REPLICATING THE UN MULTI-COUNTRY STUDY ON MEN AND VIOLENCE: UNDERSTANDING WHY SOME MEN USE VIOLENCE AGAINST WOMEN AND HOW WE CAN PREVENT IT

Preferred Terminology
ACKNOWLEDGEMENTS

This Preferred Terminology document was produced by Emma Fulu, Caroline Liou, Stephanie Miedema and Xian Warner of Partners for Prevention in Thailand, with input from Rachel Jewkes of the Medical Research Council in South Africa.
The language in the violence against women discourse is highly sensitive. Variations in terminology can greatly shape and influence how research partners analyze and discuss their findings and how target audiences conceptualize the issues. Partners for Prevention (P4P) recommends the use of the following terminology consistently.

**DEFINING VIOLENCE**

The following working definitions were used throughout implementation of the UN multi-country study. For more on the conceptual frameworks behind these definitions, see the Step-by-Step guide of the toolkit. It is important to emphasize that these are contested terms, and their meanings continue to be refined and debated among global practitioners and experts.

**Victim/survivor and perpetrator**

We recognize that experiences of violence are traumatic and have serious consequences for the emotional, physical and sexual health and well-being of those individuals involved. Terms such as 'victim,' 'survivor' or 'perpetrator' are often used to describe individuals who undergo these experiences. However, P4P believes that this terminology limits individual self-agency and identity. We recognize that experiences of violence do not define the individual, but rather are a piece of a larger self-identity. Labels which focus on experiences of violence, presuppose an individual's inability to change or undergo personal development, to transform their identity into a peaceful, empowered personality.

Rather than using the terms 'victim,' 'survivor,' or 'perpetrator,' P4P recommends the use of the following terms instead:

- **person/woman/man who has experienced violence**
- **person/woman/man who has perpetrated violence**

Where possible and appropriate, it is best to, in both instances, refer to the specific form of violence that has been experienced/perpetrated. For example, a person/woman/man who has experienced/perpetrated intimate partner violence.

**Violence against women**

The UN multi-country study used the United Nations definition of violence against women 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."

**Gender-based violence**

For the purposes of the UN multi-country study, a working definition of gender-based violence was applied as an umbrella concept that describes any form of violence used to establish, enforce or perpetuate gender inequalities and keep in place unequal gender-power relations. In other words, gender-based violence is violence that is used as a policing mechanism of gender norms and relations and is intended to result in the subordination of women. This concept of gender-based violence was useful for this study as it allows for the exploration of links among the various forms of violence and of how violence relates to larger systems of social inequality.
Note: Good research practice suggests that researchers use the most specific and technically accurate terms for different acts of violence rather than grouping all forms of violence together under ‘violence against women’ or ‘gender-based violence’.

**Typologies of abuse and violence**

**Economic abuse** includes denying a woman access to and control over basic resources (UN General Assembly, 2006). It includes such acts as the denial of funds, refusal to contribute financially, denial of food and basic needs and controlling access to health care, employment, etc.

**Emotional or psychological abuse** is any act or omission that damages the self-esteem, identity or development of an individual. It includes but is not limited to humiliation, threatening loss of custody of children, forced isolation from family or friends, threatening to harm the individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating words or gestures, controlling behaviour and the destruction of possessions.

**Forced/coerced sex** is the use of force, coercion or psychological intimidation by one person that requires another person to engage in a sex act against her or his will, whether or not the act is completed.

**Intimate partner violence** is the physical, sexual, economic or emotional abuse by a current or former spouse or partner constitutes intimate partner violence. It can occur within heterosexual or homosexual relationships and does not require sexual relations. Garcia-Moreno et al. (2005) defines intimate partner violence as any “behaviour in an intimate relationship that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours”.

**Physical violence** is the intentional use of physical force with the potential for causing death, injury or harm. Physical violence includes but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, the use of restraints or one’s body size or strength to detain another person or the use of a weapon (gun, knife or object) (CDC, 2000).

**Sexual violence** is any act in which one person in a power relationship uses force, coercion or psychological intimidation to force another to carry out a sexual act against her or his will or participate in unwanted sexual relations from which the offender obtains gratification. Abusive sexual contact occurs in a variety of situations, including within marriage, on dates, at work, in school and in families (such as incest). Other manifestations include undesired touching, the oral, anal or vaginal penetration of a penis or objects and obligatory exposure to pornographic material (WHO, 2004).

**Structural and institutional violence** is any form of violence that occurs through patriarchal channels that sustain and recreate male supremacy and female subordination. Structural or systemic violence is generally invisible, embedded in ubiquitous social structures and is often normalized by formal institutions, such as the police, law, education and health systems. Structural violence occurs whenever people are disadvantaged by political, legal, economic or cultural traditions (Winter and Leighton, 2001). Structural and institutional violence includes experiences of violence, oppression, discrimination or rights violations based on existing laws, policies and discursive practices that are either targeted at specific populations or leave them out altogether.
OTHER IMPORTANT DEFINITIONS

The following definitions were also needed during the duration of implementation of the UN multi-country study. Like those above, these are contested terms and continue to be refined by practitioners and researchers in the field.

**Masculinities** Masculinities can be defined as “ways of living for men”, both identities and patterns of practices associated with the positions of men in various gender systems. There is no one masculinity; masculinities vary over time and across and within cultures. However, there is often a hierarchy of masculinities in which one (or more) pattern of masculinity is socially dominant and others are marginalized (IDS, 2007).

**Sex Act** is defined as contact between the penis and vulva, or the penis and the anus involving penetration, however slight; contact between the mouth and the penis, vulva or anus; or penetration of the anal or genital opening of another person by a hand, finger or other object.

**Sex Work** refers to the exchange of money for sexual services either regularly or occasionally. This may involve female, male, and transgender adults, young people and children where. The person may or may not consciously define such activity as income-generating, or self-identify as a sex worker. No single term adequately covers the range of transactions that take place across the world that involve sex work. The appropriate term to use for sex work is best defined relative to the local context. This definition may change over time as attitudes evolve. Priority must be given to reflecting how those involved in sex work perceive themselves in that role. Most self-identified sex workers define sex work as work.

**Transactional Sex** refers to the exchange of goods or services (excluding money) for sexual services, either regularly or occasionally, involving female, male, and transgender adults, young people and children where the person may or may not consciously define such activity as income-generating, or self-identify as sex workers.

**Violence Prevention** The UN Multi-country study used the term ‘prevention’ to refer to all efforts that seek to reduce the number of new instances of violence by identifying and addressing the factors associated with violence against women, including the pervasive gender inequalities that give men power over women. Prevention interventions target both the wider population and specific groups that are at high risk of using or experiencing violence in the future.

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1 The field of public health uses the terminology of ‘primary’, ‘secondary’ and ‘tertiary’ prevention to refer to: approaches that aim to prevent violence before it occurs (primary); approaches that focus on more immediate responses to violence (secondary); and approaches that focus on long-term care in the wake of violence (tertiary). For more information on these definitions, see WHO and LSHTM, 2010. Generally, it is more useful to avoid these technical terms and instead use the terms ‘prevention’ and ‘response’ to refer to approaches that aim to deal with violence before it occurs (prevention) and after it occurs (response), in accordance with common usage outside the public health field.
REFERENCES


World Health Organization (WHO) and London School of Hygiene and Tropical Medicine (LSHTM) (2010). *Preventing Intimate Partner and Sexual Violence Against Women: Taking Action and Generating Evidence*. Geneva: WHO.