



# Addressing Gender-Based Violence





## Focusing on the Issue

For more than four decades, the United Nations Population Fund (UNFPA) has been working to bring life-saving and life-changing reproductive health care to millions of women and their families. Recognizing that gender inequalities and their most brutal manifestation – gender-based violence (GBV) – inhibit women and girls from accessing reproductive health services, and acknowledging that proper reproductive health care in the aftermath of a sexual violence incident can be life saving, UNFPA has assumed a leadership role in addressing this major human rights issue.

GBV is a serious public health concern that also impedes the crucial role of women and girls in development. The status of women and girls factors into virtually every one of the eight Millennium Development Goals (MDGs), which are now nearing their 2015 target date, with the most female-centric of them – maternal mortality – lagging the farthest behind.<sup>1</sup>

With headquarters in New York and a global network of 128 offices, UNFPA supports the development priorities of 156 countries, territories and areas. The Fund develops culturally sensitive programmes and supports initiatives to combat GBV in its many forms, from traditional practices such as the forced marriage of girl children or female genital mutilations (FGM) to the denial of access to contraception and other reproductive health services, and the pervasive sexual violence that marks so many modern-day conflicts.

*'No human development goal can be achieved as long as women and girls continue to suffer from violence or live in fear of it.'*

Dr. Babatunde Osotimehin  
Executive Director, UNFPA, November 2012

Threats and coercion within intimate partner relationships seriously restrict many thousands of women's access to contraceptives and other reproductive care, even when their health is gravely at risk. It is estimated that more than 220 million women worldwide have an unmet need for contraceptives because they are denied access by partners, family members, traditional/cultural norms or health systems that do not address the full spectrum of family planning. More than 600 million women are living in countries where domestic abuse is still not against the law. In countries where it is outlawed, GBV often tops the list of civil crimes. However, many of those acts of violence go unpunished because the police and judicial systems do not assign them a high priority. GBV is exacerbated in conflict and disaster contexts, where the risks are compounded by displacement, breakdowns in social norms and lack of access to services.

<sup>1</sup> [www.un.org/millenniumgoals/stats.shtml](http://www.un.org/millenniumgoals/stats.shtml)

## Gender-Based Violence and the United Nations

The multifaceted definition of GBV was articulated in the United Nations (UN) Declaration on the Elimination of Violence Against Women (VAW)<sup>2</sup> adopted by the General Assembly (GA) in 1993. That declaration described abuse as any act *'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'*.

The following year, the groundbreaking International Conference on Population and Development (ICPD) held in Cairo under UNFPA leadership included in its Programme of Action (PoA) the commitment that individuals and couples should be free *'to make decisions concerning reproduction free of discrimination, coercion and violence'*. The Beijing Platform of Action that emerged from the Fourth World Conference on Women in 1995 again underlined commitments to a woman's right to make choices in her reproductive life, and identified some groups especially vulnerable to GBV: migrants and the displaced; minorities and indigenous people; the disabled and elderly (with widows among the most disadvantaged); and women in detention, among others.

In an unprecedented resolution in 2000, the United Nations Security Council called for a gender perspective in peacekeeping operations. It acknowledged that women and civilians generally bore much of the brunt of contemporary warfare, and that sexual violence was often present and widely reported. It asked governments to include women in all levels of decision-making and peace building after conflict. Resolution 1325 and others that followed made explicit reference to violence against women and girls (VAWG). The Council *'Calls on all parties to armed conflict to take special measures to protect women and girls from GBV, particularly rape and other forms of sexual abuse....[and] Emphasizes the responsibility of all States to put an end to impunity and to prosecute those responsible for genocide, crimes against humanity, and war crimes including those relating to sexual and other VAWG, and in this regard stresses the need to exclude these crimes, where feasible from amnesty provisions'*.

Various UN-led initiatives, including the UN Secretary-General's campaign Unite to End VAW – as well as UN Action Against Sexual Violence in Conflict (UN Action) – calls upon member states, UN and civil society to address sexual and other forms of GBV in conflict and recovery settings.

<sup>2</sup> [www.un.org/documents/ga/res/48/a48r104.htm](http://www.un.org/documents/ga/res/48/a48r104.htm)

## Where and How UNFPA Programmes Are Meeting the Challenges

While men and boys can also suffer from GBV, UNFPA's primary focus is on women and girls as those overwhelmingly targeted for abuse. VAWG often has a direct impact on women's and girls' reproductive health. Rape and other forms of sexual violence can result in unwanted pregnancies, unsafe abortions, traumatic fistulas, and sexually transmitted infections including HIV – all of which can be fatal. Women and girls who are abused may suffer prolonged psychological pain, may be rejected by their families and communities, and may be denied opportunities for health care and economic self-sufficiency.

In 2008, UNFPA embarked on a global strategy for addressing GBV<sup>3</sup> that identified eight priority areas where UNFPA could effect change globally:

- Policymaking and legal protection
- Collecting and analyzing data
- Addressing GBV through sexual and reproductive health programmes
- Building violence prevention into humanitarian responses in conflict and natural disasters
- Reaching out to adolescents and youth
- Sending messages to men and boys about gender equality and zero tolerance for abuse
- Joining hands with faith-based networks and traditional cultural leaders
- Sharpening the focus on the most vulnerable and marginalized people

Preventing abuse and addressing these outcomes as early as possible are at the core of UNFPA's work in the priority areas noted above. As UNFPA and its implementing partners – governments, non-governmental organizations (NGOs) and communities – work to address the issue, some common challenges have been identified: a dearth of data to build the evidence base for programmes and support new policies; weak security and legal institutions; lack of strong support and capacities in relevant government ministries; deeply entrenched traditions; patriarchal attitudes toward women and girls; and significant cultural or religious barriers to admitting, confronting or even discussing GBV.

<sup>3</sup> [www.unfpa.org/webdav/site/global/shared/documents/publications/2009/2009\\_add\\_gen\\_vio.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/2009_add_gen_vio.pdf)

Since 2009, UNFPA has provided technical support to the Afghanistan Ministry of Interiors and the National Police Academy to develop the capacity of Afghan National Police recruits to recognize and prevent violence against women. UNFPA developed a comprehensive course and manual for integration into police training programmes. The course covers the forms, causes and consequences of VAW in Afghanistan; application of relevant Afghan and international laws; women's rights in Islam; and how police should approach these cases, including sources of evidence, compiling incident reports, making referrals to medical facilities and how to interview survivors. The project is of crucial importance in light of the ongoing transition period in the country and the deteriorating security situation in the provinces, which has increased the vulnerability of women and girls.



**On the legal and policy front**, persistent failure to prevent and punish VAWG leads to a sense of impunity and continued violation of rights, and obstructs the contributions women and girls can make to post-conflict peace negotiations, recovery and the development processes. Regional and national human rights bodies, institutions and offices established for ombudsmen/women are urged to incorporate VAW as a priority, and are assisted by UNFPA in that task. At the same time, UNFPA helps to develop the capacities and sensitivities of police, peacekeeping forces and other security sector actors for more survivor-focused prevention and response.

UNFPA also advocates for enacting new laws against GBV, and supports strengthening and implementation of existing laws. UNFPA fosters inter-ministerial coordination to ensure that women and young people are engaged in the development and monitoring of government action plans, including National Action Plans (NAPs) on gender equality and GBV. UNFPA provides advocacy support and technical assistance to governments, NGOs, coalitions, media outlets and research or academic institutions committed to accountability when addressing GBV in national policies and budgets.

In many conflicts, women's and girls' bodies become battlegrounds, with rape used as a warfare tactic to displace, disenfranchise, dominate and disrupt social ties. In the aftermath of natural disasters, women and young people may be left unaccompanied out in the open or in temporary shelters. That chaos and a breakdown in policing, coupled with a lack of access to critical care, lead to increased lawlessness and risk of abuse. During and after emergencies, UNFPA works with governments, civil society and other humanitarian partners to provide medical care and social support to survivors of sexual violence and to prevent new incidents. As the co-lead agency with UNICEF of the GBV Area of Responsibility, UNFPA coordinates inter-agency efforts to ensure a robust response to GBV from the onset of an emergency.

**Data collection** on GBV challenges actors working in all contexts, and UNFPA calls the data gap '*a major obstacle to developing policies, sound programming, monitoring and evaluation, and tracking for accountability*'. The absence of sound data impedes understanding of the nature and scope of GBV, and thus hinders the development of programmes to confront the issue and treat victims. UNFPA is working to support data collection and analysis, including providing nations with assistance in designing and conducting national censuses; development of demographic and health surveys and systems to track and monitor violence; and social research to explore how cultural factors may contribute to violations of women's rights.

UNFPA's considerable experience in developing models and projections based on collected data helps governments and others not only to understand the issues but to learn about the costs of inaction. In 2011, the first ever national GBV mapping exercise was launched in Gabon, providing invaluable data for programming, advocacy and social mobilization. From 2009 to 2012, a UNFPA-supported research project, '*Comprehensive security for women, with an emphasis on sexual violence: Campaign to combat impunity related to sexual violence*', implemented in El Salvador, Guatemala, Honduras and Nicaragua by Ipas (a global NGO), informed the development of comprehensive care models for victims and survivors of sexual violence.

Within humanitarian contexts, UNFPA has spearheaded an inter-agency initiative - the GBV Information Management System (GBVIMS) - which enables frontline service providers to better document their cases, share this data with others, and create aggregate reports that provide a strong picture of the scope and nature of reported cases in those contexts. In countries as diverse as Colombia, Kenya, Thailand and Uganda, the systematized management of reported GBV-related data has proved valuable in responding to cases and developing programmatic interventions.

Since the end of the conflict in 1995, survivors of sexual violence in Bosnia and Herzegovina have not been adequately protected or supported through existing government institutions and laws. In response, UNFPA has partnered with the Ministry of Human Rights and Refugees (MHRR) to improve the status of female victims of war through a comprehensive and multi-sector approach covering all areas of importance - legal aid, psychosocial support and health services. With financial and technical support from UNFPA, the MHRR is embarking on a state-level Programme for Improvement of the Status of Women Victims of Conflict-Related Sexual Violence, a comprehensive programme that includes rehabilitation, reparation and re-socialization.

In South Sudan, where GBV is pervasive, survivors rarely have an opportunity to seek justice due to a fragmented legal system. Although both the penal code and Child Act describe types of GBV that are illegal and punishable through the statutory courts, such cases are handled almost exclusively by the customary courts. On behalf of the GBV Sub-Cluster, UNFPA has developed pocket-sized '*National Law Cards*'. These reference tools assist judges, lawyers, police officers, health care workers and other stakeholders to improve their understanding of the national laws related to GBV and women and children's rights. Its final objective is to inform programming and service delivery.

Much of UNFPA's work in addressing GBV grew organically from its experience in advancing women and young people's **sexual and reproductive health**. For many survivors, local health clinics may be the only source of life saving care, including post-exposure prophylaxis for HIV prevention, and a place of refuge, emotional support and onward referral.

UNFPA trains service providers on the frontlines to more effectively address survivors' needs. In emergencies, UNFPA advocates for health actors to implement a 'Minimum Initial Services Package' that includes basic care for sexual violence survivors. It also stocks health centres with reproductive health and post-rape kits.

UNFPA supports inter-agency coalitions of government, civil society, NGO and other international actors to ensure that the multiple sectors required for a holistic response are engaged. These groups help amplify the linkages between GBV and other critical public health and development issues such as HIV/AIDS. Along with these actions must come efforts to advocate with men, women, boys and girls for women's rights and to ensure that women, girls and community leaders are aware of accessible protection mechanisms and support services. Without those interventions, even the best programmes are likely to fail in their ultimate goal: to prevent VAWG and mitigate its impact.

Education and literacy programmes offer opportunities to reach women, girls, boys and men with gender equality messages and information on services. Mass media is an effective medium for addressing social norms that facilitate or condone VAWG. In places as diverse as Argentina, Côte d'Ivoire, Lebanon, Lesotho, Madagascar, Nepal and the Occupied Palestinian Territory, UNFPA has worked with journalism schools and practicing journalists in all mediums, including the press, television and radio. UNFPA has also supported workshops for advertisers in order to raise awareness on positive female images in the media.

Working with numerous partners, UNFPA has devised reproductive health kits for small and larger health centres and field clinics in **conflict and disaster situations**. The basic kit includes condoms, clean delivery sets, drugs and supplies for post-rape treatment, and contraceptives and drugs to combat sexually transmitted infections. Some kits include professional midwifery delivery packages, instructions on managing the complications of unsafe abortions and cervical or vaginal tears, reusable surgical equipment and equipment to test blood transfusions for HIV. In some places, baby clothes and blankets are added. UNFPA also distributes 'dignity kits', which often include sanitary pads, underwear, soap and an item of clothing such as a wrap.

When a large humanitarian crisis develops out of conflict or natural disaster, UNFPA is at the forefront in the prevention and mitigation of opportunistic rapes and other sexual abuses that occur in the chaos and lawlessness of disastrously disrupted lives. UNFPA has also confronted the growing evidence that conflicts, disasters and emergencies can lead to the desperation that causes sex to be bought, sold or exchanged for a place to live, protection, food and drugs. Women in Haiti, for example, became very vulnerable to abuse and exploitation in the wake of the devastating 2010 earthquake that drove hundreds of thousands of people into makeshift camps. A survey conducted in March 2010 estimated that three percent of all people in Port-au-Prince had been sexually assaulted since the earthquake; all but one of the respondents surveyed were female and half of the victims were girls under the age of eighteen.<sup>4</sup>

**Working with adolescents and youth**, UNFPA is finding encouraging signs that young people everywhere are better informed about the threat of sexual violence and the risks it poses to their health and development, as well as to the longer term growth of their communities and nations. In recent years, international youth forums have produced documents and recommendations for governments that call for urgent action on promoting the rights and needs of adolescents and young people. In December 2012, more than 600 youth leaders from 130 countries attended a UNFPA-organized forum in Bali, Indonesia, (with another 2,500 young participating online) in preparation for the twentieth anniversary of the ICPD in 2014. Youth leaders want a role in the review of the Cairo conference and in discussions on future development goals. Delegates at the youth conference demanded more affordable, youth-friendly, high-quality physical and mental health care.

Health centres need to be equipped to provide privacy for survivors, as well as survivor-centred medical care. UNFPA representatives visiting a small town in Laos with a very low level of attendance at its one-room health centre found that local medical staff had been waiting months for a promised partition to be built in one corner so women would not be inhibited in discussing their needs or experiences. In another small Laotian health centre, the crude wooden examination table had no padding or sheets, and medicine cupboards were almost bare, except for aspirin. UNFPA recommends that health centres be equipped with basic supplies such as emergency contraception, drugs to treat common STIs, and post-exposure prophylaxis to prevent HIV transmission for rape victims.

They called for the elimination of harmful traditional practices such as FGM, early/forced/child marriages and other forms of GBV. Young leaders wanted an end to bullying, access to decent work without discrimination, respect for diversity and opportunities for all young people, particularly those in marginalized groups.

Girls and young women experience sexual abuse in their homes, within extended families, in school and while traveling to and from school. School-related sexual abuse is a major reason that girls drop out of school and parents elect to take them out. UNFPA works to develop programmes – including sexuality education – that promote gender equality, human rights and skills-building for respectful relationships. This occurs at all levels of formal and non-formal educational settings, at sporting clubs and other relevant organizations. It includes reviews of school curricula and textbooks to promote gender equality, specialized training of teachers, and overall capacity-building to promote a culture of gender equality, human rights and non-violence through the involvement of parents and communities.

Intrinsic to the fight to end VAWG are the knowledge, attitudes and behaviours of men and boys. Men and boys are critical allies and must be proactively and positively engaged at an early stage. Men and boys can be educated to challenge gender stereotypes, promote positive constructions of masculinity, and practice attitudes and behaviours based on equality and respect for human rights. **In the Fund's work with men and boys**, UNFPA incorporates messages on gender equality and zero tolerance for sexual violence.

Since the 1990s, UNFPA has worked with national militaries, peacekeepers and police forces on the development and implementation of programmes to promote SRH, including the prevention of HIV and GBV. In countries including Argentina, Brazil, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Nepal, Nicaragua, Panama, Paraguay, Peru, Ukraine and Venezuela, the Fund has been working with uniformed services to ensure that awareness on sexual violence, HIV and human rights is integrated into training and capacity development initiatives.

The challenges of involving men are great and take time to overcome. In countries as diverse as Kazakhstan, Kosovo, Moldova, Guyana and Nicaragua, men and patriarchal institutions that define gender norms have resisted or rejected programmes designed to promote gender equality and combat sexual violence. Even in Brazil, with its active and effective women's movement committed to curtailing abuses, discrimination against women and gaps in access to reproductive health care has required UNFPA and its partners to develop new programmes to address this abuse. Around the world, there have been dispiriting polls that found women as well as men often accept varying levels of domestic violence as normal.

In 2011, Dr. Babatunde Osotimehin, the Executive Director of UNFPA, addressed the role of men directly in an opinion article for *The Huffington Post* online: *'Very importantly, we need to reach out to boys and men. As Executive Director of UNFPA, I call upon my fellow men to man up! Being a real man means saying no to GBV and discrimination, and respecting the rights of girls and women.'*

<sup>4</sup> University of Michigan/Small Arms, Assessing Needs After the Quake: Preliminary Findings from a Randomized Survey of Port-au-Prince Households, Survey (2010).



**Working with faith-based networks and traditional cultural leaders** is critical to combating GBV. This requires strengthening the efforts of male opinion leaders – among them powerful voices in religious and cultural organizations – to create or join campaigns that raise public awareness. Such men may be in a brave minority, frequently acting against the mainstream of customary beliefs and behaviours in their communities.

Women's religious organizations are also part of UNFPA's outreach. In Bhutan, for example, UNFPA is the only UN agency working with the Bhutan Nuns Foundation on women's and adolescent's health through a life skill-based education programme. UNFPA has been able to reach rural communities far from population centres through this programme. Although women in Bhutan enjoy considerable equality, they are not immune from domestic violence in their isolated Himalayan mountain homes and health services may be several days' walk away.

UNFPA recognizes that VAWG is '*a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that VAW is one of the crucial social mechanisms by which women are forced into a subordinate position*'. Much more work in educational and advocacy projects is needed, especially among those who defend abuses in the name of culture or tradition.

Finally, **by focusing on the most vulnerable and marginalized**, UNFPA is ensuring that it pays special attention to populations that seldom have access to even basic services and opportunities to realize their rights. Among women and girls, those who are trafficked, migrants, refugees, indigenous, disabled, internally displaced or victims of conflict are always the most at risk when it comes to encountering violence. By placing a focus on such populations, UNFPA ensures that their concerns and needs will be mainstreamed during programme planning, implementation, monitoring and evaluation.

In 2011 in Togo, 75 leaders drawn from Catholic, Protestant and Muslim communities joined traditional religious and cultural leaders in a workshop on the causes and consequences of GBV. The project was an outgrowth of a larger regional workshop and training programme in Sierra Leone in 2010 that promoted gender equity and maternal health.

Smaller workshops have been conducted by UNFPA and its partners with village chiefs and other traditional leaders in local settings in other countries. In Malawi, churches have joined together with UNFPA support to develop a gender policy for the Malawi Council of Churches, the Episcopal Conference of Malawi and the Evangelical Association of Malawi. While differences emerge from time to time, the policy has provided a framework for GBV programming in faith-based communities throughout the country.

UNFPA's initiatives targeting religious leaders in South Darfur has triggered the birth of male gender advocates. After participating in a UNFPA-supported training of trainers on GBV, religious leaders started educating the community on women's rights and GBV, often using Islam as an entry point. Two of these leaders developed a local radio programme that reached all localities in South Darfur to address questions that they received on the issue from both a religious and legal perspective. As a result, the space for more open and constructive dialogue is growing, with the hope that behaviour change will soon follow.



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