

Dramatically Reduce Gender-Based Violence and Harmful Practices

Facts, Solutions, Case Studies, and Calls to Action

OVERVIEW

Gender-based violence (GBV) is a phenomenon that transcends social, economic, and geographic borders and impacts girls, women, men, boys, and gender nonconforming individuals all over the world. GBV and harmful practices are rooted in power imbalances between the sexes and are fueled by multiple factors, including social and cultural norms, social acceptance of harmful practices, and insufficient legal protections. GBV and harmful practices disproportionately impact girls and women. Conflict, natural disasters, displacement, breakdown of social systems, disruptions in community protection, and upended law enforcement all exacerbate the prevalence and impact of GBV and harmful practices.^{1,2} Recognizing these drivers is a step toward lessening the vulnerability of girls, women, and marginalized populations. This policy brief discusses evidence-based strategies to strengthen the prevention of and response to GBV and harmful practices at all levels of society.

SECTION 1: FRAMING THE ISSUE

GBV and harmful practices are human rights violations that occur in every country of the world, transcending socio-economic status, ethnicity, religion, and language. The negative impact on girls and women is particularly acute.³

GBV is an umbrella term for any harm that is perpetrated against a person on the basis of gender, with the intention of impacting their ability to enjoy their human rights.⁴ It is grounded in gendered modes of power. In short, GBV is violence perpetrated against a person because of their gender. GBV manifests in several ways and is sometimes justified as a traditional practice and culturally grounded. Harmful cultural practices, such as female genital mutilation/cutting (FGM/C) and child, early, and forced marriage, are discriminatory practices committed regularly over such long periods of time that communities and societies begin to consider them acceptable. FGM/C is the practice of altering or injuring the female genitalia for nonmedical reasons.⁵ Child, early, and forced marriage refer to any formal marriage or informal union between a child under the age of 18 and an adult or between two children.⁶ The consequences of GBV and harmful practices are vast, including physical injury, depression, chronic pain, sexually transmitted infections, unintended pregnancy, and increased risk of HIV infection.^{7,8,9} They also impede the participation of girls and women in society, and perpetuate inequality. Numerous international agreements uphold girls' and women's rights to live free from GBV and harmful practices, yet levels of violence and harmful practices remain unacceptably high.

Globally, 58% of all female homicides are perpetrated by intimate partners or family members.¹⁰ This means that 137 women across the world are killed by a member of their own family every day.¹¹ More than one-third of the women who were intentionally killed were killed by their current or former intimate partner.¹² Globally, it is estimated that 35% of women have experienced physical and/or sexual violence by someone who is not their partner at some point in their lives.¹³ Recent figures show that 18% of girls and women ages 15 to 49 have experienced physical and/or sexual violence by an intimate partner in the past 12 months.¹⁴ The prevalence is highest in the least developed countries, at 24%.^{15,16} In the 30 countries where FGM/C is concentrated, one in three girls ages 15 to 19 had been subjected to this harmful practice in 2017.¹⁷ While GBV hurts girls, women, and sexual minorities first, it also has ripple effects on families and communities, socially and economically.¹⁸ In some countries, like Bangladesh and Vietnam, the economic cost of intimate partner violence greatly outweighs government spending for primary education.¹⁹

GBV can affect girls and women of any age, from pre-birth to old age, and can take many forms, including psychological abuse (in person and online), economic violence, physical violence, sexual violence and harassment, and traditional harmful practices.

Psychological Abuse, in Person and Online

Psychological GBV can occur in person or online and involves harm or suffering caused by verbal abuse, action, threats of action, or coercive tactics—in public or private life.²⁰ Psychological abuse is used to control, isolate, and embarrass individuals. Examples include humiliation, separating the individual from friends and family, and telling the individual what they can or cannot do.²¹

Online GBV has become increasingly common, particularly with the rise of social media platforms and other technological applications. According to the World Bank, 50% of the global population is connected to the internet,²² transforming how individuals meet, communicate, and interact. A 2017 study surveying women across the United Kingdom, United States, Spain, Denmark, Italy, Sweden, Poland, and New Zealand found that more than one in five women (23%) had experienced online abuse



Eliminating gender-based violence and harmful practices is linked to the achievement of the Sustainable Development Goals (SDGs) and targets, including:

SDG 3: Ensure healthy lives and promote well-being for all at all ages

- **3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- **3.2** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- **4.a** Build and upgrade education facilities that are child, disability, and gender-sensitive and provide safe, non-violent, inclusive, and effective learning environments for all

SDG 5: Achieve gender equality and empower all women and girls

- **5.1** End all forms of discrimination against women and girls everywhere
- **5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- **5.3** Eliminate all harmful practices such as child, early, and forced marriage and female genital mutilation



or harassment, ranging from 16% in Italy to 33% in the United States.²³ Of the 23% who experienced online abuse or harassment, 46% said it was misogynistic or sexist in nature.²⁴ Of the women reporting online harassment overall, 26% said they had received threats of physical or sexual assault. These women facing online abuse experienced devastating psychological impacts.²⁵ More than 55% said they had experienced stress, anxiety, or panic attacks as a result of the online abuse or harassment, leading to a silencing effect on women's freedom of expression.²⁶ While the internet offers many potential benefits and opportunities to empower girls and women, it also unleashes harmful, misogynistic, and violent content and behavior.²⁷

Economic Violence

Economic violence against women occurs when women are denied access to and control over basic resources.²⁸ It can take the form of property damage; restricting access to financial resources, education, or a job; or noncompliance with financial responsibilities, such as payment for child care. Nearly 1.4 billion women lack legal protection from domestic economic violence.²⁹ Individuals who experience economic violence may be unable to leave an abusive partner or may be forced to return to an abusive partner for economic reasons.

Physical Violence

Physical violence against women is any physical force, strength, or use of a weapon to harm or injure a woman.³⁰ Globally, 35% of women have experienced physical and/or sexual intimate partner violence or non-partner sexual violence.³¹ In Africa, reported physical violence against women is particularly high, at more than 40%.³² Girls and women with disabilities experience higher rates of GBV and in unique forms. While 30% of women have experienced physical or sexual violence by their intimate partner, women with disabilities are nearly twice as likely to experience domestic violence.³³ Girls and young women with disabilities face up to 10 times more GBV than those without disabilities.³⁴

Sexual Violence and Harassment

Sexual violence is any sexual act or attempt to obtain a sexual act that is directed against a person's sexuality, including using coercion or unwanted sexual comments or advances.³⁵ Sexual violence is pervasive around the world. Roughly 26% of U.S. women have experienced sexual abuse before the age of 18,³⁶ and data show that around 120 million girls globally, roughly one in 10, have experienced forced intercourse or other forced sexual acts.³⁷ Among young women in Cambodia, Haiti, Kenya, Nigeria, and Zambia who reported experiencing sexual intercourse before age 18, a quarter reported that their first experience was physically forced or coerced.³⁸ The most common perpetrators of these acts of sexual violence are not strangers, but partners, teachers, or family members.^{39,40} Rates of sexual violence are greater in the most marginalized communities. For example, evidence from a 2014 thematic paper examining violence and abuse against indigenous girls and women found that across the globe, girls and women within indigenous populations experienced higher rates of sexual and physical violence than the combined population.⁴¹ In the United States, Native American and Alaska Native women are more than 2.5 times more likely to be sexually assaulted or raped than other women.⁴²

As girls and women go about their lives in public spaces, they also regularly face sexual harassment that can discourage them from pursuing education and employment opportunities.⁴³ Harassment can take place in a variety of settings and manifest in many ways, including psychological and physical abuse and harassment on the street, in the workplace, and on the internet in the form of derogatory language or slurs. As movements such as #MeToo and #NiUnaMenos gain traction around the world, women are increasingly and publicly holding men to account for the everyday sexual harassment and violence that they experience.⁴⁴

Harmful Practices

Harmful practices such as female genital mutilation/cutting, and child, early, and forced marriage and unions impair the health, wellbeing, and agency of girls and women. It is estimated that at least 200 million girls and women across 30 countries have been subjected to some form of FGM/C, which creates an increased risk of prolonged bleeding and infection, complications during childbirth, long-term gynecological issues such as fistulas and infertility, and even death.^{45,46} Beyond health, FGM/C has long-term consequences for the fulfillment of other rights, including nondiscrimination and education.⁴⁷

It is estimated that every year, 12 million girls are married before they turn 18,⁴⁸ and by 2050, the global number of women married as children will reach 1.2 billion.⁴⁹ Child, early, and forced marriage and unions have compounding impacts on a girl's ability to exercise and enjoy her human rights. It contributes to higher school dropout rates and forced exclusion from school;⁵⁰ increased risk of intimate partner and family violence; food insecurity; and numerous negative health risks, including mental health problems.⁵¹ For example, as child brides are often unable to negotiate safe sex or family planning, they are particularly vulnerable to early and unwanted pregnancy and sexually transmitted infections.⁵² Girls who are married early also have fewer economic opportunities and experience greater levels of social isolation.

At-Risk Vulnerable Groups and Emergency Settings

Although GBV permeates every society, certain groups of girls and women—particularly those who suffer multiple forms of discrimination—are especially vulnerable. This includes adolescent girls, who often lack power within patriarchal and traditional social structures due to their age and gender,



- **5.5** Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life

- **5.c** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

Relevant International Agreements:

- Universal Declaration of Human Rights (1948)
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979)
- Convention on the Rights of the Child (CRC) (1992)
- UN Declaration on the Elimination of Violence Against Women (1993)
- Programme of Action adopted by the International Conference on Population and Development (ICPD) (1994)
- Beijing Platform for Action (1995)
- Rome Statute of the International Criminal Court (1998)
- Agreed Conclusions of the Commission on the Status of Women (CSW) 57: Elimination and Prevention of All Forms of Violence Against Women and Girls (2013)
- WHO Declaration of Commitment to End Sexual Violence in Conflict (2013)
- Sustainable Development Goals (SDGs) (2015–2030)
- Global Strategy on Women's, Children's and Adolescents' Health (WHO) (2017)



rendering them particularly vulnerable to GBV and harmful traditional practices that are deeply rooted in social norms and attitudes.⁵³ Other vulnerable and disproportionately targeted groups include girls and women living with disabilities; those from minority ethnic, racial, or indigenous communities; those who are lesbian or bisexual; transgender or gender nonconforming people; those living in rural and remote communities;⁵⁴ those who are migrants, refugees, or internally displaced;^{55,56} those who have been trafficked; sex workers; domestic workers; those who use drugs;⁵⁷ and those living with HIV.^{58,59,60,61,62} Indigenous women often face increased risk of experiencing GBV, including femicide and disappearances, and often lack access to legal and social services.^{63,64}

Humanitarian and emergency settings can further exacerbate violence against vulnerable groups, since the legal and social protections in these settings might not sufficiently address the needs of populations at risk. For example, there might not be emergency maternal care or adequate protections for women during curfew. The level of physical and sexual harm tends to increase within humanitarian and emergency contexts, partly because such abuse can be used as a weapon of war.^{65,66} Research from Côte d'Ivoire, Liberia, Thailand, and Uganda found that women who have higher levels of conflict-related abuses also report higher levels of intimate partner violence during and after conflict.⁶⁷

Natural disasters have been shown to increase sexual harassment,⁶⁸ domestic violence,⁶⁹ sexual exploitation of children,⁷⁰ and human trafficking.⁷¹ For example, increased rates of sexual and gender-based violence were reported in the Solomon Islands after the Gizo tsunami in 2007, a disaster that resulted in the displacement of around 10,000 people.⁷² Displacement and migration following a disaster or conflict can result in overcrowding and unsafe living conditions in evacuation centers, temporary housing, and shelters for displaced persons.^{73,74,75} Poor living conditions for forcibly displaced populations and the uneven provision of food, healthcare, water and sanitation, and other services often exacerbate girls' and women's vulnerability to multiple forms of GBV, particularly when these emergency services are implemented without protection in mind.⁷⁶ Girls and women living in or displaced by humanitarian crises face increased risk of family separation, loss of income, and loss of community, all of which serve to increase vulnerability to acts of violence.⁷⁷

SECTION 2: SOLUTIONS AND INTERVENTIONS

Multiple factors contribute to GBV. In communities characterized by male dominance, there is often a direct link to harmful and rigid gender norms that assert control over women and gender-diverse people, rendering them more vulnerable to violence.⁷⁸ Research suggests that certain cultural gender-related norms, including widespread acceptance of intimate partner violence and prioritized access to financial resources for men, are predictive of violence against women.⁷⁹ In order to step up prevention and build a stronger response to violence when it occurs, we need to:

- Expand efforts to target harmful gender norms and educate young people, women, and men through comprehensive sexuality education, behavior change initiatives, and community-based programming.
- Engage boys and men in the prevention of violence and promotion of gender equality.
- Ensure and enforce legal protections and justice for survivors of GBV.
- Improve multi-sectoral services to support GBV survivors, including those living in humanitarian and fragile settings.
- Increase equitable access to economic assets.
- Invest in local women's movements and women-led civil society.

Expand Efforts to Target Harmful Gender Norms and Educate Young People, Women, and Men Through Comprehensive Sexuality Education, Behavior Change Initiatives, and Community-Based Programming

Numerous programs have been developed to address harmful gender norms that perpetuate discrimination against girls and women and give rise to violence. Successful programs recognize the various levels at which gender norms operate—individual, family, community, and society—and work with all affected stakeholders, including women, children, adolescents, and men.⁸⁰ These programs seek not only to question harmful gender norms, but also to develop gender-equitable behaviors and effective mechanisms for protection. Such programs have effectively addressed stigma around GBV; intimate partner violence; school-related GBV; FGM/C; and child, early, and forced marriage. Many of the programs, particularly those for youth, incorporate sexuality education and take a rights-based approach.⁸¹

Comprehensive sexuality education (CSE) is an important aspect of GBV prevention because it aims to provide young people with the knowledge necessary to engage in safe, consensual sexual behavior. CSE not only covers all aspects of reproductive and sexual health, inclusive of all gender identities and sexual orientations, it also normalizes sexuality and reduces stigma. Furthermore, CSE contributes to gender equality by increasing awareness of the diversity and impact of gender in people's lives. By embracing CSE, governments can promote healthy, inclusive, and consensual sexuality that discourages violence and coercion.⁸²

Additionally, working with young adolescents (ages 10-14) is an opportunity to address gender inequality during a critical phase of development and before harmful gender norms are fully established, as evidenced by the Global Early Adolescent Study.⁸³ Quantitative research findings also



What Is Gender-Based Violence?

Gender-based violence (GBV) is violence that is directed at an individual based on biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation. Rooted in economic, social, and political inequalities between men and women, GBV takes on many forms, including child, early, and forced marriage, and can occur throughout the life cycle. (USAID)

Violence against women (VAW) is defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women." The most common form of VAW is intimate partner violence (IPV)—physical or sexual violence at the hands of a current or past partner. (UNWOMEN)

Harmful practices refer to child, early, and forced marriage; female genital mutilation/cutting (FGM/C); and crimes committed in the name of honor, dowry-related violence, and son preference. (OHCHR)

While recognizing that all forms of GBV are violations of human rights—and oftentimes sexual rights—this brief will focus primarily on violence against girls and women and harmful traditional practices.



show that adolescent girls who internalize and accept unequal attitudes and patriarchal norms are more likely to experience intimate-partner violence.⁸⁴

In humanitarian settings, significant research has been invested to understand what works to prevent GBV during emergencies.⁸⁵ The findings suggest a number of promising practices. First, donors should prioritize funding for specialized girls' and women's protection and empowerment programs from the earliest stage of the crisis.⁸⁶ They should also allocate funds to support longer-term GBV programming, including in pre-crisis development and resilience strategies. Next, donors and program developers must recognize intimate partner violence as a specific and significant concern within the humanitarian agenda, in addition to the focus to date on conflict-related, non-partner sexual violence. In practice, girls and women experience multiple and compounding forms of intimate partner violence that is exacerbated during times of crisis.⁸⁷ Additional recommendations to prevent and respond to GBV in emergency settings include increasing support for women's groups and movements to build local prevention and response capacity, improving the socio-economic status of women, and changing socio-cultural norms. This involves supporting women to attain decision-making and leadership positions, at all levels, to help drive forward these changes.⁸⁸

In all contexts, supporting women's groups and the women's movement to build local capacity to improve the status of women is an important mechanism through which women can be meaningfully engaged in programming and decision-making, leading to culturally appropriate GBV prevention and response programming for maximum impact.

Case Study: Tostan Supports Women as Agents of Change

Through education and community mobilization, Tostan supports women as agents of change in their communities across Guinea, Guinea-Bissau, Mali, Mauritania, Senegal, and the Gambia.^{89,90,91} Education and community engagement programs help community members identify traditional practices that are barriers to good health.^{92,93} The community mobilization component culminates in a public declaration renouncing the harmful practices they have identified, such as FGM/C.^{94,95} Villages participating in the program had lower proportions of women and girls subjected to this harmful practice.^{96,97}

Case Study: Eradicating Child Marriage in Malawi

To protect girls from child marriage, Rise Up, in partnership with the Girls Empowerment Network (GEN), the International Center for Research on Women (ICRW), and the Bill & Melinda Gates Foundation, created an initiative called Enabling Girls to Advance Gender Equity (ENGAGE). ENGAGE invests in local leaders from civil society, youth, and community organizations to advocate for laws and policies that protect the rights of girls, improve their educational opportunities, and move toward gender equity in their communities in Malawi.⁹⁸ The fight to end child marriage began with Rise Up and GEN partnering to train more than 200 girls in leadership, advocacy, and public speaking, which allowed those girls to mobilize their peers and convince 60 chiefs to pass laws raising the minimum marriage age to 21.⁹⁹ After years of advocacy, Malawi passed the Marriage, Divorce and Family Relations Bill in 2015, which outlawed child marriage nationwide and increased the national age of marriage to 18 years.¹⁰⁰ Finally, in April 2017, President Peter Mutharika signed a constitutional amendment into law that makes marriage before age 18 illegal, providing additional protection to Malawian girls.¹⁰¹

Engage Boys and Men in the Prevention of Violence and Promotion of Gender Equality

Achieving gender equality and eliminating GBV involves challenging the beliefs, practices, and institutions that sustain men's privileges and inequitable norms.¹⁰² Boys and men have a critical role to play in questioning these inequalities in power and privilege. Men are often seen as the decision-makers in families, communities, the private sector, and governments. As a result, they tend to control women's access to sexual and reproductive health services, finance, and transportation, and men's violence against women around the world is pervasive.^{103,104} However, many men are interested in moving toward more equal societies.¹⁰⁵ Many men acknowledge the existing gender imbalance in home and child care and want to work toward a more balanced dynamic, and research has shown that male leaders are important allies in the prevention of violence against women.¹⁰⁷ Men's roles as fathers can also play a powerful role in protecting children from violence and abuse, as well as in helping children realize and exercise their rights.¹⁰⁸ Having an involved father results in children being less likely to use violence against their female partners as adults.¹⁰⁹

Interventions that include men and boys should take a multilevel approach, recognizing the importance of impact at the individual, family, community, societal, and governmental levels, and including boys, young men, and adult men. These programs aim to foster positive, nonviolent masculinities and strengthen partnerships with women's rights organizations.^{110,111} New research shows that preventing violence requires addressing both the needs and vulnerabilities of boys and men, as well as addressing the privileges they may hold. This will require transformative change around power dynamics.¹¹² Any solution involving boys and men should aim to improve the lives of boys and men as well as girls and women, and it should be inclusive of diversity among men in terms of sexual orientation, gender identity, and masculinity.^{113,114,115}

Case Study: Using Football to Engage Men in GBV Prevention¹¹⁶

In Brazil, Promundo targeted adult men participating in a community football tournament, using weekly matches as a focal point to distribute outreach materials and conduct group sessions. The intervention curriculum was centered on a general discussion of violence against women, and a video titled "Não é Fácil Não!" (It's Not Easy!) further engaged participants. The intervention aimed to increase men's knowledge of gender inequality, GBV, and related laws, and to improve men's ability to denounce violence against women in their communities. By deploying the intervention during weekly matches, the likelihood of participant retention was increased. At the end of the study, fewer men in the intervention group agreed that women deserved to be beaten, and more men believed that violence in a relationship should be discussed outside the couple. Men in the intervention group also reported more equitable sharing of household responsibilities and less touching of women without consent.

Case Study: REAL Fathers Initiative¹¹⁷

From 2013 to 2017, the Institute for Reproductive Health at Georgetown University and Save the Children International implemented the Responsible, Engaged and Loving (REAL) Fathers Initiative, a community mentoring and awareness-raising program in Northern Uganda that aimed to increase acceptance of nontraditional gender roles in parenting and decrease intimate partner violence and violent punishment of children. REAL's 12-session mentoring program worked with young fathers ages 16 to 25 who parent 1- to 3-year-old children and paired them with mentors selected by the community to learn and practice new skills, such as child care and couple communication. An evaluation of 500 fathers found that those who participated in REAL were half as likely than those who did not to report using any form of intimate partner violence three months and one year after the project ended. Young fathers who participated in REAL were found to be three times more likely to engage in father-child interaction activities one year after the project ended.



Ensure and Enforce Legal Protections and Justice for Survivors of GBV

Preventing violence against girls and women is only possible through the implementation of strong legal and policy frameworks that recognize all forms of GBV and inequality among genders, address harmful attitudes, and respect human rights, regardless of sexual orientation or gender identity.¹¹⁸

Governments must be held to account for their responsiveness to and investment in reducing GBV and protecting survivors in the justice system, which includes deterring perpetrators.¹¹⁹ In order to increase survivors' access to justice, governments should create, strengthen, and ensure the implementation of laws that provide thorough protection from GBV. Governments must also ensure effective prosecution of perpetrators and justice for survivors, which includes funding a range of rehabilitation and treatment programs. This can be accomplished through the establishment of mobile or domestic violence-specific courts; specialized police stations, units, and dedicated desks for violence against women and children; and specially trained prosecution teams. Finally, survivors should have access to legal support and services, with a special focus on especially vulnerable populations, including migrants, refugees, people with diverse sexual orientations and gender identities, and people in humanitarian and conflict-affected regions.¹²⁰

Case Study: Women's Police Stations Improve the Quality of Survivor Services in Latin America

One innovation intended to improve the quality of survivors' services are women's police stations. Women's police stations should be specialized for women, staffed by women, more approachable than traditional police stations, and visible to survivors.¹²¹ They have a long history in Latin America, where they were first created in São Paulo, Brazil. As of 2016, there were almost 500 women's police stations in the country.¹²² However, the quality of services in women's police stations is not consistent, and many in Brazil lack enough specialized personnel to provide the highest-quality service to women survivors.¹²³ On the other hand, Nicaragua has succeeded in implementing higher-quality women's police stations throughout the country. More than 135 stations cater to women and children and display a high degree of gender-responsiveness, primarily due to their close coordination with women's rights organizations.¹²⁴ Civil society in Nicaragua works to connect the women's police stations with clinics and forensic, psychological, and legal services.¹²⁵ The difference in success between Brazil and Nicaragua is a reminder of the importance of multi-sectoral services, highly trained staff, and sufficient government funding.

Case Study: Empowering Rural and Indigenous Women to Gain Legal Justice in Guatemala

Women in Guatemala experience some of the highest rates of GBV in the world, and indigenous and rural women are disproportionately affected.^{126,127} The Women's Justice Initiative (WJI), established in 2016 with a grant from the UN Trust Fund to End Violence against Women, works with indigenous girls and women in rural Guatemalan communities to provide legal literacy courses and mobile legal outreach. It offers legal services in their preferred language, thus eliminating the linguistic barrier that rural indigenous women often face, as well as legal advocates to help women navigate the complicated legal system. As a result of its legal support, WJI saw a 145% annual increase in the number of survivors who reported gender-based violence.¹²⁸ WJI helped 66 survivors of domestic violence in 2016 alone, and provided legal services and women's rights education to a total of 2,700 women and girls.¹²⁹

Improve Multi-sectoral Services to Support GBV Survivors, Including Those Living in Humanitarian and Fragile Settings

A comprehensive, multi-sectoral approach to ending violence that addresses legislation gaps and incorporates quality services for survivors is critical. Recent estimates show that in most countries, fewer than 40% of the women who experience violence seek help or support.¹³⁰ Among those who do, most disclose to family and friends and fewer than 10% go to the police due to stigma and fear.¹³¹ Many survivors lack access to the most basic services for their safety, protection, and recovery, including timely access to justice, emergency hotlines, safe accommodation, and psycho-social counseling. A study from the United States found that women who experience violence often use mental health, emergency department, hospital outpatient, primary care, pharmacy, and specialty health services,¹³² though many do not disclose the abuse to their healthcare providers.¹³³ Reporting cases of sexual violence and GBV may be more difficult in conflict settings, where political situations can be more oppressive.¹³⁴

Women may enter the healthcare system but miss out on the full range of services abuse survivors require. Young women and girls, particularly LGBTQIA+ individuals, often experience increased vulnerability when seeking care. Issues such as lack of confidentiality and privacy, the need to travel to services, the high cost of services, and the required parental consent for medical procedures are all barriers to young women, girls, and LGBTQIA+ individuals accessing supportive care.¹³⁵

Given these barriers, healthcare providers need to be able to identify individuals who have experienced violence and respond appropriately. That response should include first-line support to meet the survivor's emotional and physical safety, as well as ongoing support.¹³⁶ Women-centered, first-line support is holistic in nature, comprised of psychological first-aid and support; safety planning; and referrals for legal, medical, and psychosocial services and support.¹³⁷ It is also important that sexual and reproductive health and rights programs and services are recognized as critical entry points to support survivors of GBV.^{138,139} While universal screening or repeated inquiry should not be implemented, health providers should be trained on the correct ways to inquire about violence when deemed appropriate and be able to respond appropriately to women who do choose to disclose violent experiences, especially when conditions may be caused or exacerbated by GBV.¹⁴⁰ Services should also be youth-friendly, and any measures taken to improve the quality of service for young people should include their meaningful participation and leadership.¹⁴¹

Recognizing that health providers may mirror their communities' gender-inequitable cultural norms regarding intimate partner violence, health systems must train and support them to provide quality GBV services.¹⁴² This training should be grounded in a human-rights-based approach and professional ethics to combat stigma, abuse, and apathy. In addition to comprehensive training, healthcare providers may be supported with protocols, procedures, and referral networks.¹⁴³ Furthermore, it is important that GBV services are regularly assessed in terms of local knowledge, attitudes, availability, and barriers, so that gaps can be remedied.¹⁴⁴

GBV survivors should have access not only to quality health services, but also to other relevant services in the law enforcement, justice, and social services sectors, such as employment, housing, and education. Where such services are available, efforts should focus on improving quality, coordination, and funding to increase meaningful support for abused girls and women.¹⁴⁵

Despite GBV's prevalence, prevention of and response to GBV are rarely undertaken from the earliest stages of emergencies. Moreover, there are insufficient mechanisms in place at the policy, funding, systems, and implementation levels to ensure that GBV will be comprehensively addressed and prioritized.¹⁴⁶ The particular risks faced by girls and women can be heightened when humanitarians overlook women's strength and agency and when they do not work with local women's organizations and female leaders.¹⁴⁷ The failure



to link GBV prevention and risk mitigation efforts with gender equality work to address existing gender discrimination also exacerbates the problem.¹⁴⁸ Inaction, when it occurs, represents a failure on the part of humanitarian actors to fulfill their basic responsibilities to protect people and their rights. From 2016 to 2018, GBV services accounted for just 0.12% of the \$41.5 billion allocated for humanitarian funding.¹⁴⁹

Especially in humanitarian crises, it can be difficult for girls and women to access comprehensive, multi-sectoral services.¹⁵⁰ When governments alone are unable to provide the services that survivors need, humanitarian actors, including UN agencies, as well as international, national, and local non-profit organizations (NGOs), should provide those missing services. However, humanitarian donors often fail to make GBV prevention and response services a priority. While evaluating service gaps, organizations should consider the safety and security risks of affected populations; potentially unequal access to services for girls, women, and other marginalized groups; the inclusion of affected populations in the planning, design, and implementation of services; and the deployment of GBV specialists in the health sector.¹⁵¹

One risk-reduction intervention that health sector actors can implement at the onset of every emergency is the Minimum Initial Service Package (MISP) for reproductive health. The Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (IAFM), including the MISP,¹⁵² was updated in 2018¹⁵³ and extends guidelines and recommendations beyond refugee situations to also include conflict zones and natural disasters.¹⁵⁴ The package is designed to ensure that the basic health needs of people in humanitarian settings are met, including sexual and reproductive health needs, and works to mitigate the long-term effects of sexual violence. The MISP is a series of priority actions that includes preventing and managing the consequences of sexual violence; preventing maternal and newborn morbidity and mortality; reducing the transmission of HIV; and planning for comprehensive reproductive health services in the early phase of emergencies.¹⁵⁵

Increase Equitable Access to Economic Assets

Building girls' and women's economic empowerment is key to transforming unequal power dynamics between men and women and integral to changing attitudes and behaviors—and ultimately ending GBV.¹⁵⁶ There are multiple approaches to designing programs that make access to economic assets more equitable for girls and women. Examples of effective programs include those that increase girls' access to education; provide marketable skills training and finance opportunities to women; and work to secure land, inheritance, and property rights impacting women.¹⁵⁷ The relationship between women's economic empowerment and intimate partner violence is a complicated one that changes over time and context. Introducing economic empowerment into communities may lead to a temporary increase in intimate partner violence, pointing to a need to engage men and address harmful and restrictive gender norms along with economic empowerment in such situations.^{158,159}

In many contexts, even when women do have access to economic assets, a pervasive gender wage gap persists, contributing to gender inequality and intimate partner violence.¹⁶⁰ A study conducted across the United States showed that a decrease in the wage gap reduced violence against women.¹⁶¹ It is also important to note that increasing equitable access to economic assets does not refer only to initiatives that aim to improve women's abilities to enter the workforce and earn a salary or wage, but also access land. Securing land rights for women is an integral step toward breaking cycles of poverty and supporting the economic empowerment of women.^{162,163} When women are empowered to build a life outside the home and outside the informal economy, they are better able to access legal and supportive services in response to violence.¹⁶⁴ Reducing women's economic dependence on their partners also enables them to leave environments where there are incidences of domestic violence.¹⁶⁵

Case Study: The Intervention With Microfinance for AIDS and Gender Equity (IMAGE) Study

South Africa's IMAGE study targeted women living in the poorest households in rural areas, combining financial services with training and skills-building workshops on gender and cultural norms, communication, intimate partner violence, and HIV prevention.^{166,167,168} The program also encouraged the participation of boys and men. Study results revealed that, two years after completing the program, the participant group reported 55% fewer acts of violence by their intimate partners in the past year compared to the group that did not participate.^{169,170,171} After the program, participants were also found to disagree more often with statements that condoned physical and sexual violence toward an intimate partner.^{172,173,174}

Case Study: HERespect, Promoting Gender Equality and Tackling Violence Against Women

Even though women working in the formal sector earn a salary, social acceptance of the use of violence, lack of skills within management teams, and gender-blind policies remain key drivers of women's experience of violence. BSR's HERespect program leverages the workplace as an incubator of social change. Using a combination of gender-transformative training, factory and community campaigns, and strengthening of workplace policy, HERespect connects buyers, factories, workers, and civil society organizations to prevent and address violence against women workers in the global supply chains.¹⁷⁵ HERespect is currently being implemented in four factories in Bangladesh,¹⁷⁶ and reflections from participants show early signs of change in attitude and behavior toward violence.¹⁷⁷ Aiming to influence business practices at scale, BSR developed a Business Toolkit with the Confederation of Indian Industries (CII) to provide guidance to companies in India seeking to strengthen their own policies and activities that prevent and address sexual harassment.¹⁷⁸

Invest in Local Women's Movements and Women-Led Civil Society

A global comparative analysis of policies on violence against women over four decades found that strong, feminist movements were the original catalysts for government action.¹⁷⁹ Feminist civil society affects policy change by influencing global treaties, influencing regional agreements on violence against women, and exerting pressure at the national and regional levels to conform to new norms.¹⁸⁰ Feminist and women-led civil society movements have also been critical to drive attention and action to address injustices against traditionally marginalized communities.¹⁸¹

While Millennium Development Goal 3 (Promote gender equality and empower women) led to considerable progress in empowering girls and women, its focus on education and health was not enough to secure their equality. Without a corresponding emphasis on the rights of girls and women, SDG 5 (Achieve gender equality and empower all women and girls)—and all 17 SDGs—will fall into the same trap. Gender equality requires consistent engagement of gender-equality activists and experts, which in turn requires institutional and financial support.



Case Study: The Final Report of the National Inquiry Into Missing and Murdered Indigenous Women and Girls, Canada

In 2019, the government of Canada released the National Inquiry into Missing and Murdered Indigenous Women and Girls Final Report, the summation of more than two years of public hearings and evidence gathering across Canada, surveying 2,380 experts, survivors, and family members about violence against indigenous girls and women. The inquiry and report were influenced by findings of a 2014 report of the Royal Canadian Mounted Police, which identified 1,181 missing and murdered indigenous girls and women and found that while homicide rates for nonindigenous women in Canada were declining, they remained unchanged for indigenous women.¹⁸² It was also the direct result of years of advocacy by indigenous women, coordinating as a movement, to bring the lived realities of indigenous girls and women into the spotlight and push for investigation.¹⁸³ The 2019 report revealed that persistent human rights violations and abuses fueled Canada's disproportionately high rates of violence against indigenous girls, women, and LGBTQIA+ people.¹⁸⁴ It also concluded that violence documented in the inquiry and report represented in race-based genocide of indigenous peoples, which especially targeted girls, women and LGBTQIA+ people. The report called for greater cooperation between the government of Canada, communities of indigenous peoples, and other important stakeholders to remedy and address GBV against indigenous women, and the strategy is currently being implemented.¹⁸⁵

Case Study: Adopting Legal Frameworks to Advance the Rights of Persons With Disabilities in Morocco

A 2009 national survey of women in Morocco ages 18 to 65 found that 62.8% had experienced gender-based violence. Of those surveyed, 12.4% had a situation where having a child with disabilities increased the rate of domestic violence in the home.¹⁸⁶ After more than 10 years of advocacy led by Moroccan women's rights organizations, and as a result of the national survey, the Moroccan government has signed and ratified several laws and policies to address violence against girls and women, including the Convention on the Elimination of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD). Most recently in 2018, the Moroccan government adopted Law no. 103-13 on combating violence against women.¹⁸⁷ The Criminal Code was also amended to prohibit and punish discrimination on the basis of disability.¹⁸⁸

SECTION 3: THE BENEFITS OF INVESTMENT

Investing in the elimination of GBV and harmful practices is both ethical and practical. There is growing evidence on the cost-effectiveness of GBV interventions, but the costs of *inaction*—including physical and mental health impairments; loss of productivity; and costs related to social, legal, and medical service provision—are staggering.^{189,190} The World Bank has estimated that the costs of intimate partner violence for a range of countries run from 1.2% to 3.7% of gross domestic product (GDP), equivalent to what many governments spend on primary education.¹⁹¹ Based on these numbers, a group of the world's leading economists and Nobel Laureates found that investing in the elimination of all forms of GBV is one of the 19 most cost-effective SDG targets.¹⁹²

SECTION 4: CALLS TO ACTION

The first step to eliminating GBV is to ensure that national legal frameworks and policies are in place, guided by a national GBV strategy that is coordinated among all levels of government.^{193,194} These actions then need to be backed by the infrastructure and human resources required to enforce laws and ensure protection for girls, women, and GBV survivors. Donors and civil society groups can play an important role in national efforts by speaking out against violence and harmful gender norms and allocating resources to prevent and respond to them. Finally, all stakeholder groups should involve young women and girls in the planning, implementation, and evaluation of programs aimed at ending GBV.¹⁹⁵

In order to power progress for all, many different constituents must work together—governments, civil society, academia, media, affected populations, the United Nations, and the private sector—to take the following actions for girls and women:

- Enact and enforce comprehensive legal frameworks and policies to protect against GBV, including all forms of harassment and harmful practices, such as child, early, and forced marriage and female genital mutilation/cutting. (Most relevant for: governments, civil society, and media)
- Create and enforce gender-responsive legal frameworks that address the increased vulnerability of women in emergency and conflict settings and support women's protection and empowerment. (Most relevant for: governments, civil society, affected populations and the United Nations)
- Recognize, plan for, and protect against the increased risk of GBV and the breakdown of social and governmental frameworks during humanitarian crises. (Most relevant for: governments, NGOs, and civil society)
- Recognize, investigate, and meaningfully respond to the needs and realities of marginalized and/or inter-sectional groups of people who are at greater risk for GBV as a result of stigma and discrimination, such as girls and women with disabilities, indigenous girls and women, LGBTQIA+ people, and girls and women from ethnic minority groups. (Most relevant for: governments, civil society, academia, media, affected populations, and the United Nations)
- Invest in prevention programs that end GBV and harmful practices and empower girls and women to claim their rights. (Most relevant for: governments, civil society, the United Nations, and the private sector)
- Scale up efforts targeting harmful gender norms and educate young people, women, and men about GBV and harmful practices, including through community-based programs. (Most relevant for: governments, civil society, academia, media, affected populations, the United Nations, and the private sector)
- Train all health providers to address GBV and harmful practices to ensure that needed services are available, accessible, acceptable, and of quality for all. (Most relevant for: governments and NGOs)
- Implement comprehensive sexuality education that addresses gender inequity, gender roles, GBV, and the rights of young people to seek services and justice. (Most relevant for: governments and NGOs)
- Invest in the women's movements in civil society. (Most relevant for: governments and the private sector)
- Involve and encourage boys and men in efforts to change unequal gender norms, increase societal understanding of GBV, and prevent violence against women at all levels. (Most relevant for: governments, NGOs, civil society, and media)



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Disclaimer: The views and opinions expressed in this technical paper are those of the authors and do not necessarily reflect the official policy or position of all partnering organizations.

These briefs are intended to be used by policymakers, decision-makers, advocates, and activists to advance issues affecting girls and women in global development. These materials are designed to be open-sourced and available for your use.

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