



Violence Against Women & Girls

VAWG

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INTRODUCTION



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## INTRODUCTION AND GENERAL TOOLS

### Introduction

Violence against women and girls (VAWG) is one of the most oppressive forms of gender inequality and stands as a fundamental barrier to equal participation of women and men in social, economic, and political spheres. Such violence impedes gender equality and the achievement of a range of development outcomes. VAWG is a complex and multifaceted problem that cannot effectively be addressed from a single vantage point. The prevention of, and response to, such violence requires coordinated action across multiple sectors.

This resource guide was developed through a partnership between the Global Women's Institute (GWI) at George Washington University, the Inter-American Development Bank (IDB), and the World Bank Group (WBG). The primary audiences for the guide are IDB and WBG staff and member countries, as well as other development professionals who do not yet have experience addressing VAWG. The purpose of this guide is to provide the reader with basic information on the characteristics and consequences of VAWG, including the operational implications that VAWG can have in several priority sectors of the IDB and WBG. It also offers guidance on how to integrate VAWG prevention and provide quality services to violence survivors across a range of development projects. Lastly, it recommends strategies for integrating VAWG prevention and response into policies and legislation, as well as sector programs and projects.

More than 35% of women worldwide have experienced either physical or sexual partner violence or non-partner sexual violence. That is 818 million women - almost the total population of sub-Saharan Africa and almost three times the population of the United States.

*Sources:*

WHO (2013) Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence.

Klugman, J., Hanmer, L., Twigg, S., Hasan, T., McCleary-Sills, J., and Santa Maria, J. (2014).

*Voice and Agency: Empowering Women and Girls for Shared Prosperity*. Washington, DC: World Bank.

## Initiate, Integrate, Innovate

This resource guide draws on existing global evidence and emerging promising practices. It should be noted, however, that the vast majority of the evidence (80%) on what works to prevent or respond to VAWG comes from high-income countries, according to a recent systematic review of reviews on this topic by GWI and WBG.<sup>1</sup> The review also found that less than a quarter of randomized controlled trials (RCTs) and quasi-experimental studies assessed interventions in developing countries. Nonetheless, the current evidence, combined with promising initiatives, provide robust entry points for action while the insufficiency of data is overcome.

Readers are encouraged to review the key information on safety, ethics, and the do no harm principle, which is provided here in the introduction section. **This resource guide is not intended to be exhaustive. Rather, it provides a starting point for integrating initiatives to address VAWG within sectoral work and refers interested readers to resources where more detailed technical information can be found. See Box 1.**

### Box 1. An important note for the reader

This resource guide is grounded in the understanding that the reader is not a specialist on preventing violence against women and girls, and in the recognition that the strategic objectives of many development projects will not be centered on VAWG prevention and response. However, beyond being a violation of human rights, VAWG can impede development projects from achieving the greatest possible impact by hindering the contribution of beneficiaries, particularly women, to project goals. In light of this fact, the basic principles of this resource guide are that a) not all suggested activities need to be (or should be) implemented at once; one or two may suffice to start; and b) project staff should harness the available evidence, expertise, and experience to assist them with operationalizing some of the suggestions in each sector.

## The Role of International Agencies

International financial institutions (IFIs), other multilateral institutions, and bilateral donors have a vital role to play in preventing and addressing VAWG in both low- and middle-income countries. These institutions are in the unique position of having the global reach to generate and disseminate knowledge, leverage partnerships with governments and a range of other key stakeholders, and lead by financing innovative programming.<sup>2</sup>

“...the promotion and protection of, and respect for, the human rights and fundamental freedoms of women, including the right to development, which are universal, indivisible, interdependent and interrelated, should be mainstreamed into all policies and programs aimed at the eradication of poverty.”

*Source:* Commission on the Status of Women: Fifty-eight session. (10-21 March 2014). Challenges and achievements in the implementation of the Millennium Development Goals for women and girls: Agreed conclusions.

Because of their global influence, IFIs are uniquely positioned to promote evidence-based good practices. Not only can they leverage partnerships with governments to create a space for policy dialogues on addressing VAWG, they can also act as pioneers in promoting integrated and multi-sectoral approaches to addressing this issue. Lessons learned and evaluations of VAWG projects (or components of projects) can readily be shared across countries—such findings can, in turn, promote investment in effective strategies for preventing and responding to violence.



## GETTING STARTED

The resource guide is divided into the following sections:

### Introduction and General Tools

The *Introduction and General Tools* section is an essential piece of the resource guide relevant and applicable to all team leaders, specialists, and program managers, irrespective of their sector. It outlines the magnitude of VAWG, key definitions, risk and protective factors, socio-economic costs, the needs of survivors, as well as the role and value-added of IFIs in supporting VAWG prevention efforts. In addition, this section includes:

- Guiding principles for data collection and working with VAWG survivors
- Guiding principles for VAWG programming

### Sector-Specific Guides

The Sector Briefs provide guidance to help development professionals understand how VAWG affects programming in their sector, and offers suggestions for integrating VAWG prevention and response activities within each sector at the policy, institutional, and community level. The briefs also provide some detail about lessons learned from previous efforts to integrate VAWG, including those centered on working across multiple sectors.

### Appendices and resources

The appendices include manuals, guidelines, and additional readings, as well as suggested indicators that have been agreed upon by international actors. Using agreed upon, quantitative indicators is important to ensure comparability between measures used to monitor and evaluate the effectiveness of national legislations and programmatic interventions—a practice that is still currently lacking.<sup>3</sup>

## Terminology

For further details on the different terminologies described below, please see the Annex 1, Key Terminology.

The terms gender-based violence (GBV) and violence against women (VAW) are often used interchangeably, since most gender-based violence is perpetrated by men against women. GBV, however, includes violence against men, boys, and sexual minorities or those with gender-nonconforming identities. As such, violence against women (VAW) is one type of GBV. While violence against the other groups mentioned is often rooted in the same gender inequalities and harmful gender norms, this resource guide will focus on violence against women and girls (VAWG). This emphasis acknowledges the heightened vulnerability of females from childhood throughout their lifecycle and the profound, long-term impacts of sexual and physical violence on women and girls throughout their lives.

VAWG takes many forms, including sexual, physical, and psychological abuse. It occurs in the home, on the streets, in schools, workplaces, farm fields, and refugee camps, during times of peace as well as in conflicts and crises.<sup>4</sup> Intimate partner violence (IPV) is one of the most common forms of VAWG; it refers to behavior by a current or previous husband, boyfriend, or other partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors.<sup>5</sup> Such violence both reflects and reinforces underlying gender-based inequalities.<sup>6</sup>

Article 2 of the Convention on the Elimination of all forms Discrimination Against Women (CEDAW) notes that violence against women includes sexual, physical, and psychological violence in the:

- **Family:** such as battering, sexual abuse of children, female genital mutilation/cutting, and rape;
- **Community:** such as sexual abuse, sexual harassment and intimidation, trafficking, and forced prostitution; and
- **State:** such as poorly drafted or unenforceable laws for violence against women, law enforcement agents who violate women, the lack of facilities and education for prevention and treatment of women exposed to violence, the sanctioning and reinforcement of unequal gender relations. The state's indifference and neglect in creating opportunities for women in regard to employment, education, participation and access to social services also perpetuates gender-based violence.<sup>7</sup>

## WHY VAWG MATTERS IN DEVELOPMENT OPERATIONS

VAWG is widely recognized as an impediment to the social and economic development of communities and States, and to the achievement of internationally agreed development goals, including the Millennium Development Goals (MDGs).<sup>8</sup> Experiencing violence precludes women from contributing to and benefiting from development initiatives by limiting their choices and ability to act.<sup>9</sup> The deprivation of women resulting from VAWG should be of central concern to governments both as an intrinsic human rights issue and because of the epidemic's impact on economic growth and poverty reduction.

Ample evidence has documented the magnitude and patterns of VAWG. Recent estimates by the WHO show that 35% of women worldwide have experienced either non-partner sexual violence or physical and/or sexual IPV.<sup>10</sup> Globally, women and girls are more likely to be assaulted or killed by someone they know, such as an intimate partner, than by a stranger.<sup>11</sup> The WHO estimates that 38% of homicides of women in the Americas are the result of violence from an intimate partner.<sup>12</sup> Other than partners or former partners, perpetrators can include fathers, stepfathers, other relatives, authority figures, teachers, classmates, friends, acquaintances, and strangers.<sup>13</sup> Sexual violence carried out by



strangers is particularly common in situations of displacement, natural disasters, or conflict, for example, when rape is frequently used as a weapon of war.<sup>14</sup>

Further, a significant proportion of women and girls experience child sexual abuse, rape and other forms of sexual violence in almost every global setting (see Box 2). Forced sexual debut among youth ranges from 7% in New Zealand to 46% in the Caribbean.<sup>15</sup>

Exposure to intimate partner violence has been linked with a multitude of adverse physical health outcomes, including acute injuries, chronic pain, gastrointestinal illness, gynecological problems, depression, and substance abuse.<sup>16</sup> There are also mental health consequences, with violence increasing women's risk of depression, post-traumatic stress disorder, and substance abuse.<sup>17</sup> A recent systematic review found that IPV increases a woman's risk of experiencing depression two- to three-fold.<sup>18</sup> It has also been linked to risk of contracting HIV and other sexually transmitted infections, as well as the risk of attempting and/or completing an abortion.<sup>19</sup> Survivors of violence are also 2.3 times more likely to have alcohol use disorders.<sup>20</sup> Beyond these damages to health, violence reduces women's economic opportunities. Women exposed to IPV in Vietnam, for example, have higher work absenteeism, lower productivity, and lower earnings than similar women who are not beaten.<sup>21</sup>

Although data on the social cost of VAWG are scarce, there is evidence that VAWG also incurs economy-wide costs, and these can impose significant challenges for developing economies in particular. These costs include expenditures on service provision, foregone income for women and their families, decreased productivity, and negative impacts on human capital formation. The direct

## Box 2. VAWG disproportionately affects women and girls from excluded or vulnerable populations

Special attention must be paid to groups of women who are part of excluded populations or in vulnerable situations, such as indigenous women, migrants, and domestic workers, among others. Evidence shows that women in these situations face more violence. Violence against most excluded populations is part of a wider context of discrimination to which these women as a whole are often exposed in their lives. Work on addressing violence against these women and girls must consider an intercultural and a gender perspective.

*For further information on this topic, please see UNFPA, UNICEF, UN WOMEN, ILO, OSRSG/VAC. (May 2013). [Breaking the silence on violence against indigenous girls, adolescents and young women: a call to action based on an overview of existing evidence from Africa, Asia Pacific and Latin America.](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/VAIWG_FINAL.pdf)*

healthcare costs of IPV, including both mental and medical care costs, can reach exceptionally high levels. In the United States, healthcare costs among women experiencing physical abuse have been estimated to be 42% higher than among non-abused women.<sup>22</sup>

A 1996 study by the IDB documented wage losses due to IPV against women of 1.6 and 2.0% of GDP in Nicaragua and Chile, respectively.<sup>23</sup> A study in Colombia found losses in GDP amounting to 2.2%, as well as significantly higher unemployment rates among women survivors of violence.<sup>24</sup> In Vietnam, the overall productivity loss due to domestic violence against women was estimated at 1.78% of GDP in 2010.<sup>25</sup> A recent World Bank Group report estimated the costs of IPV across five countries to be between 1.2 to 3.7% of GDP, equivalent to what most governments spend on primary education.<sup>26</sup> It should be noted that the estimates are not directly comparable across countries because the methodologies and data vary.

The perpetration of VAWG directly impacts women's physical and emotional health, continues the cycle of violence among their children, who may become perpetrators or survivors themselves, and hinders women's active participation in and contribution to society. VAWG affects every aspect of well-being, agency, and self-actualization, including educational achievement, livelihood/employment prospects, physical and emotional health, involvement in civic activities, and many more. Consequently, international development efforts, irrespective of the sector, are negatively affected by VAWG.

### Box 3. Key Risk Factors for Intimate Partner Violence

A new World Bank book quantifies major risk factors across 21 countries with recent Demographic and Health Survey (DHS) data:

- Women whose fathers beat their mothers have 2.5 times greater risk of experiencing IPV in their adult lives compared with women who did not witness IPV as children;
- Agreeing with any justification for wife beating increases the odds by 45%;
- Women with some secondary education have 11% lower risk of violence, and women with completed secondary school or higher have 36% lower risk compared to women with no education;
- Being in a polygamous marriage increases the risk of IPV by 24%;
- Being married before age 18 increases the odds by 22%;
- Women who report their husbands get drunk sometimes have 80% higher risk;
- Having a husband who drinks often increases the risk by nearly five-fold (4.8 times);
- Women with a higher household wealth index have 45% lower risk.

*Source:* Klugman, J., Hanmer, L., Twigg, S., Hasan, T., McCleary-Sills, J., and Santa Maria, J. (2014). *Voice and Agency: Empowering Women and Girls for Shared Prosperity*. Washington, DC: World Bank Group.

## RISK FACTORS FOR VAWG

Over the past three decades, different schools of thought and disciplines (criminology, psychology, sociology, etc.) have converged to identify multiple risk factors at the individual, relationship, community, institutional and policy levels. This complex interplay of risk factors associated with

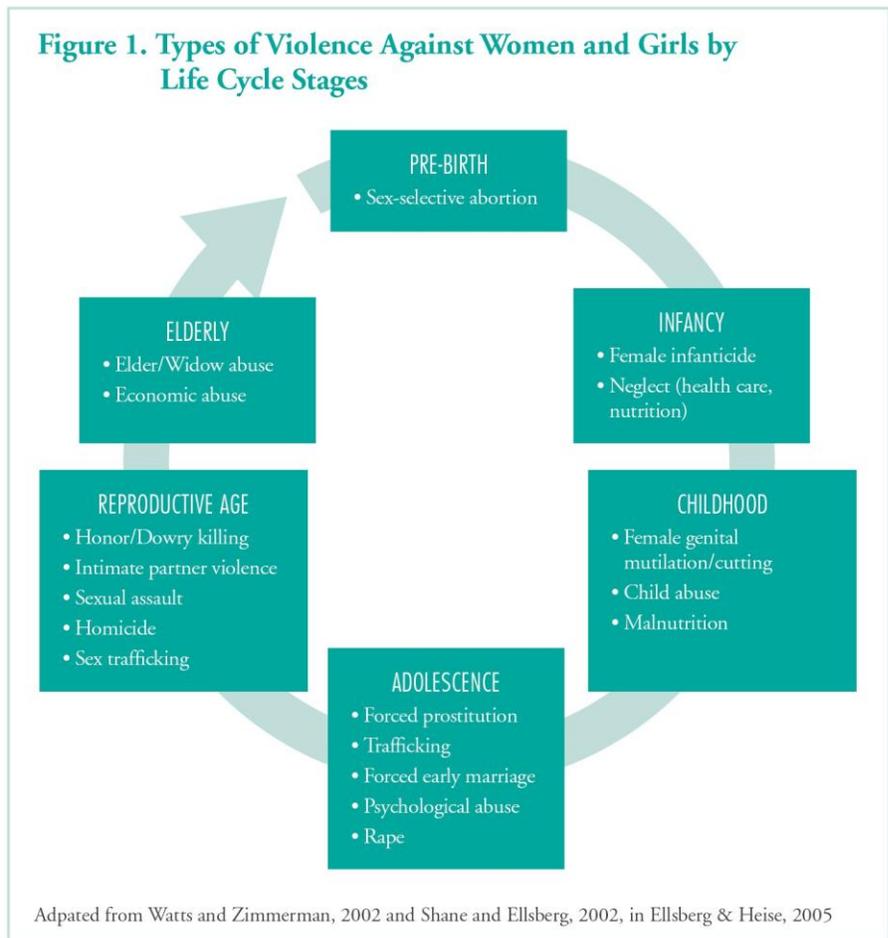
VAWG is often depicted in an ecological model (see Annex 2), a conceptual framework that illustrates there is no single cause of VAWG. However, research has documented that key risk factors include male-dominated household decision-making and income, policies and laws that discriminate against women, and cultural norms that justify or condone violence as a form of conflict resolution or discipline.<sup>27</sup> See Box 3.

The relation of income and wealth to violence has been tremendously controversial in the literature. The results are far from conclusive: in two of seven countries in a multi-country study (Egypt and India), women from the poorest quintile are more likely to suffer violence than those in wealthier quintiles.<sup>28</sup> In the remaining countries, greater household wealth does not appear to be a protective factor. In India, parental wealth is positively associated with the risk of a daughter experiencing IPV, possibly because the partner may use violence as a way to extract additional resources from the parents of their wives.<sup>29</sup> In regard to how women’s economic empowerment affects their risk of violence, the existing evidence shows mixed results. The effects of interventions depend on several factors, such as the sociocultural context (gender norms and roles), the type of interventions, women’s and their partners’ socioeconomic position, the degree to which women and their partners are engaged in the program, and program length, among others.<sup>30</sup>

## LIFE CYCLE OF VIOLENCE

Different forms of violence affect women and girls throughout each phase of their lives, starting at pregnancy, through childhood, adolescence, reproductive age, and later in life. Adopting a lifecycle approach to addressing violence both in the home and in the community is an important strategy for VAWG prevention and for meeting the needs of women and girls at all life phases. The figure below highlights some of the main types of violence to which women may be exposed as their relationships, roles, (as a daughter, wife, mother, employee) and environments (home, work, neighborhood, etc.) change.<sup>31</sup>

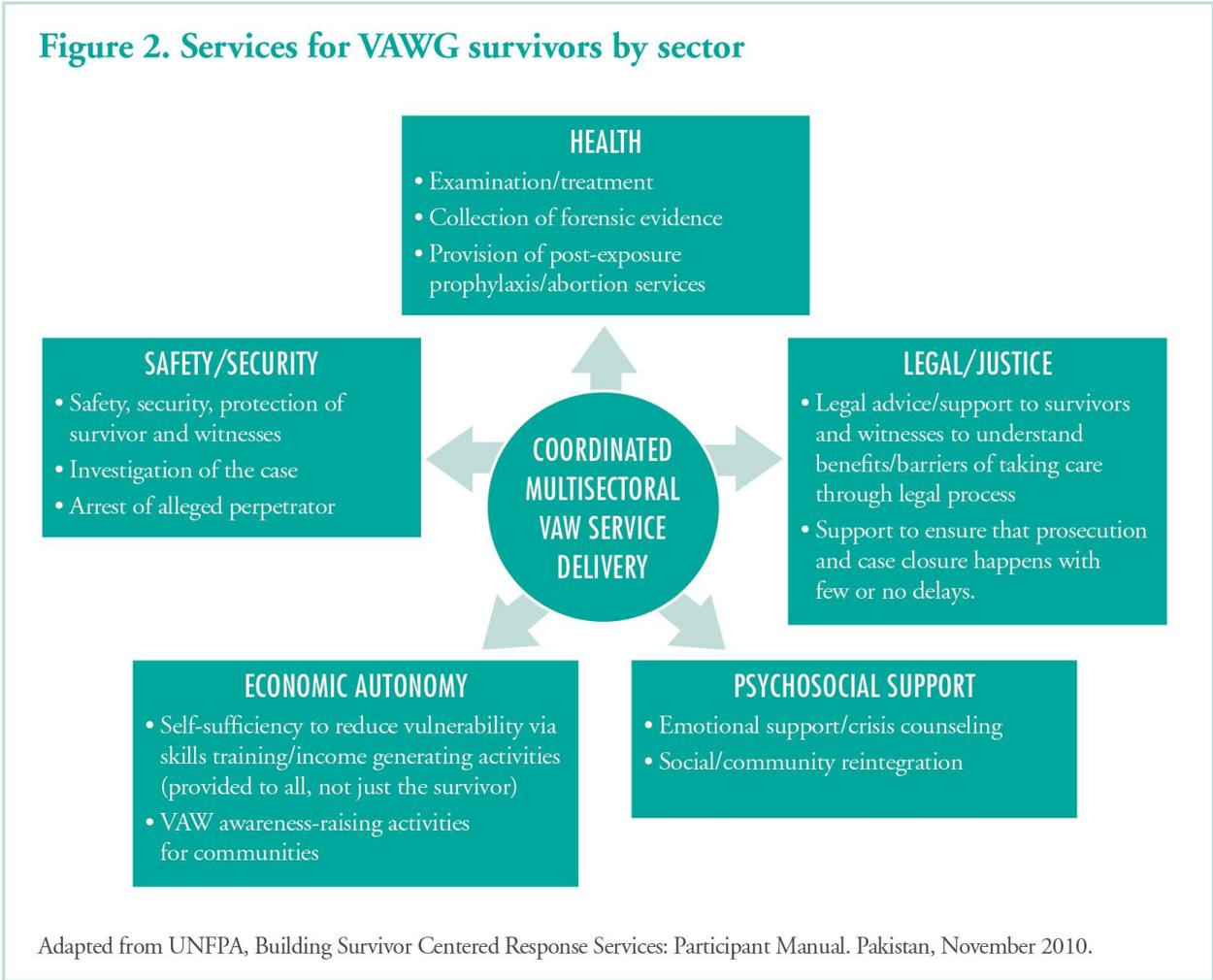
Based on analysis of population-based surveys from seven countries (Cambodia, Dominican Republic, Egypt, Haiti, India, Nicaragua, and Zambia),<sup>32</sup> older women are substantially less



likely to suffer violence than younger women. More educated women may be less likely to be victimized by violence. Although this effect is statistically significant in only three of the seven countries, the magnitude of the effect is quite large.

## SERVICE AND RESPONSE NEEDS OF VAWG SURVIVORS

Around the world most women who experience violence never seek help or tell anyone about the violence. World Bank analysis of data from 30 DHS countries found that on average, only 4 in 10 survivors of VAWG had ever sought help from any formal or informal source of support.<sup>33</sup> Another recent study estimated that only 2% of women in India and East Asia, 6% in Africa, 10% in Central Asia, and 14% in Latin America and the Caribbean made any formal disclosure of their experience of violence.<sup>34</sup> This presents an enormous missed opportunity to leverage entry points to enhance women’s agency through social service institutions and formal and informal justice structures.



For those survivors who do seek help, the plan of action should be driven by her preferences, as she is most familiar with her circumstances and level of comfort with the available decisions, such as

proceeding with prosecution. This is often called a survivor-centered approach.<sup>35</sup> As will be mentioned in the section on ethical and safety recommendations, the principles of autonomy and confidentiality should prevail, with the utmost consideration for her safety and security. Depending on the services and plan of action decided upon by the survivor, many different actors might be required. Services may involve action from government actors, civil society, UN agencies, and local authorities.<sup>36</sup> Figure 2 shows different services for VAWG survivors by sector.

## COORDINATION AND MULTI-SECTORAL APPROACHES

Effective prevention of and response to VAWG call for multi-sectoral, coordinated action among health and social services actors, legal and security actors, and the community.<sup>37</sup> Coordination is crucial for identifying survivors, successful referral and service delivery across sectors, as well for implementing initiatives to prevent VAWG. Particularly in the context of emergencies and humanitarian assistance, where public service delivery is often disrupted, establishing a multi-sectoral, coordinated response to VAWG at the outset of the emergency ensures a more responsive action from the earliest stages and until stability is achieved.<sup>38</sup> It is important to note, however, that while coordination may require sharing incident data, caution should be exercised in sharing names and details about the survivor, in line with ethical and safety recommendations.

Engaging various sectors and actors, such as those shown in Figure 2, can increase the complementarity of VAWG prevention and response activities, address programmatic bottlenecks and gaps, and improve monitoring and data collection. The participation of different actors less familiar with such initiatives can also result in greater buy-in and commitment at all levels.

Multi-sectoral, coordinated approaches are discussed in further detail below, in the section entitled “Guiding Principles for VAWG Programming.”

## GUIDING PRINCIPLES FOR DATA COLLECTION AND WORKING WITH VAWG SURVIVORS

### Ethical and Safety Recommendations for VAWG Interventions<sup>39</sup>

Before undertaking or supporting an intervention that aims to assist VAWG survivors and prevent re-victimization<sup>40</sup>, it is paramount to ensure that ethical guidelines are followed to protect the safety of both survivors and the professionals providing services or programming. These include: respect for persons, non-maleficence (minimizing harm), beneficence (maximizing benefits), and justice (see Box 4). Due to the sensitive nature of collecting information about VAWG, additional precautions above and beyond routine risk assessments must be taken to guarantee no harm is caused.

- **Assess whether the intervention may increase VAWG:** Examine pre-existing gender vulnerabilities such as gender discrimination, gender-based exclusion, unequal gender norms, or institutional weakness. Assess how the interaction of these factors, in combination with the intervention, may contribute to increased VAWG. Identify and add elements to prevent or mitigate this risk.



- **Minimize harm to women and girls:** A woman may suffer physical harm and other forms of violence if a partner finds out that she has been talking to others about her relationship with him. Because many violent partners control the actions of their girlfriends of wives, even the act of speaking to another person without his permission may trigger a beating. As such, asking women about violence should be confidential, and should take place in complete privacy, with the exception of children under the age of two. Informed consent for any data collection, even as part of a case file, should be offered and if anonymity can be guaranteed, it should also be provided. The project staff must be trained on how to preserve the safety of women while interviewing/collecting data on this topic.

- **Prevent re-victimization of VAWG survivors:** Promote use of the Gesell Dome system<sup>41</sup> by justice system personnel for obtaining testimonies of survivors of violence to avoid the re-victimization of women through a) telling their story in front of an audience and b) repeating their statement various times. If this mechanism is not available, record survivor statements.
- **Consider the implications of mandatory reporting of suspected VAW cases:** Certain countries have laws that require professionals (including health care providers) to report cases of suspected abuse to authorities or social service agencies. Such laws are challenging because they can conflict with key ethical principles: respect for confidentiality, the need to protect vulnerable populations, and respect for autonomy. In the case of adult women, there is consensus that the principles of autonomy and confidentiality should prevail.
- **Be aware of the co-occurrence of child abuse:** Given that VAWG may occur concurrently with child abuse, before a service provider (teacher, nurse, police officer, etc.) comes to know about child abuse a protocol should be developed outlining how to act in “the best interests of the child,”<sup>42</sup>

#### Box 4. Summarizing key ethical principles

The three main principles that guide the conduct of those working to prevent and respond to acts of violence against women are:

- **Respect:** for the wishes, rights and dignity of the survivor and be guided by the best interests of the child
- **Confidentiality:** at all times, except when the survivor or the service provider faces imminent risk to her or his well-being, safety and security.
- **Safety and security:** ensure the physical safety of the survivor and those who help her.

*Source:* IASC, 2005

a standard that each project or country team should operationalize locally, based on advice from key agencies.

- **Minimize harm to staff working with survivors:** Given the high prevalence of VAWG globally, it is likely that a substantial proportion of service providers will have experienced it themselves at some point. Even for those service providers or project staff who have not experienced VAWG, hearing about experiences of violence can induce vicarious trauma.<sup>43</sup> Ensure there is a supportive venue, ideally another trained professional (such as a psychologist) for staff to debrief and share their concerns.
- **Provide referrals for care and support:** At a minimum, professionals working with women in a situation of violence have an ethical obligation to provide them with information or services. Where specific violence-related services are available, develop a detailed directory professionals can use to make referrals, and consider developing a small pamphlet with listed resources that can be given to women. Ensure that providers confirm that it is safe for women to receive these materials, as bringing these home may further provoke a violent partner.

For further detail on ethical guidelines for conducting research on VAWG, please see:

- Ellsberg M, and Heise L. [Researching Violence Against Women: A Practical Guide for Researchers and Activists](#). World Health Organization, PATH, 2005.
- [WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies](#). World Health Organization, 2007.
- [Putting women first: Ethical and safety recommendations for research on domestic violence against women](#) World Health Organization, 2001.

## Rapid Situation Analysis

Before developing an intervention strategy to respond to VAWG, project teams should understand the legal, social, and epidemiological situation in the country, region or local community as they relate to VAWG. New programs or activities should be developed with an in-depth understanding of the existing gaps in services across sectors. WBG and IDB staff should work with governments, private sector partners, non-governmental institutions, local experts, and other counterparts in the country to answer some or all following questions.

- **Who is already working on this issue?** Potential partners and allies could include government ministries, civil society organizations, and other key organizations working on VAWG and gender/human rights in the country or region. Map the important projects they are executing and their areas of expertise.
- **Which data collection mechanisms already exist?** These could include demographic health surveys and administrative statistics collected by police, hospitals, and judicial and social service agencies.<sup>44</sup>
- **Is there available evidence on VAWG in the country/region?** Identify evidence about the epidemiology of violence against women, including data on prevalence, types of violence, patterns, and consequences of violence against women.<sup>45</sup> This data should be disaggregated by sex (of survivor and perpetrator).
- **What is the legal framework at the national and local levels affecting women's rights?** Examine the procedures for enforcing the laws, and the reality of how those laws are applied and

applied in practice. Laws on mandatory reporting of violence can greatly affect the health sector response, for example. This analysis should also include property and inheritance rights as well as customary laws.

- **What are your institution's own experiences and resources working on the issue of gender-based violence in the country (if any)?** For example, identify any results and lessons learned from projects that provide services to survivors of violence or train staff in gender issues and human rights. Pinpoint known barriers and challenges, or experiences collaborating with networks or other organizations. In absence of evidence-based or promising practices in the country, look for experiences from other contexts that may be appropriately adapted. Look for organizational resources such as VAWG specialist or trained staff in this topic, manuals, studies/evaluations, evidence of interventions etc.
- **What sex-disaggregated information is available on the status of women and men in the sector in question?** This analysis could include the proportion and roles of male and female workers in that sector, along with their training levels (including any VAWG training), and on the beneficiary side, women's/men's use of and capacity to benefit from the services provided by that sector, beneficiary preferences for male or female staff, and household decision-making patterns.<sup>46</sup> **In countries with diverse populations data disaggregated by self-identified ethnicity is also recommended.**
- **What are the national, provincial, and local plans, and policies related to the prevention of and response to VAWG?** Become aware of current sectoral responses (health, education, justice, social, etc.) to VAWG along with any coordination mechanisms and existing budgets.<sup>47</sup>
- **What services or programs are in place for women who experience violence?** These can include medical, legal, psychological, or social services for women. Assess the level of coordination between them.
- **What type of cultural and social constraints do women face in the project context?** The analysis should include women's schedules and time availability, acceptability of certain income-generating activities and employment, their ability to travel to meeting locations and to meet with male officials/loan officers (for example).<sup>48</sup>
- **Are there any traditional practices, norms, and responses that may increase women's vulnerability to VAWG?** Female genital mutilation/cutting (FGM/C) and child marriage, for example, are considered harmful traditional practices that expose girls and young women to serious physical and psychological harm.

### Important note...

As noted earlier, this resource guide is intended to serve as a starting point for IDB and WB sectoral specialists. Any data collection activities on the topic of VAWG, irrespective of whether women are being directly asked about their personal experiences or not, should *not* be undertaken without the guidance of an expert in VAWG. Failing to observe strict ethical guidelines may compromise the safety of the beneficiary and/or researcher.

## Additional Questions

- **Within the project, are training and resources allocated to enhance women's capabilities with a view to securing economic independence and wellbeing (health, both mental and physical, and freedom from violence)?**<sup>49</sup>

## Box 5. Promising practices... Peru's National Action Plan

Peru's National Plan against Violence against Women (2009–2015) strives to guarantee access to quality counseling and support, justice, health and other related services to all survivors of VAWG. This comprehensive plan involves actions to improve all areas of the response system, and includes a commitment to ensuring universal coverage of the system through a staged approach. There are detailed expected results for each two-year period, with percentages for regional areas, commissariats or organizations for meeting targets across various indicators of quality response to survivors, and a 100% goal for each indicator by 2015.

Many governments, particularly in Latin America, have also established national commissions to improve inter-sectoral coordination and monitor progress in developing national plans and policies on violence. Qualitative reports suggest that the existence of a national plan on violence against women creates commitment and political space for dialogue between civil society and the state.

Source: UN Women. (2012). *Handbook for National Action Plans on Violence Against Women*. Available online at : <http://www.unwomen.org/ru/digital-library/publications/2012/7/handbook-for-national-action-plans-on-violence-against-women>

- **Is the social and economic empowerment of women an explicit goal with definable impacts?** Do the policies acknowledge in their design, and where necessary assist with, caregiving (childcare arrangements, time management)?<sup>50</sup>
- **Are participants provided with “citizenship” skills** (legal and political literacy training)?<sup>51</sup> For example, women's rights literacy, including the right for a life free of violence.
- **Assess the project objectives—are they looking to transform gender norms and reduce inequalities between men and women?** For example, this might include involving men and boys in community-level discussions on the distribution of labor within the household, or other ways that help to secure one or more of the program objectives.<sup>52</sup> For further details and guidance on this, please see the [IDB Implementation Guidelines for the Operational Policy on Gender Equality in Development](#) and the [World Bank Gender and Development Policy Framework Guidance Note](#).
- **Could the project contribute to reinforcing gender stereotypes/traditional roles?** These can lead to greater inequalities between men and women in the access of resources, and the economic dependence of women on men, therefore increasing VAWG risk factors. Add to the project required actions to prevent or mitigate this risk.

## GUIDING PRINCIPLES FOR VAWG PROGRAMMING

When undertaking VAWG prevention or response activities, it is important to work closely with key stakeholders, including organizations and local agencies that have expertise in these interventions.

Put mechanisms in place to monitor both intended and unintended consequences of the intervention.

Consider whether the intervention may increase VAWG. Examine pre-existing gender vulnerabilities such as gender discrimination, gender-based exclusion, unequal gender norms or institutional weakness. Assess how the interaction of these factors, in combination with the intervention, may contribute to increased VAWG.

Identify and add elements to prevent or mitigate this risk. Include a monitoring mechanism that will alert you to unintended consequences of the project that are exacerbating VAWG.

## Employ rigorous evaluation of VAWG-specific projects and include VAWG indicators within broader programs.<sup>53</sup>

Collaborating with academic/research organizations and other evaluation experts is essential for producing more rigorous project designs and evaluations, especially in the area of prevention, where there is a paucity of data. Similarly, it is vital to employ existing, agreed-upon VAWG indicators to ensure comparability, contribute to the body of evidence on effective VAWG prevention measures, and subsequently, assist policy makers and program managers to make informed decisions.<sup>54</sup> In 2013 the UN Statistics Division published the [Guidelines for Producing Statistics on VAW](#), which includes internationally agreed indicators in 4 core topics (physical, sexual, psychological, and economic violence) and 3 optional topics (FGM/C, attitudes towards VAW, reporting to authorities/seeking help). In addition, the global compendium, developed by MEASURE Evaluation, includes a set of monitoring and evaluation indicators for use at the programmatic, policy, and institutional level across all sectors. For illustrative examples of indicators, please see Annex 3.<sup>55</sup>

### Box 6. *Promising practices...* Integrated Services for VAWG Survivors

#### **Women's City: An Innovative Approach for VAWG Services and Response**

Created by the Secretariat of Social Inclusion (SIS) in El Salvador, Women's City is a unique model for empowering women by offering integrated services under one roof (Women's City Centers). Those services are provided by different public institutions (service providers) under the leadership of the SIS.

The services in the Women's City Centers include:

- Prevention and response to violence against women;
- Sexual and reproductive health services;
- Support for establishing economic autonomy;
- Group education to promote women's rights and prevention of VAWG; and
- Childcare for children under 12 years of age while women use services at the Center.

By combining several services in the same location, the model reduces the time and resources women expend in seeking widely dispersed public services. The Women's City approach provides a customized and coordinated package of VAWG response services targeted exclusively to each woman. The approach also allows for greater quality and delivery of services, as these follow a chain of service provision that is coordinated throughout the institution. In addition to receiving response services (such as treatment for physical injuries, psychosocial support, etc.), women also participate in activities to gain economic independence, thus increasing their options for leaving situations of violence. The inter-institutional coordination among the service providers in the centers also increases opportunities for identifying and referring women affected by violence by serving as an entry point for those seeking services not related to VAWG. See: <http://www.ciudadmujer.org/en/index.html>

## Support multi-sectoral approaches and interventions.

Complex, multi-faceted issues such as VAWG require a comprehensive response. Findings across all sectors have identified the need for collaboration between law enforcement, legal aid services, health care organizations, public health programs, educational institutions, and agencies devoted to social services and economic development. For example, identifying women suffering from VAWG at a health clinic requires a host of ensuing responses from the judicial sector (if she is to request a protection order) and social services (such as a shelter).<sup>56</sup> Collaboration across sectors is essential for both providing effective services to survivors of violence as well as for preventing violence against women.

- **National Action Plan on violence against women:** Developing and implementing a National Action Plan on violence against women facilitates a clear, comprehensive, and coordinated multi-sectoral strategy for the primary prevention of violence against women. National Action Plans include cross-cutting actions to “establish governance structures, ensure participation of civil society, strengthen law and policy, build capacity of workforces and organizations, and improve evidence” as well as the “establishment and ongoing improvement of an integrated service, police, and judicial response to violence against women.”<sup>57</sup> (See Box 5).
- **Integrated multi-sectoral services under one roof for women:** If feasible, programs that integrate services for women’s empowerment or/and for VAWG survivors under one roof are promising practices that may reduce violence and increase survivors’ ability to leave their perpetrator. By meeting the multiple needs of survivors in one location, these programs prevent women from spending additional time and resources seeking help at different institutions. Women are also spared from repeating their testimonies each time. These integrated programs include psychological and legal support for survivors of violence, sexual and reproductive health services, as well as economic empowerment activities, including vocational training, labor market intermediation, business development services, and microcredit. (See Box 6).

## Design interventions to target VAWG at multiple levels simultaneously.<sup>58</sup>

Effective interventions require operating across all levels: individual, interpersonal, community, institutional, policy and laws.<sup>59</sup> For example, if a country decides to recognize marital rape as a crime,<sup>60</sup> such a change in the penal code may have limited effects at a population level if law enforcement institutions remain weak, communities fail to acknowledge women’s right to consensual sex within marriage, and if individual women are unaware of such a law. (See Box 7).

### Box 7. Promising practices... Sri Lanka’s Plan of Action

One of the objectives of Sri Lanka’s Plan of Action Supporting the Domestic Violence Act (2005) is to establish local-level working groups comprised of government organizations, as well as to strengthen support structures for community-based organizations to participate in these working groups. In the United Kingdom, the cross-governmental strategy, [Together We Can End Violence against Women and Girls](#), launched in 2009, outlines a series of actions for the police, local government and National Health System (NHS) in three main areas: prevention, protection, and provision. The strategy also notes the crucial role of non-governmental organizations in the plan’s implementation, and pledges to strengthen funding arrangements to support them in their activities.

*Source:* UN Women. (2012). *Handbook for National Action Plans on Violence Against Women*.

## Establish partnerships between government and multiple stakeholders.<sup>61</sup>

There is ample value-added and benefits to be derived from collaborating with multiple stakeholders with expertise and experience in their given area, including specialized agencies, multilateral/bilateral donors, NGOs, faith-based institutions, academic/research organizations, the private sector, and government ministries dedicated to women and gender issues.<sup>62</sup> All of these groups have essential roles to play, and harnessing their strengths can facilitate a multi-sectoral and comprehensive approach.

## Highlight the development and human rights impact of VAWG.

Emphasize that VAWG is a socio-economic development issue as well as a violation of fundamental human rights for which policy makers, communities, and societies should be held accountable.<sup>63</sup> The view that violence is acceptable or a private matter cannot be justified on the grounds of “culture” or “tradition.”<sup>64</sup> Continuing to document the prevalence and impact of VAWG on health and socio-economic development will certainly assist with increasing the issue’s visibility, although, women’s universal right to live free of violence under all circumstances should form a substantive part of the argument.<sup>65,66</sup>

## Include behavior change and community mobilization interventions to address harmful gender norms, attitudes and beliefs at all levels of society.<sup>67 68</sup>

Attitudes that condone violence against women are deeply imbedded, to varying degrees, throughout most societies in the world, and are predictive of actual violence perpetration.<sup>69</sup> Ensuring successful project buy-in at all levels, from communities to service providers and institutions, requires a fundamental shift in attitudes and beliefs regarding violence against women.<sup>70</sup> While this is a challenging, long-term process, projects should include a behavior change component targeting men, diverse members of the population, different age groups and the communities at large, as well as service providers at all levels (e.g., judges as well as law clerks). (See Boxes 8 and 9)

### Box 8. *Promising practices...* Behavior Change through the Tostan Project, Senegal

One of the most successful community-based models of VAWG prevention to date is the approach developed by Tostan, an NGO in Thies, Senegal. The intervention sought to reduce female genital mutilation/cutting (FGM/C) via a community-based education program and has been replicated in several countries in Sub-Saharan Africa. The topics addressed include health, literacy, and human rights, while participatory methods allowed community members to select issues considered to be a priority in their village. FGM/C and intimate partner violence both emerged as key issues. In many cases, villages took pledges to renounce FGM/C and to encourage neighboring villages to do the same. A quasi-experimental evaluation of the program in Senegal found that women in the intervention villages reported significantly less violence in the last 12 months than women in the comparison villages. Mothers of girls aged 0-10 also reported less FGM/C in the intervention villages. It is particularly noteworthy that women in the intervention villages who were not directly involved in the Tostan education program also reported lower levels of violence and FGM/C, indicating successful diffusion of program impact.

*Source:* Diop, N. J., Faye, M. M., Moreau, A., Cabral, J., & Benga, H. (2004). The TOSTAN Program. Evaluation of a community based education program in Senegal. New York: Population Council.

- **Identify existing groups:** When attempting to design and implement behavior change interventions (including workshops and training<sup>71</sup>) at the community level, integrate activities into existing groups, such as men’s soccer leagues and women’s microcredit or savings groups in order to retain participants more easily.<sup>72</sup>
- **ii) Use participatory, inclusive approaches:** It is good practice to use a participatory process and to engage all levels of society, including community leaders, women’s groups, NGOs, and government representatives.

### Consider women’s safety when designing and distributing materials.

Remember that women living in situations of violence may be at risk of further violence if the partner finds the pamphlet or card with information about services. Additionally, women may come to the clinic with their partners, and may not feel free to pick up materials in waiting rooms. One strategy is to develop small cards that women can hide in their clothing. Sometimes it is helpful to put only the address and phone number of referral services on a card, so that a perpetrator will not realize what it is if it is found. Other health programs have found that it can be helpful to place information (whether cards, pamphlets, or posters) in bathrooms, where women can look at them without being observed by a male partner.<sup>73</sup>

### Adapt evidence-based interventions or promising practices when possible, ensuring that interventions are culturally appropriate before transferring interventions from one country or region to another.<sup>74</sup>

While sharing promising practices and lessons learned is a valuable strategy for ensuring effective interventions are designed and implemented, program managers must exercise caution and take cultural differences into consideration before transferring an intervention from one country or region to another. Conditional cash transfers, for example, can be empowering for women in certain contexts and can contribute to increases in intimate partner violence in others.<sup>75</sup>

### Work with government partners and key stakeholders to include data on physical and sexual violence disaggregated by sex and age group in the routine data collection of the national health information system.<sup>76</sup>

A good example of an integrated data collection system is the web-based version of the [GBVIMS currently used in Colombia](#) that collects data from all service providers and integrates into one system.<sup>77</sup> This system is currently being implemented in 14 countries. (See Box 10)

### Box 9. Promising practices... Ethiopian Male Norms Initiative

The Ethiopian Male Norms Initiative, a group education and community engagement intervention designed to reduce violence and HIV risk, found that participants reported less violence at the end of the six-month intervention, a change that did not occur in the comparison group. Participants included 729 young men aged 15-24 who were members of youth groups in three Ethiopian sub cities. Community engagement activities included community workshops, music, skits, monthly newsletter and leaflets, and condom distribution.

*Source:* Heise, Lori L. (2011). What works to prevent partner violence: An evidence overview. STRIVE Research Consortium. Available online at <http://strive.lshtm.ac.uk/resources/what-works-prevent-partner-violence-evidence-overview>

## Support impact evaluations and the dissemination of evidence of effectiveness of VAWG-specific projects/initiatives.

The project or program should contribute to the body of evidence on promising (or harmful) practices by disseminating impact evaluation results to key stakeholders and policy makers.

### Box 10. *Promising practices...* Monitoring VAWG Data through the GBVIMS

“The [Gender-Based Violence Information Management System](#) (GBVIMS) is an inter-agency initiative of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), and the International Rescue Committee (IRC). The GBVIMS enables actors responding to incidents of VAWG in the areas of health, justice and psycho-social assistance, to effectively and safely collect, store, and analyze VAWG incidents reported by survivors. GBVIMS uses standardized tools and definitions in order to allow for information sharing related to VAWG incidents in an ethical, secure and anonymous manner.” The main purpose of the GBVIMS is for service providers to use service level data, gathered in the context of quality service provision, to inform, shape, and monitor their services and those of the complete referral pathway.

In the Colombian municipality of Barrancabermeja, for example, the GBVIMS system assisted with identifying gaps in the VAWG referral pathways. This has resulted in local State institutions recognizing the need to urgently address all gaps.

*Source:* GBVIMS Colombia: Implementation of the Gender-Based Violence Information Management System, UNFPA/UNHCR. Brochure available online at [www.unfpa.org.co/gbvimscolombia](http://www.unfpa.org.co/gbvimscolombia)

## ACRONYMS

<b>CSW</b>	Commission on the Status of Women
<b>DHS</b>	Demographic and Health Survey
<b>FGM/C</b>	Female Genital Mutilation/Cutting
<b>GBV</b>	Gender-based violence
<b>GBVIMS</b>	Gender-Based Violence Information Management System
<b>GDP</b>	Gross Domestic Product
<b>GWI</b>	Global Women's Institute
<b>IDB</b>	Inter-American Development Bank
<b>IFI</b>	International Financial Institutions
<b>IPV</b>	Intimate Partner Violence
<b>IRC</b>	International Rescue Committee
<b>LAC</b>	Latin America and the Caribbean
<b>MDG</b>	Millennium Development Goal
<b>NGO</b>	Non-governmental Organization
<b>RCT</b>	Randomized Control Trial
<b>SASA</b>	Start Awareness Support Action
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>VAWG</b>	Violence Against Women and Girls
<b>WBG</b>	The World Bank Group
<b>WHO</b>	The World Health Organization

**Violence against women (VAW)** is any act of gender-based violence that results in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life. *UN General Assembly, 1993*

## ANNEX 1: KEY TERMINOLOGY

There are numerous commonly used terms for referring to violence against women, none universally agreed upon. Many terms, which are based on diverse theoretical perspectives and disciplines, have different meanings in different contexts and countries.<sup>78</sup>

**Violence against women (VAW)** is any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life. *(UN General Assembly, 1993)*

**Gender-based violence (GBV)** is violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination, and physical and mental integrity. *(Council of Europe, 2012)*

**Intimate partner violence (IPV)** refers to behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors. *(WHO 2013)*

**Sexual violence/sexual assault** is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part, or object. *(WHO, 2012)*

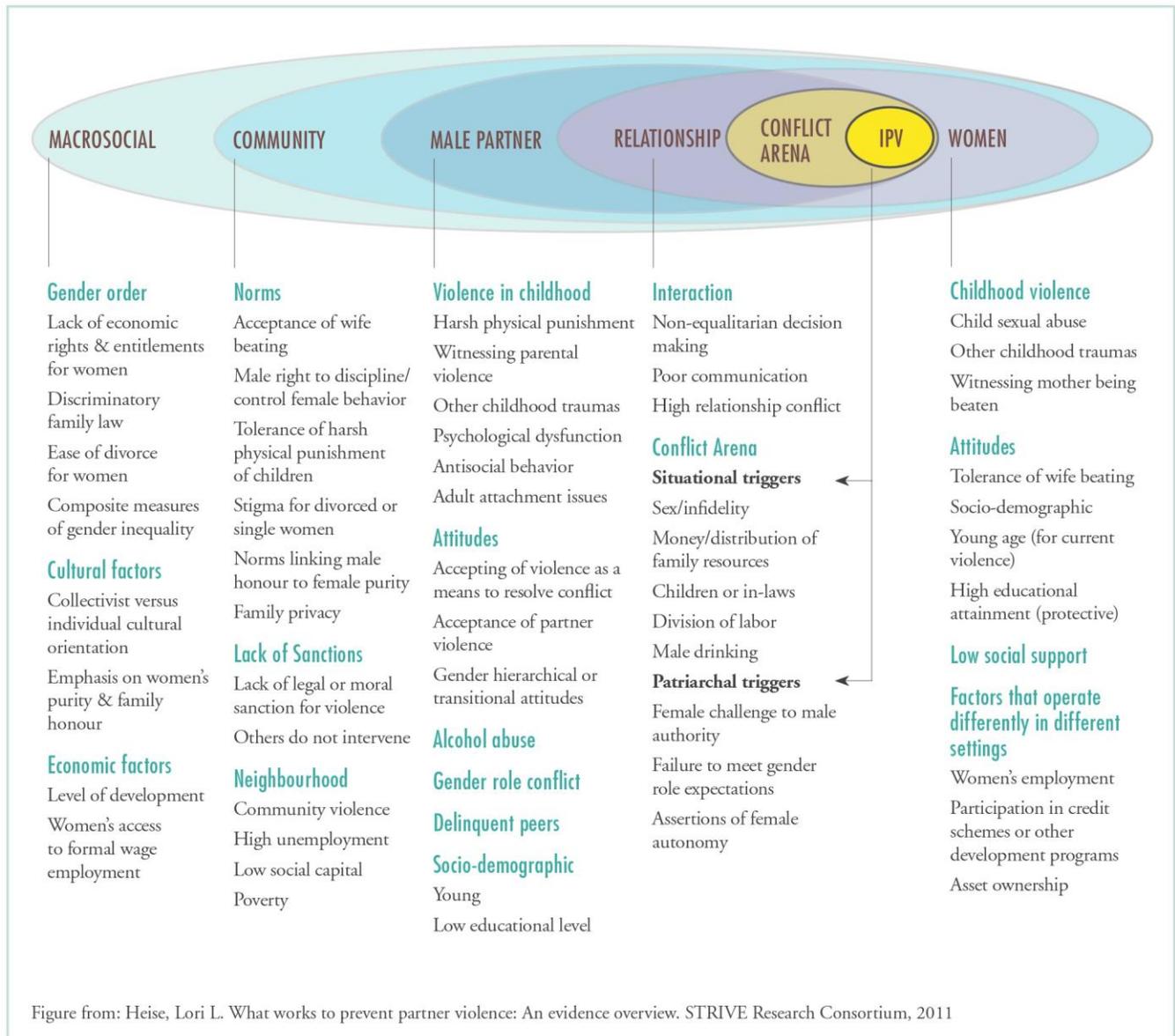
**Sexual exploitation** means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.<sup>79</sup> *(UN Secretary General, 2003)*

**Sexual harassment** is unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. *(UN Secretary General, 2008)*

**Female genital mutilation/cutting:** all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. *(WHO 2013)*

**Child marriage:** a formal marriage or informal union before age 18.

# ANNEX 2: ECOLOGICAL MODEL/CONCEPTUAL FRAMEWORK FOR PARTNER VIOLENCE



# ANNEX 3: ILLUSTRATIVE INDICATORS FOR PROGRAMMING TO PREVENT OR RESPOND TO VAWG

## Suggested national level and policy-based indicators

### Data Systems

- Surveillance systems that collect data on VAW/G exist within the country
- Data collected by national violence surveillance system is analyzed and disseminated
- Data are regularly reported and disseminated in some manner
- Current (within last 5 years) national, population-based data are available on VAW/G

### Health Policy

- Existence of national health policies that address VAW/G
- Existence of policies/laws/regulations that require service providers to care for and/or refer VAW/G survivors
- Focal person within the ministry of health is responsible for coordination of health sector response for VAW/G survivors
- A funded line item exists in the Ministry of Health's budget to address VAW/G
- Existence of a protocol to care for and refer VAW/G at all levels of the health system

### Education

- Existence of a national policy on sexual violence in school that specifically addresses the risks to girls and young women
- National educational curricula that includes issues of sexual and physical VAW/G

### Youth

- Existence of national laws protecting confidentiality of minors (in the media)
- Existence of national laws on sexual exploitation of minors
- Multisectoral coordination
- A national network for prevention of and response to VAW/G exists to ensure multisectoral coordination among all social actors

### Justice and Security

- Existence of laws with associated criminal sanctions for perpetrators of IPV
- Laws associated with criminal sanctions for perpetrators of IPV include marital rape
- Existence of laws (national or state) with associated criminal sanctions for perpetrators of sexual VAW/G
- Existence of laws (national or state) with associated criminal sanctions for perpetrators of sexual exploitation of women and girls (not IPV)

## **Child Marriage**

- Existence of national law that prohibits child marriage
- Number of laws and legislations protecting women's rights within marriage
- Female Genital Cutting/Mutilation:
  - Existence of a national policy against FGC/M
- Existence of national laws that prohibit abuse associated with traditional kinship practices

## **Trafficking in Persons**

- National government established victim-sensitive procedures and guidelines to be used by law enforcement officials to identify, interview, and assist trafficked women
- National government established standard procedures and guidelines for service providers assisting victims of trafficking
- National government established standard procedures and guidelines to identify and prosecute traffickers

## **Suggested Indicators for Magnitude and Characteristics of Different Forms of VAWG**

### **Sex ratio at birth**

- Excess female infant and child mortality (sex ratios up to age 1 and under 5)

### **Intimate partner violence**

- Proportion of women aged 15-49 who ever experienced physical violence from an intimate partner
- Proportion of women aged 15-49 who experienced physical violence from an intimate partner in the past 12 months
- Proportion of women aged 15-49 who experienced physical violence from an intimate partner in the past 12 months who were injured as a result of the violence
- Proportion of women aged 15-49 who ever experienced sexual violence from an intimate partner
- Proportion of women aged 15-49 who experienced sexual violence from an intimate partner in the past 12 months
- Violence from someone other than an intimate partner:
  - Proportion of women aged 15-49 who ever experienced physical violence from someone other than an intimate partner
  - Proportion of women aged 15-49 who experienced physical violence from someone other than an intimate partner in the past 12 months
  - Proportion of women aged 15-49 who ever experienced sexual violence from someone other than an intimate partner

- Proportion of women aged 15-49 who experienced sexual violence from someone other than an intimate partner in the past 12 months
- Proportion of women aged 15-49 who report sexual violence below age 15

### **Health**

- Proportion of health units that have documented and adopted a protocol for the clinical management of VAW/G survivors
- Proportion of health units that have done a readiness assessment for the delivery of VAW/G services
- Proportion of health units that have clinical commodities for the clinical management of VAW/G
- Proportion of health units with at least one service provider trained to care for and refer VAW/G survivors
- Number of service providers trained to identify, refer, and care for VAW/G survivors
- Number of health providers trained in FGC/M management and counseling
- Proportion of women who were asked about physical and sexual violence during a visit to a health unit
- Proportion of women who reported physical and/or sexual violence
- Proportion of VAW/G survivors who received appropriate care
- Proportion of rape survivors who received comprehensive care

### **Education**

- Percent of schools that have procedures to take action on reported cases of sexual abuse
- Number of teacher training programs that include sexual and physical VAW/G in their curriculums
- Percent of schools that train their staff on sexual and physical VAW/G issues
- Proportion of nursing and medical schools that include VAW/G as part of their core curriculum

### **Justice and Security**

- Proportion of law enforcement units following a nationally established protocol for VAW/G complaints
- Number of law enforcement professionals trained to respond to incidents of VAW/G according to an established protocol
- Number of VAW/G complaints reported to the police
- Proportion of VAW/G cases that were investigated by the police
- Proportion of VAW/G cases that were prosecuted by law
- Proportion of prosecuted VAW/G cases that resulted in a conviction
- Number of legal aid service organizations for VAW/G survivors
- Proportion of women who know of a local organization that provides legal aid to VAW/G survivors

## **Social Welfare**

- Availability of social services within an accessible distance
- Proportion of women who demonstrate knowledge of available social welfare-based VAW/G services
- Number of women and children using VAW/G social welfare services
- Number of VAW/G hotlines available within a specified geographic area
- Number of calls per VAW/G hotline within a specified geographic area

## **Humanitarian Emergencies**

- Protocols that are aligned with international standards have been established for the clinical management of sexual violence survivors within the emergency area at all levels of the health system
- A coordinated rapid situational analysis, which includes a security assessment, has been conducted and documented in the emergency area
- The proportion of sexual violence cases in the emergency area for which legal action has been taken
- Proportion of reported sexual exploitation and abuse incidents in the emergency area that resulted in prosecution and/or termination of humanitarian staff
- Coordination mechanisms established and partners orientated in the emergency area
- Number of women/girls reporting incidents of sexual violence per 10,000 population in the emergency area
- Percent of rape survivors in the emergency area who report to health facilities/workers within 72 hours and receive appropriate medical care
- Proportion of sexual violence survivors in the emergency area who report 72 hours or more after the incident and receive a basic set of psychosocial and medical services
- Number of activities in the emergency area initiated by the community targeted at the prevention of and response to sexual violence of women and girls
- Proportion of women and girls in the emergency area who demonstrate knowledge of available services, why and when they would be accessed

## **Trafficking in Persons**

- Number of specialized services provided to trafficked women and children in a targeted area of destination countries
- Number of women and girls assisted by organizations providing specialized services to trafficked individuals, in a destination region or country
- Proportion of people in origin and destination communities who have been exposed to public awareness messages about TIP

## **Femicide**

- Female Homicide
- Proportion of female deaths that occurred due to gender-based causes

## Suggested Indicators for VAWG Prevention Programs

- Proportion of youth-serving organizations that train staff and front line people on issues of sexual and physical VAW/G
- Proportion of youth-serving organizations that include trainings for beneficiaries on sexual and physical VAW/G
- Proportion of individuals who report they heard or saw a mass media message on issues related to sexual violence and youth
- Proportion of girls who say they would be willing to report any experience of unwanted sexual activity
- Proportion of girls that feel able to say no to sexual activity
- Proportion of girls reporting that male teachers do not have the right to demand sex from school children
- Proportion of girls who believe that girls are not to blame for sexual harassment by a male teacher or student

### **Community Mobilization and Individual Behavior Change**

- Proportion of individuals who know any of the legal rights of women
- Proportion of individuals who know any of the legal sanctions for VAW/G
- Proportion of people who have been exposed to VAW/G prevention messages
- Proportion of people who say that wife beating is an acceptable way for husbands to discipline their wives
- Proportion of people who would assist a woman being beaten by her husband or partner
- Proportion of people who say that men cannot be held responsible for controlling their sexual behavior
- Proportion of people who agree that a woman has a right to refuse sex
- Proportion of people who agree that rape can take place between a man and woman who are married
- Proportion of target audience who has been exposed to communication messages recommending the discontinuation of FGC/M
- Proportion of people who believe that FGC/M should be stopped
- Proportion of women who do not intend to have any of their daughters undergo FGC/M
- Proportion of people who believe child marriage should be stopped
- Proportion of women who do not intend to marry their daughters before the age of 18

### **Working with Men and Boys**

- Number of programs implemented for men and boys that include examining gender and culture norms related to VAW/G
- Proportion of men and boys who agree that women should have the same rights as men

- Proportion of men and boys with gender-related norms that put women and girls at risk for physical and sexual violence
- Proportion of men and boys who believe that men can prevent physical and sexual violence against women and girls

### Where to go for more information on M&E

More detailed information on M&E can be found on the MEASURE Evaluation website ([www.cpc.unc.edu/measure](http://www.cpc.unc.edu/measure)) which includes on-line courses, and links to publications and other websites pertaining to specific aspects of the field. (Bloom, S. Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators, 2008)

## REFERENCES

- <sup>1</sup> Arango, D., Morton, M. Gennari, F., Kiplesund, S, and Ellsberg, M. (2014). Interventions to Prevent and Reduce Violence Against Women and Girls: A Systematic Review of Reviews. Women’s Voice, Agency, and Participation Research Series, World Bank, Washington, DC.
- <sup>2</sup> Adapted from Bott, S., Morrison, A., and Ellsberg, M. (June 2005). *Preventing and Responding to Gender-Based Violence in Middle- and Low-Income Countries: A Multi-Sectoral Literature Review and Analysis*. World Bank Policy Research Working Paper 3618.
- <sup>3</sup> Arango, D., et al., 2014.
- <sup>4</sup> Coomaraswamy R., Economic, Council S. (1999). *Integration of Human Rights of Women and the Gender Perspective: Violence Against Women, Report of the Special Rapporteur on Violence Against Women, Its Causes and Consequences, Ms. Radhika Coomaraswamy: Addendum: Communications to and from Governments*: United Nations.
- <sup>5</sup> WHO (World Health Organization). (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva.
- <sup>6</sup> UNFPA. (2007). Ending Widespread Violence Against Women.
- <sup>7</sup> UNFPA, UNIFEM, OSAGI. (2005). Combating Gender-Based Violence: A Key to Achieving the MDGS.
- <sup>8</sup> Commission on the Status of Women: Fifty-eight session. (10-21 March 2014). Challenges and achievements in the implementation of the Millennium Development Goals for women and girls: Agreed conclusions
- <sup>9</sup> United Nations General Assembly. (6 July 2006). In-depth study on all forms of violence against women: Report of the Secretary-General. 61st session.
- <sup>10</sup> WHO, 2013.
- <sup>11</sup> Heise and Garcia Moreno (2002). “Violence by Intimate Partners.” in Krug, E., Dahlberg, LL., Mercy, JA., et al., eds. *World Report on Violence and Health*. World Health Organization, Geneva: 87-121. Retrieved from [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/chapters/en/index.html](http://www.who.int/violence_injury_prevention/violence/world_report/chapters/en/index.html).

- <sup>12</sup> WHO, 2013.
- <sup>13</sup> Heise, Lori; Ellsberg, Mary; Gottemoeller, Megan. (1999). Ending Violence Against Women. *Population Reports*, Series L. No. 11.
- <sup>14</sup> Ward, Jeanne (2002). *If Not Now, When: Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-Conflict Settings: A Global Overview*. The Reproductive Health for Refugees Consortium. Retrieved from <http://www.rhrc.org/resources/ifnotnow.pdf>.
- <sup>15</sup> IGWG of USAID. (2006). Addressing Gender-based Violence through USAID's Health Programs: A Guide for Health Sector Program Officers. Washington, D.C.
- <sup>16</sup> Campbell JC.(2008). Health consequences of intimate partner violence. *The Lancet*, ;359(9314):1331-1336; Coker A, Ferguson J, Bush H, Jordan C, Crofford L. (2008). *Intimate Partner Violence and Gynecologic Health: Focus on Women in Kentucky*.
- <sup>17</sup> Taft AJ, Watson LF. (2008). Depression and termination of pregnancy (induced abortion) in a national cohort of young Australian women: the confounding effect of women's experience of violence. *BMC Public Health*, 8:75.
- <sup>18</sup> Beydoun H. A., et al. (2012). Intimate partner violence against adult women and its association with major depressive disorder, depressive symptoms and postpartum depression: A systematic review and meta-analysis. *Social Science & Medicine* 75(6): 959-975.
- <sup>19</sup> Maman S, Mbwapo JK, Hogan NM. (2003). HIV-positive women report more lifetime partner violence: findings from a voluntary counseling and testing clinic in Dar es Salaam, Tanzania. *AJPH*, 92:1331-1337; Campbell JC, Woods AB, Chouaf KL, Parker B. (August 2000). Reproductive health consequences of intimate partner violence. A nursing research review. *Clin Nurs Res.*, 9(3):217-237; Kaye DK, Mirembe FM, Bantebya G, Johansson A, Ekstrom AM. (January 2006). Domestic violence as risk factor for unwanted pregnancy and induced abortion in Mulago Hospital, Kampala, Uganda. *Trop Med Int Health*, 11(1):90-101.
- <sup>20</sup> WHO, 2013.
- <sup>21</sup> Duvvury, N. ,M. Nguyen and P. Carney (2012). Estimating the cost of domestic violence against women in Vietnam. HaNoi, Vietnam. UN Women.
- <sup>22</sup> Bonomi AE, Anderson ML, Rivara FP, Thompson RS. (2009). "Health care utilization and costs associated with physical and nonphysical-only intimate partner violence." *HSR: Health Services Research*, 44(3):1054-1067.
- <sup>23</sup> Morrison, Andrew y María Beatriz Orlando. (1999). El impacto socioeconómico de la violencia doméstica: Chile y Nicaragua. En: Andrew R. Morrison y María Loreto Biehl (Ed.). *El costo del silencio. Violencia doméstica en las Américas*. Washington: Banco Interamericano de Desarrollo.
- <sup>24</sup> Ribero, Rocío y Fabio Sánchez. (2004). Determinantes, efectos y costos de la violencia intrafamiliar en Colombia. Bogotá, Colombia: Centro de Estudios para el Desarrollo Económico (CEDE) de la Universidad de los Andes.
- <sup>25</sup> Duvvury, N. ,M. Nguyen and P. Carney. (2012). Estimating the cost of domestic violence against women in Vietnam. HaNoi, Vietnam: UN Women.

<sup>26</sup> Klugman, J., Hanmer, L., Twigg, S., Hasan, T., McCleary-Sills, J., and Santa Maria, J. (2014). *Voice and Agency: Empowering Women and Girls for Shared Prosperity*. Washington, DC: World Bank.

<sup>27</sup> Heise, Lori L. (2011). What works to prevent partner violence: An evidence overview. STRIVE Research Consortium.

<sup>28</sup> Kishor, S. and Johnson, K. (2004). *Profiling Domestic Violence: A Multi-Country Study*. Columbia, MD: ORC Macro

<sup>29</sup> Kishor and Johnson, 2004.

<sup>30</sup> Heise, 2011.

<sup>31</sup> UN Women website - [endvawnow.org](http://endvawnow.org)

<sup>32</sup> Kishor and Johnson, 2004.

<sup>33</sup> Klugman et al., 2014.

<sup>34</sup> Palermo T, Bleck J, Peterman A. (1 March 2014). Tip of the iceberg: reporting and gender-based violence in developing countries. *Am J Epidemiol*,179(5):602-12.

<sup>35</sup> **Note:** A survivor-centered approach means that all those who are engaged in violence against women programming prioritize the rights, needs, and wishes of the survivor. The survivor-centered approach is based on a set of principles and skills designed to guide professionals - regardless of their role - in their engagement with women and girls who have experienced sexual or other forms of violence. The survivor-centered approach aims to create a supportive environment in which the survivor's rights are respected and in which she is treated with dignity and respect. The approach helps to promote the survivor's recovery and her ability to identify and express needs and wishes, as well as to reinforce her capacity to make decisions about possible interventions (UNICEF, 2010).

<sup>36</sup> UNFPA. (November 2010). Building Survivor Centered Response Services: Participant Manual. Pakistan.

<sup>37</sup> Inter-Agency Standing Committee. (2005). Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies (Field Test Version).

<sup>38</sup> **Note:** According to the IASC, the overall objective of coordinated action is "to provide accessible, prompt, confidential, and appropriate services to survivors/victims according to a basic set of guiding principles and to put in place mechanisms to prevent incidents of [VAWG]." (IASC, 2005)

<sup>39</sup> Adapted from Ellsberg M, and Heise L. (2005). *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC, United States: World Health Organization, PATH.

<sup>40</sup> **Note:** The term re-victimization is often used to refer to survivors who experienced GBV once before (sometimes in their childhood or youth), and experience one or more additional incidences later in life. In this context, however, it refers to the unsympathetic treatment survivors sometimes face in dealing with the justice or health system, an experience that can be a secondary form of victimization.

<sup>41</sup> **Note:** The Gesell dome, a room with one-way mirrors, is one of the measures used to obtain survivors' statements while avoiding their re-victimization

<sup>42</sup> **Note:** “The term “best interests” broadly describes the well-being of a child. Such well-being is determined by a variety of individual circumstances, such as the age, the level of maturity of the child, the presence or absence of parents, the child’s environment and experiences. Its interpretation and application must conform with the CRC and other international legal norms, as well as with the guidance provided by the Committee on the Rights of the Child in its 2005 General Comment No. 6 on the treatment of unaccompanied and separated children outside their country of origin.” UNHCR, May 2008, p. 14. (for further information see citation)

<sup>43</sup> Coles, Jan, Jill Astbury, Elizabeth Dartnall, Lizle Loots, and Shazneen Limjerwala. (13 October 2011). Taking Care of Ourselves. *Sexual Violence Research Initiative*.

<sup>44</sup> Bott, S., Guedes, A., Claramunt, M., Guezmes, A. (2010). *Improving the Health Sector Response to Gender-Based Violence: A Resource Manual for Health Care Professionals in Developing Countries*. International Planned Parenthood Federation, Western Hemisphere Region (IPPF/WHR) Tools.

<sup>45</sup> Bott et al., 2010.

<sup>46</sup> **Note:** For example, in the health sector, relevant sex-disaggregated data would consist of the health status of men/women, their role in the health sector, the numbers and training levels of male and female health workers, patient preferences for male or female health workers, women’s/men’s use of and capacity to benefit from health-care services, etc. This information will assist with understanding a) the health status and health decision-making of men and women and how they differ, b) any gender inequities in hiring policies and practices, and c) any obstacles patients may be facing in accessing health services, whether cultural or structural. Understanding household dynamics, reflected in decision-making patterns, has a significant impact on women’s ability to access services or benefits, including those related to GBV.

<sup>47</sup> Khan, Alia. 2011. *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs*. Arlington, VA: USAID’s AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

<sup>48</sup> Sholkamy, Hania. (October 2011). *How Can Social Protection Provide Social Justice for Women?* Pathways Policy Paper. Brighton: Pathways of Women’s Empowerment RPC.

<sup>49</sup> Molyneux, M. (2008). *Conditional Cash Transfers: A ‘Pathway to Women’s Empowerment’?* Research for Development Pathways Working Paper 5.

<sup>50</sup> Molyneux, 2008.

<sup>51</sup> Molyneux, 2008.

<sup>52</sup> Molyneux, 2008.

<sup>53</sup> U.S. Agency for International Development (USAID). (2009). *A Guide to Programming Gender-based Violence Prevention and Response Activities*. *Gender-Based Violence Working Group*.

<sup>54</sup> Bott et al., 2005.

<sup>55</sup> Bloom, S. (2008). *Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*.

<sup>56</sup> Morrison et al. (2007). Addressing Gender-Based Violence in the Latin American and Caribbean Region: A Critical Review of Interventions. *World Bank Res Obs*, 22(1): 25-51.

<sup>57</sup> UN Women. (2012). *Handbook for National Action Plans on Violence Against Women*.

<sup>58</sup> Bott et al., 2005

<sup>59</sup> USAID, 2009.

<sup>60</sup> **Note:** An analysis of Demographic and Health Surveys (DHS) indicates that national laws are an important protective factor: women who live in countries with domestic violence legislations have 7% lower odds of experiencing violence compared with women in countries without such laws, as well as a reduced prevalence of approximately 2% for every year the law has been in place. However, no country has been able to reduce the prevalence of VAWG to zero, irrespective of how long the law has been in place—as such, multi-sectoral approaches that include behavior change/social norms initiatives are essential for catalyzing long-term change. (Klugman et al., 2014.)

<sup>61</sup> Bott et al., 2005.

<sup>62</sup> USAID, 2009.

<sup>63</sup> USAID, 2009.

<sup>64</sup> USAID, 2009.

<sup>65</sup> Bott et al., 2005.

<sup>66</sup> UN Women, 2012.

<sup>67</sup> USAID, 2009.

<sup>68</sup> Bott et al., 2005

<sup>69</sup> **Note:** More than 35 population-based studies from Latin America, Asia, Africa, and the Middle East have shown that attitudes condoning partner violence, by both men and women, were highly predictive of rates of violence perpetration (Heise, 2011).

<sup>70</sup> Bott et al., 2005

<sup>71</sup> **Note:** A systematic review of literature on effective interventions conducted by the World Bank and the Global Women's Institute found that training is only effective when prolonged with follow up activities for over a three month period. A good model of a primary prevention strategy shown to reduce IPV is SASA!

<sup>72</sup> Heise, 2011.

<sup>72</sup> Heise, 2011.

<sup>73</sup> Bott et al., 2010.

<sup>74</sup> USAID, 2009.

<sup>75</sup> Heise, 2011.

<sup>75</sup> Heise, 2011.

<sup>76</sup> Bloom, 2008

<sup>77</sup> Bloom, 2008.

<sup>78</sup> Ellsberg and Heise, 2005.

<sup>79</sup> UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13).

## PHOTO CREDITS

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