

## Human Rights Standards on

# Gender-Based Violence

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### Key Questions

for Monitoring Health System Compliance with Human Rights Obligations

The questionnaire below provides a tool for assessing your health system's compliance with human rights obligations regarding gender-based violence and its integration as part of the essential service package for Universal Health Coverage.

Human rights-based approaches provide a clear framework for comprehensive and multisectoral responses, as well as primary, secondary, and tertiary prevention (preventing disorders from developing, providing early detection and treatment, and managing chronic conditions, respectively). The questions are formulated to support the integration of concerns related to gender-based violence into UHC, to improve outcomes for women and adolescents in all their diversity. For this reason, the questionnaire does not reference all sectors of the response, which also involves the security and justice sectors.

**1. Has the state developed and implemented national strategies and plans aimed at preventing, punishing, and eradicating all forms of gender-based violence?<sup>86</sup>**

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

**Examples of Implementation**

Facilitate discussions among diverse stakeholders (e.g., government, civil society, and private sector) and sectors (e.g., health, gender, etc.) aimed at developing or strengthening national strategies and plans concerning gender-based violence, particularly in light of the updated General Recommendation 35 by the CEDAW Committee on gender-based violence against women.

Support reviews of state resource allocations to implement such strategies or plans, including budgetary, human, and administrative resources.

**KEY RESOURCES**

UN Women, [Handbook for National Action Plans on Violence against Women](#)

UNODC, [Gender-Based Violence against Women](#)

WHO, UN Women, UNFPA, UNDP, and UNODC, [Essential Services Package for Women and Girls Subject to Violence](#)

WHO, UNFPA, UN Women, UNDP, and UNODC, [RESPECT Women: Preventing Violence against Women](#)

86 CEDAW supra note 42; ICCPR, supra note 77; ICESCR, supra note 77; CRC, supra note 77.

**2. Has the state taken sufficient steps to repeal laws and policies that directly or indirectly excuse, condone, or facilitate violence, including laws that allow for medical procedures on women with disabilities without their informed consent or that criminalize abortion, sex work, or being lesbian, bisexual, or transgender?<sup>87</sup>**

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

### Examples of Implementation

Support civil society organizations and national human rights institutions in documenting the sexual and reproductive health impact of laws that criminalize abortion, sex work, and being lesbian, bisexual, or transgender, with the aim of informing law reform processes.

Assess how national laws and policies may promote gender stereotypes that sustain gender-based violence.

Support states in their efforts to repeal laws and policies that indirectly excuse, condone, or facilitate violence.

### KEY RESOURCES

UNFPA, [A Guide in Support of National Human Rights Institutions](#)

<sup>87</sup> CEDAW Committee, Gen. Recommendation No. 35, supra note 47, para. 29(c)(i).

**3. Has the state taken steps to eliminate gender-based violence in health care settings, such as forced sterilization and disrespect and abuse in maternal health care?**

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

**Examples of Implementation**

Engage with professional societies of obstetricians and gynecologists to develop ethical guidance to prevent gender-based violence in health care settings, including forced sterilization and mistreatment of pregnant or postpartum individuals.

Develop and implement campaigns to increase awareness among women, girls, and others of their rights in health care settings and how to access complaints mechanisms.

Partner with national human rights institutions to investigate and outline recommendations in response to reports of incidence of such violence.

Provide pre- and in-service training for health workers on gendered and social norms to ensure that health service responses serve as intervention strategies to prevent gender-based violence.

Ensure that laws and policies, as well as health-specific guidelines and standard operating procedures, effectively prohibit all forms of gender-based violence in health care settings and provide adequate remedies where violations occur.

**KEY RESOURCES**

WHO, UN Women, UNFPA, UNDP, and UNODC, [Essential Services Package for Women and Girls Subject to Violence](#)

UNFPA, [A Guide in Support of National Human Rights Institutions](#)

**4. Are sexual and reproductive health care services for survivors of gender-based violence—including emergency contraception, post-exposure prophylaxis, and safe abortion— available, accessible, affordable (or free where needed), acceptable, and of good quality, in line with international human rights law?**

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

### Examples of Implementation

Work with national and local health officials to provide training, procure commodities, and strengthen rules, regulations, and guidelines to ensure survivors' access to free emergency contraception without a prescription,<sup>88</sup> post-exposure prophylaxis,<sup>89</sup> and safe abortion services in line with international human rights law.<sup>90</sup>

Engage with national and local health officials to conduct audits of medico-legal services to ensure the availability, acceptability, accessibility, and quality of gender-based-violence-related medical services for diverse groups of women, girls, and people of diverse SOGIESC, including identifying any procedural barriers (e.g., reporting of violence to police as a precondition for abortion access) that may hinder access to care.

Partner with national and local health officials to provide training to health care providers on the health needs and rights of survivors of gender-based violence, including to strengthen clinical skills, confront discriminatory stereotypes and social norms that undermine care, outline ethical and legal obligations, and facilitate gender-sensitive and compassionate care.

### KEY RESOURCES

WHO, [Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence](#)

WHO, [Clinical Management of Rape in Humanitarian Settings](#)

UNFPA, [Minimum Initial Services Package](#)

Global Protection Cluster, [Tip Sheet: Addressing Gender-Based Violence \(GBV\) in Health Assessments and Initial Programme Design](#)

WHO, [Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-Care Providers](#)

<sup>88</sup> CEDAW Committee, Concluding Observations: Hungary, para. 31(b), U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013).

<sup>89</sup> CEDAW Committee, General Recommendation No. 35, supra note 47, para. 31.

<sup>90</sup> Human Rights Committee, General Comment No. 36, supra note 13, para. 8.

**5. Does the state provide social and legal support services for survivors of gender-based violence, including psychosocial and counseling services, education, affordable housing, employment opportunities, and high-quality legal aid?<sup>91</sup>**

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

### Examples of Implementation

Support government officials in providing legal aid programs, free 24-hour helplines, and sufficient numbers of safe and adequately equipped crisis, support, and referral centers and shelters for survivors, their children, and other family members.

Engage with education officials to increase opportunities for training and education for survivors of gender-based violence, including pregnant individuals and new parents.

### KEY RESOURCES

WHO, UN Women, UNFPA, UNDP, and UNODC, [Essential Services Package for Women and Girls Subject to Violence](#)

91 CEDAW Committee, General Recommendation No. 35, *supra* note 47, para. 31.

**6. Has the state adopted specific measures in consultation with affected groups to respond to gender-based violence experienced by individuals who face intersectional discrimination, including women with disabilities and adolescents?<sup>92</sup>**

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

### Examples of Implementation

Work with national and local health officials to disaggregate data by type of violence and to ensure that data capture the intersecting forms of discrimination and other relevant sociodemographic characteristics.

Support or lead consultative processes aimed at facilitating women's and affected individuals' participation in the design, implementation, monitoring, and provision of services to address gender-based violence.

Partner with civil society organizations and women- and adolescent-led organizations to strengthen referral and access mechanisms and to ensure that services are appropriate and comprehensive.

92 RPD Committee, Concluding Observations: Spain, para. 22, U.N. Doc. CRPD/C/ESP/CO/1 (2011).

**7. Are programs, strategies, or campaigns in place to support social norms change to eliminate prejudices, patriarchal attitudes, and discriminatory stereotypes, including among the public?**

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

**Examples of Implementation**

Develop and implement awareness-raising campaigns on gender-based violence, including to promote zero tolerance for violence, address stigma, counter discriminatory gender and intersectional stereotypes, and address other underlying causes of gender-based violence.<sup>93</sup>

Engage with customary, traditional, and religious leaders who ascribe to human rights and gender equality to reach underserved populations with whom they often have contact (e.g., elderly people, women with disabilities, immigrants, and marginalized ethnic groups).

Invest in and support feminist organizations to facilitate their participation in national development processes.

**KEY RESOURCES**

UNFPA, [Women, Faith and Human Rights](#)

UNFPA, [Technical Brief: How Changing Social Norms Is Crucial in Achieving Gender Equality](#)

93 Human Rights Committee, General Comment No. 36, supra note 13; CEDAW Committee, Gen. Recommendation No. 35, supra note 47, para. 30(e).



**8. Does the state ensure that accountability mechanisms are available to survivors of violence and their families where appropriate; investigate promptly, impartially, and seriously investigations all allegations of violence against women and girls; and bring offenders to justice?**

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

### Examples of Implementation

Support law, justice and health officials in developing and adopting mandatory, recurrent, and effective capacity-building and education programs for judges, lawyers, law enforcement officials, legislators, and health professionals on the linkages between gender-based violence and discriminatory gender stereotypes<sup>94</sup> and the importance of access to sexual and reproductive health services, in particular STI and HIV prevention and treatment services.<sup>95</sup>

Partner with civil society organizations to conduct legal rights training for women and girls so that they are aware of their right to be free from violence and how to claim it.

Support states in their efforts to establish accountability mechanisms to ensure access to justice and redress for victims of violence that are responsive to the specific obstacles that survivors of gender-based violence face when seeking justice.

### KEY RESOURCES

WHO, UN Women, UNFPA, UNDP, and UNODC, [Essential Services Package for Women and Girls Subject to Violence](#)

UNODC, [Gender-Based Violence against Women](#)

<sup>94</sup> CEDAW Committee, Gen. Recommendation No. 35, supra note 47, para. 30(b).

<sup>95</sup> Id., para. 30(e).