4

Physical insecurity

Physical insecurity

1. Introduction

Physical insecurity is a harrowing reality for millions of girls, of all ages, ethnicities and religions. There are specific laws, norms and practices which condone or fail to challenge gender-based violence in the household, school, workplace and community. Physical insecurity as a consequence of gender-based violence is also a particular risk in times of conflict and social upheaval (UNFPA, 2007).

The World Health Organization (WHO, 2010) estimates that between 100 and 140 million women and girls have undergone some form of female genital mutilation/cutting (FGM/C), and one in five women reports having experienced sexual abuse during childhood. Every year, around 5,000 women and girls are murdered by family members in the name of 'honour.' In many countries in the Middle East and North Africa, women and girls are offered no protection by the penal code from such 'honour crimes' and sexual assault (OECD, 2009). 'Femicide' has reached alarming proportions in Central America, the result of systematic gender discrimination and inequality, a dominant aggressive masculinity (machismo) and economic disempowerment (Prieto-Carron *et al.*, 2007). Guatemala has the highest number of femicides in Central America (Mexico included), but increasing numbers of women are being killed in Costa Rica, Honduras and San Salvador (ibid). And, as discussed in Chapter 2 on Son Bias, millions more girls and women are missing because of the practice of female foeticide, especially in Asia and the Middle East and North Africa region.

Violence against girls is a fundamental violation of human rights. As the architects of the Social Institutions and Gender Index (SIGI) highlight, it causes long-term and often irreversible physical and psychological harm and has detrimental consequences for development and economic growth (Jutting *et al.*, 2008). Gender-based violence poses a significant obstacle to achieving the Millennium Development Goals (MDGs) and increases a girl's risk of sliding into, and remaining trapped in, chronic poverty. It deprives girls both of their human capabilities as well as of their agency – suppressing their voices, constraining their choices and denying control over their physical integrity and future.

In this chapter, we discuss the threat and experience of violence that girls and young women endure within the home, school and community environments, including heightened vulnerability in conflict and post-conflict environments, linkages to chronic poverty and the social institutions which encourage or condone such violence. We argue that, while poverty can be a cause of physical insecurity, physical insecurity also further perpetuates chronic poverty. A girl who is subjected to violence is denied her human capabilities and often stripped of the resources necessary to cope with 'shocks,' thereby increasing her vulnerability to chronic poverty. Physical insecurity often undermines opportunities for girls to benefit from quality education, good health and decent work, and prevents her from engaging meaningfully with, and benefiting from, society and the economy. This, in turn, effectively blocks exit routes out of chronic poverty. It also has implications for subsequent generations by increasing the likelihood of the intergenerational transmission of chronic poverty. Indeed, the United Nations Children's Fund (UNICEF) notes a strong correlation between violence against women and against children.[1]

2. Chronic poverty and physical insecurity

The SIGI includes Physical Integrity as one of its five subindices. This comprises two indicators: *violence against women*, indicating the existence of women's legal protection against violence; and *FGM/C*.[2] Unlike the SIGI, we use the term 'physical insecurity' rather than 'physical integrity,' in order to be able to conceptualise this social institution as a development challenge that urgently needs to be addressed. We take the term to encompass condoned norms or

> **Gender-based violence is a harrowing reality that marks the everyday lives of millions of girls, of all ages, ethnicities and religions.**
>
> *- UNFPA (2007)*

unchallenged practices of gender-based violence against girls (including sexual assault or harassment, domestic violence, threats of violence) and other harmful acts (FGM/C and other harmful gendered traditional practices) that result in physical, sexual or psychological harm or suffering and pose a threat to physical integrity (see Table 3).

The 1993 UN Declaration on the Elimination of Violence Against Women refers to violence against women and girls as '… a manifestation of the historically unequal power relations between men and women, which have led to domination over and discrimination against women by men.' This form of violence is not random or inevitable but serves a specific social function – that of asserting power and control over girls' lives and futures by denying them voice, choice, independence and security and by 'disciplining' and constraining them. Gendered violence thereby risks reifying girls' subordinate status in society. Physical insecurity emanates from the articulation of discriminatory social institutions (i.e. social attitudes, customs, codes of conduct, norms, traditions, value systems) and is rooted in unequal power structures, discriminatory social orders and exploitative relationships. In other words, gender-based violence against girls reflects gender discrimination and the subordinate position of women/girls in a given society.[3]

An understanding of the root causes of gender inequality, through its manifestation in the form of physical insecurity, can help identify the points at which a woman or girl is most at risk of being propelled into chronic poverty during her life-course. This can in turn make for more effective and targeted anti-poverty interventions that could address both the causes and the consequences of chronic poverty, and help girls avoid or overcome poverty traps.

Gender-based violence against girls remains a too often hidden phenomenon, characterised by underreporting and a lack of data and surrounded by silence, denial, fear, stigma and often impunity for perpetrators. Social attitudes, norms, traditions and customs that tolerate and even legitimise gender-based violence are largely to blame for this invisibility and the concomitant stifling of girls' voices. For example, in societies where cultural notions of 'sexual purity' and 'honour' prevail, victims are reticent to report sexual violence. Another reason for silence is the lack of legal protection or enforcement

---

Box 33: Exercising choice can be fatal for some girls

If women/girls follow their own choices, sometimes they pay with their lives. Du'a Khalil Aswad was stoned to death in the street by a group of men in front of a large crowd on 7 April 2007 in Bashiqa, near the northern city of Mosul in Iraq. Her murder was filmed by an onlooker and the film was then circulated on the internet. The men who killed her reportedly included some of her male relatives. Her 'crime' in their eyes was that this 17-year-old member of the Yezdi minority had formed an attachment to a young Sunni Muslim man. Other people, including members of the local security forces, saw the murder but failed to intervene. She had sought protection from both the local police and the local office of the Kurdistan Democratic Party, but they had merely referred her to a local community leader, who accepted assurances from her family that they would not harm her.

Source: Amnesty International (2009)

Table 3: Examples of violence against women throughout the lifecycle

Phase	Type of violence
Pre-birth	Sex-selective abortion; effects of battering during pregnancy on birth outcomes
Infancy	Female infanticide; physical, sexual and psychological abuse
Girlhood	Child marriage; FGM/C; physical, sexual and psychological abuse; incest; child prostitution and pornography
Adolescence and adulthood	Dating and courtship violence (e.g. acid throwing and date rape); economically coerced sex (e.g. school girls having sex with 'sugar daddies' in return for school fees); incest; sexual abuse in the workplace; rape; sexual harassment; forced prostitution and pornography; trafficking in women; partner violence; marital rape; dowry abuse and murder; partner homicide; psychological abuse; abuse of women with disabilities; forced pregnancy
Elderly	Forced 'suicide' or homicide of widows for economic reasons; physical, sexual and psychological abuse

Source: WHO (2005a)

of such protection as exists. For example, in Pakistan legal frameworks provide little protection for women and girls, as there are no laws covering gender-based violence and no legislation that clearly defines sexual consent. Gender-related crimes tend to fall under the general penal code, and a clear gap exists between legislative measures and enforcement mechanisms (Jones *et al.*, 2008).

Girls face discrimination on the basis of both age and gender; other factors, such as class, caste, disability, sexuality and ethnicity, often intensify vulnerability to violence. Violence against girls is rooted in inequality and discrimination against them in both private and public spheres. Gender-based violence against girls can occur at home, in school, at the workplace and in the wider community. Perpetrators may be fathers, brothers, teachers and (particularly in the case of FGM/C) older women. We now take a more in-depth look at some specific forms of gender-based violence against girls as it manifests itself in the sphere of the home (domestic violence) and the community (school-based violence and FGM/C) and by state and non-state actors (e.g. rebel groups) in the context of violent conflict. We then discuss implications for chronic poverty before going on to look at a range of policies, programmes and strategies aimed at tackling physical insecurity. We conclude with a discussion about challenges and policy implications.

3. Violence at home

Domestic violence is the most common form of gender-based violence (UNFPA, 2004). Widespread acceptance (even among women themselves) of such violence as a justified disciplinary practice, leads to its acceptance in some communities as a norm. 'Wife beating' as punishment is widely condoned by women themselves, peaking at 89 percent in Mali (UNICEF, 2007). However, although it represents a significant violation of human rights, transcending all cultures, ethnicities, classes and ages, it is often hidden and largely ignored. Domestic violence is perpetrated by intimate partners and other family members, and manifested through (UNICEF, 2000a):

- Physical abuse such as slapping, beating, arm twisting, stabbing, strangling, burning, choking, kicking, threats with an object or weapon and murder. It also includes traditional practices harmful to women such as FGM/C;

- Sexual abuse such as coerced sex through threats, intimidation or physical force, forcing unwanted sexual acts or forcing sex with others;

- Psychological abuse, which includes behaviour that is intended to intimidate and persecute and that takes the form of threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression and constant humiliation;

- Economic abuse, which includes acts such as denial of funds, refusal to contribute financially, denial of food and basic needs, controlling access to health care, employment, etc.

Although there is no explicit connection between the occurrence of violence against girls and women and geographic location, research indicates that there is a correlation (albeit indirect) between risk factors such as age, poverty, employment status of women, level of education, number of previous marriages, conflict and prevalence and type of domestic violence.[4] In a 2005 WHO study involving 24,000 women from different age ranges (15 to 19, 20 to 24, 45 to 49 years) in 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Tanzania and Thailand), between 15 and 71 percent of women were reported to have experienced physical or sexual assault from their partner; 56 percent of women interviewed in rural Tanzania, 61 percent in rural Peru and 62 percent in rural Bangladesh reported having experienced physical and sexual violence by an intimate partner (WHO, 2005b). Women were also asked about sexual harassment and abuse before the age of 15: in Namibia, 21 percent reported childhood sexual abuse and 47 percent indicated that the perpetrator was a family member.

> **Gender-based violence against girls remains surrounded by silence, denial, fear, stigma and often impunity for perpetrators.**

Younger girls and women are most at risk of sexual violence (Hindin *et al.*, 2008). Overall, 39.5 percent of those who have ever experienced domestic violence are aged 15 to 19 (WHO, 2005b).[5] For example, in urban Bangladesh, 48 percent of 15- to 19-year-old women reported physical or sexual violence, or both, by a partner within the past 12 months, versus 10 percent of 45 to 49 year olds. In urban Peru, the difference was 41 percent among 15 to 19 year olds versus 8 percent of 45 to 49 year olds. WHO argues that younger men tend to be more aggressive; that cohabitation, and not marriage, is related to higher levels of violence; and that younger women have lower status than older women and thus are more vulnerable. Also, in more than half of the settings, over 30 percent of respondents described their first sexual experience before the age of 15 as forced. In Uganda, 18 percent of girls aged 10 to 14 and 36 percent aged 15 to 19 reported being subjected to sexual violence alone, and 15 percent had experienced violence during pregnancy (UBOS, 2007). This provides a link between early marriage, maternal and infant mortality and partner violence, since between 3 and 15 percent of girls are married by the age of 15 in Asia and Africa.[6] The connection is increasingly evident when we consider that on average 30 percent of all domestic

Box 34: Links between HIV/AIDS and domestic violence

HIV/AIDS is increasingly a 'woman's disease' in sub-Saharan Africa. Regionally, 60 percent of all infected persons are female. However, this statistic hides the fact that young women are significantly more likely to be infected than young men. For example, in Kenya, girls aged 15 to 19 are three times more likely than their male peers to live with the disease; this ratio rises to 4:1 for young women aged 20 to 24. Other countries in the region report similar rates of infection (UNAIDS and WHO, 2009). A confluence of factors is influencing this trend: a longstanding tradition of younger girls marrying older men and a newly emerged belief among men that having sex with a virgin will cure HIV infections. This has left girls extremely vulnerable. In Uganda, nearly nine out of ten HIV-infected young women are married (Human Rights Watch, 2005a). With no voice either to refuse marriage or to insist on condom use, young brides are at the highest risk of infection.

Box 35: Violence against domestic workers in Latin America

Tens of thousands of adolescent girls are employed as domestic workers across Latin America. The International Labour Organization (ILO) estimated that there were nearly 20,000 in El Salvador alone in 2004. Maltreatment of these girls is widespread and endemic. A 2002 study found that nearly 60 percent of girls reported some form of abuse. Sexual abuse, by either the 'patron' or his son, is common, particularly for domestics who live on premises. Indigenous domestics are especially vulnerable, given their low status. Girls who are isolated from their families and fear being fired have little recourse to protect themselves. As one young woman noted: 'I never reported anything, because I knew no one would believe me.'

Source: Human Rights Watch (2002; 2004)

violence occurs within the first five years of marriage (Jewkes, 2002; NIPORT, 2009).

Indeed, a study of 400 villages in rural India (Maharashtra) found that maternal and infant mortality and violence during pregnancy were correlated. Of all deaths among pregnant women, 16 percent were a result of intimate partner violence. Similarly, in Nicaragua, a 2002 study found that approximately 16 percent of low birth-weight in infants was related to physical abuse of a partner during pregnancy (UN General Assembly, 2006). The reverse is true where the woman is better educated than her partner (IIPS, 2000; LISGIS, 2008; NIPORT, 2009).[7]

Demographic and Health Survey (DHS) data provide evidence that the subordinate status of women plays a major role in all forms of domestic violence, with the main perpetrators being current or former husbands/partners (in up to 63 percent of cases), mothers/stepmothers (24 percent) and fathers/stepfathers (16 percent). This level of violence often has devastating physical and psychological consequences for women and girls, since its purpose is to reinforce culturally constructed gender roles that seek to maintain gender inequality. Women who experience such treatment may suffer a variety of health and economic problems (see Box 34 on HIV and domestic violence).

The fear and humiliation experienced by those subjected to such treatment often means that incidents are underreported. As a result of such social norms and practices, laws aimed at outlawing domestic violence are rarely implemented and are often ineffective as deterrents. For example, the Cruelty to Women (Deterrent Punishment) Ordinance (1983),[8] the Repression Against Women and Children (Special Enactment) Act XVII (1995)[9] and the Women and Children Repression Act (2000)[10] in Bangladesh and the Sierra Leone Domestic Violence Act 2007 have never been properly implemented and perpetrators are rarely punished (NIPORT, 2009).

International and civil society organisations have long agreed that violence against women and girls has a negative impact on their access to and control of resources. The effects may be far reaching, since women's economic productivity and ability to support their children is diminished. UNICEF (2000) reported that, in many countries, women and girls, in an attempt to escape abject poverty, often have little choice but to migrate to other regions or countries to gain work as domestic servants.[11] This exposes them to additional risks, such as confinement/imprisonment by employers, isolation, physical and sexual assault or human trafficking and HIV/AIDS (Human Rights Watch, 2005a; Pinheiro, 2006) (See Box 35). In the case of young Filipino women, for example, evidence shows that having experienced sexual, physical or psychological violence by their families or partners in their country, some choose transnational migration and go to East Asia to work, some ending up as entertainers of American troops in locally based military bases in South Korea (Yea, 2008).

4. Violence in the community

School-based violence

Violence in schools takes many forms, from physical and sexual violence to psychological abuse. It includes bullying, corporal punishment, sexual abuse and verbal abuse, perpetrated by students, teachers or other school staff. This form of violence has significant detrimental impacts on the long-term physical, psychosocial and sexual health of the victims, and more direct negative effects on educational enrolment, attendance, attainment and health and safety overall. Research has shown that school-based violence is gendered, with girls and boys

experiencing it in different ways. For example, corporal punishment is perpetrated against both girls and boys, but is more severe among boys (UNICEF *et al.*, 2010). On the other hand, girls, especially adolescent girls, are more vulnerable to sexual violence and harassment perpetrated by male teachers and students. Each year, an estimated 150 million girls and 73 million boys across the world are subjected to sexual violence, and between 20 and 65 percent of schoolchildren report being verbally or physically bullied (Plan International, 2008a). According to a UNICEF and ActionAid 2006 study of schoolgirls in Malawi, 50 percent of girls who participated said that they had been touched in a sexual manner by either their teachers or their fellow schoolboys without permission (Amnesty International, 2008).

Disability significantly increases the risk of physical and sexual violence. The UN Study on Violence Against Children with Disabilities points out that their increased vulnerability is the combined result of their impairment and the stigma attached, making them unable to react or be believed (in Jones *et al.*, 2008). Indigenous, orphaned and refugee children, who tend to suffer from lower societal status, are also at greater risk of school violence (UNICEF *et al.*, 2010).

Violence in schools restricts girls' freedom of movement. The 'gendered geography' of school environments makes certain 'masculine' spaces (e.g. toilets, male-dominated staff rooms) effectively no go areas for girls, as they pose a threat to their physical integrity (Jones *et al.*, 2008). The journey to school can also be a perilous experience for girls, as they may fall prey to 'sugar daddies,' with whom they may be forced into risky transactional sexual relations. In Zimbabwean junior secondary schools, 50 percent of girls reported unsolicited sexual contact on the way to school by strangers, and 92 percent of girls reported being propositioned by older men (Amnesty International, 2008). Similarly, in El Salvador, girls who work as domestic servants are unable to attend school during regular hours and many attend night classes available in larger cities; girls have reported feeling threatened on their way to and from school at night, especially when the distance is long, and some stop going (Human Rights Watch, 2004).

This threat is exacerbated in situations of conflict, where children must pass military checkpoints or risk being abducted

by armed groups for combat, for trafficking or for sexual enslavement (see Box 36). In Afghanistan, the Taliban has led a violent campaign to deny children – particularly girls – their right to education. They have threatened students, attacked schoolgirls with acid, killed teachers and non-governmental organisation (NGO) staff and burned down schools. At least 172 violent attacks on schools took place in the first six months of 2006 (Amnesty International, 2010). In Iraq, parents are frightened of allowing their children to travel to school, and schools have been damaged and destroyed. School attendance between 2005 and 2006 dropped from 75 to 30 percent (Save the Children, 2009). Girls are at intensified risk of violence in educational settings in refugee camps during emergencies and violent conflict. In 2002, a groundbreaking report by the UN High Commissioner for Refugees (UNHCR) and Save the Children UK showed teachers exploiting their positions of authority over girls in camps in West Africa, offering good grades and other privileges in return for sex (Amnesty International, 2008).

Research suggests that discriminatory social attitudes, norms and value systems, and unequal power structures (mainly based on age and gender), underpin violence against girls in schools (Jones *et al.*, 2008). Gender discrimination thereby becomes embedded in the educational culture of patriarchal societies and manifests itself in the form of threats to the physical security of girls in schools. School-based violence reflects gender discrimination in society and is linked to gendered violence in the domestic and community spheres. Patterns of gendered socialisation serve to normalise and promote male violence and aggression and encourage female passivity or submission in educational settings. Stereotypical masculine and feminine identities may be reinforced through the content and delivery of education – for example, in the way teachers communicate with children, in the way they discipline children and expect them to behave and in educational materials (Jones *et al.*, 2008; UNICEF *et al.*, 2010).

In the latter case, gender discrimination in the curriculum can encourage and reinforce gender stereotypes. In Nicaragua, a conservative religiously motivated sex education module, known as 'catechism of sexuality,' entrenches gender stereotypes and gender roles (CLADEM, 2005, in Jones *et al.*,

Box 36: Links between general political violence and school sexual violence

In Colombia, with almost 50 years of continuing political violence, the impact on schools has been high, with school attacks, killings of teachers and abductions and recruitment of children. School violence in the form of bullying, corporal punishment and sexual abuse. A number of studies, which used extensive student data from all over Colombia, found higher levels of aggression among children and adolescents in municipalities with high levels of violent conflict. In such violent environments, students held strong beliefs justifying aggressive behaviours, such as 'one has to fight so that others won't think you are a coward' or 'sometimes you have to threaten others to get what you want' or 'you play me, you pay me.' Although verbal and physical aggression tends to be more common among boys, aggression through gossip, exclusion or other relevant forms is also evident among girls.

Source: Villar-Marquez (2010)

Democratic Republic of Congo, Goma, North Kivu. Survivors of sexual violence at a Caritas drop-in centre.

2008). In 2003, experts prepared a manual on adolescent sexual and reproductive rights, which was attacked by traditional conservative forces as encouraging the adoption of lifestyles challenging traditional and cultural values. The manual was then prohibited by authorities and the catechism of sexuality was approved, despite promoting gender discriminatory behaviours. School-based violence against girls is not only perpetuated by such educational approaches, but also serves to recreate and reinforce these highly gendered social institutions.

School-based violence against girls, particularly sexual violence, is again largely an under-recognised phenomenon. It is surrounded by stigma, fear and even tolerance or acceptance, which results in underreporting and underestimation (see Box 37). The dearth of reliable data on the prevalence, frequency and specific physical and psychological impacts of violence in schools, combined with a lack of adequate reporting systems, makes it difficult to present an accurate picture of the extent of the problem and the numbers involved (see UNICEF *et al.*, 2010). In South Asia and Islamic Southeast Asia, where cultural notions of family 'honour,' 'sexual purity' and 'shame' provide a framework for female socialisation, a girl is less likely to report sexual violence and is thus more susceptible to abuse (Jones *et al.*, 2008).

Box 37: Sexual violence in schools

'It happed to me when I was in BT1. The teacher of our main subject asked me to have sex with him and I refused. It was at the time of our exams. There were more than 70 students and he put me in last place. The school head called me and asked me what was going on. I burst into tears and said I couldn't tell him [...] eventually I said this man says he wants to have sex with me and as I didn't accept he has given me a bad mark. The head said nothing. And then in class, he (the teacher) said this year was not going to be easy and there would be some people who would fail. In any case I did not accept his offer. If I hadn't been trained as a peer educator, maybe I would have given in to him as many girls do' (15-year-old girl, Mali, in Castle and Diallo, 2008).

'After the war when I was 14 years old, my mother decided to send me back to school in Kolahan town. I had to drop out one year later. The 45-year-old teacher approached me and I became pregnant. I have a baby now but apart from my mother no one helps me take care of it. The teacher denies what happened and refuses to pay for the child' (17-year-old girl, Liberia, in Castle and Diallo, 2008).

School violence leaves girls vulnerable to chronic poverty but conversely poverty can also increase the risk of being subjected to gender-based violence in schools. For example, research suggests that girls living in poverty (particularly where money is scarce and education costly) are often forced to engage in risky transactional sexual relationships with teachers, school staff or 'sugar daddies' in order to support their education (Amnesty International, 2009; UNICEF *et al.*, 2010). Heightened risk of transactional sex was also detected in a monitoring initiative on the socioeconomic impacts of the 2007 to 2010 global recession in sub-Saharan Africa (see Hossain *et al.*, 2009).

Violence, or fear of violence, also contributes to parents' reluctance to send daughters to school and to the avoidance of schools by girls themselves. Gender-based violence in schools is correlated with increased truancy, higher drop-outs, poor educational attainment and low attendance. Research carried out in African, Asian and Caribbean countries shows that pregnancy resulting from sexual assault and coercion has often forced girls to drop out of school (Amnesty International, 2008).[12] In South Africa, victims who reported sexual violence were met with such hostility that they were forced to leave school for a period of time, change schools or drop out of school altogether. In Tanzania, more than 14,000 primary and secondary schoolgirls were expelled from schools between 2003 and 2006 because they were pregnant. Violence in education settings also undermines trust in authority figures. A survey by Plan on school violence among secondary school students, for example, revealed that none believed that their grades reflected the quality of their work (Taylor and Conrad, 2008).

According to Jones *et al.* (2008), 'The impacts of gender-based violence in school are multiple and overlapping.' As well as causing psychological trauma and physical harm, school-based violence entails detrimental consequences for a girl's educational, health, economic and social prospects. Sexual violence exposes girls to the risks of STIs, unwanted pregnancy, unsafe abortion and psychological trauma. Research suggests that it can also make them more vulnerable to risky sexual behaviour in later life (UNICEF *et al.*, 2010).

Finally, school-based violence also ultimately undermines economic growth and development. For instance, deprivation of education results in lower potential earnings and undermines the potential to contribute to economic growth through tax revenues in adulthood (see Pereznieto and Harper, 2010). A study carried out by Plan showed that, each year, Cameroon, Democratic Republic of Congo (DRC) and Nigeria lose $974 million, $301 million and $1,662 million, respectively, through failing to educate girls to the same standards as boys (Plan International, 2008b). A lack of girls' schooling costs the world's poorest countries billions of pounds and can further inhibit the ability of a country to recover from the global economic recession (Plan International, 2009).

Female genital mutilation/cutting

FGM/C 'comprises all procedures that involve the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.'[13] Performed predominantly on girls between the ages of 4 and 14, and in some contexts on infants, FGM/C is still largely conducted by traditional practitioners without anaesthesia, using scissors, razor blades or broken glass. It is estimated that in Africa, 92 million girls aged 10 and above have undergone FGM/C, and that up to 3 million girls in 28 countries of sub-Saharan Africa, Egypt and Sudan are at risk of being subjected to FGM/C annually (in UNICEF, 2005). Globally, WHO estimates that 100 to 140 million girls and women worldwide are currently circumcised.[14]

FGM/C is practised predominantly in countries along a belt stretching from Senegal in West Africa to Somalia in East Africa, and to Yemen in the Middle East. It is also practised in some parts of Southeast Asia, such as Indonesia and Malaysia, as well as by some immigrant communities in Europe and North America. The prevalence of FGM/C varies significantly between and within countries. Countries with a high estimated prevalence of FGM/C include Guinea (99 percent), Egypt (97 percent), Mali (92 percent), Sudan (90 percent), Eritrea (89 percent) and Ethiopia (80 percent) (UNICEF, 2008).

International agencies and many governments agree that FGM/C represents a serious violation of girls' human rights and physical security. An interagency statement by WHO and other international agencies and donors described FGM/C as a 'violation of the rights of the child […] [and the] health, security, and physical integrity of the person, the right to be free from torture and cruel, inhuman, or degrading treatment,

> **Girls living in poverty are often forced to engage in risky transactional sexual relationships in order to support their education.**
>
> *- Amnesty International (2009); UNICEF et al. (2010)*

> **In Africa, 92 million girls aged 10 and above have undergone FGM/C, and up to 3 million girls in 28 countries of sub-Saharan Africa, Egypt and Sudan are at risk of being subjected to FGM/C annually.**
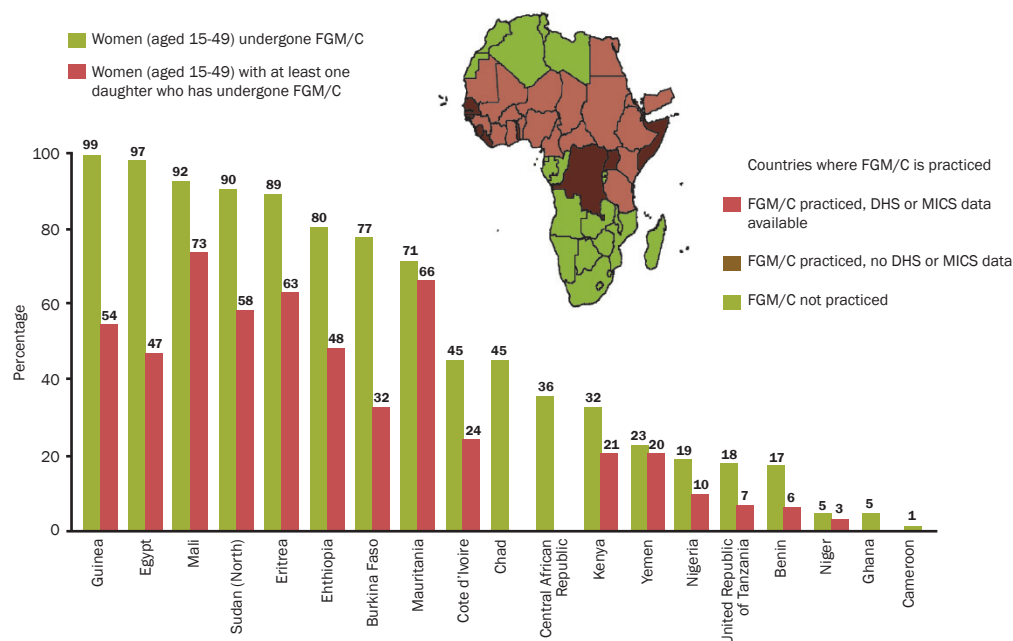>
> *- UNICEF (2005)*

and the right to life when the procedure results in death' (WHO *et al.,* 2008).

There are no recognised health benefits to FGM/C. It is a painful and often traumatic experience, which involves the unnecessary removal and mutilation of healthy female genital tissue for non-medical reasons. FGM/C is potentially life threatening and carries significant short- and long-term risks to a girl's physical, sexual and psychosocial health and well-being. Immediate health complications can include severe pain, shock, haemorrhage, tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue. Haemorrhage and infection can be so severe as to result in death.[15] Long-term consequences may

Figure 10: FGM/C in Africa and the Middle East

The prevalence of FGM/C among women and their daughters

Note: Data are from latest available years, 1996-2004. Adapted from UNICEF (2005). Changing a harmful social convention: Female genital mutilation/cutting. Innocenti Digest No.12, UNICEF Innocenti Research
Source: Pinheiro (2006)

include infertility, menstrual problems, an increased risk of childbirth complications (including prolonged and obstructed labour and the risk of haemorrhage and infection), newborn deaths (babies born to women who have undergone FGM/C are more likely to suffer a higher rate of neonatal death (WHO *et al.,* 2008)), recurring bladder and urinary tract infections, cysts, fistulas and the need for more surgery.[16] FGM/C also increases the risk of HIV infection, not only through the use of non-sterile instruments during the procedure but also through the increased likelihood of tissue laceration, loss of blood and tearing of the female genitalia during sexual intercourse. Ongoing consequences are ill-health and the inability to maintain a livelihood (e.g. Save the Children, 2004).

There is also a problem of increasing 'medicalisation' of FGM/C, which poses a challenge to efforts to eradicate the practice. This is where the performance of FGM/C has shifted from traditional practitioners to medical practitioners, and where it is carried out in health clinics and hospitals, using anaesthetics and surgical instruments. For example, in Egypt, 94 percent of daughters were found to have undergone FGM/C conducted by trained health personnel; this was the case for 79 percent of mothers. This shift has been attributed by some to early anti-FGM/C advocacy efforts that overemphasised the health consequences of the procedure, which led to the

misconception that medicalisation was a more 'benign' form of the practice (UNICEF, 2005).

The psychological implications for girls who have been subjected to FGM/C include anxiety, depression, problems arising from 'sexual dysfunction' and behavioural problems in children arising from losing trust in caregivers. As well as poor health outcomes, FGM/C can result in negative social outcomes, which carries important poverty implications. One of the most readily apparent linkages between poverty and FGM/C can be seen in relation to girls' increased risk of vesicovaginal fistula, a debilitating condition which can lead to community rejection. Attributed to FGM/C in 15 percent of cases, vesicovaginal fistula can cause incontinence and a stench that saps sufferers of their emotional, physical and social well-being.[17]

The practice of FGM/C is a manifestation of discriminatory social institutions and represents a severe form of physical insecurity. Despite efforts by governments, the international community and NGOs, this violation of physical integrity continues because a range of cultural, social and religious factors perpetuate its practice and it is defended on the grounds of 'tradition.' These societal traditions are built around ideas of what it means to be a 'proper' wife/woman, notions of 'femininity' and 'modesty,' aesthetics, hygiene,

Box 38: FGM/C is linked to understandings of adulthood and citizenship

In Kenya, female Member of Parliament Linah Kilimo, who had not undergone FGM/C as a girl, came face to face with the patriarchal forces that perpetuate the practice when she decided to run for public office many years later. Her opponents challenged her eligibility to hold a position in public office based on the grounds that she had not been circumcised. Although they claimed that 'only adults' could occupy such positions of responsibility, she went on to become a Minister in Kenya's National Rainbow Coalition government.

Source: IRIN (2005)

marriageability, religious piety, ethnic/cultural identity and female morality.[18] In many societies, FGM/C is a rite of passage into adulthood and involves coming of age rituals in which the whole community participates. FGM/C entails notions of ethnic and cultural identity and a sense of 'belonging' to a community, as well as what it means to be an adult and a proper woman or wife (see Box 38). For example, in Somalia, FGM/C is usually performed in adolescence and considered an important initiation into womanhood. It is shrouded in secrecy, and its pains, along with the pains of childbirth, must be endured to prove one's womanhood (World Bank and UNFPA, 2004). In Ethiopia, FGM/C and marriage are considered the two major events of a girl's life. Families come together and a great deal is spent on the event by the community (WOMANKIND Worldwide, 2007).

FGM/C is also founded on beliefs about preserving a girl's 'sexual purity' and virginity, as it supposedly 'tames' the libido of a girl and prevents her from engaging in illicit sexual relations before and after marriage. In addition, FGM/C is carried out in some societies for apparent aesthetic and hygiene reasons, as female body parts are considered 'ugly' or 'dirty,' and the removal of 'male' parts (e.g. the clitoris) is believed to signify cleanliness and beauty and to enhance sexual pleasure for a girl's future husband.

Given the importance of respecting and reproducing societal norms and practices for the survival of the community, girls who escape FGM/C and families (especially fathers as family heads) who decide not to circumcise their girls can be marginalised and stigmatised as deviating from long-lasting social rules and endangering the community's cohesion and survival. Community pressures are significant for girls and their families, and as a result mothers are often the primary actors responsible for their daughters' circumcision. Where girls have not submitted to FGM/C, they are often ostracised by the community (including family members) and rejected by potential spouses (see Box 39). Economic reasons are also involved: circumcisers, most often females, are able to access an important source of income and increased social status. Another economic factor closely linked to FGM/C is the offer of bride wealth.

5. Intensification of gender-based violence in conflict and post-conflict situations

Insecurity and the threat of violence faced by girls dramatically escalate in times of state fragility and armed conflict, which in turn drives and perpetuates chronic poverty (see Goodhand, 2003). Conflict also significantly changes gendered roles and relationships. Around 200 million girls are living in countries that are affected by armed conflict. Between 1998 and 2008, it is estimated that approximately 2 million children were killed, 6 million injured and more than 1 million orphaned or separated from their families as a result of conflict; over 250,000 children were associated with armed groups (in Plan International, 2008a). At the end of 2006, there were 32.9 million refugees and

Box 39: FGM/C and social status

In societies where FGM/C is practised, it is considered an essential 'rite of passage' into womanhood for a girl who becomes, in this way, a socially eligible marriage partner. Accordingly, parents are not willing to abandon the practice as they are afraid that their daughters are not going to get married (and become full members of their communities through marriage and childbirth) and that the whole family is going to be stigmatised. FGM/C assigns value to the girl and her family. Among the Chagga in Tanzania, the bride price for a circumcised girl is higher than for an uncircumcised one. In Sierra Leone, FGM/C has been a requirement in order to join the country's secret societies; failure to become a member has been regarded as equivalent to social exclusion. Uncircumcised women can also be more easily divorced by their husbands. Hence parents who uphold the tradition often do so out of what they perceive to be the best interests of their daughters, highlighting the power of this social convention in the eyes of its practitioners.

Source: UNICEF (2008)

internally displaced persons (IDPs) in the world – and a large percentage of these were women and children (ibid). Rape has been used systematically as a weapon of war in many conflict settings across the world, from Afghanistan, Chechnya and Sudan, to Liberia, Rwanda and Sierra Leone (see Box 40). Tens of thousands of women and girls were systematically raped during the war in Bosnia and Herzegovina between 1992 and 1995 (Amnesty International, 2009). In Rwanda, up to half a million women were raped during the 1994 genocide. In Sierra Leone, the number of incidents of war-related sexual violence among internally displaced women from 1991 to 2001 was as high as 64,000 (UNIFEM, 2010).

Girls also participate in the fighting forces of many countries across the world, recruited forcibly through abduction or enlisting 'voluntarily.' Around 100,000 girls make up the estimated 300,000 child soldiers in the world. Between 1990 and 2003, girls were part of militia, government, paramilitary and/or armed opposition forces in 55 countries, and were involved in armed conflicts in 38 of these (McKay and Mazurana, 2004). Mazurana *et al.*, (2002) estimated that girls represented between 30 and 40 percent of all child combatants in recent conflicts in Africa. Angola, Burundi, DRC, Eritrea, Ethiopia, Liberia, Libya, Mozambique, Nepal, Rwanda, Sierra Leone, Sri Lanka, Sudan and Uganda are just some of the countries in which girls were participants in rebel forces.

Girl combatants endure significant hardship, including the deprivation of food, health care, shelter and education. As a result, many girls became ill or disabled, or die. Many die during pregnancy or childbirth, often because of a lack of medical care and unsafe abortions in the bush (McKay, 2004). Multiple aspects of their roles in fighting forces, particularly relating to their sexual exploitation and domestic slavery, reflect gender discrimination embedded in the social institutions of a given society. The fact that women are socialised, expected and needed to perform such roles in peace as in wartime does not receive much attention (Bennett *et al.*, 1995). According to the needs of their group, girls often take on a multiplicity of roles in fighting forces, from domestic servant, cook, cleaner and porter, to sex slave or 'wife' of a male combatant, spy, fighter and suicide bomber.

Since the end of the Cold War, the nature and trajectory of violent conflict has undergone significant change, with important implications for its impact on girls. Conflict is now predominantly internal, taking place within countries and involving the state and various non-state actors. It lasts longer – often several years or even decades – and violence often continues after the official 'end' of fighting. Worryingly, the targeting of civilians has become a deliberate tactic of war, as opposed to an unfortunate side-effect. These changes have blurred the lines between civilians and combatants (Thompson, 2006). As well as increasing the risk of violence to girls, these changes have seen transformation in 'traditional' gender roles in some contexts. The overall result of the changing face of conflict is the increasing insecurity and vulnerability of girls to gendered violence, and the connected risk of falling into, and remaining mired in, chronic poverty traps well into adulthood. The threat of extreme violence and sexual exploitation becomes an everyday reality.

As conflict escalates, girls are often forced to give up their education, because of parents' concern about their safety or through displacement. Girls make up more than half of the 39 million children out of education living in countries affected by conflict (Plan International, 2008a). The intergenerational

---

Box 40: Conflict and the use of female bodies as a tactic of war

In today's armed conflicts, victims are much more likely to be civilians than soldiers: 70 percent of casualties in recent conflicts have been non-combatants and most of them women and children. 'Women's bodies have become part of the battleground for those who use terror as a tactic of war — they are raped, abducted, humiliated and made to undergo forced pregnancy, sexual abuse and slavery.'

The 1998 Rome Statute of the International Criminal Court (ICC) was the first treaty to expressly recognise this broad spectrum of sexual and gender-based violence as among the gravest breaches of international law. This was followed in October 2006 by the groundbreaking UN Security Council Resolution 1325 on Women, Peace and Security, which explicitly acknowledged the impact of conflict on women and girls and stressed the need to address their particular needs and to promote their participation in all peace-building activities with a focus on four specific areas: women and the peace process, security of women, gender and peacekeeping operations and gender mainstreaming within the UN.

Systematic rape in war has different functions. In Darfur, Rwanda and the former Yugoslavia, it was used as a weapon of ethnic cleansing, but this was not the case in DRC, Liberia or Sierra Leone. According to some studies focusing on the political economy of post-Cold War conflicts, given women's multiple roles in armed groups, sexual abuse is also a deliberate strategy to control and exploit women's assets and mainly their labour. In the recent conflict in the Kivus in DRC, paramilitary forces have attacked villages and abducted young women, whom they systematically raped and then used as forced labourers in the mines.

Source: Rehn and Johnson-Sirleaf (2002); Turshen (2001); UNIFEM (2010)

Uganda. Grace was abucted by the LRA during the war between government forces and the LRA.

poverty implications are illustrated in the words of a 14-year-old Kurdish girl: 'I don't have a future … I can't write and I can't read. But if I had the opportunity to read and write and be a student, I would want to learn to be a teacher – to teach the next generation. I would like to send my children to school, even in wartime and in difficult times' (ibid).

> **Rape has been used systematically as a weapon of war in many conflict settings across the world, to exert power and social control, to redraw ethnic boundaries and to wipe out opposing communities.**

Increasing conflict, and the poverty it often engenders, may require girls to take on new responsibilities and work in the home. For example, if their parents are killed or engaged in fighting, girls may find themselves having to run the household, take on care responsibilities for other family members or contribute to the household economy. Being forced to make a living in times of conflict exposes a girl to significant physical insecurity. She may be forced into commercial sex, join an armed force or engage in unsafe paid work (Plan International, 2008a). Instability and poverty may also see girls being forced into early marriage for economic or security reasons, which is correlated with poor health and education and low self-esteem (see Chapter 1 on Discriminatory Family Codes). Poverty, displacement and the breakdown of traditional structures of family and community support further increase the risk of girls being targets of sexual violence, torture, trafficking and/ or sexual slavery or abduction for recruitment to a fighting force. For example, a 1999 government survey carried out in Sierra Leone found that girls under 15 made up 37 percent of the country's sex workers, and over 80 percent of these children were unaccompanied children or children displaced by war (Hyder and Mac Veigh, 2007).

Gender-based violence in post-conflict settings

In the immediate aftermath of conflict, 'the transition from war to peace emerges as a critical moment in the shifting terrain of gender power,' and girls and women can soon see any gains from having fought side by side with men diminishing (Meintjes, 2001). Violence against women is very common during this period, owing to poverty and frustration, availability of weapons, a culture of impunity and the normalisation of violence (Baksh et al., 2005). Increased levels of post-

Box 41: The abusive peacekeeper

The presence of international well-paid and largely male staff in impoverished post-conflict settings creates peacekeeping economies and commercial sex industries. In both Sierra Leone and DRC, the creation of international military bases has resulted in high levels of prostitution for local girls and women as their only survival option (Higate, 2004). In some post-conflict settings, not only military but also humanitarian personnel have abused girls and women. For the first time in 2002, a Save the Children Report revealed the ugly truth in Guinea, Liberia and Sierra Leone (Naik, 2002)[19] and the situation in Côte d'Ivoire, Haiti and Southern Sudan, in both urban and rural settings: many incidences of forced sex were perpetrated by peacekeepers and aid workers against children; many children also traded sex in exchange for money, food, soap or luxury items such as mobile phones. Other experiences include (see Save the Children, 2008): the UN mission in Cambodia in 1992 to 1993, which raised the number of prostitutes (children included) from 6,000 to 25,000; the involvement of peacekeeping forces in Bosnia and Herzegovina in trafficking of women and girls; separate abuse of minors by international peacekeepers in Eritrea in 2003; and peacekeepers exchanging food and other items for sexual favours from local women and girls in DRC in 2004.[20] Fear of negative economic consequences and of retaliation, resignation and powerlessness, lack of faith in justice and lack of access to legal services make people unwilling to report all these cases.

conflict economic insecurity have also been linked to increased levels of forced prostitution and trafficking, particularly in settings with a strong presence of peacekeeping forces (Mazurana *et al.*, 2005) (see Box 41).

Similarly, girls' roles in conflict are often ignored in post-conflict reconstruction and rehabilitation programming, leading to the marginalisation of girls and women during this critical period. Despite the growing and unavoidable recognition of the involvement of girls and women in armed conflict, there also exists a sense of denial, silence and stigma surrounding girl soldiers. The roots of this invisibility lie in gendered stereotypes whereby women are not seen as fighters. For example, in Sierra Leone, relatively few girls participated in disarmament, demobilisation and reintegration (DDR) programmes, because the framework did not recognise women as combatants but as sex slaves, wives or camp followers (McKay, 2004). Also, many girls choose not to go through the process, fearing further stigmatisation and marginalisation in their communities if they are identified as having transgressed societal boundaries and traditional gender stereotypes.

Research shows that girls must grapple with daunting challenges to their physical and psychosocial recovery as a result of their experiences in armed groups. Post-conflict,

> **'I don't have a future... I can't write and I can't read. But if I had the opportunity to read and write and be a student, I would want to learn to be a teacher – to teach the next generation. I would like to send my children to school, even in wartime and in difficult times'**
>
> *- 14 year old Kurdish girl in Plan International (2008a)*

girls must often bear 'a secondary force of victimisation' in the form of social and economic marginalisation, as well as continuing threats to their health and security (Denov, 2008; McKay, 2004). Girl combatants often face stigma, harassment and ostracism on their return and find it extremely difficult to reintegrate, an experience made harder if their parents have been killed and their communities destroyed. Communities that place value on sexual purity consider them to be 'spoiled goods,' and girls are often subject to assault by males from within the community (McKay, 2004). The presence of babies conceived during wartime is cause for further harassment, and sometimes outright rejection by communities.

Girls are particularly vulnerable to chronic poverty on their return. They generally come back to conditions of impoverishment, with infrastructure, local economies and sometimes entire communities destroyed. Medical and sexual reproductive health services and other basic services they desperately need, such as education and psychological support, are often not available to them (Save the Children, 2005). In the face of rejection from the community, and having missed out on educational opportunities, many former girl combatants are forced into prostitution or begging for survival. In DRC, returning girls were regarded as being without value and their families as being without honour. Girls reported that their communities were afraid that they were agents of disease, that they had developed 'a military mentality' dangerous for the community and that they were a negative role model and could corrupt other girls. Girls returning with babies faced additional stigma, and their babies were considered to be future rebels and community enemies (Save the Children, 2005). Box 42 gives excerpts from an interview with a returning girl combatant in Sierra Leone that highlights the risk of such girls sliding into chronic poverty and passing their poverty status on to their children.

Box 42: The story of a girl combatant in Sierra Leone

In Sierra Leone, an estimated 80 percent of children attached to various armed groups were between 7 and 14 years. Isata was born in northern Sierra Leone, and prior to the war she lived in what she refers to as a 'big village.' She was the daughter of farmers. When Isata was nine years old the Revolutionary United Front (RUF) attacked her community and abducted her.

'After my abduction I was in total fear and I thought I would die at any time. I wondered if I would ever see my parents again. The only thing I was thinking about was where my family was and how I could get to them. [But] the moment you are captured you automatically become part of them.'

Isata was gang-raped by several RUF members soon after she was abducted. This was the beginning of repeated sexual violence against her until she eventually became the 'wife' of a powerful male rebel commander. As she related, submission to sexual assault was a way to stay alive. Isata regarded her 'marriage' to the commander as a lesser of two evils, as it provided her with a degree of protection.

'For my very survival, I gave myself up and I was ready for [coerced sex] at all times. This was until a commander took me as his own and decided to have me as a permanent partner. He then protected me against others and continued to rape me alone but less frequently. He never allowed others to use me.'

Besides being an object of sexual gratification, Isata was also forced to take on multiple roles that included cooking and washing and carrying weaponry and ammunition. After about a year with the RUF, she was provided with tactical and weaponry training and cajoled into becoming a combatant.

'I was trained how to use the gun and to dismantle a gun quickly and how to set an ambush [...] We were told to fire on people above the waist. This would ensure they would die. If we just wanted to intimidate people and not kill them, we were trained to point the gun in the air.'

Isata's gradual adaptation to the RUF's militarised environment engendered feelings of self-confidence and pride. As time progressed, her world entailed routine killing and mutilation of victims, sustained through indoctrination, forced ingestion of alcohol and drugs immediately prior to conflict and desensitisation tactics (e.g. celebratory singing and dancing after battles). At 13, Isata became pregnant by her 'husband,' who abandoned her when he learned about the pregnancy. Soon after, Isata's affiliation with the RUF abruptly ended when she and several other children were found by UN troops and taken to a camp. This sudden shift in circumstances – from the strict militarised system of the RUF to a transitional camp and encouragement to learn a new 'civilian' trade – was not easy. Isata was again compelled to begin an unsettling process of transition and adaptation to a completely different social context. Although benefiting from temporary shelter, skills training and a small amount of financial support, she found it difficult to shed her role as a child soldier. Her reticence to cast off her military identity and her acquired sense of power was evident in her actions in the camp. Maintaining her persona as a leader of child soldiers in the camp, she was elected 'head girl' – a position of coordination and responsibility that enabled her to exercise control over other girls. When she and several other former combatants did not receive their financial rewards on time, they organised a violent attack.

Isata's time in the camp was short-lived, and after several weeks she found herself alone in Freetown, still pregnant and struggling to adjust to completely new circumstances over which she had no control. She was overcome by fear of stigmatisation and condemnation by those who might learn of her past life as an RUF combatant. Gradually, Isata began to be haunted by her past actions in the RUF, and feelings of fear, guilt and loss began to torment her.

'The war was no use to my life – it only set me back. I don't know how to start over [...] I often think about some of the bad things that I did and I always pray and ask God for forgiveness [...] I'm shy to meet people as a result – I always keep to myself. I'm afraid that people will find out that I'm a former combatant and they will take revenge on me.'

Soon after her baby was born, with no means to support herself, she warily agreed to stay at the residence of a local NGO worker whom she had met at the camp and who encouraged her to move in with him and his wife. Yet shortly afterwards, the man began to sexually abuse Isata. This led to another pregnancy and he demanded that she leave his home. Not knowing the whereabouts of her parents or extended family since her initial abduction as a small child, at the time of her last interview in 2003 Isata had no permanent residence and was dependent on a network of supportive people to care for herself and her two small children. She expressed hope that one day she would find work as a hairdresser or food retailer, and that in the near future she could reconnect with her community.

Source: Denov and Maclure (2007)

Box 43: Localising international commitments

The African Union's Solemn Declaration on Gender Equality in Africa and its Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa have made a significant contribution to efforts to eliminate FGM/C in the region. The UN Secretary-General's Study on Violence Against Women in 2006 reported that 15 of the 28 African states where FGM/C is prevalent have enacted laws criminalising it, and two of the nine Asian and Arabian Peninsula states where FGM/C is prevalent have also enacted legal measures prohibiting it. Other countries with large migrant populations that traditionally practise FGM/C have also passed laws to criminalise FGM/C (e.g. Australia, Belgium, Canada, UK and US).

In other contexts, CEDAW has been used as a basis for strengthening women's legal rights. For example, in 1999, the Indian Supreme Court drew on CEDAW alongside the national Constitution to compose national guidelines on sexual harassment, after local police failed to investigate the rape of a social worker.[21] Similarly, the 2007 Thai Constitution includes a clause that women are to be protected from violence, with rehabilitation services provided by the state. In Morocco, changes to the Family Code in 2004 have drawn on CEDAW to give women greater equality within marriage and to introduce the concept of shared responsibility between spouses. Changes to the penal code have also been introduced which criminalise violence against a spouse.

Source: www.unifem.org/cedaw30/success_stories/

6. Addressing physical insecurity: Promising policies and programmes

Eliminating violence against girls and transforming discriminatory social institutions that support it requires a holistic, context-sensitive and multipronged approach. In this section, we discuss promising practices involving measures which focus on 1) changes in legislation and its enforcement, 2) community awareness, 3) policy advocacy and 4) female empowerment.

Legal reform and enforcement

At the international level, the Universal Declaration of Human Rights (1948), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), the UN Convention on the Rights of the Child (UNCRC) (1989) and the Beijing Platform of Action (1995) provide important frameworks for protecting girls from violence. It is critical that these are in turn enshrined in strong regional and national frameworks, in order to highlight the responsibility of the state to alleviate gender discrimination and violence against girls (see Box 43). Establishing legislation that criminalises gender-based violence is an important first step in tackling the culture of silence, tolerance and impunity for perpetrators that is all too common.

However, while many countries across the world have signed up to international human rights treaties and protocols, and some have passed laws criminalising gender-based violence, there are significant shortcomings in implementation and enforcement at the national level in many contexts (UNFPA, 2007). Part of the challenge lies in the misalignment between customary law and international human rights standards (as discussed in Chapter 1 on Discriminatory Family

Codes). States must send out a clear message that gender-based violence is not a 'private affair' but a violation of human rights, for which perpetrators will be held accountable. As such, tackling the invisibility of violence against girls requires strong reporting mechanisms and data collection systems, and for gender-sensitive regulations to be put in place. In this regard, dedicated police units with officers trained in investigating sexual offences, combined with counselling services, can encourage reporting and prosecution of offences (UNICEF, 2000b).[22] In Jamaica, for instance, Sexual Offences Investigation Units have been established in each parish. As well as providing health care, these centres record victim statements and support victims in attending court (Amnesty International, 2006). Malaysia has established one-stop crisis centres at hospitals to provide integrated victim support services, including police reporting, medical treatment and counselling, and this model is now being replicated in parts of Asia and in South Africa.[23]

Local NGOs and women's groups have also played an important role in supporting the implementation of policies and legislation, through awareness raising and training for public officials (see Box 44). Women's groups in Albania and India, for instance, have put in place telephone hotlines for domestic abuse and coordinated the work of NGOs, health care providers and the police and armed forces in dealing with violence against women (Desai, 2010). Helplines have also been used as a means to enable children to report violence they experience within the household and to offer them assistance. Pinheiro (2006) points out the importance of helplines for child domestic workers in child labour elimination efforts. The Kasambahay (domestic worker) helpline programme in the Philippines, for example, receives reports of abuse and offers assistance to victims and provides effective shelter and information services to children at risk, especially domestic workers and victims of trafficking (UNICEF, 2009).

Box 44: Sensitising authorities to gender-based violence

The Tanzania Media Women's Association ran a media campaign in 1998 using radio, television and multimedia to support the enactment of the Sexual Offences Special Provision Act, a law criminalising FGM/C. The campaign also worked with other NGOs and theatre artists and produced education materials, information kits and an information website to raise awareness and disseminate information.

Partially in response to the advocacy efforts of gender-based violence movements, the UN introduced the first female peacekeeping unit in 2007 in Liberia. Acknowledging the problems with male peacekeeping forces in fragile post-conflict settings, in January 2007 103 female peacekeepers from India arrived to work towards stabilising the social order, combating high levels of sexual abuse in the capital and operating as role models for local women to join a UN training programme for female police officers.

Source: UNICEF (2008); http://news.bbc.co.uk/1/hi/world/africa/6316387.stm

Box 45: Reshaping masculinities

A growing number of initiatives aimed at tackling gender-based violence are focusing on reshaping traditional masculinities, especially among young men who are at greater risk of HIV and STIs and more likely to perpetrate sexual abuse against young women, as the following examples highlight.

Program H ('homens' is 'men' in Portuguese), has been adapted to the Indian context and piloted with young low-income men in Mumbai through the collaboration of the Horizons Programme, Brazilian NGO Instituto Promundo and Indian NGO Coro for Literacy. Given that India has the second largest population of HIV/AIDS globally, and that young people aged 15 to 24 account for 37 percent of those who are HIV positive, tackling traditional gender norms and aggressive masculinity is critical to reducing risks among both young men and young women. The Mumbai programme, Yaari-Dosti ('Friendship/Bonding between Men'), seeks to challenge and change attitudes towards gender relations, reproductive health, condom use and partner, family and community violence. The programme's aim is to reduce young men's HIV risk and violence against women by promoting a model of a 'gender-equitable man' – one who supports relationships based on equality and respect, engages in household and child care activities, shares responsibility for reproductive health and opposes partner violence and homophobia. The pilot evaluation found that, compared with the initial 36 percent, only 9 percent of men continued to believe that a woman should tolerate violence; only 3 percent agreed that beating a wife who refuses sex was a male right (initially 28 percent); only 35 percent continued to believe that child care was a maternal responsibility (63 percent); and only 11 percent said that a man should have the final word in household decisions (24 percent). Sexual harassment of girls had declined considerably, and violence against partners had also declined, from 51 to 39 percent (Verma *et al.*, 2006).

A Family Planning Association Bangladesh programme in impoverished Comilla district is educating local men about women's rights, illustrating how violent behaviour is transmitted across the generations. According to one male participant: 'I realised through the training that when I stopped my wife from going outside alone, didn't provide enough food, or was abusive to her, all were acts of violence [...] it will never happen again.' The United Kingdom (UK) Department for International Development (DFID)- funded project also raises awareness of domestic violence among women through the use of peer educators chosen from communities. Legal representation is offered to abused women and training and loans are also provided to help women set up small businesses and achieve economic independence and greater bargaining power within the household. One woman, married at 13 to a man of 32, states: 'I was abused every day [...] but I was too scared to protest. Then I took a loan and set up a poultry farm. Once my husband saw me earning, he started respecting me more. Now my husband says: "She's independent – I can't do anything to her!"' So far, the programme has contributed to lower levels of domestic violence, prosecution of husbands who have attacked their wives and greater female confidence, independence and respect within these communities.

Ethiopia's Addis Birhan ('New Light') also aims to reshape male attitudes. Run by the Ministry of Youth and Sports, the Amhara Regional Bureau of Youth and Sports and the Population Council, it uses a discussion group approach targeted at married men in more than 100 rural villages. Over a period of three months, trained male mentors hold weekly meetings at community level with groups of 25 to 30 men. Young men are given information and hold dialogues on gender relationships, caring for children and family, sexual and reproductive health, HIV/AIDS and domestic violence. Participants report that the meetings have enabled more open discussions at home and have helped them change their thinking on gender norms. The first survey undertaken among husbands and married adolescent girls showed considerable improvements in gender relations and increased male involvement in household tasks and support vis-à-vis wives within the household.

Source: www.dfid.gov.uk/Media-Room/Case-Studies/2010/Bangladesh-abuse/; Erulkar and Alemayehu (2009)

Awareness raising and education

Tackling discrimination that is deeply ingrained in social institutions requires broad community involvement. Working with men and boys can be especially important to tackle cultural norms and practices that sanction aggressive masculinities (Box 45 and Chapter 5 on Restricted Civil Liberties).

Other initiatives focus on working with young women and girls themselves so as to promote attitudinal and behavioural changes. Promising practices pay particular attention to raising female awareness about reproductive health services, sexuality and contraception options (see Box 46).

Awareness raising and community education efforts that seek to involve village and religious leaders are also important. In efforts to combat FGM/C, for example, some initiatives have focused on providing alternative livelihood options to traditional excisors. Ethiopia's Lay Down the Blade programme offered practitioners training and skills development. Despite concerns that non-excisors had enrolled in the programme, this intervention nevertheless highlights the possibility of recognising, and tackling linkages between physical insecurity and chronic poverty (WHO, 1999). Other promising practices have sought to promote alternative cultural rites rather than simply banning FGM/C. Because of the cultural and symbolic importance that such practices often have for communities, initiatives that recognise the need for shared social rites and propose new forms of rituals are often more effective (see Box 47).

Policy advocacy

Women have mobilised globally to make violence against girls and women visible, paying particular attention to securing commitments to undertake relevant legal and policy

---

Box 46: Reaching girls affected by war through reproductive health services

Empowering Adolescents and Young Girls Affected by the War through Reproductive Health Services, HIV/AIDS Prevention and Reintegration Opportunities in Sierra Leone involves the UN Population Fund (UNFPA) and partners including government ministries, the WHO, the UN Development Programme (UNDP) and the UN Educational, Scientific and Cultural Organization (UNESCO). The project targets women between the ages of 15 and 38 who have been abducted or suffered violence at the hands of combatants in the war. Some 2,300 girls have been reached, including widows, sex workers, single mothers and people living with HIV. The project provides behaviour change, skills and communication education to enable girls to make choices, while capacity building helps them regain self-esteem. Children of participants receive health care and education alongside access to a safe play area, and partners receive condom supplies and HIV awareness training. The project has also had community-wide benefits as awareness of gender issues has increased, evidenced by a drop in gender-based violence and forced early marriage. Girls who become pregnant are now encouraged to join the programme once they have given birth, rather than being excluded from education.

Source: UNFPA (2007)

Box 47: Circumcision with words

FGM/C has been practised in over half the districts of Kenya as a rite of passage for adolescent girls and an opportunity for community celebration and reaffirmation of social ties; it has also been a prerequisite for marriage. Since 1993, a women's local NGO, called Maendeleo Ya Wanawake Organisation, has run community sensitisation campaigns emphasising women's rights, disseminating educational material and identifying and training community members, usually young women, to become peer educators to advocate against FGM/C. Realising that girls and families were reluctant to stop practising FGM/C and break the long-lasting community rituals that accompanied it, the programme developed an alternative ritual in accordance with the specific cultural context but excluding genital cutting. The first alternative ceremony took place in 1996: 29 girls were secluded and received week-long training not simply on their traditional responsibilities as adult women but also on sexual and reproductive health, HIV/AIDS, marriage, the harmful consequences of FGM/C and gender empowerment. During their seclusion, the girls prepared songs, dances and drama for 'a circumcision with words and not the knife.' A final public celebration conferred traditional gifts on the girls along with a booklet containing communal wisdom to guide their lives. The girls presented their songs and dances and publicly pronounced the abandonment of FGM/C in the presence of government and religious leaders, who were invited to give speeches. The mothers of these first girls created a support group and started disseminating the alternative rite. At both community and individual household level, this new rite was replicated as a means of introducing girls to adulthood in a less painful way. By 2001, more than 5,000 programmes were running throughout the country, and 30 alternative rite of passage ceremonies. Given the close relation between FGM/C and marriage, the programme also intentionally targeted young men and informed them of the harmful effects of the practice on women's health and sexuality.

Source: Chege et al. (2001); World Bank/UNFPA (2004)

reforms and to empower women and girls to claim their rights. Although CEDAW does not focus on gender-based violence (except for Article 6), the Committee on the Elimination of Discrimination Against Women's 1992 Recommendation No. 19 is considered to be one of the most significant and influential international documents on violence against women, defining gender-based violence as a form of discrimination 'that is directed against a woman because she is a woman or that affects women disproportionately' (and) 'which impairs or nullifies the enjoyment by women of human rights and fundamental freedoms' (see Bouta *et. al.*, 2005). Thanks in large part to the efforts of civil society gender equality champions, the Vienna Declaration and Programme of Action in 1993 also recognised women's and girls' human rights as 'an inalienable, integral and indivisible part of universal human rights,' and this was backed up by the appointment in 1994 of the first UN Special Rapporteur on Violence against Women, whose mandate was to document and analyse the causes and consequences of violence against women globally as well as to hold governments accountable for violating women's human rights. The 1995 Beijing Platform for Action also included violence against women as one of its critical areas of concern (Critical Area D), calling on governments to take concrete measures 'to prevent and eliminate all forms of violence against women and girls.'

In response to ongoing activist activities, many regions have developed their own conventions on violence against women, such as the African Charter on Human and People's Rights and its Additional Protocol on Women's Rights (2003) and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, also known as the Convention of Belem do Para (1994) (UNICEF, 2000a). Most recently, in March 2010, echoing the increasing emphasis on the impact of conflicts on women and girls and

UN Security Council Resolution 1325 on Women, Peace and Security (2000), the Secretary-General appointed a Special Representative on Sexual Violence in Conflict.

Global advocacy efforts have also successfully secured a number of commitments focusing on gender-based violence against children (see Box 48). The UNCRC acknowledges that children have the right to protection 'from all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has care of the child' (Article 19). In 2000, two Optional Protocols were adopted by the UN General Assembly: on the Involvement of Children in Armed Conflict and on the Sale of Children, Child Prostitution and Child Pornography. In 2006, the groundbreaking Report of the Independent Expert for the United Nations Study on Violence Against Children recommended the establishment of a Special Representative to the Secretary-General on Violence Against Children, with the post first filled in 2009 in accordance with UN Resolution 62/141.

Measures promoting empowerment and participation

Empowerment initiatives are another important approach to tackling gender-based violence. These include a range of approaches, from those aimed at enhancing girls' self-confidence to efforts to strengthen their access to services and income-generating opportunities. The former seek to tackle deeply engrained socio-cultural attitudes about female inferiority and voicelessness, and in this way to contribute to undermining socially sanctioned gender-based violence. A number of African women's NGOs, for example, in recognition of the ways that girls and young women are often

---

Box 48: Ensuring school is a place of learning, not violence

ActionAid's Stop Violence Against Girls in School project was launched in 2008, as was Plan's Learn without Fear Campaign. Both international campaigns have used a combined approach consisting of community-level initiatives, research and advocacy to improve girls' educational access and achievement, with girls' empowerment placed at the heart to secure transformation of gender relations in schools and communities.

ActionAid reports that, according to available data, overall violence against girls by teachers, peers and family members has been reduced by 50 percent in the intervention areas; enrolment of girls has increased by 22 percent; girls' dropout has declined by 20 percent; and 14,000 girls in these areas state that they are confident to challenge school-based violence.

Evidence from Plan's campaign suggests that, to date, there has been a range of positive impacts, including for example: the adoption of a Children's Code in Togo, with provisions barring a range of violent behaviours in schools; the launch of a free 24-hour telephone helpline in Kenya, providing both preventative and support services through referrals and school outreach services; and the adoption of a new school curriculum, the Step by Step Manual Towards School Coexistence and Student Participation, on peaceful values in El Salvador.

Source: ActionAid (2010); Plan International (2008a)

Box 49: Let Us Speak Out

Tuseme ('Let Us Speak Out'), the Forum for African Women Educationalists (FAWE)'s flagship empowerment programme, uses theatre for development techniques to address barriers to girls' social and academic development. Tuseme trains girls to identify and understand the problems that affect them, articulate these and take action to solve them. Through drama, singing and other creative means, girls are provided with negotiation skills, self-confidence and decision-making and leadership skills, and taught how to speak out. Tuseme was initiated at the University of Dar es Salaam, Tanzania, in 1996 and enhanced by FAWE with gender in education and life skills components. The model has been introduced in Burkina Faso, Chad, Ethiopia, the Gambia, Guinea, Kenya, Malawi, Mali, Mozambique, Namibia, Rwanda, Senegal, Tanzania, Zambia and Zimbabwe. Among the positive outcomes cited by FAWE are improved self-esteem, enhanced leadership, social and life skills, positive attitudinal changes of teachers towards girls and a reduction in sexual harassment. It is estimated that 80,000 girls and boys have benefited from Tuseme training.

The Biruf Tesfa ('Bright Future') programme in urban Ethiopia aims to help adolescent female domestic workers to break out of exclusion and abuse. Ethiopian women and girls in urban centres are very vulnerable to sexual violence and HIV/AIDS, especially as girls who migrate to cities in search of employment are less well-informed, at higher risk of sexual abuse and less prepared to avoid abusive situations. Since 2006, the Ethiopian Ministry of Youth, Sports and Culture, the Population Council and a number of local partners have targeted out-of-school girls aged 10 to 19 who live in urban slums and are rural-urban migrants, domestic servants and orphans, with the aims of: breaking their isolation; providing them with basic literacy, sexual and reproductive health knowledge and networks of participation and support; and offering them the human and social capital to protect themselves and to gradually move into safer and better paid employment. Trained mentors visit house to house and enlist all household members, including taking their sex, age and schooling status. They follow up on girls enrolled in the programme and often have to negotiate their participation with their employer, who often does not want to let girls out of the house. They are also offered basic health screenings at local government clinics and medical care free of charge. By December 2009, it was estimated that over 17,000 girls, mostly domestic workers, had benefited from the Biruh Tesfa programme in the five urban centres. Participant girls have been able to break out of their isolation, make friends, access information and support and reduce their vulnerability to sexual violence: 'After I started this program, I learned how to protect myself from violence and what to do if I am victimized. I think that if I had attended this program earlier, I may not have been raped by that person and become pregnant.'

Source: www.fawe.org/activities/interventions/tuseme/index.php; Erulkar and Ferede (2009)

Box 50: Demobilising girl combatants – the Liberian case

In 2003, following the end of 14 years of conflict in Liberia, UN Security Council Resolution 1509 provided the guidelines for the peace-building process: it established a peacekeeping force, asked for a DDR programme with 'particular attention to the special needs of child combatants and women' and, in accordance with the groundbreaking Resolution 1325, reaffirmed 'the importance of a gender perspective in peacekeeping operations and post-conflict peace-building' (Para 3(f)).

At the end of 2004, when the disarmament and demobilisation processes were complete, 22,000 of the more than 103,000 participating ex-combatants were women and 2,740 were girls. However, this was only a small fraction of the overall number of women and girls who actually participated in the conflict: many chose not to participate in DDR for fear of stigmatisation, others were misinformed and others were manipulated by their commanders, who denied the existence of child soldiers. Nevertheless, a study of the programme stressed that girls accounted for 30 percent of demobilised children in Liberia, which compared favourably with only 8 percent in neighbouring Sierra Leone and must thus be counted a success.

UNICEF coordinated the process for under-18s and was actively involved in raising girls' awareness about DDR and encouraging them to participate. There were 29 Interim Care Centres all over the country and children were offered sex-segregated shelter, health services, counselling, life skills training and recreational activities. Family tracing and reunification services were also offered by the Red Cross. When the centres closed, 90 percent of the children had already returned to their communities. In areas lacking infrastructure and resources to create a centre, drop-in centres were created, offering children support and psychosocial care. Overall, the centres 'were impressive for the comprehensive nature of their efforts to address the needs of the child ex-combatants and, in their provision of gender-specific and age-appropriate programme activities, their compliance with Security Council Resolution 1325 was readily apparent.'

Source: Delap (2005); Hanson (2007); Human Rights Watch (2005b); Williamson and Carter (2005)

socialised to be submissive to their male counterparts in many communities, work to transform gender relationships through the participation of girls in schools and communities (see Box 49).

In post-conflict settings, although children, and especially girls, are often invisible in DDR initiatives, gender equality champions are slowly succeeding at ensuring that greater attention is paid to addressing the specific vulnerabilities of girls (see Box 50).

Overcoming barriers to service access is another critical approach aimed at empowerment, and is especially important in post-conflict contexts. Initiatives aimed at addressing girls' marginalisation in the post-conflict context include efforts to promote their access to basic services (e.g. education), develop their skills and reintegrate them into the community. Initiatives enabling girls to access basic support services and the abolition of user fees (particularly for reproductive health, psychosocial support and education services) are crucial for girls who have been subjected to gender-based violence. In Sierra Leone and Uganda, traditional rituals have been used in some areas to welcome former girl soldiers back into their communities. It has been argued by some that safe rituals which respect the human rights of girls could facilitate psychosocial healing (McKay, 2004). The International Rescue Committee (IRC) has introduced female classroom assistants into refugee camps in West Africa and given them specific responsibility to a create girl-friendly learning environment (see Amnesty International, 2008). Similarly, the UN Trust Fund to Eliminate Violence against Women supported a project to train female ex-combatants in Rwanda, many of whom had been victims of sexual violence during the armed conflict, on women's human rights and violence against women. The training provided participants with a safe space to speak about their experiences of violence and trauma. It also empowered them to play a leading role in the fight against sexual violence and HIV/AIDS in their communities (UNIFEM, 2010).

Another critical empowerment approach is to tackle the income poverty that renders so many girls and young women vulnerable to violence and exploitation. For instance, a study by the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) found that microfinance-based structural interventions, combined with training, are possible and can reduce levels of intimate partner violence and HIV infection. Conducted in South Africa's rural and poverty-stricken Limpopo province between 2001 and 2005, IMAGE's study provided poverty-focused microfinance as well as gender and HIV education to an intervention group of women in the poorest communities, including a cohort of 14 to 35 year olds. Women's 'household economic well-being, social capital, and empowerment' were found to have improved through this

> **Only a small fraction of the overall number of women and girls who actually participated in the Liberia conflict were included in the DDR process: many chose not to participate for fear of stigmatisation, others were misinformed and others were manipulated by their commanders, who denied the existence of child soldiers.**

intervention, hence reducing vulnerability to intimate partner violence. In the intervention group, intimate partner violence was reduced by 55 percent (Pronyk *et al.*, 2006).

7. Lessons learnt and policy implications

Changing deep-seated behaviours, beliefs and perceptions that underpin girls' physical insecurity is challenging, and represents a responsibility that governments are sometimes reluctant to fully undertake, for fear of upsetting the sensitivities of their constituents by 'meddling' in their 'private affairs.' Political will, backed by adequate resources, is fundamentally important, as is encouraging participation and support among community leaders, men/boys and women/girls. In particular, social change initiatives need to focus on the following:

- Strengthening legal reform on gender-based violence so that it adequately covers vulnerability to violence in all spheres (the family, schools, workplace, communities) and especially its implementation;

- Enlisting boys and men as partners in tackling gender-based violence and developing programmes to address ideologies of masculinity favouring violence;

- Investing in psychosocial and economic empowerment programmes for girls in order to reduce their vulnerability to gender-based violence;

- Recognising the strength of cultural values underpinning harmful traditional practices such as FGM/C and the need to offer alternative symbolic rituals in order to fulfil this socio-cultural need;

- Being sensitive to different socio-cultural and political contexts which require tailored approaches, including in situations of conflict, where special protection measures are needed;

- Enhancing the integration of the specific needs of girls and young women in the design and implementation of DDR approaches;

- Investing in initiatives to monitor and regularly report on and learn from the implementation of international conventions on gender-based violence at the national and sub-national levels.

Ultimately, the alleviation of chronic poverty will come about only if the structural causes that perpetuate it are addressed. Challenging the norms, traditions and practices that condone violence against girls and young women is a critical part of challenging chronic poverty; it is just and leads to equality, and ultimately, it makes good development sense.

Notes

1   A number of studies from developing countries, including China, Colombia, Egypt, India, Mexico, the Philippines and South Africa, indicate a strong correlation between violence against women and violence against children (UNICEF, 2006).
2   http://genderindex.org/content/social-institutions-variables and OECD (2009).
3   Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Recommendation No. 19 (1992) states that 'gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately [...] includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty' (Bouta et. al., 2005). The World Bank defines it as the physical, sexual and psychological violence committed against both men and women as a result of their gender (Specht, 2006). The UN Development Fund for Women (UNIFEM) and other UN agencies use the term violence against women (VAW) to denote physical, sexual, psychological and economic abuse against women and girls. ActionAid uses also VAG (violence against girls) to include all forms of violence. www.unifem.org/gender_issues/violence_against_women/.
4   Hindin *et al.* (2008); Jewkes (2002); LISGIS (2008); NIPORT (2009); UBOS (2007); UNICEF (2000).
5   The same WHO survey reports that young women aged 15 to 19 are at higher risk of physical and sexual violence in all investigated settings apart from Japan and Ethiopia.
6   In Latin America, although early marriage is less common, owing to a growing regional trend towards cohabitation, early pregnancy rates are high (e.g. 13 percent in Peru), fuelled by a lack of information and difficulties in accessing contraception (see e.g. McKinnon *et al.*, 2008).
7   However, education is not a determining factor in Jordan (Hindin *et al.*, 2008).
8   Imposes a penalty of 14 years to life imprisonment for the kidnap or abduction of women and dowry deaths or torture.
9   Aimed at deterring violence against women.
10 Imposes a penalty of capital punishment for rape, acid throwing, dowry deaths, abduction, sexual harassment, human trafficking and prostitution.
11 Murray and Quinn (2009) report that over 100 million girls between 5 and 17 years old are involved in child labour all over the world, and the majority are engaged in hazardous work, including domestic service. Human Rights Watch (2007) reports that in Africa 85 percent of all child workers are girls.
12 In many sub-Saharan African countries, girls who get pregnant are expelled from school, and customary laws and practices continue to prevail for settling sexual violence issues, at the expense of girls' well-being. Even when statutory law explicitly offers re-entry rights after delivery, as in Burkina Faso, Ghana, Guinea and Nigeria, social practices can still lead to school dropout, preventing girls from completing their education. In northern Sierra Leone, village chiefs promulgated a new local law, according to which school girls impregnated by male students have to drop out of school, along with the boys responsible. In Benin, Burkina Faso and Ghana, parents whose daughters had been abused by local teachers asked traditional leaders to settle the problem; the latter applied customary laws imposing financial compensation or the marriage of the victim to the abuser (UNICEF *et al.*, 2010).
13 www.who.int/mediacentre/factsheets/fs241/en/.
14 www.who.int/mediacentre/factsheets/fs241/en/.
15 www.unfpa.org/gender/practices2.htm.
16 www.who.int/mediacentre/factsheets/fs241/en/ and www.unfpa.org/gender/practices2.htm
17 www.forwarduk.org.uk/key-issues/fistula.
18 Note that although FGM/C is practised among Muslim, Christian and Jewish communities, none of the holy texts prescribes the practice, which in fact predates both Christianity and Islam (WHO *et al.*, 2008).
19 See also Save the Children (2008) for more recent experiences.
20 The military has long been associated with increased sexual violence and prostitution (e.g. Enloe, 1993). Yea (2004), for example, writes of the negative effects of US military bases in the Philippines and the trafficking/migration of Filipino young women to work as entertainers in US military clubs in South Korea.
21 http://www.opendemocracy.net/5050/lee-waldorf/making-human-rights-for-women-reality.
22 The first such station was created back in 1985 in São Paolo, Brazil, as women complained about being unable to report abuse in police stations because of the disbelief and the lack of respect they confronted. Since then, such police stations have been created in Argentina, Colombia, Costa Rica, India, Malaysia, Pakistan, Peru, Spain, Uruguay and Venezuela.
23 http://webapps01.un.org/vawdatabase/searchDetail.action?measureId=15467&baseHREF=.