



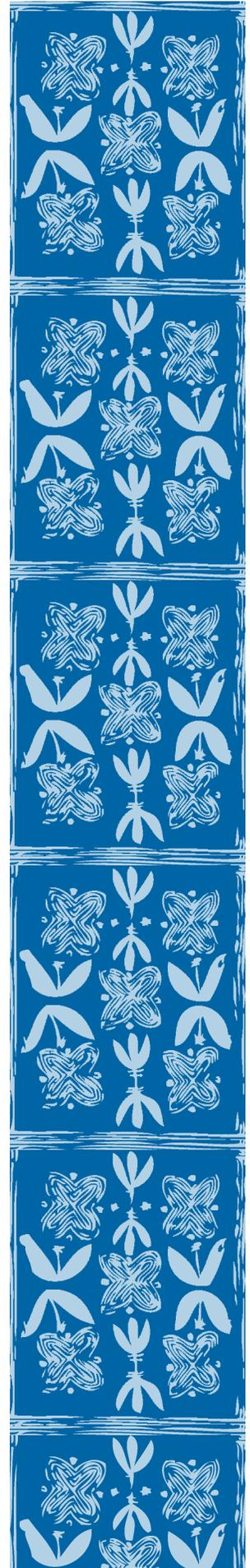
**USAID**  
FROM THE AMERICAN PEOPLE

# Responding to Gender-Based Violence: A Focus on Policy Change

## *A Companion Guide*

May 2006

The PowerPoint presentation and its companion guide were produced for review by the United States Agency for International Development. Both were prepared by the POLICY Project.





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May 2006

The author's views expressed in this publication do not necessarily reflect the views of USAID or the United States government.



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Myra Betron (consultant) created *Responding to Gender-based Violence: A Focus on Policy Change*, the PowerPoint presentation that serves as the centerpiece of this Advocacy Kit. The presentation incorporates work by the World Health Organization's TEACH-VIP program. Sarah Bott (consultant) and Myra Betron, with input from Frances Houck (consultant), authored the *Companion Guide* to the presentation. Myra Betron prepared *Understanding the Issue: An Annotated Bibliography on GBV*. From the POLICY Project, Mary Kincaid provided technical input and oversight to the Advocacy Kit, Mark Wehling provided operational support for its development, and Elizabeth Doggett provided research assistance. The idea for the Advocacy Kit originated from the POLICY Project team in Haiti, and in particular, from Eric Gaillard, who, previously through a small grant from USAID's Interagency Gender Working Group, analyzed GBV-related data within the Demographic and Health Survey and used it to advocate for addressing GBV in health sector programming in Haiti.

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Many thanks go to UNIFEM, which allowed its toolkit, *Making a Difference: Strategic Communications to End Violence against Women*, to be reproduced and included in the Advocacy Kit. POLICY also extends appreciation to the USAID-supported INFO Project for providing flyers about the endvaw.org website.

## A. SETTING THE STAGE—THE WHO, WHERE, WHEN, AND HOW

### I. OVERVIEW

This companion guide is designed to accompany the PowerPoint presentation titled Responding to Gender-Based Violence: A Focus on Policy Change. The POLICY Project prepared the presentation and guide to assist colleagues and partners worldwide as they seek to raise awareness and influence policy related to gender-based violence (GBV). The companion guide presents tips and information intended to strengthen the presentation by helping the presenter to consider:

- the appropriate audiences;
- where and when to find potential venues or opportunities for advocacy efforts; and
- how to prepare for an effective presentation, including specific suggestions to tailor the presentation slides to a local context.

### II. THE WHO: IDENTIFYING YOUR AUDIENCE

As advocates from around the world will confirm—regardless of their policy issue—the first step toward making a persuasive presentation is knowing your audience well. What is your audience’s interest in GBV and how likely are they to support your position on the issue? It is essential to begin by researching your audience whether through formal or informal means. Simply contacting colleagues who are more knowledgeable about your audience can yield important information to help tailor a presentation.

The following tips and suggestions relate directly to delivering the presentation, Responding to Gender-Based Violence: A Focus on Policy Change. The first step is selecting and inviting the appropriate audience. As you prepare your invitation list, consider who has the actual power and influence to foster change in the area of GBV. Without a doubt, GBV touches many aspects of broader society, from public health and human rights to workplace productivity and law enforcement. Depending on your desired outcome, consider including policy actors from various public and private sector agencies to promote dialogue across sectors.

In preparing the presentation, the POLICY Project focused on the following “end users”:

Intended Advocates or Presenters		
<ul style="list-style-type: none"><li>• Representatives from non-governmental organizations (NGOs) and fellow cooperating agencies</li></ul>	<ul style="list-style-type: none"><li>• Ministry of Health officials</li><li>• United States Agency for International Development (USAID) mission staff</li></ul>	<ul style="list-style-type: none"><li>• Other GBV activists or networks</li></ul>
Potential Target Audiences for Presentation		
<ul style="list-style-type: none"><li>• Decisionmakers in the health, education, planning, and finance sectors</li><li>• Representatives of the judiciary or law enforcement sector</li></ul>	<ul style="list-style-type: none"><li>• Offices of the president, governor, or mayor</li><li>• Donor agencies</li></ul>	<ul style="list-style-type: none"><li>• Family planning/reproductive health service providers (particularly in the context of pre-service or in-service training programs)</li></ul>

Intended Advocates or Presenters		
<ul style="list-style-type: none"> <li>• Mass media</li> <li>• Office of the First Lady</li> <li>• Community-based organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Attendees at local, regional, or international conferences</li> </ul>	<ul style="list-style-type: none"> <li>• International organizations (the World Health Organization (WHO), the development banks, and so forth)</li> </ul>

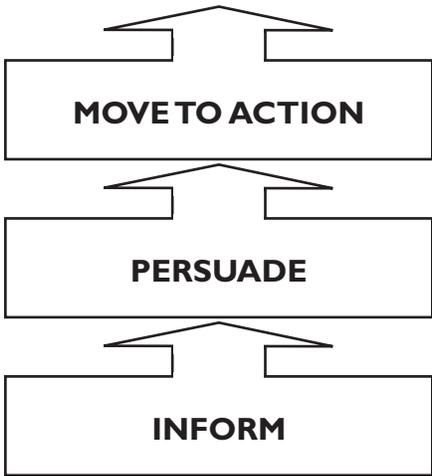
In fine-tuning the presentation, it is essential to assess your target audience’s interest in GBV.

- How does GBV affect your audience’s various constituencies?
- Do the societal costs of GBV negatively affect your audience’s ability to achieve its own results?
- Is your audience generally in favor of preventing and mitigating the effects of GBV but has failed to commit the necessary support?

As you prepare to address a particular audience, consider the following strategic communications approach<sup>1</sup>. Often in advocacy efforts, the advocate succeeds at **informing** or raising awareness among an audience, the first step in the strategic communications hierarchy. If you provide compelling data and a well-crafted argument, you are more likely to **persuade** or convince your audience to adopt your position. If you choose, by the end of the presentation, to issue a call of action to your audience—by identifying the concrete steps they can take to support your issue—you have done your best to **move them to action**. You may now have reached an opportune moment to ask your audience to join you in:

- Drafting a policy statement
- Approving funding for a measure or program
- Issuing a joint press release
- Sponsoring a follow-up event or conference to study the issue

**Strategic Communications seek to...**



Most important, remember to identify clear next steps with your audience before the gathering reaches a close.

**III. THE WHERE AND WHEN: OPPORTUNITIES TO MAXIMIZE IMPACT**

If you are only concerned with raising public awareness about GBV and its effects, it might suffice to make this presentation at any time in any place. But since the presentation is intended as an advocacy tool, you should look for events and venues that maximize exposure to the issue. Remember that you want to move key decisionmakers to action and build momentum for a desired outcome, such as a policy change, a resource allocation, improved multisectoral collaboration, and so forth.

The following is a list of advocacy “entry points”—those opportunities to link to existing dates or events that could draw greater attention to your presentation.

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<sup>1</sup> The strategic communications model was adapted by Thomas C. Leonhardt, Training Consultant.

The following is a list of advocacy “entry points”—those opportunities to link to existing dates or events that could draw greater attention to your presentation.

### Possible GBV Advocacy Entry Points

Event	Date
<b>International Day for the Elimination of Violence against Women</b>	November 25
<b>16 Days of GBV Activism</b> A global campaign to raise awareness and action on violence	November 25–December 10
<b>International Women’s Day</b>	March 8
<b>Mother’s Day</b> Celebrated on different dates around the world—most commonly on the second Sunday of May	Varies by country
<b>Valentine’s Day</b> Opportunity to dispel myths and promote healthy partnerships	February 14
<b>International HIV/AIDS Day</b> Opportunity to highlight the link between violence and HIV	December 1
<b>National holidays or anniversaries of local events related to GBV</b>	Country-specific

In addition to public holidays and events, the presentation is much more likely to influence a policy outcome if the advocacy group or network is tracking the policy process related to GBV. Ideally, the advocacy group will have up-to-date information about public policies in various stages—formulation, approval, implementation—and can use the presentation to influence the process. This will depend upon the advocacy group’s contacts and relationships with policymakers or policy watchdogs.

In many cases, advocacy groups have crafted their own creative strategies to build on public interest in the issue of GBV. Examples include:

- Rallying around a negative advertisement, article, or public speech
- Organizing a campaign around the release of a movie that objectifies women or sensationalizes violence between partners
- Identifying an issue that has received media attention and highlighting the link to GBV (e.g., the role of GBV in armed conflict)
- Focusing on a negative news item or event that has brought negative attention to the country (e.g., sexual trafficking or abduction) and helping policymakers understand that addressing GBV can improve the country’s public image

#### IV. THE HOW: PREPARING FOR THE PRESENTATION

For many years now, development professionals have been using PowerPoint presentations as effective communication tools. Nevertheless, consider how many times you have witnessed a presentation that was poorly prepared or delivered and failed to inform an audience, much less move the “targets” to action. The checklist below may help you polish your presentation skills and prepare for the unexpected.

##### Checklist for an Effective Presentation<sup>2</sup>

Prior to the Presentation	
<b>Analyze the occasion:</b> <ul style="list-style-type: none"><li>• Where will you speak?</li><li>• What happens before and after?</li><li>• How much time will you have?</li><li>• What can go wrong with the room or equipment? (Plan to arrive early to test equipment and assess room set-up)</li></ul>	<b>Organize the presentation:</b> <ul style="list-style-type: none"><li>• Adapt your presentation to your listeners</li><li>• Have a distinct beginning, middle, and end</li><li>• Use bold transitions where possible</li><li>• Rehearse with a timer to adjust length</li></ul>
During the Presentation	
<b>The opening:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Greet the audience and gain their attention</li><li><input type="checkbox"/> Articulate the link between the audience and the issue</li><li><input type="checkbox"/> If appropriate, begin with an anecdote or a “human face” on the issue</li></ul> <b>Make the slides work for you:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Keep slides simple and appropriate (a general guideline is to avoid using more than 4–5 bullet points or lines per slide)</li><li><input type="checkbox"/> Reveal slides or bullets only when you are ready to discuss them</li><li><input type="checkbox"/> Do not block anyone’s view</li><li><input type="checkbox"/> Point to the section you are discussing</li><li><input type="checkbox"/> Talk to the audience, not to the slides (and remember the people in the last row)</li></ul> <b>To make presentations “sing”:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Have a communication objective for every slide</li><li><input type="checkbox"/> Guide the audience with an agenda or overview slide</li><li><input type="checkbox"/> Give every slide a title and label all charts and graphics as appropriate</li><li><input type="checkbox"/> Use large lettering; test the font size by looking at the presentation from the last row</li><li><input type="checkbox"/> Avoid fully capitalized words</li><li><input type="checkbox"/> Use high-contrast colors (dark background is easiest on the eye; avoid reds)</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Minimize distracting animation</li></ul> <b>Body language:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Maintain eye contact</li><li><input type="checkbox"/> Use your face expressively</li><li><input type="checkbox"/> Move purposefully but avoid clumsiness</li><li><input type="checkbox"/> Gesture expressively</li></ul> <b>Voice:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Vary your voice and use pauses</li><li><input type="checkbox"/> Find the right volume</li><li><input type="checkbox"/> Make nervousness work for you; try to connect with the audience</li></ul> <b>Prepare for questions:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Anticipate likely questions (or lack of questions)</li><li><input type="checkbox"/> Listen attentively</li><li><input type="checkbox"/> With a large audience, always re-state the question to ensure it was heard by all</li><li><input type="checkbox"/> Seek audience input on difficult questions, as appropriate</li></ul> <b>Conclusion:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Summarize key points and next steps</li><li><input type="checkbox"/> Reiterate the support you need from the audience (the “call to action”)</li><li><input type="checkbox"/> Thank the audience</li></ul>

<sup>2</sup> The checklist is adapted from materials prepared by Jeff Jordan (POLICY Project/Futures Group).

## B. ADAPTING YOUR PRESENTATION

This portion of the companion guide offers background information and suggestions to help the presenter strengthen and tailor his/her presentation. While the previous section looked at organizational elements behind the presentation, this section focuses on content and substance.

### I. SECTION ONE OF THE PRESENTATION

During Section I of the presentation, the advocate makes the case for why GBV is a public health problem as well as a human rights issue. In many societies, GBV is not traditionally discussed in public. On the rare occasion that GBV is discussed, it is done so with many misconceptions and falsehoods in mind. Section I starts out by explaining GBV—a basic definition, types of GBV, and attitudes relating to the issue. This section goes on to look at data on the prevalence and societal impacts of GBV. We recommend presenting global data first; Section III focuses on local data.

**Slide 1.** The title slide is a sample that can be adapted depending on the final contents of the presentation as well as the audience. The presenter is encouraged to insert a graphic or photo that “pulls” the audience in.

**Slides 2–4.** Present the slides as they are.

**Slide 5.** GBV can take many forms, such as those listed on this slide. When constructing this slide, identify forms of GBV with local community members and include them here.

**Slides 6-13.** Present slides as they are.

**Slide 14.** Current research is further defining the links between GBV and maternal mortality and between GBV and HIV/AIDS. The data presented here constitute preliminary findings that may be updated as more compelling research emerges. Slide 13 and accompanying narrative should be updated with the most recent and convincing information available. The WHO has a web page about the interaction of violence against women and HIV that can provide updated information to support this slide. The URL for the site is: <http://www.who.int/gender/violence/gbv/en/index2.html>.

**Slide 15.** There are numerous international human rights declarations that make reference to or explicitly state that violence against women is a violation of human rights. This slide cites language from the United Nations Universal Declaration of Human Rights, a convention that has been signed by many countries. Nonetheless, the presenter is encouraged to add a slide listing other relevant human rights declarations that his/her country has signed, such as the following:

- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (Entry in force, 1981)
- Convention on the Rights of the Child (Entry in force, 1990)
- Vienna Declaration and Program of Action (Adopted by the World Conference on Human Rights, 1993)
- The Declaration on the Elimination of Violence against Women (Adopted by the UN General Assembly in 1993)
- Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, “Convention of Belém do Pará” (1994)
- Beijing Declaration and Platform for Action (Adopted by the Fourth World Conference on Women, 1995)

## II. SECTION TWO OF THE PRESENTATION

Section II of the presentation is particularly useful for presenting GBV as a development issue in that it discusses the economic and social costs of gender-based violence. Currently, this section consists of just two slides, with one slide—Slide 17—presenting international data on the economic costs of GBV. While it is preferable to use local data for this slide, as the instructions below indicate, most countries do not have this type of data readily available. Thus, Slide 16 presents data from studies conducted in the United States and Nicaragua on direct and indirect costs of gender-based violence, respectively. If local data are available, the presenter is encouraged to add a slide including such data.

**Slide 16.** Include a graphic if desired.

**Slide 17.** This slide presents two commonly cited studies on the economic costs of gender-based violence. For a comprehensive list of studies estimating the economic costs of intimate partner and sexual violence, see chapters 2.3 and 2.4 of the WHO's *The economic dimensions of interpersonal violence*, available online at <http://whqlibdoc.who.int/publications/2004/9241591609.pdf>. More recent, and not included in the WHO report, is Morrison and Orlando's *The costs and impacts of gender-based violence in developing countries: Methodological considerations and new evidence* (2004), which uses data from Demographic and Health Surveys from Haiti, Peru, and Zambia to measure the impacts of GBV on health, education, and income.

**Slide 18.** Present the slide as it is.

## III. SECTION THREE OF THE PRESENTATION

Section III of the presentation provides the opportunity to present local data on the prevalence and consequences of violence against women taken from the particular country or region where the presentation is being made. Data collected in your own country or community may be one of the most powerful ways to persuade policymakers that violence against women is a public health problem that deserves their attention.

The best sources of information on the prevalence, patterns, and consequences of violence against women are population-based surveys—rather than police statistics or hospital-based studies, which usually detect only a small fraction of actual cases (the proverbial tip of the iceberg). Unfortunately, reliable estimates of the magnitude of violence against women are difficult to collect for many reasons, including women's fear of experiencing additional violence if they disclose their situation to interviewers and the difficulty of designing questionnaires on sensitive information. Different studies in the same setting often produce varying results if researchers do not use the same questions, study design, or types of interviewers to measure violence.

Despite the challenges, however, a growing number of studies have measured the magnitude of violence against women in countries with increased methodological sophistication. The most important comparative sources of data on GBV prevalence include the WHO's multi-country study on violence against women and certain Demographic and Health Surveys. Researchers have conducted many other country-specific GBV studies, which vary in size and quality. Many of these studies are cited in international literature reviews such as Krug et al. (2002) and Heise (1999).

**Slide 19.** Replace "Country X" with the name of your country. The presenter is urged to insert a relevant country-specific graphic where indicated.

**Slide 20.** Local/national prevalence data on physical and sexual violence by husbands/partners

**Step 1.** Have there been any large, population-based surveys on violence against women in your country? For example:

*a) Demographic and Health Survey (DHS):*

Demographic and Health Surveys have collected data on violence against women in many countries. In some cases, researchers have used a standardized domestic violence module (for more information, see [www.measuredhs.com/gender/dom\\_viol.cfm](http://www.measuredhs.com/gender/dom_viol.cfm)). In other countries, the DHS has adapted different questions to ask women about physical or sexual violence. DHS data on violence against women are available for the following countries:

Country and Survey Year	Asked about physical violence by a husband/partner	Asked about sexual violence by a husband/partner	Sexual violence by other perpetrators
Cambodia, 2000	Yes	Yes	
Colombia, 1990, 1995, 2000	Yes	Yes	
Dominican Republic, 2000	Yes	Yes	
Egypt, 1995–1996	Yes		
Haiti, 2000	Yes	Yes	
Kenya, 2003	Yes	Yes	
India, 1998–1999	Yes		
Nicaragua, 1997–1998	Yes	Yes	
Peru, 2000	Yes		
South Africa, various	Yes	Yes	Yes
Turkmenistan, 2000	Yes	Yes	
Uganda, 1995–1996	Yes	Yes	
Zambia, 2001–2002	Yes	Yes	Yes

*b) World Health Organization Surveys on Women’s Health and Violence against Women:*

The WHO multi-country study has been carried out or replicated in at least 14 countries, including Bangladesh, Brazil, Chile, China, Ethiopia, Indonesia, Japan, Namibia, New Zealand, Peru, Samoa, Serbia, Tanzania, and Thailand. For more information, see [www.who.int/gender/violence/multicountry/en/](http://www.who.int/gender/violence/multicountry/en/).

If neither the DHS nor the WHO has collected data on gender-based violence, identify whether there are other sources of prevalence data in your setting, such as smaller community-based surveys. Again, see the World Report on Violence and Health ([www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en](http://www.who.int/violence_injury_prevention/violence/world_report/en)) for a partial list of community-based surveys from around the world (found in the chapters on intimate partner violence and sexual violence). The key is to choose data that are as recent and reliable as possible. In doing so, remember the following:

- *Prevalence data should come from community-based, household surveys, which are more representative of the population than data from health clinics or the police*
- *The sample needs to be large enough to produce reliable prevalence estimates; very small sample sizes may not produce statistically reliable estimates.*

- *The study population should be defined broadly enough for your needs* regarding geographic coverage, the age of the respondents, and whether respondents were restricted by marital status.
- *Surveys that asked about specific acts such as “hit” or “kicked” rather than “violence” or “abuse” are more accurate.* Women may report specific acts but not recognize these as “abuse” or “violence” for personal/cultural reasons.
- *Surveys primarily focused on GBV produce more reliable prevalence estimates* than broader health surveys (such as the DHS) that tack on a few questions about GBV.
- *Field procedures should protect women’s privacy and confidentiality.* Interviewing only one woman per household in absolute privacy increases disclosure and reliability.
- *The questionnaire should give women multiple opportunities to disclose violence.* This is just one way that the questionnaire’s design influences disclosure rates.
- *Survey should have detailed information on perpetrators, timeframes, and specific types of violence.* Without this information, prevalence estimates become less specific or useful.

**Step 2.** Using the best data available, develop a simple table or graph showing the estimated prevalence of sexual and physical violence against women.

The content of your table and graph will depend on how the survey defined violence, the age and marital status of the survey respondents, the types of violence measured, and the timeframe (e.g., ever in the woman’s lifetime or in the past 12 months). The following tables and graphs are samples of what can be done with DHS and WHO data, respectively:

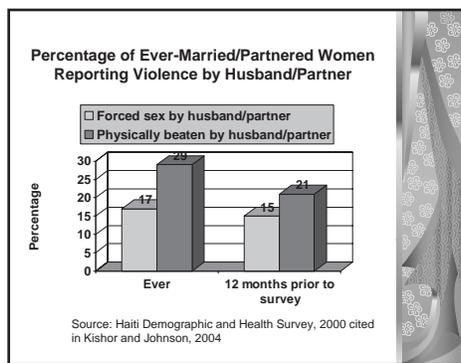
a) *Sample table using prevalence data from the DHS in Haiti:*

**Percentage of ever married/partnered women reporting violence by a husband/partner, by type of violence, and timeframe, 2000 Haiti DHS (n = 2,347)**

	Ever	During 12 months prior to survey
<b>Forced sex</b>	17%	15%
<b>Physically beaten*</b>	29%	21%

Source: Kishor and Johnson, 2004.

*\*Physically beaten is defined as: slapped, punched, kicked, strangled, attacked with a weapon, and so forth.*



b) Sample table and graph using data from the WHO multi-country survey in Peru:

**Percentage of women aged 15–49 who reported violence by type and timeframe, WHO multi-country study, Peru 2001**

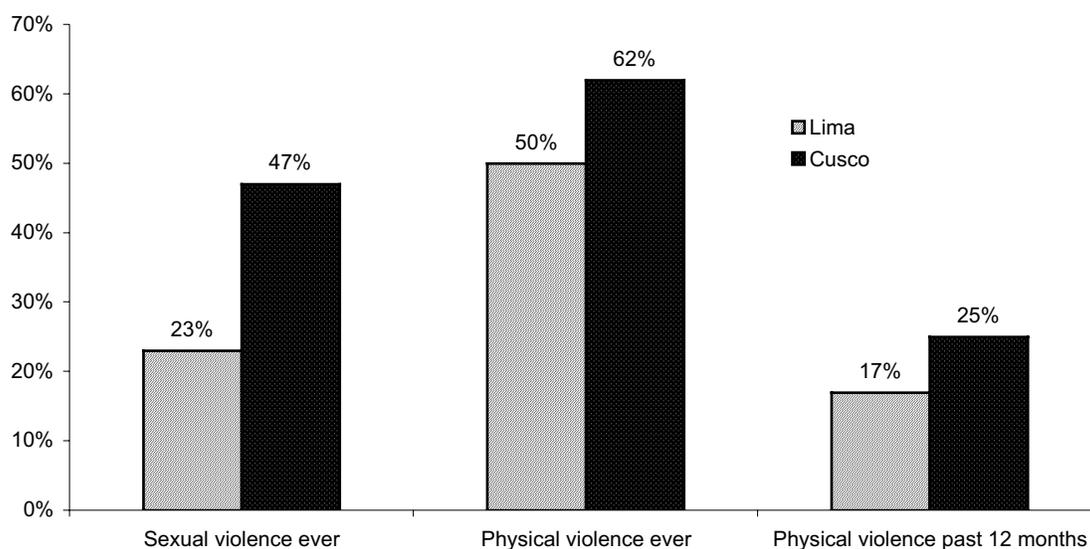
Type of violence	Survey site (sample size)	
	Lima (n = 1,019)	Cusco (n = 1,497)
<b>Sexual violence* ever</b>	23%	47%
<b>Physical violence** ever</b>	50%	62%
<b>Physical violence past 12 months</b>	17%	25%

Source: Figures cited in Bott et al., 2005

*\*\* Sexual violence is defined as being made to do something sexual that she found ‘unnatural’ or distasteful; being forced to have sexual relations when she did not want to; had sex because she was afraid of what the man might do.*

*\*Physical violence is defined as being slapped, pushed, hit, kicked, dragged, beat, strangled, choked, burnt, or threatened with a gun, knife, or other weapon.*

**Percentage of women ages 15 to 49 who reported violence by type and timeframe, WHO multi-country study, Peru 2001**



Source: Bott et al., 2005

## Slide 21. Local/national prevalence data on other types of violence against women

Depending on the patterns of violence against women in your country and the types of data available, you may be able to present evidence on other types of violence against women (i.e., other than physical or sexual violence by an intimate partner). For example, in some settings, researchers have gathered prevalence data on the following types of violence:

- Dowry-related abuse
- Abuse by in-laws or other family members
- Acid throwing
- Rape, gang rape, or rape used as a weapon of war during conflict situations
- Forced sexual initiation of minor girls
- Child sexual abuse
- Honor killings

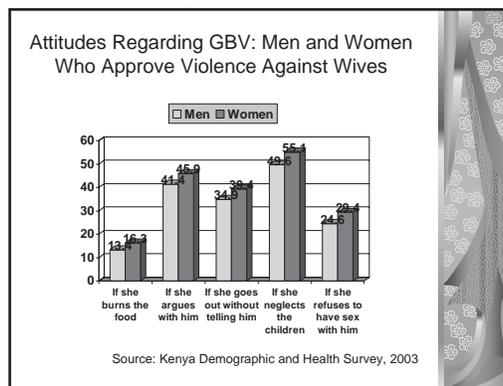
Population-based prevalence estimates on these types of violence are rare. In some cases, the only available statistics are from police records or even newspapers, which generally show only a fraction of actual cases. Nevertheless, any data on these types of violence—even if only representing the tip of the iceberg—can be powerful as long as you explain the limitations of how the data were gathered. Slide 21 is just one example of local data from South Africa that focuses on rape:



## Slide 22. Local data on attitudes toward violence against women

Highlighting local attitudes that justify violence against women can be another powerful way to challenge policymakers to address this problem. This can be done in different ways, for example:

a) Sample graph showing community-based survey data on attitudes toward violence, as Slide 21 currently does:



If researchers have conducted community-based surveys on attitudes toward violence against women, then you may be able to present the percentages of men or women who agree with certain attitudes. The slide here shows data from the DHS of Kenya. This question, to both men and women, is asked as part of the core DHS (not as a part of the separate domestic violence module). Thus, data are available for most, possibly all, countries where the DHS has been administered.

*b) Sample quotes that capture local attitudes toward violence against women:*

Another possibility is to select quotes that capture typical attitudes in your country or community toward violence and the women who experience violence.

#### Sample Quotes:

- “‘Men are gold, women are cloth.’ The expression, used as the title of a...report on Cambodian attitudes towards sex and HIV, means that women, like a white cloth, are easily soiled by sex. This causes a sharp decrease in their value, as the stain is hard to remove, whereas men can have repeated sexual experiences and be polished clean, like gold, each time.” ~Cambodia report on attitudes toward sex and HIV
- “Women should wear *purdah* to ensure that innocent men do not get unnecessarily excited by women’s bodies and are not unconsciously forced into becoming rapists. If women do not want to fall prey to such men, they should take the necessary precautions instead of forever blaming men.” ~Malaysian member of Parliament during debate on reform of rape laws
- “The child was sexually aggressive” ~Canadian judge suspending the sentence of man who sexually assaulted a 3-year-old girl in 1991
- “A man who beats his wife must have a good reason for it; surely she did something to provoke it.” ~Nicaraguan Supreme Court judge speaking in a public forum in 1996
- “Wife beating is an accepted custom...we are wasting our time debating the issue.” ~Papua New Guinea member of Parliament during debate on wife battering
- “Scriptures must be fulfilled. Violence against women is a sign of the end times, which we can’t do anything about.” ~Nairobi pastor citing 2 Timothy 3: 1–5
- “Men are like cars while women are like parking spaces” ~Popular saying offered by participant at Malaysia workshop, October 1999
- “...through questions related to her sexual life, it is possible to tell if the woman is responsible for the attack, because in most cases, it is the woman who provokes the aggression” ~Agent from the Mexico City Attorney General’s Office
- “Are you a virgin? If you are not a virgin, why do you complain? This is normal.” ~Assistant to a public prosecutor in Peru, answering a woman who reported sexual abuse by police officers while in custody

Sources: United Nations Children’s Fund, United Nations Development Fund for Women, and Reproductive Health Response in Conflict (RHRC), 2005.

### Slide 23. Local data on the health consequences of gender-based violence

There is a large amount of international research literature on the health consequences of GBV, some of which has been included in earlier parts of this PowerPoint presentation. In some cases, however, policymakers find it compelling to hear about local or national research findings on the consequences of GBV in their own setting. The following section provides suggestions for finding and presenting such local data.



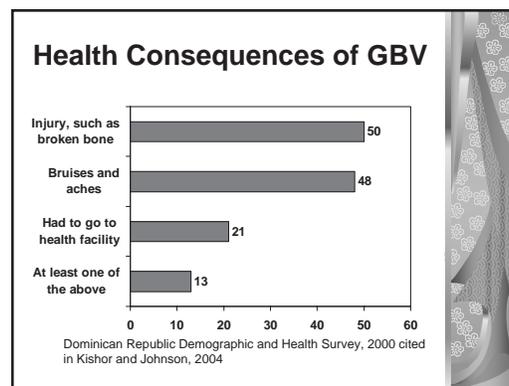
**REMINDER:** The idea of this slide is to present local or national data from your own setting. There is a plethora of international data on the health consequences of violence against women from reliable studies with rigorous methods, but those findings are included earlier in this PowerPoint presentation.

**Step 1.** Have there been any large, population-based surveys in your country?

If large population-based surveys have been done in your country such as the DHS or WHO surveys, then you may be able to present estimates of the percentage of abused women who experienced certain types of health consequences. For example:

*a) Sample graph using DHS data:*

The DHS in Cambodia, Colombia, the Dominican Republic, Egypt, Haiti, and Nicaragua have collected data on certain health consequences, which can be presented as in the slide here.

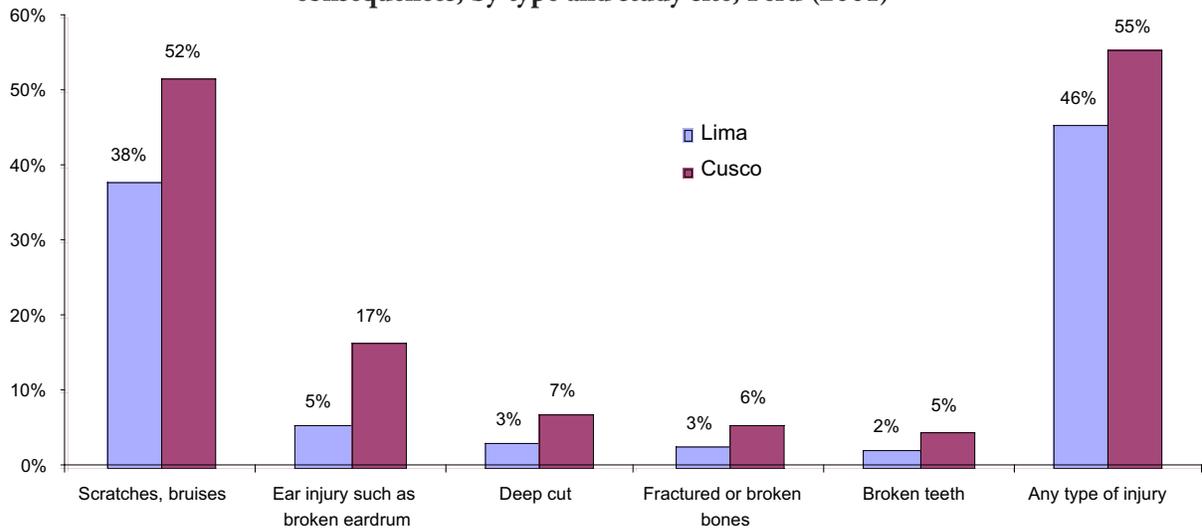


Among ever married / partnered women who reported violence, the percentage who experienced certain health consequences, the Dominican Republic DHS, 2000

*b) Sample graph using WHO multi-country survey data:*

If a WHO survey on violence against women has been done in your country, then you may be able to present more detailed data, similar to the following:

**The percentage of women reporting physical violence who experienced specific health consequences, by type and study site, Peru (2001)**



Source: Data reported in Güzmes, Palomino, and Ramos, 2002.

**Step 2.** Are there other sources of local data on the health consequences of gender-based violence? Although community-based data are best, other types of data on health consequences can sometimes be gleaned from hospital-based studies, police records, or even newspaper reports. Again, these sources of data can be compelling to policymakers, but only if the presenter makes their limitations clear. The box below provides examples of the types of local research findings that can be presented, depending on the specific types of data available from your own setting.

**Sample bullet points that present local/national data on the health consequences of GBV:**

**Death**

- El Salvador: Between September 2000 and December 2001, at least 134 women were murdered— nearly all (an estimated 98 percent) by their husbands or partners (CEMUJER, 2002 in Amnesty Internacional, 2005).
- India: An estimated 15,000 “dowry deaths” occur each year. Most are kitchen fires designed to look like accidents (Injustices Studies. Vol. 1, November 1997).
- India: A study from Pune found that 16 percent of all deaths during pregnancy were the result of partner violence (Krug et al., 2002).
- The Russian Federation: 14,000 women were killed by their partners or relatives in 1999 (Fifth Periodic Report of the Russian Federation, UN Doc. CEDAW/C/USR/5, para. 6, 1999).
- Pakistan: Every year around 1,000 women are killed in the name of so-called “honor.” (United Nations Special Rapporteur on Violence against Women, 2002).

## Sample bullet points that present local/national data on the health consequences of GBV:

### **HIV/AIDS**

- Uganda: Women who reported being forced to have sex against their will in the previous year had an eightfold increased risk of becoming infected with HIV (Krug et al, 2002).
- Unintended Pregnancy and Unsafe Abortion
- Ethiopia: A study of adolescents found that 17 percent of those who reported being raped became pregnant as a result of the rape (Krug et al., 2002).
- Peru: A study from the Maternity Hospital of Lima found that 90 percent of young mothers ages 12 to 16 had been raped—most often by a father, stepfather, or other close relative (Rosas, 1992).

### **Fistula**

- Ethiopia: While most fistula results from obstetric causes, 1.2 percent (91 of 7,200) fistula cases treated at the Addis Ababa Fistula Hospital were caused by sexual violence (Muleta and Williams, 1999).

### **Infant and Child Malnutrition and Death**

- Nicaragua: A study found that children of women abused by their partner were six times more likely to die before age five than children of women who had not been abused (Krug et al., 2002).
- India: In rural Karnataka, children whose mothers were beaten received less food than other children, suggesting that mothers could not bargain with their husbands on their children's behalf (Ganatra et al., 1998).

#### IV. SECTION FOUR OF THE PRESENTATION

Section IV of the PowerPoint presentation should present the current policy and programmatic response to GBV by your country. The goal of this section is to illustrate that your government's response to GBV is inadequate, which is indeed most often the case.

Determining the full picture on the current policy and programmatic response to GBV may require some independent research. Several countries' women's machineries (state-based institutions working on women's and gender issues) have national plans of action to address violence against women, in which analyses of the current response to GBV are outlined. If such a document is not available, local women's NGO networks may be able to provide this information quickly.

**Slide 24.** Present the slide as it is. Add a graphic if desired.

**Slide 25.** This slide should be adjusted to include the current legal and policy environment in your country, with particular emphasis on the gaps and challenges that laws and policies may pose for responding to and preventing GBV. For example, common gaps and challenges in laws and policies related to GBV include the following:

- A lack of legislation that addresses specific forms of gender-based violence, such as domestic violence, marital rape, or female genital mutilation. As a result, survivors must rely on criminal laws on general violence.
- Light sanctions stipulated in existing laws on gender-based violence.
- Customary law that, if not explicitly, practically compromises or overrides formal legislature on GBV. An example of such a customary law is the monetary compensation by the perpetrator's family to the victim's family.
- Laws and policies regarding divorce, child custody, division of property and inheritance that may hamper a woman's ability to take legal action against her abuser or leave an abusive partner.
- Failure of police and judges to enforce the above laws.

**Slide 26.** Slide 26 currently contains sample interventions to address gender-based violence. Adapt this slide by adding specific information from your setting on prevention and treatment services available for survivors or victims of GBV (through both government-sponsored programs and financed by donors and NGOs).

Remember, the emphasis here should be the inadequacy of the current response to GBV, especially by the government. Thus, you should emphasize the scale of these programs; for example, if interventions are only available in certain areas of the country or reach a minimal number of people, highlight this fact. Also, be sure to specify which programs are government-sponsored and which are donor- or NGO-financed.

**Slide 27.** This slide is optional. Include any available data on government expenditures to address GBV. Most likely, no comprehensive accounting of government-incurred costs (i.e., the direct costs discussed in Section II) to address GBV will be available. However, you may present data on the budget allotted to fund a national plan of action on violence against women, and/or you can identify a specific GBV project and report its value.

## V. SECTION FIVE OF THE PRESENTATION

This section provides the advocate with the opportunity to make recommendations with respect to improving treatment, support of survivors, and the prevention of GBV. While some examples of promising interventions are provided here, you are encouraged to present additional interventions, particularly in your own setting. Several recent global literature reviews on promising interventions (that can each be found online) are:

- “Addressing Gender-Based Violence from the Reproductive Health/HIV Sector” (Guedes, 2004)
- “Preventing and responding to gender-based violence in middle and low-income countries: a global review and analysis” (Bott et al., 2005)
- *World Report on Violence and Health*, Chapters 4 and 6 (Krug et al., 2002)

These literature reviews provide a vast menu of policy reforms and promising interventions to respond to GBV. Consider those reforms and interventions that are most relevant to your setting geographically, politically, culturally, and socially. However, remember that although there are many recommendations one could make to respond to GBV, brevity is also important when presenting them to top-level decisionmakers who often are bombarded with competing demands and have little time.

**Slide 28.** Replace “Country X” with the name of your country. Otherwise, present the slide as it is.

**Slide 29.** The recommendations currently provided on the slide are sample recommendations only. Nonetheless, these legal reforms and interventions have been commonly found to be essential to effectively responding to GBV in various settings worldwide.

### Sample Legal and Policy Responses to GBV

- *Specific legislation on family, domestic, or sexual violence* is lacking in many countries, which means that women who wish to apply legal recourse and/or protection from an abusive situation must rely on general criminal codes on interpersonal violence that do not take into account the special nature and gender dynamics involved in gender-based violence.
- *Sensitization and training of judges and police* on gender and gender-based violence, including those beyond special victim units, is another important way to improve the law enforcement response to gender-based violence. For example, a qualitative review by the United Nations Population Fund (UNFPA) of police training in Namibia concluded that the intervention decreased rates of domestic violence, though long-term prevalence rates were not measured (UNFPA, 2003).
- *Provision of legal aid services to survivors of GBV* raises women’s awareness of their legal rights pertaining to GBV and ultimately helps them successfully pursue legal action against their abusers. For instance, the evaluation of a World Bank-financed justice sector reform project in Ecuador found that levels of domestic violence decreased among women who received such legal services, while levels of violence among those not receiving services remained the same (Bott et al., 2005).
- *Improvement of forensic evidence collection and preservation for GBV cases* is challenging in many countries. Typical issues include the lack of trained and/or certified forensic physicians, protocols and guidelines to ensure complete and proper collection of evidence, and toolkits to properly collect and store the evidence. Experience from South Africa suggests that even where such protocols exist, without trained personnel to manage, monitor, and generally support rape protocols, implementation is hindered (Betron and Doggett, unpublished).

**Slide 30.** Present the slide as it is. For more information on the merits of a systems approach, see Heise et al., 1999: <http://www.infoforhealth.org/pr/l11/l11boxes.shtml#strength>.

**Slide 31.** Experience has demonstrated that a coordinated approach across sectors is essential to preventing and responding to GBV. Each sector has its role to play in helping survivors of GBV and preventing incidents of GBV: health providers detect cases and treat survivors while promoting healthy relationships through reproductive health programs; law enforcement puts sanctions on perpetrators of gender-based violence; and educators impart the message that GBV is a violation of human rights (Betron and Doggett, unpublished). It is imperative that these roles are coordinated to be fully effective. This slide should make that point, as the recommendations currently listed try to do, by presenting relevant key recommendations to improving such a multisectoral response in your setting. The following are ways in which services in different sectors contribute to overall response and prevention of GBV:

- *Coordination between health and legal sectors* is necessary to improve medico-legal services for GBV victims. As discussed above, improving medico-legal services for victims is necessary in many settings to ensure that women have a fair chance to pursue legal action. Even with laws against GBV in place, law enforcement officials cannot prosecute a case without adequate forensic evidence, which health providers must provide.
- *The incorporation of gender equity, particularly as related to reproductive health issues in school curricula*, is a good entry point for addressing GBV through education. For example, the *Auntie Stella* program in Zimbabwe uses mock advice columns to generate discussion on reproductive health issues, sex (including forced sex), communication in relationships, and gender relations. Evaluation of the program indicates that it has led to participants to communicate more frequently with parents, elders, and peers about these issues and increased their confidence in their ability to report potentially abusive situations and advise their peers on issues related to reproductive health (Betron and Doggett, unpublished; Kaim and Ndlovu, 1999; Harnmeijer, 2001).
- *Mass media and community campaigns against GBV* are valuable multisectoral prevention strategies. *Raising Voices* in Uganda (with spin-offs of its model throughout East, Central, and Southern Africa) is an example of a multisectoral community campaign that has achieved some success. The program uses a community-based approach that involves gathering baseline information to assess local beliefs about domestic violence; raising awareness in community and professional sectors about domestic violence and its negative consequences for the family and community; building networks of support and action among community and professional sectors; and integrating action against domestic violence into everyday life and systematically within institutions (Michau and Naker, 2004; Betron and Doggett, unpublished).
- *Socioeconomic support services* may be fundamental to a survivor's ability to leave her abusive partner or otherwise protect women from situations that increase their risk of victimization. Such services may include domestic violence refuge shelters, welfare or income-generation programs for survivors, or other economic empowerment programs. In Bangladesh, for example, the Grameen Bank and BRAC, NGOs with substantial microcredit programs, are said to have reduced women's vulnerability to violence by increasing their access to economic resources, improving their social status in the household, and making their lives more visible within the community (Schuler et al., 1996 in Bott et al., 2005).
- *Referral networks*, such as South Africa's *Vezimfilho!* program, that seek to coordinate health, legal, psychosocial, educational, and financial support services help to ensure that the many needs of GBV victims are met by facilitating the ease of referring survivors to other services.

**Slide 32.** This slide offers suggestions on how to prevent GBV, which generally requires changing norms, attitudes, and behavior. Again, you may adjust this slide to focus on those recommendations most relevant for your setting. The following are several general suggestions:

- *Clinic or community-based education efforts* can help raise awareness of women's legal and social rights with respect to GBV, promote gender equity and nonviolent relationships, and create an environment of intolerance for GBV. Again, the *Raising Voices* model in Uganda is an excellent example of this type of program. Others include *Stepping Stones* in The Gambia; *Amkenia* in The Gambia, Ghana, Kenya, the Philippines, South Africa, Tanzania, Uganda, and Zambia; and *Reprosalud* in Peru. Again, for more information on these programs, see Guedes, 2004; and Bott et al., 2005.
- Community-based education programs may also *target men to promote gender equitable relationships*. Some well-known example programs are the Men as Partners (MAP) Program in South Africa and Program H in Brazil. Initial evaluation results from both these programs have indicated that such efforts can change attitudes on gender equity as well as attitudes on the acceptability of wife-beating in the case of MAP (Bott et al., 2005; Betron and Doggett, unpublished).
- *Behavior change and mass media campaigns*, particularly those employing popular media such as television or radio dramas (also known as edutainment or educational entertainment), have been deemed largely successful in changing attitudes toward GBV. Well-known examples of successful edutainment programs include *Sexto Sentido* in Nicaragua and *Soul City* in South Africa.
- *The incorporation of gender equality, human rights, and violence prevention into school curricula*, as discussed above, is another way to address the problem of GBV early on. Incorporating these topics in university courses or curricula can help to train future leaders and educators.

**Slide 33.** In this slide, you should present the total amount of funding that you deem necessary to at least begin to address GBV. Recognizing that you will not be able to stop the problem overnight, you should use realistic numbers that are substantial, yet not impossible and off-putting for your potential financiers. You should justify the total amount requested by presenting a line item distribution, showing the specific programs or activities the money will finance.

**Slide 34.** We recommend including a compelling quote from a GBV survivor in your country to close the presentation by putting a “human face” on the problem.

## C. SPEAKER'S NOTES

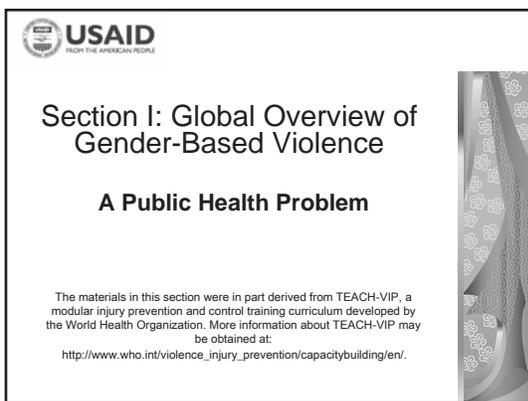
This section presents a slide-by-slide script intended simply to provide the advocate with a narrative starting point. This script also appears in the speaker's notes box below the image of each slide in the PowerPoint presentation. The presenter is encouraged to script the presentation or develop narrative as she/he sees fit. No script is provided for transition slides.

### SUGGESTED NARRATIVE

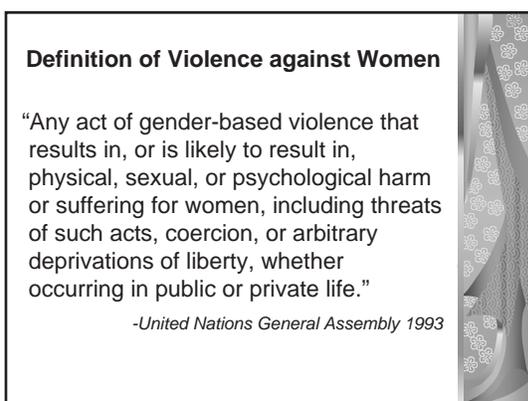
#### Slide 1.

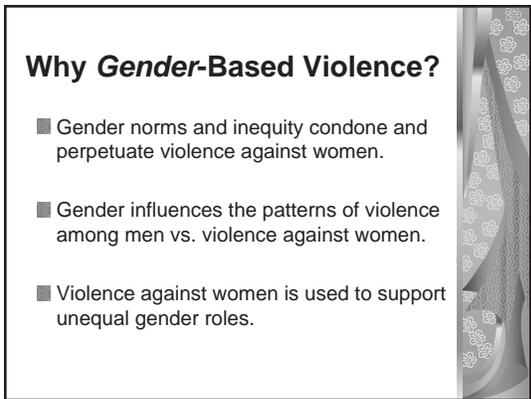


#### Slide 2.



**Slide 3.** In 1993, the United Nations General Assembly defined violence against women as “Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering for women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life.”





**Slide 4.** Why is violence against women “gender-based” violence? Gender is a social dynamic used to identify and measure differences in the roles of men and women, the differing opportunities and constraints they face—including with respect to access to power and control over resources—and ultimately, their well-being. As gender is dictated by social and cultural norms, gender roles can change over time (Moser, Tornqvist, and van Bronkhorst, 1998). These gender roles, norms, and inequities heavily influence the patterns, contexts, and consequences of violence against women:

- For example, women’s relatively subordinate social and economic status often prevent them from leaving their abusive partners because of economic dependence or the belief that men have the right to control women. Thus, gender norms and inequity condone and perpetuate violence against women.
- Moreover, gender also determines the patterns of violence that can be found among men versus those among women. While men are more likely to be subject to a violent crime, including homicide, women are much more likely to be attacked by a husband or male partner (*U.S. Department of Justice, Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends, March 1998 in Family Violence Prevention Fund, <http://www.endabuse.org/resources/facts/DomesticViolence.pdf>*). In addition, it is true that men also suffer from forms of gender-based violence, such as sexual abuse of boys or rape as a method to de-masculinize men. However, studies show that the overwhelming majority of gender-based violence is perpetrated against women, while the vast majority of perpetrators are male. In the United States, for example, in 2001, women accounted for 85 percent of the victims of intimate partner violence and men accounted for approximately 15 percent of the victims (*Bureau of Justice Statistics, 2003 in Family Violence Prevention Fund, <http://www.endabuse.org/resources/facts/DomesticViolence.pdf>*). In the case of child sexual abuse, studies have determined the rates of abuse to be 1.5 to 3 times greater for girls than for boys (*Finkelhor, 1994 in WHO TEACH-VIP, 2005*). Finally, it is important to note that male violence against women does more damage physically than female violence against men; studies have shown that women are much more likely to get injured than men (*Strauss et al., 1990 in Family Violence Prevention Fund, <http://www.endabuse.org/resources/facts/DomesticViolence.pdf>*). These findings underscore the greater power and control that men wield over women in society in general.
- Finally, violence against women is often used as a tool to maintain and enforce women’s subordinate status (Jewkes, 2002). In short, the term “gender-based” violence has become a standard way to refer to violence against women and girls, as GBV disproportionately affects women. Therefore, I will use the two terms interchangeably throughout the presentation, which, to be clear, will focus on violence against women.

## Types of Gender-Based Violence

- Intimate partner violence (*physical, sexual, psychological, economic*)
- Sexual coercion
- Childhood sexual abuse
- Rape
- Trafficking
- Rape in conflict situations
- Acid throwing
- Female Genital Mutilation
- Honour killings
- Dowry deaths

--Source: WHO TEACH-VIP, 2005

**Slide 5.** Gender-based violence can take many forms, such as:

- Intimate partner violence (physical, sexual, emotional, economic)
- Forced sexual initiation
- Childhood sexual abuse
- Rape
- Trafficking

Geographically or culturally specific forms of abuse include:

- Rape in conflict situations
- Acid throwing
- Female genital cutting
- Honor killings
- Dowry deaths

(WHO TEACH-VIP, 2005)

## Intimate Partner Violence

"Intimate partner violence is actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner." (Saltzman, et. al., 1999)

**Examples:**

- **Physical:** *slapping, kicking, burning, strangulating*
- **Sexual:** *coerced sex through force, threats, etc.*
- **Psychological:** *isolation, verbal aggression, humiliation, stalking*
- **Economic:** *with-holding funds, controlling victim's access to health care, employment, etc.*

--Adapted from WHO TEACH-VIP, 2005

**Slide 6.** One of the most common forms of gender-based violence is abuse by husbands or other male intimate partners, otherwise known as intimate partner violence. Other terms used to describe intimate partner violence include domestic abuse, spouse abuse, domestic violence, courtship violence, battering, date rape, and, though not recognized by the law in many countries, marital rape. Intimate partner violence is typically defined as the actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner.



## Responding to Gender-Based Violence

### A Focus on Policy Change

**Slide 7.** Sexual coercion is another common form of gender-based violence throughout the world. It can be perpetrated by an intimate partner, relative, friend, acquaintance, or stranger. The broad definition of sexual coercion here highlights a number of elements:

- It can involve physical force, but it can also involve other kinds of coercion, such as threats and deception.
- It can involve a wide range of behaviors from rape to unwanted touch.
- The key element of coercion is that women (or men) or girls (or boys) either lack choice to pursue other options without severe social and/or physical consequences.

**Attitudes toward Gender-Based Violence**

- **Notion that men have the right to control wives' behavior and to 'discipline' them:**  
*"If it is a great mistake, then the husband is justified in beating his wife. Why not? A cow will not be obedient without beatings." (husband in India)*
- **Notion that there are 'just' causes for violence**  
*"If I have done something wrong..., nobody should defend me. But if I haven't done something wrong, I have a right to be defended." (woman in Mexico)*
- **Blaming the victim for the violence received**  
*Saying that girls and women who are raped "asked for it" because of they way they were dressed.*

Source: WHO TEACH-VIP, 2005

**Slide 8.** Gender-based violence is justified by social and cultural norms as well as attitudes and beliefs by both men and women across many societies. Such common attitudes include: [Read slide.]

**Myths and Realities about GBV**

MYTHS	REALITIES
■ GBV happens only to poor and marginalized women.	■ GBV happens among people of all socioeconomic, educational and racial profiles.
■ GBV is not common in industrialized countries.	■ Even in developed countries, such as the US, 1 in 3 women report being physically sexually abused by their partner.
■ Men cannot control themselves. Violence is simply a part of their nature.	■ Male violence is not genetically-based; it is perpetuated by a model of masculinity that permits and even encourages men to be aggressive.

**Slides 9 & 10.** There are many myths that surround gender-based violence that may help to perpetuate this type of abuse.

**Myth**—Gender-based violence happens only to poor and marginalized women.

**Reality**—Although some studies suggest that women who live in poverty are more likely to experience violence than women of higher status, the same studies show that gender-based violence does happen among people of all socioeconomic, educational, and racial profiles (Jewkes, 2002).

**Myths and Realities about GBV**

MYTHS	REALITIES
■ Victims of gender-based violence provoke the abuse through their inappropriate behavior.	■ Blaming the victim is precisely the kind of attitude that has the potential to cause harm to a survivor of violence.
■ Most women are abused by strangers. Women are safe when they are home.	■ Studies consistently show that most women who experience GBV are abused by people they know; often the perpetrators are those they trust and love.

**Myth**—GBV is not common in industrialized countries.

**Reality**—Even in developed countries, such as the United States, 1 in 3 women report being physically or sexually abused by their partner (Family Violence Prevention Fund, <http://www.endabuse.org/resources/facts/DomesticViolence.pdf>).

**Myth**—Men cannot help themselves. Violence is simply a part of their nature.

**Reality**—Male violence is not genetically based; it is perpetuated by a cultural model of masculinity

that permits and even encourages men to be aggressive. Moreover, it is important to point out that men are generally able to refrain from violence in certain settings (such as the work place), while choosing to become violent in others (at home).

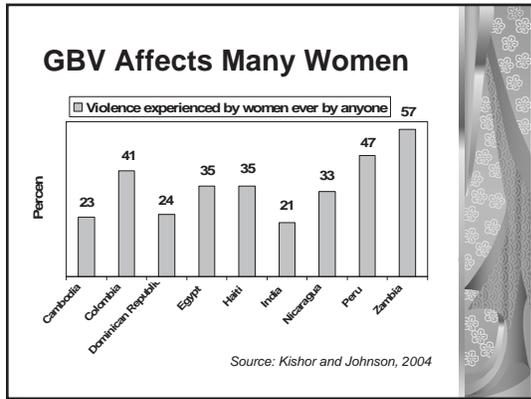
**Myth**—Women who experience gender-based violence provoke the abuse through their inappropriate behavior.

**Reality**—Within many societies, there is a widespread belief that women often deserve or provoke the violence they receive. For example, that disobedient wives deserve to be beaten by their husbands or that women who were raped were probably “asking for it” because of the way they dressed or acted. As community leaders/advocates/health providers/educators/police, it is extremely important to examine our own individual values and beliefs about gender roles. Blaming the victim can cause great harm to a survivor and reflects a failure to acknowledge gender-based violence as a violation of human rights.

**Myth**—Most women are abused by strangers. Women are safe when they are home.

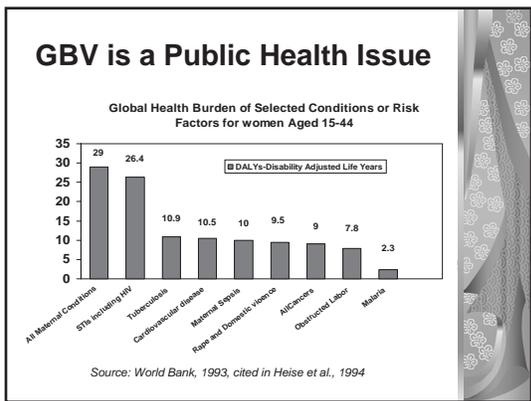
**Reality**—Studies consistently show that most women who experience GBV are abused by people they know; often the perpetrators are those they trust and love (Heise et al., 1999).

Source: WHO TEACH-VIP, 2005



**Slide 11.** Data on the prevalence of gender-based violence are scarce, which may be because these data are often difficult to collect and compare. Because of the sensitivity of the subject, gender-based violence is often under-reported (Ellsberg et al., 2001). Estimates of physical violence vary depending on numerous methodological factors, including how questions are phrased. For example, questions that ask about specific behaviors, such as “Have you ever been hit or otherwise physically harmed by your partner?,” tend to illicit more positive responses than questions that ask women whether they have been “abused.”

Nonetheless, a growing body of evidence indicates that intimate partner violence is widespread in nearly every country. Data from the DHS multi-country study on domestic violence indicate that between 23 percent and 57 percent of women experience intimate partner or domestic violence. Since the way in which the data were collected varies, in some cases this includes sexual violence.



**Slide 12.** GBV— rape and domestic violence in particular—is one of the leading global causes for years of life lost or disability adjusted life years (DALYs) due to illness—ahead of cancer and obstructed labor and almost on par with maternal sepsis and cardiovascular disease. It accounts for 9.5 DALYs total.

Fatal Outcomes	Non-fatal Outcomes		
<ul style="list-style-type: none"> <li>■ Femicide</li> <li>■ Suicide</li> <li>■ AIDS-related mortality</li> <li>■ Maternal mortality</li> </ul>	<b>Physical</b> <ul style="list-style-type: none"> <li>■ Fractures</li> <li>■ Chronic pain syndromes</li> <li>■ Fibromyalgia</li> <li>■ Permanent disability</li> <li>■ Gastro-intestinal disorders</li> </ul>	<b>Sexual &amp; Reproductive</b> <ul style="list-style-type: none"> <li>■ Sexually-transmitted infections, including HIV</li> <li>■ Unwanted pregnancy</li> <li>■ Pregnancy complications</li> <li>■ Traumatic gynecologic fistula</li> <li>■ Unsafe abortion</li> </ul>	<b>Psychological &amp; Behavioral</b> <ul style="list-style-type: none"> <li>■ Depression and anxiety</li> <li>■ Eating and sleep disorders</li> <li>■ Drug and alcohol abuse</li> <li>■ Poor self-esteem</li> <li>■ Post-traumatic stress disorder</li> <li>■ Self harm</li> </ul>

Source: Adapted from Bott, Morrison and Ellsberg, 2005.

**Slide 13.** GBV has been linked to many serious health problems, both immediate and long-term. More often than recognized, gender-based violence can be fatal, as in the case of femicide or killing of women, usually after escalating bouts of violence. Other nonfatal problems include injury, chronic pain syndromes, and gastrointestinal disorders; and a range of mental health problems, including anxiety and depression. The often chronic nature of gender-based violence also increases a variety of negative behaviors, such as smoking and alcohol and drug abuse.

**GBV Has Severe Reproductive Health Impacts**

- Violence during Pregnancy
  - Intimate partner violence prevalence of 4-15% during pregnancy
  - Leading cause of death among pregnant women may be homicide
- Violence and HIV/AIDS
  - Forced sex is correlated to HIV risk
  - Victims of violence tend to engage in behaviors that put their health at risk
  - Proposing condom use may increase women's risk of violence
  - Disclosing HIV status may increase risk of violence

**Slide 14.** GBV has severe reproductive health impacts, including gynecological problems, unintended pregnancies, and perhaps most gravely, increased risk of maternal mortality and STIs, including HIV.

Studies show that physical abuse occurs at some point during approximately 4 percent to 15 percent of pregnancies in countries as varied as the United States, Canada, Sweden, the United Kingdom, and South Africa (Campbell, 2002; Jewkes et al., 2001; Muhajarine, 1999 in WHO TEACH-VIP, 2005). In fact, a 2001 study in the United States found that pregnant and recently pregnant women were more likely to be

victims of homicide than to die of any other cause (Horon, 2001 in WHO TEACH-VIP, 2005). Abuse during pregnancy poses direct risks, through physical trauma and increased chronic illnesses. Indirect risks include depression, delay in seeking prenatal care, increased smoking and alcohol, as well as poor maternal weight gain (Heise et al., 1999). Although the causal relationship between abuse and birth outcomes is difficult to determine, a recent meta-analysis of 14 studies indicates a significant association between low birthweight and abuse during pregnancy (Murphy et al., 2001 in WHO TEACH-VIP, 2005).

Violence may also interfere with STI/HIV protection and treatment and, thereby, contributes to the spread of such diseases. Women who are physically abused often experience forced sex (Letourneau et al., 1999). Thus, it is not surprising that forced sex is correlated to HIV risk (Maman et al., 2000). Moreover, since victims of GBV engage in more risk behaviors, such as substance abuse, they may also be at greater risk of exposure to STIs, including HIV. Studies have, in fact, shown that women reporting abuse are three times more likely to experience a sexually transmitted infection (Coker et al., 2000).

Negotiating the use of a condom is particularly difficult for victims of intimate partner violence (Campbell, 1999 in WHO TEACH-VIP, 2005) and may increase women's risk of violence (Heise et al., 1999, Gielen et al., 2000; and Maman et al., 2002). Likewise, studies have shown that disclosing HIV status may increase women's risk of experiencing violence, while the fear of disclosing their HIV status to their partners due to the threat of abandonment or violence may also contribute to the spread of HIV (Maman et al., 2002).

**GBV is a Human Rights Issue**

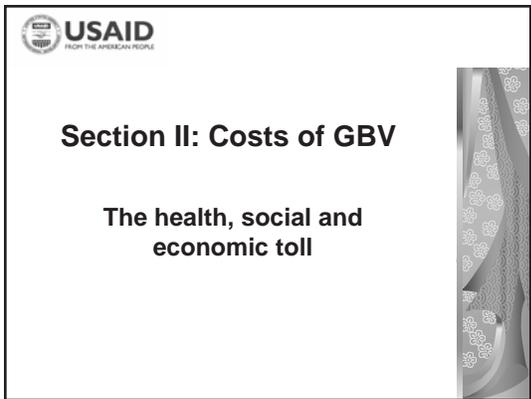
**GBV violates the following principles of the UN Universal Declaration of Human Rights:**

- Article 1: "All human beings are born free and equal in dignity and rights..."
- Article 3: "Everyone has the right to life, liberty and security of person."
- Article 5: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment."

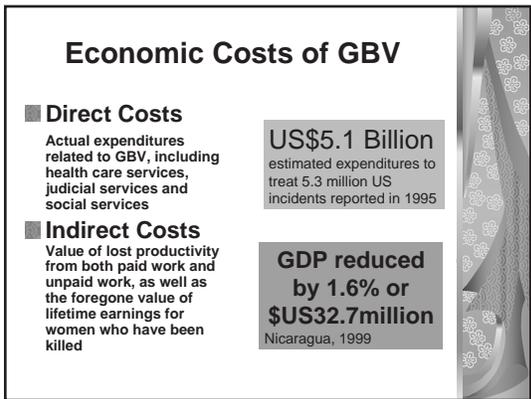
--United Nations General Assembly, 1948

**Slide 15.** Violence against women and girls violates a number of principles enshrined in international and regional human rights instruments, including the right to life, equality, security of person, freedom from torture and other cruel, inhumane, or degrading treatment. But gender-based violence poses a challenge to traditional human rights work as it frequently occurs in arenas traditionally considered to be "private," including the family and the home. In this area, governments' responsibility is not simply to abstain from human rights violations, but to find proactive means of protecting women's dignity, health, and well-being (WHO TEACH-VIP, 2005).

A growing list of international conferences and agreements have addressed violence against women as a public health problem, as well as a violation of human rights, including: [Read conventions that you choose to list on the slide.]



**Slide 16.**

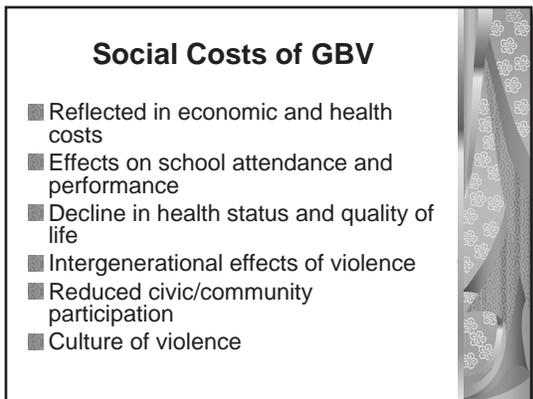


**Slide 17.** Direct costs consist of actual expenditures related to GBV, including healthcare services, judicial services, and social services. Studies worldwide have demonstrated the major economic toll that direct costs can have on individual and government coffers.

[Fill in country], where women are less likely to seek legal, health, or social services, or where such services may not be readily available to survivors, understanding the magnitude of indirect costs is more relevant. Indirect costs largely consist of the value of lost productivity from both paid work and unpaid

work, as well as the foregone value of lifetime earnings for women who have died due to GBV.

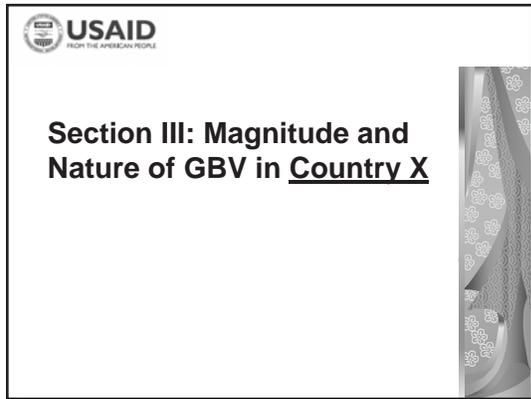
Using the accounting method to estimate costs of GBV, the United States Centers for Disease Control and Prevention estimated expenditures on medical and mental healthcare services for the 5.3 million incidents of domestic violence reported in 1995 to be US\$5.1 billion. (CDC, 2003 and Waters et al., 2004) In Nicaragua, estimated indirect costs due to GBV were said to reduce GDP by 1.6 percent or US\$32.7 million (Morrison and Orlando in Waters et al., 2004).



**Slide 18.** The social costs of gender-based violence, though not always as apparent as the health-related or economic costs, are just as grave. Indeed, social costs also comprise health-related and economic costs themselves in that they are a detriment to society as a whole, not just the individual involved. Also, when children miss school, it is both a social and an economic cost in that it is a detriment to the long-term growth of society due to lost productivity. Moreover, declining health status may also be considered a social cost because of its implications related to decreased productivity or participation in society.

What's more, however, the experience of gender-based violence, regardless of the health status of the victim, can hinder participation of women and her children in the community and society simply due to the embarrassment, stigma, or mental and emotional distraught that it can cause.

Lastly, the multiplier effect of violence should also be recognized as a major social cost. Children witnessing violence perpetuate violence in future generations. Likewise, those that suffer from violence are likely to respond to conflict in violent manners. Overall, this creates a culture of violence in society that has enormous costs when considering the multiplier effect on numbers we have seen earlier.



**Slide 19.**



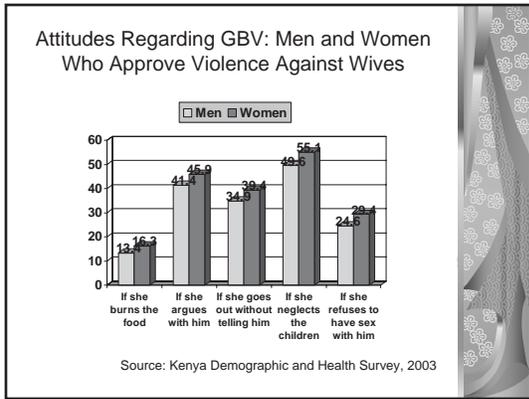
**Slide 20.** As the data show, every one in [X] women have experienced emotional violence, one in [X] women have experienced physical violence, and one in [X] women have experienced sexual violence. These numbers are astounding given that the data is likely an underestimate of the percentage of women who actually experience violence due to under-reporting by women. [Adapt according to data used.]

A woman has experienced physical violence if her spouse does any of the following: pushes her; shakes her; or throws something at her; slaps her or twists her arm; punches her with his fist or with something that could hurt her; kicks her or drags her; tries to strangle or burn her; or threatens her with a knife, gun, or other type of weapon.

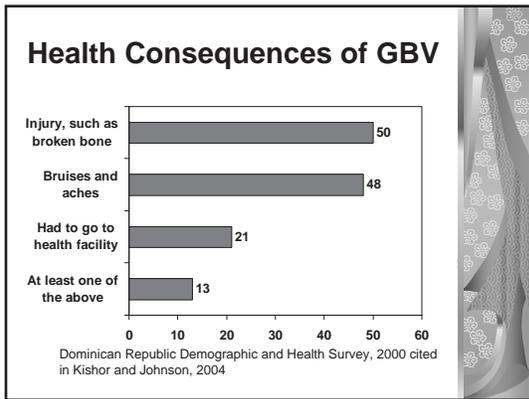
A woman has experienced sexual violence if her spouse does one or more of the following: physically forces her to have sexual intercourse even though she did not want it or forces her to perform other types of sexual acts that she does not want to perform.

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- Prevalence of Other Forms of GBV**
- South Africa has highest per capita rate of reported rape in world
  - 54,550 reported rape / attempted rape to police in 2000
  - 41% reported rapes were against minors
  - 15% reported rapes were against girls under age 12
  - Fewer than 1 of 20 rape victims report to the police

**Slide 21.** Narrative will vary depending on the contents of this slide.



**Slide 22.** Local data also show that tolerance of gender-based violence is high. For example, [X] percent of men and [X] percent of women believe a man is justified in beating his wife if she refuses sex. The data indicate how much women themselves have internalized the notion that GBV is acceptable in certain cases in that women agree, if not believe more than men, that they should be beaten for the reasons listed here. [Adapt according to data used.]



**Slide 23.** Local data from the DHS support the fact that women suffer major medical consequences due to gender-based violence, as the graph here shows. [Elaborate based on the data.]

## Section IV: Current Response to GBV

**Slide 24.**

### Legal and Policy Environment

- Specific legislation on family, domestic or sexual violence
- Laws regarding divorce, child custody or and/or inheritance
- Relevant civil code
- Provision of legal aid services
- Implementation of the above by police and judiciary

**Slide 25.** Discuss the legal and policy environment that survivors of GBV must face in your country. For example, elaborate upon:

- Existing laws, policies, norms, and so forth in the country (including international treaties signed by the government) that specifically address GBV
- Survivors' access to divorce, division of property, child custody, and/or inheritance
- The civil code or traditional family courts that may compensate for or override the criminal code

- How the laws are implemented (or not) (i.e., is there an ombudsman process, an appeals/complaint process, or some other way to press your case if the police are not responsive? Are there other implementing mechanisms in place to operationalize the laws and policies? Are there legal aid services available for survivors?)
- Is there training for judicial employees or protocols for healthcare providers/emergency room staff/police?

**Programmatic Response**

- NGO legal aid services
- Specialized healthcare services
- Domestic violence refuge shelters
- Media campaigns
- Programs for men aimed at promoting gender equitable relationships

**Slide 26.** Current interventions to address GBV in [fill in country] include those we see here. [Read from slide.] These are for the most part small-scale, underfunded initiatives that are present in select institutions/cities. [Adapt according to the most pressing and relevant gaps emphasized in the slide.]

**Expenditures: what is being spent now on the response to GBV?**



**Slide 27.** Given the magnitude of the costs of gender-based violence in monetary terms previously discussed, we can see by the numbers here just how inadequate the current response to the problem is. [Adapt according to data included in slide.]

 **Section V: How can Country X Respond to GBV?**

**Recommendations for Action**

**Slide 28.** In this section, I will discuss reforms and interventions necessary to both prevent GBV and improve treatment and care for survivors. More specifically, I will discuss the legal and policy reforms necessary for both prevention and care; recommendations for an improved health sector and multisectoral response; and finally, I will discuss promising interventions to prevent GBV. Before beginning, it should be emphasized that interventions to address and prevent GBV should be predicated upon the principle of doing no harm, specifically by considering unintended consequences at every stage and how to ensure survivor's safety.

**Legal reform and policy change**

- Specific legislation on family, domestic or sexual violence
- Training of judges on violence legislation
- Training of police on GBV response
- Legal aid services for victims
- Reform of medico-legal system to improve forensic evidence collection and preservation

**Slide 29.** Frame discussion around specific legal reform and policy change necessary in your country.

**Improving the Healthcare Response: A Systems Approach**

- Develop institutional policies and protocols for treatment of GBV survivors
- Train entire health institutions
- Ensure privacy and confidentiality for women's health services
- Strengthen referral networks with other GBV services
- Provide emergency supplies
- Provide educational materials on GBV
- Monitor and evaluate GBV services

--USAID Bureau for Global Health, forthcoming

**Slide 30.** Improving the healthcare system's response to GBV requires what experts call a "systems approach." This involves making comprehensive reforms from changing policies and protocols to training health center staff, from administrators to receptionists, on how to respond to GBV. Some specific reforms include:

- Developing institutional policies and protocols for treatment of GBV survivors and that promote commitment to addressing GBV
- Training all health center staff from top administrators to receptionists on national laws and policies dealing with GBV as well as how to treat GBV survivors with compassion and skill
- Ensuring privacy and confidentiality for women's health services to ensure the safety of the victim
- Strengthening referral networks with other GBV services that address survivors' legal, social, and economic needs
- Providing emergency supplies, such as first aid, STI prophylaxis (in some settings HIV prophylaxis), forensic exams, emergency contraception, access to abortion where it is legal, and other types of care
- Providing educational materials on GBV to raise awareness about the problem, inform women about available services, and demonstrate commitment to addressing GBV
- Monitor and evaluate GBV services to ensure that survivors are continually receiving high-quality care

*(Adapted from Guedes, forthcoming)*

**Multi-sectoral Coordination**

- Coordinate health and justice systems to improve medico-legal services.
- Incorporate gender equity/gender & health education in schools.
- Launch mass media and community campaigns against GBV.
- Set up or strengthen socio-economic support services.
- Coordinate a referral network for victims of GBV.

**Slide 31.** Gender-based violence is an issue that must be addressed from a variety of sectors, as we have reviewed here. The judicial and legal sector must protect victims' rights. The health sector must ensure the integral health and rehabilitation of women. The education sector can help change the norms and attitudes that perpetuate the idea that GBV is okay. Institutions offering social services and promoting economic development can increase women's empowerment so that they can break free from the cycle of violence.

Above all, to provide an integrated response to women that ensures their safety and human rights as well as to prevent GBV, there needs to be effective coordination among law enforcement, legal aid services, health care organizations, educational institutions, and agencies devoted to social services and economic development.

**Toward Prevention: Changing the Norms around GBV**

- Clinic and community-based education efforts
- Programs for men aimed at promoting gender equitable relationships
- Behavior change mass media campaigns and edutainment
- Incorporation of gender equality, human rights and violence prevention into school curricula

**Slide 32.** Attitudes that condone or tolerate violence against women and blame the victim are deeply entrenched throughout society. As we saw in the data on attitudes regarding GBV presented earlier, both men and women have internalized the notion that violence against women is justified in some cases. Thus, initiatives to change the norms around violence against women must target not only men but the community as a whole. Changing these attitudes and beliefs is a challenging, long-term process that requires a sustained commitment by institutions providing services, schools, and organizations with the capacity to employ the media.

**The Bottom Line: Funding for policy and programs**



**Slide 33.** Discuss budget needs for the government and NGO sectors to respond to GBV in a coordinated manner. Suggested additional note: As we discussed with the previous slide, changing attitudes and behavior is a long-term process and, therefore, a long-term investment. Required funding for policy and programs should not be seen as a one-time commitment or remedy to the immense and deeply rooted problem of GBV.

"It is said that we were all born under a star; when I watch the stars at night I ask which of them is mine, so that I can change it for another one."

--Survivor of GBV, Peru  
(in Velzeboer et al., 2003)

**Slide 34.**



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**Slide 35.**

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