



HM Government

UK National Action Plan on Women, Peace and Security 2018-2022: Guidance Note – Implementing Strategic Outcome 3: Gender-based violence



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About this Guidance Note

This is one of a series of guidance notes being produced on each of the Strategic Outcomes of the UK National Action Plan on Women Peace and Security (2018-2022) to support implementation of policy and programme interventions in each area:

1. Decision-making
2. Peacekeeping
3. Gender-based violence
4. Humanitarian response
5. Security and justice
6. Preventing and countering violent extremism
7. UK capabilities

It is intended to support HMG staff and partners in meeting commitments under Strategic Outcome 3 of the NAP: Gender-based violence.

Suggested citation: UK National Action Plan on Women, Peace and Security – Implementing Strategic Outcome 3: Gender-based violence (2019)

Acknowledgements

This guidance note was written by Ann Kangas, Veronica Ahlenback, Erika Fraser and Isabelle Cardinal of Social Development Direct through the DFID Violence against Women and Girls HelpDesk.

The note was informed and reviewed by a cross-HMG group of experts, including Clare McCrum, Gemma Standeven, Emily Esplen, James Hamilton Harding, Juliet Walton and Lara Quarterman (DFID), Helen Lindley-Jones (Stabilisation Unit), Rosy Cave, Sam Lones, Faye Minshall, Sandy Scott, Louise Edwards, Asma Siyala, Natasha Harrington (FCO) and Dani Sayers-Beaumont (MOD).

Many thanks to partner organisations for their time, expert inputs and insights including Anna Parke and Katy Chadwick (ActionAid UK), Tim Hess and Jean Casey (International Rescue Committee), Maria Vlahakis (Womankind Worldwide), Sophie Stevens (Social Development Direct) and Gender Action for Peace and Security (GAPS).

Executive Summary – Implementing UK NAP Strategic Outcome 3: Gender-based violence

Why it matters

GBV is a gross human rights violation affecting millions of people, primarily women and girls, around the world. The drivers of GBV in conflict are the same as those in peacetime and post-conflict, namely **power imbalances and gender inequality**, however these factors often worsen during and after conflict. Those that face **intersectional discriminations** in society, such as women and girls with disabilities, individuals that are perceived to belong to a sexual minority and displaced women and girls, experience higher levels of GBV. GBV has a serious and long-term impact on survivors, including on **physical and mental health outcomes, economic productivity**, and participation in **local and national decision-making**. GBV also fuels armed conflict and undermines transitions to peace and long-term stability and can exacerbate long term grievances and **intergenerational cycles of violence**. GBV in conflict settings is preventable; there is a growing robust evidence base on **promising approaches to tackle the causes of GBV in conflict and deliver effective response**.

Strategic Outcome 3 commits HMG to:

- Increase the number and scale of interventions that integrate effective measures to prevent and respond to GBV in conflict.
- Focus on addressing violence against women and girls (VAWG) as the most prevalent form of GBV in conflict.

Key steps to design and implement prevention and response to GBV

Step 1: Review the national evidence on nature, scale and drivers of GBV and links to conflict, including both risks and opportunities. It is important to tailor your work to the dynamics of GBV and conflict in your country context, however this should be accompanied by a review of the global evidence base on the effectiveness of different GBV prevention and response approaches.

Step 2: Map the entry points for GBV interventions, including activities of other stakeholders.

Step 3: Develop a strategy for HMG response: Different options exist for addressing GBV in conflict-affected countries, which can be selected depending on the appropriateness to country context and resource implications.

Step 4: Develop a monitoring and evaluation (M&E) plan: Active monitoring of impact and risks is important in order to track both intended and unintended consequences of UK engagement. M&E is also essential to build the evidence base on what works to address GBV in conflict and to learn how change happens.

Entry points to prevent and respond to GBV in conflict:

Mainstreaming: Integration across sectors	Stand-alone GBV programmes	Diplomatic efforts and enabling environment
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Essential elements:

To be effective *all* interventions should:

- Include multiple components that tackle GBV at different levels
- Integrate response services along with prevention efforts
- Have clear, confidential and voluntary reporting and referral mechanisms
- Include gender-transformative approaches that support critical reflection on gender roles and power
- Be delivered by staff or volunteers who have participated in specialist (not 'one off') training and receive ongoing supervision and support.

	Transforming social norms in DRC	Supporting survivors in Afghanistan
Examples	A DFID funded community-based programme trained faith leaders to integrate messages about GBV prevention in their activities and 30 community members were trained as 'gender champions' to lead community dialogues about GBV. At the end of the programme, attitudes in support of intimate partner violence had halved, community members were more willing to support survivors, and survivors more likely to seek support.	An HMG supported programme brought health services to GBV survivors in six provinces of Afghanistan through establishing Family Protection Centres to provide integrated services to survivors at provincial hospitals. Health Focal Points provided screening and medical services to GBV survivors in communities and in district health centres. The programme reached 15,236 GBV survivors during three years of implementation.

Principles for addressing GBV in programme and policy work

- **Principle 1:** Always work on the assumption that GBV is prevalent
- **Principle 2:** Take a survivor centred approach
- **Principle 3:** Ensure the meaningful participation of women and girls
- **Principle 4:** Apply an intersectional approach
- **Principle 5:** Ensure that risk mitigation and do no harm considerations cut across all HMG work in conflict and post conflict contexts
- **Principle 6:** Strengthen the evidence base when possible

Acronyms

CP	Child protection
CP AoR	Child Protection Area of Responsibility
CPIMS+	Child protection information management system (refers to the use of the new generation of CPIMS system using Primero)
CRSV	Conflict-related sexual violence
DRC	Democratic Republic of Congo
GDP	Gross Domestic Product
GBV	Gender-based violence
GBV AoR	GBV Area of Responsibility
GBVIMS	GBV information management system
DDRR	Disarmament, demobilisation, rehabilitation and reintegration
DFID	Department for International Development
FCO	Foreign and Commonwealth Office
HIV	Human Immunodeficiency Virus
GAPS	Gender Action for Peace and Security
HMG	Her Majesty's Government
IASC	Inter-Agency Standing Committee
NAP	National Action Plan
NATO	North Atlantic Treaty Organisation
MOD	Ministry of Defence
P/CVE	Preventing and Countering Violent Extremism
PSVI	Preventing Sexual Violence in Conflict Initiative
SDSR	Strategic Defence and Security Review
SEAH	Sexual exploitation, abuse and harassment
SGBV	Sexual and gender-based violence
ToC	Theory of change
UN	United Nations
UNSCR	UN Security Council Resolution (1325)
VAWG	Violence against women and girls
WHO	World Health Organisation
WHRD	Women's Human Rights Defenders
WPS	Women, peace and security
WRO	Women's rights organisation

1. Introduction



Strategic Outcome 3: Gender-based violence

An increase in the number and scale of interventions that integrate effective measures to prevent and respond to gender-based violence (GBV), particularly violence against women and girls (VAWG) which is the most prevalent form of GBV

Preventing and responding to GBV in conflict and post-conflict contexts is a policy priority for the UK.

Since the UN Security Council Resolution (UNSCR) 1325 was adopted in 2000, the UK Government has repeatedly reaffirmed the importance of ending GBV in conflict and shown international leadership in this area, including through the high-profile Preventing Sexual Violence in Conflict Initiative (PSVI), its flagship What Works to Prevent Violence Programme and as penholder at the UN Security Council on Women, Peace and Security¹.

The UK National Action Plan (NAP) on Women, Peace and Security (WPS) is the five-year strategy for how the UK Government will integrate a gender perspective into its work to build security and stability overseas, protect the human rights of women and girls, and promote their meaningful participation in conflict prevention and resolution. The NAP outlines seven strategic outcomes that set the vision for the UK's WPS implementation on conflict settings. Strategic Outcome 3 commits the Government to:

- Increase the number and scale of interventions that integrates effective measures to prevent and respond to GBV in conflict;
- Focus on addressing violence against women and girls (VAWG) as the most prevalent form of GBV in conflict.

This guidance note offers practical advice to HMG staff working on diplomacy, policy and programmes on how to prevent and respond to GBV in conflict and meet Strategic Outcome 3 commitments. It is divided into two main sections. The first conceptualises GBV in conflict and explores why this is such a crucial area of focus and investment for the UK Government. The second section sets out practical advice for how to integrate GBV in programme, policy, defence and diplomacy work. Case studies are used to illustrate best practice across HMG's global portfolio.

Box 1: International frameworks on GBV in conflict

UNSCR 1325, 1820 and 1888: Recognises conflict-related sexual violence (CRSV) as a threat to security, highlighting the detrimental impact it has on survivors and communities, and acknowledges that this is a crime that is preventable and punishable under international law.

UNSCR 2122: Sets out that transitional justice measures must address the full range of violations and abuses of women's human rights and differentiated impacts of conflict on them.

UNSCR 1612: Sets out grave violations against children in the context of conflict, including sexual violence, abductions and recruitment and use of children.

Sustainable Development Goal 5.2: Commits the UK to eliminating all forms of violence against all women and girls in the public and private spheres.

Call to Action on Protection from Gender-Based Violence in Emergencies: Initiated by the UK and Sweden, this is a global initiative to drive change and foster accountability from the humanitarian system to address GBV from the earliest phases of a crisis. The **GBV Accountability Framework** operationalises this commitment.

Box 2: Relevant HMG commitments on GBV in conflict

- The UK National Action Plan on Women, Peace and Security (2018-2022)
- Cross-Government Ending Violence Against Women and Girls Strategy (2016-2020)
- DFID's Strategic Vision for Gender Equality (2018)
- UK International Defence Engagement Strategy and Joint Services Publication 1325.

Box 3: What is GBV in conflict and post-conflict settings?

In conflict and post-conflict settings GBV can take many different forms, including those outlined below. In practice an act of GBV may fall under more than one of the forms outlined.

Intimate Partner Violence (IPV): IPV is the most prevalent form of violence that women experience both within conflict and non-conflict settings². Globally, 35% of all women experience physical or sexual IPV in their lifetime, however, recent research suggests that this is even higher in conflict affected settings³.

Early, forced and child marriage: Seven out of the 20 countries with the highest prevalence of child marriage are affected by large-scale humanitarian crisis⁴. In Yemen child marriage increased from 50% before the start of the conflict to over 65% of girls under 18 as a result of the conflict⁵. In South Sudan, the practice of bride price is seen to fuel conflicts at local level as men and boys steal cattle to secure their payment for a bride price, and girls are abducted by men and boys to avoid paying a bride price, leading to a cycle of revenge attacks and further violence⁶.

Girls and women in some conflicts are forced to marry combatants. Including for 'temporary' marriages. This includes attempts by women and girls to secure protection from armed groups, or it can be forced actions by the combatants. In Nigeria women and girls have been forced to marry Boko Haram combatants following abductions⁷. This has also been widely documented amongst the Islamic State combatants targeting Yazidi women and forcing them into repeated temporary marriages for sexual exploitation⁸.

Conflict related sexual violence (CRSV): Prevalence of CRSV varies by conflict and is difficult to establish due to the challenges of reporting⁹, but has been documented across different conflict settings¹⁰. Among women in three districts in the Democratic Republic of Congo (DRC) for example, 21% had been raped by a non-partner in the previous year of the survey¹¹. CRSV includes sexual violence perpetrated by armed forces (state and non-state actors), peacekeepers, humanitarian workers or civilians and is directly or indirectly related to the conflict, including when sexual violence is used as a tactic by armed actors.

Sexual exploitation and abuse (SEA): SEA occurs across all settings however conflict may increase the risk of SEA if appropriate measures are not put in place. It is perpetrated primarily by men targeted at women and girls and rooted in unequal situations of power, for example in communities or in the delivery of aid. 40% of women and girls surveyed in Syria had experienced sexual violence while accessing services and aid¹².

Attacks on women human rights defenders (WHRD): WHRDs are targeted for their activism during and after conflicts and subjected to violence and abuse offline and online, in an attempt to silence, undermine, and discredit them. Reports from Burundi reveal recent incidents of rape and gang rapes against politically active women¹³. Other women in public life are also at risk of violence, including women political candidates and leaders as well as journalists.

Trafficking of persons for sexual exploitation: Trafficking of persons for sexual exploitation occurs within all major conflict affected areas and may or may not involve crossing international borders. It involves the use of coercion to force people into sexual slavery, forced marriages, and forced recruitment into armed groups¹⁴.

Forced abortions and births: Women and girls who are subject to sexual violence and abuse in conflicts may be forced to undergo abortion or give birth to a child, both of which can have severe implications on their reproductive and mental health. In Colombia many women have been forced to have abortions or give birth, especially women living with guerrilla groups. Many of the abortion procedures took place using unsafe methods¹⁵.

Forced transactional sex: Forced transactional sex primarily affects women and sexual and gender minorities, in the context of trafficking, but also as a means to access needed protection, services or money. In South Sudan, 20% of women and girls affected by the conflict are estimated to have been sexually exploited in exchange for goods and services¹⁶.

2. Conceptualising GBV in conflict affected settings

2.1 What is the scale of GBV in conflict?

While displacement and the normalisation of extreme violence during armed conflict can make GBV more frequent and severe, **GBV has its roots in unequal power relations and the acceptability of men's use of violence against women, girls and boys**. This precedes conflict, and if unchallenged, will persist in times of post-conflict.

In conflict and post-conflict situations, existing forms of GBV intensify, such as IPV, early, forced and child marriage, sexual harassment, sexual exploitation and abuse, and trafficking, taking the form of both increasing prevalence and increasing the severity of that violence¹⁷.

New forms of GBV also emerge, including CRSV, forced and 'temporary' marriages to fighters and intensified political violence against women's human rights defenders (WHRDs). These often form part of the political economy of conflict, for example, CRSV may be used against women and girls as a way to humiliate the opposing side in a conflict¹⁸. CRSV is used as a tactic by armed groups, including violent extremist groups, to achieve military aims – for example punishing 'resistant' communities or particular ethnic, religious or other sociocultural groups, or to enforce more conservative norms related to the behaviour of women in public, sexual behaviour and identity¹⁹.

Women and girls therefore face multiple and compounding forms of GBV including both intensified forms of GBV and new conflict related forms, both of which need to be considered. **Research has found that in conflict situations the vast majority of perpetrators of GBV tend to know the survivor** and that even in context of conflict and post conflict settings, **IPV is the most common form of GBV that women and girls experience**²⁰. However, women and girls' experiences of GBV often shift over time and are influenced by factors such as age, sexual orientation, socio-economic status, ethnicity and disability.

Box 4: Prevalence and forms of GBV in conflict in South Sudan

DFID's What Works to Prevent VAWG Programme conducted a large-scale study on prevalence of GBV in three areas in South Sudan and found that violence was widespread and severe:

IPV was the most common form of violence experienced by women. Up to 75% of women and girls had experienced physical and/or sexual violence at the hands of an intimate partner in their lifetime.

IPV was notable for its brutality, with almost three quarters of women who reported IPV experiencing being hit, kicked, dragged, choked, burnt, or threatened with a knife or gun.

IPV was also very frequent, with almost 50% of women reporting multiple instances of physical violence in the past 12 months in one of the research sites.

Women in the study who experienced displacement, attacks or other direct conflict experiences were up to two times more likely to have experienced IPV.

Levels of non-partner sexual violence were also very high. This was experienced by up to 33% of women, 60% of whom were under 19 years old. Many incidents were directly related to conflict, occurring during a raid, displacement or abduction.

Male respondents also reported experiences of sexual violence, but this was less prevalent at 9% of men in Juba and 6% in Rumbek.

Source: IRC (2017) No safe place: A lifetime of violence for conflict-affected women and girls in South Sudan, DFID What Works to Prevent VAWG Programme

2.2 Why addressing GBV in conflict is a priority for the UK Government

GBV is a human rights violation that the UK is committed to prevent and address, including in conflict and post-conflict settings. This global commitment is set out in a number of policies, strategies and plans (see box 2). Implementing these and showing leadership during interactions with other stakeholders is crucial to continue the UK's position as a global leader in addressing human rights violations.

GBV has serious and long-term impact on women and girls in conflict and post-conflict settings

Armed conflict amplifies existing forms of discriminations and inequalities, leading to women and girls experiencing disproportionate human rights violations²¹. GBV has **serious consequences for women and girls in the longer term, including physical and mental health outcomes, and economic productivity**²². It impedes participation in decision-making activities at both community and national level²³ and can lead to a **reduction in women's participation** and confidence in peace processes and state-building²⁴.

Box 5: Economic and mental health impacts of IPV in South Sudan

In South Sudan 28% of female employees across 99 businesses surveyed had missed ten days work each on average over the past year due to IPV related impacts. The study also found that women who had experienced IPV in the last 12 months experienced a range of physical and mental health issues; 41% reported physical injuries and depression was higher among women who had experienced any form of IPV. Women who sought services due to the GBV experienced incurred significant out-of-pocket expenditure at US\$21.3 on average per survivor per year. This is significant in a context in which 80% of the population lives on less than a dollar a day.

Source: Elmusharaf, K., Scriver, S., Chadha, M., Ballantine, C., Sabir, M., Raghavendra, S., Duvvury, N., Kennedy, J., Grant-Vest, S. and Edopu, P, (2019) Economic and Social Costs of Violence Against Women and Girls in South Sudan: Country Technical Report, Galway: NUI Galway.

GBV fuels armed conflict and undermines transitions to peace and stability

There is an emerging body of evidence which shows how GBV fuels and exacerbates armed conflict and undermines transitions to peace and long-term stability²⁵.

GBV can play a role in motivating both men and women to join armed groups, including violent extremist organisations. Research in Jordan found that 34% of respondents in a survey conducted by UN Women said that GBV may play a part in radicalising women²⁶. In Mali research found that CRSV perpetrated by defence and security forces had led to young men joining violent extremist groups to redeem ‘women’s honour’.²⁷ See the guidance on **Strategic Outcome 6: Preventing and Countering Violent Extremism** for more information.

GBV is also used as a tactic of armed conflict. Sexual and other forms of GBV have “a profound inflammatory effect on existing tensions and triggering revenge and retaliatory violence”²⁸ and are used to humiliate and terrorise populations. Landmark cases brought to the International Criminal Tribunal for the former Yugoslavia established a link between rape and ethnic cleansing. In 2019 the United Nations Independent International Fact-Finding Mission found that the scale and brutality of sexual violence against the Rohingya shows ‘genocidal intent’²⁹. The perpetration of GBV is also used as a means of control and a source of income, as has been seen in Islamic State controlled territories where women and girls were sold or given as rewards to fighters³⁰.

The impacts of conflict, including trauma and suffering related to GBV, when left unaddressed can feed into long term grievances, which can be used to justify further conflict³¹.

At the individual level it is widely documented that **experiencing violence in childhood leads to a higher risk of experiencing or perpetrating violence later in life, leading to an intergenerational cycle of violence**³². Addressing GBV taking place at both household and community level is therefore important to reduce the likelihood of different forms of violence happening in the longer term, including GBV. At the state level an increasing body of evidence has shown that states with **higher levels of gender equality are less likely to see both internal and international conflict**³³.

State and peace-building processes provide an opportunity for addressing GBV and advancing gender equality

Women are frequently excluded, or not included in substantive ways, in conflict resolution mechanisms and peace processes. This contributes to a lack of emphasis on GBV, and **processes that do not contain specific provisions to address GBV or contribute to gender equality**³⁴. Table 1 illustrates examples of how different aspects of state and peace-building strategies can address GBV:

Table 1: Adapted from Figure 3 in The Global Women’s Institute, CARE International, International Rescue Committee. 2018, ‘Exploring the intersections of violence against women and girls and state-building and peace-building: lessons from Nepal, Sierra Leone and South Sudan,’

State and peace-building process: Conflict resolution and peace process	
Peace process and outcome agreement	GBV is included as a specific issue within the peace process and final peace agreement (e.g. inclusion of a mechanism for transitional justice and/or reparations. Amnesties for GBV during conflict are prohibited).
Transitional Justice	Specific provisions to document and address GBV and broader experiences of women and girls in the conflict (e.g. explicit inclusion of CRSV in transitional justice efforts, hybrid approaches that utilise formal and/or gender-sensitive informal mechanisms based what women and girls in the context find useful).

Research conducted as part of the What Works programme has shown that the post-conflict period also provides an opportunity to advance policy and legal frameworks that address GBV, including VAWG. For example Nepal, Sierra Leone and South Sudan all made significant legal and policy advancements on GBV and gender equality after the cessation of hostilities³⁵.

Box 6: The ‘Women’s Bloc’ and VAWG in South Sudan

South Sudan had been embroiled off and on in a decades-long conflict for independence from Sudan. In the lead up to the 2005 Comprehensive Peace Agreement, women were almost completely excluded from the negotiations. This led to a peace agreement that was completely gender-blind and did not acknowledge that GBV occurred during the conflict and would continue to affect women as the country transitioned to independence. Comparatively, the process to negotiate the 2013 Agreement on the Resolution of Conflict in the Republic of South Sudan saw much stronger participation of women – who coalesced into a “Women’s Bloc” that had a representative formally sign the peace agreement on behalf of the bloc. The advocacy of these women ensured that GBV was included.

Source: The Global Women’s Institute, CARE International, International Rescue Committee. 2018, ‘Exploring the intersections of violence against women and girls and state-building and peace-building: lessons from Nepal, Sierra Leone and South Sudan’

Conflicts often brings about gender norm change, with shifts in social and economic roles at the household and community level. While conflict can intensify patriarchal norms and practices, such as men’s controlling behaviours, child marriage and wife inheritance³⁶, conflict can also bring about changes in gender norms and dynamics that can provide opportunities for women and girls to take on new roles. Such changes can provide a **window of opportunity to transform the discriminatory gender norms that underpin GBV.** For this transformation to be sustained, dedicated programmatic support, including to WROs, is necessary.

2.3 What are the drivers and risk factors of GBV in conflict?

The drivers of GBV in peacetime, conflict and post-conflict are similar: power imbalances and gender inequality. However, in conflict and post-conflict settings many of the drivers intensify and women and girls typically experience acute risk, through the erosion of community-based protection mechanisms and the breakdown in law and order³⁷. Conflict also exacerbates particular drivers and contributing factors of violence, including increases in alcohol and drug use, the normalisation of more extreme forms of violence, and increases in childhood experiences of violence.

Those that may be at an increased risk of GBV during conflict and post-conflict settings are those that have less power in society and often face multiple and intersecting forms of discrimination, of which gender inequality is a major barrier, leaving women and girls disproportionately affected. This includes women and girls with disabilities, migrant, refugee and displaced women and girls, women and girls living with HIV/AIDS, girls separated from their families, adolescent girls, WHRDs, widows, sex workers, and sexual and gender minorities.

Men and boys are at risk of GBV in certain circumstances. For example, research shows that **sexual violence against men in detention is a significant problem, as is GBV against homosexual or transgender men**³⁸. Men and boys also require specialist support services, however these are often not available, and where they are stigma may prevent male survivors from accessing support³⁹.

Box 7: Conflict related GBV against adolescent girls

Adolescent girls are at increased risk of experiencing GBV in conflict due to intersecting discrimination of being both female and a child. The DFID funded COMPASS programme found that 45% of adolescent girls surveyed in Ethiopia and 37% in DRC had experienced sexual violence in their lifetime; intimate partners, followed by parents, were the most common perpetrator. One in five girls had experienced early marriage.

Source: IRC (2017b) A Safe Place to Shine: Creating Opportunities and Raising Voices of Adolescent Girls in Humanitarian Settings, New York: IRC

Box 8: CRSV against men and boys

A study of men's experiences in the Syria crisis found that up to 27% of male survey respondents had experienced sexual harassment or unwanted sexual contact as boys. Patterns of sexual violence included sexual torture by multiple parties and refugee boys suffering sexual violence and exploitation at the hands of older boys and men in countries of refuge. Most refugee respondents could not name a single available service for male survivors.

Source: Chynoweth, S. (2017) "We keep it in our hearts" *Sexual violence against men and boys in the Syria Crisis*, UNHCR

Box 9: Conflict related GBV and sexual and gender minorities

Research from Iraq and Syria with individuals that identify as or are perceived by others as belonging to sexual and gender minorities found that respondents faced high levels of GBV from within their communities and families and systematic violence from armed actors, including security forces. The Islamic State executed gay men and attacked lesbian women. The respondents reported being forced to 'buy' protection from security forces, sometimes in exchange for sexual acts and were targeted for blackmailing.

Source: Myrtilinen, H. and Daigle, M. (2017) *When Merely Existing is a Risk: Sexual and Gender Minorities in Conflict, Displacement and Peacebuilding*, *International Alert*

The below socio-ecological model was adapted as part of the What Works programme for conflict and post-conflict settings and is a framework to understand why some individuals are at risk of experiencing GBV in conflict. The framework brings together risk factors from the individual to the societal level and is useful when designing interventions to address GBV in conflict affect contexts.

The risk factors highlighted in the model are not static. Women and girls, in particular, can move in and out of many of these risks during the life course, for example due to advances in education or wealth, marriage, migration, by getting older, changing their gender identity or through development of a disability or changes to health.

As the model shows, many of the forms and drivers of GBV are present prior to, during and after conflict. It also shows the importance of working across **multiple entry points at different levels**, including community, national and international.

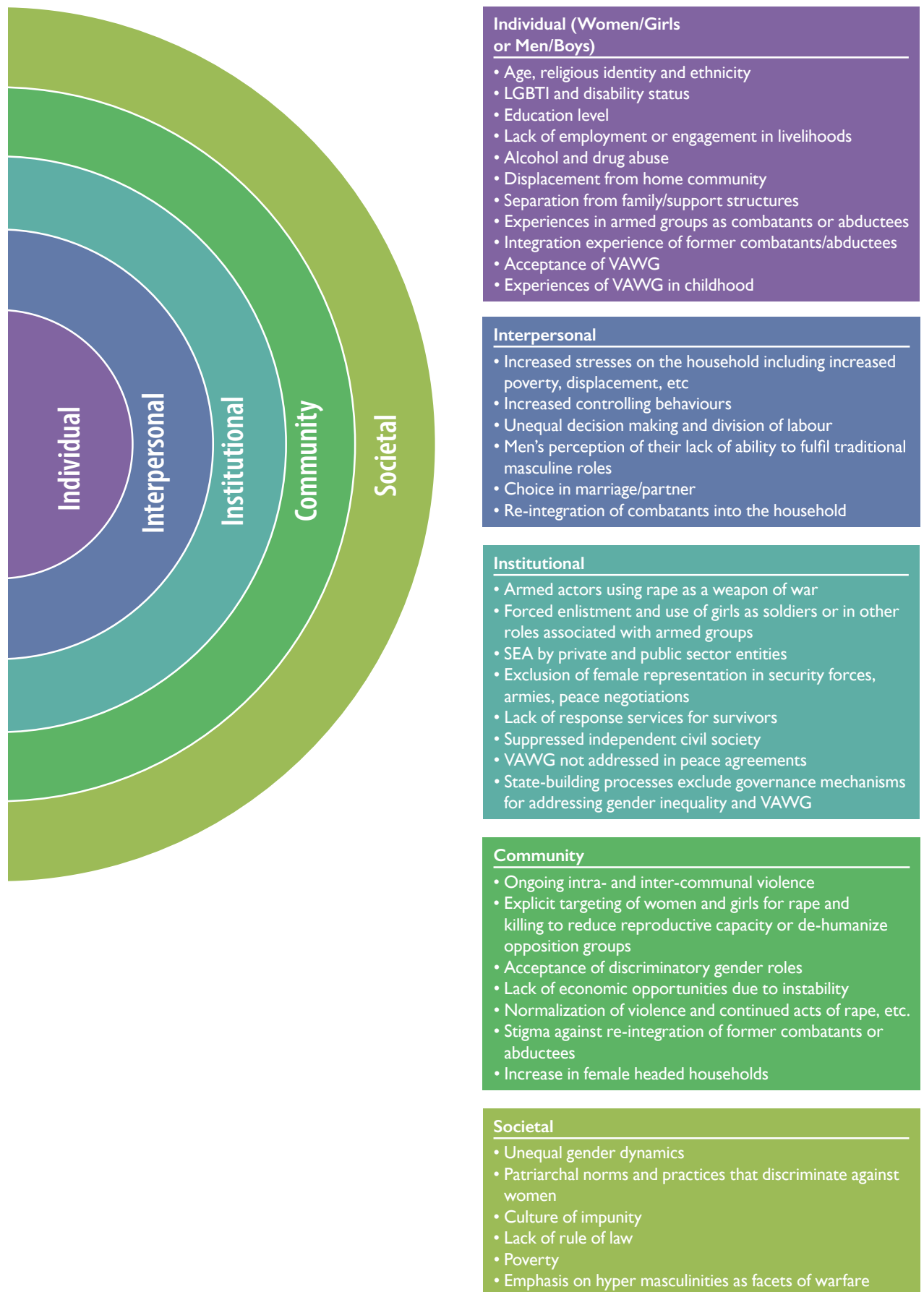


Figure 1 An ecological model for drivers of conflict and post-conflict VAWG

Source: GWI, IRC and CARE (2018) *A New Analytical Framework for addressing the Intersections of Violence against Women and Girls with Post-conflict State-building and Peace-building Processes*, Policy Brief, *What Works to Prevent Violence*

3. Preventing and responding to GBV in conflict

3.1 Principles for addressing GBV in conflict programming and policy work

The following section sets out key principles that need to underpin all work on GBV in conflict, to ensure that the work is effective and does not put survivors, especially women and girls, at further risk.

Box 10: Support on GBV in conflict available to HMG staff

- The **VAWG Helpdesk** offers rapid desk research and short-term expert country consultancy to help inform GBV in conflict initiatives.
- The **Stabilisation Unit** can support scoping, design and evaluation of GBV initiatives across HMG.
- The **Preventing Sexual Violence in Conflict Initiative (PSVI)** offers a range of resources and training guides on CRSV.
- The **GBV Area of Responsibility (GBV AoR)** provides coordination and resources on GBV in humanitarian action and hosts a global community of practice.

Principle 1: Always work on the assumption that GBV is prevalent

In view of the challenges and sensitivities around measuring GBV, **HMG staff should not wait for research or data on prevalence of GBV in conflict settings before acting**, but work on the assumption that it is occurring and mainstream GBV into all their work. This includes complying with the Inter-agency Standing Committee (IASC) Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action (the 'GBV Guidelines'). HMG staff can consult with key stakeholders to better **understand how GBV manifests in a specific context and identify suitable entry points, including political entry points**. In the medium to long-term, commissioning research and analysis can be helpful to get a better understanding of where there are evidence gaps.

Principle 2: Take a survivor centred approach

All HMG initiatives should adopt a 'survivor centred approach' whereby any intervention is centred on respect for survivors' autonomy, agency and preferences, protecting their confidentiality (including any identifying information about them or their family members), ensuring their safety and security takes primacy in programming and barrier-free access to services without discrimination⁴⁰.

All HMG initiatives should consider and be designed to amplify the **voices and wishes of survivors of GBV**. This can be done through working closely with WROs that represent survivors.

Principle 3: Ensure the meaningful participation of women and girls

Women and girls have the right to equal participation in decision-making at all levels, including the national and community level, as reflected in the NAP Strategic Outcome 1. Drawing on the expertise of WROs, sexual and gender minority rights groups, disabled people's organisations, WHRDs, organisations working with adolescent girls and Ministries covering women's affairs or gender can be useful for understanding the political entry points around GBV and needs of GBV survivors. **Strategic partnerships with these organisations should ensure that any consultation carried out is ongoing and meaningful rather than perfunctory**⁴¹. Particular attention should be paid to working closely with WROs and amplifying women's voices, especially in policy making and ensuring that initiatives are built upon a strong local understanding of both the problem and the solution.

Principle 4: Apply an intersectional approach

All interventions need to think about **intersectional identities** and how women and girls, in particular, face multiple and overlapping forms of discrimination. This includes, for example, the experiences of women living with disabilities, women affected by forced displacement and bisexual and lesbian women. Community and rights-based approaches that empower and support leadership of women and other groups facing intersectional discriminations should be supported. **Adolescent girls** require specific focus as they frequently face risks of GBV yet fall between gaps in services for women and children.

Box 11: Key considerations when working with potential GBV survivors

When operating in conflict and post-conflict settings, it is important to recognise that members of the affected population may have lived experiences of GBV, either directly as a survivor themselves or as a friend, family member or community member of survivors. These experiences may be shared with those involved in implementing programming and these disclosures should be met with responses that are non-judgemental, non-stigmatising and supportive.

Responding in this manner is often referred to as psychological first aid (PFA), which is defined as 'a humane, supportive response to a fellow human being who is suffering and may need support.' This is not to be confused with specialist mental health or psychosocial support. PFA involves:

- 1 – Respecting safety, dignity and rights
- 2 – Adapting what you do to take into account the local culture and norms
- 3 – Being aware of other emergency measures
- 4 – Looking after yourself

Providing PFA in an ethical manner is fundamental to engaging with potential survivors of GBV to avoid re-traumatisation and reinforce a survivor-centred approach. The following dos and don'ts can be used as a guide:

Do

- Listen to a person's account of their experiences if they wish to share it
- Be honest and trustworthy
- Respect people's rights to make their own decisions
- Be aware of and set aside your own biases and prejudices
- Make it clear that people can refuse assistance, but can still access help in the future
- Respect privacy and keep a person's story confidential
- Understand your role and the power and influence it can have or be perceived to have
- Suggest other places someone can get help, if you are aware of them

Don't

- Make false promises or give false information
- Overstate your skills or authority
- Force help on people
- Be intrusive or pushy, including by asking unnecessary questions about a survivor's experience
- Judge the person on their choices, actions or feelings

Source: IASC (2015) Guidelines for Integrating GBV interventions in Humanitarian Action, pp 40-41.

Principle 5: Ensure that risk mitigation and do no harm considerations cuts across all HMG work in conflict and post conflict contexts

Preventing and responding effectively to GBV in conflict requires challenging the deeply rooted and harmful social norms around gender that condone and perpetuate violence. Evidence suggests that this is an effective approach to prevent GBV in these settings, however addressing power can result in backlash and it is therefore important that HMG staff identify and mitigate risks to the safety of women and girls and monitor programmes for emerging risks and backlash. Effective mitigation should be underpinned by the following:

- **Humanitarian action must comply with the Inter-Agency Standing Committee (IASC) Guidelines for Integrating GBV Interventions in Humanitarian Action** to ensure GBV is mitigated across all humanitarian sectors⁴².
- **GBV prevention efforts should include or link to GBV response** to ensure that survivors can be supported to access quality services. Where there is a lack of services, available programmes should ensure coordinating with other actors that fund or deliver services or think about sequencing of GBV initiatives so that an initiative prioritises response before prevention.
- HMG partners should monitor service data and community perceptions to identify if initiatives are increasing risks of GBV. WROs can also be effective at identifying these early warnings.

Box 12: Safeguarding due diligence and sexual exploitation, abuse and harassment (SEAH) risk mitigation

It is important to recognise that all actors, including humanitarians and security forces, can perpetrate GBV and SEAH. DFID's enhanced safeguarding due diligence provides a framework for assessing how organisations are safeguarding staff and community members from SEAH. It should be used before providing financial assistance to the UN and NGOs. DFID has a partner code of conduct that should be used for private sector contractors. HMG staff should also ensure SEAH, GBV and child protection are included as regular advocacy points in diplomacy and engagement with defence actors and UN peacekeeping missions, and in regular review and programme management discussions with all partners.

Principle 6: Strengthen the evidence base when possible

GBV in conflict initiatives should always consider how they can help strengthen the evidence base on what works to prevent and respond to GBV in conflict. This can be done through both research and monitoring and evaluation activities. However, **ethical considerations and methodologies must be front and centre** (see section 3.5 for more information on monitoring and evaluation).

HMG staff should be aware that effective prevention and response initiatives can lead to increases in reporting of GBV as a result of increased confidence in service provision or changes in social norms on the acceptability of reporting and this may not always be reflective of increases incidence of GBV.

3.2 Theory of Change

This theory of change articulates how the UK Government can work to effectively prevent GBV in conflict and post-conflict settings and respond effectively through risk mitigation and service delivery programming. The diagram and accompanying narrative map key interventions for change, risks and assumptions. Key interventions are set out in the following sections.

Prevention and response to GBV contributes directly to all four pillars of the WPS agenda: participation, prevention, protection and relief and recovery. This theory of change is framed around the four WPS pillars, recognising that some outputs and interventions could fit under more than one pillar, for example, women's participation is key to the effectiveness of work in all four pillars and influencing and diplomacy cuts across all four pillars and is essential to preventing and responding to GBV.

Problem statement:

GBV is a violation of human rights and undermines survivors' ability to fulfil their potential and participate in political and economic processes. The underlying drivers of GBV in peacetime, conflict and post-conflict are similar: power imbalances and gender inequality. Conflict exacerbates certain drivers of GBV and GBV can be used as a tactic of armed conflict. This can lead to an increase in GBV, which if unaddressed, risks further cycles of violence, including amongst future generations.

Theory of change for preventing and responding to GBV in conflict

IMPACT

Prevention of GBV in conflict and post-conflict situations, and effective response when GBV occurs

OUTCOME

PREVENTION

Outcome: Prevention of all forms of GBV in conflict and post-conflict situations

PROTECTION

Outcome: Protection of the safety, security and rights of those at risk of GBV in conflict and post-conflict situations

PARTICIPATION

Outcome: Women, girls and GBV survivors are meaningfully included in decision-making processes

RELIEF AND RECOVERY

Outcome: GBV survivors' specific needs are met in conflict and post-conflict situations

INTERVENTIONS FOR CHANGE

Legal systems, including customary and religious laws, recognise, prevent, and effectively respond to GBV

Early warning systems monitor signs of potential, impending or ongoing GBV to inform prevention actions

Conflict prevention and P/CVE initiatives take steps to prevent violent backlash against women's participation

Social norm change interventions empower women and marginalised groups and engage families, communities and leaders to address GBV and violence against children (e.g. WROs, CSOs, traditional and religious leaders)

Economic interventions combined with gender-transformative approaches promote more equitable relationships leading to reduced violence

Schools-based interventions promote critical thinking leading to reductions in violence

Community policing engages women's organisations to protect communities from GBV

Police and judiciary training on receiving, investigating and prosecuting GBV cases, lead to changes in practice (e.g. respectful handling, strengthened documentation, increase in prosecutions)

Armed forces and peacekeepers training help improve knowledge, attitudes and behaviour around gender, GBV and child protection, including reducing sexual exploitation and abuse

Effective safeguarding mechanisms in place to prevent GBV and SEA by service providers including peacekeeping, security and justice and humanitarian actors

Multi-sectoral coordination and dialogue between security & justice actors and women leads to greater emphasis on GBV and stronger referral pathways

Ongoing meaningful participation of women in peace processes and integration of GBV in transitional justice mechanisms, including truth commissions address the multiple forms of GBV experienced by women, including CRSV

Improved capacity, training and funding for women to organise and participate in peace processes.

Women's participation prioritised in security, justice, defence and peacekeeping sectors e.g. training, recruitment and retention of female staff; specialist units to respond to GBV; leadership programmes

Survivor-centred participation leads to prioritisation of the rights, needs and wishes of survivors in GBV response and prevention

GBV integrated in rapid needs assessments, response plans and mainstreamed across all humanitarian response

Women's and local voices represented in humanitarian decision-making across all clusters, leads to prioritisation of GBV and child protection needs

Women-led community-based protection supports both immediate and long-term prevention and response

Specialised GBV services in humanitarian settings available and responsive to needs (including adolescents, males, sexual and gender minorities)

Gender-responsive cash programming integrates risk mitigation and prevention components

Safe spaces provide referrals and access to services, psychosocial support, education, and alliance building.

Supported reintegration of GBV survivors and their families reduces stigm.

INFLUENCING & DIPLOMACY

Outcome: Increased political will and capacity at all levels to prevent and respond to GBV

Leadership and support on GBV issues at the UN and other multilateral forums increases commitment, political will, funding and action on GBV prevention and response

Strategic dialogue with bilateral partners ensures that prevention and response to GBV in conflict is prioritised at country, regional and international levels

Engaging with WRO and providing platforms for women's voices increases women's participation in peace processes and conflict prevention and P/CVE initiatives, leads to improved GBV prevention and response

In-country lobbying with host governments strengthens national laws, policies and systems to deliver long-term prevention and response across sectors (women's ministries/commissions, health, education, justice, defence, policing etc)

Diplomatic engagement with local and international justice mechanisms brings justice for victims of GBV in conflict

CROSS-CUTTING: Gender-transformative approaches which empower and prioritise highly marginalised and excluded groups and meaningfully engage WROs

Theory of Change Assumptions: The ToC is based on the following underlying assumptions.

- **GBV is preventable** in conflict settings.
- **Violence, including GBV, is endemic in all societies and intensifies during conflict** or periods of crisis and instability as protective norms and structures breakdown. New forms and pathways of violence and GBV also emerge.
- **The majority of GBV is perpetrated by individuals known to the survivor, with IPV being the most prevalent form of GBV in conflict.**
- **Women and girls** are disproportionately affected by GBV.
- There is **political will to implement policies and programmes for GBV prevention and response** or political will can be stimulated, within national governments and the international community.
- **Conditions during and post-conflict can exacerbate GBV for socially excluded groups**, for example, adolescent girls, people with disabilities, refugee and migrant women, women and girls living with HIV, widows, sex workers, and sexual and gender minorities.
- **Processes of change are complex and multi-directional** around GBV and highly context specific. These non-linear pathways cannot be fully captured within the theory of change diagram. Common drivers including social norms around gender and power are often used to justify the use of violence and legitimise harmful practices.
- **Coordinated, multi-component approaches** that work across multiple pillars and levels are more likely to have impact.
- **Work in all pillars should strengthen referral pathways and service provision**; this is equally important from work on community-level prevention to encouraging more meaningful participation of women, all of which may involve disclosure or discussion of traumatic personal experiences of violence or conflict.
- **Conflict and post-conflict settings present opportunities for change**, including new legislation and entry points for norms change.
- **Meaningful engagement and/or consultations** with women and marginalised groups is critical.
- **Organisations have the required technical expertise to deliver interventions** that are effective.

Risks: All interventions in a conflict context have the potential to create unintended, negative consequences that may fuel GBV and/or further conflict. Active monitoring of risks and backlash is essential to anticipate negative impacts and mitigate where possible. These risks are manageable, but programming should be flexible and adaptive to respond to resistance, including the increased risk of further violence. Key risks include:

- **Backlash** and increased risks to women, girls and allies challenging violence and unequal power dynamics, at both community and national level.
- Violence and harassment towards **women human rights defenders** and women's rights organisations due to their higher visibility and influence.
- Violence or harassment towards **those involved in delivering interventions** to prevent and respond to GBV in conflict settings.
- **Political challenges** to increased reports of GBV due to improved reporting systems.
- Risks to the **continuity and sustainability** of GBV programming if access to affected populations is limited or denied due to hostilities between actors.
- Aid can be **instrumentalised** by parties to a conflict and GBV services may not reach those most affected due to access limitations.

3.3 What works to prevent and respond to GBV in conflict?

In recent years there has been an expansion in global knowledge about GBV and what works to prevent it. DFID's *What Works to Prevent Violence against Women and Girls* programme is the largest single investment by a bilateral donor in building the evidence base on prevention of GBV with a focus on VAWG. **A number of evaluated pilots have shown significant reductions in violence of around 50%.** These findings contribute to a growing body of studies which show that **GBV is preventable** – for example, through combined economic and social empowerment programmes; school interventions; and couples and community level programmes to change social norms and support non-violent relationships.

While research has provided better understanding of the prevalence, nature and drivers of GBV during conflict and crisis, robust evidence on what works to prevent and respond to GBV in these circumstances is growing but limited. Research and evidence reviews conducted by the *What Works to Prevent Violence against Women and Girls* Programme suggests that there are **promising approaches** to tackle the causes of GBV in conflict as well as to deliver effective response, although further research is needed to establish what approaches are most effective.

The table on the next page provides an overview of the current evidence of 'promising' approaches as well as approaches that show some promising results but requires further research. The table is adapted from a recent *What Works to Prevent Violence against Women and Girls* evidence synthesis⁴³, and supported by evidence from previous *What Works* evidence reviews and other research.

Table 2 Overview of evidence base on prevention and response to GBV in conflict

	Approach	Assessment	Examples of evidence
Prevention	Community-based interventions focusing on transforming attitudes, behaviours and social norms.	Promising – Can have an impact on reducing GBV rates. However, more evaluations are needed to establish effectiveness in acute conflicts and in the long-term.	<ul style="list-style-type: none"> An evaluation of a school-based peace education and community-based programme in Afghanistan found that peer-violence in school reduced with up to 50%, corporal punishment reduced significantly and children reported less violence in their homes⁴⁴. Available here. An assessment of a programme that worked with faith- leaders to change social norms and provide response services in DRC found that IPV rates reduced by more than 50% during 2 years of implementation (survey conducted at baseline and endline)⁴⁵. Available here.
	Life-skills and safe spaces programmes for adolescent girls such through girls-discussion clubs.	Needs further research – Show positive outcomes in the lives of girls, however, do not seem to reduce GBV rates. May need to be coupled with wider social norms and behaviour change programming.	<ul style="list-style-type: none"> Evaluations (RCTs) of the COMPASS programme in DRC, Pakistan and Ethiopia, and data collected throughout the programmes showed that girls participating in the programme formed friendships and were more likely to have a trusted non-family female adult than girls who did not participate. In some cases, family relationships also improved⁴⁶. Available here.
	Economic empowerment programmes targeting women, for example providing business, literacy and numeracy and skills, combined with gender transformative components.	Needs further research – Have mixed impacts. More robust evaluations are needed as findings from available evidence is not all statistically significant (for instance an RCT of a livestock transfer intervention in DRC found reduced levels of IPV but the finding was not statistically significant) ⁴⁷ .	<ul style="list-style-type: none"> An RCT in post-conflict Uganda of business training along with a small grant found that the programme did not reduce IPV but improved women’s reported quality of relationship with their partner⁴⁸. Available here. An impact evaluation of an economic and social empowerment programme in Afghanistan found that women participating in the programme reported increased earnings and savings and reduced food insecurity. Participants were almost twice as likely to earn any money in the past month compared to the control group, and 29% had savings at endline compared to 4% of women in the control group⁴⁹. Available here.
	Cash transfer programmes targeting women to meet basic needs in conflict settings and reduce negative economic coping mechanisms such as begging.	Needs further research – Evidence from non-conflict settings is very promising. In conflict settings, studies show mixed impacts on GBV rates. The evidence is not robust but does highlight the need for integrating complementary gender/protection components in programming.	<ul style="list-style-type: none"> A mixed-method evaluation of a cash transfer programme in Syria found mixed results (e.g. women’s increased decision-making and men’s increased control). The findings highlight the need to consider how economic interventions can affect household dynamics and subsequently the risk for IPV⁵⁰. Available here. A literature review of studies looking at cash transfers in humanitarian settings, including 28 studies out of which one is an impact evaluation, provides an overview of the evidence base⁵¹. Available here.
Response	Community-based interventions where faith-leaders play a role in providing support.	Promising – However, the evidence contains gaps such as what capacity the faith-based leaders had to provide services. More research is needed.	<ul style="list-style-type: none"> An assessment of a programme that worked with faith-leaders to change social norms and provide response services in DRC found that at the end of the programme, survivors were more likely to seek support and less likely to feel guilt. Family members were less likely to stigmatise survivors, and communities were more willing to support survivors⁵². Available here.
	Psychosocial support services ⁵³ provided through community-based, culturally accepted approaches and integrating other interventions e.g. livelihood activities.	Promising – Community-based and combined approaches of providing psychosocial support show promising results in increasing well-being of GBV survivors. However, more robust evaluations are still needed.	<ul style="list-style-type: none"> An evaluation of a programme with female ex-combatants in Sierra Leone that combined psychosocial support with re-integration ceremonies found that participants had improved mental health outcomes and were slightly more reintegrated in their communities compared to girls in a comparison group⁵⁴. Available here. A controlled trial of psychotherapy for survivors of sexual violence in DRC found that both individual and group therapy reduced anxiety, depression, PTSD and functional impairment among participants, with the group therapy showing greatest results⁵⁵. Available here.
	Mobile service delivery approaches that bring response services closer to survivors.	Needs further research – Show some positive outcomes, however, further research is needed into how to better handle referrals from mobile clinics.	<ul style="list-style-type: none"> A qualitative evaluation of mobile service delivery for GBV case management with Syrian refugees in Lebanon found that survivors using the services reported reduced feelings of isolation and increased confidence and knowledge. However, lack of permanent services in the areas where mobile services are needed constitute a barrier to providing referrals for further medical or legal support⁵⁶. Available here.
	Universal screening and referral protocol for women seeking care in health clinics.	Needs further research – Show results in terms of increasing referrals to further response services. However, evidence in this area is limited.	<ul style="list-style-type: none"> A feasibility and acceptability evaluation in Dadaab refugee camps in Kenya found positive results in regard to survivors’ overall experiences of health care services from community health workers, and in terms of increasing referrals to further response services⁵⁷. Available here.

Box 13: Key steps to design and implement prevention and response to GBV

The UK's engagement strategy and specific interventions should be based on a situation and political analysis and following a review of available evidence, both from national and international sources to determine key entry points and opportunities to contribute to GBV prevention and response.



Step 1: Review the national evidence on nature, scale and drivers of GBV and links to conflict, including both risks and opportunities. It is important to tailor your work to the dynamics of GBV and conflict in your country context, however this should be accompanied by a review of the global evidence base on the effectiveness of different GBV prevention and response approaches.

Key questions for reviewing the national evidence on GBV and conflict:

- What evidence already exists on the scale and nature of GBV? What are the gaps?
- What are the drivers and risk factors that sustain GBV?
- What information is available about the perpetrators of GBV?
- What groups of women and girls are most vulnerable to experiencing GBV? What groups of men and boys are most vulnerable to experience GBV?
- Is there any evidence of what types of interventions have worked (or not worked) to address GBV, particularly as it relates to conflict?
- What is the legal framework at the national and local levels affecting GBV and the rights of women and children?
- What types of cultural and social norms shape gender and violence in the country or local context?
- What happens to women and girls who have experienced GBV? Where do they go for help? If they report violence, to whom? What are the consequences for women and girls of reporting violence?



Step 2: Map the entry points for GBV interventions, including activities of other stakeholders.

Key questions for mapping entry points:

- What actors are currently working on this issue at national level (e.g. government bodies, WROs, NGOs, donors) and local levels (e.g. local government, service providers, CSOs, traditional and faith leaders) or should be engaged?
- What is the current capacity of key stakeholder to work on GBV in country? What specialist GBV expertise could be mobilized in country or internationally to support further work on GBV?
- What are the opportunities for women and girls to drive, develop and lead conversations?
- Could work on this issue increase GBV or have unintended consequences?
- What is the UK's previous experience of working on this issue in the country (if any) or in similar countries? Is there any support or experience from elsewhere in HMG to draw on?
- What services or programs are in place for women who experience violence? What are the major gaps in service provision (both geographically and types of services provided) (important for referral)?
- Are there any current or forthcoming initiative to revise or support curriculum/training for security and justice actors, education stakeholders, social workers or other stakeholders?



Step 3: Develop a strategy for HMG response: Different options exist for addressing GBV in conflict-affected countries, which can be selected depending on the appropriateness to country context and resource implications. Examples are shown below.

Mainstreaming: Integration into wider sectors

Examples of promising approaches used by HMG to address GBV in conflict as part of sectoral programming include:

Defence: e.g. supporting Nigerian Armed Forces to respond to CRSV through pre-deployment training on gender and CRSV as part of the broader British Military Advisory and Training Team (BMATT)

Humanitarian: e.g. the Syria Humanitarian Programme supported organisations providing health services and counselling to survivors of GBV⁵⁸

Stand-alone GBV programmes

Examples of effective stand-alone GBV interventions:

Combined social and economic empowerment of women and girls

Community and school-based approaches to shift harmful social norms

Establishing women's friendly spaces to support women's access to services and available resources

(see DFID's **What Works to Prevent VAWG** for further details)

Diplomatic efforts and enabling environment

For example:

Strategic dialogue with bilateral partners

In-country lobbying with host governments

Engaging with WROs and providing platforms for women's voices

Diplomatic engagement with local and international justice mechanisms

Leadership and support on GBV issues at the UN and other multilateral forums

Essential elements

To be effective *all* interventions:

Should include:

Multiple components that tackle GBV at different levels

Integrate response services with prevention efforts

Clear, confidential and voluntary reporting and referral mechanisms

Gender-transformative approaches that support critical reflection on gender roles and power, and build skills (e.g. communication, conflict resolution, empathy)

Be delivered by staff or volunteers who have participated in specialist (not 'one off') training and receive ongoing supervision and support

Should avoid:

Stand-alone awareness raising

Short programme cycles for stand-alone GBV work (less than 18 months implementation phase)

Weak or inadequate selection, training and supervision of facilitators/community activists

Exacerbating stigma (e.g. by victim-blaming) and local conflict

Reinforcing negative behaviours related to GBV (e.g. 'IPV is common here')

Engaging with men and boys/focusing on masculinities without accountability to women and girls

Implementation without specialist organisational GBV expertise or engagement with WROs



Step 4: Develop a monitoring and evaluation (M&E) plan: Active monitoring of impact and risks is important in order to track both intended and unintended consequences of UK engagement. M&E is also essential to build the evidence base on what works to address GBV in conflict and to learn how change happens. See section 3.5 for more information.

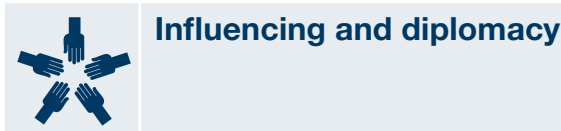
3.4 Suggested entry points for addressing GBV in conflict

The following section sets out practical guidance and examples for entry points to work on GBV. All HMG staff working in conflict or post-conflict contexts have an important role to play in addressing GBV, whether through policy influencing, mainstreaming GBV in sector programmes or through standalone programming. Staff are encouraged to reach out to GBV specialists (see Box 9) and ensure they work with **specialist GBV suppliers** to support the effectiveness of interventions.

Men and boys are critical and should be included in work to encourage their advocacy for gender equality and mitigate opposition, however this should be done with accountability towards women and girls. The **primary focus of the NAP is on women and girls and addressing the systematic disadvantages that they face**⁵⁹.

The evidence suggests that **integrating response services and prevention efforts** are most effective in addressing GBV in conflict, though are sometimes challenging to evaluate⁶⁰. HMG staff should consider how they can **work collaboratively across the pillars outlined in the theory of change to ensure a joined-up approach**.

The below sub-sections offer **illustrative examples of entry points** for influencing and diplomacy, GBV mainstreaming and standalone GBV programming in line with the current evidence base. As this is an artificial way of dividing GBV programming there is some cross over between these three sections.



The UK has a key role to play **influencing global and national commitments and action on GBV in conflict and post-conflict contexts**, given its leadership on overseas development, permanent position on the UN Security Council and important role in regional networks with the United Nations (UN), the North Atlantic Treaty Organisation (NATO) and the Organisation for Security and Co-operation in Europe (OSCE).

Promising entry points to support influencing and diplomacy to prevent and address GBV, include⁶¹:

- **Leadership and support on GBV issues at the UN and other multilateral and bilateral forums** and through strategic dialogue and support to international justice mechanisms increases commitment, political will, funding and action on GBV prevention and response. By driving change at the international level and changing the global importance that is attached to addressing GBV in conflict, HMG can help ensure stronger diplomatic effort to address this in contexts where GBV in conflict is highly prevalent.

Case study 1: Building political support, donor coherence and coordination in Iraq

The UK in Iraq does significant work to advance the Women's Peace and Security (WPS) agenda through strategic political and diplomatic engagements, including with other donors at the bilateral and multilateral level, and with the Iraqi government. The UK is co-chairing the International Gender Group with Canada and is part of a Gender Champions Group with other embassies. The UK has played a leading role in pushing embassies and donors to agree a limited number of WPS priorities, in order to improve coordination and continuity, in a context of high staff turnover in missions and UN agencies. The agreed priorities are: 1) increasing women's political participation; 2) providing documentation for women only households including in camps for internally displaced people and for children; 3) delivery of the Iraqi NAP; and 4) the passage of the anti-domestic violence law. The UK has shown strong leadership in several areas, including supporting the meaningful participation of women's rights organisations (WROs) in drafting content of the anti-domestic violence bill. The FCO is also working politically to improve the situation for Yazedi survivors of sexual enslavement by the Islamic State. The UK's political and diplomatic engagements, related to WPS, are informed by ongoing consultations with Iraqi WROs. This is to ensure that the work is aligned with their priorities and carried out in a way that can maximise impact, including taking advice on what issues the UK can advocate for publicly and which ones are better supported "behind the scenes". The UK's various diplomatic engagements, together with that of other gender champions in the international community and WROs, have contributed to building support for the anti-domestic violence law and in passing legislation related to Yazedi survivors.

Source: Social Development Direct (2019) Evaluation of the UK National Action Plan on UN Security Council Resolution 1325 on Women, Peace and Security – 2018-2022, Annex F: Iraq Case Study.

Case study 2: Working with WROs in Iraq

The UK Conflict, Stability and Security Fund (CSSF) supports Iraqi WROs to advance the role of women as agents for peace and development through the project MENAFEM. This is a regional 3-year project co-funded with the Swedish Ministry of Affairs operating in Iraq, Egypt and Lebanon. The project provides ongoing capacity building of WROs, supports WHRDs to build knowledge and skills, and links WROs and WHRDs to national, regional and international platforms for advocacy and networking. The capacity building has so far focused on increasing the WRO's capacity in financial management, monitoring and evaluation, as well as in security and risk management. The work with WHRDs to build skills and support access to forums has yielded several notable results. Women from two different WROs were nominated by United Nations Assistance Mission for Iraq to join a Women's Advisory Group consisting of civil society representatives, academics, legal professionals and politicians which gives advice to the mission. Furthermore, the expertise of WHRDs on the situation for women in Iraq has made it all the way to the Secretary General of the UN as recommendations from WHRDs were included in a formal letter from Sweden's UN Ambassador to the Secretary General, suggesting how the UN can better support the implementation of the WPS agenda in Iraq. The expertise from WROs has also been sought by Iraqi experts on peace-building and social cohesion when developing new projects. Through these and other engagements with international and national stakeholders, WHRDs increase the knowledge of priority issues such as GBV among these actors, and ensure that women's perspectives are present in discussions, decision-making and designing of peace and development efforts at various levels.

Source: CSSF (2018) Implementing Partner CSSF Quarterly Report: Quarter 2; CSSF (2018) Implementing Partner CSSF Quarterly Report: Quarter 3; and CSSF (2019) Implementing Partner CSSF Quarterly Report: Quarter 4.

- **Engaging with WROs and women from civil society and providing platforms for women's voices** increases women's participation in peace processes, conflict prevention and preventing and countering violent extremism initiatives, and leads to improved GBV prevention and response.
- **In-country lobbying with host governments** strengthens national laws, policies and systems to deliver long-term prevention and response across sectors (women's ministries/commissions, health, education, justice, defence, policing etc). The UK can use its soft influence to repeatedly raise these questions with host governments and support national groups and initiatives in country to address these.



Mainstreaming GBV

Mainstreaming GBV is crucial and makes up the largest HMG investments on GBV in conflict and post-conflict settings. All HMG staff should make sure that all their initiatives and programmes are designed to be **gender transformative, works at multiple levels and include a GBV response for survivors.**

- There is growing evidence on the potential to bring about social norms change by working with boys and girls from an early age to question gender inequality. **Addressing violence in schools can help interrupt the cycle of violence and support boys and girls to develop healthy non-violent relationships⁶².** See case study 4 for an example.
- **In cash programming,** GBV components should be included that mitigate the risk of increased GBV (including IPV) resulting from potential tensions over women's increased control over resources⁶³.
- **Armed forces and peacekeepers when adequately trained and supported in gender, human rights and civil-military cooperation on GBV** can take action to mitigate risks of GBV. This type of training can help security and justice actors understand their roles and improve the consideration for gender and age specific protection needs in communities. This should be coupled with protocols for how frontline forces should respond in contexts where GBV has been reported⁶⁴. See case study 3 for an example.
- **Clearly implemented organisational safeguarding procedures should be in place to prevent GBV and SEAH** by peacekeeping, security and justice and humanitarian actors. This should include clear codes of conduct which prohibit all forms of GBV, coupled with investigation, enforcement and disciplinary procedures as well as community-based mechanisms for *reporting concerns about misconduct*. These reporting mechanisms must be designed in close collaboration with communities and women in order to ensure accessibility. See guidance note on Strategic Outcome 5: Security & Justice.
- **Ongoing meaningful participation of women** in peace processes and integration of GBV in transitional justice mechanisms, including truth commissions, increase the likelihood that the multiple forms of GBV experienced by women, including CRSV will be addressed⁶⁵. A key consideration when working with WROs is

diversity, for example, ensuring that WROs that represent different political affiliations, women with disabilities, and ethnic minorities. The Gender Action for Peace and Security (GAPS) tool, Beyond Consultation, is a good starting point to think about meaningful engagement⁶⁶.

- **All HMG staff working in humanitarian response should ensure that the *IASC Guidelines for Integrating GBV Interventions in Humanitarian Action* are always implemented across all sectors.** This includes ensuring GBV is integrated in **needs assessments** and humanitarian **response plans** to ensure GBV is considered in delivery from the start. Safety audits can also be conducted to better understand risks to women and girls in particular. **Specialised GBV services** should also be provided in order to respond to the needs of GBV survivors and help them reintegrate, including supporting access to health, psychosocial, legal and educational/vocational support over a medium to long-term timeframe⁶⁷. **Safe spaces** for women and girls can help provide referrals and access to services and provide a psychosocial function where women and girls can establish or reconnect with their social networks.

Case study 3: Peacekeepers mitigate risk of GBV in South Sudan through road improvement work

In November 2018, women and girls walking to access food at an aid distribution point at a Protection of Civilians (POC) site in Bentiu, in South Sudan, were attacked by armed men who were hiding in bushes along the road. Media reports following the attacks talked about 125 women and girls being raped over a 10-day period. Poor road conditions had meant that trucks carrying aid and food could not reach further than the POC site, and people living in remote areas were forced to walk long stretches. Within 36 hours of the reports, British troops based at the UN peacekeeping mission in South Sudan, sent field engineers to work on improving the road leading from Bentiu to Nhialdiu, a village where many of the women and girls were from. The response included clearing the surrounding areas from vegetation to improve visibility and broadening the road so that trucks could reach more remote villages, reducing the distance people must walk and thus helping mitigate risks of GBV.

Sources: Lamb, B. (2019) 'South Sudan women saved from rapists by UK troops', *The Sunday Times*

Case study 4: Education programming for prevention

DFID's What Works to Prevent VAWG global research programme funded school-based peace education in Afghanistan, implemented by Help the Afghan Children. The two-year programme aimed to prevent multiple forms of violence perpetrated against children and women, both in schools and within families, and also included a community-based, social norms change intervention.

The peace education targeted school teachers and children and focused on providing skills in peaceful conflict resolution, active listening, mediation, communication, stress and anger management, and how to be inclusive of peers.

The community-based component targeted parents, community and faith leaders, WROs and government officials with trainings in women's rights, conflict resolution and peace-building, as well as disseminating messages about peaceful conflict-resolution through radio dramas.

The programme evaluation showed a significant reduction in violence against children in schools (up to 50%), including both peer violence and corporal violence by teachers. Violence in the family also decreased with a 75% reduction in violence against children and decrease in children observing violence in the household including fathers fighting with other men or their mothers being beaten or abused by husbands or other household members. Children's acceptance of spousal violence and violence against children drastically decreased and they held more gender equitable attitudes at the end of the programme, with enhanced mental well-being and improved school-attendance of girls as other positive outcomes.

Source: Corboz, J., and Siddiq, W. (2017) *Children's Experience and Perpetration of Violence: Baseline Evaluation of a Peace Education and Prevention of Violence Programme in Jawzjan Province, Afghanistan*; and *What Works (2018) What Work to Prevent Violence Against Children in Afghanistan? Findings from an Evaluation of a School-Based Peace Education and Community Social Norms Intervention*.

Case study 5: Strengthening the health system in Afghanistan to support GBV survivors

HMG has since 2016 supported UNFPA's health sector response to GBV in Afghanistan, as part of a broader multisectoral response to GBV. The Increased Access to Gender Based Violence Response Services Afghanistan programme (2016-2019) rolled out GBV services in hospitals and health centres in six target provinces in Afghanistan. The programme established Family Protection Centres (FPCs) in provincial hospitals which provide a 'One Stop Approach' gathering medical services, legal advice and psychosocial support in one space, and appointed GBV Health Focal Points at district and community level. Health Focal Points provide initial medical services to survivors, screen for GBV and make referrals. An evaluation of the programme recognised the Focal Points as crucial in improving access to services as those are not widely recognised as 'GBV services' by the communities but are rather seen as regular health services, making it easier for GBV survivors to seek support from a Focal Point than visiting a FPC unit. The Health Focal Point was in 2018 integrated into the ToR of the Basic Package of Health Services/ Essential Package of Hospital Services at provincial level, making it a required function at all provincial hospitals. The programme yielded strong buy in from the Government of the Islamic Republic of Afghanistan and the aim is that the GBV services will eventually become fully integrated in the national health system. At the end of the first phase of the programme, a total of 15,236 GBV survivors had received services, 82% of those accessing services at FPCs were satisfied with the services, and a total of 14 hospitals provided integrated GBV services through Health Focal Points. A second phase of DFID funding commenced in May 2019.

Source: Roseveare, C., Seibold, J., Wright, M. and Martin, L. (2019) Final Report: Independent Evaluation of Increased Access to Gender Based Violence Response Services Afghanistan Programme, Main Report



Standalone programming on GBV

Standalone GBV programming encompasses **direct support** and assistance to those that have experienced gendered violence through the provision of healthcare (including sexual and reproductive healthcare), psychosocial support, shelter, livelihoods, access to justice, and gender-transformative **prevention work**. HMG staff are encouraged to invest in standalone GBV programme where possible.

- **Gender transformative social norm change interventions that engage communities** and support family relationships can address GBV⁶⁸. Evidence from DFID's What Works global research programme suggest that successful social norms/behaviour change programmes include: raising awareness, skills in alternative conflict-resolution strategies to violence, improving relationships within the family, and involving both women and men⁶⁹. The involvement of faith-leaders is emerging as promising in social norms change and survivor support initiatives⁷⁰.
- **Women's economic empowerment programmes** show mixed results on IPV outcomes⁷¹. When coupled with initiatives to transform negative gender norms and power dynamics in the household they can have positive effect on relationships between intimate partners, but have showed limited results on reducing IPV⁷². More research is needed on integrated economic empowerment/GBV programming. At a minimum economic empowerment programmes should integrate GBV mitigation, as research indicates that not including gender analysis in these types of programmes can increase GBV risks for women⁷³.

Case study 6: Working with faith leaders to address GBV in DRC

In the DRC DFID funded a programme to change social norms in relation to GBV, using a community-based approach to create spaces within communities where survivors would be supported instead of stigmatised. Faith leaders played a leading role in speaking out against GBV. They received training on how to incorporate messages about GBV prevention in their regular activities such as sermons and prayer groups and selected 30 community members trained as 'gender champions'. The gender champions engaged women and men across the community in a series of community dialogues, taking them on a pathway to understand, challenge and transform social norms that perpetuate GBV. The project also established Community Action Groups to provide psychosocial support and to refer GBV survivors to medical services. The project evaluation showed significant changes in attitudes towards partner violence, with beliefs that a husband is justified to beat his wife halving among project participants, most significantly among men. The project also tackled stigma, as more survivors were willing to seek support and were less likely to experience feelings of guilt. Family members were also less likely to stigmatise survivors, and communities were more willing to support survivors. The engagement of faith leaders is seen to have had a great impact in the programme as they used their existing influence and platforms to catalyse change and ensure that interventions were compatible with the local context and culture.

Source: Tearfund (2019) *Rethinking Relationships: From Violence to Equality in the DRC. An evidence brief.*

3.5 Monitoring, evaluation and learning

Monitoring and evaluation (M&E) is critical to understanding an initiative's effectiveness on GBV mitigation, prevention and response, and should always be prioritised. Before developing a M&E strategy the objectives should be carefully considered. See Box 14 for key considerations to inform M&E and research planning and design.

The development of M&E indicators will depend upon the focus of the programme or policy initiative, and the overall M&E objectives. Resources which outline examples of GBV indicators that can be adapted are included under *Additional Resources*.

HMG staff need to be aware of the ethical and safety considerations when designing M&E frameworks and commissioning GBV research, including the risks of doing harm through these activities. As with programme design, a survivor-centred approach that prioritises the rights, needs and wishes of survivors should be central to M&E activities. In the context of M&E a survivor should⁷⁴:

- Be treated with dignity and respect at all times;
- Provide informed consent to participating in any data collection and understand they can choose not to participate or cease their participation at any time;
- Be assured of privacy during the data collection process and the confidentiality of their data once given;
- Experience a non-judgmental and supportive environment when answering questions;
- Be able and encouraged to give feedback on the utility of survivors provided.

Strong ethical and safety protocols should be developed with the support of experienced GBV M&E and research staff. See Box 15 for **eight core ethical and safety principles** that should be incorporated into M&E design.

M&E and research should comply with HMG ethics principles and standards. For research activities this includes submission of relevant protocols for review by the researchers Institutional Review Board (IRB)/Research Ethics Committee (REC) and the regulatory authority in the country where the research is to be conducted. See DFID Ethical Guidance for Research, Monitoring & Evaluation for further information⁷⁵.

Box 14: Key considerations in GBV M&E design

Consider how this will improve the lives of women and girls – Remember that the information collected should be able to directly improve the lives of women and girls, and data should not be collected for its own sake.

Consider the setting – Different data collection approaches may be appropriate, ethical and feasible at different stages of a conflict, including whether it is an acute emergency, protracted crisis or post conflict setting. See p20 of the manual (see source) for a helpful table which outlines options.

Consider funding levels – The funding available will affect what M&E and research is possible. In general, 10% of the overall programme budget is the minimum needed to set up a robust M&E system. For rigorous impact evaluation or a research study, additional funding will need to be budgeted.

Consider human resources – Engaging in any form of GBV data collection requires human resources. Small-scale activities can often be managed by existing programme implementer staff; however they should be trained in GBV data collection, and received support from a GBV specialist. This should be reflected in programme budgets. For research studies and impact evaluations often additional specialist research support is required.

Source: Global Women's Institute (2017) Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations. George Washington University.

Box 15: Ethical and Safety Principles for GBV M&E and research

1. **Accounting for risks and benefits:** The benefits to respondents or communities of documenting violence must be greater than the risks to respondents and communities.
2. **Methodology:** Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.
3. **Referral services:** Basic care and support to survivors must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of violence.
4. **Safety:** The safety and security of all those involved in information gathering about violence is of paramount concern and in emergency settings in particular should be continuously monitored.
5. **Confidentiality:** The confidentiality of individuals who provide information on violence must be protected at all times.
6. **Informed consent:** Anyone providing information about violence must give informed consent before participating in the data gathering activity.
7. **Information gathering team:** All members of a data gathering team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. **Children:** Additional safeguards must be put into place if those under 18 years are to be the subject of information gathering.

Source: (WHO) Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies (2007)

Additional Reading

In addition to the key resources outlined in the Introduction, the following papers provide more in-depth discussions of issues relevant to GBV in conflict.

Evidence synthesis

Combined Economic Empowerment and Gender-transformative Interventions: Evidence Review (Gibbs and Bishop, 2019) – *A recent evidence brief that focuses on key findings from four What Works project in Tajikistan, Nepal, South Africa and Afghanistan. The review finds that combining these two approaches in interventions for women and families can reduce IPV and has the potential to strengthen the economic position of individuals and families.* Available [here](#).

What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief (Murphy, Hess, Casey and Minchew, 2019) – *A What Works study that summarises the most recent evidence around VAWG and the effectiveness of programmes that seeks to prevent and respond to VAWG. This includes the key results of recent What Works studies as well as key findings from other research published since 2015.* Available [here](#).

What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Settings? (Murphy, Arango, Hill, Contreras, MacRae and Ellsberg, 2016) – *A What Works Evidence Brief from 2016 that provide an overview of evidence on the prevalence of VAWG and summarises promising and emerging practices that prevent and respond to VAWG in conflict-affected and humanitarian settings. The brief includes a total of seven systematic and literature reviews.* Available [here](#).

GBV mainstreaming

DFID guidance Note on Safer Schools: Addressing School Violence through Education Programming (Kangas, et al., 2018) – *A guidance intended to provide DFID staff, particularly those that work in education and the protection of children, with evidence based and contextually applicable approaches to address violence in and against schools.* Available from DFID VAWG Team.

GBV Accountability Framework (Call to Action, 2018) – *The framework provides rapid guidance for humanitarian actors, from service providers to GBV coordinators and humanitarian leaders and donors, on what steps they can take to tackle GBV within their given mandates.* Available [here](#).

Guidelines for Integrating GBV interventions in Humanitarian Action (IASC, 2015) – *The guidelines serves to assist humanitarian actors to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV across all sectors of humanitarian response in situations of emergency, including armed conflict.* Available [here](#).

Handbook for Coordinating Gender-based Violence in Emergencies (GBV AoR, 2019) – *A practical guidance to be used at field-level to establish and maintain a GBV sub-cluster in a humanitarian emergency. The handbook is developed to be used as a reference tool and guides the reader to further, in-depth tools, training materials and resources.* Available [here](#).

Matrix: Early Warning Indicators of Conflict-Related Sexual Violence (UN Action) – *The matrix was produced as an illustrative, system wide reference document that can be adapted and integrated into existing early warning systems at the local, national and regional level on a case by case basis.* Available [here](#).

GBV programming in conflict

Gender Based Violence Programming in Contexts Affected by Violence and Conflict: A Learning Paper (Christian Aid, 2018) – *A resource for Christian Aid staff and other actors who are designing and implementing interventions to prevent and respond to GBV in contexts affected by violence and conflict. The guidance provides an overview of global programming approaches to GBV in conflict and includes case studies from five countries (DRC, Colombia, Myanmar, Nicaragua and Zimbabwe).* Available [here](#).

Principles for Global Action on tackling the stigma of Sexual Violence in Conflict (2017) – *This practical guide raises awareness among policy makers of the challenges and sensitivities of stigma from a survivor's perspective.* Available [here](#).

Research, monitoring and evaluation

Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations (The Global Women's Institute, 2017) – *A manual that provides step-by-step support to practitioners and researchers in designing and conducting ethical and technically sound research, monitoring an evaluation on*

GBV affecting refugees and people in conflict settings. The manual includes suggested data collection tools, templates and other resources that can be useful when designing and conducting research, monitoring and evaluation activities. Available [here](#).

Experiences of Conducting Research in Conflict and Humanitarian Settings (What Works, 2016) – *A What Works report that focuses on the challenges of conducting research in conflict and humanitarian settings, including lack of infrastructure, costs, methodological and ethical issues. Among other things, it examines the importance of security, avoiding harm to respondents, recruiting and training fieldworkers, and correct management practice. Available [here](#).*

The WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies (WHO, 2007) – *The document provides eight key recommendations targeting those involved in planning, conducting, funding, reviewing protocols for, approving or supporting information collection on sexual violence in humanitarian settings. The document should not be read as a standalone guideline, but is meant to complement existing internationally-agreed ethical guidelines for research and to inform ethics review processes of research related to sexual violence in emergencies, which had been identified as a gap. Available [here](#).*

Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators (MEASURE Evaluation, 2008) – *The compendium of indicators was developed for managers, organizations, and policy makers working in the field of VAWG programme implementation and evaluation in developing countries, as well as for people who provide technical assistance to these individuals and organizations. Available [here](#).*

Toolkit for Monitoring and Evaluating Gender-based Violence Interventions along the Relief to Development Continuum (Development & Training Services, Inc. 2014) – *See Annex J for a list of illustrative indicators and Annex F for a GBV Indicator Checklist. Available [here](#).*

IRC's Outcome and Evidence Framework – *For examples of GBV outcome-level indicators. Available [here](#).*

Security and Justice

Human Security in Military Operations (MOD, 2019) – *A policy that guides the UK Armed Force's obligation to implement UNSCR 1325 and the follow-on Security Council Resolutions relating to women, peace and security along with the wider protection of civilians' concerns such as children in armed conflict and human trafficking. The document outlines guiding principles and best practice in security and military operations as well as provides examples of undertaken activities in support of the UK's WPS NAP. Available [here](#).*

The Gender and Security Sector Reform Handbook (DCAF, 2008) – *The toolkit, consisting of 13 tools, presents best practices and recommendations for strengthening a gender perspective within the security sector. This includes guidance on how to integrate gender in work with armed forces, police and national governments. Available [here](#).*

International Protocol on the Documentation and Investigation of Sexual Violence in Conflict (2017) – *Produced in collaboration with over 200 gender and sexual violence experts, was launched at the 2014 Global Summit to End Sexual Violence in Conflict. The Protocol is designed to help strengthen the evidence base for bringing perpetrators to justice, thus overcoming one of the key barriers to tackling impunity for sexual violence in conflict. Available [here](#).*

Social norms

DFID Guidance Note: Shifting Social Norms to Tackle Violence Against Women and Girls (Alexander-Scott, Bell and Holden, 2016) – *A guidance that provides support to DFID advisors and programme managers with evidence, relevant examples and practical advice on how to address harmful social norms in the context of programming to prevent VAWG. Available [here](#).*

Learning from SASA! Adaptations in a Humanitarian Context (Raising Voices and International Rescue Committee, 2018) – *A case study of SASA! a community mobilisation approach to prevent violence against women through a comprehensive process of social change focused on interrogating unequal power dynamics between women and men. The case study zooms in on the Dadaab refugee complex in Kenya, one of 25 countries where the approach is being implemented. Available [here](#).*

State-building and peace-building

A New Analytical Framework for Addressing the Intersections of Violence against Women and Girls with Post-conflict State-building and Peace-building Processes (GWI, IRC and CARE, 2018) – *A What Works policy briefs that introduces the 'Ecological model' in detail. The model can assist in analysing drivers of conflict and post-conflict VAWG, and be used to critically assess both policy and practice. Available [here](#).*

Intersections of VAWG with State-building and Peace-building: Lessons Learned from Nepal, Sierra Leone and South Sudan (GWI, IRC and CARE, 2018) – *A What Works study that explores linkages between VAWG and post-conflict state-building policy and programming processes. The study presents a conceptual overview (the ecological model) followed by illustrative case studies from three countries. Patriarchal norms and practices were found to be common prior to, during and after situations of conflict in all three case study settings, however, state-building and peace-building efforts rarely recognise or effectively work to reduce these underlying inequalities.* Available [here](#).

Working with different groups

Beyond Consultation: A Tool for Meaningfully Engaging with Women in Fragile and Conflict-affected States (UK GAPS network, Women for Women International, Amnesty International UK, Saferworld and Womankind Worldwide, 2018) – *The tool is designed to be used by decision-makers (including multilaterals, donors and policy-makers), INGOs and civil society, and women and WROs in conflict affected settings. It supports actors to self-assess the extent to which their current consultation practices, large or small, meaningfully engage women in FCAS.* Available [here](#).

Guidelines for Investigating Conflict-related sexual and Gender-based Violence against Men and Boys (Institute for International Criminal Investigations 2016) – *Guidelines that conceptualises conflict-related sexual and gender-based violence against men and boys. The guidelines aims to help investigation agencies and individual investigators monitor, document and investigate sexual and gender-based violence against men and boys.* Available [here](#).

Leave no Adolescent Behind: The Gender- and Age Specific Vulnerabilities of Adolescent Refugees and IDPs (Jones, Devonald and Guglielmi, 2019) – *A policy note that summarises research findings across refugee communities in Gaza, Jordan and Rwanda, and with internally displaced adolescents in Ethiopia. The findings come from a longitudinal, mixed-methods research and evaluation study focused on the capabilities that adolescents need to develop to achieve well-being.* Available [here](#).

When Merely Existing is a Risk: Sexual and Gender Minorities in Conflict, Displacement and Peace-building (Myrttinen and Daigle, 2017) – *The report present findings from research in Bosnia and Herzegovina, Colombia, Lebanon and Nepal, as well as a review of secondary literature, focusing on how identifying as belonging to a sexual and gender minority in situations of conflict and displacement compounds the risks that sexual and gender minorities experience also in times of peace.* Available [here](#).

Women and Girls with Disabilities in Conflict and Crises: K4D Helpdesk Report (Rohwerder, 2017) – *The report reviews existing evidence on the risks and vulnerabilities faced by women and girls with disabilities in conflict and crises, including GBV. It further outlines existing interventions to support women and girls with disabilities in conflict settings.* Available [here](#).

Definitions

There can be different understandings of the terminology used to describe gender-based violence (GBV). The section below covers the key terms relevant to understanding GBV and GBV interventions, based on internationally recognised definitions.

Child	Any individual under the age of 18 regardless of the age of majority/ consent in a country ^{lxxvi} .
Child protection	Prevention of and response to abuse, neglect, exploitation, and violence against children ^{lxxvii} .
Conflict-related sexual violence	“Refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. This link may be evident in the profile of the perpetrator (often affiliated with a State or non-State armed group, including a terrorist entity or network), the profile of the victim (who is frequently an actual or perceived member of a persecuted political, ethnic or religious minority, or is targeted on the basis of actual or perceived sexual orientation and gender identity), the climate of impunity (which is generally associated with State collapse), cross-border consequences (such as displacement or trafficking in persons) and/ or violations of the provisions of a ceasefire agreement. The term also encompasses trafficking in persons when committed in situations of conflict for the purpose of sexual violence/exploitation” ^{lxxviii} .
Gender-based violence	“An umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed gender differences between males and females” ^{lxxix} .
Intimate partner violence	“Behaviour by an intimate partner that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. This definition covers violence by both current and former spouses and other intimate partners. Other terms used to refer to this include domestic violence, wife or spouse abuse, wife/spouse battering. Dating violence is usually used to refer to intimate relationships among young people, which may be of varying duration and intensity, and do not involve cohabiting.” ^{lxxx}
Safeguarding	The implementation of frameworks, policies or codes that work to safeguard everyone who works in, or comes into contact with, an organisation. Safeguarding in its broad sense means protecting people from harm, but HMG is focusing in particular on preventing and responding to harm caused by sexual exploitation, abuse and harassment. The aim is to minimise the likelihood of sexual exploitation, abuse, harassment or bullying of both the people HMG is trying to help, and also people who are working in the sector (DFID, 2018). In this report, the term safeguarding is not used to describe wider environmental and social safeguards but does extend beyond sexual exploitation, abuse and harassment to include physical and emotional harm and abuse.
Sexual orientation and gender identity	Sexual orientation refers to a person’s sexual and/or romantic attraction to other people. Sexual orientations include, but are not limited to heterosexual, homosexual, and bisexual. Gender identity relates to a person’s innate sense of their own gender, whether male, female or something else (e.g. non-binary), which may or may not correspond to their sex assigned at birth ^{lxxxi} .

Sexual and gender minority	Refers to people whose sexual orientation, gender identity and/or sexual practices fall outside the socially accepted norms in a given society ^{lxxxii} . It does not primarily refer to a minority status by numbers, but “denotes the power imbalance that renders sexual and gender minorities invisible or apparently less worthy of inclusion” ^{lxxxiii} . The term is used in this guidance note instead of the commonly used umbrella term of LGBTIQ+ (and variations thereof) as this is recognised as a concept with roots in the Global North and is not necessarily inclusive of local understandings and terms that are used to describe sexual and gender minorities.
Sexual exploitation and abuse	Includes the “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” and “actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions”. It also includes sexual relations with a child below the age of 18 years ^{lxxxiv} .
Sexual harassment	“Sexual harassment is any unwanted behaviour of a sexual nature that makes you feel distressed, intimidated or humiliated. It can take lots of different forms” ^{lxxxv} .
Social norms	Shared expectations of specific individuals or groups regarding how people should behave. Norms act as powerful motivations either for or against individual attitudes or behaviours, largely because individuals who deviate from group expectations are subject to shaming, sanctions or disapproval by others who are important to them ^{lxxxvi} .
Trafficking in persons	“The recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs” ^{lxxxvii} .
Violence against women and girls	Any act of gender-based violence 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 ^{lxxxviii} . The term VAWG in this note ensures that the concept also covers violence against girls. VAWG includes a broad range of different forms of violence, grounded in particular settings or situations, including (but not limited to) intimate partner violence (‘domestic violence’), sexual violence (including sexual violence as a tactic of war), acid throwing, honour killings, sexual trafficking of women, female genital cutting/mutilation and child, early and forced marriage ^{lxxxix} .
Women’s rights organisations	Women-led organisations working to advance gender equality and women’s rights.

Endnotes

- 1 Segal, M. and Bishop, K. (2018) *Why addressing Violence against Women and Girls matters to the UK's work on Peace and Stability in MENA*, VAWG Helpdesk Research Report No. 159. London, UK: VAWG Helpdesk
- 2 Murphy, M., Hess, T., Casey, J. and Minchew, H. (2019) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief*.
- 3 Murphy, M., Hess, T., Casey, J. and Minchew, H. (2019) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief*.
- 4 GBV AoR (2019) *Handbook for Coordinating Gender-based Violence in Emergencies*, GBV AoR
- 5 Girls not Brides (2018) *Child Marriage in Humanitarian Settings*, thematic Brief, Girls Not Brides
- 6 Murphy, M. et al. (2019) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief*.
- 7 OCHA (2018) Nigeria: 2019-2021 Humanitarian Response Strategy, (January 2019 - December 2021), OCHA
- 8 Human Rights Council (2016) *"They came to destroy": ISIS Crimes Against the Yazidis*
- 9 Global Diplomatic Forum (2014) *Prevention of War Rape: Changing Perceptions around Acceptability of War Rape*, Global Diplomatic Forum
- 10 See for instance UN Secretary General (2018) *Report of the Secretary-General on Conflict-Related Sexual Violence*, (S/2018/250)
- 11 Murphy, M. et al. (2019) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief*.
- 12 IRC Investigation (findings presented to UNFPA meeting in Amman, 2015).
- 13 UN Secretary General (2019) *Report of the Secretary-General on Conflict-Related Sexual Violence*, (S/2019/280)
- 14 UNODC (2018) *Trafficking in Persons in the context of Armed Conflict 2018*, New York: United Nations
- 15 GBV AoR (2019) *Handbook for Coordinating Gender-based Violence in Emergencies*, GBV AoR
- 16 Murphy, M. et al. (2019) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief*.
- 17 *United Nations; World Bank (2018), Pathways for Peace: Inclusive Approaches to Preventing Violent Conflict*. Washington, DC: World Bank
- 18 Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict (2017) *Report of the Secretary-General on Conflict-related Sexual Violence*, (S/2017/249), Eighth Annual Report
- 19 Stevens, S. and Fraser, E. (2018) *Domestic and/or Sexual and Gender-based Violence (SGBV) and Violent Extremism* Helpdesk
- 20 GWI, IRC and CARE (2018) *Intersections of VAWG with State-building and Peace-building: Lessons Learned from Nepal, Sierra Leone and South Sudan*
- 21 GWI, IRC and CARE (2018) *Intersections of VAWG with State-building and Peace-building: Lessons Learned from Nepal, Sierra Leone and South Sudan*
- 22 UN Secretary General (2019) *Report of the Secretary-General on Conflict-Related Sexual Violence*, (S/2019/280)
- 23 See for instance Fraser, E., and Kangas, A. (2017) *MENA VAWG Analysis*, Helpdesk Research Report No. 152. London, UK: VAWG Helpdesk
- 24 Fraser, E., and Kangas, A. (2017) *MENA VAWG Analysis*, Helpdesk Research Report No. 152. London, UK: VAWG Helpdesk
- 25 Stabilisation Unit (2019) *Gender and Conflict: Making Elite Bargains More Inclusive*
- 26 UN Women (2016) *Women and Violent Radicalisation in Jordan*, New York: UN Women
- 27 International Alert (2018) *If Victims Become Perpetrators: Factors Contributing to Vulnerability and Resilience to Violent Extremism in the Central Sahel*, London: International Alert
- 28 Anderlini S. (2011) World Development Report 2011 Gender Background Paper, p. 12
- 29 United Nations Human Rights Council (2019) *Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts*
- 30 Human Rights Council (2016) *"They came to destroy": ISIS Crimes Against the Yazidis*,
- 31 DFID (2010) *Building Peaceful States and Societies – A DFID Practice Paper*
- 32 Fulu, E., McCook, S., and Falb, K (2017) *What Works Evidence Review: Intersections of Violence against Women and Violence against Children*
- 33 Caprioli, M. (2005) 'Primed for violence: the role of gender inequality in predicting internal conflict'. *International Studies Quarterly*, 49, pp. 161-178
- 34 The Global Women's Institute, CARE International, International Rescue Committee. 2018, *'Exploring the intersections of violence against women and girls and state-building and peace-building: lessons from Nepal, Sierra Leone and South Sudan'*
- 35 The Global Women's Institute, CARE International, International Rescue Committee. 2018, *'Exploring the intersections of violence against women and girls and state-building and peace-building: lessons from Nepal, Sierra Leone and South Sudan'*.
- 36 Murphy, M., Hess, T., Casey, J. and Minchew, H. (2019) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief*

- 37 GWI, IRC and CARE (2018) *A New Analytical Framework for addressing the Intersections of Violence against Women and Girls with Post-conflict State-building and Peace-building Processes*, Policy Brief, What Works to Prevent Violence
- 38 OECD (2019) *Engaging with Men and Masculinities in Fragile and Conflict-affected Settings*, OECD Policy Paper, March 2019; Myrntinen, H. and Daigle, M. (2017) *When Merely Existing is a Risk: Sexual and Gender Minorities in Conflict, Displacement and Peacebuilding*, International Alert
- 39 Rosenberg, J (2016). *Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence Men and Boys, Including Male Survivors*. Women's Refugee Commission.
- 40 UNFPA (2015) *Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies*
- 41 UK GAPS network, Women for Women International, Amnesty International UK, Saferworld, Womankind Worldwide (2018) *Beyond Consultation: A tool for meaningfully engaging with women in fragile and conflict-affected states*, GAPS
- 42 The guidelines can be found here <https://gbvguidelines.org/en/>
- 43 Murphy, M., Hess, T., Casey, J. and Minchew, H. (2019) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief*
- 44 *What Works (2018) What Work to Prevent Violence Against Children in Afghanistan? Findings from an Evaluation of a School-Based Peace Education and Community Social Norms Intervention*
- 45 Tearfund (2019) *Rethinking Relationships: From Violence to Equality in the DRC - An Evidence Brief*
- 46 IRC (2017) *A Safe Place to Shine: Creating Opportunities and Raising Voices of Adolescent Girls in Humanitarian Settings*. New York: IRC
- 47 Glass, N., Perrin, N., Kohli, A., Campbell, J., & Remy, M. (2017). 'Randomised controlled trial of a livestock productive asset transfer programme to improve economic and health outcomes and reduce intimate partner violence in a post-conflict setting', *BMJ Global Health*, 2
- 48 Green, E., Blattman, C., Jamison, J., & Annan, J. (2015) 'Women's entrepreneurship and intimate partner violence: A cluster randomized trial of microenterprise assistance and partner participation in post-conflict Uganda', *Social Science & Medicine*, 133, pp. 177–188
- 49 Noble, E., Corboz, J., Gibbs, A., Mann, C., Mecagni, A., Jewkes, R. (2019) *Impact Evaluation of Women for Women International's Economic and Social Empowerment Programme in Afghanistan: An Evidence Brief*.
- 50 Falb, K., Blackwell, A., Stennes, J., Annan, J. (2019) *Cash Transfers in Raqqa Governorate, Syria: Changes over Time in Women's Experiences of Violence and Wellbeing*. Washington DC: International Rescue Committee and London: UK Department for International Development
- 51 Cross, A., Manell, T., & Megevand, M. (2018). *Humanitarian Cash Transfer Programming and Gender-based Violence Outcomes: Evidence and Future Research Priorities*. Women's Refugee Commission and the IRC
- 52 Tearfund (2019) *Rethinking Relationships: From Violence to Equality in the DRC – An Evidence Brief*
- 53 This approach is listed as 'promising' in a previous What Works evidence review (Murphy, M. et al., 2016), and reinforced in Murphy et al. (2019) recent evidence synthesis where this table is adapted from.
- 54 Ager, A., Stark, L., Olsen, J., Wessells, M., & Boothby, N. (2010). 'Sealing the past, facing the future: an evaluation of a program to support the reintegration of girls and young women formerly associated with armed groups and forces in Sierra Leone'. *Girlhood Studies*, 3(1), pp. 70-93
- 55 Bass, J. K., Annan, J., Murray Mclvor, S., Kaysen, D., Griffiths, S., Cetinogly, T., Wachter, K., Murray, K. L. and Bolton, P. (2013) *Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence*, *The new England Journal of Medicine*, 2013, 368: 2182-2191
- 56 Lilleston, P., L, W., Ahmed, S., Salame, D., Al Alam, D., Stoebenau, K., et al. (2018). 'Evaluation of a mobile approach to gender-based violence service delivery among Syrian refugees in Lebanon'. *Health Policy and Planning*, 33, pp. 767–776
- 57 Vu, A., Wirtz, A., Bundgaard, S., Nair, A., Luttah, G., Ngugi, S., and Glass, N. (2017). 'Feasibility and acceptability of a universal screening and referral protocol for gender-based violence with women seeking care in health clinics in Dadaab refugee camps in Kenya', *Global Mental Health*, 4
- 58 For more information see Agulhas Applied Knowledge (2015) *DFID Syria Crisis Unit, Humanitarian Programme Process Evaluation*, Final
- 59 HMG (2018) *UK National Action Plan on Women, Peace and Security 2018–2022*, p. 5
- 60 Murphy M., Arango, D., Hill, A., Contreras, M., MacRae, A. and Ellsberg, M. (2016) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Settings?*
- 61 These initiatives have been adapted from USAID (undated) *United States Strategy to Prevent and Respond to Gender-based Violence Globally*, USAID
- 62 Kangas, A., Fancy, K., Müller, C., and Bishop, K. (2018) *DFID guidance note on safer schools: Addressing school violence through education programming*, London: VAWG Helpdesk
- 63 Murphy, M. et al., (2019) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief*
- 64 CSSF (undated) *Integrating Gender Issues into Conflict, Stability and Security Fund (CSSF) Programming*, CSSF Guidance Note No: 4
- 65 Segal, M. and Bishop, K. (2018) *Why addressing Violence against Women and Girls matters to the UK's work on Peace and Stability in MENA*, VAWG Helpdesk Research Report No. 159. London, UK: VAWG Helpdesk
- 66 The tool can be found here: <https://www.beyondconsultations.org/>

- 67 UNFPA (2017) Seeking Care, Support and Justice for Survivors of Conflict Related Sexual Violence in BiH, Final Programme Narrative Report; Murphy, M. et al., (2019) What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief
- 68 Murphy, M. et al. (2016) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Setting*
- 69 Murphy, M. et al. (2016) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Settings?*
- 70 Tearfund (2019) *Rethinking Relationships: From Violence to Equality in the DRC – An Evidence Brief*
- 71 Murphy, M. et al. (2016) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Settings?*
- 72 Murphy, M. et al. (2019) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief.*
- 73 Murphy, M. et al. (2019) *What Works to Prevent and Respond to Violence against Women and Girls in Conflict and Humanitarian Crisis: Synthesis Brief.*
- 74 The Global Women's Institute (2017) *Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations*
- 75 DFID (2019) Ethical guidance for research, monitoring and evaluation
- lxxvi DFID (2018) *Smart Guide: Enhanced Safeguarding Due Diligence*, DFID
- lxxvii DFID (2018) *Smart Guide: Enhanced Safeguarding Due Diligence*, DFID
- lxxviii Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict (2017) *Report of the Secretary-General on Conflict-related Sexual Violence*, (S/2017/249), Eighth Annual Report
- lxxix HMG (2018) *UK National Action Plan on Women, Peace and Security 2018–2022*, p. 12
- lxxx WHO (2013) *Responding to Intimate Partner Violence and Sexual Violence against Women: WHO Clinical and Policy Guidelines*, Geneva: WHO
- lxxxi Stonewall (2017) *Glossary of Terms*
- lxxxii Myrntinen, H. and Daigle, M. (2017) *When Merely Existing is a Risk: Sexual and Gender Minorities in Conflict, Displacement and Peacebuilding*, International Alert
- lxxxiii Dwyer, E. and Woolf, L. (2018) *Down by the River: Addressing the Rights, Needs and Strengths of Fijian Sexual and Gender Minorities in Disaster Risk Reduction and Humanitarian Response*, Edge Effect, p. 2
- lxxxiv WHO (undated) *Sexual Exploitation and Abuse. Prevent and Protect: What You Need to Know*, Geneva: WHO
- lxxxv Rape Crisis England and Wales (2019) *What is Sexual Harassment?*, Rape Crisis
- lxxxvi Heise, L. L. (2011) *What Works to Prevent Partner Violence: An evidence overview*, STRIVE
- lxxxvii Article 3, Annex 2: Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, in UN General Assembly (2000) *United Nations Convention against Transnational Organized Crime and the Protocols Thereto*, 8 January 2001, (A/RES/55/25)
- lxxxviii UN General Assembly (1993). *Declaration on the Elimination of Violence against Women*, 20 December 1993, (A/RES/48/104)
- lxxxix Taylor, G. (2015) *DFID Guidance Note on Addressing Violence Against Women and Girls (VAWG) Through DFID's Economic Development and Women's Economic Empowerment Programmes – Part A*, London: VAWG Helpdesk



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