



**International
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Federation**

Statement on Gender-based Violence

Gender-based violence is defined by the United Nations Population Fund as "violence involving men and women, in which the female is usually the victim and which is derived from unequal power relationships between men and women". It includes battering, rape, childhood sexual abuse, female genital mutilation and violence related to exploitation, sexual harassment, coercion and intimidation. Such violence can harm women's health directly and indirectly in a number of ways, impacting adversely on their sexual and reproductive health (SRH) and often results in death and disability through:

- Lacerations, fractures, and internal injuries
- Unwanted pregnancy and sexually transmitted infections (STIs), including HIV/AIDS
- Low self-esteem, sexual dysfunction, fear, depression and suicide

The World Health Organisation (WHO) reported that 40 population-based studies conducted in 24 countries revealed that between 20% and 50% of the women interviewed had suffered physical violence from their male partners and that at least 1 in 5 women experience rape or attempted rape in their lifetimes.

IPPF, by virtue of its world-wide network of more than 150 National Family Planning Associations (FPAs) and its focus on sexual and reproductive health programmes, is strategically placed to combat gender-based violence. FPA clinics provide a special opportunity to address this critical and complex matter because women, if given the opportunity and encouragement, are often willing to discuss their most intimate problems with their sexual and reproductive health care providers. FPAs can respond to gender-based violence by:

- Increasing awareness and skills among staff and volunteers
- Providing support and appropriate care for victims
- Implementing activities for prevention
- Undertaking advocacy for action

Increasing Awareness and Skills Among Staff and Volunteers

Everyone associated with the FPA must have at least a basic understanding of the problem and sensitivity to the issues involved. Staff who are in direct contact with clients will need to have a deeper understanding and therefore more in-depth training updates. The training should have the objectives of ensuring that providers' beliefs and attitude are conducive to addressing gender based violence, as well as providing

relevant skills, knowledge and strategies for responding to clients. Approaches that may be helpful include:

- Values clarification workshops, including presentations, role plays and group exercises;
- Skills training, including sensitive questioning, counselling and making a referral

Generic workshop packages could be developed.

Some service providers may themselves have experienced gender-based violence. If needed, they should be assisted to address their personal problems, even before addressing the needs of their clients.

Providing Support and Appropriate Care for Victims

Providing support and care to victims involves integrating gender-based violence into FPA activities, as well as working in collaboration with other relevant institutions.

There may be some concern that integrating the care of victims of gender-based violence into reproductive health services could overwhelm the facilities. In reality, FPAs are already seeing such victims, but they may not be acknowledged as such. Staff already discuss very sensitive and personal topics with clients, so to go beyond and initiate discussions of violence with them and their families may be considered simply a logical, though major, step forward in the provision of comprehensive care. There are many ways FPAs can integrate the care of victims of violence into its activities, and what each affiliate does depends on their resources and local circumstances. These are some of the steps FPAs can take:

Recognising Gender-Based Violence in Clients

An FPA that is open to the reality of gender-based violence lets clients know that they need no longer be silent, at least in the protected environment of the clinic.

According to the resources available, materials which present the various forms of gender-based violence and what to do to counter it should be freely available to all clients. Reading material in appropriate languages should be distributed. A video monitor in the waiting room of clinics can show tapes, and posters can be displayed with photos and messages. All such media should clearly state that gender-based violence is not acceptable and that it is not the woman's fault if it happens.

If clients are to feel they can disclose their personal experiences, they need to feel reassured that what they tell to service providers will be kept confidential. This necessitates a service environment that ensures privacy and a system that allows only for authorised and relevant people to have access to client's information. It is also essential to make it clear that any course of action will only be taken with the client's complete agreement. An exception can be if what the woman reports involves sexual violence against children. In such cases service providers should consult the existing legislation as well as relevant experts in order to decide a course of action.

It is essential that questions be asked in a non-judgemental and empathetic manner. Direct questions may promptly unveil a situation of gender-based violence, especially when the client has been waiting for an opportunity to share her problem and ask for help. For some clients, however, a combination of indirect and direct questions will be required. Asking a woman about her physical health, psychological state, and her and her partner's drug and alcohol use may assist the counsellor to assess the client's risk situation, or pick up on symptoms that lead to the suspicion of gender-based violence. Some women may only feel able to disclose their experience over a period of time. So, when there is a suspicion, it is important to continue with sensitive inquiries during subsequent visits.

Counselling and Services

The counsellor should encourage the client to talk about the nature of her problems and the ways in which they affect herself, her children and family. The counsellor should document the history of the gender-based violence, assess the seriousness of the client's symptoms, evaluate the level of danger in the woman's present day life and identify what types of services she needs. The FPA may be able to provide some of the necessary services, for example, screening and treating STIs or providing contraceptive advice.

In cases of rape, the woman should be counselled and provided with services regarding the prevention of pregnancy and infection. This may involve the need for emergency contraception, prophylactic antibiotics and/or antiretroviral therapy.

The FPA can assist the woman to develop a personal safety plan, which will help her to react promptly and appropriately to subsequent abuse.

Educational leaflets and cards containing names and contact details of institutions they can approach for support in case of emergencies should be available at service delivery points. Proper follow-up should be ensured for victims.

Referral to Specialised Facilities

There may be cases where the best approach is to refer the woman to specialised facilities. To give gender-based violence victims the best possible support and treatment the FPA needs to locate and establish a collaborative relationship with relevant organisations including medical, legal, psychological, housing and social. One realisation that may become clear is that there may not be many services available yet. In this situation FPAs may explore the possibilities to form alliances with other groups and initiate new services together, thus filling the gaps in the services that are needed.

Support Groups

Support groups run by trained staff or volunteers can be enormously helpful to victims of gender-based violence. Groups help a victim to feel less isolated. In such a group she can feel understood, validated and supported as she works on recovering from the ordeal or improving her situation. Different types of groups are required for victims of

rape, childhood sexual abuse and domestic violence. Participation in such groups should be completely voluntary.

Addressing Perpetrators

It is essential for FPAs to also develop strategies to work on changing the violent behaviour of men who batter women. They may provide counselling services for perpetrators or have this service included in the referral system. It may be preferable to provide services for male perpetrators at a separate site in order to protect women's confidence. Male counsellors are necessary to enable the male perpetrators to talk more freely about their thoughts and behaviour. The safety of the women and children must be central to any programme for violent men. Perpetrators should be held responsible for the abuse and for stopping the abuse. Whatever the approach adopted, a central feature of work with violent men must be the message that violence is *not* acceptable and must aim to confront/stop/prevent further violence. Programmes alone may be ineffective in achieving change in the behaviour of violent men and must not be seen as a diversion from effective legal sanctions.

Implementing activities for prevention

Community Education

Gender-based violence is an important topic to talk about with both adults and adolescents. Messages can be integrated into existing educational activities of FPAs. Community workers, whose role it is to go into neighbourhoods to talk to and educate groups of residents, can begin discussions on this topic. One way to educate people would be through community forums that could be held on a regular basis, allowing people to discuss their views while also educating them on gender-based violence. For example, the educators could focus on why gender-based violence is so prevalent, the legal rights of women and the effect violence has not only on the woman herself but on her children, extended family and the community. The community worker can also discuss what the FPA and others are doing about gender-based violence and where women can receive further information and assistance. The use of mass media and folk means of communication may also be particularly effective.

Addressing Men

Since gender-based violence is predominantly perpetrated by men, a fundamental requirement is to increase awareness amongst men in general. Ways to increase awareness and start discussion amongst men include:

- Incorporating activities to increase gender sensitivity among male adolescents in youth activity programmes;
- Initiating discussion groups for men, eg at work, in the army, at sports clubs, where they can talk about male socialisation and gender roles and the effects of these on how they view and therefore treat women.

- Groups can encourage men to look at their values and behaviour;
- Developing educational materials for men
- Using mass media and person-to-person contacts to educate men on developing better relationships with their partners and with women in general;
- Using male public figures as role models and advocates
- Providing services for men

Undertaking advocacy for action

FPA's need to be knowledgeable about the magnitude and characteristics of gender based violence, the political and legal environment, and the resources already available to victims. They should make use of available information as a tool to advocate for action. When addressing gender-based violence, FPA's need to encourage, and where necessary demand, action from governments, non-governmental organisations, professional organisations and any groups in a position to make a difference. They can work together with other groups who are also addressing the problem through political and legal change.

Statement developed by the International Medical Advisory Panel (IMAP), April 2000. IMAP reserves the right to amend this Statement in the light of further developments in this field.

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