

women

Preventing violence against women, second edition



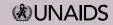


























RESPECT

women

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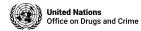




























RESPECT women: preventing violence against women, second edition

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Acknowledgements

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The update of RESPECT women was carried out by WHO's Department of Sexual, Reproductive, Maternal, Child and Adolescent Health and Ageing (LHR) and the UNDP/UNFPA/UNICEF/World Bank/WHO Special Programme of Research on Human Reproduction (HRP). It was led by Avni Amin. Inputs were provided by Anna Hoover (WHO consultant), Saba Zariv (former WHO staff), and Anna Rita Ronzoni (Regional Office for the Eastern Mediterranean).

To update RESPECT women, three systematic reviews were commissioned. One led by Chelsea Ullman (Global Women's Institute at the George Washington University), another by Maureen Murphy (Global Women's Institute at the George Washington University) and a third by Jo Spangaro (University of Wollongong). WHO thanks all the co-authors of these three systematic reviews.

WHO also thanks experts who participated in an expert consultation in 2022 and subsequently reviewed a draft of the revised framework for content relevant to humanitarian settings. This includes representatives from the International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), International Organization for Migration (IOM), International Medical Corps, and the United Nations High Commissioner for Refugees (UNHCR).

The second edition of RESPECT has also benefitted from lessons learned from implementing the 2019 edition in countries including Bhutan, Indonesia, Nigeria, and Vietnam.

Methods

The update of RESPECT women to develop the second edition was based on three systematic reviews. One led by Chelsea Ullman (Global Women's Institute at the George Washington University) was <u>published in 2025 in the BMJ Public Health</u>^a and it focused on updating the systematic review from 2015 focusing on interventions to prevent violence against women.

Another led by Maureen Murphy (Global Women's Institute at the George Washington University) focused on identifying the risk and protective factors that influence violence against women in humanitarian settings and was published in Trauma, Violence and Abuse in 2023.^b

A third systematic review focusing on interventions to address violence against women in humanitarian settings was led by Jo Spangaro (University of Wollongong) and it was <u>published in Conflict and Health in 2021</u>.

The review led by Ullman contributed to minor updates to the evidence rating of individual intervention categories in document. Whereas the two reviews on humanitarian settings led to addition of a page on humanitarian and updating of evidence ratings of individual intervention categories in the document.

An early draft of the humanitarian content was presented at an expert consultation in 2022 attended by humanitarian or GBV focal points from ICRC, IFRC, IOM, IRC UNFPA, UNHCR, UNICEF, and Save the Children. A subsequent draft was reviewed by some of these agencies plus the agencies that have endorsed the framework with their logo. Declaration of interests were obtained from the non-state actions (i.e. ICRC, IFRC, IOM and IRC) and no conflicts of interest were found.

Introduction

The primary audience for this document is policymakers. Programme implementers working on preventing and responding to violence against women will also find it useful for designing, planning, implementing, and monitoring and evaluating interventions and programmes.

What is new?

First, the update addresses interventions appropriate for humanitarian emergencies. Second, the evidence-base is updated for RESPECT in development settings through a systematic review of reviews. Third, the update explicitly encourages users to address the disproportionate risks faced by certain groups, including adolescent girls, women with disabilities, indigenous women, and trans women, among others, while adapting to context.

Know the facts

Violence against women (VAVV) is a **violation of human rights**, is rooted in gender inequality, is a **public health problem**, and an impediment to sustainable development.

Nearly **1 in 3 (30%)**^d women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence, not including sexual harassment, by any perpetrator.

Globally, **25%**^d of ever-partnered women 15 years and older have experienced physical and/or sexual violence by an **intimate partner** in their lifetime.

Increasingly, violence in homes and communities is continuing online as **technology-facilitated** gender-based violence (TF-GBV).

Adolescent girls, young women, women belonging to ethnic and

with disabilities face a higher risk of experiencing different

forms of violence.

other minorities, women living with HIV, trans women, and women

Humanitarian emergencies may exacerbate existing violence and lead to additional forms of violence against women.
Globally, the estimated share of women victims of homicide committed by an intimate partner is almost 30%.
Violence negatively affects women's physical and mental health and well-being. It has social and economic consequences and costs for families, communities and societies.
Low education levels, exposure to violence in childhood, unequal power in intimate relationships, and attitudes and norms accepting violence and gender inequality increase the risk of experiencing intimate partner violence and sexual violence.
Low education, child maltreatment or exposure to violence in the family, harmful use of alcohol, attitudes accepting of violence and gender inequality increase risk of perpetrating intimate partner violence.
The majority (55-95%) ^f of women survivors of violence do not disclose or seek any type of services .
Violence against women is preventable . To prevent violence, mitigate the risk factors and amplify the protective factors.

Assess the risk & protective factors



Discriminatory laws on property ownership, marriage, divorce and child custody

Low levels of women's employment and education

Absence or lack of enforcement of laws addressing violence against women

Gender discrimination in institutions (e.g. police, health)

SOCIETAL

Harmful gender norms that uphold male privilege, limit women's autonomy and stigma

High levels of poverty and unemployment

High rates of violence and crime

Availability of drugs, alcohol and weapons

COMMUNITY

High levels of inequality in relationships/male-controlled relationships/dependence on partner

Men's multiple sexual relationships^h

Men's use of drugs and harmful use of alcohol Childhood experience of violence and/ or exposure to violence in the family

Mental health conditions

Attitudes condoning or justifying violence as normal or acceptable or stigmatizing women

INTERPERSONAL

INDIVIDUAL

SOCIETAL

COMMUNITY

INTERPERSONAL

INDIVIDUAL

Laws that:

- promote gender equality
- promote women's access to formal employment
- address
 violence against
 women and
 against children

Norms that support nonviolence and gender equitable relationships, and promote women's empowerment

Norms that promote positive masculinities including among boys and men

Reduce availability and access to alcohol and firearms Intimate
relationships
characterized by
gender equality,
including in
shared decisionmaking and
household
responsibilities

Non-exposure to violence in the family

Secondary education for women and men and less disparity in education levels between women and men

Both men and boys and women and girls are socialized to, and hold gender equitable attitudes

Protective Factors

Additional risk factors in humanitarian emergencies

Risk Factors

Break down of social networks

Decrease in physical security

Systematic targeting of women for rape

Proliferation of weapons

Increased criminal activities

Drug and alcohol use by armed groups

Increase in men's controlling behaviours

Resistance to changing gender roles of women

Men's multiple sexual partner's due to family separation

Increase in partner's alcohol use to cope with stress related to insecurity Increase in mental health conditions due to disaster or conflict

Sexual exploitation in female-headed households

Women's economic activities that expose them to violence

Forced marriages of girls

SOCIETAL

Exposure to

State systems

Breakdown of

rule of law and

criminal impunity

in conflict settings

failing or fragile

disaster

conflict or natural

COMMUNITY

INTERPERSONAL

INDIVIDUAL

SOCIETAL

Disaster preparedness planning that includes prevention and response to violence against women

Strengthening the rule of law and ending impunity for violence against women in conflict settings

COMMUNITY

Increasing access for women to safe economic opportunities

Improving camp security

Reducing access to alcohol and drugs

Ensuring women's access to humanitarian aid

Access to education and other community resources

INTERPERSONAL

Men hold gender equitable attitudes

Family reunification efforts

Reducing access to alcohol and drugs

INDIVIDUAL

Improving access to mental health care

Ensuring girls can remain in school

Support livelihoods for parents of girls

Protective Factors



Relationship skills strengthened

refers to strategies aimed at individuals or groups of women, men or couples to improve skills in interpersonal communication, conflict management and shared decision-making.

Empowerment of women

refers to both economic and social empowerment including inheritance and asset ownership, microfinance plus gender and empowerment training interventions, collective action, creating safe spaces and mentoring to build skills in self-efficacy, assertiveness, negotiation, and self-confidence.

Services ensured

refers to a range of services including police, legal, health, and social services provided to survivors.

Poverty reduced

refers to strategies targeted to women or the household whose primary aim is to alleviate poverty ranging from cash transfers, savings, microfinance loans, labour force interventions.

Environments made safe

refers to efforts to create safe schools, public spaces and work environments, among others.

→ Child and adolescent abuse prevented

refers to establishing nurturing family relationships, prohibiting corporal punishment, and implementing parenting programmes as mentioned in INSPIRE - 7 strategies for preventing violence against children.

Transformed attitudes, beliefs, and norms

refers to strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes that uphold male privilege and female subordination, that justify violence against women and that stigmatize survivors. These may range from public campaigns, group education to community mobilization efforts.

Relationships skills strengthened

Group-based workshops with women and men to promote egalitarian attitudes and relationships





Skills building for healthy relationships for couples where there is no violence including communication and conflict resolution.





Empowerment of women

Empowerment training for women and girls including life skills, safe spaces, mentoring, safety planning and decision-making







Inheritance and asset ownership policies and interventions





Micro-finance or savings and loans plus gender and empowerment or psychosocial support







Services ensured

Empowerment counselling interventions or psychological support to support access to services (i.e. advocacy)







Alcohol misuse prevention interventions





Shelters





Hotlines



One-stop crisis centres





Perpetrator interventions (including justice interventions like protection orders and arrests)





Women's police stations/units







Screening in health services





Sensitization and training of institutional personnel without changing the institutional environment





Survivor-centered services, group therapy and psychosocial support, including mobile interventions



EXAMPLE

Group-based Workshops

In the two-year period following the implementation of *Stepping Stones* in South Africa with female and male participants aged 15–26 years, men were less likely to perpetrate intimate partner violence, rape and transactional sex in the intervention group compared to the baseline.

EXAMPLE

Microfinance plus gender and empowerment

The MAISHA programme in Tanzania integrated an existing microfinance intervention in Mwanza city with an adapted ten-session social empowerment training. Women who received the MAISHA intervention were significantly less likely to report past year physical or sexual intimate partner violence by about 31% compared to the control group. They were also less likely to express attitudes accepting of intimate partner violence.^k

EXAMPLE

Advocacy for survivors

The Community Advocacy Project in Michigan and Illinois, United States, is designed to help survivors of intimate partner abuse re-gain control of their lives. Trained advocates provide individually tailored assistance to survivors so that women can access community resources and social support. The intervention decreased recurrance of violence and depression and improved quality of life and social support with positive change lasting 2 more years.

Assess the evidence on interventions³







Labour force interventions including employment policies, livelihood and employment training





Microfinance or savings interventions without any additional components





Environments made safe

Safety patrol groups and provision of firewood/alternative energy



Organizational policy and personnel training on sexual harassment, exploitation, and abuse



Infrastructure and transport





Bystander interventions





Whole School interventions





Child and adolescent abuse prevented

Home visitation and health worker outreach





Parenting interventions







Psychological support interventions for children who experience violence and who witness intimate partner violence





Life skills / school-based curriculum, rape and dating violence prevention training





Transformed attitudes, beliefs, and norms

Legal aid and assistance plus support for survivors



Community mobilization







Group-based workshops with women and men to promote changes in attitudes and norms







Social marketing or edutainment and group education





Group education with men and boys to change attitudes and norms







Stand-alone awareness campaigns/single component communications campaigns







EXAMPLE

Economic transfers

In Northern Ecuador, a cash, vouchers and food transfer programme implemented by the World Food Programme (WFP) was targeted to women in poor urban areas, intending to reduce poverty. Participating households received monthly transfers equivalent to \$40 per month for a period of 6 months. The transfer was conditional on attendance of monthly nutrition trainings. The evaluation showed reductions in women's experience of controlling behaviours, physical and/or sexual violence by intimate partners by 19 to 30%. A plausible mechanism for this was reduced conflict within couples related to povertyrelated stresses.^m

EXAMPLE

Right to play - preventing violence among and against children in schools

In Hyderabad (Sindh Province), Pakistan, a right to play intervention reached children in 40 public schools. Boys and girls were engaged in play-based learning providing them opportunity to develop life skills such as confidence, communication, empathy, coping with negative emotions, resilience, cooperation, leadership, critical thinking and conflict resolution that help combat conflict, intolerance, gender discrimination and peer violence. An evaluation showed decreases in peer victimization by 33% among boys and 59% among girls at 24 months post intervention; in corporal punishment by 45% in boys and 66% in girls; and in witnessing of domestic violence by 65% among boys and by 70% in girls."

EXAMPLE

Community Mobilizations SASA!

is a community intervention in Uganda that prevents violence against women by shifting the power balance between men and women in relationships. Studies show that in SASA! communities 76% of women and men believe physical violence against a partner is not acceptable while only 26% of women and men in control communities believe the same. At the cost of US\$ 460 per incident case of partner violence averted in trial phase, intervention is cost-effective and further economies of scale can be achieved during scale-up.º

LEGEND^{4,5}



promising, >1 evaluations show significant reductions in violence outcomes



more evidence needed, > 1 evaluations show improvements in intermediate outcomes related to violence



conflicting, evaluations show conflicting results in reducing



no evidence, intervention not yet rigorously evaluated

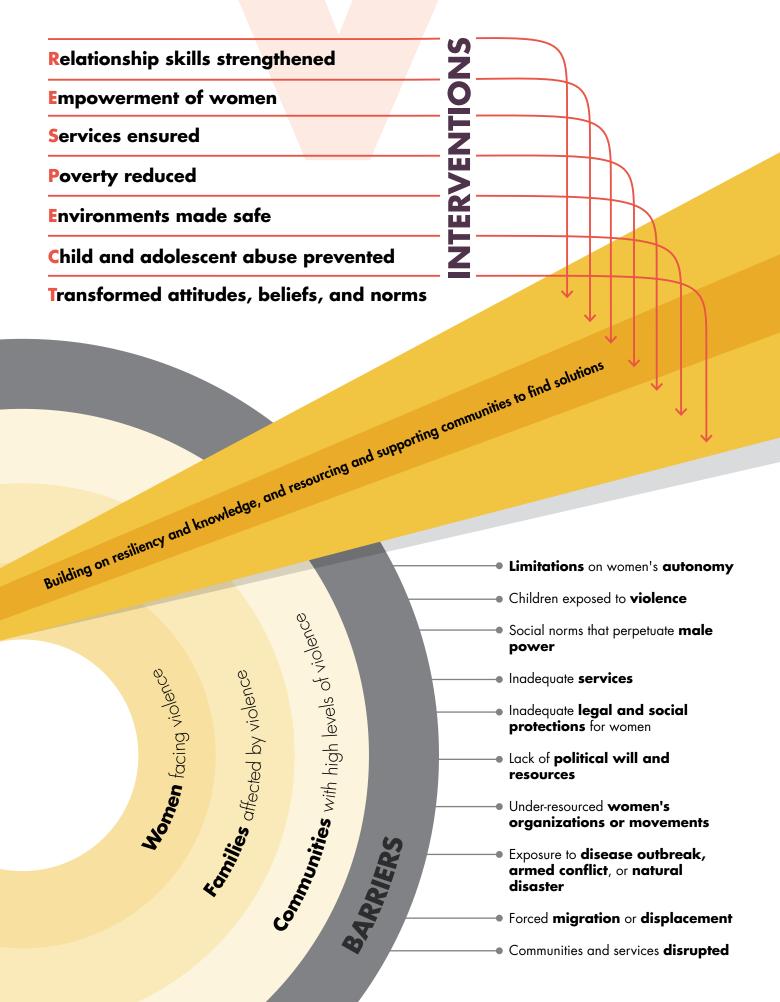


ineffective, >1 evaluations show no reductions in violence outcomes

- World Bank High Income н Countries (HIC)
- World Bank Low and Middle Income Countries (LMIC)
- Humanitarian setting or context*

*only those interventions that have been evaluated in humanitarian settings are reflected with the "+" icon.

Develop a theory of change



Programmes to address VAW widely implemented

Increased resources and political will to address VAW

Increased awareness about VAW as a public health problem and that it is preventable

Programmes
addressing violence
against women
are prioritized
and strengthened
in humanitarian
emergencies

Sectoral outcomes related to health, economic, and social development improved (e.g. improved mental health, reduced household poverty, improved women's and child health, improved women's education and earnings, and reduced absenteeism)

Families, communities and institutions believe in and uphold gender equality as a norm and no longer accept

Men accept and treat women as equals

Women can make autonomous decisions

Women have knowledge of their rights and access to programmes

Women can access response services

Improved health and development outcomes in households, community and society

Women are exercising their human rights and contributing to development

Violence against women is reduced or eliminated

Equality and respect are practiced in intimate, family and community relationships

Interpersonal conflicts are resolved peacefully

IMPACT

OUTCOMES

OUTPUTS

Apply the guiding principles for effective policy and programming

Put women's safety first and do no harm

Ensure confidentiality of information and anticipate and address unintended consequences such as backlash from family/community. Protect safety service providers and ensure that essential life-saving services continue to be provided in humanitarian settings

Promote gender equality and women's human rights

Ensure that analysis of unequal gender and power relations and male privilege over women is at the center of programming; Share decisionmaking power with communities; uphold human rights of stateless persons and migrants



Leave no one behind

Address multiple and intersecting forms of discrimination based on sex, gender, class, race, ethnicity, disability, sexual orientation, gender identity and HIV status



Develop a theory of change

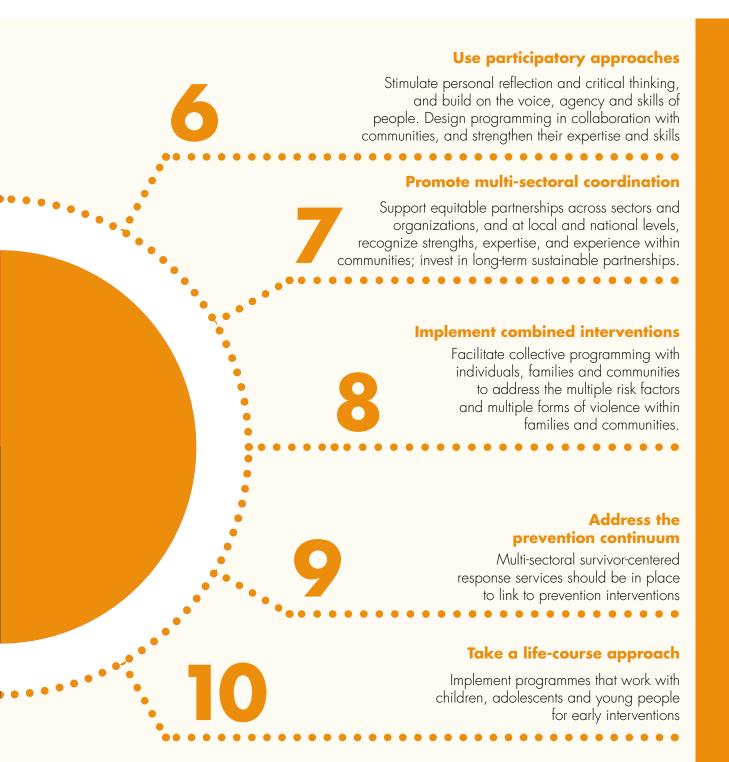
Elaborate how programming inputs will lead to changes in intermediate outcomes and likely impacts



Promote evidence informed programming

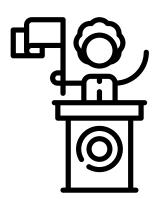
Strengthen monitoring and evaluation systems to build the evidence base on what works and facilitate knowledge sharing to inform programming



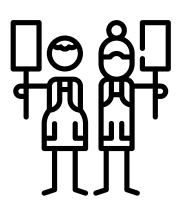


Strengthen enabling environment for prevention

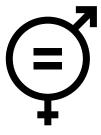
Build political commitment from leaders and policy makers to speak out, condemning violence against women.



Invest in, build on the work of, resource, and support women's organizations advancing gender equality and rights.⁷



Put in place and facilitate enforcement of **laws and policies** that address violence against women and that promote gender equality, including access to secondary education.⁸



Allocate resources to programmes, research, and to strengthen institutions and capacities of the health, education, law enforcement, and social services sectors to address violence against women.



e Integrate minimum service standards for survivors into emergency preparedness and planning.



f Ensure that humanitarian responses prioritize prevention of sexual exploitation and abuse (PSEA).

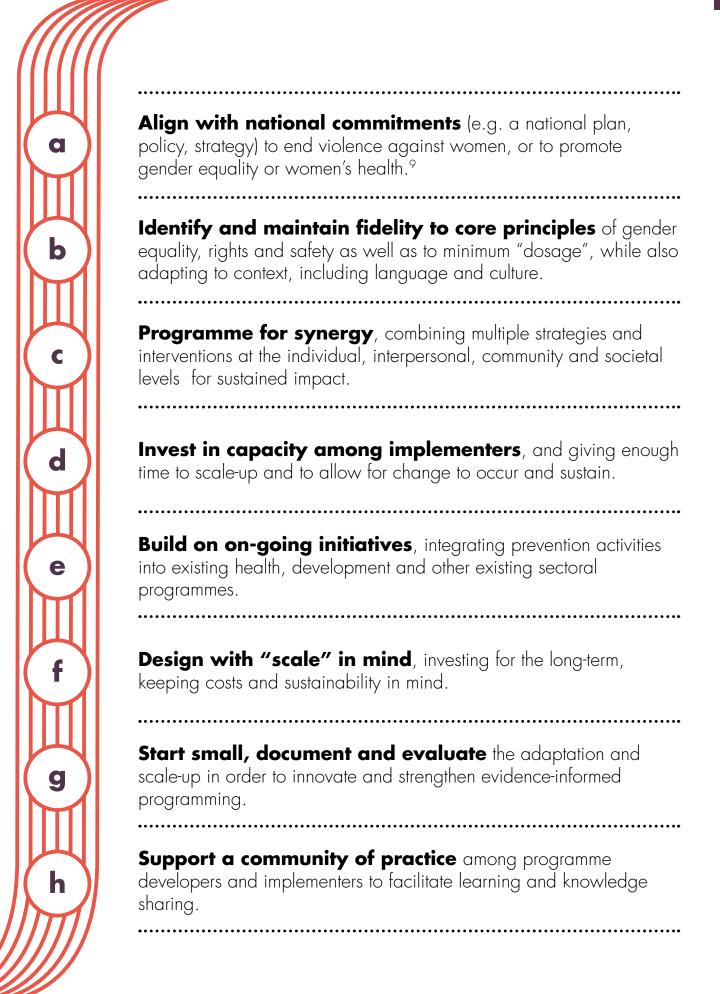


Adapt and scale-up what works

Violence prevention interventions that have been shown to work on a pilot basis can be scaled-up in different ways. They can be expanded by adding more beneficiaries; they can be adapted and replicated in another geographic location; and there can be expansion in coverage of the same intervention over a wider geographic area. Interventions that are being scaled-up in a new setting need to be adapted to context. This requires an understanding of the local culture, values and resources.

In humanitarian emergencies, scaling up interventions will require working with humanitarian response systems in a complementary manner to state institutions. Scaling up interventions in emergencies requires efforts to facilitate women's participation in emergency preparedness, response and peace processes to improve access to protection and response services.

Interventions identified as promising (pages 10-11) can be adapted and scaled-up with attention to the guiding principles for prevention and to the adaptation and scaling-up considerations on the next page; those classified as "more evidence needed" (pages 10-11) may need to be replicated or further refined before they are scaled-up; and those identified as "conflicting" or "no evidence" need to be further evaluated.



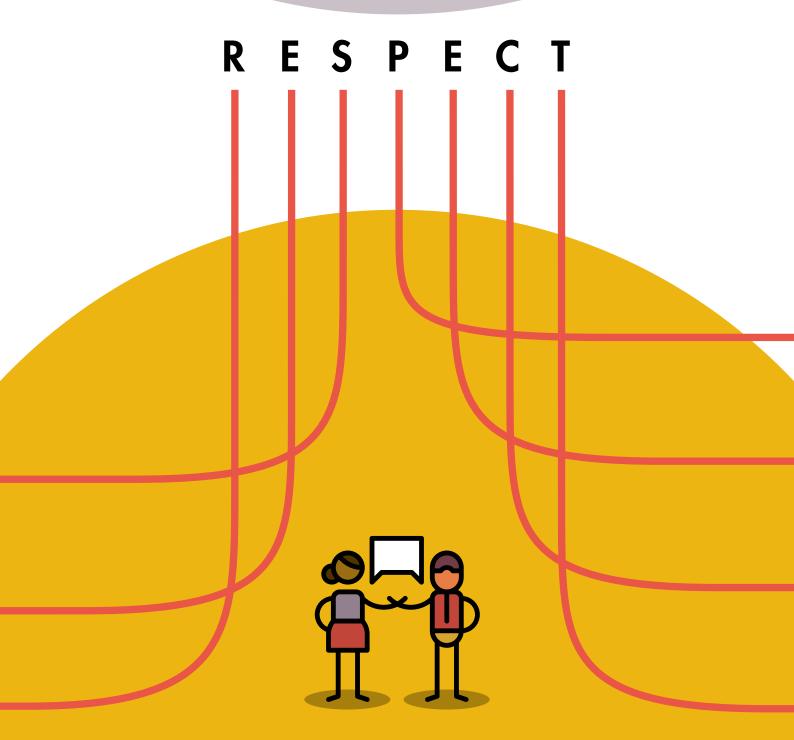
Monitor, evaluate and measure **progress**

Progress in preventing violence against women can be measured in the short and the long-term.

- 1. In the long-term, the impact of prevention programmes can be measured as reductions in prevalence of different forms of violence against women.
- **2.** At the global level, countries are required to report progress in preventing violence against women as part of SDG targets. Two indicators are proposed:
 - prevalence of intimate partner violence in the last 12 months among women aged 15 years and older (SDG target 5.2 - eliminate all forms of violence against women and girls);^p
 - proportion of young women and men aged 18–29 years who experienced sexual violence by age 18 (SDG target 16.2 - End abuse, exploitation, trafficking and all forms of violence against and torture of children).⁹

- **3.** In the short to medium term, interim indicators that contribute towards reductions in prevalence of violence against women will depend on the types of programmes. These can include, for example, improvements in:
 - gender equitable attitudes and norms
 - equitable power in relationship with partner
 - women's autonomy, agency and/or self-efficacy
 - girls' and women's education.
- **4.** It is important to specify a theory of change elaborating how the programme will likely improve interim indicators and how these in turn will contribute to reducing prevalence of violence against women.
- **5.** It is important to evaluate before scaling-up and to monitor the scaling-up on an on-going basis to ensure that resources are invested in programmes that work, unintended or harmful outcomes are mitigated, and the scaling-up process takes into account the local context.
- **6.** Data collection is more complicated in humanitarian emergencies due to access, rapidly changing nature of the situation and moving populations, which requires flexibility to explore alternative evaluation methods.

Ending violence against women begins with



The way forward: a call to action

Commit to change

Start today

Support evidence-based approaches

Join others

Citations

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- q. <u>SDG Indicators: Indicator 16.2.1 metadata</u>. UN Statistics Division

 the United Nations.

Endnotes

- These are for both perpetration of and victimization from intimate partner violence (IPV)
- 2 The 7 strategies are not mutually exclusive, should not be seen as silos, and there are some overlaps across them.
- 3 Although specific interventions and their examples are listed under one particular strategy, it is important to note that many of them reflect combination/bundled programming with multi-component and multi-level interventions that fall across more than 1 of the 7 strategies of RESPECT. Their categorization under one strategy reflects the primary intent of the intervention. For example, some interventions under transforming norms also include relationship strengthening skills. Likewise, empowerment of women interventions may include an economic transfer component. Therefore, these strategies should not be seen as stand-alone but as approaches whose impact may be better enhanced in combination with others.
- 4 Evidence ratings are largely derived from systematic reviews of more than 1 evaluation of interventions that mostly use experimental designs including randomized, cluster randomized and quasi-experimental methods. It is recognized that for some strategies such as justice sector interventions, alternative evaluation methods may be more appropriate including time series, observational and cross-sectional designs despite being typically considered lower quality. This is an emerging field and hence, there is a great deal of variation in rigor of study design and evaluation. The sources for these reviews and studies are provided as part of references.
- 5 The evidence base for RESPECT has been updated in 2024 based on two systematic reviews. One systematic review focusing on prevention interventions in humanitarian settings has informed the addition of evidence key in the legend for humanitarian settings. The systematic review for humanitarian settings is published and cited as publication number z in the references. Humanitarian setting evidence is indicated with + corresponding to the level of evidence. The second systematic review of reviews on prevention intervention reviews published since 2015 when the last review was published in the Lancet (see citation number a in references). Additionally an evidence and gap map has been published along with a dedicated one stop shop website with all resources related to RESPECT including an implementation guide. The website can be accessed here: https://respect-prevent-vaw.org/evidence
- 6 Refers to evaluations where some studies may show positive impacts and others may show no impacts or negative impacts, highlighting that the impact of interventions may be context specific. Hence, any replication or adaptation of the intervention must pay close attention to the contextual or implementation factors.
- 7 For humanitarian settings there are additional principles and considerations for involvement and engagement of women's organizations and this will be elaborated as a separate one page guiding principles for investing in women's organizations in humanitarian settings, which will draw from consultations with networks of women's rights organizations in humanitarian settings.
- 8 This includes laws and policies that: criminalize sexual abuse; promote equality in inheritance; ban child marriage and FGM; marriage, custody and divorce laws that guarantee equality for women; action plans that promote gender equality and address violence against women. It also includes implementing justice and law enforcement services such as arrest orders and legal aid.
- 9 Even where there is no national commitment to ending violence against women, there may be other commitments to empower women, to gender equality, or to women's health that may be useful to consider.

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