



**Report on the online discussion on eliminating violence against women and girls – gaps, challenges and strategic directions in prevention and multisectoral services and responses**

**UN WOMEN**

## Contents

### 1. Aims, purpose and methodology

### 2. Background

### 3. Participation

### 4. Summary of the discussion on prevention

#### 4.1 Measures and approaches

4.1.1 *Influencing government laws and policies*

4.1.2 *Awareness-raising and mobilization*

4.1.3 *Education and the Media*

4.1.4 *Engaging groups and networks*

4.1.5 *Empowerment and advocacy*

4.1.6 *Changing institutions and organizational practices*

#### 4.2 Sectors and actors involved in primary prevention

#### 4.3 State coordination

#### 4.4 Training or capacity-building activities

#### 4.5 Research, monitoring and evaluation on prevention measures

#### 4.6 Strategic directions and promising practices

#### 4.7 Key findings: Remaining gaps and challenges

### 5. Summary of the discussion on multisectoral services

#### 5.1 Policy and legal frameworks for services

#### 5.2 Services available

5.2.1 *Care, support and empowerment*

5.2.2 *Protection and justice*

#### 5.3 Access and first entry

#### 5.4 Protocols, systems or networks for integration and coordination

#### 5.5 Data on availability of and access to services

#### 5.6 Access for women and girls subject to multiple forms of discrimination

#### 5.7 Services for girls and children

#### 5.8 Awareness-raising methods

#### 5.9 New or promising approaches

#### 5.10 Key Findings: Remaining gaps and challenges

### Annex I - The offline survey for practitioners: questions used for discussion

## 1. Aims, purpose and methodology

In March 2013, during the [57<sup>th</sup> Commission on the Status of Women](#) (CSW), Member States will meet to discuss areas of concern for women and girls, and work on approaches to address these issues. For this session the chosen priority theme will be the elimination and prevention of all forms of violence against women and girls (VAWG), with a particular focus on two key areas: **prevention** – stopping violence before it happens in the first place –<sup>1</sup> and **multisectoral services and responses** to victims/survivors.

To involve stakeholders in its preparation, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) organized and moderated a two-week online discussion from 23 July to 7 August 2012 on the critical gaps and challenges in these two key areas, and promising responses on the ground. This was accompanied by regional consultations and a survey in three languages. Its outreach was largely among civil society organizations (CSOs), policy makers, experts and researchers in the field of gender-based violence.

The aim of the online discussion was to provide a forum for discussion between different stakeholders; identify measures taken and good practices from different parts of the world and in diverse resource settings in the two key areas of focus; and identify any emerging issues and practices that should be considered.

This report, also available in French and Spanish, is the summary of the discussion, consultations and surveys. It will be considered in the development of two reports, which will be given to CSW Member States by the UN Secretary General to assist their discussions.

It is not a comprehensive mapping exercise however, and it is important to note that the views expressed in this report are the views of the respondents – the information given has not been verified. Rather, it aims to reflect many of the key concerns and priorities of practitioners working in this field on the ground.

## 2. Background

On 29 February 2012, a preview expert panel on the elimination and prevention of all forms of violence against women and girls was convened at CSW 56 to discuss issues to be considered in preparation for the priority theme of the Commission in 2013. The presentations by panelists focused on the provision of services for victims/survivors of violence and prevention.

It is now clearly recognized that a systematic, coordinated, multisectoral and sustained approach is necessary to address all forms of violence against women and girls. Much work has been done in these areas but the panel and participants agreed that despite increased global commitment to address the issue, challenges to preventing and eliminating such violence persist.

The discussions of the preparatory panel concluded with the need to identify the critical gaps, strategic directions and promising practices that can better guarantee quality support and access to justice for women and girls subjected to gender-based violence; as well as assist in charting a course of action for reducing, and eventually eliminating all forms of violence against women and its impact for future generations.

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<sup>1</sup> This is sometimes referred to as primary prevention. Other forms of prevention include secondary and tertiary prevention which mean respectively: an immediate response after violence has occurred to limit its extent and consequences; and tertiary longer-term care and support for those who have suffered violence.

### 3. Participation

The online discussion platform was only visible to participants who requested access based on the fact that they practice in the field of VAWG. Calls for participation were sent out through a vast array of UN interagency and women's group networks and online portals, including those of UN Women, its *Say NO – UNiTE to End Violence* portal and the UN Trust Fund for Violence Against Women as well as the Association for Women's Rights in Development (AWID) and the African Women's Development and Communication Network (FEMNET). UNFPA and UNICEF also widely disseminated information on the online discussion through their networks. The survey (see Annex I) was also made available and sent through some UN Women offices to civil society groups who work mostly offline or wished to give inputs in French or Spanish. UN Women country offices led regional consultations with civil society groups in a number of countries in the Pacific, Latin American, the Middle East and North Africa. Media coverage, including by the Inter-Press Service, further extended this reach.<sup>2</sup>

The participation broadly covered geographical and organizational sectors. The body of online discussion respondents were from government ministries, international non-governmental organizations, bilateral and multilateral organizations, UN entities and interagency entities, research institutions, private sector organizations, and predominantly, national and ground level non-governmental organizations (NGOs), in countries from Afghanistan to Vanuatu. Among these, for example, were representatives from the Centre for Global Women's Leadership, Partners for Prevention, Australia's Victorian Health Promotion Foundation, Action Aid, the Council of Europe, the Niger Association of University Women, the Kilimanjaro Women information Exchange, the Fiji Women's Crisis Centre, the Delta Women Foundation, the All India Women's Conference, and Fundacion Renacer.

## 4. Summary of the discussion on Prevention

### 4.1 Measures and approaches

Participants highlighted the promising range of measures that are emerging worldwide to address the structural causes of violence and change social norms and behaviours. Many highlighted promising practices as well as gaps in service provision, both expanded on in Sections 4.6 and 4.7 below. Among the major observations drawn from this section is the need for coordinated multi-sectoral approaches that address stereotypes at their roots through early education, media engagement, and capacity-building for service providers and policy makers.

#### 4.1.1. *Influencing government laws and policies*

While many identified lobbying and research efforts to improve State-coordinated efforts on prevention, just a few mentioned prevention strategies or legislation already in place.

Of these, a promising example was given from Australia. Here, a landmark ten-year government plan to prevent violence against women, 'A Right to Respect', drew from an extensive multisectoral research project by the Victorian Health Promotion Foundation, a statutory authority.<sup>3</sup> It responded to findings that unequal power relations between men and women were a key cause of VAWG, along with adherence to rigid gender stereotypes, and

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<sup>2</sup> See IPS, 'Online Discussion on Prevention of Violence Against Women', 31 July 2012. <http://www.ipsnews.net/2012/07/online-discussion-on-prevention-of-violence-against-women/>

<sup>3</sup> See 'Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria' <http://www.vichealth.vic.gov.au/Programs-and-Projects/Freedom-from-violence.aspx>; also [http://www.whealth.com.au/documents/health/fv-a\\_right\\_to\\_respect.pdf](http://www.whealth.com.au/documents/health/fv-a_right_to_respect.pdf)

broader cultures of violence. Its approach has focused on education and training across multiple settings, from local government, health and community services to sports and recreation, workplaces and media, arts and popular culture (See more in Section 4.6). The plan was supported by two legal reforms in the state, the *Charter of Human Rights and Responsibilities* 2006 (Vic) and the *Equal Opportunity Act* 2010 (Vic), which obliges organizations to be pro-active in preventing discrimination.

Furthering State responsibility in Europe, the *Council of Europe (CoE) Convention on Preventing and Combating Violence Against Women and Domestic Violence*<sup>4</sup> (the Convention), contains measures based on best practice, though it is not yet in force. The Convention, notes a CoE representative, “frames the eradication of such violence in the achievement of greater gender equality by reinforcing measures that aim at changing the hearts and minds of individuals.” Governments that agree to be bound by this treaty will have to take various steps to improve prevention, among them to; regularly run awareness-raising campaigns; take steps to include issues such as gender equality and non-violent conflict resolution in interpersonal relationships in teaching material; work closely with NGOs and support their work; and involve the media and the private sector in eradicating gender stereotypes.<sup>5</sup>

In Afghanistan, one participant suggests that prevention efforts have been improved by the establishment of Ministry of Women Affairs and an independent human rights commission, with the provincial offices of the latter conducting prevention activities such as legal awareness and media campaigns. A lawyer in Brazil highlighted the emphasis on public policies and awareness in its *Maria da Penha Law* (2006) on violence against women.<sup>6</sup>

#### 4.1.2 Awareness-raising and mobilization

Many respondents focused on initiatives to raise awareness and mobilize communities, as well as to address individual knowledge and attitudes.

Among effective practices put forward were participatory **events** and high profile yearly **campaigns**, such as a gender equality festival in Romania, particularly targeted at young people. In other countries, such as Nicaragua, debates, conferences in public spaces and educational fairs have been used, along with marches and demonstrations to promote legal reforms. Global campaigns such as the 16 Days of Activism each November, and the White Ribbon Campaign were mentioned as providing national focal points for mobilizing community campaigning.

Respondents have reported change through **counselling initiatives** for families and among couples have shown impact in countries such as India and Russia, particularly among low-income communities. Activities have included pre-marital counselling, family clubs and conflict resolution training. Community workshops are also encouraging men and boys to consider their exposure to media messages on gender roles, while ‘sensitization trainings’ for women and girls include, said one respondent, “discussion on what safety means, how communities react to or talk about domestic violence, and different types of violence.”

In Guatemala, the spectrum of forms of VAWG has been effectively classified through law, to include for example, femicide and economic violence. This has had impact on public awareness of the criminality and scope of VAWG.

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<sup>4</sup> Often referred to as the *Istanbul Convention*.

<sup>5</sup> See [www.coe.int/conventionviolence](http://www.coe.int/conventionviolence)

<sup>6</sup> The ‘Maria de Penha’ law provided the first clear definition of domestic violence in the country and tripled the severity of sentences for offenders, while launching a \$1 billion four-year campaign to increase governmental capacity to deal with violence against women at all levels,

### 4.1.3 Education and the Media

*“Education works in various ways with good impact and outcomes on attitudinal and behavioural change. This measure works through engaging the government, CSOs, traditional leaders, religious leaders, women’s groups, media, security agencies etc. to work harmoniously as a team to build a standard structure of peace.” Nigeria*

Many respondents pointed strongly to work with children and **young people and in the education** system. Successful school-based prevention programmes were highlighted, through dedicated curricula, peer and teacher trainings and award programmes. According to one respondent in Uruguay, work by one NGO at the school level has seen progress in its bid to ‘denaturalize’ violence and change the common perception of domestic violence as a private matter. In Bangladesh, the development organization BRAC is working on violence prevention among young girls through Adolescents Development Centers, with a focus on forms such as early marriage and dowry-related violence.

*“Through a concerted effort that projects real stories of women who are survivors of violence, questions of law, issues underlying societal and cultural mindsets and self-help for survivors, the media has been engaged to preventing violence of women through awareness.” USA*

**Media and Entertainment** is also being used in many areas. In South and South East Asia, radio programmes and pre-departure trainings are being used to alert migrant women to occupational dangers, for example. In Nigeria ‘Nolluwood’ actors and actresses have been engaged in films and soap operas to highlight issues such as widowhood and inheritance rights, sex trafficking and other human rights violations affecting women. In Ecuador, a media company is using television spots for public announcements about violence, as well as billboards and bus advertising, while the State has reportedly run a media campaign with the message “Machismo is Violence”, which according to one expert, is the first investment of State resources in outright prevention. Meanwhile, **social media** usage is on the rise in high and middle-income countries, through blogs, e-bulletins and micro-blogs.

In some countries such as Spain, a respondent reports that the media is governed by legislation on gender-based violence that includes a provision whereby all stories about the topic include a reference to the national legislation, and the mandatory note that gender-based violence is a crime.

### 4.1.4 Engaging groups and networks

*“Simply regurgitating words from a manual are of limited use. The words must have accurate cultural meaning and reflect the traditions as they take place on day to day basis. This will alert them to early danger signs.” Australia*

A number of respondents wrote of progress with **faith-based networks** among communities that have been side-lined by mainstream awareness projects. Examples ranged from work with healthcare providers and mosques in the UK, to collaborations with Sikh and Christian

religious leaders to develop sermons and hymns on respect and gender equality in Australia and Tanzania. Others have worked with religious leaders to develop downloadable fact sheets and advice, or are translating basic legal rights and information into multiple languages, both as text and in multilingual radio broadcasts in migrant communities.<sup>7</sup> To embed messages more creatively, one group in Australia has used community-based theatre workshops that interact with audiences among the Indian migrant community. One commentator noted: “They recognized behaviours comprising domestic violence, but had a significant lack of awareness of its legal and criminal implications and the type of help possible.”

Many effective initiatives have begun to **target men and boys**. In Georgia for example, male sports role models such as rugby players have brought messaging on prevention – based around gender equality, respect for women and rejection of violence – to sports games, and through outreach, to media, to schools and youth correction facilities under the framework of the UN Secretary General’s UNiTE Campaign. Meanwhile MASVAW, a community-based social movement in northern India has reportedly seen some attitudinal change through its work with men and boys on university campuses and community settings, on issues such as sexual harassment on transport, and domestic violence.

Work with positive male role models has also been effectively used, particularly those with influence over boys and young men. In Switzerland, White Ribbon Ambassadors, many of them politicians, have led to expanded public awareness. In Australia ‘Fair Game: Respect Matters’ is a program delivered by the Victorian branch of the Australian Football League, which seeks to change club cultures by increasing women and girls’ participation in community football clubs.

#### 4.1.5 **Empowerment and advocacy**

*“Seminars of building and developing capacity among girls and women should be provided so as to make women strong and capable of participating on different development matters, and defending their rights against any kind of violence.” Tanzania*

Practitioners identified a growth of **empowerment programmes** among gender-based violence focused organizations, with more resources and budget being channelled into such projects.

One US-based NGO uses **leadership schools and training** among its prevention methodology in countries from Guatemala to Jamaica. This allows “women to be more effective advocates for violence prevention policies and build stronger alliances with local authorities,” notes a representative. Other outreach activities have included door-to-door surveys and mobile human rights civic festivals, which have expanded the vocabulary of women looking to advocate for their own safety.

Participants from Gambia to Thailand prioritized boosting women’s education and entrepreneurial skills through training, as a path to independence and greater protection. The International Labour Organization (ILO) is also reportedly promoting strategies to reduce precarious work situations for women by, inter alia, combining labour market regulation and action labour market measures that use a gender perspective; paying attention to occupational safety and health needs of women and men; including women in social dialogue such as on tripartite bodies and in collective bargaining; and use international labour standards to promote equality in the world of work.

<sup>7</sup> See the association of Victorian Women Lawyers, <http://www.vwl.asn.au>

*“Through leadership skills, the grassroots groups can communicate their community’s needs in public and political spaces they may have been formerly excluded from.” USA*

Some NGOs are involving communities of women in **research and evidence-based advocacy**, and have found that more women are reporting cases of VAWG to partners and community development facilitators as a result, demonstrating the linkages between prevention activities and the need for well-resourced and sustainable responses to victims/survivors. In Cameroon, a National Women's Observatory has reportedly been strategically involving grassroots women leaders in advocacy and consultation, which has included setting up women's advancement centres for informal education and training in trade in partnership with NGOs. In Guatemala one foundation is walking with local women to map safety hazards and vulnerabilities in their environments, and is advocating for structures that would allow women to introduce these issues at the local government level. It is also working with local women on “gendered land management plans to address the socially embedded rises and inequalities that exist in urban and rural public spaces.”<sup>8</sup>

*“We should combat gender discrimination; increase women’s incomes... protect the land rights of rural women, greatly promote public service and create conditions for women to balance their work and family. Only by being economically independent can women get rid of the situation of depending on men.” China*

Programmes in Tanzania from the organization KWEICO tie economic aspects in with information and advocacy sessions for women. These can “justify reasons for spouses and other family members to allow them to attend group meetings in which knowledge and support on rights is also given,” it was noted.

Take Back The Tech! is a global campaign run each year by the Association for Progressive Communications during the international 16 Days of Activism campaign. It gives workshops on how to use ICT for advocacy and how to create a safer online environment, and has documented the violence that women face both online and off. “I don’t forward Violence” for example, called for internet and mobile phone users to challenge and change the culture of sharing violence and degrading images of women and girls.<sup>9</sup> The programme has reportedly seen results from marginalized communities, such as lesbian and transgendered people, and sex workers.

#### **4.1.6 Changing institutions and organizational practices**

One respondent detailed the way that the ILO’s International Labour Conference, in a June 2009 resolution, described gender-based violence as a critical and major global challenge to gender equality, and agreed on **work-related strategies** for prevention among member States and representatives of workers’ and employers’ organizations. These include the need for governments to develop gender equality indicators that adequately encapsulate violence against women in the workplace. The organization has also reportedly placed a

<sup>8</sup> The Fundacion Guatemala has also issued *Grassroots Intervention Guidelines for Safer Communities* which focus on street planning.

<sup>9</sup> [www.takebackthetech.net](http://www.takebackthetech.net)

focus on helping labour statisticians and labour market information systems provide better sex-disaggregated data in areas including gender-based violence in the workplace and promoting collective bargaining as a way to ensure the systematic integration of gender and violence dimensions into labour market and macroeconomic policies.

Meanwhile, a respondent from the Asian region reported a cultural shift in the World Student Christian Federation following an organization-wide **sexual harassment policy**, which included trainings on gender awareness and theological analysis for women. The Association of Guides and Scouts of Costa Rica reports that it is in the process of adopting a policy for eliminating violence against girls and youth as part of an **international organization-wide campaign** in 2013, which will include the training of leaders. Meanwhile in Australia, a three-year workplace programme with the YMCA Victoria has focused on organizational change around gender equality (*Creating Healthy Workplaces/Y Respect Gender*). And in British Columbia, Canada, a new initiative by a government statutory authority has published an internationally applicable version of its **handbook** on *Addressing Domestic Violence in the Workplace*, which focuses on signs of abuse, prevention strategies and practical suggestions.<sup>10</sup>

## 4. 2 Sectors and actors involved in prevention

While a broad range of sectors and actors work in responding to VAWG at the local, national and international levels, this is not necessarily the case for primary prevention, an emerging area.

Leading in the majority of cases, according to many discussion participants, are national women's NGOs and civil society organizations (CSOs) with the support of intergovernmental (IGOs) or international NGOs. These, it was noted, have engaged key sectors and stakeholders from the State and the private sector; education and media; and faith-based leaders and minority groups, often on an ad hoc basis.<sup>11</sup>

As coordinators of global campaigns and networks, international NGOs and IGOs are working to fund, manage and coordinate research and advocacy at various levels. The Center for Women's Global Leadership at Rutgers University in the USA, for example, coordinates the international 16 Days of Activism Against Gender Violence, each year, which has involved 4100 groups across 172 countries since 1991 in awareness-raising. Partners for Prevention (P4P) is a young regional joint programme among UN agencies (UNDP, UNFPA, UN Women and UNV) in the Asia and the Pacific that provides new knowledge and technical support to specifically prevent gender-based violence in the region.

State participation in prevention activities remains negligible, according to most. Many State initiatives – carried out by women or family affairs ministries and their equivalents – focus on strengthening and implementing laws on violence and improving services for victims/survivors, which can and do contribute to preventing violence from reoccurring (often referred to as secondary prevention), but are less focussed on stopping violence before it starts.

One positive example of State action however, has taken place in the Australian state of Victoria, where landmark research has led to a ten-year setting-focused approach. This

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<sup>10</sup> Find the handbook at the WorkSafeBC website, <http://www2.worksafebc.com/Topics/Violence/Resources-DomesticViolence.asp>. The group is currently translating some of the materials into other languages, starting with Punjabi, which can be found at <http://www.worksafebc.com/punjabi/> and will move onto other languages soon.

<sup>11</sup> These may be human rights, development or law-focused. In Australia for example, Victorian Women Lawyers is a network of over 700 female lawyers, which engages media and sports personalities for awareness-raising, while working with the police, medical community and other professionals on annual Sexual Assault Forums throughout the state for research and networking.

strategically involves workplaces, NGOs and local government, with education, media and other specialists in planning, developing and implementing primary prevention programs. “This ensures that programs adhere to the existing evidence base as outlined in the framework, and are developed and implemented utilizing expertise from the specialist service system, organisations with primary prevention expertise and mainstream organisations to ensure the widest reach possible,” notes one representative.<sup>12</sup> Respondents in Peru reported work by local governments to redesign public spaces so that they are safer for women.

Overall, participants tended to advocate strongly for more coordinated and multisectoral approaches to primary prevention, managed by the State.

*“Taking an intersectional approach enables messages and strategies for violence prevention to operate across multiple levels of society – at the individual, community and societal level. This type of cross-cutting approach has been shown to have a greater impact on changing social norms and behaviours to be more gender-equitable.” Thailand*

Some examples of more coordinated and holistic responses included:

- In Switzerland, in the Canton of Geneva, the Bureau du délégué (Office of the Delegate on domestic violence) is reportedly bringing together all the various actors concerned with violence against women and girls. “This multi-faceted approach is speeding up consultations among the various actors and is proving very effective. It could serve as pilot project for many other countries.”
- In the UK, the FGM National Clinic Group is a multidisciplinary coalition of healthcare professionals, advisors and academics who work with women and their daughters who have been affected by, and are at risk of female genital cutting. It holds regular conferences and has launched various resources for clinical professionals.<sup>13</sup>
- A US-based NGO noted the use of ‘Integrated Roundtables’ in Peru, where members of civil society, local government, and a grassroots group from each district meet to create project proposals that increase wellbeing and empowerment for women, funded by 5% of the Gender and Development budget.
- Partners for Prevention, promotes a PREVENT framework of actionable and evidence-based interventions, with seven key action areas. These must be implemented in a coordinated fashion among stakeholders across multiple sectors in order to achieve the greatest impact, it notes. It also promotes the Gender Equity Movement in Schools (GEMS) model for sustained attitudinal change between 12-14 year olds.<sup>14</sup>

### 4.3 State leadership and coordination

Governments play an essential role in leading, coordinating and promoting accountability in the field of primary prevention. Participants were asked to identify measures – such as funding regimes, coordination bodies and mechanisms, levels of political leadership and any long-term overarching policy frameworks – being used to strengthen preventative strategies.

<sup>12</sup> Find out more from the VicHealth website: <http://www.vichealth.vic.gov.au/Programs-and-Projects/Freedom-from-violence.aspx>

<sup>13</sup> [www.fgmnationalgroup.org](http://www.fgmnationalgroup.org)

<sup>14</sup> See more at: <http://www.comminit.com/content/gender-equity-movement-schools-gems>

While many felt that some positive coordination had taken place in the general VAWG field by State actors, this was rarely specific to prevention, and some, in Eastern Europe for example, cited lack of funding and political will as reasons for this. Others in the Asia Pacific noted that few national action plans or policy frameworks in their region include comprehensive prevention strategies. A number of respondents noted that there were numerous public institutions responsible for preventing and responding to VAWG in their countries, but no institutionalized coordination between them. In many countries, higher-level discussions and planning appear to be just beginning.

*“A whole-of-government approach... ensures that all government departments are engaged in the issue of VAW and have the expertise and willingness to develop and implement coordinated strategies.” Australia*

Some examples of coordination include an inter-institutional commission to address violence against women in Nicaragua’s justice, health and security sectors, although resources and funding were cited as a challenge; and national and regional task forces in Vanuatu, set up to implement the *Family Protection Act* (supported by development partners, with overall coordination from the government). In Armenia, a multidisciplinary team is reportedly led by the State’s Child Protection Directorate, with responsibilities in family violence prevention. “Such a team has been set up in our area,” noted the participant. “But its activity is not publicly well known.”

In many countries, many of the initiatives are being under-taken by individual women or family ministries. One respondent argued that the burden of tracking the implementation of the laws and of implementing national action plans should be lifted from particular ministries, and mainstreamed. “The responsibility for government-led primary prevention actions should be shared across ministries – such as the finance, education, health, planning and local development ministries – and be coordinated from the cabinet level and/or an inter-ministerial body,” he said. “Governments should include comprehensive policy frameworks for prevention alongside laws on perpetration, protection and response.”<sup>15</sup>

Yet in some countries it was observed that government do not have the capacity to reach into remote and rural areas, which often most need interventions. “There is no coordination between tribal leaders or government to create a consistent systematic approach for creating policy framework,” noted a practitioner in South Asia.

In a number of cases, governments are reportedly giving funding to or partnering with NGOs, allowing for local interventions that are focused on community and individual-level changes. In Romania for example, the department of Crime Prevention had signed a written partnership agreement with one NGO on expertise, project planning and coordination, nationally and internationally. (Other promising practices of State coordination with NGOs can be seen below in Section 4.6). Meanwhile there were many other often-cited elements, such as gender desks, and coordinated legal aid networks, but these were mainly relevant to secondary prevention practices.

#### 4.4 Training or capacity-building activities

Participants were asked to identify where effective help or support has been provided for those who work in these sectors, from health, education and media outreach, to community

<sup>15</sup> For more, see [www.partners4prevention.org/files/resources/policy\\_change.pdf](http://www.partners4prevention.org/files/resources/policy_change.pdf)

services, crisis response and government sectors. Many, from Armenia to South Asia, agreed that NGOs take on the greater portion of training and organizational development in their countries, often through partnerships between national and international organizations.

Many offered examples of gender sensitization trainings in the **public sector**, such as in Australia, France, Armenia and Tanzania. These related to both primary and secondary prevention, since training lawyers, judges and police to better respond to victims/survivors of violence can impact on the stereotypes that lead to violence in social and organizational cultures. Other respondents mentioned training activities with school committee members and religious leaders.

Examples of trainings among **civil society organizations** were also given. These included training on designing curricula, advocacy strategies, building the evidence bases and analytical and theoretical frameworks for primary prevention strategies, and 'train the trainer' programmes.

Building awareness and knowledge amongst the **media** has been considered crucial by many working in the field of violence against women and girls, which can be relevant to prevention and responses. "In Pakistan, awareness-raising regarding cultural normalization of VAWG was done through journalist training. As a result, several victims who had been inappropriately spotlighted by the press received quality care and apologies. Newspaper owners and journalists were sensitized to victims' right to privacy," noted a respondent.

Work with the **private sectors** is being undertaken by some. Australia's VicHealth organization, runs a two day course on prevention in communities and organizations, which equips participants to build environments that foster respectful gender relations, in organizations and communities. "Evaluations of the course show that it has had a significant impact on practitioners' capacity to deliver primary prevention of VAW activities and also their ability to advocate for more upstream responses to VAW," noted one practitioner. Participants emphasized the need to strengthen **networks** among experienced practitioners and those newer to the field through capacity-building projects. One respondent also detailed an Australian initiative,<sup>16</sup> which engages local councils to encourage whole-of-organisation action towards primary prevention. Meanwhile elsewhere in Australia, and NGO noted its network among youth, community and education sector professionals.<sup>17</sup>

In Bangladesh, the development organization BRAC reports strong successes from its Gender Quality Actions Learning (GQAL) programme among low income communities, in which men and women were chosen and trained as educators on gender-based discrimination and violence, in courtyard and community settings. Among the results reported, were the easing of gender stereotypes and roles, and the increase in a culture of protest among women. The programme was recently reformed and introduced to secondary schools along with low income households, and continues to be expanded.

#### 4.5 Research, monitoring and evaluation on prevention measures

Participants were asked to comment on the activities they had come across on the research, monitoring and evaluation of prevention measures. Most agreed that this remains a clear gap in the global work on prevention.

Where activities have taken place, they are often managed or supported by IGOs or International NGOs. In some cases however, they are also funded by the state and carried out by NGOs.

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<sup>16</sup> VicHealth's Local Government Network and Capacity Building Project. See more at [www.lgpvaw.net.au](http://www.lgpvaw.net.au)

<sup>17</sup> Read more at [www.partnersinprevention.org.au](http://www.partnersinprevention.org.au)

One participant highlighted the monitoring done by the Council of Europe (CoE) in accordance with its Recommendation (2002)5 of the Committee of Ministers to member states on the protection of women against violence, with three reports released so far (2007, 2008, 2010) covering both prevention and services.<sup>18</sup> She notes that once the Convention comes into force, it foresees the implementation of a monitoring mechanism to evaluate and show progress and gaps.

Many respondents instead focused on the research and mapping exercises being carried out to better understand GBV. One for example, referred to the World Health Organization's (WHO) multi-country study on prevalence rates and data on the health impact of violence, and referred to further country studies being undertaken, such as *The Change Project* on masculinities in the Asia Pacific.

#### 4.6 Strategic directions and promising practices

*“Currently strongest evidence exists for interventions that occur at the individual and relationship level, such as school based programmes that focus on the development of social skills, and fatherhood programmes that build skills in respectful and equitable relationships.”* South-East Asia

Participants were asked to share what they considered to be strategic directions for effective and sustainable interventions. Many stated that multi-pronged community-based outreach was key among the priorities highlighted, as well as the need to break the silence, stigmas and taboos surrounding VAWG and address stereotypes at their root. Among target groups, youth were often identified as the most open to discussion and reflection, and early education programmes were highly recommended. Programmes to empower women, through economic, legal and human rights support, or equality training, were also put forward by many as crucial in addressing power imbalances, as were those to engage men and boys. The need was also raised for programmes to be evidence-based and therefore contextually appropriate, and to be better coordinated and integrated in a whole-of-government approach.

#### 4.7 Key findings: Remaining gaps and challenges

*“Traditional views of women and of men must be dismantled”* USA

With primary prevention an emerging area, the challenges ahead of those working in the area, remain considerable.

##### **Many laws and policies are discriminatory**

Most participants agreed that, with harmful gender stereotypes at the root of much VAWG, inadequate State laws, policies, and frameworks are a key obstacle to better public understanding, and must be reformed, promoted and implemented. This issue was raised by a participant in an African country where, for example, they claimed widowhood rites, forced marriage and spousal rape have not yet been well addressed in legislation. Organizational and administrative cultures across State systems, whether among law-makers, the judiciary

<sup>18</sup> Find more at [http://www.coe.int/t/dghl/standardsetting/convention-violence/monitoring\\_en.asp](http://www.coe.int/t/dghl/standardsetting/convention-violence/monitoring_en.asp)

or the police, can strengthen gender stereotypes and block both adequate funding and the political will for change.

### **Policy makers, public servants and traditional leaders are not gender sensitized**

*“The challenge will be in emancipating the custodians of our cultural values and customs, as well as lobbying with the government through our parliamentarians.” Cameroon*

Key decision and policy makers, both those who are part of the formal government apparatus and those who are not, such as religious leaders, must understand and comprehensively lead on prevention. In order to achieve this, there must be a greater focus on capacity building programmes including the development and delivery of training at all levels. As one participant in Jamaica illustrated, taking audits of urban spaces to highlight the risks they can hold for women can be a promising prevention measure, but only if those implementing the recommendations at the local council level, and those monitoring the implementation, are well trained.

### **Efforts to address prevention are uncoordinated, ill-funded and rarely monitored**

Governments play an essential role in leading, coordinating and promoting accountability in the field of prevention. They are responsible for driving long-term policy and budgetary commitments, legal reform, and cross-sectoral strategies and mechanisms directed at sustainable change. Yet in many countries prevention is not a State priority. Respondents noted insufficient capacity development on the issue, and key messages that were not sustained, but rather were changed from year to year by the State or NGOs. To ensure sustainable approaches across sectors, according to some respondents, there is a need for better long term coordination, monitoring and evaluation of activities by the central government through national plans and mechanisms, rather than the current wide scale reliance on ad hoc programmes and burdening of women's and family ministries.

### **Context-sensitive responses require more research on attitudes and behaviours**

Another key priority was the need for better evidence on which to base responsive programmes – also considered a major gap. This is particularly important when adapting strategies that have worked in high-income countries to low income countries, says Partners for Prevention. “For interventions to be effective they should be based on effective models of behaviour change and target specific risk factors for violence in that setting... We need to build a better understanding of the multiple causes of gender-based violence, the intersections between different types of violence and trajectories of change.” This includes different contexts, such as areas of conflict or militarization. One US-based participant noted that militarism must be better addressed in prevention, both in the way that it privileges violent ideals of masculinity, and affects the security and autonomy of women.

### **Key strategic groups and influencers are being neglected**

One promising research and programme area that needs much more work, noted many from around the world, is engagement with men and boys, through peer networks, campaigns and trainings. Coordinated and well-resourced school-based programmes with comprehensive curricula on prevention and teachers trained in prevention, is also critical. “Where teachers do not have the requisite threshold knowledge of gender construction they actually reinforce power differentials”, noted one participant in Australia. Meanwhile religious and cultural or

traditional role models and leaders, remain a powerful source of influence too little engaged, according to others.

### **The media continue to reinforce stereotypes**

Various participants in high to low income countries highlighted the media culture as an area in urgent need of attention – including the prevalent domestic images of women, the downplaying of sexual harassment cases, and the sensationalizing of sexual abuse.

### **Cultural change is not addressed in remote or marginalized communities**

Awareness raising and interventions to address mindsets are less likely to take place outside of the mainstream, noted many. This strengthens the vulnerabilities of certain groups of women and girls, including those disabled, orphaned, living with disabilities or HIV/AIDs, living in remote areas, those who are gay, lesbian, intersex or transgendered, sex workers, or those come from indigenous communities or minority ethnic backgrounds. “An evidence base for working with these population groups on the issue of VAWG, which pays particular attention to the intersection between issues of gender, sexuality, race, discrimination and cultural specificities must be developed before programmes can be trialed,” wrote one practitioner. Another highlighted the need for exploitation to be addressed in the sex industry by engaging men and boys, the media and community.

### **Women must be economically empowered to redress power imbalances**

Many noted that power imbalances that lie at the root of VAWG must be better addressed by expanding women and girls’ economic opportunities, access to basic services, education, social and political participation. More must be done to train and support the skills and livelihoods of women, increase their autonomy and ability to protect themselves.

## **5. Summary of the discussion on Multisectoral Services**

### **5.1 Policy and legal frameworks for services**

*“Since we don’t have a domestic violence law, dealing with court procedures is extremely painful and challenging for victims. Judges are not trained to deal with cases of domestic violence.”*  
Armenia

Practitioners in countries from Nigeria to Morocco and Tunisia report that legal frameworks to support services are lacking or under implemented. Others pointed to action plans and strategies that have been pending for many years. In Europe, one NGO noted that while nearly all of the 27 member states of the European Union have national action plans to combat forms of violence against women and girls, many South-Eastern European countries do not.

Among promising frameworks mentioned, India’s *Protection of Women from Domestic Violence Act (2005)* provides for dedicated protection officers under the Women and Children’s Development Department. These officers are meant to file a case under the Act and see it through the legal process, but also link victims/survivors with residential, medical and financial support. The Act also provides for protection orders and monetary relief. Many respondents however, claim that such frameworks suffer from implementation gaps. In the

case of India for example, no specific budget has reportedly been allocated so that it can operate at grassroots level.

The Australian government's ten-year *National Action Plan to Reduce Violence Against Women and their Children* obliges State governments to fund and deliver services, and was described in detail – with a particular emphasis on the state of Victoria's integrated service model. Highly regarded, this takes a whole-of-government approach, including a police code of practice and regional service collaborations. The practitioner notes that this has increased the reporting of violence cases, and therefore system pressures, but nonetheless, she holds this as a positive indication that women have more confidence in the system. Once in force, the CoE Convention will provide good practices, according to respondents. By signing it, governments will be obliged to create or improve a wide range of support and protection services for victims/survivors and witnesses, and ensure that relevant actors work in a coordinated way. Progressive elements include ensuring that services are adequately distributed, that rape crisis or sexual violence referral centres are evenly distributed, and mechanisms for regular review and evaluation are established.

Other positive laws and policies put forward that strengthen service and protection, include Brazil's *Maria de Penha Law* (2006) and a national action plan in Cameroon. The latter is reportedly developed in line with the *Beijing Platform for Action*, with a focus on better institutional coordination and follow-up procedures; its institutional framework comprises the judiciary, constitutional council, Human Rights Institution and democratic political institutions. This has reportedly led to the State increasing its financing of services for victims/survivors of violence, to complement funding by NGOs.

*"The recently passed Domestic Violence Act is progressive but needs awareness and practice"*  
Bangladesh

Many commented that where laws on gender-based violence have been enacted, a lack of enforcement and awareness has led to low implementation. Other participants spoke of intense bureaucratic processes, where the threshold of proof for abuse is high for women who apply for free legal aid.

## 5. 2 Services available

Participants highlighted a promising range of measures that are emerging worldwide. Many raised what they saw as the gaps in service provision, as well as promising practices, both expanded on in Sections 5.9 and 5.10 below. Among the major observations in this section, is the need for more comprehensive, confidential and victim-centred services that protect and empower victims/survivors, while addressing power imbalances in wider society. Many called for more State funding for legal aid and care services, the more even distribution of service responses within countries, and more relevant training for service staff.

### 5.2.1 Care, support and empowerment

*“The real problem, in terms of health outcomes, is the lack of healthcare over time from health providers who understand the health sequelae. Women are treated symptomatically, e.g. medicated for depression or anxiety. The underlying problem is not understood or addressed.”*  
Australia

Among positive examples offered, some countries have an extensive network of **shelter options**, both State and NGO-run, which incorporate a broad range of counselling and psychosocial services, training and other forms of livelihood assistance. Some for example, offer courses on English as a second language and provide childcare while others offer programmes for financial support or food banks.

However, in many countries the availability of and access to shelter services are few and short-term, run by NGOs or churches with little or no support from the State. Many, including participants in North Africa, highlighted the extent to which these are concentrated in or near cities, and do not serve rural women. A participant from an Eastern European country noted that there were only two shelters, both in the capital city, and that each offers space for just ten to 12 women at a time. In a number of Central African countries there is only one NGO-run shelter. Detailed reporting from one Europe-focused network of women’s organizations highlighted, among other things, the shortfall between the situation on the ground, and State obligations or best practice – as outlined in the CoE Convention.<sup>19</sup> One participant from a South Asian country reported that during a recent evaluation, State-run counselling centres and residential services for victims/survivors were found to be badly equipped and coordinated, with few psycho-social services, and discriminatory policies.

*“There is an immediate need to revamp these services to ensure a safe, humane, dignified response.”* India

Many participants mentioned the provision of telephone **helplines**. In some high-income countries, such as the US and Taiwan, these are offered by the State and NGOs for different forms of violence, and different groups of victims/survivors, in multiple languages. The best of these were toll-free and available 24 hours each day. According to one cross-regional study, currently only 17 out of 45 countries provide a national women’s helpline that operates 24/7 and free of charge.<sup>20</sup>

The discussion reflected the extent to which the quality and breadth of **health and medical services** varies within and across countries. In some, it was reported, services are free, but may not be comprehensive or well known. In others, such as the US, practitioners noted that service costs are reportedly tied to income, which has allowed women to fall through gaps. In other countries, for example in a number of the Pacific Island States, there is no

<sup>19</sup> See [www.coe.int/conventionviolence](http://www.coe.int/conventionviolence)

<sup>20</sup> See the Women Against Violence Europe (WAVE) Country Report 2011, <http://www.wave-network.org/start.asp?ID=23519>

specific health, judicial, psychosocial or other services specifically targeted at gender-based violence at all.

### 5.2.2 Protection and justice

*“The problem is that there are too few [services] and rural women remain particularly isolated from legal assistance or guidance.”* Peru

Most respondents reported inadequate **police response services**, but many also highlighted measures to address this through, for example, gender sensitive focal points or desks in police stations. In some cases these follow a ‘one-stop shop’ model, with information, social care and other services provided in one location. In Brazil, a State programme has placed women-staffed gender desks in police stations since 1985, which offer victims/survivors psychological and legal support. In other countries, official **women-friendly legal spaces** have been created to address gender-based crimes. In Guatemala for instance, four specialized courts have reportedly been created as part of the State response to femicide. It was noted that in Morocco, NGOs are running integrated services centres in formal or non-formal cooperation with health or justice partners. “Some of these services themselves are empowering processes for women survivors,” noted a participant in India. Nevertheless, these reportedly remain few and far between.<sup>21</sup>

Some pointed to promising **legal support packages** connected to the court system. In the US, court volunteers offer guidance and emotional support while training is offered by the courts on legal procedures, such as those relating to divorce. In other countries this gap is filled by NGOs, some focused entirely on legal assistance and access to justice. Participants spoke of different financial models for legal aid. While district attorneys handle criminal cases free of charge in the US for example, and in some countries justice ministries can offer legal aid, in many contexts women must rely on a sparse number of legal aid organizations if they cannot afford legal fees.

Some NGOs, particularly in African and Pacific Island States, have combined service provision with primary prevention by **training community or religious leaders** to help victims/survivors access services and understand their legal rights, often by accompanying them through the legal process.<sup>22</sup> However in others, such as Vanuatu, unregulated traditional processes are filling service gaps.

### 5.3 Access and first entry

*“It’s still hard to break the silence of the victims.”* Indonesia

Most participants noted that victims/survivors first enter the system through the **police**. In describing the related challenges, many mentioned the use of strategies to help sensitize police staff to the needs of victims/survivors, to improve women’s access.

<sup>21</sup> In Brazil, one researcher noted, there is approximately one such police station per 14 municipalities.

<sup>22</sup> For example, work by Oxfam India in Odisha and Andhra Pradesh; the Liberia Tear Fund [www.equipliberia.org](http://www.equipliberia.org); and the DRC Tear Fund [www.healafrika.org](http://www.healafrika.org)

In some countries, more cases are reported through **helplines**, and the **referral systems** of NGOs and women's centres, which often have their own trusted networks of doctors, lawyers and other service providers. In a few cases, such as Afghanistan and Indonesia, women reportedly access services through their **national human rights institutions**. In many, access is through **health services**. As noted by one respondent, one VAWG-related survey in Germany showed that women survivors often approach medical services before they access other services.<sup>23</sup>

Other avenues included through **community networks**, often fostered by NGOs. A number of these, in a bid to help change community mindsets about gender and violence, have trained community or religious leaders to support and inform vulnerable women in their communities about services.

*"Those who contacted NGOs or service providers were mostly due to inability to endure more."*  
Bangladesh

Yet the discussion highlighted the way that, from Asia to Eastern Europe, stigmas surrounding VAWG have resulted in many women keeping silent, or entrusting their experiences only within a private circle. In some cases, such as in Fiji, the law has been amended to allow police, prosecutors, family and friends to apply for restraining orders on behalf of women at risk.

A system that reportedly offers varied and well regulated entry points is the Victorian state government's integrated service model in Australia.<sup>24</sup> Each entry point reportedly uses a Common Risk Assessment Framework to connect clients to the full range of support services. Training in risk assessment has begun among services where women and girls are likely to enter the system first, such as those for infant and maternal health.

Practitioners also discussed outreach, accompaniment and empowerment activities that are more likely to encourage reporting, such as those among girls in sports clubs and schools.<sup>25</sup> However the most marked conclusion among respondents is that more work needs to be done in the realm of police sensitization, and coordinated referral systems.

#### 5.4 Protocols, systems or networks for integration and coordination

Participants were asked to describe the ways that services are coordinated on the ground, such as via referral systems, risk assessment and management processes and cross-sector information sharing protocols.

According to the responses, victims/survivors of violence in many countries must access various services in different locations, repeatedly. Reports from Argentina to Tanzania illustrated the re-traumatization of survivors, whether through frequent repetition of their testimony, the accumulation of informal costs, or other bureaucratic challenges.

<sup>23</sup> *Health Well-Being and Personal Safety of Women in Germany. A Representative Study of Violence against Women in Germany - Summary of the central research results*, Federal Ministry for Family Affairs, Senior Citizens, Women and Youth BMFSF (2004)

<sup>24</sup> See the Victorian police code of practice for the investigation of family violence at [http://www.police.vic.gov.au/files/documents/464\\_FV\\_COP.pdf](http://www.police.vic.gov.au/files/documents/464_FV_COP.pdf)

<sup>25</sup> For example, Women Win, an Amsterdam based organization uses sports programmes and mentors – particularly female coaches – to provide girls with reliable information on where to go and how to take action. Partnerships have therefore been formed with local clinics and women's centres. See [www.womenwin.org](http://www.womenwin.org) or a guide to addressing gender-based violence through sport: <http://gbvguide.org>.

Among more positive reports were the use of the gender-sensitive 'one-stop' focal points or centres for women that offer legal and other informational advice, as highlighted above. Yet even in these cases, the service providers (such as shelters, medical assistance and courts) are often in separate locations.

*“Although governmental efforts of Ministry of Interior and Ministry of Labour and Social Affairs are present, their traditional ways of dealing with VAW cases make them inefficient to protect women. There are no specialized employees to handle VAW cases. A lot of women are returned back to their families to be killed a few days after.” Iraq*

The state-wide model in Victoria, Australia, has created regional partnerships between the police, child protection and services for women, children, men and perpetrators. “Whilst the Victorian Government system does not function as a ‘one stop shop’ service model, organizations work together to minimize clients moving between services and appointments” reports one NGO respondent, noting that family violence workers take care of coordination by approaching other relevant services for the client.

For some respondents, various referral systems for victims/survivors of trafficking was an example of effective coordination by State agencies and other groups, among them hospital, civil society and law enforcement. Nevertheless, the victim/survivor must still visit different locations for different services. Comprehensive national referral mechanisms were reported from some States, though varying in implementation. In many countries practitioners wrote of the informal referral systems that are instead in place between NGOs, service providers and communities.

In other areas there may be protocols within or among services providers, such as police, hospitals or shelters, yet these are not interconnected or linked into a national framework. Guidelines have been issued in some countries to coordinate responses, but remain little disseminated or understood by service providers.

*“Misperceptions need to be overcome, such as survivors requiring a police letter to receive medical attention, bruising on genitals must be evident indicate sexual violence.” Tanzania*

As this highlights, coordination between hospitals and police can be especially problematic. In one East African country for example, hospitals rarely have a staff member on duty that can authorize the correct forms. Elsewhere in the region, hospitals request police reports before they attend the survivor, notes a participant. Practitioners in both Africa and Latin America noted that miscarriages of justice commonly result from there being a lack of police or doctors. With respect to doctors, some respondents noted that whilst they are required to fill out medical records and testify in cases of violence against women, there can be a reluctance to present in court.

In some countries, formal partnerships between women’s rights NGOs and the State have been forged to provide and coordinate services. According to a practitioner in Afghanistan for example, the Afghanistan National Development Strategy obliges the Ministry of

Women's Affairs to provide coordinated services, and is working with women's rights NGOs to do so.

### 5.5 Data on the availability of and access to services

Practitioners were asked about the proportion of women and girls who have access to these services nationwide, in their estimate, and whether they knew of mapping to learn about the groups that access services, such as those from rural or low-resource areas. Few offered this information.

Some, such as the Taiwan Fund for Children and Families, were able to access detailed statistics on State service usage, some did so in limited areas. The Brazilian government, for example, has published the number of phone calls made to its Women's Assistance Centre hotline in 2010. A few participants were able to cite independently gathered statistics on NGO-run shelter services, while others pointed to data in police stations and health records that were disaggregated by age and sex, analyses of census statistics by women's groups, and State surveys on families and relationships.

The most comprehensive data given was collected for the 2011 country report of Women Against Violence Europe (WAVE), on services available to women survivors of violence in 45 CoE member States.<sup>26</sup> The figures, as it notes, point to a large gap between "old" and "new" EU countries. Of the 2,349 women's shelters recorded, more than 90 percent are in the 15 original EU member states (which joined the EU before 2004).<sup>27</sup> Only four countries meet the CoE recommended standard, of one family place in safe, specialized accommodation per 10,000-head population.<sup>28</sup> Across the 12 "new" member states the 538 total places/beds available count for only 5.5 percent of the needed places.<sup>29</sup>

Others noted that even with the statistics of those accessing services, a large proportion of victims/survivors stay out of the system. One researcher in Brazil noted that one of seven women is estimated to be a victim/survivor of violence, yet just 1 percent likely to avail themselves of services.

Few described monitoring and evaluation activities, with respondents from low-income countries most often highlighting this as a gap. Those programmes that had undergone evaluation by independent experts were generally supported by international NGOs.

### 5.6 Access for women and girls subject to multiple forms of discrimination

Respondents were asked about the level of access to services available to women and girl victims/survivors who suffer from compounded discrimination. Most respondents highlighted large service gaps for such women, in part due to the lack of effective outreach among these communities. However, direct State discrimination was also cited as a barrier. In one South Asian country, for example, a practitioner reported that State-run counselling centres and residential services turn away women who have HIV, or signs of mental illness. According to one Europe-based NGO too, there are very few women's centres that focus on these groups.<sup>30</sup>

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<sup>26</sup> Find at <http://www.wave-network.org/start.asp?ID=23919>

<sup>27</sup> These are Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, UK

<sup>28</sup> A 'family place' requires a bed space for the mother and the average number of children in the country, as laid out in the Council of Europe (2008), *Combating violence against women: minimum standards for support services*, Directorate-General of Human Rights and Legal Affairs, Strasbourg

<sup>29</sup> These are Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, Slovenia

<sup>30</sup> See Women Against Violence Europe Country Report 2010, which focused on the access of migrant and minority ethnic women to support, <http://www.wave-network.org/start.asp?ID=23519>,

Ethnic minorities and indigenous communities have been targeted by outreach programmes among NGOs in some low-income countries (as highlighted above), but too little by State services, noted many. One respondent wrote that in the Netherlands, two shelters specifically for victims of honour crimes would soon be shut because the State is withdrawing its funding, and that this would most impact the minority communities in which these crimes most often take place. In Australia there are few or no specific services for indigenous women and women from migrant backgrounds, said one participant. However she noted strong collaboration between different sectors, as well as advocacy and training to address this.

Although some countries had specific hotlines and educational materials in languages to target new migrants, such as Taiwan, some respondents noted that unregistered women and asylum seekers would often not seek help, or access services, because they fear deportation.

Few services were described that accommodate **disabled women**, but one comprehensive description from Australia includes an Intensive Case Management system funded by the State, and NGO and State partnerships on research into community development in the disability and family violence sectors (report forthcoming). Among other initiatives and research,<sup>31</sup> the NGO was able to second a policy officer, with State funding, to collaborate between the family violence and disability sectors. Particularly negative examples came from one Pacific Island State in which court attendants have been hostile to women, able and disabled.

With rates of domestic violence high among **women living with HIV/AIDs**, some respondents stressed the need for female-friendly services that linked HIV prevention, care and treatment and response to violence. Cases were mentioned of discrimination by both shelter staff and justice sector staff, including breaches of confidentiality. This was also reported briefly in relation to sex workers.

As noted above, with many services and programmes taking place in and around urban areas, **rural-dwelling women** are often heavily marginalized, in terms of awareness, outreach and services access. Respondents noted that transportation is often a problem for such women, as are the finances for legal services or medical care, particularly in countries with many remote or less accessible areas, such as the Pacific Island States.

## 5.7 Services for girls and children

Participants were asked about services specifically directed at teenage girl victim/survivor/survivors, aged between 10-19 years old, in their countries or regions. Some identified this as a particularly challenging area, due to both the greater vulnerability of the victim/survivor, and the heightened levels of secrecy and shame that surround the abuse of children.

Whilst not directly referring to girls, many respondents referred to specific services or responses dedicated to all children and youth who are victims of violence. For example, **helplines** targeted at children were mentioned in countries from India to Guatemala, with dedicated websites in more developed countries, such as Austria, giving youth-friendly information.<sup>32</sup> Other measures mentioned include **service desks** in some police stations for children and teenagers in Brazil, and an Ombudsman for children and adolescents in Bolivia. In Austria, a participant noted that there is a Child and Juvenile Attorneyship in every federal state. Others mentioned particular NGOs geared towards youth; effective State-NGO

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<sup>31</sup> The respondent also described a programme pilot for sexual offense victim/survivor advocacy regarding people with intellectual disabilities. For more information contact the NGO, Women with Disabilities Victoria, <http://www.wdv.org.au/>

<sup>32</sup> See [www.gewalt-ist-nie-ok.at](http://www.gewalt-ist-nie-ok.at)

campaigns against child trafficking along with 'vigilante' or watch committees; and sensitization training among public servants. In Latin America a number of health and counselling services and centres were reported for young people, though none deal specifically with violence.

Social Welfare Departments may intervene in some countries and remove children from abusive contexts, often working with NGOs and shelter facilities to do so. Malaysia was given as an example of a country with a *Child Witness Act* (2007), which provides for protection during testimony, yet the respondent noted that this is not implemented in the court system. Taiwan reportedly designates social workers to accompany young persons exposed to violence.

Some **shelters** are now reportedly being particularly designed for youth.<sup>33</sup> In many cases however, girls are reportedly advised to use the same services as adult women, and a range of respondents from high to low income countries reported that there were no specific service arrangements targeted at youth.

Participants were also asked whether shelters accept the **children of women victims/survivors** of violence, and if services were provided to such children. In many high-income countries this is the case. In France, for example, shelter apartments are reportedly often provided for two to three women and their babies, with care services and psychosocial help provided by management. According to the discussion, shelters also appear to take in children in, inter alia, Armenia, Brazil, Afghanistan, Saipan, Bolivia, Australia and most of Europe, with some providing school referrals, some form of tuition, learning support or vocational training. In Australia, State-funded counselling is provided to children, with other psycho-social services (such as group work) funded through donations. In Georgia in 2012, approximately half of the beneficiaries of State shelters were reportedly children of victims/survivors. Child Support Centres in two of Georgia's cities are staffed with psychologists, social workers and lawyers, and carry out needs assessments, although therapy is only carried out in special cases.

Many noted that the age limit for boys was lower than for girls in shelters, which can be problematic. In Lebanon for example, some institutions accept boys of up to 12 years-old and girls until age 15, with similar age limits cited in countries from Malaysia to Switzerland, across church, NGO and State-funded venues. "Mostly women's shelters help the mothers to find a safe place for boys/young men," noted one respondent in Europe. "But it would also be important to improve the standards in women's shelters so that women and their children would have their own small apartment which provides more intimacy and makes it possible that boys can also be supported in the shelter". In other countries children of female victims/survivors are often sent to State-funded children's homes instead.

## 5.8 Awareness-raising methods

Many responded that State action in this area had been negligible, and consider this to be a major gap. Instead, NGOs continue to play a major role in spreading awareness of rights, laws and services across rural and urban populations.

Respondents wrote of State outreach activities that were strong at the beginning of a new scheme or programme, but not often sustained. One promising practice came from Bangladesh, where in July 2012 the Ministry of Women and Child Affairs sent out a text message with a contact number for government services for victims/survivors of violence. Others from Ecuador to Ethiopia noted the use by the State of TV and radio programmes, and government-led awareness campaigns through leaflets, billboards and posters.

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<sup>33</sup> Such as 'one-stop' centres supported by the Partnership to Protect Children, involving UNICEF and the National Juvenile Justice Forum in Malawi. See [http://www.helfersociety.org/assets/docs/Chapters/2010\\_january\\_final\\_malawi\\_report.pdf](http://www.helfersociety.org/assets/docs/Chapters/2010_january_final_malawi_report.pdf)

NGOs are using various forms of media in awareness raising, from posters and leaflets in places where women are likely to see them, such as on public transportation, to radio programmes, street actions and events. Countries from Tunisia to Hungary have seen online and social media campaigns on both general prevention, and services. Training and community discussions and debates are also being led by NGO and faith-based organizations, with some work being done in schools. In some countries such as Morocco, mobile centres have been used to spread awareness in remote areas.

Nevertheless, respondents mentioned the need for greater and more coordinated outreach efforts among these; others wanted to see more efforts on the part of the municipal governments, particularly through rural areas and in multiple languages to reach ethnic minorities, indigenous women and new migrants.

### 5.9 New or promising approaches

Participants were asked to identify examples of promising policies, protocols or programmes for service provision, particularly in relation to integrated action and longer-term support and assistance for victims/survivors.

- **Integrated and Coordinated Approaches**

- The Victoria state government's family violence reform process in Australia, started in 2005, was often given as an example of public sector innovation. Respondents noted the way that it has placed women and children at the centre using a human rights-based approach, pursued system-wide integration, and pursued broad-based leadership across the ministerial and executive levels of government.<sup>34</sup> This government has also been praised for its reforms to update laws to include women with disabilities into the family violence response system, as noted above, which has included intensive case management, targeted funding and research.<sup>35</sup>
- Other countries have found ways to better coordinate their response to VAWG. In Taiwan the State-established Domestic Violence and Sexual Assault Prevention Committee has developed central policies, legislation and programmes relating to domestic violence and sexual assault, and regulates the roles and tasks of its sectors. A similar committee in each local government provides direct services for victims/survivors and perpetrators. The State also funds 24-hour hotlines for spouses of foreign nationality and for men, among other groups, and has integrated multi-language services and materials for new immigrants. Figures are recorded and released for the number of clients using the services, according to the Taiwan Fund for Children and Families.
- As noted above, the CoE's Convention offers comprehensive guidance for developing support and protection services for victims and witnesses, and ensuring that relevant actors work in a coordinated and accountable way – although it has yet to be ratified. Meanwhile: "The most important element for prevention and multi-agency work is that every woman has the support of a specific and empowering support service at her side which also represents her in the multi-agency work. If women are not represented, their voices are often lost, and agencies act without even knowing their needs," noted a

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<sup>34</sup> The Victorian Government has committed to a 10 year plan, the Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria 2010-2020, which pursues system reform that will respond effectively to victims/survivors of family violence, reinforce the accountability of perpetrators and create change in Victorian communities. See <http://www.easternfamilyviolencepartnership.org.au/files/D316144922.pdf>

<sup>35</sup> Read more at <http://www.wdv.org.au/>

participant. She put forward the development models for integrated services and multi-agency work in Western Europe (often called Coordinated Community Response or CCR).<sup>36</sup> She also noted that risk assessment, management frameworks and cross-sector information sharing is still a new concept throughout the EU. WAVE's European Commission DAPHNE-sponsored project *PROTECT II* focuses on developing training materials for implementing multi-agency work, and is reportedly the only such project in the EU currently.<sup>37</sup>

- 'One-stop' operations have seen some success, from Georgia to Taiwan. A project by Oxfam India for example, has installed Women's Support Centres in the largely male police station environments, staffed by a gender-sensitive social workers, which works to include the victim/survivor's family in the process. Meanwhile 36 women's police stations in Ecuador, according to one participant, are currently transitioning into over 80 more comprehensive judicial units, specialized in violence against women.
- **Engagement of community members and capacity building**
  - Various efforts to engage and train community members were cited, to both help victims/survivors access services, and create a more tolerant culture among community members. One example is the NGO Tearfund's work in the Democratic Republic of the Congo and Liberia, which trains community or religious leaders to support women victims of violence.<sup>38</sup> In the UK and France promising State initiatives were cited to train healthcare professionals to detect girls at risk of Female Genital Cutting, including routine screenings, guidelines and information packs.<sup>39</sup>
- **Empowerment and long term support**
  - In the area of care and empowerment, an employment and training programme for survivors in Afghanistan has been reportedly initiated across sectors, coordinated by its Ministry of Women's Affairs with the Employment and Social Affairs Ministry. The programme has also involved the Afghan Chamber of Commerce and Industries in implementing industrial projects and a women-only market, to empower women and girls who have survived violence.
  - Participants from countries including Georgia and Australia mentioned other employment programmes. The Georgian Women's Employment Support Association for example, supported 267 beneficiaries through trainings, consultations and employment support in 2011. Meanwhile a reportedly effective financial support model has been the No Interest Loans Scheme, started in Victoria, Australia by the Good Shepherd Youth and Family Service, and implemented nationally, which helps women who are re-establishing

<sup>36</sup> As based on the Duluth Domestic Abuse Intervention Centre. See more in 'Coordinating Community Responses to Domestic Violence – Lessons from Duluth and Beyond, SAGE Publications', Shepard, Melanie F. / Pence, Ellen L. (ed.) (1999).

<sup>37</sup> PROTECT II aims at building the capacity of practitioners in law enforcement, judicial and para-legal fields such as forensic doctors and practitioners from women's services providing counseling about victim/survivor's/survivor's rights, legal assistance, in the area of multi-agency work, risk assessment and risk management. Training materials developed in the project are available in 11 languages: English, Bulgarian, French, German, Spanish, Italian, Czech, Polish, Estonian, Swedish and Slovak. See <http://www.wave-network.org/start.asp?b=202>

<sup>38</sup> See [www.equipliberia.org](http://www.equipliberia.org) for Liberia and [www.healafrica.org](http://www.healafrica.org) for the DRC

<sup>39</sup> For example, see the multi-agency practice guidelines on FGM published in 2011 by the UK government.

homes after family violence.<sup>40</sup>

- In Cameroon and Bangladesh, microfinance projects have provided both training and loans as part of programmes to address VAWG, and in Fiji organizations are giving training in financial services and farming to women survivors, along with, in partnership with a commercial bank, offering a financial literacy programme. The government, through the Department of Women, reportedly also has an income generation program that can be accessed by survivors.

### 5.10 Key Findings: Remaining gaps and challenges

Although the need for support services is stressed in global and regional legal and policy documents, and the area has seen progress in recent years, this exercise has emphasized that progress remains slow and uneven across countries.

#### **Services remain uneven in quality, longevity and sustainability**

Respondents in high and low income countries reported too few services, particularly those that are comprehensive, victim/survivor-centred, institutionally integrated and coordinated, and funded for sustainable long term development. Respondents from Algeria to Afghanistan spoke of difficulties by service operators to find continued support, and the impact this had on clients. “As there is no State funding specifically allocated for services run by specialized NGOs, it’s very hard to make sure that the investment made in opening a shelter will be there for the long term. The State should take responsibility to co-fund these services,” argued a participant from Romania. “The lack of continual support breaks services chain, decreases level of access for women, particularly from vulnerable groups,” stressed another, in Ukraine. Many services in traditional contexts serve only until some kind of mediation has been achieved with the perpetrator.

#### **Many services are not well regulated, and do not take a rights-based approach.**

They may have discriminatory policies or practices that bar, for example, sex workers, women living with HIV and women with disabilities; some have also breached confidentiality protocols. Many don’t offer rehabilitation or reintegration programmes for victims/survivors. Other services, from legal aid and protection to referral mechanisms, are of inconsistent quality and often ill-coordinated. Guidelines and standard operating procedures may be absent, or not well known. In Fiji for example, there reportedly remains no standard operating procedure for rape among health care and medical professionals. There are too few measures taken by the State to assess the effectiveness of service delivery. In some countries, such as Pacific Island States, informal justice may inadequately fill some of these gaps.

#### **Services need to be better funded, and underscored by comprehensive research**

Where laws, frameworks and programmes are in place, many such frameworks suffer from implementation gaps due to lack of funding, say respondents. Respondents from India to

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<sup>40</sup>See more at [www.goodshepherdmicrofinance.org.au](http://www.goodshepherdmicrofinance.org.au). Another promising collaboration comes from Victoria, Australia, where Family Violence peak bodies and service providers in the state are advocating for holistic and longer term system support. A model has been ([http://www.goodshepvic.org.au/policy\\_research/current\\_projects](http://www.goodshepvic.org.au/policy_research/current_projects)) Information on a local Australian employment support programme, which offers financial mentoring tools, was also promoted ([www.mcauleycsw.org.au](http://www.mcauleycsw.org.au))

Romania wrote of comprehensive laws on family or domestic that are under-implemented or not implemented at all. It was noted that, due to the recent economic crisis, many women's support services in Europe have lost or may lose funding. This has impacted on research and data gathering, needed to build effective policies and services, and to identify and treat all forms of violence.

### **Services remain badly coordinated and heavily bureaucratic**

In many countries, cumbersome bureaucracy and reporting process were highlighted, with inadequate evidence collection and classification of crimes; many called for stronger protocols and guidelines. In Latin America one such respondent highlighted the high rates of suicide in her country among women victims/survivors who try to access services, linked to the inadequate rates of response. Respondents from Africa highlighted the disconnect between the medical and justice sectors in particular, with either too few medical professionals trained to treat cases and provide legal evidence, or unwilling to do so. As one noted, "There is an urgent need to unify civil society, community based organizations, local governments, parents and the private sector to pool resources, expertise, experience and act in a concerted manner." Lessons learned from promising programmes included the need for intensive focus on change management and partnership development during systemic reform."

### **Services need to be more broadly distributed, and preceded by comprehensive outreach**

Many respondents highlighted poor outreach to women on their rights and the services available, and too little work to change mindsets, leading to significant underreporting and sluggish political will. "Even if the legal provisions exist to protect victims/survivors, the latter need to be sensitized on their rights," said a participant from Mauritius. "Many families still support the perpetrators of violence against women and girls. Therefore cultural shift through education and teaching of values can help." Many focused on the need for better primary and secondary prevention measures. Among the most worrying or harmful practices, mediation programmes were cited in which women and men were encouraged to reconcile following cases of family violence, often involving police or faith-based community leaders. "This is usually a slow process and the matter ends usually with the woman being asked to kneel down and beg her husband to take her back," noted one participant. "In many cultures in Nigeria it is not acceptable for a woman to take her husband to court of law, hence the woman either takes the issue to the church or other religious instruction, or to the family." Meanwhile, the concentration of services in urban areas leaves the majority of the world's women out of reach of help.

### **Service staff and policy makers need to be better trained and sensitized**

Many identified police response and the training of frontline service providers as an area for improvement through training and gender-sensitization. A need for more female police officers was also cited. Many in countries from Armenia to Nigeria spoke of traditional mindsets among police, the prevalent notion that domestic violence is a 'private' matter, and a reluctance to respond to or serve women. "The victim/survivor can receive a requisition for healthcare from the police, which will then be sent to the prosecutor," noted participants in a North African consultation. "But it often happens that the different parties will dissuade or humiliate the victim/survivor." Practitioners in some high income countries called for more effective risk assessments, in particular when enforcing protection or restraining orders, and for capacity building among State and NGOs and government departments. Others called for health care practitioners to be better trained on the after effects of violence and sexual violence. "Currently many traumatized women avoid preventative health check-ups such as

pap smears and breast checks,” noted a doctor in Australia. “When doctors don’t understand, this constitutes a re-traumatisation.”

### **Services must be better designed for children and girls, and for women subject to multiple forms of discrimination**

Few participants discussed services to reach, empower and support minors, particularly in developing countries. The Global Initiative to End All Corporal Punishment of Children also highlighted the inadequate global response to legally sanctioned physical violence, at home and in schools.<sup>41</sup> Meanwhile HIV programmes or humanitarian responses are often not designed to take account of gender or violence. As elaborated on above, services are much less likely to reach particularly vulnerable women, whether migrants, indigenous women or disabled women, due to direct and indirect discrimination. In many high-income countries too, there remains a lack of experts with a thorough understanding of minority cultures in which VAWG may be prevalent.

### **More efforts must be made to ensure social protection and reintegration of survivors**

While many promising empowerment programmes are emerging under NGO management, in many countries, housing, employment and economic assistance is not being provided for families who have been through crisis. This includes help with resettling in new communities and securing new employment. Without steps such as skills development, micro finance or job readiness programmes, on participant noted, financial and social barriers will see women return to unhealthy relationships.<sup>42</sup>

## **Annex I**

### **CSW 57 (2013) Priority Theme**

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<sup>41</sup> See ‘Childhood Scars in Africa: A Restrospective Study on Violence Against Girls in Burkina Faso, Cameroon, Democratic Republic of the Congo, Nigeria and Senegal’, the African Child Policy Forum (2010)

<sup>42</sup> See [http://www.goodshepvic.org.au/Assets/Files/FTG%20Service%20Model%20FINAL%20PP%20\\_26-03-11\\_cp\\_edit\\_FINAL.pdf](http://www.goodshepvic.org.au/Assets/Files/FTG%20Service%20Model%20FINAL%20PP%20_26-03-11_cp_edit_FINAL.pdf) and

<http://www.goodshepvic.org.au/Assets/Files/Submission%20to%20Addressing%20Violence%20Action%20Plan%20March%202012.pdf>

## **“Elimination and prevention of all forms of violence against women and girls”**

### **Join the Discussion!**

In March 2013, the [57<sup>th</sup> Commission on the Status of Women](#) (CSW) will see Member States meet to discuss areas of concern for women and girls, and work on approaches to address these issues.

To involve key stakeholders in its preparation – particularly civil society and women’s groups – UN Women will use a **two-week online discussion** (23 July – 3 August) and a **survey** on the critical gaps and challenges facing women and girls in the priority area.

This CSW, the main theme will be **the elimination and prevention of all forms of violence against women and girls**, with a particular focus on **primary prevention** (stopping violence before it starts) and **services and responses** to victims/survivors.

#### **Join the Online Discussion**

Using our online forum (23 July – 3 August), UN Women invites civil society organizations (CSOs), policy makers, experts and researchers from the field of gender-based violence to answer questions, and share their experiences and best practices. Your input will feed into two reports which will be provided to CSW members to guide them in their discussions, and will also be analyzed and published online.

Please go to <http://www.unwomen.org/2012/07/an-invitation-join-the-discussion-at-csw-57/> if you wish to join the online discussion directly.

#### **Take the Offline Survey**

Alternatively, this survey is also being sent through some UN Women offices to civil society groups, who may be offline, or wish to contribute inputs in another language. The information received will feed into the discussion, analysis and final reports at UN Women HQ. If you would like to take the

survey below, please send it to [CSW57.onlinediscussion@unwomen.org](mailto:CSW57.onlinediscussion@unwomen.org) (with “Survey - English in the subject title).

**We hope that you, and your organization, will take this opportunity to help shape preparation for the session, by sharing your best practices and experiences.**

### ***Primary Prevention***

1. What measures have been employed specifically to *prevent* violence against women and girls in your area/region – particularly to address the *structural causes* of violence, and change social norms and behaviors? For example:
  - Policy and legal reform to promote gender equality and empower women?
  - Community mobilization?
  - Awareness-raising or communication for social change?
  - Educational programs (schools, universities or non-formal settings)?
  - Working with public and private sectors (e.g. workplaces, sporting clubs, faith-based organizations)?
  - Promoting safety of women and girls in public places?
  - Positive parenting programmes?
  - Other measures/strategies/programmes?
2. Which sectors or actors in your area/region have been engaged to help prevent violence against women and girls? (For example: the media, men, traditional/religious leaders, young people, and parents).
3. Can you describe how, and to what extent/how much, these measures are coordinated by Government? (For example: funding regimes, coordination bodies and mechanisms, level of political leadership, long-term overarching policy frameworks).
4. What training or organizational development activity has improved the ability of key sectors to prevent violence against women and girls? (The sectors include: health, education, media outreach, community services, crisis response, and national, provincial or local government sectors).
5. Which programs/initiatives for prevention do you think are particularly promising or effective?
6. Which areas have not been well addressed in prevention; what are the critical gaps and challenges?

7. What research, monitoring and evaluation has been done on the measures employed/ actions taken in this area?
8. In your opinion, what strategic directions would best prevent violence against women and girls?

### ***Multisectoral Responses and Service***

1. In your area/region, what services can be accessed by victims/survivors of gender-based violence (for example: police response and protection, shelters/alternative housing options, medical assistance, legal assistance, counseling, access to courts)? What forms of violence do these services respond to (for example, domestic violence, sexual assault)?
2. Can you describe or list which policy and legal frameworks support these services (such as a national action plan, specific legislation, etc.), and any institutional mechanisms and regimes that finance or coordinate them?
3. What protocols, systems or networks ensure that such services are well integrated and coordinated on the ground (such as referral systems, risk assessment and management frameworks, cross-sector information sharing protocols). Are any of these services provided in "One-Stop Centres" (or must victims visit many different service providers)?
4. How do women and girls first enter the response system? How can they then access other services they might need?
5. What proportion of/how many women and girls have access to these services nationwide, in your estimate? Do you know of any mapping of services and their clients, to understand where or what groups they come from (such as rural or low-resource areas)?
6. What level of access to services do women and girls victim/survivors have, who are subjected to multiple forms of discrimination (for example, women with disabilities, indigenous women, ethnic minorities, migrant workers, women living with HIV/AIDS)?
7. In what ways are women and girls victim/survivors made aware of these services?
8. Are there services specifically directed at teenage girl victim/survivors (10-19 yrs)?
9. Do shelters accept the children of women who are victim/survivors of violence? If so, at how old? Are any other services provided to such children (e.g. counseling)?

10. Are there any new or promising practices, in providing services to women and girl victim/survivors particularly in relation to longer term support and assistance (employment, social reintegration, long term/permanent housing and reparations through the justice system or other)?
  
11. What are the remaining gaps and challenges in service provision?
  
12. What research, monitoring and evaluations have reported the impact of service provision to women and girl victim/survivors of violence?