IFMSA Policy Document
Eliminating Gender-Based Violence

Proposed by Team of Officials
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IFMSA
International Federation of Medical Students' Associations

Policy Statement

Introduction:
Gender-based violence (GBV) is perpetuated on the basis of gender and regards all individuals, including women, men and non-binary individuals. However, women remain disproportionately affected by the issue due to gender inequality. Globally, around 641 million to 753 million women above 15 years old have experienced intimate partner violence. GBV affects a survivor/victim in many different aspects, one of which is health, including physical and mental consequences.

IFMSA position:
The IFMSA condemns all forms of gender-based violence and all factors contributing to its preservation in society - all acts of gender-based discrimination and bias. We recognize the role of healthcare workers in supporting and protecting GBV survivors/victims that, due to inadequate medical education and personal beliefs and attitudes, are not appropriately addressed. The IFMSA believes that including comprehensive workforce education is crucial in improving survivors'/victims' health outcomes as GBV has tremendous effects on individuals' mental, physical and sexual health and well-being. We uphold that the GBV, to be eliminated, needs a systematic approach on all levels of society.

Call to Action:
Therefore, the IFMSA calls for:
Government, NGOs, international agencies and private sector to:

- Recognize GBV as a public health issue that affects all areas and populations of society and actively work on devising solutions for its elimination.
- Evaluate the existing strategies for reporting and eliminating GBV.
- Ratify international binding documents addressing and preventing GBV and ensure their translation into effective national plans and strategies.
- Develop, implement and follow up on policies, strategies and other tools to address and prevent GBV that are relevant to their communities' contextual, cultural and social situations.
- Provide clear legal procedures for addressing GBV, providing safe and confidential reporting pathways, and needed legal support for survivors of GBV.
- Provide information on procedures to people at risk of GBV in places such as houseless shelters, institutions for people with disabilities and refugee shelters.
- Put in place tools and mechanisms that actively combat and prevent institutional violence by ensuring that the identification documents of any citizen correspond to their self–identified gender and developing gender-sensitive institutional guidelines.
- Promote the prevention of GBV among their workers and provide avenues for help in cases of GBV within their structures.
- Conduct and promote research on the epidemiology, social factors perpetuating GBV, consequences and different forms of GBV and provide the sound infrastructure that enables the generation of timely data on the matter.
- Implement educational policies and activities that address the behavioral determinants that can contribute to GBV and ensure the integration of educational components that promote values of peace and equality.
- Develop and conduct awareness initiatives that are community-specific, evidence-based and context-sensitive to raise awareness regarding GBV and the need for eradication.

Police and judicial system to:

- Deliver and implement survivor-centered, confidential, and accessible tools for the survivors of GBV.
- Treat reports of GBV with solicitude, respect and dignity and allow an accessible report system.
- Provide adequate access to free and supportive legal aid and court support for survivors.
- Investigate, track down and prevent crimes against people suffering from GBV.

Healthcare system and medical schools to:

- Integrate GBV as a global public health issue into the medical education curriculum.
- Include interspersed didactic lectures across medical training covering important topics, including addressing attitudes of a health profession, soft skills such as non-violent conflict resolution, local violence laws, management and forensic protocols.
- Expose medical students early on in experiential learning activities on GBV to improve their confidence, attitude and knowledge in managing such cases.
- Set up integrated GBV case referral systems in collaboration with other sectors to ensure access to services such as mental health, social and legal support, hotlines, and shelter homes.
- Provide support and services to students and healthcare professionals suffering from GBV.
- Improve monitoring and evaluation of case referral systems.
- Formulate and implement institutional policies on violence and abuse at medical schools and hospitals, with strong redressal mechanisms prioritizing the survivors' needs.
- Encourage and develop research, collection of data and knowledge sharing on GBV-related topics.
- Aid in advocacy and building political will for more comprehensive and stronger laws addressing GBV.

Media to:

- Challenge and criticize the social, political and cultural norms that normalize and condone GBV.
- Collaborate with relevant professionals to champion awareness campaigns against GBV and educate the public on its roots, its types, the support available and how to access them.
- Eliminate gender discriminatory and stereotypical language and behavior in reporting and discussions.
- Condemn the media objectification of women and gender minorities.
- Create mechanisms to curb the use of their platforms as an avenue for perpetuating cyber GBV.
- Avoid the sensationalism of GBV and incorporate ethical and sensitive approaches in reporting.
- Provide a safe space for victims to have a voice and talk about their experience of GBV without fear of victim blaming and re-traumatization.

Civil society to:

- Involve survivors of GBV in the decision-making processes affecting their lives and allow them to voice their views on national strategies.
- Meaningfully participate in decision-making, monitoring, implementation, and reporting on the progress made on gender equality and collaborate with different stakeholders.
- Recognize that all genders can be subjected to GBV, including men, trans and non-binary individuals.
- Contribute to the defense of the rights of women and girls by abstaining from applying punitive and discriminatory laws and advocating for laws and policies that are human-rights based.
- Contribute to improving inclusive and respectful behaviors and condemn GBV in all settings.
- Recognize that rape is a form of sexual violence that results from a culture of toxic masculinity, power control and patriarchal beliefs.
- Promote a social environment that eliminates behaviors such as victim blaming, sexual objectification and stigma surrounding survivors of rape.

Medical students and IFMSA National Member Organizations to:

- Promote awareness of the consequences and health impact of GBV.
- Actively engage in capacity-building activities to increase competencies on GBV.
- Educate volunteers on addressing survivors of GBV using inclusive language.
- Develop systemic solutions to support survivors of GBV within medical universities and NMOs.
- Advocate for the financing and development of local and national infrastructure to prevent GBV.
- Collaborate with educational facilities to conduct peer-to-peer education on the prevention of GBV.
- Expand activities within your NMO addressing GBV and include the topic of GBV within different IFMSA activities on the local and national levels.
- Encourage and participate in GBV research, including its prevention and systemic solutions.

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Position Paper

Background information:
According to the American Psychological Association (APA), gender is defined as *"the condition of being male, female, or neuter. In a human context …. gender implies the psychological, behavioral, social, and cultural aspects of being male or female (i.e., masculinity or femininity)."[1]* Based on the aforementioned definition, gender is mainly a function of society, differing in what comprises it. It is an amalgamation of what a particular social group, at a particular point in time and in a particular place, views it as. On another aspect, gender identity is often defined as "a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth." [2]

As established by the definitions mentioned in the prior paragraph, the concept of gender and its implementation in the societal context heavily influences people's experiences in several aspects of life, which include education, healthcare, economic status, safety, and much more [3]. As such, the concept of gender leads to several associated inequities and inequalities, one of which is Gender-Based Violence (GBV). As defined by the UNHCR, GBV refers to "harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms." [4]

Gender-based violence, by definition, can and does affect all individuals, including women, men, children, trans persons, and others. However, women and girls remain disproportionately affected by the issue [5]. They are at the highest risk of experiencing gender-based violence as this form of oppression originates from inequalities between genders in society. These inequalities perpetuate the use and abuse of physical, emotional, and/or financial power and control. Sexual and gender minorities, such as gender diverse people, as well as men who are perceived to act in a stereotypically feminine manner, are also victimized [6]

Gender-based violence includes multiple forms of abuse, such as physical, sexual, and psychological abuse, which can manifest in threats; coercion; arbitrary deprivation of liberty; and economic deprivation. Thus, it undermines the health, dignity, security and autonomy of survivors/victims, exposing them to several severe sexual and reproductive health consequences such as forced and unwanted pregnancies, unsafe abortion, traumatic fistula, and sexually transmitted infections. [6]

Gender-based violence itself is an umbrella term that includes several issues, such as violence against women, which is defined as *"any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." [7]*. Violence against women affects a large number of individuals, with one in every three women experiencing intimate partner violence, non-partner sexual violence or both at least once in their lifetime [7,8]. Violence against women can manifest in multiple ways, some of which include physical, psychological, economic and others, as elaborated on earlier, and can be further exacerbated by many determinants such as conflict, economy and health conditions [9,10]. For example, studies have shown that the rates and extent of violence against women have markedly increased during the COVID-19 pandemic, with a parallel decrease in the rates of those who seek help or professional assistance [10].

Another term often used when discussing gender-based violence is domestic violence, which includes *"any physical, sexual, or psychological abuse between people who live together/ share a habitat. It includes intimate partner violence, which refers to physical, sexual, or psychological abuse by a current or former*

partner or spouse" [11,12]. Domestic violence affects all people, including men, women, gender non-conforming people, children and others, with women being the most affected.[13]

Discussion

International agreements

Across all platforms and agreements, GBV is considered a gross human rights violation. Many international agreements exist on tackling gender inequality, sexual and reproductive health and rights and, by extension of it, gender-based violence with a special focus on violence against women and child abuse. One of the first, most important and most widely ratified treaties addressing women's rights, including VAW, is the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). And while the 1979 human rights treaty does not go on to explicitly mention violence against women, General Recommendations 12,19 and 35 elucidate that the scope of Article 2 also extends to violence against women and, in much detail, outlines what States can do to address VAW. The strength of CEDAW, which also attributes to its resilience, is how multi-layered discrimination can be against women and can be compounded by various other factors such as race, disability and migration status, to name a few.

In 1993 the World Human Rights Conference first acknowledged VAW as a human rights issue. In the same year, this was followed by the Declaration on the Elimination of Violence against Women, which was the first international agreement to explicitly state VAW as a human rights issue and provide a framework for national and international action to tackle the issue. Soon after, in 1994, two major events turned the needle in the fight against VAW; the first was the International Conference on Population and Development, which outlined the connection between VAW and reproductive health and rights. The second is the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará), which acknowledges that it is women's human right to live free from violence and discrimination. It also put an onus on the States to prevent, punish and eliminate VAW and, along with the 2003 Protocol to the African Charter on Human and People's Rights on the Human Rights of Women (Maputo Protocol), have declared economic violence as a form of VAW. 1995 Beijing Platform for Action contains ending violence as one of its main priority actions. It defines specific steps governments can take to prevent and respond to violence against women and girls. The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) was the second legally binding agreement that also explored the digital dimensions of violence against women. It outlines not only legal standards for prevention but also the protection and support of victims and prosecution of perpetrators. Finally, in 2012, two UN bodies made progress in the efforts against VAW. First, the Human Rights Council adopted the resolution to accelerate efforts to eliminate all forms of violence against women. Secondly, the General Assembly adopted resolutions on the intensification of efforts to eliminate all forms of violence against women, trafficking in women and girls, and intensifying global efforts for the elimination of female genital mutilations.

Some other treaties that elaborate on VAW as a human rights issue are:

- Universal Declaration of Human Rights (UDHR)
- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Social, Economic, and Cultural Rights (ICESCR)
- Convention Against Torture and other cruel, inhuman, or degrading treatment or punishment (CAT)
- Convention on the Rights of the Child
- International Convention on the Elimination of Racial Discrimination
- Convention on the Rights of Persons with Disabilities

- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families [14] [15] [16]

Types of GBV

According to the World Health Organization (WHO), "Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation." [17],[18].

Physical violence can be defined as any act that originates physical harm, such as pain and/or physical injury, or any attempt to cause it [19]. This form of violence includes not only hitting or using any type of weapon but also situations of forced pregnancy, forced abortion, denial of medical care and transferring sexually transmitted infections on purpose [20].

When discussing psychological violence, it is important to emphasize that all forms of violence have a psychological component at their core [21], and anyone can perpetuate it. There are many forms that psychological and emotional violence can take, such as harassment, isolation, coercion, intimidation, confinement, or defamation. In the public sphere, one common scenario where isolation occurs is when someone does not act according to the gender roles that society expects them to respect. In the private sphere, intimidation is most commonly exercised by someone "close" to the survivor/victim, like their partner or family [20,21].

Sexual violence is any sexual act or an attempt to obtain it [17], and also sexual interactions such as comments, advances, and sexual contacts [22], or other types of coercion, like social pressure, intimidation and physical force [17]. The WHO states that sexual violence can occur "by anyone, regardless of their relationship to the victim, in any setting, including at home and at work" [17].

There are many types of sexual violence, but three are frequently distinguished:

- Situations involving intercourse [17], such as non-consensual oral, anal or vaginal penetration (rape) [17,23];
- Contact sexual violence, for example, unwanting touching that includes kissing, palpating, or being forced to touch someone else;
- Non-contact sexual violence [17], including being forced to watch activities of pornographic nature (films, photographs, sending "nudes" - intimate pictures of the person's body), forced to watch someone masturbate [24], withdrawal of sexual attention with the purpose of punishment and some forms of sexual harassment with "the purpose or effect of violating the dignity of a person" [25] such as verbal harassment, like unwanted sexual comments, questions or jokes of sexual nature [26], or non-verbal harassment, like sexual gestures and facial expressions (i.e., licking lips), following or stalking someone [26].

Besides this, it's important to note that there are situations when someone is not able to provide consent (being asleep, mentally incapacitated, drugged, or intoxicated) where sexual violence might take place [22].

Harmful Traditional Practices are defined by the Office of the High Commissioner of Human Rights as "particular forms of violence against women and girls which are defended based on tradition, culture, religion or superstition by some community members" [27]. They include Female Genital Mutilation/Cutting, forced and early marriages, taboos or practices that prevent girls and women from exercising their sexual and reproductive health, nutritional taboos, forced feeding of women and girls,

virginity testing, honor-based killings, and violence, female infanticide and sex-selective birthing ("son preference") [28].

Domestic violence, also referred to as domestic abuse or intimate partner violence (IPV), can be defined as "a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner" [29]. This behavior is multifaceted and encompasses, but isn't limited to, physical, psychological, emotional, sexual, and financial abuse and controlling behaviors, such as the threat of abuse, by an intimate partner or ex-partner [29].

Anyone can be a survivor/victim of domestic violence, regardless of gender or age. Nonetheless, IPV is "one of the most common forms of violence against women" [30]. Worldwide, nearly 1 in 3 women have experienced physical and/or sexual violence from an intimate partner in their lifetime [31]. Furthermore, this abuse can have tragic consequences since 38% of intentionally killed women are murdered by either a current or previous intimate partner [32].

Socio-economic violence is defined as any act or behavior that causes economic or social harm to someone [33]. Economic discrimination can take many forms, such as making someone financially dependent by controlling their financial resources, property damage, restricting access to education or the labor market [34], exclusion from certain job opportunities, or not respecting economic obligations, such as alimony [33]. Besides this, the denial of certain services and of the freedom of other civil, cultural, social, and political rights are a threat, making women [35] and LGBTQIA+ people more vulnerable to this type of violence [34].

Online violence is defined as any act of violence that involves "the use of information and communications technology (ICT), such as mobile phones and smartphones, the Internet, social media platforms or email." There are many forms of online GBV, such as making digital threats of physical and/or sexual violence and other forms of harassment, sending malignant viruses, spam or abusive messages as a type of electronic sabotage, as well as non-consensual access, use, manipulation or sharing of private information and media, for instance in the form of sextortion, doxing or revenge porn [36]. With the rapid advancement of technology, new forms of online violence are constantly emerging. For example, there is a new rise in the use of artificial intelligence and deep fake technology to generate sexual or intimate content of women without consent [37]. Women and girls are disproportionately targeted with the global prevalence of online violence against women being 85% [38,39]. In addition, since online violence can be perpetrated through anonymity and the digital record created is accessible worldwide and cannot be easily removed, the harm and its corresponding impacts are amplified significantly [40].

Prevalence

In 2017, representatives from the WHO, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), and the United Nations Statistics Division (UNSD) formed the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (VAW-IAWGED). They aim to improve global monitoring and reporting of violence against women. In 2021, they released a report on prevalence estimates of intimate partner violence and non-partner sexual violence based on reviewed data from 2000 to 2018, before the COVID-19 pandemic [41].

Globally, an average of 641 million to 753 million women 15 years old and above have experienced intimate partner violence. Even in the youngest age group of 15-19 years, intimate partner violence is as high as 1 in 4 ever-married or ever-partnered women since they reached the age of 15. The report of the

VAW-IAWGED is also the first estimate of violence against women during the Sustainable Development Goals (SDGs) era [31].

In 2021, the UNODC published the 2020 global estimates of killings of women and girls by an intimate partner or family member. 80% of homicide victims worldwide were men. However, this is not the same proportion of victims of violence at home. Women were the victims of 58% of all killings at home by an intimate partner or family member. Globally, an average of 47,000 women were killed by an intimate partner or other family members. This is approximately one woman killed every 11 minutes by someone from her closest environment [42].

The roots of GBV

Gender-based violence cannot be eliminated or even addressed without first understanding and addressing its roots [43]. Roots, by definition, are the fundamental reason(s) for which an event or problem has occurred [44]. This implies that though there could be several factors and reasons causing an undesired situation, roots, however, refer to the most basic causes. In contrast, the other causes may serve as factors that aggravate this unwanted situation [45].

When it comes to GBV, some factors, such as poverty, hunger, conflicts, war or gender stereotypes, have been named as some of its causes [46]. However, closer examination reveals that these factors are instead sustained by three main causes in which GBV is truly rooted in: gender inequality, abuse of power, and harmful norms [47].

Gender inequality is defined as the legal, cultural and social situation in which the different rights and dignity of individuals are defined by their sex or gender. These are reflected in their unequal access to or enjoyment of rights and the assumption of stereotyped social and cultural roles [48]. This type of inequality is found in personal relationships between different genders and is additionally strengthened systemically by political, economic and social elements. Gender inequality is further exacerbated by the variable power dynamics between males and females. Power imbalances stem from when one partner, due to their gender, social role, or political and economic circumstances, has higher decision-making power and abuses it in a way that is not in the best interests of the other partner [49]. In the social context, males often possess more power and the result is the creation and widening of the unequal status between men, women and gender minorities, which is abused through acts of violence, most commonly on women and girls [50]. Furthermore, the existence of harmful norms that dictate expectations of gender, such as aggression and dominance for men, and docility and subservience from women, legitimizes the patriarchy and sexism that fosters the culture and acceptance of GBV [51][46].

Whilst gender inequality, abuse of power and harmful norms are the roots of GBV, they are increased or often triggered in certain situations such as poverty, substance abuse, displacement and wars [50]. Of all these factors, substance abuse is one of the most contentious, as many believe that substance abuse is a root cause of GBV, whilst others disagree on the grounds of it being used as an excuse for violent acts. Research suggests that women who abuse substances are disproportionately affected by GBV and that substance abuse increases the perpetrators' risk of abuse. However, no research supports the position that substances make perpetrators of GBV uncontrollable. Regardless of the associated behavior changes resulting from substance use, GBV actions are regarded as a matter of intent [52][53].

In addition, relationship factors, such as a history of relationship conflicts, exposure to violence in the family as a child and experiences of childhood abuse can also increase the likelihood of being a perpetrator of GBV [54]. While the majority of individuals who have these experiences do not commit GBV,

there is a circular nature associated where early exposure to conflict and violence causes individuals to view it as acceptable and tolerable behavior, resulting in an increased risk of future perpetration of violence [55]. This cycle is aggravated by barriers in tackling GBV, such as underreporting, lack of robust legislation, and a lack of enforcement of existing legislation, and therefore, contributes to the root cause of GBV [56].

Health Consequences of GBV

Gender-based violence affects the lives of its survivor/victim in many different aspects, one of which is health [57]. These effects on health include physical consequences, mental health issues and disturbances, and long-term public health implications, among others [4,7,58].

In terms of impact on morbidity and mortality rates, gender-based violence and particularly violence against women, constitutes a leading cause of death, mutilation and disability, more prominent than malaria, cancer, and traffic accidents combined [59]. Ranging from acute physical injuries, such as bruises or fractures, to more serious injuries leading to chronic pain and disabilities, the physical health consequences of GBV can persist long after the incident has occurred [60].

When it comes to sexual and reproductive health, gender-based violence has immense effects, which may include genital and reproductive tract infections, sexually transmitted infections, pain during intercourse and issues of arousal, unsafe and risky sexual practices, and gynecological trauma (e.g. vaginal tearing, fistula and hemorrhaging) [61] [60]. Gender-based violence has also been identified and proven to be the main driving factor for HIV transmission and its effects on exacerbating the HIV epidemic [62]. For instance, forced intercourse can lead to trauma to the reproductive organs, while condom usage could be hard to negotiate for sex workers or in intimate partner violence, which therefore increases the risk of HIV transmission. Survivors/victims may also fear stigma from seeking HIV testing, treatment and counselling, and due to compounded vulnerabilities of poverty and a lack of financial resources, be unable to leave situations where the risk of violence and HIV infection are high [63].

In addition, gender-based violence immensely affects pregnancy in a multitude of ways, starting with the occurrence of unwanted pregnancies, miscarriages, and stillbirth and increasing the risks of preterm deliveries and consequences for newborns. [7] Those effects can even transcend into decision-making regarding contraceptives, the applicability of usage of their different types and decisions of initiation, duration and continuation of their uptake [64].

On the mental health aspect, gender-based violence has been proven to directly cause dire consequences that manifest in cases and symptoms of depression, anxiety, self-harm and other psychological and mental disturbances [7]. Studies have shown that women who experience one or multiple types of GBV have an increased likelihood of developing mental disorders [65]. Survivors/victims of gender-based violence have also been reported to be more prone to engaging in behaviors and developing habits such as alcohol consumption, smoking, and sexual practices that risk their health status [66].

Other major areas of health risks associated with gender-based violence are those associated with the health implications of sexual violence against children and adolescents [67,68]. These can include many manifestations such as general poor status of health, reproductive health issues, gastrointestinal health issues, cardiac health issues and psychological problems, among others [67][68][69].

GBV and men, trans and non-binary individuals

Transgender people are defined as people identifying as a gender that does not correspond with the sex assigned at birth, and their experience of GBV presents unique challenges as compared to the experiences of cisgender women. Another gender minority affected significantly by GBV is non-binary people, which refer to "those with gender identities outside the gender binary" [70].

Many studies document a higher prevalence of depression, anxiety, suicidality, disordered eating behaviors, and substance use in trans and non-binary people [70,71]. Many factors render them more vulnerable to targeted violence, like decreased social support, systematic and societal stigma and discrimination, higher unemployment and poverty rates, and lack of access to appropriate health care [70,72]. Given the disparities experienced by these individuals, research suggests that it's of the uttermost importance to eliminate the barriers to access to health services, particularly in trans people needing gender-affirming medical treatment, where holistic health care with psychological and practical support has been associated with decreased adverse outcomes [70–72].

Men, too, can be survivors/victims of GBV. According to The Commission for Citizenship and Gender Equality, in Portugal, 25% of all the survivors/victims of domestic violence in 2020 were men [73]. There are no very detailed quantitative and qualitative research papers that analyze the problem globally. Some studies identified a prevalence rate of 3.4% to 20.3%, in several countries, for physical domestic violence against men. More studies are required to gather data on the prevalence of other types of GBV in men and the risk factors contributing to it [74].

GBV and other left-behind populations

Sex workers

The WHO defines sex workers as "female, male and transgender adults and young people (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally" [75]. Sex workers of all genders could face physical, sexual or emotional violence. Sex workers can be perpetrated by people posing as clients, non-paying or intimate partners, medical institutions, police and law enforcement officials, their family members, and others. In addition to being at greater risk of experiencing violence, female sex workers (FSWs) are more likely to suffer physical and mental health problems, such as depression, suicide, getting pregnant, and sexually transmitted infections resulting from violence. [76]

On the institutional/systemic level, this violence usually is triggered by stigma and discrimination laws against sex workers. These discriminatory laws limit sex workers from seeking help to end the violence or report the perpetrator, which leaves them in a dangerous environment and affects their safety. Reports of violence from sex workers are often ignored. Another aspect impairing the willingness to report violence is the fact that sex workers often struggle with violent arrests and forced detentions by law enforcement.[77]

People with disabilities

Individuals with disabilities is a broad term that refers to people with a long-term physical or intellectual impairment that affects their effective participation in society in comparison to others. Approximately 1.3 billion people, about 16% of the world's population, experience disability. People with disabilities can be even more marginalized due to gender, race, sexual orientation, cultural norms, and socioeconomic status. It has been shown that people with disabilities are more likely to experience sexual violence than people without disabilities. According to research, women with disabilities are twice as likely to experience sexual violence over the course of their lifetimes as women without disabilities. Their vulnerability does not come only from their visibility but also from overlapping factors such as social isolation and marginalization, and

lower sexual education, which results in a lesser ability to defend themselves. Furthermore, their communication may be affected, resulting in a barrier to expressing their consent in sexual activities. Some studies performed across South and East Asia identified that women with disabilities are at twice the risk of experiencing violence by their family members or partners [78–81].

Sexual Violence in Youth

Sexual violence is common in youth; there are no exact statistics in the articles, but about 40-60% of rape victims are under 18 and experience their first abuse as an adolescent. Two-thirds of minors who have experienced sexual violence were between 12-17 years old. In 89.9% to 93% of cases, sexual violence occurs with someone known to the victim. In younger adolescents, the perpetrator is more likely to be a member of their extended family. Sexual violence is more likely in girls and young women and is four times more prevalent among 16-19-year-old women than among other age groups.

Sexual violence in youth can have acute and long-term effects on their lives, including physical, emotional, and behavioral effects. They are more likely to experience sexual violence as adults. Different parts of society and sectors, including public health, families, education, criminal justice, and social services, should put all their efforts into preventing these issues [82,83].

GBV during crises

Armed conflicts, natural disasters, and public health emergencies exacerbate gender-based violence. In these settings, there is an increase in risks and vulnerabilities to families and communities, thus a decrease in protection and reporting.

During armed conflicts, the use of sexual violence as a tool of warfare—such as by trading women and girls for rape or resources or forcing marriage at an early age to secure family protection—has long been part of history. While this is not a new concept, it still occurs to this day. Contributing factors include long-standing patriarchal norms and discriminatory laws. It is estimated that 1 in 5 refugee or displaced women experience sexual violence, with intimate partner violence being the most common form [84]. From 2005 to 2020, at least 14,200 children in areas of conflict experienced forced marriages or sexual exploitation, with 97% of them being girls. Repercussions on the health of survivors/victims of gender-based violence in armed conflict vary from physical injuries or sexually transmitted infections (STIs) to post-traumatic stress disorder (PTSD) or being ostracized by their communities [85].

The climate crisis also disproportionately affects women and girls, especially those living in rural areas with livelihoods dependent on natural resources. The increase in extreme [weather] events as a consequence of the changing climate result not in the primary creation of gender-based violence but in the exacerbation of already existing drivers of violence and the creation of environments enabling this behavior.[86] Studies show that increases in GBV after extreme events are related to a number of different factors, including but not limited to economic instability, food insecurity, the disruption of infrastructure, healthcare inaccessibility, breakdowns in safety and law enforcement, and exacerbated gender inequality. In environments where survival increasingly becomes a priority, gender inequalities rooted in social structures become intensified.[86]

As noted by van Daalen et al., an important mechanism in the increase of GBV is the creation of enabling environments where through increased access to women (for example, in emergency shelters), perpetrators have more opportunities to commit violence. Another overlooked factor is the role of masculinity in the perpetuation of GBV, where during and after extreme events, the need to prove one's masculinity could result in an increase in GBV after having been unable to protect their community and

family from harm. During certain extreme climate events such as flooding, women's bodies are further exposed due to the soaking of their clothing, making escape more difficult and removing possible protection from bystanders.[86]
Where gender biases already exist in legislation, and social structures, women and girls in these communities become more vulnerable to GBV during the climate crisis. The loss of crops and households due to extreme weather puts girls under more pressure and vulnerability – for example, in Bangladesh, after extreme floods, young girls were forced into marriage with the goal of decreasing the number of mouths to feed for the family. [86]

As such, the climate crisis, and the extreme events that come with it, can be considered a risk amplifier. Moreover, women are often underrepresented in decision-making to address the climate crisis[87]. There is also many critiques regarding the absence of GBV in global frameworks and legislation tackling gender-responsive action on climate change, such as the Enhanced Lima Work Programme on Gender and Its Gender Action Plan or the COP26 Gender Day which did not tackle GBV as a priority.[88] Furthermore, as shown by the open debate organized by the Dominican Republic during their Presidency of the UNSC in 2019, a low number of UN member states (5 out of 75) considered gender an important facet in addressing the impacts of climate-related disasters on international peace and security.[89]

In 2020, there was an increase in cases of gender-based violence due to the lockdowns imposed by the COVID-19 pandemic. For every three months of lockdown, 15 million more cases of gender-based violence are expected to occur [87]. This has been termed the "shadow pandemic". 1 in 2 women experience or know a woman who has experienced violence since the onset of the COVID-19 pandemic. The most common forms of violence were verbal abuse and denial of basic resources. The most vulnerable age group was younger women from 18 to 49 years old. Rates were highest in Kenya (80%), Morocco (69%), Jordan (49%) and Nigeria (48%) [90].

The role of medical professionals in ending GBV

The role of healthcare professionals in the elimination of gender-based violence is vast and varied, from prevention and screening to management. Healthcare professionals, particularly primary healthcare physicians, also known as general practitioners (GPs), are the first point of contact for a survivor of violence and thus have the responsibility and potential to prevent further abuse and appropriately provide the care required by the survivor. [91][92][93][94] However, medical students, residents and GPs' knowledge and experience in identifying signs and symptoms, management protocols and other referral systems are inadequate. [94] [92] To compound the above-stated barriers that have been identified, there is trepidation in screening or asking patients about potential violence due to the stigma and possibility of further violence.[92][93] An assessment of baseline clinical guidelines and policies for responding to IPV and SV of countries from Latin America and the Caribbean countries points to the most pressing gap in addressing the issues as a lack of training of healthcare professionals, multi-sectoral collaboration and strong monitoring and evaluation services.[95] This, along with many other studies highlighted below, underscores how the lack of an integrated curriculum on GBV is a global issue that needs to be tackled. The following few paragraphs expand on the gaps in medical training and evidence on best practices to strengthen the approach to tackling GBV. There are a plethora of benefits to training medical students and in-service doctors in GBV. Firstly, those with prior training are more likely to screen patients for GBV.[96] They are also far more likely to influence other physicians to screen for GBV.[97] [98] A recent study from the UK also highlights that training and support programs for GPs and health personnel on domestic violence (DV) increase referrals and disclosures. [99]

A number of qualitative studies suggest the beneficial effects of health providers inquiring about Intimate Partner Violence and actively addressing them with patients. This has resulted in increased awareness among women about IPV as an issue, giving them the perception of support and reduced isolation and motivation to find more resources on the topic to help themselves in such situations. [100][101][102][103][104] A qualitative study was done amongst GPs, survivors of IPV and women who did not face violence in Denmark also highlighted that women survivors of IPV would like their GP to ask about IPV and help as they felt inadequate enough to help themselves. One even stated, "I would have told him if he had asked. It would have saved me from 12 years.[91] In one survey, more than 85% of respondents in the USA agreed that they would talk to their physician about being a victim or perpetrator if asked about IPV.[105] This emphasizes the need to have healthcare providers trained during pre-service education to have such conversations to help prevent the impact of GBV. The same study also highlights that the women would like the topic to be discussed in an empathic, sensitive and non-judgmental manner. This training should include how to have such consultations about violence. As stated above, stigma and fear of further violence to the victim and the healthcare professional itself is a big barrier to such conversations, especially with the perpetrator. [92] Thus it would be beneficial for training also to include non-violent conflict resolution. This not only would improve attitudes at the workplace towards violence but also be advantageous to those in their interpersonal relationships outside the hospital, a study from Lebanon reports.[106]

Training on GBV is more impactful when didactic lectures are reinforced with experiential learning. [94] Many studies have called attention to the importance of experiential learning integrated into the curriculum and its vast benefits. Firstly, it has been noted that those with experiential learning related to IPV are related to more knowledge, greater awareness and comfort in screening for IPV.[94] A multi-centered study aiming to see the effects of medical students partaking in a community program to prevent adolescent IPV, had shown a positive impact, the investigators noting an increase in confidence and attitude to realize and take action against adolescent IPV as compared to didactic training alone.[107] Such experiential training programs where medical students can actively participate in raising community awareness on topics of GBV could help produce more prepared health professionals. However, the impact of didactic teachings is also considered, especially when interspersed throughout the medical training, increasing not only the knowledge but also the comfort of students in managing such cases and reinforcing the magnitude of GBV as a public health issue. [94] Contents of such lectures can cover the following topics:

- when and how to respond to violence,
- best ways to respond,
- how to collect forensic evidence,
- specific information about violence against women (VAW) local laws,
- existing services,
- provider attitudes(privacy, confidentiality,empathy etc.),
- and the provider's own experience of violence.

The aforementioned assessment of Latin America and the Caribbean countries' policies and clinical guidelines also underline gaps in teachings in medical school that need to be focused on, such as mental health assessment, especially suicidality, providing psychological first aid, coping mechanisms for stress and violence, assessing substance abuse, referral to other services such as psychotherapy for children witnessing IPV and lastly IPV in same-sex couples [95]. Adding these topics can help make medical training inclusive and centered around patients' immediate needs.

Addressing incorrect attitudes and values is also essential to medical training. Various studies have shown that medical students can often have erroneous attitudes, where they consider the victim of the violence to blame, either due to the victim's passive nature or the survivors'/victims' unwillingness to conform to

traditional gender roles. This problem spans continents, noted in Nigerian, Chinese and Vietnamese medical students.[92] [96] Evidence from research, however, suggests that these attitudes can be corrected over time with proper medical training. [108] It is also important to note that many studies also showed that women or females had better attitudes towards the victim of GBV, were able to empathize with them better, were more comfortable addressing the topic and preferred to conduct universal screening for IPV.[94][92] This could be a result of either having experienced a form of violence themselves or witnessing a family member, friend, or neighbor suffer through it, a study from Syria highlights. [109] As students progressed through medical school or those older in age also noted better attitudes towards victims and supported universal screening more strongly. Thus the training should be focused on younger male medical students to improve their attitudes [94][92].

Ways to prevent GBV

UN Women with the World Association of Girl Guides and Girl Scouts (WAGGGS) prepared a tool for young people to provide education through peer learning [110]. The handbook developed with evidence-based policies can be translated into different languages and adapted to any national context. With that tool, educators can implement training for various age groups ranging from 5 to 25 years with activities that can be transformed depending not only on the age but also on the gender and needs of the attendees. This co-educational curriculum can be rolled out in schools and communities in partnership with youth organizations and governments. All those factors make “Voices against violence” accessible to implement in all interested countries.

Apart from local projects, some of the campaigns addressed ending GBV needs to be accessible worldwide. The best way to implement them is by using the internet. The organization BRAC, which started in Bangladesh, knows the power of the internet and has conducted local service mapping available in an app named ‘Shongjog’ (meaning ‘connectivity’)[111]. The app is an open resource for all. Using a census method, this mapping system collects information on all the necessary services concerning safeguarding issues. It includes medical or health-related services, legal services, psychosocial services, safe shelter homes, information on police stations, and others. According to the creators of the app, ‘Shongjog’ will help establish a more efficient reporting and response mechanism in terms of referral linkage between service providers and users.

The global confederation CARE is showing help in ending GBV in 64 countries around the globe using both national resources and online methods [112]. In Haiti, they have set up a helpline for survivors to access GBV remote support and referral. In cooperation with medical facilities and healthcare workers from the CARE team in Ecuador have adapted the mechanism of delivery of medical supplies and medicines for people with sexual and reproductive health needs. In Iraq, the team is cooperating with front-line workers to educate them on Psychological First Aid and on GBV referral options. Online methods used to end GBV implemented by CARE are the online platform ‘Primero’ to track and support GBV cases in Nigeria, an app for people in Ecuador to report GBV and access help services, and in Egypt - virtual sessions on GBV, self-defense, and psychological support.

During 16 days of activism, many NGOs are the most active on the topic of ending GBV. The 16 Days of Activism against Gender-Based Violence is an annual campaign that begins on 25th November, the International Day for the Elimination of Violence against Women, and runs through International Human Rights Day on 10th December [5]. In celebration of 2022, the UN Country Team in Chad, under the leadership of the Resident Coordinator Ms. Violet Kakyoma, reiterated its commitment towards the elimination of gender-based violence in the series of videos available for everyone on the YouTube platform. [113]

To end GBV, one needs to empathize and develop self-reflection on the role of violence and activism in advocacy. This is the reason behind the GBV prevention network Africa project called 'In Her Shoes', with the session prepared for people of all genders to participate in [114].

An inherent element of preventing GBV is to challenge stereotypes revolving around toxic masculinity. The organization FUTURES Without Violence does it with the "Coaching Boys Into Men (CBIM)" program [115]. It is an evidence-based prevention program that trains high school coaches to teach their young athletes healthy relationship skills and coping emotions in healthy manners without violence. CBIM curriculum helps prevent relationship abuse, harassment, and sexual assault. According to a randomized controlled trial, athletes who participated in CBIM were significantly more likely to report and intervene when witnessing abusive or disrespectful behavior among their peers [116][117].

Bangladesh

The Bangladeshi Government established the *National Action Plan to Prevent Violence Against Women and Children 2013-2025* as a strategy to tackle the issue of gender-based violence in the country.[118] Their Department of Women Affairs, under the Ministry of Women and Children Affairs, established the "Advancement of Women's Rights" policy-level project with the goal of dealing with GBV in disaster-prone areas.[119] Furthermore, in the context of the climate crisis, the Climate Change and Gender Action Plan (CCGAP) 2013 & the National Biodiversity Strategy and Action Plan (NBSAP) 2016 were developed.[120][121]

In villages across Bangladesh, community-driven women's networks organize meetings called Polli Shomaj [111]. During those monthly informal meetings, members participate in local governance activities such as voter mobilization and allocation of public land and water bodies. They also engage in local social initiatives taking care of violence against women and protesting against human rights abuses. Polli Shomaj enables members to first-hand influence the trajectory of their community and gives women a voice that has to be heard [122].

USA

In 2022, the White House signed into law the Violence Against Women Act Reauthorization Act, a legislation that was passed for the first time in 1994. The reauthorization of this Act reauthorizes grants until 2027, further increases services and support for survivors from marginalized communities, expansion of prevention and education through the Rape Prevention and Education Program and Sexual Assault Services Program among others, and more.[123]

Safe from the Start ReVisioned[124] is the initiative in the United States to ensure GBV is addressed from the outset of an emergency. It prioritizes the needs of women and girls from the beginning of a crisis, such as health emergencies, natural disasters, or conflicts. It promotes women's leadership and advocates for GBV prevention in the humanitarian response system.

Bolivia

Bolivia has had a *National Programme to Combat Gender-based Violence* running from 2009 to 2020. Additionally, Bolivia is the only country in the world with a law specifically addressing violence against women in politics, under which social organizations and public & private institutions also fall.[125] Recently, actions have also been taken to tackle the corruption amongst judges in dealing with sexual violence cases, with judges and prosecutors favoring the defendant accused of SGBV receiving up to 20 years in prison.[126]

GBV concerns not only adults but minors too, and in Bolivia, there is a foundation answering the needs of sexually abused children[115]. A Breeze of Hope Foundation[127] ensures them access to health services

and legal assistance. The center offers a wide range of help – from professional psychological support, in the form of, for example, the Rape Abuse and Incest Network telephone hotline, to prophylactics in the form of workshops for professionals and students. To survivors of childhood sexual violence, the foundation also offers comprehensive legal assistance and services for the family of the survivors.

Denmark

In December 2020, Denmark revised their criminal code to base their rape legislation on the concept of consent, with case reporting increasing by up to 40% within the first year of this legislation taking effect.[128]

The campaign "Break the silence"[129] in Denmark used everyday objects to raise awareness on the topic. The originators put down the number of the 24-hour telephone intervention hotline on hairbrushes. The brushes caused debates in hairdressers' and beauty salons. Also, many women took the brushes home, allowing the message to spread out.

Australia

Preventing GBV is strictly connected to economic independence and, therefore, to workplace equality and governmental changes. That is why NGO called "Our watch"[130] in Australia delivered Workplace Equality and Respect in Tasmanian councils. The Tasmanian Women's Council[131] is responsible for advising the Tasmanian Government on issues of importance to women, like the increase of participation in societal aspects. The contribution of the council also regards taking care of minorities' needs.

Indonesia

In 2022, the Indonesian Parliament passed an anti-sexual violence bill that provides victims of SGBV with a legal framework to access justice along with assuring their rights to protection and rehabilitation services, among other things [132]. International Organization for Migration (IOM) in 2021 facilitated a one-week training on Gender-Based Violence (GBV) and Trafficking in Persons (TIP) for government officers, such as units of police forces, the Refugee Task Force and Task Force for Anti-Trafficking in Medan, Indonesia[133]. Using a survivor-based approach with their stories, GBV and TIP survivors taught public officers empathy and sensitivity in the matter and developed their ability to identify similar problems in the future, hopefully preventing the repetition of similar cases.

Russian Federation

Violence can show itself in different ways, even taking place online. In fact, cyberbullying minorities, especially due to gender, is becoming so common that it has a special name for technology-facilitated gender-based violence[134]. Children are a group of special vulnerability to cyberbullying, which is why in Russia, there is a campaign addressing this problem called "Safer Internet"[135]. It was developed to raise awareness on cyber fraud, educate on cautious communicating with strangers, and take precautionary measures when making social media accounts.

Central Asia

In the prevention of GBV in healthcare institutions, laws in countries of Central Asia are becoming updated – in Armenia, the Law on "Reproductive Health and Rights to Reproduction" has been amended to ban sex-selective abortions, and Turkmenistan's Law 'On Health Protection of Citizens' (2015) guarantees gender equality in healthcare[135].

Activities designed to raise awareness about GBV practices can develop into real, measurable changes, as in the situation of the Women's Committee in Uzbekistan in collaboration with state committees, educational institutions, and non-governmental organizations. Their educational events, 300 in the 2018 year alone, resulted in the prevention of more than 3,000 early marriage cases [135].

IFMSA Contributions to ending GBV

During the years 2019 to 2020, 11 new activities were enrolled, and previous activities were continued – in total, 36 of all activities in the field of GBV. Most were Campaign type of activities (17) and Education (12). Most of the reported activities revolved around Women Empowerment (12), Domestic Violence (11), and Sexual Exploitation and Rape (10). Some activities also focused on Female Genital Mutilation and Early and forced marriages.

This term, approximately 80,000 people worldwide benefited from the IFMSA and their NMOs activities, reaching mostly medical and healthcare students (32,700) and the general population (20,000) being the targeted group. The campaigns that received the highest number of reactions from the audience were "Universal Children's Day and the International Day of Eradication of Violence Against Women Campaign" (2000 reactions) and "I am Generation Equality" (3778 views)[136].

While focusing on preventing GBV, IFMSA collaborates closely with external partner organizations, such as WHO and UNFPA country offices. Local collaborations were established with universities, government officials, and NGOs focusing on the topic. IFMSA also was an active participant during the 66th Session of the Commission on the Status of Women in 2021. Participants from IFMSA prepared a policy brief and submitted an oral statement emphasizing GBV and showing its correlation with climate change[137].

References:

1. APA Dictionary of Psychology. [cited 23 Dec 2022]. Available: https://dictionary.apa.org/
2. Gender and health. [cited 4 Dec 2022]. Available: https://www.who.int/health-topics/gender#tab=tab_1
3. Gender inequality affects everyone. [cited 4 Dec 2022]. Available: http://www.vic.gov.au/gender-inequality-affects-everyone
4. United Nations High Commissioner for Refugees. Gender-based Violence. In: UNHCR [Internet]. [cited 4 Dec 2022]. Available: https://www.unhcr.org/gender-based-violence.html
5. November 18. In focus: 16 Days of Activism against Gender-Based Violence. In: UN Women – Headquarters [Internet]. [cited 8 Dec 2022]. Available: https://www.unwomen.org/en/news-stories/in-focus/2022/11/in-focus-16-days-of-activism-against-gender-based-violence
6. International Federation of Medical Students' Associations. IFMSA Policy Document Ending Gender-Based Violence. [cited 4 Dec 2022]. Available: https://ifmsa.org/wp-content/uploads/2021/02/GS_MM2020_Policy_Mental-Health-amended-1.pdf
7. Violence against women. [cited 5 Dec 2022]. Available: https://www.who.int/news-room/fact-sheets/detail/violence-against-women
8. Gender-based violence. In: United Nations Population Fund [Internet]. [cited 5 Dec 2022]. Available: https://www.unfpa.org/gender-based-violence
9. Mittal S, Singh T. Gender-Based Violence During COVID-19 Pandemic: A Mini-Review. Frontiers in Global Women's Health. 2020;1. doi:10.3389/fgwh.2020.00004
10. Sediri S, Zgueb Y, Ouanes S, Ouali U, Bourgou S, Jomli R, et al. Women's mental health: acute impact of COVID-19 pandemic on domestic violence. Arch Womens Ment Health. 2020;23: 749.

11. Clifton EG. Domestic Violence. In: MSD Manual Consumer Version [Internet]. [cited 8 Dec 2022]. Available: https://www.msdmanuals.com/home/women-s-health-issues/domestic-violence-and-sexual-assault/domestic-violence

12. United Nations. What Is Domestic Abuse? | United Nations. [cited 8 Dec 2022]. Available: https://www.un.org/en/coronavirus/what-is-domestic-abuse

13. Domestic abuse is a gendered crime - Women's Aid. In: Women's Aid [Internet]. 18 Nov 2015 [cited 30 Dec 2022]. Available: https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/

14. Global norms and standards: Ending violence against women. In: UN Women – Headquarters [Internet]. [cited 3 Jan 2023]. Available: https://www.unwomen.org/en/what-we-do/ending-violence-against-women/global-norms-and-standards

15. Using the international and regional legal framework to stop all forms of violence against women and girls. In: OHCHR [Internet]. [cited 3 Jan 2023]. Available: https://www.ohchr.org/en/statements/2022/03/using-international-and-regional-legal-framework-stop-all-forms-violence-against

16. UN Treaties on Violence Against Women. [cited 3 Jan 2023]. Available: https://www.stopvaw.org/un_treaties_on_violence_against_women

17. Mikton CR, Butchart A, Dahlberg LL, Krug EG. Global Status Report on Violence Prevention 2014. Am J Prev Med. 2016;50: 652–659.

18. World Health Organization. World Report on Violence and Health. 2002;9: 93–93.

19. Physical violence. In: Gender Matters [Internet]. [cited 4 Dec 2022]. Available: https://www.coe.int/en/web/gender-matters/physical-violence

20. International Rescue Committee. Types of Gender-Based Violence. In: GBV Responders' Network [Internet]. [cited 10 Dec 2022]. Available: https://gbvresponders.org/wp-content/uploads/2018/12/Types-of-Gender-Based-Violence-PDF.pdf

21. Psychological violence. In: Council of Europe [Internet]. [cited 9 Dec 2022]. Available: https://www.coe.int/en/web/gender-matters/psychological-violence

22. World Health Organization, Pan American Health Organization. Understanding and addressing violence against women : intimate partner violence. World Health Organization; 2012. Report No.: WHO/RHR/12.36. Available: https://apps.who.int/iris/handle/10665/77432

23. Sexual violence. In: Council of Europe [Internet]. [cited 6 Dec 2022]. Available: https://www.coe.int/en/web/gender-matters/sexual-violence

24. What is sexual violence? In: Associação Portuguesa de Apoio à Vítima (APAV) [Internet]. [cited 6 Dec 2022]. Available: https://apav.pt/care/index.php/pt/violencia-sexual-contra-criancas-e-jovens/o-que-e-violencia-sexual

25. Text of the Convention - Istanbul Convention Action against violence against women and domestic violence. In: Council of Europe [Internet]. [cited 6 Dec 2022]. Available: https://www.coe.int/en/web/istanbul-convention/text-of-the-convention

26. Harassment and sexual harassment. In: Council of Europe [Internet]. [cited 6 Dec 2022]. Available:

https://www.coe.int/en/web/gender-matters/harassment-and-sexual-harassment

27. Harmful traditional practices. In: IPPF [Internet]. 28 Dec 2012 [cited 11 Dec 2022]. Available: https://www.ippf.org/resource/harmful-traditional-practices

28. IFMSA Policy Proposal Harmful Traditional Practices. In: International Federation of Medical Students Associations (IFMSA) [Internet]. [cited 9 Dec 2022]. Available: https://ifmsa.org/wp-content/uploads/2022/04/GS_MM2022_POLICY_Harmful-Traditional-Practices.docx-3.pdf

29. What Is Domestic Abuse? In: United Nations [Internet]. United Nations; [cited 10 Dec 2022]. Available: https://www.un.org/en/coronavirus/what-is-domestic-abuse

30. World Health Organization & Pan American Health Organization. Understanding and addressing violence against women : intimate partner violence. 2012. Available: https://apps.who.int/iris/handle/10665/77432

31. Violence against women. [cited 5 Dec 2022]. Available: https://www.who.int/news-room/fact-sheets/detail/violence-against-women

32. World Health Organization. Violence against women. In: World Health Organization [Internet]. 9 Mar 2021 [cited 10 Dec 2022]. Available: https://www.who.int/news-room/fact-sheets/detail/violence-against-women

33. Forms of violence. In: European Institute for Gender Equality [Internet]. [cited 9 Dec 2022]. Available: https://eige.europa.eu/gender-based-violence/forms-of-violence

34. Socio-economic violence. In: Council of Europe [Internet]. [cited 9 Dec 2022]. Available: https://www.coe.int/en/web/gender-matters/socio-economic-violence

35. Azcona G, Bhatt A. Poverty deepens for women and girls, according to latest projections. In: UN Women Data Hub [Internet]. 1 Feb 2022 [cited 9 Dec 2022]. Available: https://data.unwomen.org/features/poverty-deepens-women-and-girls-according-latest-projections

36. Report of the Special Rapporteur on violence against women, its causes and consequences on online violence against women and girls from a human rights perspective. 2018 Jun. Report No.: A/HRC/38/47. Available: https://www.ohchr.org/en/documents/thematic-reports/ahrc3847-report-special-rapporteur-violence-against-women-its-causes-and

37. Sanusi T. Online Gender-Based Violence: What You Need to Know. In: Global Citizen [Internet]. 17 Nov 2021 [cited 1 Feb 2023]. Available: https://www.globalcitizen.org/en/content/what-is-online-gender-based-violence-2/

38. Online and ICT Facilitated Violence Against Women and Girls during COVID-19. UN Women Ending Violence Against Women (EVAW) COVID-19 Briefs. 2020. doi:10.18356/b3f5cc80-en

39. Measuring the prevalence of online violence against women. In: Jigsaw Infographic [Internet]. [cited 1 Feb 2023]. Available: https://onlineviolencewomen.eiu.com/

40. Online gender-based violence: A submission from the Association for Progressive Communications to the United Nations Special Rapporteur on violence against women, its causes and consequences. Association for Progressive Communications (APC); 2017 Nov. Available: https://www.apc.org/sites/default/files/APCSubmission_UNSR_VAW_GBV_0_0.pdf

41. World Health Organization. Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional

prevalence estimates for non-partner sexual violence against women. World Health Organization; 2021.

42. United Nations Office on Drugs and Crime. Killings of women and girls by their intimate partner or other family members. 11 2021 [cited 23 Dec 2022]. Available: https://www.unodc.org/documents/data-and-analysis/statistics/crime/UN_BriefFem_251121.pdf

43. Login W. Root Causes of Gender-Based Violence. In: blackburncenter [Internet]. [cited 11 Dec 2022]. Available: https://www.blackburncenter.org/root-causes-of-gender-based-violenc

44. Angel M. What Is The Difference Between A Causal Factor & A Root Cause? In: Tulip [Internet]. [cited 11 Dec 2022]. Available: https://tulip.co/blog/what-is-the-difference-between-a-causal-factor-a-root-cause/

45. Clark D, Matei KB. Root Cause. In: safeopedia.com [Internet]. What is a Root Cause? - Definition from Safeopedia; 19 Jan 2014 [cited 11 Dec 2022]. Available: http://www.safeopedia.com/definition/477/root-cause-safety-accident-failure

46. Three causes of gender-based violence. In: Concern Worldwide [Internet]. 21 Jul 2022 [cited 11 Dec 2022]. Available: https://www.concern.net/news/causes-of-gender-based-violence

47. Bertels MW. Uncovering the Forms and Root Causes of Gender-Based Violence. In: UN Women USA NY [Internet]. 2 Dec 2021 [cited 11 Dec 2022]. Available: https://www.unwomen-metrony.org/news-intro/2021/12/2/uncovering-the-forms-and-root-causes-of-gender-based-violence

48. gender inequality. In: European Institute for Gender Equality [Internet]. [cited 11 Dec 2022]. Available: https://eige.europa.eu/thesaurus/terms/1182

49. Win] [women. Roots Of Power, Gender And Violence. [cited 24 Jan 2023]. Available: https://guides.womenwin.org/gbv/intro/roots-of-power-gender-and-violence

50. Gender-Based Violence. In: Kirkens Nødhjelp [Internet]. [cited 11 Dec 2022]. Available: https://www.kirkensnodhjelp.no/en/how-we-work/gender-based-violence/gender-based-violence/

51. What causes gender-based violence? - Gender Matters - publi.coe.int. In: Gender Matters [Internet]. [cited 11 Dec 2022]. Available: https://www.coe.int/en/web/gender-matters/what-causes-gender-based-violence

52. Moir E, Gwyther S, Wilkins H, Boland G. Hidden GBV: Women and substance use. Front Psychiatry. 2022;13. doi:10.3389/fpsyt.2022.939105

53. Shiva L, Shukla L, Chandra PS. Alcohol Use and Gender-Based Violence. Current Addiction Reports. 2021;8: 71–80.

54. [Centers for Disease Control and Prevention]. Risk and Protective Factors. 5 Nov 2021 [cited 24 Jan 2023]. Available: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html

55. Perpetrator Risk Factors for Violence against Women. In: Futures Without Violence [Internet]. 2013 [cited 24 Jan 2023]. Available: https://www.futureswithoutviolence.org/userfiles/file/Perpetrator%20Risk%20Factors%20Fact%20Sheet%202013.pdf

56. How to ensure that legislation against gender-based violence makes an impact. In: Westminster Foundation for Democracy [Internet]. [cited 24 Jan 2023]. Available: https://www.wfd.org/commentary/how-ensure-legislation-against-gender-based-violence-makes-impa

ct

57. Public Health at a Glance - Gender-Based Violence, Health and the role of the Health Sector. [cited 5 Dec 2022]. Available: http://web.worldbank.org/archive/website01213/WEB/0__CO-56.HTM

58. Hassan. Gender-Based Violence: Public Health Consequences and Societal Impact. In: Public Health Insight [Internet]. 14 Apr 2022 [cited 5 Dec 2022]. Available: https://thepublichealthinsight.com/gender-based-violence-public-health-consequences-and-societal-impact/

59. Scars Across Humanity: Understanding and Overcoming Violence Against Women. In: Google Books [Internet]. [cited 5 Dec 2022]. Available: https://books.google.com/books/about/Scars_Across_Humanity.html?id=Aad-DwAAQBAJ

60. World Health Organization, Pan American Health Organization. Understanding and addressing violence against women: health consequences. 2012. Report No.: WHO/RHR/12.43. Available: https://apps.who.int/iris/bitstream/handle/10665/77431/WHO_RHR_12.43_eng.pdf

61. Grose RG, Chen JS, Roof KA, Rachel S, Yount KM. Sexual and Reproductive Health Outcomes of Violence Against Women and Girls in Lower-Income Countries: A Review of Reviews. J Sex Res. 2021;58: 1–20.

62. Preventing Gender-Based Violence and HIV: Lessons from the Field. [cited 8 Dec 2022]. Available: https://toolkits.knowledgesuccess.org/toolkits/zambia-hivprevention/preventing-gender-based-violence-and-hiv-lessons-field

63. UN Women. HIV AND GENDER-BASED VIOLENCE. In: UN Women – Asia-Pacific [Internet]. 2016 [cited 25 Jan 2023]. Available: https://asiapacific.unwomen.org/en/digital-library/publications/2016/11/hiv-and-gender-based-violence

64. Understanding the Effects of Gender-Based Violence Across Health Areas. In: Breakthrough ACTION and RESEARCH [Internet]. 24 Nov 2021 [cited 8 Dec 2022]. Available: https://breakthroughactionandresearch.org/understanding-effects-of-gender-based-violence/

65. Sewalem J, Molla A. Mental distress and associated factors among women who experienced gender based violence and attending court in South Ethiopia: a cross-sectional study. BMC Womens Health. 2022;22: 1–7.

66. Fast Facts: Preventing Intimate Partner Violence. 11 Oct 2022 [cited 8 Dec 2022]. Available: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

67. Irish L, Kobayashi I, Delahanty DL. Long-term physical health consequences of childhood sexual abuse: a meta-analytic review. J Pediatr Psychol. 2010;35. doi:10.1093/jpepsy/jsp118

68. Wilson DR. Health consequences of childhood sexual abuse. Perspect Psychiatr Care. 2010;46. doi:10.1111/j.1744-6163.2009.00238.x

69. Cameranesi M, Lix LM, Piotrowski CC. Linking a History of Childhood Abuse to Adult Health among Canadians: A Structural Equation Modelling Analysis. Int J Environ Res Public Health. 2019;16. doi:10.3390/ijerph16111942

70. Van Mello NM Veale JF Vencill JA Vincent B Wesp LM West MA Arcelus J. CERABWBG de VADMERFLGMGJHAJTKDKGLSM-BHMSMJNLNTRSRCSLTVTAVTMWSDKANATALADBHBKBDBJBDBJB-LRBMBMBPBJCLCCCJCSCGCTDKDCG de VEDHMDADCDAEEE-LLEREDEJEEE-SLFJFAGMGLGSHBHTIMJLJAJKKDKBKLKEMMMRMTMCMSMSNPNUOJO-MJPGPJPNRKRTRGRJR-CSRSR-WKRSSKSJSASLSTSKSACSTSJTGTKTGVL. Standards of

Care for the Health of Transgender and Gender Diverse People. Int J Transgend Health. 2022;23: 1–259.

71. Tebbe EA, Budge SL. Factors that drive mental health disparities and promote well-being in transgender and nonbinary people. Nature Reviews Psychology. 2022;1: 694.

72. Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. JAMA network open. 2022;5. doi:10.1001/jamanetworkopen.2022.0978

73. Bernardo C, Leonardo J. Igualdade de Género em Portugal: Boletim Estatístico 2021. The Commission for Citizenship and Gender Equality (CIG); 2021 Nov. Available: https://www.cig.gov.pt/wp-content/uploads/2022/09/print_2022_04_22_BE_VFINAL_web.pdf

74. Kolbe V, Büttner A. Domestic Violence Against Men-Prevalence and Risk Factors. Dtsch Arztebl Int. 2020;117. doi:10.3238/arztebl.2020.0534

75. Prevention and Treatment of HIV and Other Sexually Transmitted Infections for Sex Workers in Low- and Middle-Income Countries: Recommendations for a Public Health Approach. Geneva: World Health Organization;

76. Hendrickson ZM, Leddy AM, Galai N, Wilson Beckham S, Davis W, Mbwambo JK, et al. Mobility for sex work and recent experiences of gender-based violence among female sex workers in Iringa, Tanzania: A longitudinal analysis. PLoS One. 2021;16: e0252728.

77. Deering KN, Amin A, Shoveller J, Nesbitt A, Garcia-Moreno C, Duff P, et al. A systematic review of the correlates of violence against sex workers. Am J Public Health. 2014;104: e42–54.

78. Disability. [cited 15 Dec 2022]. Available: https://www.who.int/health-topics/disability#tab=tab_1

79. How people with disabilities experience programs to prevent intimate partner violence across four countries. Eval Program Plann. 2020;79: 101770.

80. Mailhot Amborski A, Bussières E-L, Vaillancourt-Morel M-P, Joyal CC. Sexual Violence Against Persons With Disabilities: A Meta-Analysis. Trauma Violence Abuse. 2022;23: 1330–1343.

81. Ledingham E, Wright GW, Mitra M. Sexual Violence Against Women With Disabilities: Experiences With Force and Lifetime Risk. Am J Prev Med. 2022;62: 895–902.

82. Banvard-Fox C, Linger M, Paulson DJ, Cottrell L, Davidov DM. Sexual Assault in Adolescents. Prim Care. 2020;47: 331–349.

83. Sexual Violence in Youth. NISVS; 2012. Available: https://www.cdc.gov/violenceprevention/pdf/2012FindingsonSVinYouth-508.pdf

84. Raftery P, Howard N, Palmer J, Hossain M. Gender-based violence (GBV) coordination in humanitarian and public health emergencies: a scoping review. Confl Health. 2022;16: 37.

85. Gender-based violence in emergencies. [cited 3 Jan 2023]. Available: https://www.unicef.org/protection/gender-based-violence-in-emergencies

86. van Daalen KR, Kallesøe SS, Davey F, Dada S, Jung L, Singh L, et al. Extreme events and gender-based violence: a mixed-methods systematic review. Lancet Planet Health. 2022;6: e504–e523.

87. Ocha UN. Global Humanitarian Overview 2022. 2021. doi:10.18356/9789210012423

88. Rieger J. A Crisis within a Crisis: Climate Change and Gender-Based Violence. In: The Asia Foundation [Internet]. 2 Mar 2022 [cited 26 Jan 2023]. Available:

https://asiafoundation.org/2022/03/02/a-crisis-within-a-crisis-climate-change-and-gender-based-violence/

89. Desai BH, Mandal M. Role of climate change in exacerbating sexual and gender-based violence against women: A new challenge for international law. Environ Policy Law. 2021;51: 137–157.

90. United Nations Women. Measuring the Shadow Pandemic. United Nations; 2021.

91. Mørk T, Andersen PT, Taket A. Barriers among Danish women and general practitioners to raising the issue of intimate partner violence in general practice: a qualitative study. BMC Womens Health. 2014;14: 74.

92. Fawole OI, van Wyk JM, Balogun BO, Akinsola OJ, Adejimi A. Preparing medical students to recognize and respond to gender based violence in Nigeria. Afr Health Sci. 2019;19: 1486.

93. al. KB et. Training Manual on Gender-Based Violence for Health Professionals. Implement Health System Response to Gender-Based Violence; 2015. Available: https://eeca.unfpa.org/sites/default/files/pub-pdf/implement_train_EN_201606_hires.pdf

94. Buranosky R, Hess R, McNeil MA, Aiken AM, Chang JC. Once is not enough: effective strategies for medical student education on intimate partner violence. Violence Against Women. 2012;18. doi:10.1177/1077801212465154

95. Stewart DE, Aviles R, Guedes A, Riazantseva E, MacMillan H. Latin American and Caribbean countries' baseline clinical and policy guidelines for responding to intimate partner violence and sexual violence against women. BMC Public Health. 2015;15. doi:10.1186/s12889-015-1994-9

96. Hamberger LK. Preparing the next generation of physicians: medical school and residency-based intimate partner violence curriculum and evaluation. Trauma Violence Abuse. 2007;8. doi:10.1177/1524838007301163

97. John IA, Lawoko S, Svanström L, Mohammed AZ. Health care providers' readiness to screen for intimate partner violence in Northern Nigeria. Violence Vict. 2010;25. doi:10.1891/0886-6708.25.5.689

98. Ramsay J, Rutterford C, Gregory A, Dunne D, Eldridge S, Sharp D, et al. Domestic violence: knowledge, attitudes, and clinical practice of selected UK primary healthcare clinicians. Br J Gen Pract. 2012;62: e647.

99. Feder G, Davies RA, Baird K, Dunne D, Eldridge S, Griffiths C, et al. Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial. Lancet. 2011;378. doi:10.1016/S0140-6736(11)61179-3

100. Chang JC, Decker M, Moracco KE, Martin SL, Petersen R, Frasier PY. What happens when health care providers ask about intimate partner violence? A description of consequences from the perspectives of female survivors. J Am Med Womens Assoc. 2003;58. Available: https://pubmed.ncbi.nlm.nih.gov/12744419/

101. Feder GS, Hutson M, Ramsay J, Taket AR. Women exposed to intimate partner violence: expectations and experiences when they encounter health care professionals: a meta-analysis of qualitative studies. Arch Intern Med. 2006;166. doi:10.1001/archinte.166.1.22

102. Gerbert, B., Abercrombie, P., Caspers, N., Love, C., & Bronstone, A. How health care providers help battered women: The survivor's perspective. Women & Health. 1999;29: 115–135.

103. Gerbert B, Caspers N, Bronstone A, Moe J, Abercrombie P. A qualitative analysis of how physicians with expertise in domestic violence approach the identification of victims. Ann Intern Med. 1999;131.

doi:10.7326/0003-4819-131-8-199910190-00005

104. Gerbert B, Caspers N, Milliken N, Berlin M, Bronstone A, Moe J. Interventions that help victims of domestic violence. A qualitative analysis of physicians' experiences. J Fam Pract. 2000;49. Available: https://pubmed.ncbi.nlm.nih.gov/11052160/

105. McAfee RE. Physicians and domestic violence. Can we make a difference? JAMA. 1995;273. Available: https://pubmed.ncbi.nlm.nih.gov/7769776/

106. Usta J, Hlais S, Farhat HA, Romani M, Bzeih H, Abdo L. Lebanese medical students' exposure to domestic violence: does it affect helping survivors? Fam Med. 2014;46. Available: https://pubmed.ncbi.nlm.nih.gov/24573518/

107. Moskovic CS, Guiton G, Chirra A, Núñez AE, Bigby J, Stahl C, et al. Impact of Participation in a Community-Based Intimate Partner Violence Prevention Program on Medical Students: A Multi-Center Study. J Gen Intern Med. 2008;23: 1043.

108. Ball CA, Kurtz AM, Reed T. Evaluating Violent Person Management Training for Medical Students in an Emergency Medicine Clerkship. South Med J. 2015;108. doi:10.14423/SMJ.0000000000000337

109. Gharaibeh MK, Abu-Baker NN, Aji S. Attitudes toward and justification for wife abuse among Syrian medical and nursing students. J Transcult Nurs. 2012;23. doi:10.1177/1043659612441022

110. Voices against Violence. In: UN Women – Headquarters [Internet]. [cited 19 Dec 2022]. Available: https://www.unwomen.org/en/digital-library/publications/2013/10/voices-against-violence-curriculum

111. BRAC. Annual Report 2021. [cited 19 Dec 2022]. Available: https://www.brac.net/downloads/ar2021/BRAC.pdf

112. CARE International. 5 Min Inspiration: How 64 countries are ending violence. [cited 19 Dec 2022]. Available: https://www.care-international.org/stories/5-min-inspiration-how-64-countries-are-ending-violence

113. Gender-Based Violence Area of Responsibility. #16 Days of Activism 2022 - Chad. Youtube; [cited 5 Jan 2023]. Available: http://www.youtube.com/playlist?list=PLy8YaqkQdNhepHfPsOsG97GkQ65UPPTHW

114. GBV Prevention Network. In Her Shoes. [cited 19 Dec 2022]. Available: https://preventgbvafrica.org/taking-action/thematic-action-groups/in-her-shoes/

115. Together for girls. Building a safer world. Stakeholder Report 2019-2021. [cited 19 Dec 2022]. Available: https://www.togetherforgirls.org/wp-content/uploads/2021/11/TfG-Stakeholder-Report-2021_web.pdf

116. Miller E, Tancredi DJ, McCauley HL, Decker MR, Virata MCD, Anderson HA, et al. "Coaching boys into men": a cluster-randomized controlled trial of a dating violence prevention program. J Adolesc Health. 2012;51: 431–438.

117. Miller E, Tancredi DJ, McCauley HL, Decker MR, Virata MCD, Anderson HA, et al. One-year follow-up of a coach-delivered dating violence prevention program: a cluster randomized controlled trial. Am J Prev Med. 2013;45: 108–112.

118. National Action Plan To Prevent Violence Against Women and Children 2013-2025 (English Version). In: Ministry of Women and Children Affairs, Government of the People's Republic of Bangladesh [Internet]. [cited 26 Jan 2023]. Available:

https://mowca.gov.bd/site/publications/96ff862d-9b07-4666-8b45-d3fafe65c40b/National-Action-Plan-To-Prevent-Violence-Against-Women-and-Children-2013-2025-English-Version

119. Prova SG. Govt moves to combat gender-based violence. [cited 26 Jan 2023]. Available: https://bangladeshpost.net/posts/govt-moves-to-combat-gender-based-violence-69770

120. Nda B. Climate Change and Gender Action Plan (ccGAP) 2013 •. In: National Designated Authority to GCF [Internet]. [cited 26 Jan 2023]. Available: http://nda.erd.gov.bd/en/c/publication/climate-change-and-gender-action-plan-ccgap-2013

121. Bangladesh I. Challenging gender-based violence for women's engagement in environmental protection. In: The Business Standard [Internet]. 8 Mar 2021 [cited 26 Jan 2023]. Available: https://www.tbsnews.net/women-empowerment/challenging-gender-based-violence-womens-engagement-environmental-protection

122. Department of Economic and Social Affairs. Building community organizations to promote women empowerment and address gender based violence. [cited 19 Dec 2022]. Available: https://sdgs.un.org/partnerships/building-community-organizations-promote-women-empowerment-and-address-gender-based

123. The White House. Fact sheet: Reauthorization of the violence against women act (VAWA). In: The White House [Internet]. 16 Mar 2022 [cited 26 Jan 2023]. Available: https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/16/fact-sheet-reauthorization-of-the-violence-against-women-act-vawa/

124. Gender and Gender-Based Violence. In: United States Department of State [Internet]. 1 Apr 2019 [cited 19 Dec 2022]. Available: https://www.state.gov/other-policy-issues/gender-and-gender-based-violence/

125. Essayag S. From commitment to action: Policies to end violence against women in Latin America and the Caribbean. Regional Analysis Document. UNDP and UN Women. Panamá; 2017.

126. New Bolivian law to protect victims of gender based violence by targeting corrupt judges. [cited 26 Jan 2023]. Available: https://www.occrp.org/en/daily/16560-new-bolivian-law-to-protect-victims-of-gender-based-violence-by-targeting-corrupt-judges

127. Direct Services and Prevention of Sexual Violence. A Breeze of Hope. [cited 19 Dec 2022]. Available: https://www.abreezeofhope.org/direct-services-and-prevention-of-sexual-violence.html

128. Gender Equality - An incomplete success. In: Denmark.dk [Internet]. [cited 26 Jan 2023]. Available: https://denmark.dk/society-and-business/gender-equality

129. Danish campaign targets diversity in domestic violence. In: European Institute for Gender Equality [Internet]. [cited 19 Dec 2022]. Available: https://eige.europa.eu/gender-based-violence/good-practices/denmark/danish-campaign-targets-diversity-domestic-violence

130. Our watch Annual Report 2021-2022. [cited 19 Dec 2022]. Available: https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2022/11/25092053/OurWatch_AnnualReport2021-22_AA.pdf

131. Women in Tasmania. [cited 19 Dec 2022]. Available: https://www.women.tas.gov.au/information_and_resources/tasmanian_womens_council

132. New anti-sexual violence bill in Indonesia is a landmark ruling but not a silver bullet. In: Rutgers [Internet]. 14 Apr 2022 [cited 21 Jan 2023]. Available:

https://rutgers.international/news/new-anti-sexual-violence-bill-in-indonesia-is-landmark-but-not-a-silver-bullet/

133. Migration IUM. Addressing Gender-Based Violence, Infosheet. Oct 2021 [cited 19 Dec 2022]. Available: https://www.iom.int/sites/g/files/tmzbdl486/files/country/AP/iom-roap-gbv-infosheet-oct-dec-2021-final.pdf

134. Hinson L, Mueller J, O'Brien-Milne L, Wandera N. Technology-facilitated gender-based violence: What is it, and how do we measure it? Washington D.C., International Center for Research on Women; Available: https://www.svri.org/sites/default/files/attachments/2018-07-24/ICRW_TFGBVMarketing_Brief_v8-Web.pdf

135. United Nations ESCAP. North and Central Asia: An analysis of the Beijing+25 review reports. [cited 19 Dec 2022]. Available: https://repository.unescap.org/bitstream/handle/20.500.12870/3527/ESCAP-2021-RP-North-Central-Asia.pdf?sequence=1&isAllowed=y

136. International Federation of Medical Students' Associations. Programs Annual Impact Report 2019-2020. In: Google Docs [Internet]. [cited 23 Dec 2022]. Available: https://drive.google.com/file/d/1WbpDLWsr99H_fPxNORdqZNPHJ-b7GSnf/view?usp=embed_facebook

137. International Federation of Medical Students' Associations. IFMSA report from the 66th Session of the Commission on the Status of Women. In: Issuu [Internet]. 24 Sep 2022 [cited 19 Dec 2022]. Available: https://issuu.com/ifmsa/docs/ifmsa_report_from_the_66th_session_of_the_commissi