



MY BODY, MY LIFE, MY WORLD
OPERATIONAL GUIDANCE

MODULE 2
**GENDER-BASED
VIOLENCE**



MODULE 2

GENDER-BASED VIOLENCE



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ABBREVIATIONS

CDC	US Centers for Disease Control and Prevention
CSE	comprehensive sexuality education
DHS	demographic and health survey
GBV	gender-based violence
IASC	Inter-Agency Standing Committee
IOM	International Organization for Migration
IPPF	International Planned Parenthood Federation
IPV	intimate partner violence
LGBTQ+	lesbian, gay, bisexual, transgender, and queer/ non-cisgender identities (such as gender non-binary/ non-conforming and agender)
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

MY BODY

- 1. ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
- 2. GENDER-BASED VIOLENCE

MY LIFE

- 3. COMPREHENSIVE SEXUALITY EDUCATION
- 4. HARMFUL PRACTICES

MY WORLD

- 5. YOUTH LEADERSHIP AND PARTICIPATION
- 6. YOUTH, PEACE AND SECURITY
- 7. HUMANITARIAN SETTINGS

CROSS-CUTTING

- 8. HUMAN RIGHTS
- 9. ADVOCACY AND POLICY DIALOGUE



INTRODUCTION

→ WHAT IS GENDER-BASED VIOLENCE?

Gender-based violence (GBV) is any intentional act or failure to act – whether threatened or actual – against a person on the basis of their gender that results (or is likely to result) in physical, sexual or psychological harm. GBV, whose definition has evolved since it was first defined in the General Assembly’s Declaration on the Elimination of Violence Against Women, may be physical, sexual, emotional (psychological) or even economic in nature. It encompasses harassment, sexual exploitation, reproductive coercion, arbitrary deprivation of liberty, as well as controlling behaviours that isolate an individual or restrict their access to financial resources, employment, education or medical care.

Most GBV is committed against women and girls (i.e. children under the age of 18), but men, boys, and sexual minorities or those with gender-nonconforming identities may also be subject to it. GBV against women and girls and LGBTQ+ populations may be perpetrated by intimate partners, family members, friends, colleagues, social contacts, strangers or people in positions of authority. GBV is affected and often exacerbated by cultural, economic, ideological, technological, political, religious, social and environmental factors, including crises, emergencies, disasters, conflict and unrest.

GBV, and specifically violence against women and girls in all their diversity, is a pervasive and often silent violation of the right to be free from violence. Globally, one in three women experience intimate partner violence (IPV) or non-partner sexual violence in their lifetime. (For detailed definitions of terms related to violence, including new forms like technology-facilitated GBV, see the Annex.) Such violence often begins relatively early in life and gradually declines with age. Globally, the prevalence of physical and/or sexual IPV in the past 12 months was highest among the youngest age cohorts: 16 per cent among adolescent girls and young women aged 15-19, and 16 per cent also among young women ages 20-24. Research has indicated that IPV prevalence rates among adolescent girls exceed 50 per cent in some parts of sub-Saharan Africa, while forced sexual debut was estimated at 12 per cent overall across 30 low- and middle-income countries. There are strong subnational variations in prevalence, which can be viewed on the UNFPA Geospatial IPV Dashboard, which also provides age-disaggregated incidence data.

>50%

IPV rates among adolescent girls in some parts of sub-Saharan Africa

12%

forced sexual debut across 30 low- and middle-income countries

Violence has immediate and short-term effects on survivors, but also long-term and even intergenerational effects. The impacts of violence are felt not just at the individual level (by survivors, perpetrators and others affected by violence), but also within the family, community and wider society, and these translate into social and economic costs at the national level.



THE IMPACTS OF VIOLENCE

Some of the impacts of violence for the individual and those around them include:

- ✎ immediate injuries and long-term physical conditions, including disability
- ✎ mental illnesses, such as depression, anxiety, post-traumatic stress disorder, attempted suicide
- ✎ sexual and reproductive health (SRH) problems, such as sexually transmitted infections (STIs) including HIV; unintended/unwanted pregnancies and unsafe abortion; risks to maternal and fetal health (especially in cases of abuse during pregnancy)
- ✎ substance abuse (including alcohol)
- ✎ poor social functioning skills and social isolation and marginalization
- ✎ death of women and their children (from neglect, injury, pregnancy-related risks, homicide, suicide and/or HIV disease)
- ✎ lost workdays, lower productivity and lower income
- ✎ diminished or lost opportunities for education, employment, and social or political participation
- ✎ expenditures (by individual, family and public sector) on medical, protective, judicial and social services.

GBV is fundamentally driven by gender inequality, sustained by discriminatory social and gender norms and institutions. Where young people are concerned, a critical driver of GBV is the intersection of age-based and gender-based inequities in economic and social power that disadvantage and disempower adolescent girls and young women in particular. Adolescent girls as well as boys may be subjected to physical and emotional abuse by those who are responsible to act in their best interests, or who have power and authority over them (e.g. parents, caregivers, guardians, teachers, security forces), as well as by their peers. Adolescent girls face a higher risk of sexual violence and trafficking than boys, and girls who are married or are in dating relationships face a high risk of IPV. Harmful practices such as gender-biased sex selection, female genital mutilation, child marriage and “honour” killings are themselves a form of violence against women and children. While GBV and harmful practices have many overlapping solutions and actions, harmful practices are treated in detail in Module 4.



→ WHY DOES GBV MATTER TO UNFPA?

The vision of “My Body” in *My Body, My Life, My World*, UNFPA’s global strategy for adolescents and youth, is that “all adolescents and youth can exercise their rights to make informed choices over their own bodies.” The strategy says:



UNFPA will address the determinants of adolescent and youth sexual and reproductive health and rights. Any approach to sexual and reproductive health and rights and well-being must recognize the larger environment influencing adolescents’ and youths’ opportunities, abilities and motivation to shape the lives they want. Our aim must be to reach and serve the whole adolescent person. This means mitigating adolescents’ risk of developing harmful behaviours, while promoting positive, protective elements known to support youth development.

The experience (and even perpetration) of gender-based violence is a fundamental challenge to adolescents’ health, safety, well-being and equality, and UNFPA is committed to working towards ending it. This means tackling those aspects of the “larger environment influencing adolescents’ and youth’s opportunities, abilities and motivation” that support GBV, including discriminatory power structures and gender and social norms, stigma based on gender or sexual orientation, child marriage and other harmful practices, and early and/or unintended pregnancies.

GBV has been the subject of wide-ranging study, and there is a significant body of data, standards, guidance and best practice on the issue. This module summarizes how UNFPA’s work on policies and programmes in sexual and reproductive health and rights (SRHR), GBV, adolescents and youth, and data and evidence, can be leveraged to address GBV in a more age- and gender-transformative way.

Although *My Body, My Life, My World* encompasses all young people between the ages of 10 and 24, this module focuses mostly on adolescent girls and young women, partly because of the disproportionate burden of GBV among this group, and partly because of the predominance of adolescent girls and young women in the evidence base. Where evidence and examples exist of interventions in humanitarian settings, they have been included.



WHAT WORKS IN GBV PROGRAMMING?

It is difficult to draw firm conclusions about the effectiveness of programmes to prevent adolescent IPV and sexual violence, because of gaps in the evidence. Many of the evaluated programmes have only been implemented in high-income countries or do not disaggregate their results by age. For example, findings from a [review of quantitative and qualitative studies of cash transfers and intimate partner violence](#) in low- and middle-income countries showed that cash transfers to poor households reduced IPV in over 70 per cent of the 22 rigorous studies reviewed (with reductions being strongest for physical and/or sexual IPV). Impacts were primarily achieved through increased economic security and emotional well-being, reduced intra-household conflict and increases in women's empowerment. However these results were not age-disaggregated. Furthermore, the body of research on new forms of violence like technology-facilitated GBV is small.



Results from programmes specifically focused on adolescents suggest that longer-term programmes that expose participants to ideas repeatedly over time and in different settings have better results than single awareness-raising or discussion sessions. Programmes that address gender and power are critical both to addressing protection from violence and to other outcomes such as preventing unintended pregnancy and STIs. The following approaches have been identified as promising or proven specifically for adolescents.

- **Community-based programmes** designed to bring about more equitable gender norms and decrease tolerance of IPV and sexual violence are the most common interventions in low- and middle-income countries. Strategies include group education, community mobilization, social-norm marketing, media campaigns, mentorship, fatherhood programmes, and sports and leadership development programmes. Several of these programmes, such as [Stepping Stones](#) and [GREAT](#) from Uganda, decreased self-reported perpetration of violence and harassment, and increased the prevalence of gender-equitable norms, awareness of sexual violence, and the likelihood of intervening in a violent situation.
- **Programmes targeting adolescent girls** with educational support, life skills and gender awareness, and livelihood training, such as [BALIKA](#) from Bangladesh, have shown that at endline girls were more likely to reject violence against women, and they report a statistically significant reduction of harassment and violence in public and in school.

- **Programmes targeting men and boys**, such as Program H and Coaching Boys Into Men, focus explicitly on gender transformation; examine harmful masculinities and gender norms; group programmes together with broader community engagement and mobilization; and work with men and boys as well as women and girls. However, given that these results have not been triangulated with the responses of girls about their actual experience of violence, male engagement and community-based programmes are still considered to be emerging (opening up the space for better evaluation and evidence-building).
- **School-based programmes to reduce dating violence**, such as Safe Date, seek to reduce or prevent IPV by building communication and negotiation skills, improving relationships, decreasing acceptance of sexual violence and fostering gender-equitable norms. Group education and activities (theatre, poster contests and community service), peer mentor training, relationship skills-building and “bystander” approaches are the primary interventions used.
- **Self-defence interventions to prevent sexual violence for women at college**, such as No Means No, challenge the acceptance of male sexual dominance and include group education and discussion of rape myths and self-protection. These programmes improve understanding of violence when they are longer-term.
- **Bystander interventions on university and college campuses**, such as Green Dot, Bringing in the Bystander and Mentors in Violence Prevention, focus on changing norms related to consent and sexual violence, and seek to enhance participants’ skills at safely taking action in the face of peer violence. These programmes increase participants’ willingness and confidence to intervene (though there is as yet no evidence of behaviour change in real-life situations).
- **Parenting interventions and interventions with children and adolescents subjected to maltreatment**, such as Triple P, use home visitation, couple or group education, peer or individual support, and referrals to create safe homes in which conflict is handled non-violently, parents use healthy parenting strategies, and children neither witness nor experience interpersonal violence. Parenting programmes can reduce child maltreatment, conduct disorders and later antisocial behaviour among children, all of which are associated with future partner violence.







HOW TO PLAN AND IMPLEMENT GBV PROGRAMMES

UNFPA is committed to supporting countries to end GBV, including against girls, as one of its three transformative results to be achieved by 2030. It does this by addressing GBV through all output areas of our Strategic Plan 2022-2025. Below we outline how actions under key areas of the Strategic Plan can contribute to this result.

→ ADDRESSING DISCRIMINATORY LAWS, POLICIES AND INSTITUTIONS

Promoting gender equality and empowering adolescent girls is central to UNFPA's work – both as a stand-alone dedicated area and as a mainstreamed approach – and is essential in both GBV prevention and response. The *UNFPA Gender Equality Strategy* offers guidance on supporting gender-transformative policies, programming and protocols. This consists of addressing the structural determinants – socioeconomic and political processes – that shape power relations and stratify societies based on class, level of education, gender and so forth. When implemented over time, policies that tackle structural determinants can achieve long-term effects at the population level, reaching more people than those focused on household or community-level action alone.

Addressing the main structural determinants that underpin patriarchal gender power relations means understanding and shifting:

- **Who has what?** Poverty, food security, access to material and other assets, and to health care at the household and individual level.
- **Who does what?** Division of labour between economic and reproductive labour, and economic opportunities for women.
- **Who decides?** Political participation and laws; household decision-making power for girls and women; bodily autonomy.
- **Who is valued for what?** Educational and skills-building opportunities; positive role models in families, schools and communities; access to media and information.





The *RESPECT Women: Preventing Violence against Women* framework and *INSPIRE: Seven Strategies for Ending Violence against Children* provide directions on specific laws and policies that uphold the right of adolescents and youth to be safe.

UNFPA can contribute to supporting and strengthening laws that:

- promote gender equality
- promote women's access to formal employment
- address violence against women
- ban violent punishment of children by parents, teachers or other caregivers
- criminalize sexual abuse and exploitation of children
- prevent alcohol misuse
- limit youth access to firearms and other weapons.

→ ENSURING ACCESS TO INTEGRATED SRH AND GBV SERVICES FOR ADOLESCENTS AND YOUTH

UNFPA is working towards ensuring universal access to a package of essential SRHR interventions for women and girls, including those subject to violence, that meet public-health and human-rights standards, including the “availability, accessibility, acceptability and quality” framework of the right to health.



The SRH services in this package include:

- accurate information and counselling on SRH, including evidence-based comprehensive sexuality education (CSE)
- information, counselling and care related to sexual function and satisfaction
- **the prevention, detection and management of sexual and gender-based violence and coercion**
- a choice of safe and effective contraceptive methods
- safe and effective antenatal, childbirth and postnatal care
- safe and effective abortion services and care, to the full extent of the law
- the prevention, management and treatment of infertility
- the prevention, detection and treatment of STIs, including HIV infection, and of reproductive tract infections
- the prevention, detection and treatment of reproductive cancers.

This is complemented by the Essential Services Package for Women and Girls Subject to Violence (referred to below as the Essential Services Package), which outlines the vital components of coordinated multisectoral responses for women and girls subject to violence and includes guidelines for justice and policing services, social services, coordination and governance mechanisms, as well as health services. Guiding principles for survivor-centred care for girls include:

- **respect** for the autonomy, wishes, rights and dignity of the survivor, providing care with their informed consent
- **safety**, meaning that the safety and security of the survivor is the number one priority for all actors
- **privacy and confidentiality**, meaning that people have the right to choose to whom they will or will not tell their story
- **non-discrimination**, meaning that all survivors are treated and supported, irrespective of their sex, race, ethnicity, religion, sexual orientation, gender identity, disability or socioeconomic status
- **Ensuring the participation** of children or adolescents in decisions
- Attention to the **best interest of children and adolescents**, taking into account their evolving capacities.

Together 4 SRHR is a comprehensive regional programme with applied learning in 10 countries in the Eastern and Southern Africa region. The programme aims to improve the SRHR of people in the region, particularly adolescent girls, young people and key populations, by promoting an integrated approach to SRHR, HIV and gender-based violence. Fostering the “Delivering as One” UN agenda, it combines the unique strengths and contributions of UNAIDS, UNFPA, UNICEF and WHO. It is implemented in partnership with Regional Economic Communities, civil society organizations, and the people it seeks to serve.

ADAPTING HEALTH SERVICES TO RESPOND TO GBV AMONG ADOLESCENT GIRLS

Module 2 of the Essential Services Package, on essential health services, should be read in conjunction with the other modules of the Essential Services Package. Both RESPECT and INSPIRE (see box on p. 14) include pillars on response and support services covering police, legal, health and social services.

A high-quality health-service response to violence against adolescent girls and young women is crucial, not only to ensure that victims/survivors have access to the highest attainable health standard, but also because health-care providers (nurses, midwives, doctors and others) are likely to be the first professional contact for women who have been subjected to IPV or sexual violence. While many if not all the services identified in the package have relevance for adolescents, the table below proposes further adolescent-specific considerations for each service identified in the package, drawing on WHO’s Clinical Guidelines on Responding to Children and Adolescents who have been Sexually Abused.

CONSIDERATIONS FOR ADAPTING HEALTH SERVICES TO RESPOND TO GBV AMONG ADOLESCENT GIRLS

IDENTIFICATION OF SURVIVORS OF INTIMATE PARTNER VIOLENCE

- ▶ Age-appropriate written information on GBV, including IPV and non-partner sexual violence, should be available in health-care, school and community-based settings.
- ▶ Some adolescents may spontaneously disclose their experience of violence but others may not, and may not even recognize their experience as being GBV, for example with technology-facilitated GBV. While universal screening is not recommended (screening tools have been shown to have high rates of false positives and false negatives), training frontline workers to detect signs, symptoms and conditions caused or aggravated by IPV and non-partner sexual violence can help identify survivors.

FIRST-LINE SUPPORT

- ▶ Pay attention to 1) immediate emotional/psychological health needs; 2) immediate physical health needs; 3) ongoing safety needs; 4) ongoing support and mental health needs.
- ▶ Provide age-appropriate information about what will be done to provide survivors with care, including whether their disclosure of abuse will need to be reported to relevant designated authorities.
- ▶ Make the environment and manner in which care is being provided appropriate to age, as well as sensitive to the needs of those facing discrimination, for example related to disability or sexual orientation.
- ▶ Empower non-offending caregivers with information to understand possible symptoms and behaviours that the adolescent may show in the coming days or months and when to seek further help.

CARE OF INJURIES AND URGENT MEDICAL TREATMENT

- ▶ Where an adolescent has suffered life-threatening or severe conditions, immediately refer them to emergency treatment.
- ▶ The examination and care of physical and emotional health should take place together.

SEXUAL ASSAULT EXAMINATION AND CARE

- ▶ Survivors of sexual violence, particularly forced sexual intercourse, may require care for potential consequences including STIs, unwanted pregnancy and complications from an incomplete or unsafe abortion.
- ▶ Emergency contraception and post-exposure prophylaxis against STIs should be made available to adolescent girls.

MENTAL HEALTH ASSESSMENT AND CARE

- ➤ Suicide is the second-highest cause of death among adolescent girls and young women globally, and experience of GBV increases adolescent girls' risk of depressive symptoms as well as suicidality.
- ➤ Provide basic psychosocial support as well as more advanced care for more severe mental health problems.

DOCUMENTATION (MEDICO-LEGAL)

- ➤ Given that adolescent girls are minors, careful assessment is required of the adolescent's capacity to provide informed consent to record information and collect forensic evidence.
- ➤ In line with the principle of "do no harm", health-care providers should seek to minimize additional trauma and distress for adolescent girls who disclose experience of IPV or non-partner sexual violence by minimizing the need to repeatedly tell their history; interviewing them on their own (i.e. separately from their caregivers), while offering to have another adult present as support; building trust and rapport by asking about neutral topics first; asking clear, open-ended questions without repetitions; using language and terminology that is age-appropriate and non-stigmatizing; and allowing the adolescent to respond in the manner of their choosing, including, for example, by writing, drawing or illustrating with models.
- ➤ Breaches of confidentiality can have life-threatening consequences for adolescent girls living in situations of violence. Health-care providers must be aware of legal regulations and institutional policies which determine whether adolescent girls can keep medical records confidential from their parents/guardians/spouses and whether medical records can be used in court.

RESOURCES

- *Responding to Children and Adolescents Who Have Been Sexually Abused: WHO Clinical Guidelines* (WHO, 2017)
- *Caring for Child Survivors of Sexual Abuse* (International Rescue Committee and UNICEF, 2015)
- *Improving the Health Sector Response to Gender Based Violence: A Resource Manual for Health Care Professionals in Developing Countries* (IPPF, 2010; pp.109-112)
- *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies* (UNFPA, 2015)
- *Not Just Hotlines and Mobile Phones: GBV Service Provision during COVID-19* (UNICEF, 2020)
- *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007)

ADAPTING JUSTICE AND POLICING SERVICES TO RESPOND TO GBV AMONG ADOLESCENT GIRLS

Justice and policing includes prevention, initial contact, assessment/ investigation, pre-trial processes, trial processes, perpetrator accountability and reparations, post-trial processes, safety and protection, assistance and support, communication and information, and justice sector coordination. While all the guidelines in Module 3 (Justice and Policing) of the Essential Services Package apply to adolescent girls and young women, the table below shows adaptations already specified in the module that can make justice and policing services more responsive to adolescent girl survivors of GBV.

CONSIDERATIONS FOR ADAPTING JUSTICE AND POLICING SERVICES TO RESPOND TO GBV AMONG ADOLESCENT GIRLS

2.3 RESPONSIVENESS

- ▶
 - ✎ Ensure that girl victims/survivors are able to express their views and concerns according to their abilities, age, intellectual maturity and evolving capacity.

3.3 RELEVANT INFORMATION AND EVIDENCE IS COLLECTED FROM THE VICTIM/SURVIVOR AND WITNESSES

- ▶ When working with a girl, ensure that services are tailored to the unique requirements of her age, and that:
 - ✎ interview rooms and interviews are child-friendly
 - ✎ procedures are child-sensitive
 - ✎ the non-offending parent, guardian, legal representative or appropriate child assistance authority is involved and participates in all actions contemplated or taken
 - ✎ medical, psychosocial and victim-support services are age-appropriate
 - ✎ confidentiality is maintained and disclosure of information related to the girl is restricted.

4.5 PRIORITIZATION OF CASES

- ▶
 - ✎ In criminal justice matters, in the case of girls, trials should take place as soon as practical, unless delays are in the child's best interest.

5.1 SAFE AND FRIENDLY COURTROOM ENVIRONMENT

- ▶
 - ✎ Measures should be taken to appoint specialists and family members to accompany the girl, and a guardian to protect her legal interests.

5.2 PROTECTION OF PRIVACY, INTEGRITY AND DIGNITY

- ▶
 - ✎ Maintain confidentiality and restrict disclosure of information relating to the girl's identity and involvement in the process.
 - ✎ Exclude public and media from the courtroom during the girl's testimony, where permitted by national law.

5.3 OPPORTUNITY FOR FULL PARTICIPATION

- ▶ Use child-sensitive procedures, including interview rooms and modified court environments, and take measures to ensure that hearings and interviews are limited and are scheduled at times of the day appropriate to the age of the girl, and separate from the accused.

6.4 REPARATIONS THAT COVER CONSEQUENCES AND HARMS SUFFERED BY VICTIM/ SURVIVOR

- ▶ Assess damages that take full account of the situation of the girl, including costs of social and educational recovery/ reintegration.

9.3 VICTIM AND WITNESS SUPPORT SERVICES

- ▶ Ensure child-friendly support services for girls, and for women who have children with them when accessing support services.

Furthermore, changes are needed to discriminatory laws and policies that negatively impact adolescent girls' and young women's ability to protect themselves from or seek redress for GBV. Informal justice mechanisms that derive their authority from community structures often reinforce harmful norms that can silence survivors. Advocacy and targeted support should focus on closing loopholes that allow for subjective assessments of whether a survivor has attained the age of majority, and on removing rules requiring parental/spousal authorization for girls to access legal and SRH services.

Additional resources on justice for adolescents experiencing GBV are available in the area of [child-friendly, gender-sensitive justice](#).



ADAPTING SOCIAL SERVICES TO RESPOND TO GBV AMONG ADOLESCENT GIRLS

In order to ensure a comprehensive, rights-based response to adolescent girls and women who have survived GBV, the social services sector can provide a range of services to complement health-sector services, to assist their recovery, empower them and prevent the recurrence of violence.

Module 4 of the [Essential Services Package](#) describes services that may be provided by the public (government) sector or by civil society or community actors such as non-governmental organizations and faith-based organizations. They include:

CRISIS INFORMATION

- ▶ ✎ Crisis information, including on rights of adolescent girls and the range and nature of services available, should be clear, concise, accurate, understandable to younger populations and widely available.
- ▶ ✎ Crisis information must be available for adolescent girls experiencing violence as well as for parents, guardians, family and friends, work colleagues, police and health services who may have a role in assisting them.

CRISIS COUNSELLING

- ▶ ✎ Age-appropriate crisis counselling is essential in assisting adolescent girls to achieve immediate safety, make sense of their experience, reaffirm their rights and alleviate feelings of guilt and shame.

HELPLINES

- ▶ ✎ Helplines provide an essential link to information, counselling and support services for adolescent girls experiencing violence. Helplines operate separate from, but alongside, law enforcement and other emergency helplines.

SAFE ACCOMMODATION

- ▶ ✎ Many adolescent girls need to leave their existing living arrangements immediately in order to be safe, and may also need support to secure accommodation in the medium to longer term.
- ▶ ✎ There should be a protocol for unaccompanied minors, including for longer-term alternative care where necessary and appropriate, aligned with existing national legislation and international standards.

MATERIAL AND FINANCIAL AID

- ▶ ✎ In the immediate crisis period it should be assumed that adolescent girls have little or no access to material resources. Material and financial aid includes support and resources to enable access to crisis information and counselling, safe accommodation and food.
- ▶ ✎ In the longer term, economic independence, recovery and autonomy can be promoted through proven interventions including micro-savings, vocational training and demand-driven job services, and cash transfers. The World Bank's Adolescent Girls Initiative has a rich body of learning and resources on programmatic approaches.

CREATION, RECOVERY OR REPLACEMENT OF IDENTITY DOCUMENTS

- ▶ ✎ As many adolescent girls experiencing violence do not have identity documents or need to flee without them, they may require support to create, recover or replace identity documents so that they can travel, maintain or seek employment, access available government benefits and social services, and access bank accounts etc.

LEGAL AND RIGHTS INFORMATION, ADVICE AND REPRESENTATION, INCLUDING IN PLURAL LEGAL SYSTEMS

- ▶ ✎ Many adolescent girls are likely to have limited knowledge of their rights and the range of options available to them. Accurate and timely information about divorce/marriage laws, child custody, guardianship, migration status and assistance to navigate justice and policing responses is important to protect their safety.

PSYCHOSOCIAL SUPPORT AND COUNSELLING

- ▶ ✎ Specialist counselling can greatly improve the health outlook for adolescent girls and improve their access to education and employment.

WOMEN-CENTRED SUPPORT

- ▶ ✎ Skilled assistance from trained staff can assist adolescent girls to access the most appropriate services for them, and to make informed choices that have the best opportunity to ensure their safety, empower them and uphold their rights.

CHILDREN'S SERVICES FOR ANY CHILD AFFECTED BY VIOLENCE

- ▶ The effect of experiencing violence directly or indirectly can have a devastating impact on minors. They have the right to access services that are age-appropriate, child-sensitive and child-friendly.
- ▶ Provide child-centred rights-based counselling and psychosocial support.
- ▶ Ensure that each child has an individualized care plan.
- ▶ Provide services for children free of charge.
- ▶ Facilitate access to emergency and long-term alternative care, if required, with or without a parent/caregiver, as appropriate, in line with the *Guidelines for the Alternative Care of Children*.
- ▶ Facilitate access to representation for children, where required, for example a (legal) guardian if the child is unaccompanied.
- ▶ Ensure timely referrals and facilitated access to necessary services, for example to child protection to address issues regarding guardianship, health care and education.
- ▶ Ensure that staff receive training on child-sensitive and child-friendly procedures

An age-responsive approach to GBV programming for adolescents in humanitarian settings is available in *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* (Inter-Agency Working Group, 2020). The toolkit contains an adolescent-inclusive Minimum Initial Service Package (MISP) matrix, which includes adolescent-responsive GBV interventions.

→ EMPOWERING AND ENGAGING YOUNG PEOPLE WITH INFORMATION, SKILLS AND NETWORKS

Output 6 of UNFPA's Strategic Plan 2022-25 focuses on adolescents and youth, particularly elements such as CSE, empowering girls, and youth participation.

CSE includes developmentally and culturally relevant, science-based, medically accurate information on a wide range of topics, including human development, gender identity, sexual behaviours, communication skills, empathy and mutual respect. CSE contributes to gender equality by building awareness of the centrality and diversity of gender in people's lives; examining how gender norms are shaped by cultural, social and biological differences and similarities; and encouraging respectful and equitable relationships based on empathy and understanding. CSE teaches the skills needed to prevent and not perpetrate violence.



Mexfam's *Gente Joven* programme encourages participants to reflect about relationships, sexuality and violence; helps them communicate more freely on previously taboo subjects; challenges discrimination on the basis of sexual orientation or gender identity; and shows them where and how to seek health care and other support. The programme significantly increased participants' knowledge of where they could get help in cases of violence, and their ability to identify more types of IPV. It also shifted reported attitudes, with fewer participants seeing violence as a private matter.

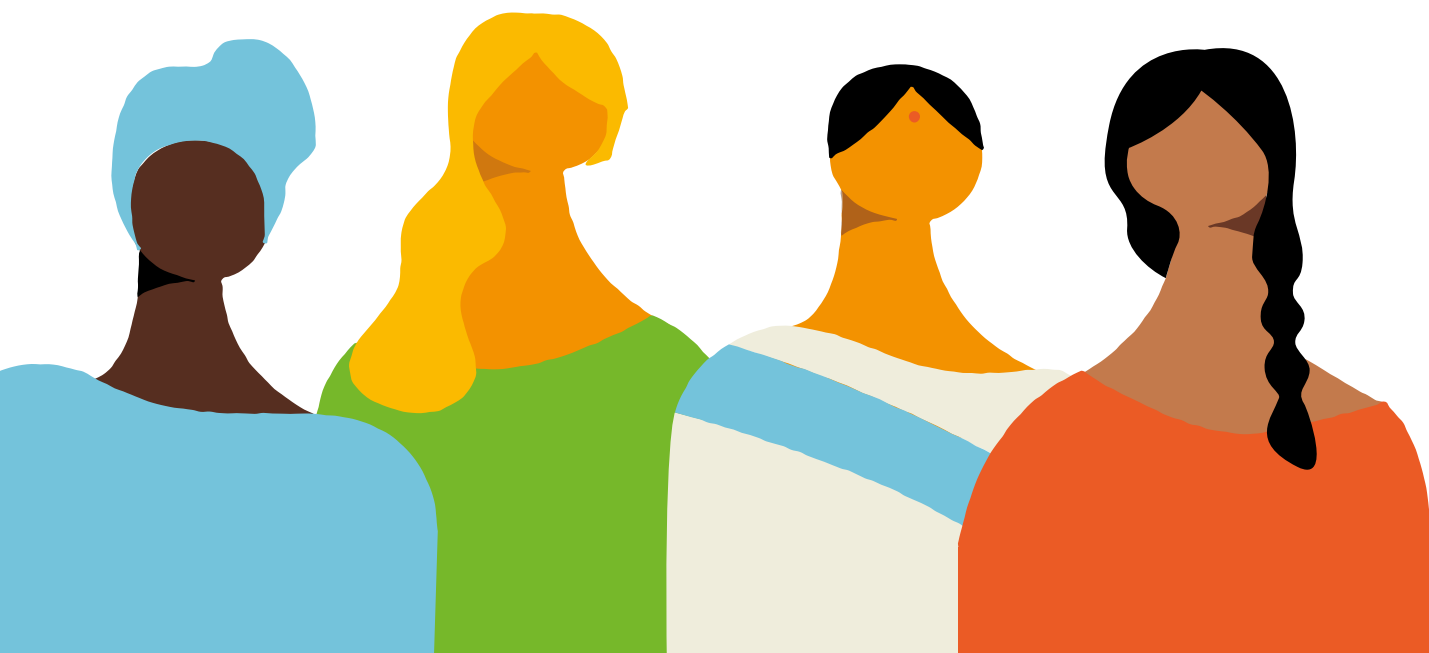
CSE delivered in out-of-school settings is an important platform to link with other violence prevention programmes and GBV services, while ensuring that the most vulnerable young people are reached. Methods and content can be adapted to the specific needs of young people by tailoring programmes to focus on harmful gender norms, strengthening violence prevention and using trauma-informed approaches where needed. Tailored approaches to CSE are important to consider when working with groups that are at higher risk of violence, such as girls, young persons with disabilities, young people in humanitarian settings, and gender-non-binary or gender-non-conforming young people. For more information on CSE, see Module 3 of this Operational Guidance, the *International Technical Guidance on Sexuality Education* (UNESCO, 2018) and the *International Technical and Programmatic guidance on out of school CSE* (UNFPA, 2020).

Adolescent girl-centred programming can help change internalized gender norms that lead girls (and boys) to normalize and accept violence, economic pressures and transactional sex. BRAC's Empowerment and Livelihoods for Adolescents programme in Uganda, which combined vocational training and SRH information, led to reductions in girls reporting having had sex against their will. Note, however, that programmes may not always yield even results. The Population Council's Adolescent Girl Empowerment Programme in Zambia, which aimed to reduce acceptability and experience of violence among adolescent girls through training sessions on gender norms, relationships and GBV, as well as building girls' self-esteem and economic assets, did not reduce the acceptability or experience of violence among them. The implementers concluded that future programmes should address norms around violence at the household, school and community levels, as well as working with adolescents directly.



GIRL-CENTRED PROGRAMMING IN HUMANITARIAN SETTINGS

In programmes such as the International Rescue Committee's COMPASS: Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces, girls in the Democratic Republic of Congo, Ethiopia and Pakistan expressed a clear demand for the tailored support provided by the programme. Participants had better knowledge of professional GBV services, felt more positive about themselves and about the future, and had stronger social networks and a safe space to go to. Critical to the programme's success was consultation with adolescent girls throughout implementation to ensure that programming was responsive, flexible and addressed the needs of girls from diverse backgrounds. The existence of high-quality GBV services and trained staff was also essential to ensure the safety and well-being of participants. The tools used in this programme are available in IRC's toolkit *Girl Shine: Designing Girl-Driven Gender-Based Violence Programming in Humanitarian Settings*.



→ TRANSFORMING DISCRIMINATORY GENDER AND SOCIOCULTURAL NORMS

While the acceptability of violence may be declining among younger cohorts of girls, they are still growing up in strongly patriarchal societies. Programming that targets wider norms and behaviour change in the whole community – particularly among those who hold power over adolescent girls and young women, such as parents or husbands – can change harmful attitudes and practices and support adolescent girls, including those who have experienced violence. Programmes such as [Stepping Stones](#) and [Tostan](#) are designed to change social norms on gender and harmful masculinities. UNFPA promotes social norm change using its [Compendium on Social Norms and Change](#) (2020). Violence against adolescent girls is also related to wider violence within and between communities. Efforts to acknowledge and address this violence need to be included in peace-building efforts. For more information, see Module 6 of this Operational Guidance.



It is important to engage men and boys in efforts to promote gender equality, change gender norms, and end GBV and harmful practices. Most interventions tend to engage men and boys as husbands, boyfriends and fathers – that is, as potential perpetrators of violence and harmful practices, or as bystanders who could do more to intervene, and as potential allies. However, there is increasing recognition of the need to address the negative impact of harmful masculinities on men and boys themselves, including on their health and well-being, quality of life and relationships – without detracting from a focus on women and girls.

Popular programmes like [Program H](#) use group education for men and boys, which can be combined with community outreach and mobilisation, mass-media campaigns and advocacy for progressive policies, promoting social change that influences norms, behaviours and attitudes at multiple levels. For further resources, see [Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action](#) (UNFPA and Promundo; 2010).

It is important to engage men and boys in efforts to promote gender equality, change gender norms, and end GBV and harmful practices.

→ PRODUCING, PROMOTING AND USING DATA AND EVIDENCE

UNFPA has a critical role to play in data collection and analysis, evidence-building and evidence-based advocacy on GBV. UNFPA works directly with national statistics offices and relevant government ministries (especially health and gender ministries) to bolster national efforts to collect and analyse GBV data.



Key sources for data on GBV include:

- **Demographic and health surveys (DHS): domestic violence module** (ICF International, USAID, UNFPA, UNICEF, World Bank)
- **Multiple indicator cluster surveys** (UNICEF, UNFPA)
- **Specialized surveys**, e.g. Violence Against Children Surveys (CDC, UNICEF, IOM, Together For Girls) and the Multi-country Study on Women's Health and Domestic Violence (WHO).

Age disaggregation of these data, as shown in the [UNFPA Geospatial IPV Dashboard](#), can shed light on the prevalence of and attitudes towards GBV among adolescent girls 15-19. There are, however, many other opportunities to bring an age-responsive lens to UNFPA's data and evidence work on GBV among adolescent girls and young women.

In the Asia-Pacific region, the demand for more accurate, reliable and comparable data on the prevalence of violence against women led to the creation of the [kNOwVAWdata](#) initiative, which provides technical support and capacity-building for countries to undertake prevalence studies on violence against women in an ethical and scientifically robust way.

Coverage and underreporting gaps: There are substantial gaps in GBV-related data for specific subgroups of adolescent girls and young women, including adolescents aged 10–14, unmarried/never-married girls and women, and boys and young men – sub-groups that are covered inconsistently or not at all by the major multicountry surveys. Underreporting of sexual activity, induced abortion and GBV often occurs because of discriminatory gender norms, social norms, stigma and the death of victims, among other factors. Adolescents and young women are more likely to underreport experience of GBV, and those who do report may not be representative of the larger affected population.

Some recommended actions to address these gaps are:

- Disaggregate available data within the adolescent category by age (down to single ages if possible) to reveal trajectories of life events that are actionable from a policy or programmatic perspective.

- Advocate to lower the sample age range for DHS and other surveys in countries where data already show sizable proportions of adolescent girls and young women beginning sexual activity, forming unions or childbearing before age 15. For example, Uganda included adolescents 12 years and older in its most recent DHS.
- When expanding the age range of large survey samples is not feasible, collect data on experiences at younger ages retrospectively, by asking respondents 15 years or older about their experiences prior to age 15. Such an approach, notwithstanding the potential of recall bias, overcomes potential ethical or cultural barriers to collecting data from the younger age group.

Substantive gaps: The evidence on what works to end GBV among adolescent girls and young women is still relatively sparse, and the rigour of the evaluations varies greatly. Though there is growing evidence about school and college-based interventions, there are significant gaps in our knowledge of effective prevention among marginalized groups, including Indigenous youth; LGBTQ+ youth; and young women with disabilities, even though these groups are at elevated risk of experiencing violence.

Some recommendations to address these gaps are:

- Support qualitative and quantitative evaluation of interventions, including longitudinal studies, to measure short- and medium-term impacts as well as substantive changes in the lives of adolescents and young women as they age.
- Support studies that assess relevance (as well as effectiveness) and track costs to support subsequent scale-up of interventions across different contexts and subgroups of adolescent girls and young women.

A few further considerations for data collection on GBV among adolescent girls and young women:

- There are ethical concerns when collecting data related to GBV, particularly with young adolescents and those furthest behind. Data collection should follow an adapted and tailored informed consent process, recognizing the power dynamics that are often at play during the data collection encounter, as well as limited literacy and understanding of content. For more information, see *Guidance on Ethical Considerations in Planning and Reviewing Research Studies on Sexual and Reproductive Health in Adolescents* (WHO, 2018).
- In countries where service provision to minors is restricted, recording or asking for age at the service encounter can be problematic. In such countries, broader five-year age categories can be explored, or a tick-box for the adolescent category, indicating that the person is between 10 and 19 years old.
- Seeking feedback from young service users through easily available phone applications or SMS services can serve as a means of assessment as well as accountability, holding providers and facilities accountable to their responsibility of providing high-quality care, and helping other adolescent girls and young women know where high-quality services are provided.





ANNEX: CONCEPTS AND DEFINITIONS RELATED TO GBV

For a more comprehensive list of concepts and definitions, see kNOwVAWdata's publication *Measuring Violence Against Women: Key Terminology* (UNFPA Asia-Pacific Regional Office, 2016).

- **Violence:** The intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in, or has a high likelihood of resulting in, injury, death, psychological harm, maldevelopment or deprivation.
- **Violence against women and girls:** The United Nations Declaration on the Elimination of Violence Against Women adopted by the General Assembly in 1993 describes abuse as any act “that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.
- **Violence against children:** All forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners or strangers.
- **Gender-based violence:** The terms “gender-based violence” (GBV) and “violence against women” are often used interchangeably, since most GBV is perpetrated by men against women. GBV, however, includes violence against men, boys and sexual minorities or those with gender-nonconforming identities. As such, violence against women is considered one type of GBV.
- **Intimate partner violence:** Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Examples of IPV include acts of physical violence, such as slapping, hitting, kicking and beating; sexual violence, including forced sexual intercourse and other forms of sexual coercion; emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children; and controlling behaviours, including isolating a person from family and friends, monitoring their movements, or restricting access to financial resources, employment, education or medical care.
- **Sexual violence:** Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Coercion covers a spectrum of degrees of force: apart from physical force, it may involve psychological intimidation, blackmail or other threats. It may also occur when the person aggressed is unable to give consent – for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation. Sexual violence includes rape, defined as physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. The attempt to do so is known as attempted rape.

Rape of a person by two or more perpetrators is known as gang rape. Sexual violence can include other forms of assault involving a sexual organ, including coerced contact between the mouth and penis, vulva or anus.

- **Sexual abuse:** Actual or threatened physical contact of a sexual nature, whether by force or under unequal or coercive conditions.
- **Sexual exploitation:** Actual or attempted abuse of a position of vulnerability, power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.
- **Technology-facilitated gender-based violence:** GBV carried out using the Internet and/or mobile technology, including stalking, bullying, sex-based harassment, defamation, hate speech, exploitation and gendertrolling.
- **Harmful practices:** Harmful practices are persistent practices and forms of behaviour that are grounded in discrimination on the basis of, among other things, sex, gender and age, in addition to multiple and/or intersecting forms of discrimination that often involve violence and cause physical and/or psychological harm or suffering. The harm that such practices cause to the victims surpasses the immediate physical and mental consequences and often has the purpose or effect of impairing the recognition, enjoyment and exercise of the human rights and fundamental freedoms of women and children. There is also a negative impact on their dignity, physical, psychosocial and moral integrity and development, participation, health, education and economic and social status. Harmful practices are considered a form of gender-based violence .

REFERENCES

- ① World Health Organization (2021). *Violence against Women Prevalence Estimates, 2018. Global, Regional and National Prevalence Estimates for Intimate Partner Violence against Women and Global and Regional Prevalence Estimates for Non-Partner Sexual Violence against Women*. <https://www.who.int/publications/i/item/9789240022256>
- ② Decker MR, Latimore AD, Yasutake S, Haviland M, Ahmed S, Blum RW, et al. (2015). Gender-based violence against adolescent and young adult women in low- and middle-income countries. *Journal of Adolescent Health*. 56(2):188-96. [https://www.jahonline.org/article/S1054-139X\(14\)00383-8/pdf](https://www.jahonline.org/article/S1054-139X(14)00383-8/pdf)
- ③ UN Women (2010). Virtual Knowledge Centre to End Violence Against Women and Girls. Programming Essentials, Monitoring & Evaluation. Consequences and costs. <https://www.endvawnow.org/en/articles/301-consequences-and-costs-.html>
- ④ Blanc AK (2001). The effect of power in sexual relationships on sexual and reproductive health: an examination of the evidence. *Studies in Family Planning*. 32(3):189-213. <https://pubmed.ncbi.nlm.nih.gov/11677692/>
- ⑤ Ricker C, Ashmore R (2020). The importance of power and agency in a universal health coverage agenda for adolescent girls. *Sexual and Reproductive Health Matters*. 28:2. <https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1787312>
- ⑥ Amin A, Chandra-Mouli V (2014). Empowering adolescent girls: developing egalitarian gender norms and relations to end violence. *Reproductive Health*. 11(1):75. <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-11-75>
- ⑦ Committee on the Elimination of Discrimination against Women & Committee on the Rights of the Child (2014). *Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on Harmful Practices*. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?SymbolNo=CEDAW/C/GC/31/CRC/C/GC/18
- ⑧ The Prevention Collaborative (2019). *Evidence Brief: Cash Transfers and Intimate Partner Violence: Findings from a Review of Quantitative and Qualitative Studies in Low- and Middle-Income Countries*. https://prevention-collaborative.org/wp-content/uploads/2021/08/Prevention_Collaborative_2019_CASH-TRANSFERS-IPV.pdf
- ⑨ Haberland NA (2015). The case for addressing gender and power in sexuality and HIV education: a comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health*. 41(1):31-42. <https://www.guttmacher.org/journals/ipsrh/2015/03/case-addressing-gender-and-power-sexuality-and-hiv-education-comprehensive>
- ⑩ Crooks CV, Jaffe P, Dunlop C, Kerry A, Exner-Cortens D (2018). Preventing gender-based violence among adolescents and young adults: lessons from 25 years of program development and evaluation. *Violence Against Women*. 25(1):29-55. <https://journals.sagepub.com/doi/full/10.1177/1077801218815778>

- 11 What Works to Prevent Violence Against Women and Girls Global Programme (2020). *A Rigorous Global Evidence Review of Interventions to Prevent Violence against Women and Girls*. <https://www.whatworks.co.za/documents/publications/374-evidence-reviewfweb/file>
- 12 Lundgren R, Amin A (2015). Addressing intimate partner violence and sexual violence among adolescents: emerging evidence of effectiveness. *Journal of Adolescent Health*. 56(1 Suppl):S42-50. [https://linkinghub.elsevier.com/retrieve/pii/S1054-139X\(14\)00344-9](https://linkinghub.elsevier.com/retrieve/pii/S1054-139X(14)00344-9)
- 13 Instituto Promundo (2012). *Engaging Men to Prevent Gender-based Violence: A Multi-country Intervention and Impact Evaluation study*. <https://promundoglobal.org/resources/engaging-men-to-prevent-gender-based-violence-a-multi-country-intervention-and-impact-evaluation-study/?lang=english>
- 14 Solar O, Irwin A (2010). *A Conceptual Framework for Action on the Social Determinants of Health*. https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf?ua=1
- 15 Overseas Development Institute (2014). *Gender Justice and Social Norms – Processes of Change for Adolescent Girls: Towards a Conceptual Framework*. <https://odi.org/en/publications/gender-justice-and-social-norms-processes-of-change-for-adolescent-girls/>
- 16 George AS, Amin A, de Abreu Lopes CM, Ravindran TKS (2020). Structural determinants of gender inequality: why they matter for adolescent girls' sexual and reproductive health. *BMJ*. 368:l6985 <https://www.bmj.com/content/368/bmj.l6985>
- 17 CREA (2019). *All about Power: Understanding Social Power and Power Structures*. <https://reconference.creaworld.org/wp-content/uploads/2019/05/All-About-Power-Srilatha-Batliwala.pdf>
- 18 Morgan R, George A, Ssali S, Hawkins K, Molyneux S, Theobald S (2016). How to do (or not to do)... gender analysis in health systems research. *Health Policy and Planning*. 31:1069-78. <https://academic.oup.com/heapol/article/31/8/1069/2198200?login=true>
- 19 World Health Organization (2017). *Global Accelerated Action for the Health of Adolescents (AA-HA!)*. <https://www.who.int/publications/i/item/9789241512343>
- 20 Center for Global Development (2016). *Revisiting What Works: Women, Economic Empowerment and Smart Design*. <http://www.womeneconroadmap.org/roadmap-revisited>
- 21 UNESCO (2018). *International Technical Guidance on Sexuality Education*. <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>
- 22 Rollston R, Wilkinson E, Abouelazm R, Mladenov P, Horanieh N, Jabbarpour Y (2020). Comprehensive sexuality education to address gender-based violence. *Lancet*. 396(10245):148-50. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31477-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31477-X/fulltext)

- 23 Bandiera O, Buehren N, Burgess R, Goldstein M, Gulesci S, Rasul I, et al. (2020). Women's empowerment in action: evidence from a randomized control trial in Africa. *American Economic Journal: Applied Economics*. 12(1):210-59. <https://www.aeaweb.org/articles?id=10.1257/app.20170416>
- 24 Population Council (2018). *Adolescent Girls Empowerment Program (AGEP): Sexual and Gender-based Violence*. https://www.popcouncil.org/uploads/pdfs/2018PGY_AGEP-SGBVBrief.pdf
- 25 Global Women's Institute (2018). *Violence against Adolescent Girls: Trends and Lessons for East Africa*. https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/GWI_Violence%20Against%20Adolescent%20Girls.pdf
- 26 Promundo & MenEngage Alliance (2010). *Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action*. <https://promundoglobal.org/resources/engaging-men-and-boys-in-gender-equality-and-health-a-global-toolkit-for-action/>
- 27 Institute of Development Studies, Promundo-US and Sonke Gender Justice (2015). *Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality*. <https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/7059>
- 28 Guttmacher Institute (2016). *Research Gaps in Adolescent Sexual and Reproductive Health*. <https://www.guttmacher.org/report/research-gaps-in-sexual-and-reproductive-health>
- 29 Palermo T, Bleck J, Peterman A (2014). Tip of the iceberg: reporting and gender-based violence in developing countries. *American Journal of Epidemiology*. 179(5):602-12. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3927971/>
- 30 World Health Organization (2002). *World Report on Violence and Health: Summary*. https://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf
- 31 United Nations General Assembly (1993). Declaration on the Elimination of Violence against Women. https://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.21_declaration%20elimination%20vaw.pdf
- 32 World Health Organization (2012). *Understanding and Addressing Violence against Women: Intimate Partner Violence*. https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1
- 33 World Health Organization (2002). *World Report on Violence and Health. Chapter 6: Sexual Violence*. https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf
- 34 United Nations (2017). *Glossary on Sexual Exploitation and Abuse: Thematic Glossary of Current Terminology Related to Sexual Exploitation and Abuse (SEA) in the Context of the United Nations. Second Edition*. https://hr.un.org/sites/hr.un.org/files/SEA%20Glossary%20%20%5BSecond%20Edition%20-%202017%5D%20-%20English_0.pdf

