available in English with some resources in French.


Developing Coordinated Community Responses

A coordinated community response involving health, police, judicial and legal services, shelters and protection services, schools and other education institutions, religious or cultural groups, and others is an important strategy to ensure survivors of violence, their children and other dependents receive the comprehensive support they need in a timely and sensitive manner. A coordinated community response is the equivalent of employing a multisectoral approach at the local level.

In many instances, central-level agreements are secured first that can then be transferred to local levels. The respective governmental and non-governmental organizations are brought together in a ‘team of professionals’ (including health, police, shelters, social and mental health care workers, etc.), to ensure a shared understanding of the anti-violence legal framework and laws in place, the concept and practical application of a community coordinated response, and the respective roles and procedures that should be followed within the multi-sectoral approach.

Coordinated community responses engage key individuals and agencies from different sectors to:

- help women and girls access protection, legal assistance and meet other basic health and livelihood needs;
- encourage survivors to report incidents of violence by ensuring a gender-sensitive and appropriate response and increasing trust in the police;
- promote ‘zero tolerance’ throughout the community;
- more closely monitor women’s safety and batterer intervention programmes where they exist; and,
- increase prosecutions and convictions. (Morrison, et al., 2007; Shepard & Pence, 1999)

Key Elements & Strategies of a Coordinated Community Response:

- Safety of the survivors/victims as the core and paramount principle of the model, which should be instilled through sensitization, training, protocols, procedures and so forth, among all key stakeholders and service providers (police, social workers, lawyers, judges, etc).

- Inter-institutional negotiations for cooperation - leading to Memoranda of Understanding, protocols and other agreements. In the process of inter-institutional negotiations, it is important to secure support from major decision-makers (including mayors and/or other high-level local authorities) and work with actors that are trusted by the community.

- Achieve systematic changes – the purpose of inter-institutional negotiations and interventions under this approach is not only to improve responses for women and girls survivors, but also to achieve lasting changes in the attitudes, norms and practices at the level of the service delivery institutions themselves. The intervention is centered on
institutions as a whole, and not just individual representatives, reflecting a systems-based approach. This implies working towards pre-service/institutionalized training; ensuring minimum standards (e.g. for domestic violence or rape-related services); upgrading equipment and infrastructure; continuous quality control mechanisms to monitor the quality of services that women and girl survivors receive; and establishing data collection systems.

- Multidisciplinary teams that bring together all relevant stakeholders. Exact content (membership) of teams depends on the local context, including any relevant legislation that may guide and establish roles and obligations for particular sectors and professionals.

- Community mobilization and primary prevention efforts, including through sustained local campaigns engaging the media and diverse organizations and sectors of the population to build zero tolerance and enable an overall supportive environment for women and girls survivors, and for furthering policy and legal reforms and securing resources.

- Flexibility and adaptation, and ongoing monitoring: The coordinated community response is intended as a dynamic model that can respond and adapt to needs for improvement and changes in context based on continuous, participatory monitoring involving the key stakeholders and information based on women survivors’ experiences. This should include monitoring of perpetrator interventions and efforts to adjust policies and procedures to end impunity.

**Lessons Learned:**

- The Duluth Model (Minnesota, USA) is one of the most evaluated coordinated community response models addressing domestic violence. It has been adapted for numerous contexts, including developing countries and works best in medium to small-scale communities.

- Maintaining and expanding achievements can be challenging due to high staff turnover and rotation within government.

- Garnering the participation of key professionals (such as medical doctors) can prove challenging if they do not have a legal mandate with respect to violence against women.

- Faith-based and other traditional leaders are influential community members who have a role to play in a coordinated community response, but it is important to invest in ensuring that their values and beliefs are aligned with women’s human rights in order to ensure women’s access to justice.

- In addition to strong communication channels, formal assessments and documentation of findings are critical to maintaining and improving responses, especially in cases where actors change frequently.
Resources:

- **The Duluth Model: Social Change to End Violence against Women** (Domestic Abuse Intervention Programs). Available in English.


- **Domestic Violence and Sexual Assault CCR Toolkit** (The Wisconsin Coalition Against Sexual Assault and The Wisconsin Coalition Against Domestic Violence, 2009). Available in English.

- **Manual Bridging Gaps - from Good Intention to Good Cooperation** (Women against Violence Europe, 2006). Available in English.

- **Coordinated Community Response / Coalition Building / Collaboration** (National Center on Domestic and Sexual Violence, United States). Available in English.
Engaging Key Groups

Ending violence against women requires the involvement of everyone at all levels in society. Whether as government employees under formal obligation; as men, who remain the predominant perpetrators and primary decision-makers; as bystanders in a community; as media personnel who deliver messages to the public; as influential community and religious leaders; as concerned young people or as women and girls entitled to lives free of violence – all have a role to play. In particular, especially in the context of preventing and ending violence against women and girls, there are especially strategic groups that should be considered, including:

- **Adolescent girls and boys** (ages 10-19) who are more open to new ideas and change, are an especially strategic group to work with, as they are at an age where gender-related values, norms and behaviours can be instilled for life. Adolescent girls in particular are especially vulnerable to various forms of violence (e.g. sexual assault and rape, including incest, forced sexual initiation and school-related violence; forced or child marriage; female genital mutilation/cutting and trafficking), with multiple consequences (such as, possibilities for unwanted pregnancy, school dropout and HIV infection). First acts of violence against women tend to be perpetrated by men beginning when they were younger and reports of dating violence are on the rise. Prevention work among this age group can be especially promising. There is a marked dearth of experiences and attention to developing tailored responses to the specific needs, rights and issues of adolescent girl survivors, even though research shows timely, quality intervention can greatly mitigate potentially life-long consequences.

- **Men and boys** who have a critical role to end violence against women and girls, especially in challenging and eliminating the attitudes, norms and practices that perpetuate men’s control and power over women and reinforce tolerance for violence against women and girls. Other reasons for working with men and boys include: their roles as the main perpetrators of violence against women and girls; the potential to promote more equitable attitudes about gender roles and norms among adolescent boys; and the importance of male-dominated institutions such as the security, justice and other public institutions in ending impunity for perpetrators of violence. There is an incipient, but growing body of knowledge on promising work with men and boys, particularly in advancing effective prevention strategies. A handful of evaluations demonstrate that men’s and boys’ knowledge and attitudes can be positively transformed within a relatively short-time frame through multi-faceted educational approaches; although behavioral impacts have not been yet been well assessed. Programmes should educate and engage the broader community of men with separate and specific approaches for the non-perpetrating community, including bystanders, the male population at large, those in male-dominated or hyper masculine institutions (e.g. military or sports) and by different age groups and characteristics.
Evaluations and evidence to date on perpetrator programmes should be consulted and carefully weighed. There is no conclusive evidence on the effectiveness of batterer interventions, and ethical, safety and cost issues need to be taken into account. All perpetrator intervention programmes should be coordinated with survivor service providers, involve careful and ongoing monitoring, and even greater scrutiny when applied as an alternative to incarceration. Perpetrator programmes can be costly and should not be pursued if they are implemented at the expense of programmes that serve survivors.

- **Faith-based, cultural and traditional leaders** who are often trusted members of the community, have a prominent role in shaping community beliefs and have access to different segments of the population, including those who are more marginalized and harder to reach are well placed to mobilize efforts to end violence against women and girls. Popular culture figures (who ascribe to human rights and gender equality and model good behaviour) can also champion the effort with their social influence and ability to reach large audiences quickly through media messages.

**Illustrative Resources:**

**Adolescents**

- **Meeting the Needs of Young Clients: A Guide to Providing Reproductive Health Services to Adolescents- Chapter 7: Counseling Victims of Sexual Violence** (Family Health International, 2007). Available in [English](#) and [Spanish](#).
- **Curriculum on Violence against Women Prevention** (Prevention Connection). Available in [English](#).
- **Gender and Relationships: a Practical Action Kit for Young People** (Commonwealth Secretariat and Healthlink Worldwide, 2001). The cover and units [one](#), [two](#), [three](#) and [four](#) are available in English.
- **Gender or Sex: Who Cares? Skills-Building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers** (de Bruyn and France/Ipas, 2001). Available in [English](#) and [Spanish](#).
- **Ideas on Working with Girls** (Women Ink/International Women's Tribune Centre, 2007). Available in [English](#).


Men and Boys

Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions (Barker, Ricardo and Nascimento/World Health Organization, 2007). Available in English.

Evaluating batterer counseling programs: A difficult task showing some effects and implications (Gondolf, 2004). Available in English.


Masculinidades y Equidad de Género/Masculinities and Gender Equality. Available in Spanish.

See the Men and Boys module for step-by-step guidance and resources to implement policies and programmes.

See the Tools database results for “men and boys”

Faith-based Leaders


Mobilizing Religious Communities to Respond to Gender-Based Violence and HIV (Herstad/ USAID, 2009). Available in English


Creating Partnerships with Faith Communities to End Sexual Violence (Dopke, 2002). Available in English.
Capacity Development

Capacity development is the process through which individuals, organizations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time. (UNDP, 2009) Capacity development is essential for making a sustainable contribution to addressing violence against women and girls. While often equated with training only, the concept of capacity development entails much broader components and considerations, such as:

- Fostering a **common vision and operating framework** (laws, policies, protocols);
- Building a **critical mass of human resources** (through targeted recruitment of staff with the right experience and skills, training and other supports);
- Installing the appropriate infrastructure, such as **equipment** and **supplies** to facilitate implementation;
- Developing or expanding **partnerships** to maximize the resources and effectiveness of interventions by bringing together the strengths and assets of different stakeholders;
- Improving the **knowledge base** and ongoing learning through **monitoring and evaluation** of interventions; and,
- Increasing **technical and financial resources**.

**Key Elements:**

- Conducting needs assessments at community levels and among various stakeholders, including in the areas of knowledge, attitudes, behaviours and practices related to violence against women and gender equality in general; mapping of existing responses to violence against women (services, resources, organizations); skills, protocols, policies and infrastructure related to key sectors and specific areas of expertise needed for an appropriate response; data available on prevalence and incidence of the specific forms of violence being addressing, as well as assessing service data collection, monitoring and reporting systems; and other inputs necessary to effectively implement laws and policies to determine existing strengths and identify gaps.

- Developing tailored capacity development plans for different stakeholders according to their roles and the policy or programme’s intended beneficiary population. For example, duty-bearers (those directly responsible for implementing the law); education and school staff; employers and the private sector; men; adolescents; media staff and journalists; or rights-holders (women and girls).
• Assessing institutional strengths and weaknesses related to multi-sectoral cooperation arrangements and referral systems for the implementation of policies and protocols to determine what support is needed.

• Using system-wide approaches, so that initiatives that focus on one aspect of capacity development, such as training of service providers, are designed and implemented within the wider needs and approaches outlined for the sector, such as improving the implementation of policies and protocols.

• Enabling the direct exchange among stakeholders and practitioners, from government and non-government, from local and national levels and across South-South and North-South, to share relevant experiences, promising and good practices, lessons learned, tools and other resources.

• Supporting a critical mass of women within government decision-making positions, and strengthening institutions or bodies focused on women (i.e. women’s machineries) and are responsible for addressing violence against women, which are often under-resourced and do not benefit from the training and professional development opportunities available to other institutions.

Areas related to addressing violence against women that are commonly identified in need of strengthening include:

• Data collection and analysis systems;
• Sectoral and inter-sectoral regulations and protocols;
• Frontline responses through coordinated service delivery systems (in health, security and justice), shelters and safe spaces;
• Staff knowledge on women’s human rights and gender-based violence across sectors;
• Public outreach and legal literacy to empower girls and women;
• Specialized women’s centres;
• Community-based models;
• Securing budgets/gender-responsive approaches;
• Monitoring and evaluation; and,
• Adapting and upscaling successful and promising strategies based on evidence available from promising practice and models.

Lessons Learned:

• Efforts to achieve structural and policy changes will not be effective without outlining the roles and responsibilities of individuals and institutions with an official mandate to respond; allocation of adequate funds; and installation of systematized monitoring mechanisms. Garnering the support of leadership is essential to fostering ownership and sustaining efforts for continued change.
• Incentives for staff are an important motivating force. These can include improving the workspace, the working conditions and the work itself, and building-in time during the workday for sharing and learning.

• Interventions often focus on the supply of services rather than the demand. There should be a comprehensive approach to capacity development which considers strengthening both supply (i.e. information and services) and demand (women’s empowerment, knowledge of legal rights and where to access services) in order to maximize the impact of violence prevention and response efforts.

• Capacity development investments have tended to focus primarily on training without other necessary and complementary interventions (such as strengthening multisectoral referrals, infrastructure and systems, data collection, ongoing monitoring for improvements and partnerships and collaboration with women’s groups and civil society organizations, and other key elements).

• The design and development of training curriculum and processes often ignore expertise in educational psychology and adult learning. It is also common for technical experts and not skilled and trained facilitators to deliver the training. Successful training requires a first and foremost a sound and consistent methodology and skilled trainers.

• Different knowledge and skills are required by different people, of different functions and specialization levels, at different stages of implementation. Capacity development plans should tailor interventions accordingly and ensure that the right individuals are receiving the right inputs vis-à-vis their roles and where they are in the roll-out of the programme.

• The slow pace of developing sustainable capacity is often at odds with the pressure to demonstrate progress quickly to beneficiaries and donors. However, experience has shown the value of investing in the institutions, staff and processes that can lead to lasting social change. (UNDP, 2009)

Resources:


➢ **Capacity Development Website** (United Nations Development Programme). Available in [English](#).

➢ **Capacity Development Resource Center** (World Bank). Available in [English](#).

➢ **Capacity Building for Gender, Diversity and Equality** (International NGO Training and Research Centre). Available in [English](#), [French](#), [Portuguese](#), [Russian](#) and [Spanish](#).

➢ **Capacity Building Approaches** (Impact Alliance). Available in [English](#), with select resources in French and Spanish.
Conducting Research, Data Collection and Analysis

Research, data collection and analysis are critical to effective advocacy efforts and resource mobilization, programme development, policy implementation and monitoring of interventions.

Data can be collected on a number of important elements, such as: the nature and extent (prevalence and incidence) of violence against women and girls; the consequences and costs related to violence; the help-seeking behaviour of survivors; the responses by different sectors to survivors and perpetrators; the knowledge, attitudes and practices of various groups (e.g. public officials, service providers, men, women, adolescents and others that are either responsible for implementing the law or targeted in an intervention); among many others depending on the policy or programme needs. Data can also be disaggregated for more detailed information by age, residence (urban v. rural) and other characteristics (e.g. ethnicity/race or socio-economic level).

Systems for regular data collection and analysis can involve partnerships between government, international organizations, civil society and academic or research institutions at both the national and sub-national level.

Common research and data collection methods on violence against women and girls include:

**Qualitative Research** which can include rapid assessments or in-depth studies with targeted groups or individuals within a population and provides more detailed information on a smaller number of people. Qualitative research does not gather information on the prevalence of violence against women and girls, but can highlight women’s experiences with violence, which may increase understanding about the context in which violence takes place and identify promising responses to violence as well as gaps in services across sectors. Qualitative research methods can help to inform policy or programme development, and be used for monitoring and evaluation of interventions. It can also inform the design of research initiatives, such as a more focused survey on violence against women and girls. (Ellsberg and Heise, 2005)

**Quantitative Research**, which can involve surveys or studies based on a population or specific group within the population, often generates less-detailed information on a large number of people and is represented in numbers or percentages.

For example, **Population-based surveys** gather data from a representative sample of the population (national or sub-national) so that results from the survey can represent how the issue examined affects the general population. Population-based surveys can involve surveys specifically focused on violence against women and girls or surveys on broader issues (e.g. on health, crime, census) that integrate modules or questions related to violence against women and girls. Dedicated surveys may better capture the actual levels of prevalence and more detailed information on the context in which violence against women occurs, but require a larger amount of resources (both financial and technical) and training compared with modules integrated into broader surveys.
Advantages of population-based surveys include:

- Data collected can highlight the prevalence of women’s and girls’ experiences with violence across the population.
- Survey results may help advocacy efforts to generate policy and programme attention to prevent and respond to violence.
- Data can draw attention to forms and other factors associated with women’s experiences of violence, including the knowledge, attitudes and practices of women and men.

Disadvantages of population-based surveys include:

- The challenge of getting the methodology right, so that the data generated is valid and of good quality.
- Lack of standard methodology at international level, which challenges comparison between countries or surveys.
- The process raises ethical and safety issues for women and girls that may put women and girls at increased risk of violence or harm (trauma, stigmatization) if they are not addressed within the survey design and implementation.
- Information gathered from surveys may not reveal underlying causes of violence or other details on women’s and girls’ experiences with violence.

Service-level data collected from different sectors and providers should be coordinated among the various institutions and agencies, and ideally, use a standardized format for recording and reporting data on violence against women and girls that can be centralized from the local, to the district to the national level. Such data can be gathered from entities, such as:

- police and other relevant uniformed personnel offices (e.g. military);
- courts (from criminal prosecutions; applications for protection orders, civil cases);
- hospitals and health care facilities (violence screening; mortality and morbidity rates);
- social security offices;
- social work agencies;
- education institutions (schools, colleges and universities);
- shelters and safe spaces; and
- hotlines. (Council of Europe, 2000)

Advantages of service-level data include:

- Monitor demand for services (number of women and girls using services over time, type of services used)
- Monitor capacity of different sectors to respond to the needs of women and girl survivors of violence (e.g. number of police investigations that go to court)
- Monitor the level of services available within a community (both the number and scope of services provided)

Disadvantages of service-level data include:

- Data only counts and documents experiences of the women and girls who report or seek help for violence, who represent only a small portion of actual survivors.
• Cannot be generalized or represent all women and girl survivors of violence within the population
• May not be easy to interpret findings due to different terminology, reporting formats, etc. used by service providers (Ellsberg and Heise, 2005; Garcia-Moreno and Jansen, 2009; UN General Assembly, 2006)

➢ For additional information see the power point on Challenges in Measuring Violence against Women (Garcia-Moreno and Jansen, 2009).

Conflict and post-conflict settings pose additional challenges (e.g. instability, high mobility of people and poor infrastructure) for data collection, though population-based prevalence studies have been piloted using a standardized survey instrument in Colombia, East Timor, Kosovo and Rwanda. (Ward, 2005) Surveys have been conducted in other countries as well, although they often use non-representative samples and are based on data from service providers. In these settings surveillance using existing case reports also provides useful data, though they may require simplification and systematization.

To address the challenges that continue to limit the availability of data on the issue in humanitarian settings, the International Rescue Committee, UNHCR and UNFPA came together in 2007 to create the Gender-based Violence Information Management System (GBVIMS) to develop a standardized data collection and analysis mechanism. Today, the GBVIMS is an inter-agency initiative governed by a Steering Committee made up of representatives from UNHCR, UNFPA, IRC, UNICEF, and WHO. Visit GBVIMS.

For additional information, tools and case studies on researching violence against women and girls, see the Monitoring and Evaluation Module.
Resources:

- Swimming against the tide: lessons learned from field research on violence against women in the Solomon Islands and Kiribati (Jansen, UNFPA, 2010). Available in English.
- The International Violence against Women Survey (European Institute for Crime Prevention and Control and the UN Interregional Crime and Justice Research Institute, 2008). Available in English.
- The International Men and Gender Equality Survey (International Center for Research on Women and Promundo, 2008) in English (for men and women) and Portuguese (for men and women).
Monitoring and National Accountability

Regular and participatory government-led assessments at the national and local levels, in partnership with women’s and other civil society organizations, serve to ensure that policies and programmes work as intended and highlight opportunities for improvement. (Council of Europe, 2008; UN General Assembly, 2006)

These assessments might include:

- Annual progress reports to parliament by sectoral ministries;
- The establishment of national and local observatories;
- Independent oversight mechanisms such as ombudspersons;
- Collaboration with the media to disseminate information on progress and shortcomings;
- Periodic evaluations of the enforcement of laws and implementation of programmes; and,
- Prevalence surveys.

Anti-violence policies and programmes should have clear targets and timelines so that their effectiveness can be measured and assessed.

National monitoring efforts should also be linked to periodic State Party reporting obligations to the CEDAW Committee and other international treaty bodies.

The following checklist includes key elements for promoting national accountability to end violence against women (extracted from the National Accountability Framework to End Violence against Women and Girls, UNIFEM, 2010. Available in English, French and Spanish):

1. Are various forms of violence against women and girls addressed?

Violence against women and girls occurs in both private and public spaces. It takes many forms, ranging from domestic abuse to rape, psychological torture, trafficking, sexual exploitation and harmful practices, among others. Acts of violence take place in a variety of settings (households, streets, schools, workplaces, conflict situations) and affect a cross-section of groups (including rural/urban, rich/poor, young/adult, migrant, displaced, indigenous, disabled and HIV-positive women). Ensuring effective responses requires that laws, policies, services and data collection efforts recognize and address the different manifestations of violence and tailor strategies accordingly, based on an understanding of the specific contexts in which they occur.

2. Are data collection, analysis and dissemination systems in place?

Developing workable policies, programmes and responses depends on reliable data. This includes information on the prevalence, causes, survivors and perpetrators of violence against women and girls; the impact of interventions and the performance of the public sector in terms of, for instance, health service access, police and judiciary responses; the attitudes, behaviours and experiences of men, women and young people from different population groups, and how they perceive the issue in their society; and the social and economic costs of violence against
women and girls. Such data are essential for measuring the progress of anti-violence initiatives, developing effective strategies and allocating budgets.

3. Do policies and programmes reflect a holistic, multisectoral approach?

Addressing violence against women and girls requires a multi-dimensional response involving government agencies, non-governmental organizations and other entities from various sectors and disciplines. Beyond the institutions that have primarily been involved in these efforts (e.g., health, public security, legal, ministries of women’s affairs), other key actors—such as educational institutions, employers, labour unions, the media, ministries of finance, and the private sector as part of corporate social responsibility—should be included. Interventions need to be composed of both services and referral systems for the survivors/victims of violence, as well as broader prevention efforts focused on social and community mobilization for ‘zero tolerance’ and gender equality. Holistic support means addressing the full range of needs and rights of women and girls, which includes ensuring safety, health services, legal and judicial remedies, and economic security for themselves, their children and other dependents.

4. Are emergency ‘Frontline Services’ available and accessible?

Survivors of gender-based violence require immediate ‘frontline’ support from the police and health and legal aid providers. As larger-scale and longer-term responses are developed, all countries should ensure that minimum standards to meet emergency needs are satisfied. (UNDAW, 2008) Subject to national context, these should include: ensuring the safety and adequate protection of survivors/victims; universal access to at least one free national 24-hour hotline to report abuse and life-threatening situations that is staffed by trained counsellors who can refer callers to other services; one shelter for every 10,000 inhabitants that provides safe emergency accommodation, qualified counselling and other assistance; one women’s advocacy and counselling centre for every 50,000 women that offers crisis intervention for survivors/victims; one rape crisis centre for every 200,000 women; and universal access to quality post-rape care (including pregnancy testing, emergency contraception, post-exposure prophylaxis to prevent HIV and treatment for sexually transmitted infections, treatment for injuries and psychosocial counselling). These services should not be conditional upon the survivor/victim’s reporting violence to the police, and they should be followed by longer-term health, legal, psychosocial, educational and economic support.

5. Is national legislation adequate and aligned with human rights standards?

Laws and their enforcement are essential to ending impunity. They set the boundaries for public norms and behaviours. They affirm the rights that all people are entitled to enjoy and delineate the duties and obligations of those charged with their protection. Laws to stop violence should be comprehensive and work to prevent, respond to and punish all forms of violence against women and girls. The human rights of women and girls must be placed as the paramount concern of all laws, policies and programmes—including their rights to personal security, privacy and confidentiality, informed and autonomous decision-making, to health and social services, and to justice. This also entails legal provisions safeguarding certain rights that
might determine whether a woman is enabled to leave an abusive situation, namely, women’s rights to child support and custody; economic, property, land and inheritance rights; and nationality and immigration status. Whether formal or customary systems of justice prevail, they should uphold the human rights of women and girls. Laws and their enforcement should comply with international and regional human rights standards, as set forth in various conventions, agreements and mechanisms.

6. Do decrees, regulations and protocols establish responsibilities and standards?

Explicit standards should be established for the implementation and monitoring of laws, policies and programmes through various instruments and procedures that reinforce and institutionalize them. Presidential or ministerial decrees, for example, can bolster implementation by assigning specific roles and responsibilities to the relevant ministries. Protocols, both within and across sectors, can provide critical guidance to officials and service providers and set operating and performance standards. These standards can also serve as benchmarks for tracking progress and accountability and for introducing improvements. Protocols and procedures should be aligned with available internationally adopted and recommended human rights and ethical and service delivery standards.

7. Is there a National Action Plan and are key policies in place and under way?

National Action Plans devoted to addressing violence against women and girls can be valuable instruments for setting in place the institutional, technical and financial resources required for coordinated, multisectoral responses. They can establish mechanisms for accountability and can clarify institutional responsibilities. They can also serve to help monitor progress towards specific targets. Ministries charged with coordination (often women’s machineries) need political support at the highest levels of government, as well as adequate institutional and financial support to carry out this complex task effectively. Ensuring that actions to address violence against women and girls are integrated into other leading policy and funding frameworks can also provide strategic venues in which to strengthen efforts and secure budgets. Examples of these include poverty reduction and development strategies and national plans and sector-wide reforms related to education, health, security, justice, HIV and AIDS, and peacebuilding and reconstruction in post-conflict situations.

8. Are sufficient resources regularly provided to enforce laws and implement programmes?

Policies and laws are too often adopted without adequate funding being provided for their implementation. Budgets should be assessed to make sure that they meet the needs of the population, adequately serve impoverished geographic areas and ensure equity, and benefit the women and girls they are intended to serve. Financial considerations should be based on costing and should include seemingly peripheral but crucial considerations, such as free medical and legal aid and transportation support so that women and girls can access legal and other services, as well as support for their socio-economic reintegration. Financial assistance to survivors/victims can be made available through innovative schemes, such as trust funds to which both the State and other actors (individuals, organizations and private donors) may
Resources should be made available to ensure the capacity development of the various sectors and professionals that bear responsibility for enforcing laws and implementing programmes. Adequate public funding should be allocated to non-governmental organizations and women’s groups, lead sources of expertise and services for survivors/victims for their work and contributions.

9. Are efforts focused on women’s empowerment and community mobilization?

Too often, there is a tendency to ‘supply’ policies and services, without adequately engaging the public through empowering approaches that enable people to ‘demand’ and access those services and to seek accountability. Real and lasting change to end violence against women and girls should be focused at the local and community levels, where acts of abuse occur and are too often tolerated. Strategies should empower women and girls to demand their rights to justice, protection and support; provide them with knowledge of their rights and their government’s obligations; and ensure collaboration with women’s centres and advocacy groups, as well as youth, men’s and other organizations committed to gender equality. Mass public education and awareness-raising campaigns on the issues, including through local and national media, are important elements. Community mobilization on gender equality and non-violence is essential to stopping violence against women and girls, especially among men, young people, faith-based and other strategic groups.

10. Are monitoring and accountability systems functional and participatory?

Regular and participatory government-led assessments at the national and local levels, in partnership with women’s and other civil society organizations, serve to ensure that policies and programmes work as intended and highlight opportunities for improvement. These assessments might include annual progress reports to parliament by sectoral ministries, the establishment of national and local observatories, independent oversight mechanisms such as ombudspersons, collaboration with the media to disseminate information on progress and shortcomings, and periodic evaluations of the enforcement of laws and implementation of programmes. Anti-violence policies and programmes should have clear targets and timelines so that their effectiveness can be measured and assessed. National monitoring efforts should also be linked to periodic State Party reporting obligations to the CEDAW Committee and other international treaty bodies.

For monitoring reports, see:

- The CEDAW country reports and CEDAW Committee Concluding Observations
- The CEDAW shadow reports produced by non-governmental organizations
- The Special Rapporteur on Violence against Women, its Causes and Consequences country visit reports
- The Beijing + 15 reports
- National observatories on violence against women from around the world.
- The results for “case studies” and “evaluations” in the Tools Section of the Virtual Knowledge Centre to End Violence against Women and Girls

IV. Monitoring and Evaluation
V. References


International Center for Research on Women (ICRW) and UNFPA, 2009. *Intimate Partner Violence—High Costs to Households and Communities.* ICRW and UNFPA, Washington, D.C and New York.\


UNDAW and UNODC. 2005. “Good practices in combating and eliminating violence against women.” Expert Group Meeting Final Report. UN Division for the Advancement of Women (UNDAW) and UN...


**UNIFEM. 2010.** *National Accountability Framework to End Violence against Women and Girls: 10-point Checklist.* UNIFEM, New York (Forthcoming)


VI. Glossary

Glossary of Terms from Introductory Section of Programming Site

For Monitoring and Evaluation Terms, see:


Acid attack/throwing: any act of violence perpetrated through an assault using acid.

Child Marriage: Marriage of children and adolescents below the age of 18.

Conflict Tactic Scale (CTS): A tool for measuring intimate partner violence, particularly used in the United States. The original CTS has several subscales that measure acts used in the course of conflict, including negotiation, verbal and physical aggression. The physical aggression subscale of the CTS measures the frequency and severity of specific acts of physical violence within the family, including husband-to-wife, wife-to-husband, and parent to child violence.

Crimes committed in the name of “honour”: The full range of discrimination and violence committed against women to control their life choices, movements, sexual behaviour and reputation, in the name of “honour”. Crimes against women in the name of ‘honour’ may occur within the family or within the community. See also ‘honour’ killings.

Decentralization: Process of dispersing decision-making or government administration closer to the point of service or action.

Direct costs: The costs resulting directly from acts of violence or attempts to prevent them. They include: costs of legal services, medical care, perpetrator control, incarceration, foster care, private security contracts and economic benefits to perpetrators.

Domestic Violence: Violence perpetrated by intimate partners and other family members, and manifested through: physical abuse (e.g. slapping, beating, arm twisting, stabbing, strangling, burning, choking, kicking, threats with an object or weapon, and murder); sexual abuse (e.g. coerced sex through threats, intimidation or physical force, forcing unwanted sexual acts or forcing sex with others); psychological abuse (e.g. threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression and constant humiliation); and economic abuse (e.g. denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care, employment, etc.)

Dowry-related Violence: Any act, including murder, rape, battery, harassment and other forms of physical abuse as well as psychological abuse associated with the giving or receiving of dowry at any time before, during or after the marriage.

Ecological Model: A model to help understand the root causes and risk factors of violence that need to be identified and addressed by prevention strategies. The model identifies risk factors at four levels:
individual, relationship, community and societal. The ecological model helps to clarify the causes of violence and their complex interactions. The model is multilevel, allowing for the interaction of factors both between the different levels as well as at the same level and suggests that to prevent violence it is necessary to develop interventions at the different levels.

**Economic Abuse:** Causing/or attempting to cause an individual to become financially dependent on another person, by obstructing their access to or control over resources and/or independent economic activity.

**Economic Violence:** Acts such as the denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care, employment, etc.

**Elder Abuse:** A single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. It can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect.

**Emotional Abuse:** Belittling, humiliating, or undermining an individual’s sense of self-worth/self-esteem (e.g. constant criticism, verbal insults and name-calling, etc.).

**Female Genital Mutilation/ Cutting (FGM/C):** All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM/C is classified into four major types: Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris); Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina); Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

**Female Infanticide:** Intentional killing of baby girls due to the preference for male babies and from the low value associated with the birth of females.

**Femicide:** The gender-based murder of a woman; systematic killing of women because they are women.

**Forced Marriage:** A marriage lacking the free and valid consent of at least one of the parties. In its most extreme form, forced marriage can involve threatening behavior, abduction, imprisonment, physical violence rape and, in some cases, murder; an arranged marriage officiated without the consent of the interested parties.

**Gender:** The economic, social and cultural attributes and opportunities associated with being male or female in a particular point in time. Also refers to the socially constructed relationship between women and men and the attributes, behavior and activities to which each is expected to adhere. Gender differences are determined and reinforced by cultural, historical, ethnic, religious and economic factors. Gender roles differ over time and between cultures, but may be changed. Gender is often wrongly conflated with "sex", which refers to the biological differences between women and men.

**Gender-Based Violence (GBV):** Acts of physical, mental or social abuse (including sexual violence) that is attempted or threatened, with some type of force (such us violence, threats, coercion, manipulation, deception, cultural expectations, weapons or economic circumstances) and is directed against a person.
because of his or her gender roles and expectations in a society or culture. A person facing gender-based violence has no choice to refuse or pursue other options without severe social, physical, or psychological consequences. Forms of GBV include sexual violence, sexual abuse, sexual harassment, sexual exploitation, early marriage or forced marriage, gender discrimination, denial (such as education, food, freedom) and female genital mutilation.

**Gender-Responsive Budgeting (GRB):** The analysis of the impact of actual government expenditure and revenue on women and girls as compared to men and boys. It neither requires separate budgets for women, nor does it aim to solely increase spending on women-specific programmes. Instead, it helps governments decide how policies need to be adjusted, and where resources need to be reallocated to address poverty and gender inequalities.

**Harmful Practices:** All practices done deliberately by men on the body or the psyche of other human beings for no therapeutic purpose, but rather for cultural or socio-conventional motives and which have harmful consequences on the health and the rights of the victims. Some harmful practices include early/forced marriages, FGM/C, and widowhood rites.

**“Honour” killings:** A practice in which women and girls suspected of defiling their family's honour by their misconduct can be killed by their brother, father, uncle or another relative who thus restores the said honour. Honour killings are executed for instances of rape, infidelity, flirting or any other instance perceived as disgracing the family's honour, and the woman is then killed by a male relative to restore the family's name in the community. Such women may be killed based on suspicions of a family member alone, and they may not be given the chance to defend themselves. The allegation alone is considered enough to defile a man's or family's honour, and is therefore enough to justify the killing of the woman. The men who commit the murder typically go unpunished or receive reduced sentences. Variants: (1) honour crime; (2) crime of honour.

**Incidence:** The number of new cases of a problem divided by the study population over a specific period. The incidence rate refers to the number of violent events women experience during a specific period, such as one year.

**Indirect costs:** The long-term effects of acts of violence on perpetrators and victims, including lost wages and time; lost investments in human capital; costs related to indirect protection, life insurance, productivity, psychological and other non-monetary costs.

**Interpersonal Violence:** Defined to include violence between family members and intimate partners and violence between acquaintances and strangers that is not intended to further the aims of any formally defined group or cause. Self-directed violence, war, state-sponsored violence and other collective violence are specifically excluded from these definitions.

**Intimate Partner Violence (IPV):** A pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners. It includes a range of sexually, psychologically and physically coercive acts used against adult or adolescent women by a current or former intimate partner, without her consent. Though women can be violent toward men in relationships, and violence exists in same-sex partnerships, the largest burden of intimate partner violence is inflicted by men against their female partners.

**Marital Rape:** Sexual intercourse forced on a woman by her husband, knowingly against her will.
**Masculinities:** The different notions of what it means to be a man, including ideals about men’s characteristics, roles and identities, which are constructed based on cultural, social and biological factors and change over time.

**Perpetrator/Batterer:** Person carrying out or bringing about a crime or a deception.

**Physical Violence:** Intentional use of physical force with the potential for causing death, injury or harm. It includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching hitting, burning, the use of restraints or one’s body size or strength against another person, and the use, or threat to use, a weapon.

**Prenatal Sex Selection:** See sex-selection.

**Prevalence:** The number of persons having a specific characteristic or problem, divided by the number of persons in the study population who are considered to be at risk of having the problem, usually expressed as a percentage. The prevalence of violence against women refers to the number of women who have experienced violence divided by the number of at-risk women in the study population.

**Primary Prevention:** Any programmes, interventions or strategies aimed at stopping violent events from taking place, and is thus related to the time before violence actually occurs. Examples of primary prevention include pre-school enrichment programmes, training in parenting, and the training of health professionals or teachers in how to prevent interpersonal violence.

**Psychological Violence:** Behaviour that is intended to intimidate and persecute, and takes the form of threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression and constant humiliation.

**Psychological Abuse:** Any act or omission that damages the self-esteem, identity, or development of the individual. It includes, but is not limited to, humiliation, threatening loss of custody of children, forced isolation from family or friends, threatening to harm the individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating word or gestures, controlling behavior, and the destruction of possessions.

**Qualitative Research:** Methods of gathering information that is presented primarily in text form through narratives, verbatim quotes, descriptions, lists and case studies. Qualitative methods are primarily borrowed from the disciplines of anthropology, sociology, nursing and psychology.

**Quantitative Research:** Methods which produces information that can be presented and analyzed with numbers, such as the percentage of women who have been raped or who use shelters for battered women. These methods are drawn largely from the fields of epidemiology, sociology, economics and psychology.

**Rape:** Physically forced or otherwise coerced penetration of the vulva or anus, using a penis, other body parts or an object.

**Secondary Prevention:** Any strategy aimed at minimizing the harm that occurs once a violent event is taking place and immediate post-violence intervention aimed at preventing re-victimization. Examples include interventions to reduce the duration of interpersonal violence events or damage inflicted, or the early identification by health professionals of child abuse and subsequent interventions to prevent further abuse.
**Sex-selection**: The decision to keep a foetus until term or to abort it depending upon its sex. Most notably, in South Asia there has been a practice of engaging in sex-selective abortion -- i.e., aborting female fetuses. *Related term - postnatal sex selection.*

**Sexual Abuse**: Acts or threats of physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. This includes, but not limited to: attempted or committed rape, any forced and non-consensual sexual act, as well as sexual behaviour that the victim finds humiliating and degrading.

**Sexual and Gender-based Violence**: A term which encompasses a wide variety of abuses, including rape, sexual threats, exploitation, humiliation, assaults, molestation, domestic violence, incest, involuntary prostitution (sexual bartering), torture, unwanted or noxious insertion of objects into genital openings, and attempted rape. Some have also considered female genital mutilation and other traditional practices (including premature marriage, which increases maternal morbidity and mortality) as forms of sexual and gender-based violence.

**Sexual Exploitation**: Any actual or attempted abuse of a position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

**Sexual Harassment**: Harassment of a person because of her or his sex, as by making unwelcome sexual advances or otherwise engaging in sexist practices that cause the victim loss of income, mental anguish and the like.

**Sexual Violence**: Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

**Stalking**: A pattern of behaviours, which are repetitive and unsolicited such as, unwanted attention, communication, or contact (e.g. following and spying on the victim, damaging property, threats, intrusive attempts for communication, etc.).

**Tertiary Prevention**: All efforts aimed at treating and rehabilitating victims and perpetrators and facilitating their re-adaptation to society. Contrary to secondary prevention activities, which are usually in the short-term after the event, tertiary prevention activities are usually long-term.

**Trafficking**: The recruitment, transportation, transfer, harbouring or receipt of persons by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (including, at a minimum, the exploitation of prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude, or the removal of organs).

**Violence against Women**: Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.
Sources:


UNDAW and UNODC. 2008. “Good practices in legislation on violence against women” Report of the expert group meeting. UN Division for the Advancement of Women (UNDAW) and UN Office on Drugs and Crime (UNODC), Vienna.


