

# Women for Women International policy briefing: Violence against women



November 2017

This paper presents Women for Women International's approach to addressing violence against women within the context of the emerging evidence, including baseline results from an impact evaluation of our work in Afghanistan as part of the What Works to Prevent Violence Against Women and Girls Programme.<sup>1</sup> This paper also makes key recommendations for governments and donors based on our analysis.

## What is violence against women?

Violence against women is a fundamental obstacle to the realisation of women's rights. It is violence that is directed at women based on the norms, roles and relationships that define what it means to be a woman in a society (i.e. their gender<sup>2</sup>) and is the most common form of gender-based violence. International bodies have established a wide range of policies and laws to protect women from gender-based violence and promote their rights and gender equality. This includes the UN Convention on the Elimination of all forms of Discrimination Against Women, UN Security Council Resolution 1325 and the UN Global Goals for Sustainable Development. There are also multiple regional standards including the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (Belém do Pará), the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, and the Council of Europe's Convention on preventing and combating violence against women and domestic violence (Istanbul Convention). Many countries have applied these standards into national laws and policies, intended to provide stronger protections for women. According to the World Bank, at least 119 countries have passed laws on domestic violence and 125 have laws on sexual harassment.<sup>3</sup>



Despite such protections, violence against women (VAW) is endemic across the world and one in three women experience it in their lifetime.<sup>4</sup> All women are at risk of VAW and may experience it throughout their lives and at varying levels of intensity, from harassment to rape or murder. Gender also intersects with other characteristics for discrimination (such as age, ethnicity, or disability) thereby increasing an individual's vulnerability to violence.

The **impact of VAW** for survivors is severe and prevents women from living their lives freely, for example by limiting their freedom of movement and affecting women's mental and physical health. Experiences of violence are rarely isolated incidences and can make survivors<sup>5</sup> more vulnerable to future abuses, as consequences of VAW (such as poor health or social marginalisation) can also be risk factors. VAW can therefore be both a form and a driver of discrimination.



Of all women homicide victims, **almost half** were killed by intimate partners or family members (2012, global averages)



This compares to **less than 6%** of men homicide victims



In some countries, **up to 70%** of women have experienced physical/sexual IPV

**Forms of violence against women** can be physical, sexual, or psychological abuse (for example threats, coercion, taking away someone's right to make decisions, etc.), as well as economic deprivation. Forms of VAW can also be rationalised under traditional, cultural or religious guises. For instance, in many countries, violence can be perpetrated by in-laws or other non-partner family members and, in its most extreme forms, can result in such acts as female genital mutilation/cutting, early and forced marriages, and so-called "honour killings."

According to existing evidence, intimate partner violence (IPV)<sup>6</sup> is the most prevalent form of VAW globally. The UN estimates that of all women who were the victims of homicide in 2012, almost half were killed by intimate partners or family members. Less than 6% of male homicide victims killed in the same year (global averages) were killed by partners or family members.<sup>7</sup> Some national studies show that up to 70% of women have experienced physical and/or sexual violence from an intimate partner in their lifetime.<sup>8</sup>

Notably, all forms of VAW are under-reported worldwide. This is due to complex factors at individual, institutional and societal levels including: the normalisation of discrimination and violence; fears of stigma or retaliation; limited availability or accessibility of trusted service providers; impunity for perpetrators; or a lack of awareness about available services and the benefits of seeking care.

## What do we know about poverty, conflict and VAW?

Whilst all women are vulnerable to VAW, regardless of their socio-economic status or how peaceful their society is, VAW is a complex phenomenon that is affected by multiple and intersecting factors. Poverty and conflict, in different and often crosscutting ways, can increase women's vulnerability to VAW.

### Poverty and VAW

The experience of living in poverty is not something that can be accurately summarised with a monetary figure. It is a multidimensional concept that both affects and is affected by low levels of socio-economic opportunities, including access to effective services such as education or health. Evidence suggests that women who live in poorer places with lower socio-economic status, higher food insecurity, and less access to education and work opportunities (all indicators of poverty) are more likely to experience IPV.<sup>9</sup>

The emerging evidence suggests strong associations between food insecurity and IPV.<sup>10</sup> Higher levels of food insecurity are likely to indicate multiple risk factors for women, including other forms of socio-economic deprivation, such as lack of education opportunities. More directly, food insecurity is likely to lead to higher levels of tension and stress within the household, increasing IPV vulnerability.<sup>11</sup>

At the individual level, the relationship between poverty and IPV has been described as a 'reinforcing loop' with multiple pathways.<sup>12</sup> This suggests that women living in poverty are more vulnerable to IPV and are also less able to leave abusive relationships as they have fewer opportunities (due to trauma etc.) and are more financially dependent on their partners. The physical and mental costs of IPV for women constrain their economic participation, including through increases in unplanned pregnancies and creating obstacles to accessing or retaining employment opportunities. IPV also incurs many financial costs for women (such as healthcare bills or loss of earnings from inability to work), thereby deepening their dependence on an abusive relationship, as well as increasing household poverty.

The cumulative impact of household poverty levels affects national economies, with studies finding losses between 1 - 4% to GDP (particularly in low and middle-income countries). This suggests that the economic costs of IPV can undermine countries' economic progress, thereby also acting as a driver of poverty.<sup>13</sup>

## Conflict and VAW

Whilst there is a high correlation between VAW during and after (and sometimes in the lead up to)<sup>14</sup> conflict, gender dynamics are complex and context-specific. Evidence into the relationship between VAW (or specific forms of VAW) and conflict is still emerging. This evidence suggests patriarchal gender norms and identities are common root causes for both VAW and violent conflict. Where militarised notions of masculinity are prevalent, men may use violence to prove their status and women are seen as part of the 'spoils of war' or even incentives for peace.<sup>15</sup>

In addition to sharing a root cause (gender inequality), conflict can exacerbate women's vulnerability to VAW. Socio-economic pressures, displacement, the breakdown of the rule of law and the normalisation of violence are conflict-related factors that can **indirectly** drive forms of VAW, such as intimate partner violence or harmful traditional practices (such as early marriage).<sup>16</sup> Conflict can also be a **direct** driver of some forms of violence, such as conflict-related sexual violence (including 'rape as a weapon of war,' forced sterilisation, forced marriage, sexual slavery and forced prostitution) when women are specifically targeted by armed groups.<sup>17</sup>

Whilst certain forms of conflict-related sexual violence receive greater attention in the press and under international law,<sup>18</sup> emerging evidence suggests that IPV continues to be the dominant form of VAW in emergency settings (i.e. conflict or other humanitarian crises).<sup>19</sup> In a 2007 national survey administered to households in the Democratic Republic of Congo (DRC), where civil war and sectarian conflicts have been going on for decades, nearly 57% of Congolese women reported experiencing physical abuse by an intimate partner and over 35% experienced partner-perpetrated sexual assault.<sup>20</sup> Additionally, research by Global Rights found that 87% of women surveyed in Afghanistan reported experiencing at least one form of intimate partner violence in the previous year.<sup>21</sup> Evidence also suggests that high levels of IPV continue after conflict<sup>22</sup> and can be fuelled by the enduring legacy of conflict.<sup>23</sup> Little evidence currently exists, however, regarding the drivers of IPV in conflict settings (see our baseline findings on pages 8 and 9).

The impact that conflict has on communities and institutions further impedes survivors' access to crucial services (notably health, security and justice) and holds back women's recovery.

### IPV continues to be the dominant form of VAW in emergencies:



Nearly **57%** of Congolese women reported experiencing physical abuse by an intimate partner and over **35%** experienced partner-perpetrated sexual assault

Studies have found that **87%** of women in Afghanistan reported experiencing at least one form of IPV in the past year





Photo: Millie Harvey

Women in Afghanistan take part in a handicrafts class

## How does Women for Women International address VAW?

Since 1993, Women for Women International has worked with more than 462,000 marginalised women survivors of conflict. Almost 25 years ago, we began working with women survivors of sexual violence in Bosnia and Herzegovina and we now work globally with marginalised women survivors of conflict, supporting their social and economic empowerment and connecting them to other women to break free from isolation.

We define marginalisation based on three key areas of vulnerability for women: **affected by conflict** (including surviving violence or being displaced); **social exclusion** (including limited/no educational opportunities or restrictive traditional practices); and **living in extreme poverty** (including no/unsafe occupations or responsible for dependents). These multiple and interlinked areas of vulnerability, in conflict-affected contexts, mean that the women we work with are particularly at risk of experiencing violence. VAW is therefore a key issue for Women for Women International.

Our work seeks to support women in four key areas of their social and economic empowerment: **earning and saving money**, knowledge of their **health and well-being**, influencing **decisions**, and connecting to **networks**. In our programmes, we aim to build participants' knowledge of VAW and skills to change attitudes and behaviours in themselves and others. Our approach to VAW therefore focuses on prevention by addressing

the root causes of VAW (the norms, attitudes, beliefs and behaviours that permit or perpetrate discrimination and VAW), we seek to both directly build women's empowerment and support more enabling environments for women.

This prevention approach includes addressing the root causes of violence by introducing a gender-based analysis of why violence occurs, which includes recognising women's low status, the imbalance of power, and rigid gender roles. Primary prevention for VAW involves creating a legal and policy environment that supports women's rights, a culture in the community which promotes non-violence, relationships based on equity, and individuals who take a personal and public stand against abuse. Societal change requires building a critical mass of individuals and institutions who believe in addressing the issue, especially institutions of power and male members and leaders of the community.

In our programmes today, we neither ask nor record if the women we work with are survivors of violence due to the sensitivities and risks around identifying survivors of violence, such as exposure to reprisals or stigma. Instead, we create a safe space for women to come forward and seek help. For those who do disclose that they are a survivor of violence, we offer a range of referrals to specialist service providers including health, legal, and psychosocial support.

In South Sudan and the Kurdistan Region of Iraq (KRI), we are working with local women's organisations to provide psychosocial care for women survivors of conflict in response to the acute and urgent need. In KRI, for example, partners are organising gender-based violence workshops with Yezidi women, many of whom have been subject to such abuse.

## 1. Our social and economic empowerment programme

**“At the community level, I am active, especially in some cases related to women. I advise women, and people in the community are happy about my activities.”**

*Woman graduate (Afghanistan)*

Our core work focuses on a **year-long programme** to support women’s economic and social empowerment. This investment in individual women includes: building **knowledge** in areas such as the value of women’s work, basic health education and rights information; **skill development** in numeracy, business skills and a chosen vocational skill; **resource** provision through a monthly cash transfer and referrals to health and legal services; and **connections** to other women by training them in a safe space, in groups of 25, where they can form a

tight support group that helps to break the isolation caused by war and insecurity.

In this programme, women learn about VAW as part of their training on human and legal rights, forms and drivers of VAW, myths surrounding VAW, effects of VAW and protective factors.

We see sustainable change for the women we work with in key indicators of women’s socio-economic empowerment, including:<sup>24</sup>

	Enrolment (2015)	Graduation (2016)
Share of women who report earning at least \$1.25 a day (personal earnings, current USD)	2.1%	26.1%
Share of women who report not worrying about food running out in the last three months	67.2%	93.5%
Share of women who report being involved in household decision-making	63%	91%
Share of women who report educating another woman on her rights in the last 12 months	9.8%	88.8%
Share of women who report currently participating in a neighbourhood/ community group	27.1%	56%
Share of women who reported running for a leadership position in the last 12 months (if applicable)	8.7%	12.2%
Share of women who report being involved in family planning decision-making	55%	93%

## 2. Our men’s engagement activities

**“I regret all the years I was like a lion, drinking and beating my wife and not taking care of our family. I have asked her to forgive all the bad things I did to her. Now we talk, share and live in peace.”**

*Male graduate (DRC)*

We began working with men in 2002 and have since created men’s engagement programmes in our areas of operation to create positive, enabling environments for women’s empowerment and equality. In order to see long-lasting change and empowerment for women, we engage men at the household level – male partners of the women we serve – as well as male leaders and influencers in

the communities where we work. Over the past 16 years, we have trained almost 21,000 men in our Men’s Engagement Programme.<sup>25</sup> The training aims to raise men’s understanding of and attitudes towards VAW, the value of women’s work, girls’ education and women’s participation in community activities.

In each country, men’s engagement activities and training content are tailored to the cultural and religious context. For example, in Afghanistan, male religious and community leaders, who exert a strong influence on community social norms and practices, are currently being trained on women’s rights in Islam, quoting verses from the Qur’an to underscore specific aspects of women’s rights.

**“Violence or beating women is prohibited in Islam and no one is allowed to beat his wife or any family member.”**

*Male graduate (Afghanistan)*

Our men’s engagement activities vary between countries, but generally involve a ‘training of trainer’ approach, so that men we train (Level 1) can train other male community members (Level 2). In some countries, there is also a Level 3 which includes activities where community meetings are held to discuss gender-related issues, or couples

who may be experiencing violence in the home are brought together by trainers to start discussing these issues. This cascading approach multiplies the reach of the initial training.

Key subjects in our training with men include women’s rights, sexual and reproductive health (for men and women), family planning, women’s right to earn an income and access education opportunities, and VAW. We see positive changes in both men’s attitudes and behaviours around VAW. The table below shows results from our Afghanistan data.<sup>26</sup>

**“Now that my husband is taking part, he no longer beats me, he no longer wastes the money of the family. Today, he considers me a useful person who can add value in all we undertake for the well-being of our family.”**

*Wife of male participant (DRC)*

**Share of men who report**

	At enrolment	At graduation
Disagreeing with justifications for violence against women	6%	60%
Positive attitudes regarding the roles of husbands and community leaders in the community reintegration of female victims of violence	50%	98%
Having taken action to support a female victim of violence	15%	41%
Having taken action to stop own violent actions against women	16%	42%

**3. Advocacy activities**

**“Before we had no idea what a group of women can achieve together and change in their community. The women of this village are stronger than ever, and I hope this is just the beginning.”**

*Woman graduate (Kosovo)*

In 2017, we began training select women graduates in advocacy and leadership skills to support them to become agents of change in their communities. These **Change Agents** in Afghanistan, the DRC and Nigeria will take on leadership roles in their communities, organising collective action to achieve the changes they want to see, including addressing VAW. Women for

Women International will continue to support these Change Agents as they implement their action plans and ensure that our own advocacy efforts are informed by what they are advocating for. By the end of 2018, we will have also trained cohorts of Change Agents in Kosovo (through Kosova Women 4 Women),<sup>27</sup> Rwanda and the KRI.

With the support of the UK Foreign Office and the Dutch Ministry of Foreign Affairs, we have established **Community Protection Committees** (small groups of male community members) in Afghanistan that provide VAW survivors and their families with access to justice and support. In the DRC we will soon be implementing **Community Forums**, which will bring together graduates of our men's engagement activities and Change Agents to work together on issues that they identify, including addressing VAW.

We are also working in **partnership with local NGOs** to advocate for addressing VAW and

raising awareness around it. In Nigeria, for example we are working with local partners to provide workshops for lower court judges and security agencies on women's rights, including IPV. In 2018, we will continue this work and scale up to Rwanda.

Our advocacy efforts therefore weave VAW into every aspect, from the content of advocacy training programmes, to graduates' advocacy activities (including joint advocacy between men and women graduates) as well as our advocacy with other NGO partners for community – and national – level changes to address and prevent VAW.



Photo: Monilekan

### Futmowake's story

**Futmowake Zakka is 24 years old. She lives with her husband and three-year-old daughter in Ballang Kalep, Plateau state, Nigeria.**

*"Before joining the Women for Women International programme, my relationship with my husband was very bad. He would beat me and he didn't take care of me and our daughter. He didn't provide for us, and whenever I asked him for money, he would beat me.*

*I was always upset because of the violence and I often had to go back to live with my parents.*

*When I joined the Women for Women International programme, I learnt about my*

*rights and I shared the information with my husband. After hearing about everything I have learnt, my husband was encouraged to join the Men's Engagement Programme.*

*After the first time my husband went to the programme, when he came back, he found me in the kitchen and told me he was going to help me cook food. Since then he helps me with cooking and getting water and bathing our baby. I was really happy when I saw the difference in his behaviour.*

*Now that we are in the programme our life together is so much better and we are happy together."*

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# What Works to Prevent Violence Against Women and Girls?

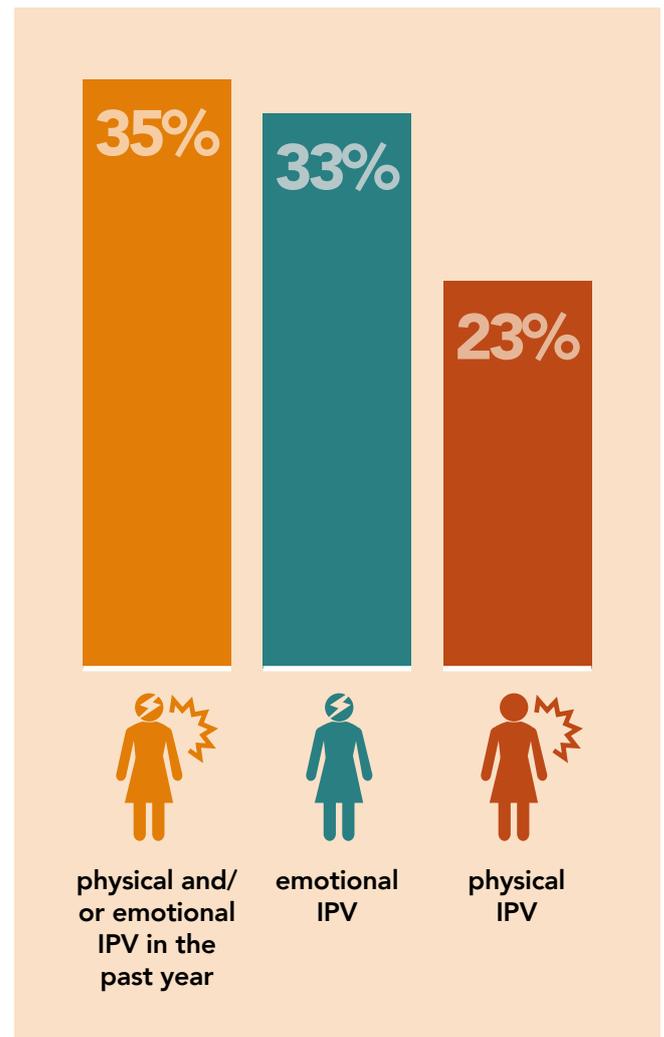
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## Baseline findings from our evaluation

Women for Women International is part of the What Works to Prevent Violence Against Women and Girls Programme?<sup>28</sup> The Global Programme, led by the South African Medical Research Council, is supporting the evaluation of 16 programmes across the world, all aimed at reducing violence against women and girls. The Programme has recently completed baseline data of an impact evaluation of our work in Afghanistan in preventing IPV. This study is a randomised control trial with approximately half of the participants being enrolled into Women for Women International's core programme ('the intervention arm') and the other half forming 'the control arm' (i.e. not being enrolled into the programme). Only married women were selected to be in the main evaluation as it is incredibly rare for unmarried women to be in intimate partner relationships in Afghanistan. The main evaluation question for this study is whether the intervention can reduce women's experiences of IPV.

The baseline data was gathered from both control and intervention participants at the start of the study and prior to any training (for those in the intervention arm) and findings therefore do not relate to the effects of our programme. The final evaluation will be published in early 2019 and more information on the study can be found in the methods paper.<sup>29</sup>

Amongst the 935 women who reported being currently married when data were collected, **35% reported experiencing any physical and/or emotional IPV in the past year**. In total, **33% reported experiencing emotional IPV in the past year**, and **23% physical IPV** in the past year.



The analysis also examined whether women's experiences of physical IPV and emotional IPV was associated with worse health outcomes for women. Women who reported experiencing two or more instances of emotional or physical IPV in the past year, were more likely to report increased depressive symptoms, post-traumatic stress disorder symptoms, worse life satisfaction, worse general health, and increased suicidal ideation.

The baseline findings provide insights into factors associated with intimate partner violence (emotional and physical) for married Afghan women:

*NB as a set of baseline findings, the data highlight correlations but do not offer conclusions regarding the direction of the associations reported.*



### Individual factors:

1. Women who experienced **childhood traumas** – that is emotional or physical abuse or neglect before the age of 18 - were more likely to experience physical IPV. Afghanistan has experienced c. 40 years of conflict and the women we work with are selected for our programme based on their exposure to conflict.<sup>30</sup> It is likely that this trauma is directly or indirectly associated with conflict.
2. Women who experienced **food insecurity** were more likely to experience emotional IPV. It may be that the stress related to food insecurity increases the use by husbands of insults and emotional IPV.
3. The baseline findings suggest a correlation between the **severity of women's reported disability** and their greater experience of physical IPV. Globally there is evidence that women living with disabilities experience more violence in their lives and violence can increase women's disabilities.<sup>31</sup>



### Household/family factors:

4. Abuse within the home, including **higher levels of husband cruelty, more quarrelling with husbands** and **violence from other family members** (such as mothers-in-laws), was strongly associated with women's experience of physical IPV and suggests a clustering of violence within the home and challenges the narrow focus of dyadic models IPV that focus only on the husband and the wife.

5. Women in **polygamous marriages**, where their husband has more than one wife, were more likely to experience emotional IPV. Qualitative research in this area suggests that this could be due to husband's ineffective efforts to manage tensions between competing wives or the creation of tensions by marrying other women.<sup>32</sup>



### Community factors:

6. **Women's involvement with women's groups outside the home** was associated with both emotional and physical IPV. This may indicate that women who have experienced IPV are now seeking support from women's groups. An alternative argument could be that involvement with these groups can threaten norms and power dynamics in households, thereby creating tensions and violence.
7. Women were also more likely to experience emotional IPV and physical IPV if they reported **more inequitable gender attitudes** in their communities. This highlights the importance of promoting more gender equal norms at the community, as well as individual, level.

The baseline findings also highlighted interesting factors that **did not** seem to affect the likelihood of women's experience of IPV (emotional and physical):

1. **Age** did not affect the likelihood of women's experience of IPV with women's ages ranging from 18 to 49 years.
2. **Education-level** did not seem to be an associated factor although there were low-levels of education across the sample with two-thirds reporting not having attended any schooling.
3. Whilst other studies have found that **personal earnings** or **savings** may decrease the likelihood of IPV, our baseline findings found no evidence of association. This may, however, be more reflective of the lack of variation in the sample.

## Conclusions

These baseline findings provide important insights into the complexity of IPV for the women we work with in Afghanistan.

1. Complex and discriminative **gender dynamics** are a strong risk factor at the household and community level. This was reflected by polygamous marriages, quarrelling with their husband and violence within the home, as well as women's association with groups outside the home and more inequitable gender attitudes in the community.
2. In terms of **poverty**, the baseline data suggested some correlation between women's food insecurity as well as borrowing money that could support the wider literature on poverty being a risk factor for VAW. However, the strength of this correlation and the lack of a positive association between personal earnings and savings suggest that the findings are not as strong in this matter as the wider literature.
3. The effect of the protracted nature of the **conflict** in Afghanistan on women's experience of IPV appeared to be predominantly indirect. This was reflected in the baseline data in terms of the experiences of trauma in childhood.

The relationship between gender dynamics, poverty and conflict must be seen as intertwined and the numerous factors noted above must be seen within this complex triangle. We hope to be able to provide more detail on many of these points when we report our end results in 2019.

## Recommendations for governments and donors

### 1. Investment in VAW prevention must focus on long-term approaches that promote positive normative changes

Inequitable gender norms were highlighted in both our baseline findings as well as the wider literature. As a form and driver of gender-based discrimination, the prevention of VAW (and other forms of gender based violence) requires positive transformation of unequal gender norms i.e. promoting more positive attitudes and behaviours around women's role in societies and challenging harmful masculinities and harmful traditional practices. **Working with men** is a key part of breaking down the social norms that portray abuse as 'normal' or 'traditional,' as well as supporting them to become allies in the struggle for women's empowerment and gender equality. It is therefore crucial that investment in VAW prevention focuses on promoting positive normative changes with both women and men in communities.

### 2. Step up implementation of women's rights protections

Effective implementation of existing international, regional and even domestic women's rights protections is urgently needed to promote women's empowerment, prevent VAW, and support VAW survivors and those at risk. Access to safe, supportive and confidential state services (specifically health and justice) is key and funding for women's rights must be prioritised.

### 3. Prioritise and invest in marginalised women's empowerment

The women we work with are vulnerable to VAW and investing in their empowerment is not only a key commitment that governments have made, including through the Global Goals, but is also an important way to help prevent potential future experiences of violence by reducing the impact of risk factors such as poverty and promoting their recovery from previous abuse and trauma. Investing in women's empowerment, including their representation in and influence over political, social and economic decision-making is also important to promoting long-term, positive normative change. Supporting women's leadership should therefore be a key component of prevention efforts.

## 4. Prioritise holistic support for VAW survivors and those at risk

Both the literature and our baseline findings highlight how complex IPV is, in terms of the forces that increase vulnerability as well as the multiple and intersecting consequences of IPV for survivors. Holistic programming is therefore necessary to effectively respond to survivor's needs and promote their recovery and empowerment. As the emerging evidence demonstrates, economic empowerment approaches are only effective when combined with social empowerment programming.

## 5. Invest in developing the evidence base around VAW prevention

The What Works to Prevent Violence Programme is an unprecedented investment in research into VAW prevention and will provide an invaluable contribution to the evidence base. The dynamics between poverty, conflict and gender are complex and interrelated, manifesting in a wide variety of similarly complex and related drivers for different forms of VAW. More investment in research to look at different contexts (including both community and national levels) as well as different forms of VAW is vital to help close the gaps in the literature and ensure more effective policy and programming.

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# Endnotes

- 1 The What Works to Prevent Violence Against Women and Girls Programme is a flagship programme from the UK Department for International Development (DFID), which is investing an unprecedented £25 million over five years to the prevention of violence against women and girls. <http://whatworks.co.za>
- 2 Gender, according to the World Health Organisation, refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men. It varies from society to society and changes over time. While most people are born either male or female, they are taught appropriate norms and behaviours – including how they should interact with others of the same or opposite sex within households, communities and work places.
- 3 World Bank Group (2015) *Women, Business and the Law 2016*, database. Available online: <http://wbl.worldbank.org/>
- 4 It is estimated that 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or sexual violence by a non-partner at some point in their lives. World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council (2013) *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*, p.2. Available online: <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>
- 5 Women for Women International uses the term survivor for women who have suffered VAW, as well as those who have suffered conflict. We appreciate that the term victim is used by other organisations and groups in some contexts because it is how they want to be referred to and/or provides recognition or status that facilitates advocacy and access to justice and other services that the term survivor does not. However, we and the women we work with prefer the term survivor.
- 6 According to the World Health Organisation, Intimate partner violence (IPV) includes “physical, sexual, and emotional abuse and controlling behaviours by an intimate partner. [It] occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming global burden of IPV is borne by women”. [http://apps.who.int/iris/bitstream/10665/77432/1/WHO\\_RHR\\_12.36\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf). NB Women for Women International uses IPV instead of 'domestic violence' because it is more specific to violence in a relationship rather than violence within the home which could include violence in non-partner relationships.
- 7 United Nations Office on Drugs and Crime (2014). *Global Study on Homicide 2013*, p. 14. Available online: [https://www.unodc.org/documents/gsh/pdfs/2014\\_GLOBAL\\_HOMICIDE\\_BOOK\\_web.pdf](https://www.unodc.org/documents/gsh/pdfs/2014_GLOBAL_HOMICIDE_BOOK_web.pdf)
- 8 UN Statistics Division, *The World's Women 2015: Trends and Statistics*, Chapter 6: <https://unstats.un.org/unsd/gender/chapter6/chapter6.html>, and the UN Women Global Database on Violence against Women: <http://evaw-global-database.unwomen.org/en>
- 9 Andrew Gibbs, Nata Duvvury and Stacey Scriver (September 2017) *What Works Evidence Review: The relationship between poverty and intimate partner violence*. Available online: <http://www.whatworks.co.za/documents/publications/115-poverty-ipv-evidence-brief-new-crop/file>
- 10 Ibid.
- 11 Peterman et al. (May 2017) *Women's Individual Asset Ownership and Experience of Intimate Partner Violence: Evidence From 28 International Surveys*. *American Journal of Public Health* 107: 5, pp 747-755.
- 12 Gibbs et al. (September 2017) *What Works Evidence Review: The relationship between poverty and intimate partner violence*.
- 13 Ibid.

- 14 Saferworld (May 2014): *Gender and Conflict Early Warning Results of a literature review on integrating gender perspectives into conflict early warning systems*. Available online: <https://www.saferworld.org.uk/resources/publications/810-gender-and-conflict-early-warning>
- 15 Ibid. See also Siân Herbert (April 2014) *Links between gender-based violence and outbreaks of violent conflict*. GSDRC Helpdesk report available online: <http://www.gsdrc.org/docs/open/hdq1169.pdf>
- 16 What Works (2015) *Counting the Costs of Violence Against Women and Girls In South Sudan*. Available online: <http://whatworks.co.za/documents/publications/81-counting-the-costs-of-violence-against-women-and-girls-in-south-sudan/file>
- 17 Ibid.
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- 23 R. Jewkes, N. Jama-Shai & Y. Sikweyiya (under review) *Enduring impact of conflict on mental health and gender-based violence perpetration in Bougainville, Papua New Guinea: a cross-sectional study*. *Plos One*.
- 24 The data presented here were provided by 6,048 participants who graduated from Women for Women International's core programme between January and December 2016. This dataset only includes baseline and end line data for sampled graduates who were interviewed in both survey rounds. Of the 17,268 participants who graduated in 2016, approximately 35% are included in these analyses. These are global weighted averages and N/A (not applicable) responses have been excluded. <http://www.womenforwomen.org.uk/what-we-do/impact>
- 25 More information about our men's engagements activities can be found on our website: <https://www.womenforwomen.org.uk/equalityismybusiness>
- 26 Pre- and post-training surveys conducted with 560 male leaders trained by Women for Women International in 2015 in Afghanistan. 576 responses were taken at enrolment. Women for Women International - Afghanistan reached 1,060 men through engagement activities in 2015.
- 27 Kosova Women for Women is now an independent local NGO that was previously Women for Women International - Kosovo.
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- 30 Whilst experience of conflict is part of Women for Women International's selection criteria for women to participate in our year-long, socio-economic empowerment programme, being affected by conflict was not part of the selection criteria for study participations.
- 31 Ingrid van der Heijden and Kristin Dunkle (September 2017) *What Works Evidence Review: Preventing violence against women and girls with disabilities in lower- and middle-income countries (LMICs)*. Available online: <http://www.whatworks.co.za/documents/publications/114-disability-evidence-brief-new-crop-3/file>
- 32 Ibid.



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