INTRODUCTION

This literature review was commissioned by the Office of Development Effectiveness (ODE), a unit within the Department of Foreign Affairs and Trade which monitors the quality and assesses the impact of the Australian aid program. Its purpose is to inform ODE’s strategic evaluation of Australia’s development assistance to end violence against women and girls. The strategic evaluation will be a ten-year follow up to ODE’s 2008 evaluation, Violence Against Women in Melanesia and East Timor: Building on global and regional promising approaches.

The paper’s authors are Emma Fulu, Executive Director, and Xian Warner, Research and Program Coordinator, The Equality Institute. Unless referenced otherwise, infographics were developed by Scarlett Thorby-Lister, Visual Designer, The Equality Institute.
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OVERVIEW

Executive Summary

Global context
There have been significant advances in understanding and addressing violence against women and girls globally in the last ten years. After decades of advocacy and programming by women’s movements and feminist activists, violence against women and girls is now widely recognised as a fundamental violation of human rights, and a serious development and public health issue. This has resulted in increasing financial investments and several conventions, policies and frameworks to address violence against women, including through the Sustainable Development Goals.

There is now also general consensus that unequal gender power relations and discrimination against women and girls are root causes of violence against women, and the Ecological Framework has become the common framework for understanding the drivers of violence across multiple levels.

While the scale of the issue of violence against women and girls is immense, there is increasing evidence that rates of violence can be reduced within programmatic timeframes, and several key elements to effective prevention programming have been identified, although more evidence is needed from low- and middle-income countries, particularly from Asia and the Pacific.

The next big questions remain around what works to prevent violence against women and girls in different cultural contexts, how to ensure an intersectional approach, how to continue to support local women’s movements, and how to address and respond to violence against women and girls on a large scale in a sustainable way.

Australian support
The Australian Government has made substantial policy and funding commitments to end violence against women and girls over the past ten years. This review illustrates that the broad framework for Australia’s funding—access to justice, access to quality services and prevention—is aligned with global best practice. It also notes that Australian support has made important contributions to the enabling and learning environments in Asia and the Pacific.

By outlining global evidence of what works to prevent violence against women and girls, this literature review provides one measure that Australia can use to assess the effectiveness of its investments and programs. It also offers new and expanding areas of work to inform Australia’s future investments.
Purpose and audience

The Office of Development Effectiveness (ODE) is undertaking a strategic evaluation of Australia’s development assistance to end violence against women and girls. This will be a ten-year follow up to ODE’s 2008 strategic evaluation Violence against Women in Melanesia and East Timor (Ellsberg et al. 2008). The evaluation will assess the effectiveness of Australian support, and to make recommendations and provide practical lessons for Australia’s future aid program and policy engagement. The evaluation team will visit Papua New Guinea, Fiji, Solomon Islands, Timor-Leste and Indonesia, with Skype interviews conducted with key stakeholders in Vanuatu and Pakistan.

The objective of this literature review is to inform the ODE evaluation. This review provides a desk-based analysis of the available evidence about trends, innovations, and approaches to ending violence against women and girls. It informs the evaluation’s key evaluation questions and will be used to triangulate other qualitative and desk-based evidence generated as part of the evaluation.

While other literature reviews exist on this topic, this review intends to add a specific Asia and Pacific lens, with a focus on the approaches and research that are most strategic and relevant to Australia’s aid program.

The intended audience is DFAT staff with aid management responsibilities, Australian NGOs and implementing partners who may use the literature review and evaluation findings to improve future assistance to end violence against women and girls.

Content

The first section of the review provides the background to violence against women and girls globally and in Australia. It situates the issue of violence against women and girls in the global arena, noting its increasing recognition as a public health issue. It also highlights:

- the relevant international and regional commitments to which countries within the evaluation’s scope are party;
- provides an overview of the Australian context domestically and internationally; and
- outlines recognised drivers of violence against women and girls across the socio-ecological model.

The next section presents the available evidence on what we know about prevalence and patterns in violence against women and girls in Asia and the Pacific, as well as known associations with violence against children.

The third and fourth sections outline global best practice or ‘what works’ in the investment framework and specific programs to end violence against women.

The final section provides an overview of approaches to ending violence against women and girls in humanitarian contexts, as a critically important area that is beyond the scope of the current evaluation.
1. BACKGROUND

Violence against women and girls has historically been silenced, overlooked or condoned. However, after decades of advocacy and programming by women’s movements and feminist activists, this issue is now the focus of international and national public debate (Michau et al., 2015). Violence against women and girls is now widely recognised as a fundamental violation of human rights, and a problem with considerable social and economic cost to individuals, communities and countries.

Intimate partner violence against women has been calculated to cost the world economy more than USD $8 trillion a year: USD $5.8 billion in 2003 in the United States (Centers for Disease Control and Prevention, 2003); GBP £22.9 billion in 2004 in England (Walby, 2004) and Wales, and R 28.4 billion in South Africa (Bonomi et al., 2009). It is estimated that violence against women costs Australia a total of AUS21.7 billion per year: $3.4 billion cost to the economy, $7.8 billion cost to the taxpayer, and $10.4 billion cost of pain, suffering and premature mortality (PricewaterhouseCoopers Australia (PwC), Our Watch, and VicHealth 2015).

**Box 1: Defining violence against women and girls**

Violence against women and girls is any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (United Nations, 2013). It encompasses many forms of violence, including violence by an intimate partner, rape, sexual assault and other forms of sexual violence perpetrated by someone other than a partner, child sexual abuse, forced prostitution, trafficking of women, as well as harmful traditional practices such as early forced marriage, female genital mutilation and honour killing (Garcia-Moreno et al., 2015b).

Gender-based discrimination against women and inequality of power and resources are the root causes of violence against women and girls (Fulu et al., 2016). International agreements recognise that violence against women is characterised by the use and abuse of power and control in public and private spheres and is intrinsically linked with gender stereotypes that underlie and perpetuate such violence (United Nations, 2013).

**Intersectionality**

While violence affects women and girls across the world, different layers of people’s identities – such as their socio-economic status, indigeneity, ethnicity, ability, sexual orientation, gender identity, HIV status, minority status, age, etc. – impact the ways in which they are discriminated against and the types of violence
perpetrated against them (see Figure 1). Violence against women and girls can be exacerbated within certain settings, such as rural, regional and remote communities, and where gender inequality intersects with other forms of disadvantage and discrimination. There are some sub-populations whose experiences of violence are often overlooked, such as sex workers and older people.

Overall, there is a lack of research on family violence outside of male-to-female intimate partner violence, and limited evidence on what works to prevent violence on diverse grounds of identity. However, from what we know, some people are at a greater risk of violence or may experience it at increased rates, for example because of being Aboriginal or Torres Strait Islander. A person’s ability status and how recently they have migrated to a new country may also pose particular barriers when seeking help that can perpetuate abusive situations.

Intersectionality is a framework for understanding the dynamics of how different factors that make up a person’s identity interact and shape their experiences, recognising that inequalities are never the result of one distinct factor (The Equality Institute, 2017a, Chen, 2017). This approach illustrates that, in order to successfully prevent violence against women and girls, we must address other forms of discrimination; and that work to address other types of discrimination must also challenge sexism (Chen, 2017).

Figure 1: Intersectionality – understanding the dynamics of power and privilege, and discrimination and oppression in our analyses of violence

Source: (The Equality Institute, 2017a), adapted from (Our Watch et al., 2015)

While this literature review recognises that every various layer of a person’s identity shapes the violence they experience, the review highlights disability and sexual orientation and gender identity, as focus areas for the Australian Government. See boxes 2 and 3 for further detail.
Box 2: Violence against women and girls with disabilities

Disability intersects with multiple forms of power, privilege, and oppression to compound individual risk or impact of violence (The Equality Institute, 2017b). Women with disabilities are at least twice as likely as women without disabilities to be victims of rape, sexual abuse and intimate partner violence, and, while all children with disabilities are at a higher risk of various forms of violence compared to children without disabilities, girls with disabilities are more likely to experience physical and sexual violence than boys (Heijden and Dunkle, 2017; WHO, 2011). As experiences of violence can have significant, long-term impacts on physical and mental health, the relationship between disability and violence is reciprocal as disability enhances the risk of violence, while violence itself can lead to (or increase the severity of) disabilities (Heijden and Dunkle, 2017).

The increased vulnerability of women with disabilities to violence relates to the intersection between their status as persons with a disability, the nature of their disability, and gender inequality. Some forms of violence against women with disabilities have remained invisible due to disability discrimination (Spratt, 2012, ADD International). The discriminatory misconception, for example, that people with disabilities are asexual or sexually inactive makes women with disabilities – especially those with intellectual disabilities – particularly at risk of coercive and involuntary sterilisation (WHO 2014).

Box 3: Violence and discrimination based on sexual orientation and gender identity

Violence and discrimination based on sexual orientation and gender identity exist in all corners of the world, and lesbian, gay, bisexual, trans and gender non-conforming persons are at heightened risk of physical and sexual violence (UN Human Rights Council Secretariat 2018). This violence includes:

- Death threats, beatings, corporal punishment imposed as a penalty for same-sex conduct, arbitrary arrest and detention, abduction, incommunicado detention, rape and sexual assault, humiliation, verbal abuse, harassment, bullying, hate speech and forced medical examinations, including anal examinations, and instances of so-called “conversion therapy” (UN Human Rights Council Secretariat 2018).

- Around the world, transgender and intersex people are often forcibly sterilised and intersex children born with atypical sex characteristics continue to be subject to irreversible and non-medically necessary surgery, including in Australia (WHO 2014; Transgender Europe 2014; Carpenter 2018).

- Evidence from the United States and the United Kingdom shows that bisexual people face very high rates of violence.

- In several countries, hate crimes appear to be increasing, with the rise of ultra-conservativism (GLAAD 2018; UN Human Rights Council Secretariat 2018).
• LGBTIQA+ survivors of family violence are also more likely to face discrimination from service providers, exacerbated by myth-based gender stereotypes such as that a man cannot be raped or that lesbian women do not experience abuse (The Equality Institute, 2017b). It is important, therefore, to design tailored interventions to address IPV and to train health care providers in how to provide appropriate care to this population (Buller et al., 2014, Renzetti).

The scant evidence that exists suggests that rates of intimate partner violence in lesbian, gay, bisexual, transgender, intersex, queer, and asexual (LGBTIQA+) communities are approximately the same as in heterosexual relationships, but the risk and contributing factors may be quite different (Erbaugh et al., 2007). For example, research demonstrates that, among men who have sex with men, experiencing intimate partner violence is linked to HIV (Dunkle et al., 2013), substance use, symptoms of depression, and having unprotected anal sex (Buller et al., 2014).

There is an urgent need to develop stronger understandings of other manifestations of gendered violence that are inclusive of the experiences and identities of people with diverse sexual orientations and gender identities (UN Women, forthcoming).

**A PUBLIC HEALTH ISSUE**

Violence against women and girls is now viewed as a global public health and clinical problem of epidemic proportions (Garcia-Moreno et al., 2015a). For women and girls, being subjected to violence is associated with: injury, disability, death, induced abortion, low birth weight and prematurity in women’s babies, poor sexual health, suicide, depression, anxiety, and harmful alcohol use (World Health Organisation, London School of Hygiene and Tropical Medicine, and South African Medical Research Council 2013). Physical, sexual and emotional intimate partner violence and non-partner sexual violence cause serious short- and long-term physical, mental, sexual and reproductive health problems for women (Campbell 2002) (Figure 2).

![Figure 2: Health impact of women exposed to intimate partner violence](image)

Women exposed to intimate partner violence are:

**TWICE as likely** to experience depression

**16% more likely** to have a low birth weight baby

**TWICE as likely** to have alcohol use disorders

**1.5x more likely** to acquire HIV and contract syphilis, chlamydia or gonorrhoea

42% of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result

38% of all murders of women globally were reported as being committed by their intimate partners

Adapted from (World Health Organisation (WHO), 2016)
The latest body of literature suggests that the health system has a key part to play in a multisectoral response to violence against women and girls. Garcia-Moreno et al argue that:

"Governments need to develop or strengthen multisectoral national plans of action to address violence against women that include health system actions, budgets, and staffing. Violence against women needs to receive higher priority in health policies, budgets, and the training of health-care providers and public health officials”

(GARCÍA-MORENO ET AL., 2015a).

In recognition of this, the WHO produced clinical and policy guidelines on the health sector response to partner and sexual violence against women (2013). These emphasise the urgent need to integrate these issues into clinical training for health care providers.

Further, at the World Health Assembly in May 2016, Member States endorsed a global plan of action on strengthening the role of the health systems in addressing interpersonal violence, in particular against women and children (Every Woman Every Child, 2015). The global plan of action will contribute towards the achievement of the Sustainable Development Goals (SDGs) including Goal 5 (Achieve Gender Equality and Empower All Women and Girls), Goal 16 (Promote Peace, Justice and Inclusive Societies), and Goal 3 (ensure healthy lives and promote well-being for all at all ages). It will also contribute to reaching the objectives of the new Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016-2030) (World Health Organisation (WHO), 2016).

INTERNATIONAL COMMITMENTS

The international community has acknowledged the importance of addressing violence against women and girls through several conventions, policies and frameworks, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action, and the 2030 Agenda for Sustainable Development. The UN Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol, which were adopted in 2006, take into account the greater risk of violence and discrimination that women with disabilities face (Spratt, 2012).

There has also been increasing financial investment in addressing violence against women and girls globally. A few key investments include:

- DFID has invested £25 million in its flagship ‘What Works to Prevent Violence’ research and innovation program, which engages international experts to produce rigorous evidence on the most effective interventions to reduce rates of violence against women and girls.
- The European Union (EU) and the United Nations (UN) are embarking on a new, global, multi-year EUR 500 million initiative focused on eliminating all forms of violence against women and girls - the Spotlight Initiative.
- The World Bank Group currently supports well over $150 million in development projects aimed at addressing violence against women and girls. With the Sexual Violence Research Initiative, the World Bank also supports teams from around the world to evaluate and strengthen innovative violence prevention and response programs as part of their Development Marketplace.
The Sustainable Development Goals

In September 2015, the 193 Member States of the United Nations adopted the 2030 Agenda for Sustainable Development, comprised of 17 SDGs, 169 targets and 232 indicators. The 2030 Agenda tackles a broad range of global challenges, aiming to eradicate poverty, reduce multiple and intersecting inequalities, address climate change, end conflict and sustain peace. Thanks to the relentless efforts of women’s rights advocates from across the globe, the commitment to gender equality is prominent, comprehensive and cross-cutting. The SDGs provide a new global consensus for action through the stand-alone goal on gender equality, alongside clear targets to end violence against women and girls, specifically:

<table>
<thead>
<tr>
<th>Target 5.2</th>
<th>To eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and other types of exploitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 5.3</td>
<td>To eliminate all harmful practices, such as child early and forced marriage and female genital mutilation</td>
</tr>
</tbody>
</table>

The indicators for these targets are:

<table>
<thead>
<tr>
<th>5.2.1</th>
<th>Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.2</td>
<td>Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence</td>
</tr>
<tr>
<td>5.3.1</td>
<td>Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18</td>
</tr>
<tr>
<td>5.3.2</td>
<td>Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age</td>
</tr>
</tbody>
</table>

However, addressing violence against women and girls cannot be achieved only through Goal 5. As illustrated in Figure 3, sustainable development cannot be achieved without addressing violence against women and girls; and addressing violence against women and girls will contribute to achieving multiple development outcomes. UN Women has argued that progress on some fronts may be undermined by regression or stagnation on others, and potential synergies may be lost if siloed approaches to implementation take precedence over integrated, multi-sectoral strategies (UN Women, 2018).
Figure 3: Links between the SDGs and violence against women and girls

The evaluation will explore the extent to which national plans address the implementation of the SDG commitments and the role that Australia can play in supporting these national development agendas.

Regional commitments

In addition to strong global commitments within the SGDs, in the Asia-Pacific there has been a strengthening of regional commitments towards ending violence against women and girls over the last decade. These commitments include countries where the Australian aid program is actively engaged. Table 1 (overleaf) shows the relevant international conventions that nations in Asia and the Pacific have signed or ratified.

Pacific

In August 2012, the Pacific Islands Forum adopted the Pacific Leaders’ Gender Equality Declaration (PLGED). This was the first statement by Heads of State from each of the twelve Pacific Island Forum member countries to advance gender equality and it included commitments for countries towards ending violence against women and girls, specifically to:

- Implement progressively a package of essential services (protection, health, counselling legal) for women and girls who are survivors of violence
- Enact and implement legislation regarding sexual and gender-based violence to protect women from violence and impose appropriate penalties for perpetrators of violence (Pacific Islands Forum Secretariat (PIFS), 2016)

This follows commitments in the 2009 Forum Leaders Communiqué, which recognised the prevalence of sexual and gender-based violence (SGBV) and committed to eradicate SGBV and ensure all individuals have equal protection of the law and equal access to justice. Since the 2012 PLGED was adopted, a report of progress made by countries in meeting these commitments is presented to forum leaders. DFAT’s 10-year Pacific Women Shaping Pacific Development initiative supports countries to meet the commitments made in the PLGED.
### Table 1: International conventions related to ending violence against women and girls ratified and/or signed by Asian and Pacific Island countries receiving development assistance from the Australian Government

<table>
<thead>
<tr>
<th>Country</th>
<th>CEDAW</th>
<th>Convention on the Rights of the Child (CRC)</th>
<th>CRC Optional Protocol (sale of children, child prostitution, child pornography)</th>
<th>CRPD</th>
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<tr>
<td>Pacific:</td>
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<tr>
<td>Cook Islands</td>
<td>Ratified</td>
<td>Ratified</td>
<td>Neither</td>
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<tr>
<td>Fiji</td>
<td>Ratified</td>
<td>Ratified</td>
<td>Signed</td>
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<td>FSM</td>
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<td>Kiribati</td>
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<td>Marshall Islands</td>
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<td>Nauru</td>
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<td>Palau</td>
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<td>PNG</td>
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<td>Samoa</td>
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<td>Solomon Islands</td>
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<td>Tonga</td>
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<td>Tuvalu</td>
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<td>Vanuatu</td>
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<td>Asia:</td>
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<td>Afghanistan</td>
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<td>Bangladesh</td>
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<td>Vietnam</td>
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Source: (United Nations n.d.)
ASEAN

In October 2013, the Association of Southeast Asian Nations (ASEAN) Leaders adopted the Declaration on the Elimination of Violence against Women and the Elimination of Violence against Children in ASEAN (Association of South East Asian Nations (ASEAN), 2016), following an earlier declaration in 2004. The 2016 Regional Plan of Action on the Elimination of Violence against Women will ensure efforts to implement are coordinated across ASEAN Member Countries. This is a comprehensive plan, drawing upon the efforts of ASEAN Member States, the ASEAN Commission on the Protection and Promotion of the Rights of Women and Children (ACWC) and the ASEAN Committee on Women. The objectives of the plan are for ASEAN to institutionalise policies for ending violence against women and girls and sustained support across pillars and sectors; and for each ASEAN Member State to have effective prevention and protection services supported by national legal framework and institutional mechanisms to end violence against women and girls.

AUSTRALIAN CONTEXT AND COMMITMENTS

Prevalence and patterns

When it comes to violence against women, the evidence suggests that the Australian experience is similar to the global picture (Figure 4, overleaf).

In addition, in Australia:

- The 2016 Our Watch, Australia’s National Research Organisation for Women’s Safety (ANROWS) study found that intimate partner violence accounted for 10.9% of the disease burden amongst Indigenous women aged 18 to 44 years — more than six times higher than found amongst non-Indigenous women (Webster, 2016).

- Aboriginal and Torres Strait Islander women are also 32 times more likely to be hospitalised as a result of family violence-related assault than non-Indigenous women in Australia (Steering Committee for the Review of Government Service Provision (SCRGSP), 2016).

- A recent report by Women with Disabilities Australia, found that ‘compared to their peers, women with disability experience significantly higher levels of all forms of violence more intensely and frequently and are subjected to such violence by a greater number of perpetrators. Their experiences of violence last over a longer period of time, and more severe injuries result from the violence’ (Frohmader and Ricci, 2016).

Based on a review of the evidence, Table 2 (page 14) presents the drivers and reinforcing factors of violence against women within diverse Australian communities.
Figure 4: Key facts and figures regarding Australia’s experience of violence against women and girls

**SNAPSHOT: Key facts and figures**

Of Australian women over the age of 15:
- 1 in 3 have experienced physical violence
- 1 in 4 have experienced physical or sexual violence from a partner
- 1 in 5 have experienced sexual violence

(Australian Bureau of Statistics (ABS), 2013)

In Australia, male intimate partner violence contributes more to the disease burden for women aged 15 to 44 years than any other well-known risk factor like tobacco use, high cholesterol or use of illicit drugs

(Wolfe et al., 2018)

Research has also demonstrated that victims/survivors often experience enduring mental health problems as a result of such violence.

(Rowan et al., 2017)

Young people’s attitudes were identified as an area of concern in the 2013 National Community Attitudes towards Violence against Women Survey. Young people aged 16–24 had somewhat more violence-supportive attitudes than others, especially compared with their parents’ generation, and young men in particular were more likely to have a poor knowledge about violence and were less likely to support gender equality.

(Hunter et al., 2015)

Between 2002–03 and 2011–12, **488 women** were killed by a current or former partner, often after a history of domestic violence, and women represented 75% of intimate partner homicide victims over this period.

(Connor and Sherratt, 2016)

The majority of Australians have good knowledge about violence against women and do not endorse attitudes that are supportive of violence. However,

- 1 in 5 Australians think men should take control in relationships and be the head of the household
- More than 1 in 4 Australians think women prefer a man to be in charge

(ABC Health, 2014)
<table>
<thead>
<tr>
<th>Community</th>
<th>Societal level</th>
<th>Community/ organisational level</th>
<th>Individual/ relationship level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander peoples</td>
<td>History of colonisation Racial discrimination</td>
<td>Lateral violence Intergenerational trauma</td>
<td>Alcohol and substance abuse Socio-economic factors</td>
</tr>
<tr>
<td>Older people</td>
<td>Ageism</td>
<td>Invisibility of family violence against older people Social isolation</td>
<td>Family relationship Previous exposure to or experience of violence and trauma</td>
</tr>
<tr>
<td>Culturally and linguistically diverse communities</td>
<td>Racial discrimination Anti-immigration attitudes</td>
<td>Sociocultural factors Social isolation</td>
<td>Insecurity Previous experiences of and exposure to violence and trauma</td>
</tr>
<tr>
<td>Lesbian, gay, bisexual, transgender and intersex communities</td>
<td>Rigid gender norms and stereotypes Heterosexism homophobia and transphobia</td>
<td>Invisibility of violence in lesbian, gay, bisexual, transgender and intersex communities Social isolation</td>
<td>Internalised homophobia Family relationships Previous experiences of and exposure to violence and trauma</td>
</tr>
<tr>
<td>Male victims</td>
<td>Rigid gender roles and stereotypes Power and control</td>
<td></td>
<td>Previous experiences of and exposure to violence and trauma Retaliation/self-defence</td>
</tr>
<tr>
<td>Rural, regional, and remote communities</td>
<td>Rigid gender norms and stereotypes</td>
<td>Social isolation Lack of perpetrator accountability Self-reliance and privacy</td>
<td>Financial arrangements and financial dependency Gun ownership</td>
</tr>
<tr>
<td>People with disabilities</td>
<td>Ableism and discrimination against people with disabilities</td>
<td>Invisibility of family violence experienced by people with disabilities Social isolation Institutional conditions</td>
<td>Family relationships Previous experiences of and exposure to violence and trauma</td>
</tr>
<tr>
<td>Women in the sex industry</td>
<td>Rigid gender norms and stereotypes Social stigmatisation and invisibility of sex workers</td>
<td>Under-reporting and discrimination in services</td>
<td>Gatekeepers and power in relationships Previous experiences of and exposure to violence and trauma Substance abuse</td>
</tr>
<tr>
<td>Women in prison</td>
<td>Rigid gender norms and stereotypes</td>
<td></td>
<td>Family violence and crime Child sexual abuse Mental Illness Substance abuse Individual social disadvantage</td>
</tr>
<tr>
<td>Children</td>
<td>Rigid gender norms and stereotypes</td>
<td>Parenting practices and social norms</td>
<td>Exposure to intimate partner violence in the home Parents’ characteristics Age</td>
</tr>
<tr>
<td>Faith communities</td>
<td></td>
<td>Rigid gender and family roles Stigma and silence</td>
<td>Attitudes of faith leaders Individual beliefs</td>
</tr>
</tbody>
</table>

* Empty boxes do not imply that there are no drivers or reinforcing factors for that community at that level. Rather, there is a lack of evidence to establish clear risk factors in those cases. The drivers and reinforcing factors presented here should be understood as intersecting and dynamic.

**Drivers** can be defined as the underlying root causes of violence. They relate to the specific structures, norms and practices that create the necessary conditions in which violence is condoned, tolerated or justified. Drivers of violence must always be considered in the context of additional forms of social marginalisation and disadvantage. Reinforcing factors become significant when they intersect with the drivers of violence. These are factors that do not predict or underpin violence in and of themselves, however when they interact with the drivers they can increase the probability, frequency or severity of violence.

Source: (The Equality Institute, 2017b)
Domestic commitments

Box 4: Summary of Australia’s domestic policy commitments to ending violence against women and girls in Australia

**Australian Policy Context**

While violence against women has received increasing international attention, likewise, the issue has received growing traction in Australia. Over recent decades, Commonwealth and state/territory governments, non-government organisations and others have invested in policies, initiatives, and campaigns to prevent violence against women and their children in Australia. This review highlights only a few of the major policy initiatives over the past 10 years.

- In 2011, the Commonwealth released a 12-year National Plan to Reduce Violence against Women and their Children 2010–2022. The Plan focuses on stopping violence before it happens, supporting women who have experienced violence, stopping men from committing violence, and building the evidence base so that we learn more about ‘what works’ in reducing domestic and family violence and sexual assault (Council of Australian Governments, 2010).

- The Third Action Plan of the National Plan to Reduce Violence against Women and their Children 2010-2022 (the National Plan) was launched in October 2016. The Third Action Plan sets out 36 practical actions, across six priority areas, to be undertaken over the next three years (Department of Social Services, 2016).

- In 2015, Our Watch, ANROWS and VicHealth led the development of a new national framework that further synthesised evidence to understand what drives violence against women and children, and what is needed to prevent it. Change the Story - A shared national framework for the prevention of violence against women and their children in Australia draws on the strong growing body of research on the drivers, including particular expressions of gender inequality, of violence against women and children and how this occurs (Our Watch et al., 2015). Change the Story reinforces the direction outlined in The National Plan to Reduce Violence against Women and their Children 2010–2022 and seeks to strengthen work already occurring around the country. All Australian jurisdictions have committed to implementing Change the Story, as part of the National Plan’s Third Action Plan.

- In February 2015, the Victorian Government established a Royal Commission into Family Violence. The Royal Commission was requested to inquire into and report on how Victoria’s response to family violence can be improved and to provide practical recommendations to stop family violence (The Hon. Marcia Neave AO et al., 2016). The Royal Commission delivered a comprehensive report in 2016, including 227 recommendations across a wide range of areas. The Victorian Government accepted all of the recommendations and developed ‘Free from violence; Victoria’s strategy to prevent family violence and all forms of violence against women’ (Victoria State Government).

- All Australian governments (except Western Australia) have introduced domestic violence protections for their public servants, some of which include paid leave. Many Australian businesses also provide family and domestic violence leave within company policies (Australian Human Rights Commission, 2017).
Australia’s development assistance

Box 5: Summary of Australian aid policy commitments to ending violence against women and children

The Australian Government’s overarching development policies of the past decade have committed Australia to provide development assistance towards ending violence against women and girls.

- The 2006 White Paper on the Australian Government’s Overseas Aid Program positioned sexual and gender-based violence (SGBV) as both a health and gender equality concern and committed to increasing Australia’s support for gender-based violence programming and the integration of domestic violence considerations into existing HIV/AIDS strategies and interventions. The 2012 Effective Aid policy continued to prioritise violence against women and girls and positioned it as a both a gender equality and safety and security issue. It focused on programming in services and justice.

- Australia’s current development policy, Australian Aid, developed in 2014, commits Australia to invest strongly in ending violence against women and girls. It refers to an existing 10 year commitment, Pacific Women Shaping Pacific Development (Pacific Women), to work with Pacific governments, civil society, the private sector, and multilateral and regional agencies to inter alia reduce violence against women and increase access to support services and justice for survivors of violence. Gender-based violence is positioned as a development challenge requiring a range of interventions targeting multiple sectors and issues.

- The 2017 Foreign Policy White Paper continues Australia’s clear policy commitment to the empowerment of women and ending violence against women and girls.

- The 2016 Gender Equality Strategy outlines gender equality and women’s empowerment as a priority across Australia’s foreign policy, economic diplomacy and internal DFAT corporate policies, in addition to the aid program. Violence against women and girls is recognised as a significant human rights violation that constrains development. It outlines the framework for action in response to ending violence against women, based around improved quality services and responses, access to justice, and prevention. The policy also recognises the diverse forms of violence against women and girls and marks out a role for informal structures and NGOs in responding. It also recognises that women and girls with disabilities are more likely to experience violence and face barriers when seeking support.

- A number of commitments are also contained in: DFAT’s Humanitarian Strategy; DFAT’s strategy for disability-inclusive development, Development for All; Child protection policies emphasising Australia’s zero tolerance of child abuse in the aid program; Australia’s 2016 Strategy to Combat Human Trafficking and Slavery; and Australian Federal Police’s (AFP) Gender Strategy 2014-18.

Source: Policy Analysis: Australia’s commitments to ending violence against women and girls (Dicker 2017)

Previous reviews and evaluations of Australia’s development assistance

Over the last ten years, several studies have evaluated, and reflected on, the effectiveness of the Australian Government’s efforts to eliminate violence against women and girls in Asia and the Pacific.

In 2008, the Office of Development Effectiveness (ODE) conducted a major evaluation, Violence against Women in Melanesia and East Timor: Building on global and regional approaches, to assess the effectiveness of methods currently being used to address violence against women and girls in Fiji, PNG, Solomon Islands, Vanuatu and Timor-Leste (Ellsberg et al., 2008). This evaluation established a framework for action, based on a long-term commitment to addressing structural inequalities, providing victim support and advocating for
comprehensive, linked solutions at the national, sub-national and community levels. The framework was structured around three key outcomes of women’s access to justice, women’s access to support services, and the prevention of violence against women.

In 2009, the Australian Government issued the report, *Stop Violence: Responding to violence against women in Melanesia and East Timor*, in response to the 2008 evaluation (Commonwealth of Australia, 2009). This set out a framework, priorities and actions to respond to violence against women in the region, oriented by a set of guiding principles. It stated that Australia would make a long-term commitment to end violence against women, promote gender equality as a central principle, work in partnership with key stakeholders and align with partner government priorities. The report also included a commitment to an integrated approach, in response to the 2008 ODE report finding that piecemeal and isolated activities had limited impact in ending violence against women and ran the risk of duplicating efforts.

In 2012, the Australian Aid program commissioned the International Centre for Research on Women (ICRW) to prepare a progress report, taking stock of what had happened in relation to: (1) increasing access to justice for survivors of violence; (2) improving access and quality of support services for survivors; and (3) promoting violence prevention (Ellsberg et al., 2012). The report identified that within a short time, efforts to address violence against women in Melanesia and Timor-Leste had significantly increased. It also identified there was a vast array of innovative programs being carried out, which could be of great relevance to other countries regionally and globally. It found Australia could focus more on strengthening the enabling environment – to support the implementation of laws and policies – as part of its strategic approach to ending violence against women; and that priority should be given to assessing what works, what does not, and what can be brought to scale.

The Australian Aid program again commissioned the ICRW to undertake a review of specific initiatives aimed at ending violence against women and girls to inform the design of Pacific Women Shaping Pacific Development (Mukasa et al., 2014). This review examined initiatives in three countries: the Male Advocacy program and Regional Training Program supported by the Fiji Women’s Crisis Centre; the Committees against Violence against Women in Vanuatu supported by the Vanuatu Women’s Centre; the Family Support Centres in PNG and activities within the PNG-Australia Law and Justice Partnership and the Strongim Gavman Partnership. The review concluded that Australia was supporting work that was relevant and effective in the local context and identified additional areas where more investments could be made.
Drivers of violence and the ecological framework

Violence against women and girls is not caused by any one, single factor (Crowell and Burgess, 1996, Heise, 1998, Heise, 2011). Rather, a variety of factors, at different times during a person’s life, interact and contribute to violence occurring (Heise, 1998, Jewkes et al., 2015, Solotaroff and Pande, 2014, Ellsberg et al., 2008, Fulu and Heise, 2015). For example, individual characteristics such as alcohol abuse or mental illness do not, on their own, cause men to be violent, but they interact with other factors to increase the likelihood of men using violence (UN Women, 2018).

The Ecological Framework (Heise, 1998) is a useful tool for understanding the drivers of violence across multiple levels, including an individual’s own experiences and characteristics, the dynamics of their relationship, their community context and gender norms, and the laws, policies, and practices governing the society in which they live (Figure 5). Recent research has also identified the significant impact of global ideologies, integrated global economies, cross-border religious fundamentalism, and globalised cultural discourses, on violence against women and girls (Fulu and Miedema, 2015).

Gender inequality

There is general consensus that unequal gender power relations and discrimination against women and girls are root causes of violence against women, however gender inequality does not look the same in every country and context (UN Women, forthcoming, UN Women, 2018, Our Watch et al., 2015). Yet, in almost all societies around the world, men have greater access to power, status, opportunities, and resources than women and people of other genders (World Economic Forum, 2014). A study comparing data across 44 countries, found that factors related to gender inequality at the national and subnational level were predictive of the prevalence of current intimate partner violence (Heise and Kotsadam, 2015). There is, however, a need for more clarity on the relationship between gender inequality as an underlying cause of violence against women, and how gender inequality interacts with other factors, so as to ensure that policy
and programmatic interventions are better designed and focused (UN Women, forthcoming). For example, Nordic countries are ranked highest in the world in terms of gender equality but also report very high rates of violence against women, while Bulgaria has a low prevalence of violence against women but also a relatively low score on gender equality (UN Women, forthcoming, Gracia and Merlo, 2016).

While both women and men can perpetrate or be victims of violence, men are the main perpetrators of both violence against men and against women (Ellsberg et al., 2008). Women are also more likely to experience violence from their partner, or from someone they know, while men more commonly experience violence from other men in public (UN Women, forthcoming, Ellsberg et al., 2008, Our Watch et al., 2015).

Current evidence highlights similarities between the underlying gender norms and structures that drive violence against heterosexual women and their children, and violence against sexually and gender diverse people (Lay 2017; Jackson 2006; Brown 2008; Seelau and Seelau 2005; Knight and Wilson 2016). As a recent report from the Victorian State Government explains, “In both cases, gender norms and structures operate to create inequalities between women and men, with masculine ways of being associated with male bodies and valued over and above feminine ways of being associated with female bodies” (Lay, 2017). Furthermore, family violence experienced by LGBTI people mirrors, and is reinforced by, violence that these groups experience outside the home (Lay, 2017).

Gender inequality is maintained by restrictive norms that dictate the social expectations of women and men, and is reinforced by structures organised around unequal distribution of power and resources between women and men (UN Women, forthcoming, Our Watch et al., 2015). Men’s use of violence against women is both a manifestation of gender inequality and a mechanism to uphold it (Jewkes et al., 2015). At every level of the ecological framework, risk factors for women’s experience, and men’s perpetration, of intimate partner violence are underpinned by gender inequality.

**Individual level**

**Attitudes condoning violence**

In many countries, individual attitudes justify men’s violence as a way for men to discipline women who do not adhere to the gendered expectations of their behaviour (UN Women, forthcoming). In the WHO Multi-country Study, for example, female infidelity and disobeying a husband were the most commonly accepted reasons for a man to use physical violence against his wife (García-Moreno et al., 2005). Research suggests that in many countries in Asia and the Pacific, physical violence is accepted as a form of discipline for women who do not fulfil their roles of being obedient, faithful, fertile, and performing household chores (UN Women, forthcoming, SPC, 2010, Hassan, 1995, Jejeebhoy, 1998, Schuler et al., 2011).

Both women and men condone violence in certain situations, but refuse justifications for violence in other circumstances (Ellsberg et al., 2001, Fulu and Heise, 2015). The nuances of what types of violence are condoned varies greatly between, and within, countries and women may hold more gender inequitable views than men. In Afghanistan, for example, 33 percent of women believed that a man was justified in beating his wife if she refuses to have sex with him, compared to 20 percent of men agreeing with this justification (CSO et al., 2017). In Bangladesh, however, only 9 percent of women and 4 percent of men agreed with this justification (NIPORT, 2009). A study in Laos found that agreeing that a man has a good reason to beat his wife if she disobeys him was more common among younger women and among women living in the Northern region (NCAW, 2015).

Studies from more than 35 countries around the world show that condoning intimate partner violence is highly associated with women’s victimisation (Fulu and Heise, 2015, Fournier et al., 1999, Guoping et al., 2010, Khawaja et al., 2008, Rani and Bonu, 2009, Uthman et al., 2010). Across Asia and the Pacific, women
who had experienced intimate partner violence were more likely to agree with justifications for men’s violence against women.

Evidence suggests that women’s and men’s attitudes towards intimate partner violence function independently to shape a woman’s risk of experiencing abuse or a man’s likelihood of perpetrating violence, however, men’s attitudes may be a stronger predictor of violence than women’s attitudes (Heise, 2011, UN Women, forthcoming). In some countries, including Bangladesh, Bolivia, Malawi, Rwanda, and Zimbabwe, men’s attitudes towards justifications for violence are associated with their perpetration of intimate partner violence (Kishor and Subaiya, 2008). This was also the case in Timor-Leste, where men who believed that a husband is justified in beating his wife under some circumstances were two and a half times more likely to perpetrate intimate partner violence than men who did not hold that belief (The Asia Foundation, 2016).

**Harmful masculinities**

When men hold harmful notions of masculinity and believe in rigid gender roles, this increases the risk of violence against women and girls (UN Women, forthcoming, Our Watch et al., 2015, Jewkes and Morrell, 2012). More than 90 percent of men in Bangladesh, Cambodia, Indonesia and PNG, and more than 80 percent of men in Timor-Leste, agreed with the statement that ‘to be a man, you need to be tough’ (Fulu et al., 2013, The Asia Foundation, 2016). Similarly, in all of the sites in the UNMCS, as well as in Timor-Leste, the majority of men who had raped a woman or girl said that they did so because they wanted to and felt entitled to, regardless of consent (Fulu et al., 2013, The Asia Foundation, 2016).

Men’s use of violence against women, therefore, is intricately connected to their ideas of what it means to be a man. In several countries, men who were involved in fights with other men, used controlling behaviour in their relationships, had multiple sexual partners, or engaged in transactional sex or sex with sex workers were more likely to perpetrate violence against women (Fulu et al., 2013, Jewkes and Morrell, 2012). Men’s attitudes and practices are often shaped by strict social narratives of what it means to be a man. The patterns of behaviour associated with harmful models of masculinity, therefore, reinforce gender inequalities and facilitate violence against women (Knight and Sims-Knight, 2003, The Asia Foundation, 2016).

**Family/relationship level**

**Gender roles in the household**

Family-level power dynamics are highly gendered and uphold men’s use of violence against women. The vast majority of respondents in Bangladesh, Cambodia, Indonesia, PNG, and Timor-Leste agree with the statement that ‘a woman’s most important role is to take care of her home and cook for her family’ (Fulu et al., 2013, The Asia Foundation, 2016).

In contexts with highly traditional gender expectations, when women take on new roles, such as paid employment outside the home, their risk of experiencing violence from their husband or partner increases (The Asia Foundation, 2016, Gibbs et al., 2017, Bastagli et al., 2016, Atkinson et al., 2005, Macmillan and Gartner, 1999, Cools and Kotsadam, 2015). Throughout Micronesia, Melanesia and Polynesia, for example, women’s increasing independence and participation in the formal economy may be seen as a threat to men’s masculinity, which is being used to justify violence against women (McLeod, 2005, UNFPA, 2013).

Working women’s risk of violence may also be higher in relationships where the man is unemployed (Fulu and Heise, 2015). Studies have shown that when men are unable to fulfill what they perceive as their expected role as the head of the household and primary breadwinner, or when power differentials in a family shift away from traditional gender power relations, men may feel disempowered and use violence as a
way to reassert their power in the family (Fulu and Heise, 2015, Flake, 2005, Bonnes, 2016, Anderson, 2005). See section on women’s economic empowerment for further discussion.

Unequal gendered power dynamics in the family also contribute to women and girls’ experiences of non-partner violence. In many countries, fathers and other male family members are among the most common perpetrators of non-partner rape against women in adulthood as well as childhood sexual abuse (The Asia Foundation, 2016, WHO and UN Women Cambodia, 2015, Fiji Women’s Crisis Centre, 2013, VWC, 2011, García-Moreno et al., 2005). Associations between violence against women and violence against children at the household level are discussed in the next section.

Family honour

Concepts of family honour, underpinned by gender inequality, tie into many forms of violence against women and girls. For example, in many communities where early marriage is practised, girls are less valued than boys and are considered a burden on their families (UN Women, forthcoming). The opportunity to marry a daughter off young is seen as a way to ease economic hardship or ensure family financial security, while also protecting family honour by controlling female sexuality and safeguarding a girl’s virginity and purity (UN Women, forthcoming, Decker et al., 2015, Verma et al., 2013).

Family honour may also impact women’s help-seeking behaviour. In Timor-Leste, Bangladesh, and Laos, one of the most common reasons as to why women who experience violence do not seek help is that they are worried it will bring a bad name to the family (The Asia Foundation, 2016, García-Moreno et al., 2005, NCAW, 2015). Similarly, in Vietnam, social norms that ascribe to women the responsibility of maintaining family harmony discourage abused women from seeking support, separation or divorce, and reconciliation parties often focus on protecting the marriage rather than protecting the woman from violence (Vu et al., 2014). It is worth noting that this was more frequently cited as a reason for not seeking help in Asia than it was in Pacific countries.

Dowry and bride price

The practices of both dowry and bride price can exacerbate gender inequality in the family and, in some contexts, it is linked to higher rates of violence against women (UN Women, forthcoming, Bradley and Pallikadavath, 2013). The term dowry generally refers a transfer of money, gifts, or property from the bride’s family to the groom or his family at the time of marriage. While it can be seen as for the bride herself, or as the daughter’s inheritance, in reality the groom and his family often control the dowry. Bride price is transfer of goods, cash, or services from the groom’s family to the parents of the bride during marriage. Dowry and bride price are different, but not necessarily the opposite of each other, and the form that dowry and bride price take in different places in Asia and the Pacific varies greatly (Conteh 2016; Maitra 2007).

Box 6: Bride Price in PNG and Solomon Islands

The practice of bride price in parts of Papua New Guinea is a contributing factor driving violence against women. The Do No Harm studies in PNG (Jiwaka and Chimbu provinces, and Bougainville), and in the Solomon Islands found that the exchange of bride price can increase women’s risk of experiencing violence. The exchange of bride price is widely understood as a property transaction, where the wife becomes the property of her husband. Husbands therefore may feel justified to commit violence against their wives. This also reduces women’s agency and ability to undertake income-generating activities. Bride price also impacts women’s work burden, as the debts accumulated through bride price need to be repaid. Although these debts are meant to be repaid by both partners, the responsibility usually falls solely on the wife.

Source: (Eves, Lusby, et al. 2018; Eves, Kouro, et al. 2018b, 2018a)
In the Solomon Islands, where bride price is a strong risk factor for women’s experience of intimate partner violence, it is viewed as establishing a man’s ownership over his wife, making it very difficult for women to leave abusive relationships (Secretariat of the Pacific Community (SPC) 2009; Eves, Lusby, et al. 2018). Even in countries where dowry is not a risk factor for violence, it still serves to reinforce constructions of masculinity based on male dominance over, and ownership of, women (The Asia Foundation, 2016, UN Women, forthcoming, Khan and Hyati, 2012). Several studies argue that, in India, despite significant gains in women’s independence, education, and employment, women are still regarded as an economic burden and unmet dowry demands often lead to violence against women (Bradley and Pallikadavath, 2013, Chowdhury, 2015). It is evident, therefore, that the social construction of gender and women’s subordinate position in the family perpetuates both dowry-related violence and the practice of dowry itself (UN Women, forthcoming).

Community level

As the existing evidence base has focused more on individual-level factors that predispose individuals to intimate partner violence, there is limited evidence on the community-level risk factors (Fulu and Heise, 2015).

Community norms

There is evidence, however, that norms condoning violence at the neighbourhood, community, and country level have been found to be predictive of increased partner violence (UN Women, forthcoming). Research from the WHO Multi-country Study and the DHS from various sites, as well as data from Brazil and Peru, have found that two of the strongest and most consistent factors that predict differences in the prevalence of partner violence across sites and countries are the degree to which wife-beating is perceived as acceptable and the degree to which culture grants men the authority to control female behaviour (Heise, 2011). In India, a link has also been found between community-level acceptance of wife-beating with women’s individual risk of being beaten (Fulu and Heise, 2015, Boyle et al., 2009).

When violence is considered ‘inappropriate’ or excessive, it is more likely to be condemned by the community and thus may be more likely to occur in secret. Conversely, when certain acts of violence are normalised, men can use these ‘disciplinary’ acts of violence with impunity, knowing that they are unlikely to be shamed by their community (UN Women, forthcoming). Furthermore, just as women who transgress traditional gender roles in the home often experience more violence, some studies suggest that women who are pioneers of change in a community may be at a higher risk of violence too (Vyas and Watts, 2009).

Societal level

Social norms and attitudes contribute to the ongoing perpetration and experience of violence against women and can stall social change (Alexander-Scott et al., 2016). This is why, even with the introduction of new laws, women’s increased access to economic resources, or changes in individual knowledge and attitudes, we may not see a reduction in the experiences and perpetration of violence (UN Women, forthcoming).

Social norms

A social norm is a collectively held belief about what others do (what is typical) and what is expected of what others do within the group (what is appropriate) (Alexander-Scott et al., 2016). In terms of gender, social norms are essentially the behavioural expectations or rules that pertain to gender roles, identities and relations, which determine our individual thoughts and actions (Jewkes, 2017). Social norms exist within reference groups, meaning the social groups or networks that are important to an individual when they are making a decision about how to act in different situations – such as a person’s extended family, friendship
groups, neighbours, co-workers, religious authority, cultural group, or local leaders (The Equality Institute, 2017a). Social norms are maintained and regulated by social sanctions – such as stigmatisation, exclusion, or shaming – when an individual transgresses the norm, and rewards – such as status in their family or community – when an individual complies with the norm (The Equality Institute, 2017a, Alexander-Scott et al., 2016).

While intimate partner violence may be considered typical or acceptable, it is unlikely that a man will be punished by another man in his community for refusing to hit his wife. However, in contexts with high rates of intimate partner violence against women, other social norms, for example around gender roles, power and the wider acceptability of violence, underpin this behaviour and contribute to shared expectations around a man’s use of violence (Alexander-Scott et al., 2016, WHO, 2010). For example, in many societies, violence is often, although not always, a component of dominant constructions of what it means to be a man (Jewkes et al., 2015). Where it is socially expected that men control women, physical and sexual force may be seen as legitimate ways to exert this control (Alexander-Scott et al., 2016). Social norms and structures related to gender inequality, including lack of economic rights and entitlements for women, also contribute to IPV (UN Women, forthcoming, Heise and Kotsadam, 2015, Fulu and Heise, 2015). When men are accorded value, control and power over women across society, these social gender norms create an environment in which men are more likely to perpetrate violence against women (Jewkes, 2017, Yodanis, 2004, UN Women, forthcoming) (Table 3).

Table 3: Social norms and gender norms that contribute to violence against women and girls

<table>
<thead>
<tr>
<th>Social norms and gender norms that contribute to violence against women and girls</th>
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</thead>
<tbody>
<tr>
<td><strong>Masculinity</strong></td>
</tr>
<tr>
<td>• Men should be the primary breadwinners within the family.</td>
</tr>
<tr>
<td>• Real men have strong sexual appetites and need sex all the time.</td>
</tr>
<tr>
<td>• Real men are tough and should defend their reputation, with force if necessary.</td>
</tr>
<tr>
<td>• Men hold power in public and private life and are beyond reproach for their harmful behaviours.</td>
</tr>
<tr>
<td><strong>Femininity</strong></td>
</tr>
<tr>
<td>• Women are typically financially dependent on their husband or partner.</td>
</tr>
<tr>
<td>• A woman’s most important role is to take care of her home and cook for her family.</td>
</tr>
<tr>
<td>• It is not appropriate for women to make decisions or participate in political spaces.</td>
</tr>
<tr>
<td>• It is normally a woman’s responsibility to avoid getting pregnant.</td>
</tr>
<tr>
<td><strong>Intimate Partner Violence</strong></td>
</tr>
<tr>
<td>• Physical violence is an acceptable way to resolve conflict in a relationship.</td>
</tr>
<tr>
<td>• Violence is a private family matter and others should not intervene.</td>
</tr>
<tr>
<td>• It is not acceptable for women to seek divorce, even if their husband is abusive.</td>
</tr>
<tr>
<td>• Good mothers tolerate violence in order to keep their family together.</td>
</tr>
<tr>
<td>• A good wife is docile and obedient.</td>
</tr>
<tr>
<td><strong>Sexual Violence</strong></td>
</tr>
<tr>
<td>• Girls should be responsible for making sure they don’t tempt men’s uncontrollable sexual urges.</td>
</tr>
<tr>
<td>• Men are entitled to sex.</td>
</tr>
<tr>
<td>• If a woman is raped, she is usually to blame for putting herself in that situation.</td>
</tr>
<tr>
<td>• If a woman is raped, she should not report it to the police to protect the family dignity.</td>
</tr>
<tr>
<td>• A sex worker cannot claim she was raped because that is part of her job.</td>
</tr>
<tr>
<td><strong>Violence against girls</strong></td>
</tr>
<tr>
<td>• Girls’ purity or virginity should be protected to ensure the family’s and community’s honour and reputation.</td>
</tr>
<tr>
<td>• Women should stay in the home, so it is acceptable not to provide girls with education and employment opportunities.</td>
</tr>
<tr>
<td>• Physical punishment is an acceptable or normal part of rearing and disciplining a child.</td>
</tr>
</tbody>
</table>

Source: (The Equality Institute, 2017a)
Laws and policies

At the institutional level, discriminatory laws and policies can exacerbate women’s exposure to violence. While, as Table 4 (Section 2) shows, most countries in Asia and the Pacific have laws against domestic violence, marital rape is not criminalised in 127 countries worldwide, reflecting a societal-level acceptance of violence against women (UN Women, 2011). In many low- and middle-income settings, violence against women is treated with impunity, and discriminatory and unequal laws facilitate and condone such violence (European Commission, 2010). For example, research from Bangladesh, China, Indonesia, Sri Lanka, and Timor-Leste, illustrates most men who had perpetrated rape experienced no legal consequences (Fulu et al., 2013, The Asia Foundation, 2016).

Furthermore, laws that restrict access to abortion or contraception, or that have a lower legal age of marriage for women than for men, provide the necessary conditions for abuse by reinforcing the subordinate status of women (UN Women, 2011). The national context is therefore highly relevant in understanding social determinants and global patterns of violence against women in the family (Heise, 2011, Ellsberg et al., 2015).

In many countries, including Malaysia, India, PNG and Solomon Islands, discriminatory laws criminalise same-sex relationships and gender non-conforming behaviour (Sexual Rights Initiative 2016; Gerber 2018a, 2018b). These discriminatory laws can put sexual and gender minorities at higher risk of police extortion, abuse, rape, and other forms of harassment (World Bank et al. 2015). As discrimination leaves little opportunity for transgender individuals to work in the formal sector, some work as sex workers (World Bank et al. 2015). The criminalisation of sex work can expose transgender sex workers to high levels of violence and extortion from police, clients, and establishment managers, and this violence is linked to greater HIV risk (Bhattacharjya et al. 2015).

Property and other rights

Structural inequalities, such as unequal access to property and land rights and inheritance, severely undermine the decision-making power of women in the family and impact their likelihood of experiencing violence (UN Women, forthcoming). In countries where the civil code recognises only marriages between women and men, access to inheritance and land rights remains a significant challenge for same-sex couples and gender non-conforming people (World Bank et al. 2015). While few studies have empirically investigated the link between property rights and violence against women, there is widespread recognition of the interdependence between property rights and violence (Hilliard et al., 2016).

In many low- and middle-income countries, customary norms recognise men as the heads of household and the principle owner of land assets. As such, women are vulnerable to loss of land or eviction, particularly in the event of widowhood or divorce, when property and land often remains in the hands of the husband’s family (UN Women, forthcoming). Furthermore, globally, women’s cultural and legal ability to get a divorce is one of the strongest predictors of domestic violence, meaning that women generally experience higher rates of violence in countries where they cannot easily get divorced (Hajjar, 2004, Levinson, 1989).

Political participation

Gender inequality also undermines women’s participation in formal-decision making and civic action at the national level. While, in Nepal and Timor-Leste women hold more than 30% of seats in national parliament, women’s political representation in the Pacific is among the lowest in the world, with just 2% of parliamentary seats held by women in the Solomon Islands and currently no women in parliament in FSM, PNG, and Vanuatu (Inter-Parliamentary Union 2018). Research has demonstrated that when women are invited to collectively participate in these processes, they are more likely than men to act in the interests of securing women’s freedom from violence (Htun and Weldon, 2012, Grey, 2002, Taylor-Robinson and Heath,
2003). Similarly, one cross-national study found that a strong, independent feminist movement was the most important and consistent factor driving policy change (Maitra 2007) on violence against women (Htun and Weldon, 2012).

Global level

There is increasing attention on the impact of globalisation on violence against women and girls and recognition that the drivers of this violence do not stop at national borders (Fulu and Miedema, 2015, UN Women, forthcoming). Historically, colonialism, as an early iteration of globalisation, had an immense impact on gendered power relations. In the case of Micronesia, for example, land was traditionally inherited through women but, through the process of colonialism, this pattern of matrilineal land tenure disappeared and women are now becoming more marginalised and dependent on male wage earners, making it harder for women to leave abusive relationships (FSM DHSA, 2014, UNFPA, 2013). Recent research also illustrates that participation in the global economy and use of new communications technologies has shifted gender relations in Melanesia, creating both new opportunities and new inequalities (Macintyre, 2017).

Some of the ways in which globalisation impacts on gender equality in Asia and the Pacific include, but are not limited to:

- Rapid economic development has shifted gender roles and gendered power dynamics, in some cases increasing women’s risk of violence from men. In urban PNG, men’s use of violence is now often an expression of the frustrations and disappointments of capitalism and development processes (Lusby, 2017).

- Links with the international women’s rights movement can push debate and increase awareness about women’s rights at the national level, as in Cambodia. However, a backlash to these global discourses can lead to more patriarchal and unequal gender dynamics, as in the Maldives (Fulu and Miedema, 2015).

- The global spread of religious fundamentalisms is curtailing women’s rights while, at the same time, models of masculinity predicated on violence and sexual dominance over women are also being disseminated through films and television (Fulu and Miedema, 2015).

- Trafficking of women and girls is sustained by global economic mechanisms and international crime networks.
2. WHAT WE KNOW: PREVALENCE AND PATTERNS

GLOBAL AND ASIA-PACIFIC

Figure 6: Global prevalence of violence against women and girls

Violence affects girls and women around the world. Intimate partner violence (IPV) and sexual violence are the most common forms of violence experienced by women and girls globally (Devries et al., 2013), however women and girls also experience various types of violence during their lives (see Figure 7). While this violence is usually severe and recurring, most women never report the violence and only a small proportion access formal support services (García-Moreno et al., 2005, United Nations, 2015). (UNICEF, 2014a).

Figure 7: Violence affects women and girls at every stage of life

Source: (World Health Organisation (WHO), 2016)
Asia-Pacific region

The Asia-Pacific region has more than half the world’s population and records high levels of various forms of violence against women and girls. There is significant variation between countries and between different forms of violence, highlighting the complex interplay of different factors at different levels.

Figure 8 illustrates the data from countries that have conducted the World Health Organisation’s Multi-Country Study on Women’s Health and Domestic Violence against Women (WHOMCS) survey methodology, which is recognised as one of the most accurate and ethical approaches to collecting data on women and girls’ experiences of violence.

Figure 8: Lifetime and current prevalence of women’s experiences of intimate partner violence in Asia and the Pacific

Across the countries receiving Australian Government support, the rates range from 15 percent of women in Laos who have ever experienced physical and/or sexual violence from a male intimate partner, to 68 percent of women in Kiribati and PNG. In Australia, this figure is one in four women (Australian Bureau of Statistics (ABS) 2017).

1 Image only contains data from countries that have conducted the the World Health Organisation’s Multi-Country Study on Women’s Health and Domestic Violence against Women (WHOMCS) survey methodology, which is recognised as one of the most accurate and ethical approaches to collecting data on women and girls’ experiences of violence. Data from other types of surveys may not be comparable across countries.
Since the 2008 ODE evaluation of EVAW programming, the available evidence on violence against women and girls in Asia and the Pacific has expanded greatly. Prevalence data on women’s experiences of violence – collected using the WHOMCS survey methodology – as well as data on men’s perpetration – using the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific (UNMCS) methodology – now enable national comparisons within the region. Several national Demographic and Health Studies (DHS) in recent years have included a sub-section on domestic violence and are also contributing to the evidence base, however prevalence figures of violence against women in DHS are consistently lower than in dedicated violence against women surveys, such as the WHOMCS. Most countries in Asia and the Pacific have now completed one prevalence study on violence against women and the number, and quality, of these studies is expected to increase in coming years with support from innovative initiatives such as UNFPA’s kNOwVAWdata² (UNFPA, 2017), supported by DFAT funding.

PACIFIC

Intimate partner violence in the Pacific

In the Pacific, the lowest prevalence rates of both women’s lifetime and current experiences of IPV are found in Palau, where 8 percent of women have experienced this violence in the past 12 months, and 25 percent have ever experienced this during their lifetime. By comparison, 68 percent of women in Kiribati and Papua New Guinea (Bougainville) have been physically and/or sexually abused by an intimate partner during their lifetime, and 44 percent of women in Vanuatu have experienced IPV in the past year (García-Moreno et al., 2005, Secretariat of the Pacific Community (SPC), 2009, Jansen and Abraham, 2014, Vanuatu Women’s Centre (VWC), 2011, SPC, 2010, Jansen et al., 2012, Fulu et al., 2013, Federated States of Micronesia (FSM) Department of Health and Social Affairs, 2014, Te Marae Ora Cook Islands Ministry of Health, 2014, United Nations Population Fund (UNFPA), 2017). As no Pacific nations have completed more than one prevalence study using the same methodology, it is not yet possible to determine whether violence against women and girls in the Pacific is increasing or decreasing over time.

In line with global patterns, younger women in the Pacific are often at the highest risk of experiencing current IPV, particularly sexual violence (FSM DHSA, 2014, Jansen et al., 2012, Jansen and Abraham, 2014). In the Solomon Islands and Kiribati, IPV was more common in the capital district than in the more remote rural areas (SPC, 2009, SPC, 2010) and, in the Cook Islands, women who had only primary or no education were less likely to have experienced IPV than women with secondary or tertiary education (Te Marae Ora Cook Islands Ministry of Health, 2014).

Almost half of the women who had experienced IPV in FSM, Tuvalu, and Fiji had been injured due to the violence, although reports of violence-related injuries were lower – closer to one-third – in Vanuatu, the Solomon Islands, and Samoa (FSM DHSA, 2014, CSD SPC and Macro International, 2009, Fiji Women’s Crisis Centre, 2013, VWC, 2011, SPC, 2009, SPC, 2006). As Figure 9 illustrates, across the Pacific, IPV results in grave health consequences for women (FSM DHSA, 2014, Fiji Women’s Crisis Centre, 2013, VWC, 2011, SPC, 2006).

² kNOwVAWdata, launched in 2016, is a partnership between UNFPA, DFAT, the University of Melbourne and Australia’s National Research Organisation for Women’s Safety (ANROWS) that supports VAW data collection and use in the region, and aims to strengthen regional and national capacity to measure VAW.
In Vanuatu, 21 percent of women who had been injured by their male intimate partner’s violence reported that they had a permanent disability as a result of this violence (VWC, 2011). A study on violence against women with disabilities in Kiribati, Solomon Islands, and Tonga found that women with mental illnesses or intellectual disabilities frequently experienced sexual violence from multiple men (Spratt, 2012). The patterns of violence that Pacific women with disabilities experience is different to that of women without disabilities. For example, Solomon Islander women with disabilities reported that they experienced physical violence more often from family members than from intimate partners and they were more likely to experience sexual violence from strangers (Spratt, 2012).

Disability is also more likely to be a factor in sorcery-related violence (see below). In more than two-thirds of the reported cases of sorcery-related violence in PNG between 2013-2016, the victim was living with a disability (Thomas, Kauli, and Rawstorne 2017). The increasing use, funded by DFAT in several countries, of the Washington Group Short Set of Questions on Disability in surveys on violence against women is beginning to allow more cross-country comparison on experiences of violence amongst women and girls with a disability (Washington Group on Disability Statistics, Heijden and Dunkle, 2017), although further work is needed on how to appropriately contextualise these questions.

Help-seeking in response to intimate partner violence in the Pacific

More than half of the women who had experienced IPV in Kiribati and in the FSM had told someone about the violence, compared to just 30 percent in Solomon Islands (SPC, 2010, FSM Department of Health and Social Affairs, 2014, SPC, 2009). Most women sought help informally, through parents and friends, rather than through formal support systems. However, a higher proportion of women in Fiji and Vanuatu contacted the police for help (15 percent and 10 percent, respectively), compared to other Pacific countries (Fiji Women’s Crisis Centre, 2013, VWC, 2011, SPC, 2006, FSM DHSA, 2014, Jansen and Abraham, 2014). Across all sites in the Pacific, the most common reason that women gave for not seeking help was that they believed the violence was normal or not serious (SPC, 2009, FSM DHSA, 2014, VWC, 2011, SPC, 2010, SPC, 2006, Jansen and Abraham, 2014).

As Table 4 illustrates, while most Pacific countries have legislation on domestic violence, the majority have not criminalised marital rape. In many places, even where rape is criminalised, such as in Tonga (Jansen et al., 2012), proof of physical resistance is required, making it extremely difficult for survivors to obtain justice.

A study on violence against women with disabilities in Kiribati, Solomon Islands, and Tonga found that found that when women in mental health institutions in Tonga reported violence, they did not receive the health care and support that they needed (Spratt, 2012). Similarly, in Fiji, the lack of disability-sensitive interpreters is a significant barrier for women with hearing impairments to be fairly represented in court (Stubbs and Tawake, 2009).
Table 4: National legislation and policies related to violence against women and girls in the Pacific and Asia

<table>
<thead>
<tr>
<th>Country</th>
<th>Legislation on domestic violence</th>
<th>Marital rape criminalised</th>
<th>Legislation on sexual harassment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pacific:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiji</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>FSM</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Kiribati</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Marshall Islands</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Palau</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>PNG</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Samoa</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Tonga</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Asia:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afghanistan</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Bangladesh</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Bhutan</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Brunei</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Cambodia</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>India</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Indonesia</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Laos</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Malaysia</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Mongolia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Myanmar</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Philippines</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Singapore</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Thailand</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Vietnam</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Source: (World Bank, 2017). Note: Countries whose data was not available from the source have not been included in the table.
Non-partner sexual violence in the Pacific

As shown in Figure 10, in the Pacific, women’s experiences of sexual violence by a man who was not their partner are also high.

**Figure 10: Prevalence of non-partner sexual violence in the Pacific**

![Image of prevalence chart]

In Bougainville—the only Pacific site in the 2013 UNMCS—41 percent of men interviewed reported that they had raped a non-partner woman or girl and 14 percent had perpetrated gang rape (Fulu et al., 2013, p.40). While, in most Pacific countries, women are much more at risk of violence from their male intimate partners than from non-partners, in Tonga and Samoa, women experience more physical abuse from other people—usually fathers and teachers—than they do from their intimate partners (UNFPA, 2017, Jansen et al., 2012).

Child abuse in the Pacific

Children are at risk of witnessing and experiencing violence—including physical violence, emotional abuse, neglect and sexual abuse—with far reaching consequences to their safety, health and well-being (UNICEF, 2014b, Fulu et al., 2017b). An intergenerational transmission of violence against women exists: directly experiencing violence, or witnessing their mother being beaten, results in negative health and developmental outcomes for children and increases their risk of both perpetrating and experiencing IPV in adulthood (Fulu et al., 2013, Miedema, 2011, UNICEF, 2014c, McCue, 2008, Raising Voices, 2017, Campo, 2015).

Women’s experiences of childhood sexual abuse range significantly across the Pacific, from 2 percent of women in Samoa to 37 percent of women in the Solomon Islands reporting that they were sexually abused before the age of 15 (UNICEF, 2015, SPC, 2009). Figure 11 shows the relationship between intimate partner violence (IPV) and child abuse in Kiribati.

**Figure 11: Associations between violence against women and violence against children in Kiribati**

| Women in Kiribati who had experienced IPV were 7x more likely to report that their partner or husband had also abused their children | and were significantly more likely to report that they or their partner had been abused during childhood | and were significantly more likely to report that they or their partner’s mother had experienced IPV (CRC, 2016) |

Children living in homes where IPV is occurring are also at risk of being targets. Throughout the Pacific, witnessing their mother being abused by her partner was associated with children having aggressive behaviour, experiencing nightmares, and repeating a school year or dropping out of school (UNICEF, 2015).
Sorcery accusation-related violence in the Pacific

Sorcery accusation-related violence is common in PNG, Solomon Islands and Vanuatu, although not all cases of sorcery are related to violence against women and girls. Individuals accused of sorcery or witchcraft are subject to interrogation, torture or murder in ‘payback’ for harm they are thought to have perpetrated. Violent methods can include: beating, breaking bones, burning with red hot metal, rape, hanging over fire, cutting body parts slowly, and amputation. If death does not result, the victim may be killed by being thrown over a cliff or into a river or cave, burned alive in a house fire, buried alive, beheaded, hanged, choked to death, starved, axed or electrocuted, suffocated with smoke, forced to drink petrol or hot liquid, stoned or shot (Oxfam, n.d.; UNIFEM 2010).

Sorcery accusation-related violence is most severe and prevalent in PNG, although prevalence figures are scattered and largely based on administrative data. From the period 2000 to 2006, 75 cases of this violence were reported in local newspapers, with 147 victims. These figures however likely under-represent the true number of cases because sorcery accusation-related violence is rarely reported to appropriate authorities or to the media (Urame 2015). In an ongoing study by the Australian National University, the Divine Word University in PNG, and The National Research Institute in PNG, analysis of 20 years of incidents reported in local newspapers and case law revealed that on average each year, a minimum of 72 people experienced sorcery accusation-related violence, and 30 people were killed. Administrative data from the Highlands Human Rights Defenders Network show that 24 out of 25 relocation cases were due to sorcery-related allegations and violence. In the province of Simbu alone, witchcraft accusations result in around 150 cases of violence and killings each year (UNDP, The Equality Institute, and Department for Community Development and Religion 2016). In a recent study by Oxfam, 232 cases of sorcery-related violence were recorded, and victims experienced threats, damage of properties and physical violence in relation to the accusation. Moreover, in two-thirds of reported cases, the perpetrator of sorcery accusation-related violence was either an immediate family member or a known community member (Thomas, Kauli, and Rawstorne 2017). While men and women are equally likely to experience sorcery accusations, data from PNG indicates that widows and widowers are more likely to experience sorcery-related accusations and violence. Moreover, sorcery-related violence is generally a communal act, where entire families are stigmatised because of the accusations, and there is also a group of perpetrators involved (Oxfam, n.d.).

There is little available data on prevalence of sorcery accusation-related violence in the Solomon Islands and Vanuatu. While it is common for people to be accused of witchcraft or sorcery, the response is usually less violent compared with PNG. For example, such violence includes destruction of personal property, fist-fighting, or being driven out of a community (Foana’ota 2015). In Vanuatu, while both men and women can experience sorcery accusation-related violence, studies suggest that women are more likely to experience sorcery accusation-related sexual violence. Young men reportedly use ‘black magic’ engage in sexual assault against young women as a form of disciplinary social justice (Taylor and Araujo 2016). The 2007 National Survey on Women’s Lives and Family Relationships found that of all forms of violence, almost half of all respondents (49 percent) were concerned about ‘violence due to sorcery’ (VWC 2011).

Support for victims of sorcery accusation-related violence is limited and in parts of PNG, Solomon Islands and Vanuatu, where this violence is common, victims are not perceived by the broader community to be the primary victims. Instead, it is common for the violence perpetrated against accused women and men to be considered a legitimate form of self-defense. This is therefore a key barrier to access to services for women and men who experience sorcery accusation-related violence (Forsyth 2014). Vanuatu and Solomon Islands have legislation that criminalises aspects of sorcery practices, and in 2013 the PNG government repealed the Sorcery Act 1971. In the Solomon Islands, the law does not consider sorcery-related deaths as murder and, as such, government and church authorities do not pay serious attention to incidents of sorcery accusation-related violence (Foana’ota 2015). In parts of PNG, available services for victims of sorcery accusation-
related violence can include counselling, mediation and paralegal services, refuge accommodation and repatriation (Oxfam, n.d.). In an attempt to address rising levels of sorcery-related violence the PNG government has drafted a national implementation plan to overcome sorcery and witchcraft related violence. The action plan covers five key areas: legal and protection, health, advocacy and communication, care and counselling, and research.

Early and forced marriage in the Pacific

Early and forced marriage is a prevalent form of gender-based violence experienced by girls across the world. It is exacerbated by several other risk factors, including poverty, conflict and natural disasters (Royal Commonwealth Society (RCS) and Plan U.K. 2013). Marrying early is often a barrier to girls’ education and their economic empowerment later in life, as it prescribes restricted roles and opportunities to girls at a young age. Early marriage frequently results in early motherhood, which creates additional sexual and reproductive health consequences. For example, every year, nearly 14 million 15-19-year-olds in the developing world give birth while married, and complications in pregnancy and childbirth are the leading cause of death for girls aged 15-19 in low- and middle-income countries (RCS and Plan U.K. 2013). Girls who are married early are also at increased risk of experiencing violence because they lack status and bargaining power within the household. They are more likely to be physically and emotionally abused by their husband or in-laws, and more likely to be isolated from the community.

There is currently a significant lack of data on early and forced marriage in the Pacific. This is largely because of regional characteristics that make the practice difficult to identify and quantify. In many Pacific countries early and forced marriage is often indirectly sanctioned as being part of customary law. The available data indicates that, while it is not as widespread a practice as it was in the past, early and forced marriage continues to affect large pockets of the population across the Pacific. According to a recent UNFPA report, 18 percent of women aged 20-24 were married or in union by the age of 18 (Inter-Parliamentary Union and WHO 2016). As Table 5 highlights, the prevalence of early and forced marriage varies across and within the Pacific, and in several countries this data is simply not available.

The current legal age of marriage for boys and girls in most Pacific countries is 18 years of age. In some countries, such as Nauru, Palau, Marshall Islands, and Kiribati, girls and boys can be married from the age of 13 with parent/guardian consent. Despite the existence of minimum age laws for marriage, in some Pacific countries, customary law remains strong and permits girls to be married at around the age of 12 or 13 (Evenhuis and Burn 2014). Customary marriages are recognized in Palau’s Marriage Code, in the FSM states of Chuuk and Pohnpei and in most parts of Melanesia (Jalal 2009). In the Solomon Islands, customary law has constitutional status and makes the enforcement of a minimum legal age for marriage extremely difficult (Evenhuis and Burn 2014). In addition, only 15% of births are registered in the Solomon Islands, leaving no reliable means of legally verifying the age of a child. As such, the practice of early and forced marriage across the Pacific region remains difficult to identify, research and respond to.
Table 5: Prevalence of early marriage in the Pacific (percentage of women aged 20-24 who were first married or in union before age 15 and before age 18)

<table>
<thead>
<tr>
<th>Country</th>
<th>Married by age 15 (%)</th>
<th>Married by age 18 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiribati (2009)</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Marshall Islands (2007)</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>Nauru (2007)</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td>PNG (2006)</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Samoa (2014)</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Solomon Islands (2015)</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>Tonga (2012)</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Tuvalu (2007)</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Vanuatu (2013)</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Samoa (2014)</td>
<td>1</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: (UNICEF 2018). Note: Countries whose data was not available have not been included in the table.

Human trafficking in the Pacific

Human trafficking is a pervasive form of violence against women and girls. According to current estimates, women account for 55-60 percent of trafficking victims globally, and women and girls together account for 75 percent of victims. The trafficking of children, particularly girls, appears to be on the increase. 27 percent of all victims globally are children, and of every 3 child victims, 2 are girls and 1 is a boy. Trafficking for the purpose of sexual exploitation accounts for nearly two-thirds of all trafficking cases detected globally (Hagar International 2013).

Human trafficking is a growing concern in the Pacific region, which is a source, transit and destination point for trafficking in persons. Human trafficking in the Pacific is undertaken for purposes of exploitation and labour, and there are clear links between the extractives industries in many Pacific countries and sexual exploitation of women and girls in logging camps. Due to the isolation of these camps, however, the availability and reliability of data is limited. Some reports have emerged from the Solomon Islands and PNG of practices that involve the ‘sale’ of girls to loggers or foreigners in return for large cash payments. These girls are exploited for the purposes of labour, sex or child marriage (Laqeretabua, Naidu, and Bhagwan Rolls 2009). In Solomon Islands for example, girls aged 11-12 years are reportedly being forced to marry under custom law, a foreign logger who is much older, because their parents need the money (bride price) and food. In such logging marriages, when the young girls become pregnant the loggers move onto another logging area and repeat the same practice all over again, leaving young girls, so-called “logging brides,” with children and without any financial and other support (Jalal 2009).
The fishing industry has also been flagged as a site of sexual exploitation of women and girls both from Pacific countries, as well as women from parts of Asia. While data is limited, there are some reports indicating that women or girls are forced on board fishing vessels for the purpose of sexual exploitation, as well as forced labour in the land-based fish processing sector (International Labour Organisation (ILO) 2013).

According to the International Organisation for Migration (IOM), there are also cases of internal trafficking, particularly of women and girls in the Solomon Islands and PNG. There are examples of girls from rural parts of PNG being deceived by assurances of legitimate work to travel to provinces where they are subject sexual exploitation. Children are reportedly subject to sex trafficking or forced labour by members of their immediate family (IOM 2016).

Child protection legislation remains weak and there is no specific legislation to adequately address commercial sexual exploitation of children, trafficking and abduction. However, Fiji is one of only two Pacific countries to have specific provisions making the production and trade of child pornography illegal (UNIFEM 2010).
Intimate partner violence in Asia

Rates of women’s lifetime experiences of IPV in Asia range from 15 percent in Japan and Laos to more than half of ever-partnered women in Timor-Leste, Bangladesh and Afghanistan (García-Moreno et al., 2005, National Commission for the Advancement of Women (NCAW) Lao PDR, 2015, The Asia Foundation, 2016, National Institute of Population Research and Training (NIPORT) et al., 2009, Central Statistics Organization (CSO) et al., 2017). In Timor-Leste, for example, the recent Nabilan Health and Life Experience Baseline Study found that three in five ever-partnered women aged between 15 and 49 had experienced physical and/or sexual violence from an intimate partner in their lifetimes (The Asia Foundation, 2016). A few Asian countries have conducted the domestic violence component of the DHS across a number of years, allowing for some analysis of trends over time, however the changes have been minimal and inconsistent.

In most parts of Asia, women in the youngest age bracket (15-19 years old) are generally at the highest risk of experiencing current physical and/or sexual violence from an intimate partner, suggesting that violence often starts early in relationships (García-Moreno et al., 2005, pp.32-33, The Asia Foundation, 2016, p.53, Ministry of Health and Sports (MoHS) and ICF, 2017, p.279, Philippine Statistics Authority (PSA) and ICF International, 2014, p.202), however in Afghanistan, Cambodia, and Japan, women in a slightly older age bracket were most at risk (García-Moreno et al., 2005, p.32, CSO et al., 2017, p.291, WHO and UN Women Cambodia, 2015, p.92).

In several Asian countries, including Afghanistan, Sri Lanka, India, Timor-Leste, and Myanmar, the gap between rates of women’s experiences of IPV during their whole lives and in the last 12 months is small (United Nations Population Fund (UNFPA), 2017), indicating that women in these countries may not be accessing support services to assist them in leaving abusive relationships.

Prevalence figures of violence against women and girls with a disability in the Asian region are limited. Yet, the data that does exist illustrates a significantly heightened risk of violence for women and girls with a disability. The Triple Jeopardy study in Cambodia found that, compared to women without disabilities, women with disabilities were not only more likely to experience all forms of IPV and non-partner sexual violence, but they also experienced high rates of emotional and physical violence, and controlling behaviour, from other (non-partner) family members (Astbury and Walji, 2013). In Timor-Leste, women who had experienced IPV were 2.5 times more likely to have reported having a lot of difficulty performing tasks, or being unable to do them at all, compared with women who had never experienced violence from an intimate partner (The Asia Foundation, 2016, p.96).

Help-seeking in response to intimate partner violence in Asia

While this violence is often severe, and the impacts are serious, most women in Asia who have experienced IPV have never told anyone about the violence (García-Moreno et al., 2005). As shown in Figure 12, only around one-fifth of women who have experienced IPV in Afghanistan, and one-third in Timor-Leste, have ever told anyone about their husband’s/partner’s violence (CSO et al., 2017, p.280, The Asia Foundation, 2016, p.112). A study in Cambodia found that women with disabilities who experienced IPV were less likely to seek help than women who did not have a disability (Jill Astbury and Fareen Walji 2013).

As in the Pacific, when women in Asia do seek help, they are more likely to tell a family member or friend than to report through formal channels. For example, the proportion of women who have ever reported this
violence to the police ranges from just 1 percent of women in Myanmar to only 7.6 percent of women in the Philippines (MOHS and ICF, 2017, p.268, PSA and ICF, 2014, p.208).

In Bangladesh, Japan, Thailand, and Cambodia, the most common reason that women gave for not seeking help was that they believed the violence was normal or not serious, while in Timor-Leste a high proportion of women were also concerned that reporting the violence would bring a bad name to the family (García-Moreno et al., 2005, p.192, WHO and UN Women Cambodia, 2015, p.92, The Asia Foundation, 2016).

Figure 12: Women’s help-seeking behaviour in Asia

Non-partner sexual violence in Asia

Although rates of non-partner rape are generally lower in Asia than in the Pacific, this is still a critical issue for the Asian region. The UNMCS found that 4 percent of men in Bangladesh, 6 percent in Sri Lanka, and 8 percent in China, Cambodia, and urban Indonesia, said they had ever raped a non-partner woman or girl (Fulu et al., 2013, p.40). However, these figures were higher in Timor-Leste (15 to 22 percent) (The Asia Foundation, 2016, pp.65-66) and Indonesia’s Papua Province (23 percent) (Fulu et al., 2013, p.40). While the prevalence rates of non-partner sexual violence based on women’s reports are much lower, they illustrate a similar pattern, with the lowest prevalence reported amongst women in rural Bangladesh (0.5 percent) and the highest amongst women in Timor-Leste (14 percent) (García-Moreno et al., 2005, p.44, The Asia Foundation, 2016, p.64).

Across all of these sites, men’s rape perpetration started early in life, with half of the men who had ever raped a woman or girl reporting that they did so for the first time when they were still teenagers (Fulu et al., 2013, p.42, The Asia Foundation, 2016, p.67).

In all sites where men have been asked about their motivations for perpetrating rape, the most common reasons given relate to men feeling entitled to have sex, regardless of consent (The Asia Foundation, 2016, p.68, Fulu et al., 2013, p.42).

Qualitative research from Asia illustrates that sex workers experience a wide variety of violence from clients, police, managers, healthcare providers, their own intimate partners, and from others in the community (Bhattacharjya et al., 2015). Although this violence has serious long-term consequences for all sex workers, including increasing their risk of HIV infection, female, male, and transgender sex workers experience and respond to violence differently (Bhattacharjya et al., 2015). Studies exploring the complex and nuanced forms of violence against sex workers in Asia and the Pacific are exceedingly rare and, as violence against sex workers is inextricably linked to harmful gender social norms, this is an area that requires further research.

Child abuse in Asia

Prevalence rates for abuse of children vary greatly across Asia. The WHO MCS found that between 1 percent of women in rural Bangladesh and 14 percent in urban Japan had experienced sexual abuse before the age
of 15 (Garcia-Moreno et al., 2005, p.50). In Timor-Leste, approximately three quarters of women and men reported that they had experienced some form of physical and/or sexual violence when they were children (The Asia Foundation, 2016, pp.74-76). A recent Government-led study in Cambodia found similar rates of child abuse against boys and girls, with more than half of all women and men reporting that they experienced physical violence before the age of 18 and approximately 5 percent having experienced sexual abuse (Fang, 2015, p.25). In Sri Lanka and Timor-Leste, men’s reports of experiencing childhood sexual abuse were higher than women’s reports, with 14 percent of men in Sri Lanka and 42 percent of men in Timor-Leste (Fulu et al., 2013, The Asia Foundation, 2016, p.76) reporting this.

According to UNICEF, prevalence of childhood sexual abuse is higher for males in low-income countries and higher for girls in middle- and high-income countries (UNICEF, 2014c, p.14). One finding that is consistent across the region is that child abuse has serious consequences. Experiencing violence during childhood, or witnessing one’s mother being beaten, was found to have serious consequences for children’s mental health across Asia (Fulu et al., 2013, UNICEF, 2014c) and was a risk factor for women’s experiences of IPV in Cambodia and Timor-Leste (WHO and UN Women Cambodia, 2015, pp.101-102, The Asia Foundation, 2016).

Violence on the basis of sexual orientation and gender identity in Asia

Some evidence exists on violence against sexual and gender diverse populations in Asia and, in many Asian countries, it is unclear whether legislation offers protection in same-sex domestic violence cases. In Vietnam, transgender people disproportionately suffer from exploitation, sexual assaults, and other forms of violence (Dinh and Tran 2014). Transgender people and men who have sex with men also face particular challenges in accessing justice, as sexual violence in Vietnam is defined as involving sexual intercourse only between men and women (Dinh and Tran 2014).

Research in Japan, Malaysia, Pakistan, the Philippines and Sri Lanka found that lesbian and bisexual women as well as transgender individuals faced violence in every aspect of their lives (The International Gay and Lesbian Human Rights Commission (IGLHRC) 2014). The report states, “This violence is fuelled by laws that criminalise same-sex relations and gender non-conformity, and encouraged by governments who tolerate, endorse, or directly sponsor the violent clamp-down on those who do not follow prevailing norms on sexual orientation, gender identity and gender expression” (The International Gay and Lesbian Human Rights Commission (IGLHRC) 2014, p1). Although this data is likely to be underreported, there is evidence that 64 trans and gender-diverse people in India, 51 in the Philippines, and 44 in Pakistan were murdered in the past ten years (Trans Murder Monitoring 2018). A recent report from Timor-Leste found that lesbian and bisexual women and transgender men experienced severe physical and emotional violence (Rede Feto and ASEAN SOGIE Caucus, 2017).

Early and forced marriage in Asia

The prevalence of early and forced marriage varies considerably across Asia. According to the latest UNFPA report, in South Asia 46 percent of women aged 20-24 were married or in union before they reached the age of 18. Girls are considerably more likely than boys to be married as children - 30 percent of girls aged 15-19 in South Asia are currently married or in union compared with just 5 percent of boys in the same age bracket. The practice is also widespread in East Asia, with 18 percent of women aged 20-24 married or in union by the age of 18, and 11 percent in Central Asia.

The prevalence of this practice varies considerably within and across Asia. For example, the percentage of women aged 20-24 who were married or in union before age 18 ranges from 4 percent in Maldives, to 59 percent in Bangladesh, to 14 percent in Indonesia (Table 6). Prevalence can also vary within countries. For
example, in India the 2006 National Family Health Survey found that child marriage rates ranged from 11 percent to over 60 percent in some regions (Inter-Parliamentary Union and WHO 2016; UNICEF 2018). There is evidence that early marriage also increases girls’ risk of experiencing other forms of violence. An example is a survey in India which found that women married under the age of 18 were twice as likely to report being physically abused by their husbands and three times more likely to reported forced sex in the previous six months (Evenhuis and Burn 2014).

Table 6: Prevalence of early marriage in Asia (percentage of women aged 20-24 who were first married or in union before age 15 and before age 18)

<table>
<thead>
<tr>
<th>Country</th>
<th>Married by age 15 (%)</th>
<th>Married by age 18 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan (2015)</td>
<td>9</td>
<td>35</td>
</tr>
<tr>
<td>Bangladesh (2014)</td>
<td>22</td>
<td>59</td>
</tr>
<tr>
<td>Bhutan (2010)</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>Cambodia (2014)</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>India (2016)</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td>Indonesia (2013)</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Laos (2012)</td>
<td>9</td>
<td>35</td>
</tr>
<tr>
<td>Maldives (2009)</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Mongolia (2013)</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Myanmar (2015)</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Nepal (2016)</td>
<td>7</td>
<td>40</td>
</tr>
<tr>
<td>Pakistan (2013)</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Philippines (2013)</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Sri Lanka (2007)</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Thailand (2015)</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>Timor-Leste (2010)</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Viet Nam (2014)</td>
<td>1</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: (UNICEF 2018). Note: Countries whose data was not available have not been included in the table.

Positive trends however have been observed in parts of Asia. For example, there has been a steady decline in prevalence of child marriage in rural Indonesia and the Philippines, as well as drops in rates in urban parts of Bangladesh. Nepal has also seen a drop in 20 percent over the past five years, and in Bangladesh, there has been a decrease of 42 percent in girls married by 15, compared with an 11 percent drop for those married by the age of 18 (Inter-Parliamentary Union and WHO 2016).
Acid attacks in Asia

Acid attacks occur globally, however are particularly common in Bangladesh, India and Cambodia, and overwhelmingly target women and girls. Acid violence involves intentional acts of violence in which perpetrators throw, spray, or pour acid onto victims’ face and/or body. Women who experience acid attacks generally know the perpetrator and are targeted for transgressing traditional gender roles. In Cambodia, women are often targeted because of their socio-economic insecurity. Reliable estimates on acid attacks are limited, however administrative data indicates that since 1999 there have been over 3000 reported acid attack victims in Bangladesh, there were 153 reported cases of acid violence in Indian newspapers between 2002 and 2010, and according to Indian Nation Crime Records Bureau data in 2016 there were 187 acid attacks across India and 202 attempted acid attacks. In Cambodia, hospital data indicates that between 1985 and 2010, 271 people were treated for acid attacks (Acid Survivors Foundation 2011; Nair 2014; Kamruzzaman and Hakim 2016).

In 2002, Bangladesh strengthened criminal laws regarding acid attacks to improve and heighten criminal procedures and penalties, as well to decrease the availability of acid. As a result, acid attacks have dropped 15-20 percent annually in Bangladesh since the introduction of stronger laws. In 2013 India amended the Penal Code to legislate against acid attacks and attempts have been made to regulate the sale of acid. However, loopholes in the legislation have meant that a culture of impunity continues to exist in regards to acid attacks. In Cambodia, the government has recently drafted new laws to address acid violence, in particular seeking to regulate the sale of acid, as well as introducing harsh punishment for perpetrators of acid violence.

Human trafficking in Asia

Trafficking for sexual exploitation and for forced labour are the most prominently detected forms of trafficking. Asia, and particularly Southeast Asia, is known to be a region of origin, transport, and destination for people trafficking (Larsen 2011). Recorded national data shows that 58% of trafficking victims in East Asia and the Pacific are women (UNODC 2016). In this region, 61 percent of trafficking victims are trafficked for the purpose of sexual exploitation, and children comprise more than one-third of trafficking victims (UNODC 2016). Child trafficking, driven by the demand for cheap labour, young brides, sex with children, and adoption, is also a significant issue in Asia (UNICEF EAPRO 2009).

Female genital mutilation/cutting in Asia

Female genital mutilation/cutting (FGM/C) is a traditional practice concentrated in 29 countries in Africa and the Middle East but it is also found in some Asian countries including India, Pakistan and Indonesia (UNICEF 2016). Limited data exists for Asian countries. Studies in Indonesia have found prevalence of 49%, concentrated in certain regions (RISKESDAS 2014). Recent research (Anshor & Hewatt 2017) in Indonesia identified that the practice is primarily (at least 60%) non-symbolic cutting, and suggests it is being performed at younger ages. Among practising communities, FGM/C was found to be a social norm supported by the belief that FGM/C helps a women become fully Islamic and decreases sexual desire, improves reproductive health, and improves marital harmony (ibid).
ASSOCIATIONS WITH VIOLENCE AGAINST CHILDREN

Although, historically, work to address violence against women and violence against children has been conducted separately, it is increasingly recognised that these issues are intricately connected (Fulu et al., 2017a, Namy et al., 2017). Recent research (Guedes et al., 2016) has identified that:

- violence against women and violence against children have shared risk factors
- similar social norms uphold both of these types of violence and discourage survivors from seeking help
- child abuse and intimate partner violence often co-occur within the same household
- both types of violence have common, and reinforcing, impacts of violence can transfer across generations
- adolescence is a period when violence against women and violence against children intersect, making this a particularly high-risk time.

Shared risk factors

Both violence against women and violence against children are more common in countries with high levels of gender inequality and where family and community structures are predominantly patriarchal, and in countries with weak legal, social, and institutional sanctions against violence (Guedes et al., 2016, Fulu et al., 2017a, Namy et al., 2017). At the individual and family level, marital conflict, financial stress, male unemployment, and problem alcohol and drug use are factors that increase the likelihood of both intimate partner violence against women and violence against children (Fulu et al., 2017a).

Figure 13: Associations between childhood experiences, and witnessing, of violence with women’s experiences of intimate partner violence (IPV) in adulthood

Violence against children does not cause violence against women. However, a clear cycle of violence exists between violence against children and violence against women. Studies from around the world have identified that girls and boys who directly experience violence, or witness their mother being abused, are more likely to experience or perpetrate violence against women later in life. While the link is well established, less is known about the exact mechanisms through which early exposure to violence operates to increase risk of future perpetration or victimisation. Research suggests that those who experience violence in childhood may learn to accept violence as normal and to view violence as an effective way to resolve conflicts; this normalisation may make them more likely to experience and/or perpetrate abuse in their relationships in adulthood (UN Women, forthcoming, Heise, 2011, Gil-González et al., 2008, Jewkes et al., 2010, Fulu et al., 2017a, Jewkes and Abrahams, 2002, Ellsberg et al., 1999, Martin et al., 2002, Whitfield et al., 2003, Wekerle and Wolfe, 1999, The Asia Foundation, 2016, Fulu et al., 2013).
These links are evidenced by the research from Asia and the Pacific. For example, women in Timor-Leste who had been sexually abused in childhood were almost three and a half times more likely to experience violence from their husband or partner in adulthood (The Asia Foundation, 2016), suggesting that traumatic childhood experiences increase women’s vulnerabilities in multiple ways. In Solomon Islands, Kiribati, and Tonga, women who experienced IPV were more likely to have a partner whose mother was beaten (UNICEF, 2015). Similarly, research on perpetration has found that Bangladeshi, Chinese, Cambodian, Indonesian, Papua New Guinean, Sri Lankan, and Timorese men who were abused or neglected during childhood were significantly more likely to use violence against their wives or girlfriends, compared to men who had not experienced childhood abuse or neglect (Fulu et al., 2013, The Asia Foundation, 2016). The UN Multi-Country Study on Men and Violence also found men’s experiences of abuse or neglect during childhood to be associated with their perpetration of non-partner rape in all countries in the study (Fulu et al., 2013).

Similar social norms

Social norms that condone wife-beating often co-exist with social norms that condone using violence to discipline children (Fulu et al., 2017a). In addition to learning to accept violence, childhood exposure to abuse can also teach children to accept ideals of masculinity based on domination and control (Shanaaz, Jewkes and Abrahams 2014). For example, in Pakistan, boys whose mother was abused by their father were found to have more patriarchal gender attitudes and were more likely to have been the victim or perpetrator of peer violence (McFarlane et al., 2017). Furthermore, social norms that promote silence about violence can be a barrier to both women and children to speak out about abuse (Flood and Pease, 2006).

Co-occurrence within the same household

Child abuse and intimate partner violence against women often occur within the same household and mutually reinforce each other. In the Solomon Islands, for example, women who had experienced intimate partner violence were four and a half times more likely to have children who were abused by their male partner, compared with women who did not experience this violence (SPC, 2009). Similarly, research from Afghanistan illustrates that women who have recently experienced violence from their husband or partner are more likely to currently be using physical violence to discipline their own children (Fulu et al., 2017a). A recent review of data on violence in Asia and the Pacific found that both men’s perpetration of physical intimate partner violence and women’s experiences of this violence were associated with harsh parenting practices by both parents (Fulu et al., 2017b).

Common impacts

Many of the impacts of violence against children overlap with the impacts of intimate partner violence. Both types of violence are associated with poor mental health, including higher rates of depression and suicidality.

Adolescence

Adolescence, as an intersection between childhood and adulthood, is a period when violence against children and violence against women overlap (Guedes et al., 2016, Fulu et al., 2017a). As the prevalence data from Asia and the Pacific above illustrates, in many countries, women aged 15 to 19 years old are at the highest risk of experiencing intimate partner violence, as most violence occurs early in relationships. Research from across Asia and the Pacific also illustrates that men’s perpetration of non-partner rape often
begins when they are teenagers (Fulu and Heise, 2015, Fulu et al., 2013, The Asia Foundation, 2016). This is a crucial time when boys are developing their masculine identities and expressing what, they believe, it means to be a man (Blum, Mmari and Moreau, 2017).

When considering the strong links between violence against women and violence against children, it is important to remember that not all children who witness or experience abuse will grow up to experience or perpetrate violence in adulthood (UN Women, forthcoming). Further research is needed to understand the protective factors that prevent this intergenerational cycle of violence from continuing.
3. WHAT WORKS: INVESTMENT FRAMEWORK

Violence against women and girls is multidimensional and has multiple risk factors. The 2008 ODE evaluation report set out a framework for action to prevent and respond to this issue on all levels of the Socio-Ecological Framework. The report recommended three main strategies:

1. increasing women’s access to justice
2. increasing women’s access to support services
3. the prevention of violence (Ellsberg et al., 2008).

These three strategies remain the key approaches used globally, and in Australian aid investments, to work on violence against women and girls.

In recent years, researchers and practitioners have developed a deeper understanding of how social norms change approaches can be used for violence prevention and, in line with this, recognise the impact of an enabling environment in addressing this issue. Rather than being distinct areas of work, however, these strategies impact and inform each other and coordination across sectors is vital. To be effective, all approaches must include the voices of sexual and gender diverse minorities as well as people with disabilities.

ACCESS TO JUSTICE

Enacting and implementing comprehensive legislation that recognises violence against women and girls as a form of pervasive inequality and discrimination is a critical step to discourage violence and impose consequences on offenders, while also enabling women to protect themselves and their children (UN Women, 2018, Ellsberg et al., 2008). Even in countries with strong legislation, implementation remains a serious problem, as many domestic violence laws are not sufficiently budgeted and often face resistance from male-dominated judiciary and police (Ellsberg et al. 2015; United Nations 2009). If justice system personnel (including judges, police, and forensic doctors) have gender-inequitable or victim-blaming attitudes, this can deter women from seeking help through formal mechanisms and, if they do seek help, such attitudes often have a direct impact on outcomes for women.

A recent unpublished paper (Pacific Women Shaping Pacific Development Support Unit 2018) highlights the following common legislative barriers to gender equality in the Pacific:

» gaps in the definition of discrimination set out in Constitutions and broad exceptions to the prohibition on discrimination that may erode gender equality;
the lack of effective temporary special measures to address the under-representation of women in leadership and decision making;

» limited or no anti-discrimination and sexual harassment laws to protect women in the workplace;

» the lack of secured transaction legislation to increase access to finance and credit;

» fault based divorce;

» outdated sexual offences legislation; and

» newly introduced domestic violence legislation, presenting challenges for effective implementation.

However, there is evidence that the existence of any legislation on violence against women, even without full enforcement, may help shift attitudes about the boundaries of acceptable behaviour (Heise, 2011). While legislation alone is not sufficient for prevention, in countries where domestic violence laws are in place, the prevalence of violence against women is lower and fewer people believe that violence against women is justifiable (UN Women, 2011). In Melanesia and Timor-Leste, and other contexts where parallel systems of justice operate, women need to have their rights upheld through both formal and traditional systems (Ellsberg et al., 2008). This requires comprehensive strategies that address all of the barriers outlined above, including providing rights-based information to women, ensuring traditional justice systems don’t reinforce gender inequality, training formal and traditional justice stakeholders among other things.

Other laws and policies, for example on divorce, abortion, contraception, child maintenance, and age of marriage, can also have an impact on women and girls’ risk of experiencing violence (UN Women, forthcoming, UN Women, 2018). The recent UN Women report on monitoring the implementation of the SDGs gives useful guidance on key elements for legislation on violence against women and girls, including designing comprehensive legislation that aims to protect all women equally, that addresses the relationship between customary and formal justice systems, and that is aligned with a national action plan or strategy (UN Women, 2018).

The Essential Services Package for Women and Girls Subject to Violence (see Figure 14), developed and funded with Australian Government support, outlines the key principles that should guide all service provision work on violence against women and girls (UN Women et al. 2015), including in justice and policing services, covered in its Module 3.

Module 3 provides specific guidance on essential justice and policing services across all stages of survivors’ journeys to accessing justice. Key principles of this framework include that justice and policing services should (UN Women et al. 2015):

• Recognise that power inequalities between women and men create gender-specific vulnerabilities, which impact on women’s use of, and access to, justice and may result in justice remedies negatively impacting women.

• Not compromise the rights of women and girls but, rather should be gender transformative and non-coercive.

• Take a women-centred approach: prioritising women’s safety, empowerment and recovery; treating every woman with respect; and supporting and keeping them informed throughout the justice process.

• Hold perpetrators accountable, ensuring that the onus of seeking justice is not placed on the survivor but on the state.
ACCESS TO QUALITY SERVICES

Access to psychological and medical services, legal support, and safe accommodation, is absolutely essential for women and children survivors of violence (Ellsberg et al., 2008). While the provision of comprehensive services alone is not sufficient to end violence against women, they are an essential component of all efforts and have the potential to contribute to secondary prevention including the reoccurrence of violence.

Support to survivors should be compassionate, timely, non-judgmental and, above all, respectful of women and girls’ decisions (Ellsberg et al., 2008). Coordination between different support services – including police, medical care, psychosocial counselling, shelters, etc. – is crucial to maximise the effectiveness of all services and to mitigate unnecessary delays (UN Women, 2018). As with justice actors, if essential service providers
have inequitable gender attitudes or blame survivors for the violence they experience, this is counterproductive and can put women and girls at more risk (Ellsberg et al., 2008).

Challenges identified in the 2008 evaluation were that: most services were concentrated in urban areas, making them inaccessible for most women; coordination between services was weak and this discouraged many women from following through with formal help-seeking; the quality of care that women received from different service providers was uneven, with services often lacking adequately trained staff; and insufficient funding (Ellsberg et al., 2008).

The WHO clinical and policy guidelines on responding to intimate partner violence and provide evidence-based guidance to health-care providers on appropriate care for women survivors of violence and these guidelines also seek to raise awareness, among health-care providers and policy makers, of violence against women and girls, to strengthen the health sector response to this issue (WHO 2013). Based on these guidelines, a clinical handbook (WHO, UN Women, and UNFPA 2014) was developed as a practical manual for health service providers, including job aids, tips, and recommendations. The recommendations from the handbook form the basis for the Module on Essential Health Service in the Essential Services Package (UN Women et al. 2015).

As explained in the Essential Services Package, services must be survivor-centred, considering the multiple needs, risks, and vulnerabilities of each individual woman and girl (UN Women et al., 2015). They should also be rights-based, recognising that States have a primary responsibility to fulfil the rights of women and girls by providing them with quality, available, accessible, and acceptable services, where they will be treated with dignity and respect. As gender inequality is a core driver of violence against women and girls, it is important that services are gender sensitive and promote women’s agency – including their agency to refuse services. In order to appropriately respond to women and girls’ needs, services must be culturally and age appropriate and must take into account the intersectional forms of discrimination that survivors may face. The safety of women and girls is paramount in service delivery and all service providers must take a ‘do-no-harm’ approach. Finally, where appropriate, services should also hold perpetrators accountable and assist survivors to access justice (UN Women et al., 2015).

It is also important that organisations providing services to women and children affected by violence receive training on the unique risks and needs of people with disabilities, efforts are made to reduce stigma and discrimination amongst service providers, and that the buildings of services, including clinics, shelters, and police stations, are accessible (CREA, n.d.). Context-specific guides such as the Toolkit on Eliminating Violence Against Women and Girls with Disabilities in Fiji support both DPOs to better understand violence against women and also organisations working to end violence against women to better understand how to work with women and girls with disabilities (PDF, 2014).

Service providers should receive training on how to provide appropriate and non-judgemental care and support to sexually and gender-diverse survivors of violence. Couples counselling and intimate partner violence prevention messaging should be tailored to LGBTIQA+ relationships (CREA, n.d.).

SOCIAL NORMS CHANGE APPROACHES TO PREVENTION

While access to justice and quality support services are crucial to respond to the needs of survivors, prevention efforts are essential to eliminating violence against women and girls in the long term (Ellsberg et al., 2008, UN Women, 2018). This requires addressing gender inequality at all levels of the Socio-Ecological model and shifting individual and community attitudes that tolerate men’s use of violence against women (Ellsberg et al., 2008).
In recent years, there has been an increasing amount of work done on understanding how changing social norms can prevent violence against women and girls (Heise, 2011, Michau et al., 2015, Our Watch et al., 2015, Fulu et al., 2015, Alexander-Scott et al., 2016, The Equality Institute, 2017a, Jewkes, 2017, Haider, 2017).

To do this effectively requires creating positive change against the gender drivers of violence so as to build gender equality and cultures of non-violence (The Equality Institute, 2017a). The four key steps to changing social norms are: identifying the social norm and the reference group; changing social expectations regarding the behaviour within the reference group; publicising the change achieved; and catalysing and reinforcing the new norm through sanctions and rewards (The Equality Institute, 2017a, Alexander-Scott et al., 2016) (Table 7).

Table 7: Key steps to effective and lasting social norm change

<table>
<thead>
<tr>
<th>Four key steps to effective and lasting social norm change</th>
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</thead>
<tbody>
<tr>
<td>1. <strong>Identify the harmful social norm</strong></td>
</tr>
<tr>
<td>• Conduct formative research to identify the social norm: What is the shared belief, who is the reference group, what social sanctions or rewards reinforce the norm, and what other factors interact with the norm to contribute to violence against women and girls?</td>
</tr>
<tr>
<td>2. <strong>Change social expectations</strong></td>
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<tr>
<td>• Weaken the norm by shifting individual attitudes</td>
</tr>
<tr>
<td>• Promote public discussion and engagement around the norm</td>
</tr>
<tr>
<td>• Promote a new positive norm with further opportunities for public discussion and engagement</td>
</tr>
<tr>
<td>3. <strong>Publicise the change</strong></td>
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<tr>
<td>• Use role models to publicise benefits of the new norm</td>
</tr>
<tr>
<td>• Avoid reinforcing the negative norm by focusing on injunctive statements</td>
</tr>
<tr>
<td>• Develop an inclusive diffusion strategy to help spread change beyond the initiative</td>
</tr>
<tr>
<td>4. <strong>Reinforce the new norm</strong></td>
</tr>
<tr>
<td>• Provide opportunities to practice the positive behaviour, to make it the new normal</td>
</tr>
<tr>
<td>• Create new social sanctions and rewards that will ensure adherence to the new norm</td>
</tr>
<tr>
<td>• Work to reinforce the new norm by advocating for policy and legal reform</td>
</tr>
</tbody>
</table>

Source: (The Equality Institute, 2017a)

Social change is highly context-specific, rarely linear, and a slow and complex process (The Equality Institute, 2017a). Achieving sustainable change requires coordinated, collaborative, intensive and long-term efforts (The Equality Institute, 2017a, Alexander-Scott et al., 2016). Using approaches that address different forms of violence that share common risk factors or are upheld by the same social norms, such as intimate partner violence and violence against children, and identifying key periods where these types of violence intersect, such as during adolescence, offers an opportunity to more efficiently and cost-effectively reduce multiple forms of violence (Fulu et al., 2017a).
ENABLING ENVIRONMENT

Change is difficult—if not impossible—to maintain and reproduce if it takes place within an environment that is not conducive to the change. Multiple elements are required to achieve an enabling environment for ending violence against women and girls (Ellsberg et al., 2008), including:

- government commitment and capacity
- participation of women and girls in public life
- strong civil society
- widespread understanding of gender equality and human rights
- commitment and coordination by international agencies and donors to support the efforts of national governments and civil society.

In 2014, *The Lancet* published a series on violence against women which included a global call to action. The original paper argues that, “Eliminating violence against women and girls is achievable, but it requires sustained action to ensure that political commitments translate into meaningful change, and support for coordinated, well-funded, evidence-informed strategies implemented by governments, communities, and civil society partners” (García-Moreno et al., 2015b). They call on national and local leaders and policy makers to commit to the five actions illustrated in Figure 15.

Figure 15: Popular version of A Call to Action on Violence against Women

Source: (Michau et al., 2014)
Policy context

To create supportive legislative and policy environments, national and local governments play a key role in implementing and enforcing law and policy reforms that work to remove legal and cultural impunity for perpetrators of violence, promote gender equality and respectful relationships, and provide adequate response and support services for survivors of violence (The Equality Institute, 2017a, Heise, 2011). The *Essential Services Package* (UN Women et al. 2015) provides guidance on how to ensure good coordination for effective national- and local-level policy environments for ending violence against women and girls (Figure 16).

![Figure 16: Guidance on coordination and governance from the *Essential Services Package*](image)

Donors can encourage national governments to prioritise investment in this prevention infrastructure to support lasting change, for example by funding research that can be used for policy advocacy (see ‘Building Evidence’ section below) and by providing financial and technical resources to help States develop National Action Plans, as the Australian Government has already done in several countries across Asia and the Pacific. UN Women’s *Handbook for National Action Plans on Violence against Women* provides tangible guidance on developing comprehensive, multisectoral and sustained National Action Plans (UN Women 2012).

Ending violence against sexually and gender diverse people begins with creating a more inclusive environment. A recent report by UNDP and the Parliamentarians for Global Action (UNDP and PGA 2017) provides guidance on what parliamentarians can do, including:

- Enact comprehensive laws that specifically prohibit discrimination on the basis of sexual orientation, gender identity and sex characteristics
- Repeal laws that criminalise same-sex activity between consenting adults and laws that criminalise transgender people on the basis of their gender identity and expression
- Protect individuals from homophobic and transphobic violence by:
Adopting hate crime laws that protect all individuals from violence, including those targeted on the grounds of their real or perceived sexual orientation and gender identity

- Strengthening legislation to incorporate mechanisms for monitoring and reporting hate-motivated acts of violence, asylum and police protection

- End impunity for acts of violence, whether committed by state or non-state actors, through enacting laws that appropriately prohibit and punish all forms of violence and discrimination, including the targeting of persons based on their imputed or real sexual orientation and gender identities.

Building future evidence

Building the evidence base on violence against women and girls will help researchers, policy-makers, activists and practitioners better understand the scale, scope and nature of the issue, which, in turn, will better enable them to develop and implement effective prevention and response initiatives (The Equality Institute, 2017a). Recommended approaches include using international research methodologies to enable cross-country comparisons, and implementing prevention programming alongside rigorous evaluations to document learning (Ellsberg et al., 2008, The Equality Institute, 2017a). Finding creative and accessible methods to communicate key findings of this research on violence against women and girls in ways that support and reinforce social norm change requires strengthening partnerships between researchers and communications experts, advocates, activists and policy makers (The Equality Institute, 2017a). The support and funding of research to better understand the drivers of violence against LGBTI people and the overlapping causes of violence against women and girls and violence against LGBTI people is also recommended (Lay 2017).

The WHO’s key ethical and safety recommendations for research on violence against women remain the global best practice for researching violence against women (WHO 2001). A more recent WHO publication provides additional guidance on intervention research on violence against women (Figure 17).

**Figure 17: World Health Organisation guidance on ethical and safe research on violence against women**

<table>
<thead>
<tr>
<th>WHO ethical and safety recommendations for research on violence against women</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The safety of respondents and the research team is paramount, and should guide all project decisions</td>
</tr>
<tr>
<td>b) Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimise the under-reporting of violence</td>
</tr>
<tr>
<td>c) Protecting confidentiality is essential to ensure both women’s safety and data quality</td>
</tr>
<tr>
<td>d) All research team members should be carefully selected and receive specialised training and on-going support</td>
</tr>
<tr>
<td>e) The study design must include actions aimed at reducing any possible distress caused to the participants by the research</td>
</tr>
<tr>
<td>f) Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms</td>
</tr>
<tr>
<td>g) Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development</td>
</tr>
<tr>
<td>h) Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.</td>
</tr>
</tbody>
</table>

Source: (WHO 2001)
The UN Office of the High Commissioner for Human Rights’ recent guidance note on data collection (United Nations Office of the High Commissioner for Human Rights (OHCHR) 2018) recommends the following good practices to help ensure that no one is left behind in the measurement and implementation of the SDGs:

- **Participation**: Participation of relevant population groups, in particular the most marginalised population groups, in data collection exercises, including planning, collection, dissemination, and analysis.

- **Data disaggregation**: Data should be disaggregated by key characteristics identified in international human rights law, to allow data users to compare population groups and to understand the situations of specific groups.

- **Self-identification**: For the purposes of data collection, populations of interest should be self-defining. Individuals should have the option to disclose, or withhold, information about their personal characteristics.

- **Transparency**: Data collectors should provide clear and accessible information about their research design and methodology. Data collected by State agencies should be openly accessible to the public.

- **Privacy**: Data should be protected and kept private, and confidentiality of individuals’ responses and personal information should be maintained.

- **Accountability**: Data collectors are accountable for upholding human rights in their operations, and data should be used to hold States and other actors to account on human rights issues.

### FEMINIST MOVEMENTS

Local and global feminist movements, both on the ground and online, also have an important role to play in spreading key messages about gender equality and facilitating widespread social norm change (The Equality Institute, 2017a, Htun and Weldon, 2012). Empirical analysis of policy changes over time in 70 countries suggests that, of all factors, the presence of autonomous women’s movements was the main driver of progressive government action on violence against women, playing a larger role than left-wing parties, the number of women legislators, or even national wealth (Htun and Weldon 2012).

However, a recent influx of money into violence against women and girls programming has attracted new actors to the field, including large, global consulting firms, and some international NGOs with limited experience in gender or violence-related programming. Funding is being channelled towards these agencies and technical institutions, while there has been a withdrawal of financial support for women’s organisations and for the political organising and social mobilisation they do. A recent report by the Association of Women in Development described this side-lining of feminist activism in development:

> “...one of the striking paradoxes of this moment is that the spotlight on women and girls seems to have had relatively limited impact on improving the funding situation for a large majority of women’s organisations around the world. The ‘leaves’—the individual women and girls—are receiving growing attention, without recognizing or supporting ‘the roots’—the sustained, collective action by feminists and women’s rights activists and organizations that has been at the core of women’s rights advancements throughout history.”

*(Arutyunova and Clark 2013, p.17).*
In the Pacific, women’s organisations and the women’s rights movement have led the work on responding to GBV over the past 30 years and have been largely responsible for getting the issue onto the public agenda. Organisations such as the Fiji Women’s Crisis Centre and the Vanuatu Women’s Centre started by providing much needed crisis counselling and legal, medical and other practical support services for women and children who experienced violence but have also moved into public advocacy and community education on gender violence. It is important that all work stays accountable to local women’s organisations and builds alliances with them because they know that realities of women’s experiences better than anyone.

The Coalition of Feminists for Social Change (COFEM 2017) identifies five key recommendations for increased accountability to women and girls in this work:

1. **Policy makers must promote female-centric and female-led framing of the issue, discourse, strategies and resources.** As violence against women and girls is fundamentally an injustice against women and girls, the central protagonists for this cause must be women and girls.

2. **Funders should invest in women’s rights organisations and ensure their work is not being usurped.** Funders must ensure that male engagement groups are not usurping the role of women’s rights organisations and they must ensure that work engaging men and boys has practical, measurable accountability mechanisms to local women’s movements or organisations.

3. **Researchers should develop better indicators and monitoring systems to assess progress in male engagement work.** More emphasis should be places on supporting social and structural changes, rather than the current dominant focus on shifting the individual attitudes and behaviours of men and boys.

4. **Male allies must demonstrate good faith and speak out.** Accountability should not be a responsibility of women’s rights organisations and women’s movements.

5. **The feminist community working on ending violence against women and girls needs to be clear, vocal and united.** It is important for feminist communities to frame what they envisage as effective male involvement that will help advance a feminist agenda and accountability.

While everyone has a role to play, it is important that aid investments strike a careful balance between technical approaches and making sure that women-centred analysis and methods underpin all efforts to address violence against women and girls. Feminist network building and opportunities for shared learning across countries and regions for women’s rights activists will help build an enabling environment for change to end violence against women and girls (Ellsberg et al., 2008, The Equality Institute, 2017a).
4. WHAT WORKS: EFFECTIVE PROGRAMMING

While the scale of the issue of violence against women and girls is immense, there is increasing evidence that rates of violence can be reduced within programmatic timeframes (Ellsberg et al., 2015).

Key resources that are building this evidence-base on promising practices include:

- The Lancet special series on violence against women and girls, presenting evidence from around the world that violence is preventable (The Lancet 2014).
- The What Works to Prevent Violence against Women and Girls program of the United Kingdom Department for International Development (DFID), which aims to understand the most effective approaches in lower and middle-income countries and in conflict and humanitarian crises.
- The UN and European Union multi-year Spotlight Initiative to eliminate violence against women and girls.
- Both the Prevention Collaborative and the Advancing Learning on Innovation and Gender Norms (ALIGN) Platform aim to create virtual spaces and communities of practice for learning and advocacy.

It is expected that, over the next few years, all these efforts will further build the evidence base of what works to prevent violence in diverse contexts and amongst diverse groups.

Although this is an evolving field, the current global evidence has revealed several key elements, illustrated in Figure 18, that are considered best practice for the prevention of violence against women and girls (The Equality Institute, 2017a, Michau et al., 2015, Haider, 2017, Ellsberg et al., 2015, Fulu et al., 2014, UN Women, 2018):

Figure 18: Key elements of successful violence prevention programming

Source: (The Equality Institute, 2017a)
While most research on what works to prevent violence against women and girls comes from high-income countries, recent systematic reviews have found that the above key elements are globally relevant and have identified several approaches, incorporating these elements, that have been effective or show promising results in lower- and middle-income settings (Fulu et al., 2015, Ellsberg et al., 2015). Figure 19 presents a summary of types of violence prevention interventions, across the different levels of the Ecological Framework (refer Section 1, above), which are evidenced to be effective, promising, conflicting, or ineffective. Case studies of approaches that have proven to be effective or promising in lower- and middle-income contexts are presented below.

Figure 19: Evidence of effectiveness of interventions to address violence against women and girls

Adapted from: (Fulu et al. 2015)
WOMEN’S ECONOMIC EMPOWERMENT

Women’s economic empowerment is one of Australia’s development priority areas and an outcome in Pacific Women Shaping Pacific Development design document (Pacific Women Shaping Pacific Development 2014). There is mixed evidence on the effectiveness of economic empowerment and cash transfer programs to reduce violence against women (Fulu et al. 2015).

**Table 7: Evidence on effectiveness of women’s economic empowerment programs in reducing violence against women**

<table>
<thead>
<tr>
<th>Effective – the evidence</th>
<th>Ineffective – the evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having access to finance could:</td>
<td>In contexts with strict gender roles around paid work:</td>
</tr>
<tr>
<td>• make it more feasible for a woman to leave a violent relationship;</td>
<td>• some men may perceive women’s increased financial power as a threat to their dominance in a relationship; and</td>
</tr>
<tr>
<td>• give her more bargaining power in the relationship; or</td>
<td>• might use violence as a way to reassert their control over women.</td>
</tr>
<tr>
<td>• relieve financial strain on the household through the addition of her earnings, reducing a potential trigger for violence.</td>
<td><strong>Sources:</strong> (Bastagli et al., 2016, Heise and Kotsadam, 2015)</td>
</tr>
</tbody>
</table>

**Case studies**

- Several studies in Latin America have shown cash transfer programs to be linked to lower rates of physical intimate partner violence (Bastagli et al., 2016).
- In addressing child marriage, some promising evidence exists from Malawi and India of using material or financial incentives to encourage parents to delay marrying their daughters until after they have turned 18 (Ellsberg et al., 2015).

**Case studies**

- Women earning cash in Timor-Leste were significantly more likely to experience intimate partner violence than women who were not earning cash (The Asia Foundation, 2016).
- Employed women in Peru were at a higher risk of violence than unemployed women (Flake, 2005).

Systematic reviews of the evidence suggest that whether women’s economic empowerment programs increase or reduce the risk of violence against women depends on context-specific factors, including the proportion of women in the workforce, and the male partner’s comparative education and employment status (Heise and Kotsadam, 2015, Vyas and Watts, 2009, Bastagli et al., 2016). In Bangladesh, for example, participation in microfinance programs was found to be associated with increased risk of violence for women with a better economic status (Murshid et al., 2016), while a study in Tanzania found that women experienced less intimate partner violence in areas of the country where more women are in paid work (Vyas and Heise, 2016). Furthermore, some cash transfer programs that are associated with reduced physical violence are also linked to increased emotional violence and controlling behaviour (Bastagli et al., 2016). Evaluations of women’s economic empowerment programs illustrate that, to be effective and mitigate potential backlash from men, these programs should include components to shift social gender norms and, in some cases, should involve men (Vyas and Heise, 2016, Ellsberg et al., 2015, Gibbs et al., 2017).
Box 7: Promising examples of women’s economic empowerment initiatives

- In South Africa, the **Intervention with Microfinance for AIDS and Gender Equity (IMAGE)** program, which incorporated a gender training and HIV prevention module into women’s microfinance programs, achieved a 55 percent reduction in reports of intimate partner violence over two years (Kim et al., 2007, Ellsberg et al., 2015, Gibbs et al., 2017).

- The **Indashyikirwa program** in Rwanda aims to prevent intimate partner violence by working with men and women from CARE’s microfinance village savings and loans associations (CARE).

- Targeting economic empowerment programs at households, rather than focusing on individual women and men, may be more effective in reducing family violence (Gibbs et al., 2017). The **One Community One Family program in Nepal** and **Zindagii Shoista** (Living with Dignity) in Tajikistan are examples of such approaches (Gibbs et al., 2017, Shai et al., 2016, Mastonshoeva et al., 2016).

- Programs which aim to transform community gender norms around women’s access to work while also socially empowering women, such as **Stepping Stones and Creating Futures in South Africa** and Women for Women International in Afghanistan, may be more effective at preventing violence against women and girls than women’s employment programs that do not also focus on norms change and social empowerment (Gibbs et al., 2017, Jewkes et al., 2014, Women for Women International, 2017).

**RELATIONSHIP-LEVEL INITIATIVES**

As most violence against women and girls occurs at the relationship or family level, couples and families are an important entry-point for interventions (Fulu et al., 2015).

Box 8: Promising example of a relationship-level initiative

Stepping Stones is a small group relationship intervention that uses participatory training sessions and has been implemented in dozens of countries worldwide. An evaluation of the Stepping Stones adaptation in South Africa found that, two years after the program, men’s perpetration of intimate partner violence had decreased by 38 percent (Jewkes, 2017, Fulu et al., 2015). Although the evaluation from South Africa did not show any change in reports of women’s experiences of violence, a review of Stepping Stones interventions in seven countries revealed an increase in protective factors, such as education, better communication skills in relationships, and higher levels of gender equity (Fulu et al., 2015).

Adaptations of Stepping Stones in Tajikistan, Nepal, Bangladesh, and India are being evaluated under the What Works program, so more evidence on this approach from the Asian region will soon be available (Jewkes, 2017).
WORKING WITH MEN AND BOYS

Programs that primarily target boys and men appear to be effective in addressing violence against women and girls if they take a transformative approach, involve intense community mobilisation (Fulu et al., 2015), and take a ‘gender synchronised’ approach that addresses men, women, boys and girls either within the same program or in coordination with other organisations (Heise, 2011).

Box 9: Promising examples of approaches working with men and boys

- Promundo’s Programme H curriculum uses educational activities and community campaigns to encourage young men, aged 15-24, and their communities to critically reflect on rigid norms related to manhood (Fulu et al., 2015). This curriculum was first launched in 2002 in Brazil but has since been used in over 34 countries.

- In India, Yaari Dosti, which was based on Programme H, showed a reduction in both physical and sexual intimate partner violence perpetration amongst participants six months after the intervention (Verma et al., 2008). Nine out of ten reviewed initiatives showed a decline in participants’ gender inequitable attitudes, suggesting the potential to contribute to reducing risk factors for violence against women and girls (Fulu et al., 2015).

COMMUNITY MOBILISATION

Community mobilisation interventions that aim to empower women, engage men, and change gender norms at a community level have been found to be successful in reducing rates of violence against women (Ellsberg et al., 2015, Jewkes, 2017, Fulu et al., 2015). The most effective community mobilisation interventions include participatory workshops exploring gender and relationships, as well as building skills, and engage a wide range of stakeholders (Jewkes, 2017).

Box 10: Promising examples of community mobilisation initiatives

- SASA!—a Kiswahili word that means now—is an Activist Kit developed by the NGO ‘Raising Voices’ in Uganda to provoke critical analysis and discussion in communities on how power can be used positively. It was shown to reduce women’s experiences of physical partner violence in the past year by 52 percent in Uganda (Abramsky et al., 2014, Jewkes, 2017, Ellsberg et al., 2015).

- The Safe Homes and Respect for Everyone (SHARE) Project in Uganda, which used community mobilisation to change social norms that uphold intimate partner violence and HIV risk, reduced women’s experiences of physical partner violence in the past year by 21 percent (Wagman et al., 2015, Jewkes, 2017).

- The Tostan model of community mobilisation, which has been used in sub-Saharan Africa, has been shown to have potential in reducing violence against women and female genital mutilation (Ellsberg et al., 2015, Diop et al., 2004).
COMMUNICATION AND MEDIA INITIATIVES

While communication and media interventions have not, on their own, been found to change behaviours around violence, they can play a key role in provoking public discussion and breaking the silence about the issue (Jewkes et al., 2015, Fulu et al., 2015). Communication interventions are most effective when they involve more than one component.

Box 11: Promising examples of communication and media initiatives

- Breakthrough’s Bell Bajo program in India which combines television, print, radio, Internet, and a mobile video van (to reach remote areas), with grassroots community mobilisation, to promote norms and behaviour change around violence against women and HIV (Heise, 2011). The program showed increased knowledge about women’s rights and some positive attitudinal changes about women’s help-seeking and, importantly, changes were greater amongst participants who received the multi-component initiative than amongst those who were only exposed to the media component (Heise, 2011, CMS Communication, 2011).

- The award-winning television soap opera, Sexto Sentido (Sixth Sense), produced by Nicaraguan organisation, Puntos de Encuentro, explored ‘taboo’ issues of violence, gender inequality, sexuality, sexual health, and HIV in the lives of straight, gay, transgender, male, and female characters. The television show is the basis for a communication for social change approach called Somos Diferentes, Somos Iguales (We’re Different, We’re Equal), involving radio call-in programs, education packs for peer educators, youth leadership training, strategic partnerships, and social movement support in Nicaragua (Heise 2011).

- The Change Starts at Home program in Nepal, which involves radio edutainment and workshops to change gender social norms and strengthen relationships, is currently being evaluated under the What Works initiative (Jewkes, 2017).

SCHOOL-BASED INITIATIVES

Although there is very limited evidence on school-based programs in lower- and middle-income countries, reviews suggest that the most promising models take a whole school approach, include clear policies to address violence in schools, promote training and open discussion among school staff and management, and are based in context-specific research with youth (Fulu et al., 2015, Ellsberg et al., 2015).

Box 12: Promising examples of school-based initiatives

The Good Schools intervention in Uganda is one positive example, in which peer violence lessened and corporal punishment in the past week dropped by 60 percent (Jewkes, 2017).

As part of the What Works initiative, the Right to Play school-based program in Pakistan focuses on shifting inequitable gender norms to address peer violence among school children, by promoting girls’ confidence and leadership skills and supporting boys to take up positive and non-violent forms of masculinity (Fulu et al., 2017a).

Systematic reviews of the evidence have found single component communication campaigns and WASH interventions in schools to be ineffective in reducing violence against women and girls. These reviews have also found conflicting evidence about the impact of bystander interventions and school curriculum-based interventions (Fulu et al., 2015).
SCALE-UP

As this evidence of effective violence prevention approaches grows, there is increasing interest in understanding how best to scale-up these initiatives, so as to reach greater numbers of people. So far, there has been success with the aforementioned relatively small-scale solutions, but the next big question remains around how to address and respond to violence against women and girls on a large scale.

Box 13: Resources on scale-up

- The What Works Evidence Review 4 provides useful evidence-based guidance on the cost, potential scope, and proposed approaches to scale up programs focused on ending violence against women and girls (Remme et al., 2015).

- A report by the International Centre for Research on Women (ICRW) and Raising Voices explores the challenges of scaling-up community mobilisation initiatives (Heilman and Stich, 2016).

- In response to one of the recommendations of that report, several organisations working on social norms change for gender equality in low- and middle-income settings have recently come together to create the Community for Understanding Scale Up, and are beginning to compile lessons learned on scaling up this type of work (CUSP, 2017).
5. HUMANITARIAN AND CONFLICT SETTINGS

While the evaluation research will include some investigation of responses to, and prevention of, violence against women and girls in humanitarian programming in the study sites, the distinctive characteristics of this issue in conflict zones and protracted crises require their own study. As such, this section of the review provides only a brief summary of violence against women and girls in humanitarian and conflict contexts.

Preventing and responding to violence against women and girls in humanitarian and conflict contexts

There is growing recognition that women and girls can experience various forms of violence, including intimate partner violence, during conflict and natural disasters, during displacement, and when returning home after the situation has stabilised (Amowitz et al., 2002, Ward and Marsh, 2006, Stark and Ager, 2011, International Rescue Committee (IRC), 2012b, IRC, 2015, Ward and Vann, 2002, Horn et al., 2014). While it is challenging to obtain prevalence data on gender-based violence in emergencies, the available evidence suggests that many forms of gender-based violence are significantly aggravated during humanitarian emergencies (Inter-Agency Standing Committee (IASC), 2015). In conflict settings, the overall normalisation of violence and the impact of conflict on other drivers of violence against women and girls, such as poor mental health, increase women and girls’ risk (Jewkes, 2017).

In humanitarian crises and conflict, the breakdown of institutional and social structures, separation of families and displacement, stress, trauma, and poverty are shared risk factors for violence against women and child abuse (Murphy et al., 2017). While both violence against women and violence against children may increase during conflict, the social disruption may offer an opportunity to positively change social norms (Fulu et al., 2017a).

An increasing number of resources are being developed on working to end violence against women and girls in humanitarian and conflict contexts, and these are regularly updated based on key learnings from the field. The multi-stakeholder Call to Action on Protection from Gender-based Violence in Emergencies and the Safe from the Start initiative also launched in 2013 as a counterpart to the Call to Action, identify the need for enhanced accountability and sustained political will (Call to Action, 2015, United States Department of State, 2013). These also pinpoint the need for collective and cross-sectoral approaches rather than those that are ad hoc and reactive, as well as promoting full and meaningful engagement from local actors. The Call sets out six key outcomes to be achieved by 2020, including sufficient funding for violence prevention and response for each phase of an emergency, and increased knowledge and skills on promoting gender equality and reducing gender-based violence amongst those managing and leading humanitarian operations (Call to Action, 2015). A review of the Call to Action found that it has been catalytic in driving forward changes that
greatly strengthened the impact of gender-based violence programs and advocacy (International Rescue Committee (IRC), 2017).

The *IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action* (2015) are recognised as the most comprehensive current best-practice guidance on addressing gender-based violence in all aspects of humanitarian work – such as camp coordination and camp management, child protection, health, and livelihoods – including real examples of promising practices. Since the IASC guidelines were launched in late 2015, over 2,000 practitioners have been trained in how to implement them. Lessons learned from the first two years illustrate the importance of all humanitarian actors actively applying gender-based violence risk mitigation strategies to their work and the benefit of identifying and designating sector-specific gender-based violence focal points to ensure this happens (IASC, 2017). The IASC Guidelines also provide a list of key considerations for groups who are particularly at risk of gender-based violence in humanitarian emergencies including adolescent girls, indigenous women, people living with HIV, and LGBTI persons (IASC, 2015).

The last decade has seen a proliferation of guidance and trainings specifically targeting actors working to prevent and respond to gender-based violence in emergencies. Core guidance includes the *IASC Guidelines* noted above, originally issued in 2005 and revised in 2015, as well as guidelines for coordination (Gender-based Violence Area of Responsibility (AoR) Working Group, 2010), caring for child survivors of sexual abuse (IRC, 2012a), as well as case management and safely sharing information (Gender-based Violence Information Management System (GBVIMS) Steering Committee, 2017). Standalone guides and tools are also available including a complete program model for gender-based violence prevention and response (International Rescue Committee (IRC), Potts and Zuco, 2014) working with adolescent girls (Women’s Refugee Commission, International Rescue Committee (IRC), Tanner and O’Connor, 2017), disability inclusion (Women’s Refugee Commission and IRC, 2015), and working with male survivors of sexual and gender-based violence (United Nations High Commissioner for Refugees (UNHCR), 2012). UNFPA recently developed guidelines on minimum standards for prevention and response to gender-based violence in emergencies, based on international best practice. While originally designed for UNFPA staff and partners, the guidelines suggest clear and concrete actions that are applicable to other agencies and actors working in the humanitarian sector (UN Population Fund (UNFPA), 2015).

At the same time, research has been expanding to build the evidence base about what is happening and what works to respond to, and prevent, violence against women and girls (Spangaro et al., 2013). Through the research projects outlined in Figure 20, the What Works program is exploring better ways of describing the problem of violence against women and girls in humanitarian and conflict contexts and best practices to address this problem (What Works).
In both Asia and the Pacific, climate change is an increasingly significant humanitarian issue which exacerbates existing gender inequalities (UN Women). Many Asian and Pacific island nations, including Samoa, Vanuatu, the Philippines, and Indonesia, have experienced recent climate change-related natural disasters. Women and girls are disproportionately affected by natural disasters and they may have less access to resources for recovery, they may need to take on new responsibilities if primary income-earners in the family have been killed or injured, and, if legal and informal support systems break down, women and girls may be at higher risk of violence (IASC, 2015). For example, following two cyclones in Vanuatu’s Tanna Island, domestic violence cases increased by 300 percent in 2011, and rates of rape increased in the Solomon Islands after the Gizo tsunami (UN Women). However new gender-sensitive climate change policies, such as in Tonga (Government of Tonga, 2016), offer the potential for improved prevention and response mechanisms.

Sexual exploitation by, and against, aid workers

People in the sector were aware of sexual exploitation and abuse as early as 1996 in Bosnia and in 1999 in Timor-Leste, but it was the release of a report in 2002 (United Nations High Commissioner for Refugees (UNHCR) and Save the Children UK, 2002), containing evidence of sexual exploitation of children in west Africa by aid workers, that helped bring attention to the issue (CHS Alliance and World Education, 2016). In response to the 2002 report, the Secretary-General’s Bulletin on ‘Special Measures for Protection from Sexual Exploitation and Sexual Abuse’ explains the responsibilities of international humanitarian, development and peacekeeping actors to prevent incidences of sexual exploitation and abuse committed by personnel against the affected population. This includes setting up confidential reporting mechanisms and taking safe and ethical action as quickly as possible when incidents occur (United Nations, 2003, IASC, 2015). Minimum Operating Standards have been put in place, with helpful implementation tools to guide organisations (Davey and Taylor, 2017), and the International Organisation for Migration (IOM) and others have developed an inter-agency mechanism for community members to register complaints of sexual exploitation and abuse perpetrated by actors from multiple organisations (IASC, 2016).
Real change, however, has been slow, as organisations have been reluctant to take appropriate action on reports of abuse and a culture of impunity prevails (Beaumont and Ratcliffe, 2018, CHS Alliance and World Education, 2016, Spencer, 2017). A 2015 UN report, for example, found that members of the UN peacekeeping mission in Haiti traded sex for aid with more than 225 women between 2008 and 2014 (Daniels, 2018). With fresh allegations against NGO workers coming to light in early 2018 (Beaumont and Ratcliffe, 2018, Daniels, 2018) and an open letter calling for urgent reform being signed by over 1,000 aid workers on International Women’s Day (Open letter, 2018), there is now renewed attention to this critical issue. The new Secretary-General of the UN has also recently taken steps to strengthen the system-wide response to sexual exploitation and abuse (United Nations General Assembly, 2018). As such, the present timing is opportune for further research into this issue, particularly in Asia and the Pacific.

Through their work, aid workers have access to goods and services that put them in a position of power over the communities with whom they work, and some people in this sector use that imbalance of power to exploit and abuse vulnerable members of the community (Davey and Taylor, 2017). Cases of sexual exploitation and abuse by aid workers remain extremely underreported, as survivors are often not aware that the abuse is prohibited behaviour and many fear that reporting will affect their livelihood or access to aid (CHS Alliance and World Education, 2016). A separate but related issue is abuse committed by aid workers against their colleagues. In the age of #AidToo, there is increasing scrutiny of agency cover-ups, with perpetrators of both types of abuse often being promoted and moved to other locations where they perpetrated again (Spencer, 2017).
This literature review provides a summary of the global and Asia Pacific regional trends, innovations, and best practices in ending violence against women and girls, with a focus on approaches with most relevance to the Australian Government’s aid program. It will inform the Office of Development Effectiveness’ (ODE) strategic evaluation of Australia’s development assistance towards ending violence against women and girls, as a ten-year follow up to ODE’s 2008 strategic evaluation on this topic (Ellsberg et al. 2008).

This literature review has implications for the evaluation’s following key evaluation questions and will be used to triangulate other qualitative and desk-based evidence generated as part of the evaluation:

1. To what extent have DFAT investments and strategies been effective at meeting their objectives over the last 10 years?

   The evidence from this literature review on global best practices in service provision, access to justice, social norms change, and enabling environment, as well as the examples of effective and promising approaches, will guide the evaluation’s assessment of the effectiveness of DFAT’s investments and strategies.

2. How relevant are DFAT investments and strategies to local, national and global ending violence against women and girls’ needs?

   The literature review illustrates that the framework of the Australian Government’s aid investments on ending violence against women and girls, structured around access to justice, access to quality services, prevention, and creating an enabling environment, is aligned with global best practice. As prevalence, forms, and patterns of violence against women and girls vary greatly between countries in both Asia and the Pacific, it is crucial that DFAT investments are informed by contextual evidence and advised by local expertise, to be contextually relevant.

3. To what extent have DFAT investments and strategies extended the reach of services and programs to reach the most vulnerable and marginalised populations?

   As this review of literature has demonstrated, women and girls with disabilities, and gender and sexually diverse populations, face additional and intersecting forms of discrimination and violence and, yet, they are often not reached by services or violence prevention programs. Given DFAT’s policy commitment to disability inclusion, bridging this gap could be an area of opportunity for the Australian Government to show leadership in truly extending the reach of its ending violence against women and girls programming. In addition, given the geography of Asia and the Pacific, an important area for the evaluation to consider will be extending reach from urban centres to rural and remote areas.
4. To what extent have DFAT investments and strategies contributed to creating an enabling environment for ending violence against women and girls through political leadership and policy dialogue?

DFAT’s support to national governments in Asia and the Pacific to ratify relevant international conventions and support to regional commitments such as the Pacific Leaders’ Gender Equality Declaration, outlined in this review, are important contributions to creating an enabling environment for ending violence against women and girls. This suggests that Australia’s influential and respected position as a major donor in these regions makes it well-placed to support high-level policy dialogue and to encourage political leadership on ending violence against women and girls amongst governments in these regions.

5. To what extent has DFAT fostered a learning environment in which measurement and monitoring are used to improve the effectiveness of ending violence against women and girls programs?

Many of the prevalence studies mentioned in this literature review, as well as the recent kNOwVAWdata initiative, have been achieved with Australian Government funding and have made important contributions to the learning environment in Asia and the Pacific. Continuing this support to building the evidence base can help to widen advocacy space and help to ensure that investments are contextually relevant. As robust impact evaluations and reliable monitoring data from ending violence against women and girls programming in these regions is limited, this may be an important emerging area of technical assistance investment for DFAT.
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