

# IMAP Statement on Sexual and Gender-based Violence

This statement was prepared by the International Medical Advisory Panel (IMAP) and was approved in August 2020.

## Background

It is estimated that 1 in 3 (35%) women<sup>a</sup> worldwide have experienced physical and/or sexual violence from an intimate partner and/or sexual violence by a non-partner in their lifetime, with the majority of this violence being intimate partner violence (IPV).<sup>1</sup> Of the 87,000 women who were killed intentionally in 2017 globally, an estimated 58% were killed by an intimate partner or family member.<sup>2</sup> Sexual and gender-based violence (SGBV) is a human rights violation, associated with death, injury and a broad range of negative sexual, mental and physical health issues and socio-economic impacts.

During humanitarian crises<sup>b</sup> or public health emergencies such as the COVID-19 pandemic, family and community protections often break down. During lockdowns, freedom of movement may be restricted and accordingly, individuals may lose contact with social networks and support. Humanitarian situations can be particularly devastating for women and girls by increasing their exposure to SGBV, including

intimate partner violence, sexual violence, female genital mutilation, child marriage, rape and trafficking.<sup>3</sup>

Women and girls are disproportionately affected by SGBV, but people of both sexes, all gender identities and sexual orientations may be subjected to SGBV<sup>c</sup>. Groups who are particularly vulnerable to SGBV include pregnant women (with intended or unintended pregnancies), adolescents, people with disabilities, people living with HIV, older people, migrants, refugees, indigenous people, ethnic minorities, lesbian, gay, bisexual, transgender and intersex (LGBTI) people, sex workers and people who use drugs.

**Approximately one-third of the world's women have experienced sexual and gender-based violence. It is a human rights violation, associated with death, injury and a range of negative sexual, mental and physical health issues and socio-economic impacts.**

a Most documented cases of sexual and gender-based violence are committed against women, so the term 'violence against women' is often used interchangeably with SGBV. However, people of both sexes, all gender identities and sexual orientations may experience SGBV.

b A humanitarian crisis is "an event or series of events that represents a critical threat to the health, safety, security, or wellbeing of a community or other large group of people, usually over a large area" (WHO, 2017b).

c The evidence about violence against some gender and sexual minorities is mixed (some literature suggests it is very low, other literature suggests it is high), however this is an emerging field of research.

SGBV takes many forms, and individuals who have experienced SGBV may be at an increased risk of acquiring HIV and other sexually transmitted infections, unintended pregnancies, gynaecological disorders, obstetric complications, and increased unmet contraceptive need. Violence is also associated with mental health concerns, including post-traumatic stress disorder (PTSD), depression, anxiety, substance use, self-harm and suicide. Survivors of SGBV may face stigma, violence and rejection from their community and family, further preventing them from accessing healthcare or other services.

People, in particular women, who are subjected to violence are more likely to use health services than those who are not, even if they do not explicitly disclose it to their healthcare providers. Among women who have sought help for their experience of violence, women have reported healthcare professionals as a trusted source of help. Healthcare providers are uniquely positioned to provide first-line support (see page 6 for more information on first-line support) to survivors of SGBV. Many IPPF Member Associations (MAs) already offer a range of services specifically tailored for survivors of SGBV, but all MAs should identify additional opportunities to strengthen and expand these services.

**Women have reported healthcare professionals as a trusted source of help for their experience of violence. Healthcare providers are uniquely positioned to provide first-line support to survivors of SGBV. All MAs should identify additional opportunities to strengthen and expand their services for survivors of SGBV.**

### The purpose of this statement

IPPF is dedicated to scaling up work at the community level, including humanitarian contexts, to prevent and respond to SGBV. We strive to integrate quality SGBV care in every clinic as part of the IPPF Integrated Package of Essential Services (IPES). This statement is intended to support and guide IPPF MAs to deliver the IPPF Gender Equality Strategy, Outcome 3: Quality integrated gender-responsive and rights-based services delivered without discrimination. Preventing SGBV and responding to the needs of survivors of SGBV are also core components of the IPPF Humanitarian Strategy (2018–2022). To deliver this strategy, IPPF regions and MAs will introduce SGBV interventions within humanitarian programmes as part of the Minimum Initial Service Package (MISP)<sup>4</sup> of sexual and reproductive health services in humanitarian settings.

Reducing SGBV, and providing care for survivors of SGBV, is an enactment of IPPF's commitment to the following human rights:

- the highest attainable standard of health<sup>5</sup>
- participation, regardless of sex, sexuality or gender<sup>6</sup>
- life, liberty and security of the person<sup>7,8</sup>
- personal autonomy and recognition before the law<sup>7,9,10</sup>
- to choose whether or not to marry and/or to have children<sup>11</sup>

### Intended audience

This statement is aimed at service providers, managers and directors across IPPF. It is intended to provide guidance to strengthen prevention and response efforts related to SGBV, including support for survivors.

## What is sexual and gender-based violence?

“Sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person’s will and is based on gender norms and unequal power relationships.”<sup>12</sup>

According to the Beijing Platform of Action, “sexual and gender-based violence, including physical and psychological abuse, trafficking in women and girls, and other forms of abuse and sexual exploitation place girls and women at high risk of physical and mental trauma, disease and unwanted pregnancy. Such situations often deter women from using health and other services.”<sup>8</sup>

IPPF understands gender-based violence (GBV) as an umbrella term, which includes a wide range of forms of physical, psychological, sexual and socioeconomic violence. To be explicit about the inclusion of sexual violence, IPPF uses the term ‘sexual and gender-based violence’ (SGBV)<sup>d</sup> instead of gender-based violence.

Any person may be subjected to SGBV. SGBV can range widely in intensity, from verbal slander to murder. Survivors may experience a single incident or they may be subjected to SGBV on multiple occasions, in different forms, that change in nature and intensity over time. Some of the most common types of SGBV are listed below. A survivor of SGBV may be subjected to any number of different types of SGBV at one time.

## Forms of sexual and gender-based violence

- **Intimate partner violence (IPV)** refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, economic, or psychological harm, such as physical aggression, coercion, psychological abuse and controlling behaviours.
- **Physical assault** is an act of physical violence that involves intentionally using or threatening to use physical force, strength or a weapon to harm or injure a person (e.g. hitting, choking, slapping, strangulation, burning, cutting).
- **Homophobic and transphobic violence:** this refers to attacks on people because of their perceived sexual orientation or gender identity. This type of violence is often driven by a desire to punish or to ‘cure’ those who defy traditional gender norms. Like IPV, this type of violence can take diverse forms.
- **Psychological and/or emotional abuse:** infliction of mental or emotional pain or injury. For example: threats of physical or sexual violence, controlling behaviour, verbal abuse, intimidation, humiliation, forced isolation, stalking, harassment, defamation and exploitation. One example is **technology-facilitated gender-based violence**, which is when the internet or mobile technology is used to harm others based on their sex, or sexual or gender identity.
- **Reproductive coercion** is when a person’s partner or family member attempts to control their reproductive outcomes, for example by lying about using contraception, damaging contraception methods or coercing someone to become pregnant, to have an abortion or denying them access to safe abortion services.

<sup>d</sup> This is a deliberate decision that differs from choices made by other international organizations, for example the World Health Organization. Learn more in IPPF’s forthcoming position paper on SGBV.

- **Sexual violence (or sexual abuse)** is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances or acts to traffic, or otherwise directed against a person's sexuality using coercion or manipulation, by any person regardless of their relationship to the survivor, in any setting. Rape, sexual assault and sexual exploitation are all forms of sexual violence.
- **Sexual slavery** is a form of enslavement and sexual violence that includes limitations on one's autonomy, freedom of movement and power to decide matters relating to one's sexual activity. Forced marriage, domestic servitude and trafficking for sex work are often associated with sexual slavery.
- **Child sexual abuse:** this type of sexual violence involves a child or an adolescent in sexual activity that he or she does not fully comprehend, has not or is unable to give informed consent to, and/or for which the child or adolescent is not developmentally prepared and cannot give consent, or that violates the laws or social norms of society.
- **Socioeconomic abuse or neglect:** the intentional deprivation of opportunities and resources that are needed for one to exercise their human rights (e.g. denial of food, denial of education or opportunities to work or own property, restricting access to money, healthcare or social services), motivated by perspectives on sex or gender or sexual orientation.
- **Harmful Traditional Practices:** are accepted forms of violence<sup>e</sup> in a specific culture by society that have taken place over time predominately against women and girls and been carried out in the name of tradition. Such acts include forced marriage, child marriage, honour killing and female genital mutilation.

SGBV has a major impact on individuals' health and wellbeing, as well as that of children in the household. People who grow up in households where they witness or experience violent and abusive behaviours are more likely to experience and/or perpetrate violence in later life. They are also more likely to experience mental health problems and problems at school than other people.

International agencies specialising in humanitarian responses state it is best practice for service providers to assume that SGBV is occurring from the earliest stages of any humanitarian situation, regardless of the availability of concrete 'evidence'.<sup>13</sup> Global evidence indicates that SGBV is generally under-reported. In humanitarian contexts this may be even more serious due to the fear of stigma or retaliation (including the withdrawal of housing, food or other services), limited availability of or accessibility to service providers, poor trust in the services, impunity for perpetrators, and lack of awareness of the benefits of seeking care.

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<sup>e</sup> Violence is sometimes characterised by intentionality, and accordingly some may argue that traditional practices are driven by norms and should not be considered 'violence'. However, IPPF interprets certain harmful traditional practices as violence even if they are considered socially acceptable in context.



## Models and guidance for SGBV services

While long-term systemic cultural change is essential to address gender inequality and SGBV, health facilities have a duty of care to provide preventative programmes and post-violence services. Health providers have opportunities, skills and resources to support survivors of SGBV. However, currently many healthcare providers do not recognize their crucial role or they are not implementing the simple steps they could take to address violence.<sup>14</sup>

IPPF is committed to integrating SGBV care in every Member Association service delivery point. Many MAs offer a range of programmes that can be considered primary prevention of SGBV, for example comprehensive sexuality education, relationships counselling, engaging men and boys, and community-based interventions around gender inequality. However, specific clinical capacities are required to ensure that survivors and others affected by SGBV can access the essential healthcare and support that they need, and especially that they should come to no harm as result of presenting for care. This section provides a brief overview of the following SGBV interventions that IPPF MAs should consider integrating in their service provision, as appropriate:

1. preventing sexual and gender-based violence (SGBV)
2. front-line service provision for survivors of SGBV
3. SGBV service provision in humanitarian contexts
4. monitoring and evaluation

This guidance is based on good practice and current research and guidelines. Throughout this section, IPPF recommends several comprehensive resources for more detailed advice and information on tailoring SGBV service provision to the local context.

## 1. Preventing sexual and gender-based violence

The root causes of SGBV are gender inequality and power. These inequalities exist and interact at different levels in a society: individual beliefs, knowledge, attitudes and behaviours; relationships and family dynamics; community and social norms; regional and national policies and regulatory frameworks. A range of interventions is necessary to prevent SGBV.

A review of evidence suggests that effective interventions aimed at preventing violence against women and girls share a focus on participatory approaches that engage multiple stakeholders and facilitate critical discussion about gender roles and norms and decision-making in relationships, interpersonal communication, and the acceptability of violence.<sup>15,16</sup> Research from the UK's 'What Works to Prevent Violence' initiative has found that interventions to prevent IPV, in particular, are more successful when they are tailored to the local culture and when they engage the broader community (e.g. opinion leaders, policy-makers).<sup>17</sup>

There is also evidence that comprehensive sexuality education – when implemented by skilled, professional health educators and which includes a curriculum specifically designed to prevent SGBV – may prevent SGBV among young people.<sup>18</sup>

Fourteen UN, bilateral and multilateral agencies have published evidence on preventing violence against women in an interagency framework entitled *RESPECT Women*. 'RESPECT' is an acronym, each letter representing one of seven strategies: Relationship skills; Empowerment; Services; Poverty reduction; Environments made safe; Child and adolescent abuse prevented; and Transformed attitudes, beliefs and norms.<sup>19</sup> Programmes are more successful when they embed the core principles of gender equality and human rights; generate critical reflection about unequal power; apply participatory approaches; address multiple risk and protective factors; combine interventions; and keep communities at the centre.

A link to the RESPECT framework can be found in the list of Further reading.

## 2. Front-line service provision for survivors of SGBV

WHO maintains that health providers should be trained to assist people who have been subjected to intimate partner violence or sexual violence with minimum, first-line support.<sup>f</sup> First-line support includes practical care and responds to a client's emotional, physical, safety and support needs, without violating their privacy.<sup>20</sup> WHO suggests that first-line support is often the most important care that a healthcare provider can provide.

The following guidance on first-line support is drawn from WHO's clinical handbook *Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence*.<sup>20</sup>

WHO suggests that service providers should be capable of offering care in four different areas:

- immediate emotional/psychological health needs
- immediate physical health needs
- ongoing safety needs
- ongoing support and mental health needs<sup>20</sup>

Many IPPF MAs already provide physical health services and referrals across these four areas. MAs are encouraged to assess what additional services or support survivors of SGBV might benefit from and take steps to meet those needs, taking national guidelines and protocols into account.

WHO does not recommend screening all women who attend healthcare services for intimate partner violence (i.e. 'universal screening' or routine enquiry). Instead, it recommends that healthcare providers are aware of common signs of SGBV and should sensitively raise the issue with clients who present with signs and symptoms that suggest violence as an underlying cause.<sup>21</sup>

### LIVES: The five steps of first-line support

<b>Listen</b>	Listen to the woman closely, with empathy, and without judging
<b>Inquire about needs and concerns</b>	Assess and respond to her various needs and concerns – emotional, physical, social and practical (e.g. childcare)
<b>Validate</b>	Show her that you understand and believe her. Assure her that she is not to blame
<b>Enhance safety</b>	Discuss a plan to protect herself from further harm if violence occurs again
<b>Support</b>	Support her by helping her connect to information, services and social support

Source: WHO, 2014:14. The text refers to a woman and uses feminine pronouns but may be applied to a person of any sex or gender identity.

MAs should also consider the psychological toll of front-line SGBV service provision on healthcare providers and ensure that they are given support. Healthcare providers and other staff need appropriate training, supervision and mentoring support to ensure their own health and wellbeing. WHO recommends that training and supervision are accompanied by improvements to health facility systems and frameworks, including written protocols/job aids; improving infrastructure for privacy and confidentiality; strengthening referrals to other sector services; and implementing a documentation system. (For details see Further reading: WHO (2017) *Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers*.)

<sup>f</sup> This term is an adaptation of 'psychological first aid', a term known in the humanitarian sector.

### 3. SGBV service provision in humanitarian contexts

In humanitarian settings, healthcare staff should focus on provision of essential and lifesaving services, which includes interventions to prevent sexual violence and respond to those who have experienced SGBV. International agencies recommend that service providers should assume that SGBV is a serious problem in any humanitarian situation – with or without evidence – and take immediate action based on sector recommendations (e.g. UNHCR).

The section above (Front-line service provision for survivors of SGBV) is applicable in both stable and humanitarian settings. Key actions are outlined in the Minimum Initial Service Package (MISP).<sup>4</sup> The *Clinical Management of Rape and Intimate Partner Violence Survivors*<sup>22</sup> provides the most up-to-date protocols for clinical practice – in relation to rape and IPV specifically – in humanitarian settings. IPPF MAs should also contribute to the gender-based violence information management system (GBVIMS)<sup>9</sup> where it is being used by partners and participate in other relevant clusters (e.g. gender-based violence, health) to promote broad coordination in response to SGBV.

IPPF's International Medical Advisory Board has prepared a dedicated statement on the provision of sexual and reproductive health services in humanitarian contexts (see Further reading: IPPF resources).

Health providers should be trained to assist people who have experienced sexual violence with minimum, first-line support. This includes practical care and responds to a client's emotional, physical, safety and support needs, without violating their privacy. Many MAs already provide services and referrals across these four areas. MAs should assess what additional services or support survivors of SGBV might benefit from and take steps to meet those needs.

In humanitarian settings, healthcare staff should focus on provision of essential and lifesaving services, which includes interventions to prevent sexual violence and respond to those who have experienced SGBV.

## 4. Monitoring and evaluating SGBV service provision

Monitoring and evaluating the impact and effectiveness of SGBV service provision is a vital component of strengthening SGBV services. While MAs already have rigorous monitoring and evaluation systems, a number of recent publications about monitoring and evaluation in relation to SGBV services draw out some additional valuable good practice and benchmarks.

UNFPA has published 16 minimum – or ‘adequate quality’ – standards<sup>h</sup> for SGBV survivor data management.<sup>23</sup> The aim of these standards is to ensure that agencies providing SGBV services reflect good practice and cause no harm. For example:

- Services (e.g. health or psychosocial support) must be available to GBV survivors if data is to be gathered from them.
- Survivor/incident data must be collected in a way that limits identification, and, if shared for analytical/reporting purposes, must be non-identifiable.
- Identifiable case information (e.g. referral forms, portions of the case file) is only shared within the context of a referral and with the consent of the survivor.
- Before data is shared (e.g. with referral partners), an agreement must be established to determine how data will be shared, protected, used and for what purpose.

To support organizations in designing their measurement frameworks, Measure Evaluation has developed a set of 12 key indicators for SGBV service delivery.<sup>24</sup> WHO has also developed a set of indicators for SGBV services.<sup>25</sup> Indicators include:

- number of cases of SGBV presenting at the health facility
- the number of occasions on which a service user seeks SGBV assistance (including repeat visits)
- proportion of SGBV survivors who receive appropriate medical care (e.g. STI and HIV prophylaxis, emergency contraception) and psychological care (e.g. first-line support, referrals to needed services)
- the number of health service providers trained in SGBV identification and care during a specific time period (e.g. the past year)
- the percentage of the organization’s health facilities (static/mobile) with at least one provider who has been trained in the identification, care and support of SGBV survivors within the past three years
- increase in proportion of healthcare providers with a) knowledge, b) positive attitudes, and c) skills in identification and provision of care to survivors of intimate partner violence.

These indicators can support a quantitative assessment of SGBV in MA contexts and be supplemented with complementary qualitative data. A mixed methods evaluation can provide a rich picture of both the reach and quality of service provision.

Full details and links to these resources can be found in the Further reading section below.

<sup>h</sup> The standards are designed for humanitarian settings but offer valuable learning for healthcare providers everywhere.



## Recommendations for IPPF Member Associations

The following recommendations reflect international good practice and current research. However, SGBV is highly contextualised. In-depth technical guidelines and assessments (see Further reading section) can support Member Associations to develop their own, context-specific plans for action, taking national guidelines and protocols into consideration.

### Programming and service delivery

These recommendations apply to both stable and humanitarian contexts; additional recommendations for humanitarian contexts are on page 10.

- **Define a context-specific essential package of SGBV services and assess what (if any) new products or services are required, with reference to the IPPF Quality of Care Framework.** For example, emergency contraception, access to mental health or psychological support, safe abortion care (particularly if the legal/policy context allows abortion in cases of sexual violence), post-exposure prophylactics and antiretroviral treatment. This may require changes to the supply chain for products or procedures (IPPF Quality of Care Framework – Secured supply chain management system).
- **Fundraise (if needed) and allocate budget to increase staff expertise/capacity for SGBV services, and/or to invest in equipment, protocols, infrastructure, job aids, documentation systems and supplies as needed for SGBV service provision.** Health facilities may also need to adjust fee structures to be responsive to service users who lack money or lack control over money (IPPF Quality of Care Framework – Adequate financial resources).
- **Cross-sectoral coordination is critical to adequately support SGBV survivors.** Sexual and reproductive health service providers should partner with services such as psychosocial support, housing, child welfare, childcare, police and legal services to ensure an effective response to SGBV. This is relevant for sharing information, coordinated advocacy and referrals.
- **Comprehensive referral networks.** Referrals should be available and offered to service users who may choose the services they need and want.
- **Develop and establish SGBV policies, coordination and referral pathways between service providers, government ministries and working groups.**
- **SGBV survivors must be able to confidentially report incidents and have access to non-discriminatory services** and support (including psychosocial, medical, legal, material); in the case of the workplace, safeguarding policies should be implemented.<sup>i</sup>
- **Link SGBV services with the Member Association's other SRH service provision, including STI and HIV services, safe abortion care and contraception.**
- Community-based protection networks and initiatives can be highly effective, but **they must involve all members of affected communities (including girls, women, persons with disabilities, LGBTI and older people) and provide opportunities for them to take on decision-making roles.**
- **Explore new opportunities and partnerships to engage men and boys** as clients, responsible partners and agents for changing SGBV, **linking with CSE and peer programmes.**
- **Establish links with other stakeholders, including those specialised in working with perpetrators.**

<sup>i</sup> IPPF Policy 1.15: Safeguarding (children and vulnerable adults); Policy 1.3: Gender Equality. <https://www.ippf.org/sites/default/files/2019-10/POLICY%20HANDBOOK%20ENGLISH%20-%20May%202019.pdf>

## In humanitarian settings

Key recommendations for SGBV service provision in humanitarian contexts include:

- **Humanitarian responses and services should take into account the circumstances and needs of groups that are most vulnerable to SGBV** (e.g. young people, LGBTI people, people living with disabilities, older people).
- **Proactively engage in initial needs assessment processes to ensure that SGBV issues are addressed and included among 'essential services'. Develop key questions and guidelines to be included in single or multi-sector assessments such as MIRA (Multi-Cluster/ Sector Initial Rapid Assessment) and IRNA (Initial Rapid Needs Assessment).**
- **Assess the quality and effectiveness of GBV data management systems and evaluate the need to strengthen them to adhere to global safety and security standards.**
- **Train partners in SGBV, MISP, CMR, referrals and appropriate support to specialized groups.**

## Knowledge generation and advocacy

- **Gather information from service users about their experience of your SGBV service, analyse this data and use it to improve service provision.** Data collection must be done sensitively, when and where it is appropriate, and when it will be used for strengthening services (IPPF Quality of Care Framework – Effective communication and feedback systems).
- **Strengthen partnerships with other organizations, including in other sectors, working on SGBV.** In addition to referral linkages, build knowledge-sharing relationships to strengthen the community response to SGBV.
- **Develop partnerships with media, policy-makers and opinion leaders to initiate joined up advocacy and communications to end SGBV.** Based on a local situation assessment, consider what social, policy and/or regulatory practices need to change. Design and implement an advocacy strategy (relevant to humanitarian and stable contexts).

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**MAs should define a context-specific essential package of SGBV services and assess what new products or services are required, with reference to the IPPF Quality of Care Framework. For example, emergency contraception, access to mental health or psychological support, safe abortion care, post-exposure prophylactics and antiretroviral treatment.**

## Further reading

### IPPF resources

IPPF (forthcoming) *Medical and service delivery guidelines – Chapter 10: Sexual and gender-based violence*.

IPPF (2020) *IMAP statement on COVID-19 and sexual and reproductive health and rights*. Available from: <https://www.ippf.org/resource/imap-statement-covid-19-and-sexual-and-reproductive-health-and-rights>

IPPF (2018) *IMAP statement on sexual and reproductive health services in humanitarian settings*. Available from: <https://www.ippf.org/resource/imap-statement-sexual-and-reproductive-health-humanitarian-settings>

IPPF (2015) *IMAP statement on the elimination of female genital mutilation*. Available from: <https://www.ippf.org/resource/imap-statement-elimination-female-genital-mutilation>

### Other agencies' resources

ICRW (2018) *Technology-Facilitated Gender-Based Violence: What is it?* Available from: [https://www.icrw.org/wp-content/uploads/2018/07/ICRW\\_TFGBVMarketing\\_Brief\\_v8-Web.pdf](https://www.icrw.org/wp-content/uploads/2018/07/ICRW_TFGBVMarketing_Brief_v8-Web.pdf)

International Organization for Migration (2009) *Caring for Trafficked Persons: Guidance for Health Providers*. Available from: [https://publications.iom.int/system/files/pdf/ct\\_handbook.pdf](https://publications.iom.int/system/files/pdf/ct_handbook.pdf)

International Rescue Committee (IRC) (2017) *Screening for Gender-Based Violence in Primary Health Facilities in Humanitarian Settings; Implementation Guidelines and Recommendations for IRC Programs*. Available from: <https://gbvresponders.org/wp-content/uploads/2019/01/GBV-Screening-implementation-guide.pdf>

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USAID (2014) *Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions Along the Relief to Development Continuum*. Available from: <https://www.usaid.gov/sites/default/files/documents/2151/Toolkit%20Master%20%28FINAL%20MAY%20%29.pdf>

WHO (2019) *Caring for women subjected to violence: A WHO curriculum for training health-care providers*. Available from: <https://www.who.int/reproductivehealth/publications/caring-for-women-subject-to-violence/en/>

WHO (2019) *RESPECT women: Preventing violence against women*. Available from: <https://www.who.int/reproductivehealth/publications/preventing-vaw-framework-policy-makers/en/>

WHO (2017) *Inter-agency field manual on reproductive health in humanitarian settings*. Geneva: WHO.

WHO (2017) *Responding to children and adolescents who have been sexually abused: WHO clinical guidelines*. Available from: <https://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-eng.pdf;jsessionid=556CC8EE59E19528BC5FF82A2FB4D27?sequence=1>

WHO (2017) *Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers*. Available from: <https://apps.who.int/iris/bitstream/handle/10665/259489/9789241513005-eng.pdf?sequence=1>

WHO (2014) *Health care for women subjected to IPV or sexual violence: A clinical handbook*. Available from: <https://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/>

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### Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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