

Violence against women: From research to policy and action

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Violence against women – Beijing Platform for Action, 1995

States that

“The absence of adequate sex-disaggregated data and statistics on the incidence of violence make the elaboration of programmes and monitoring of changes difficult.”

Recommends

“The promotion of research and data collection on the prevalence of different forms of violence against women, especially domestic violence, and research into the causes, the nature and the consequences of violence against women and the effectiveness of measures implemented to prevent and redress violence against women”

Political mandate for health response to VAW

69th World Health Assembly, May 2016

The Ministries of Health of the 193 Member States of WHO, endorse the **global plan of action on strengthening the health system's role in addressing violence against women and girls and against children**

4 strategic directions

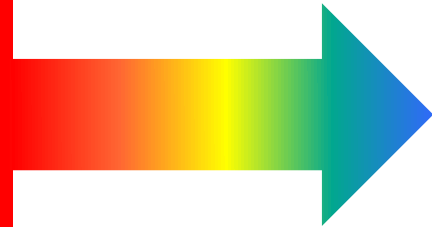
1. Strengthen health system leadership and governance in addressing VAW
2. Strengthen health service delivery and health workers' capacity to respond to violence against women
3. Strengthen programming to prevent violence
4. **Strengthen research and evidence**



Violence against women is on the development agenda

Millennium Development Goals (2000-2015)

No Millennium Development Goals targets or indicators related to violence against women



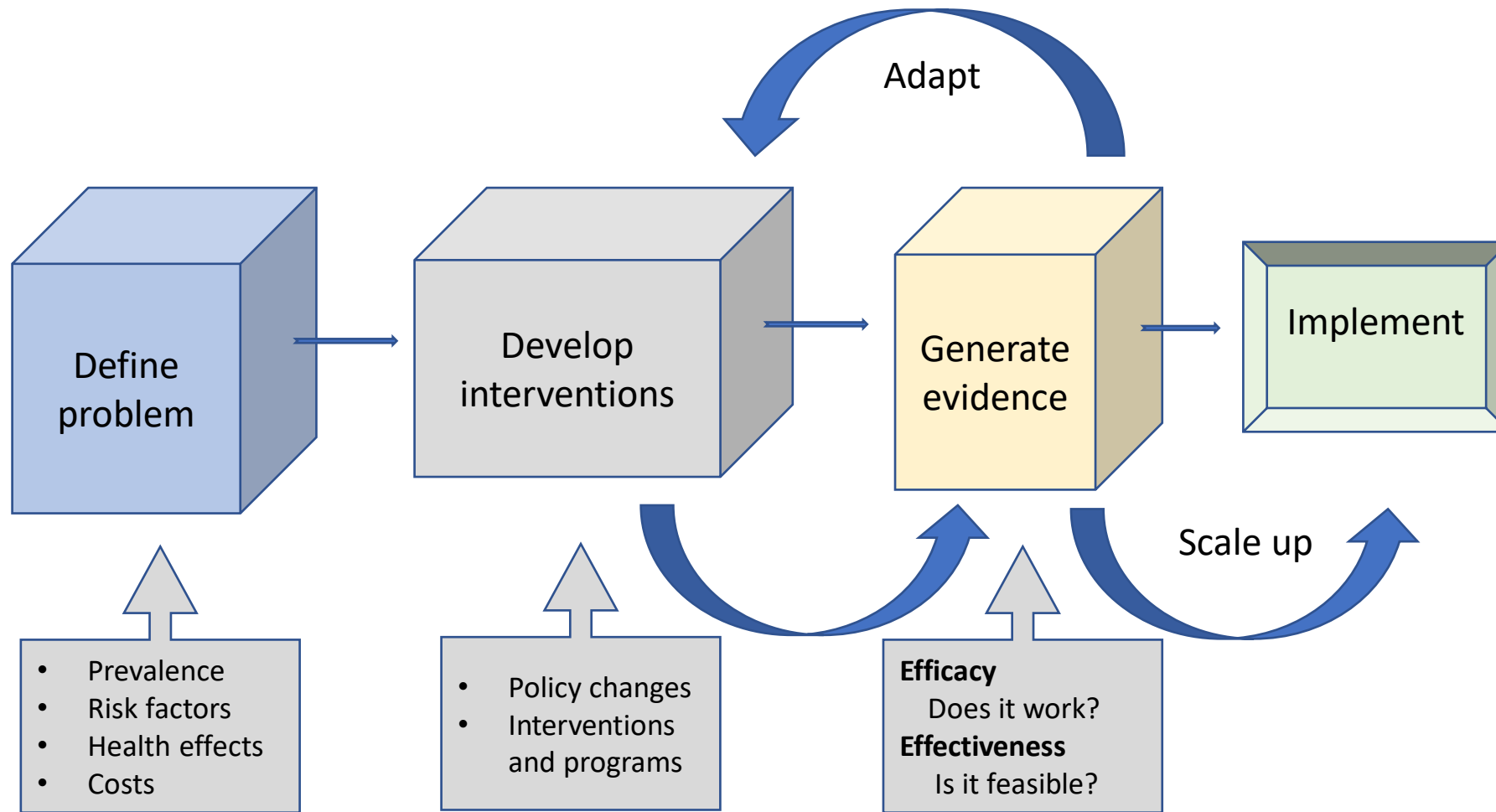
Sustainable Development Goals (2015-2030)

SDG Target 5.2

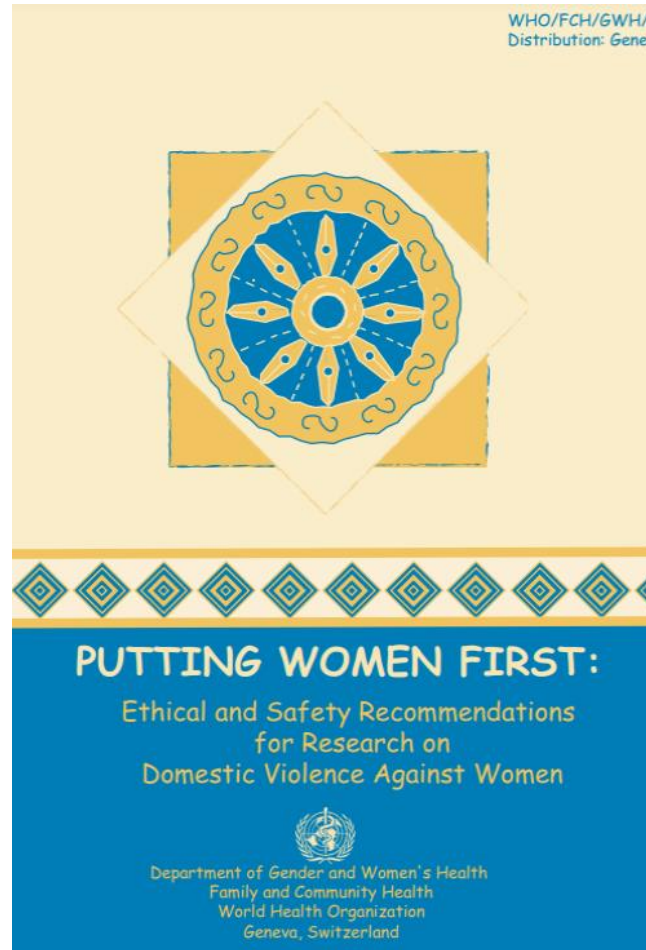
Eliminate all forms of violence against women and girls

SDG Target 5.3

Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation



Multi-country Study on Women's Health and Domestic Violence Against Women - Additional objectives

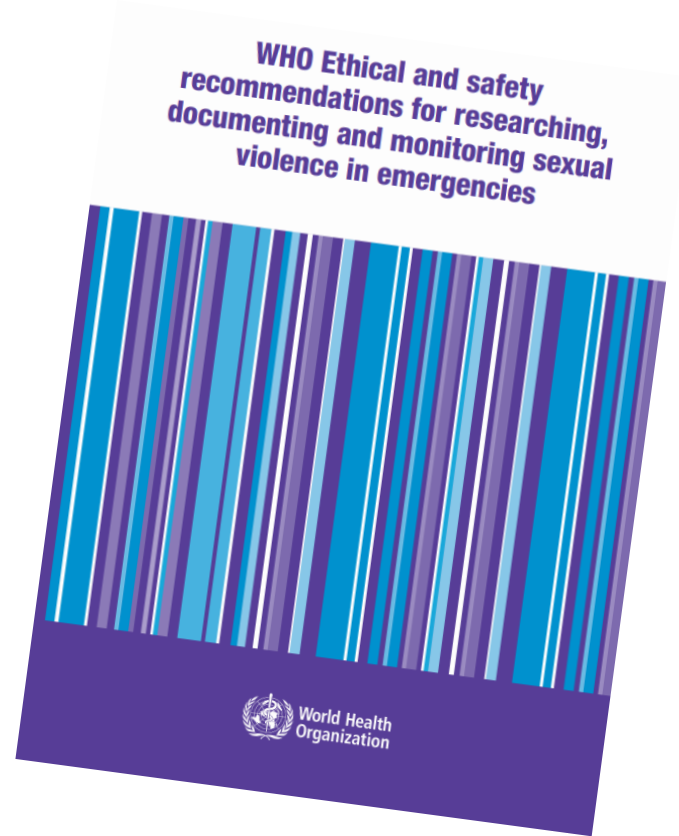


- Develop and test new instruments for measuring violence cross-culturally
- Increase national capacity amongst researchers and women's organizations working on
- Increase sensitivity to violence among researchers, policy-makers and health providers
- Promote new ethic/model of research

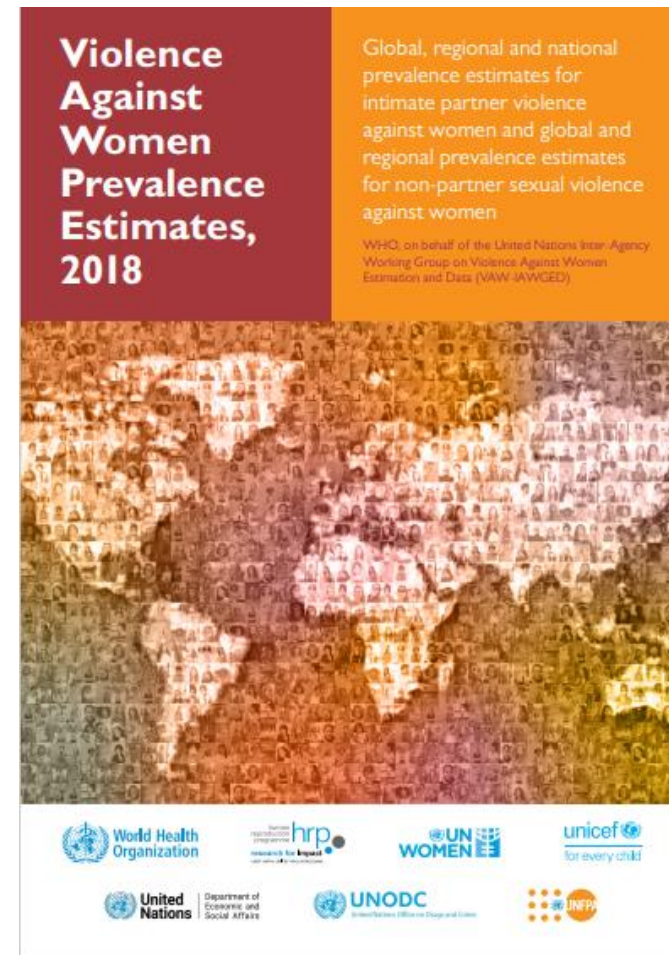
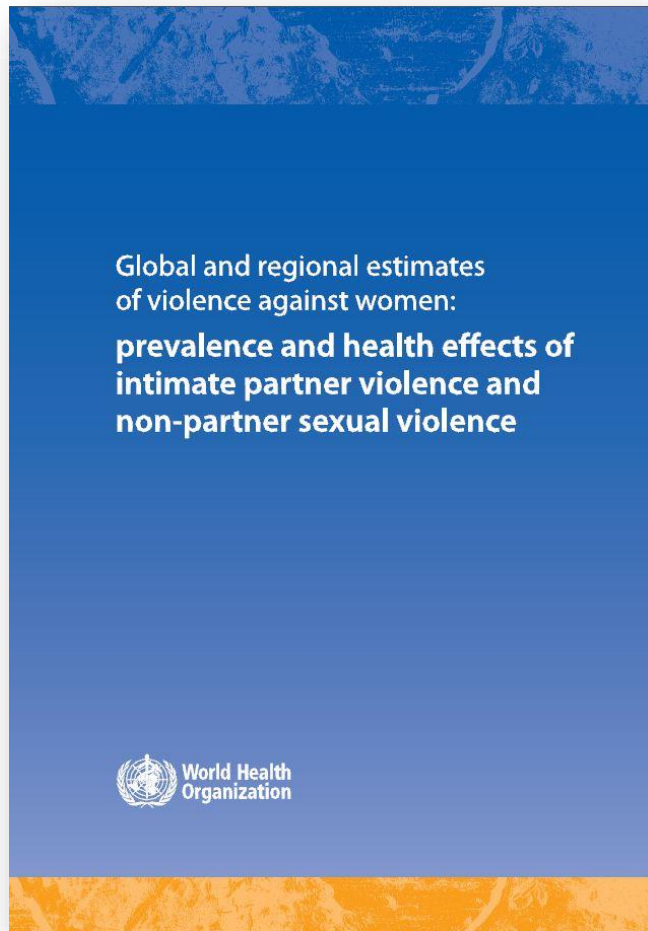
Key learnings

- A population-based survey on violence against women can and should be done ethically and safely
- It must be undertaken carefully
 - Methodologically rigorous
 - safety of participants paramount
- Important to understand and apply safety and ethical recommendations, learn from prior research and be creative and thoughtful about new solutions
- Disseminate results, best practices and lessons learned
- Women are willing to share experiences with well-trained and empathetic interviewers

Putting women's safety first in violence surveys/research



Measuring prevalence of intimate partner violence and sexual violence against women



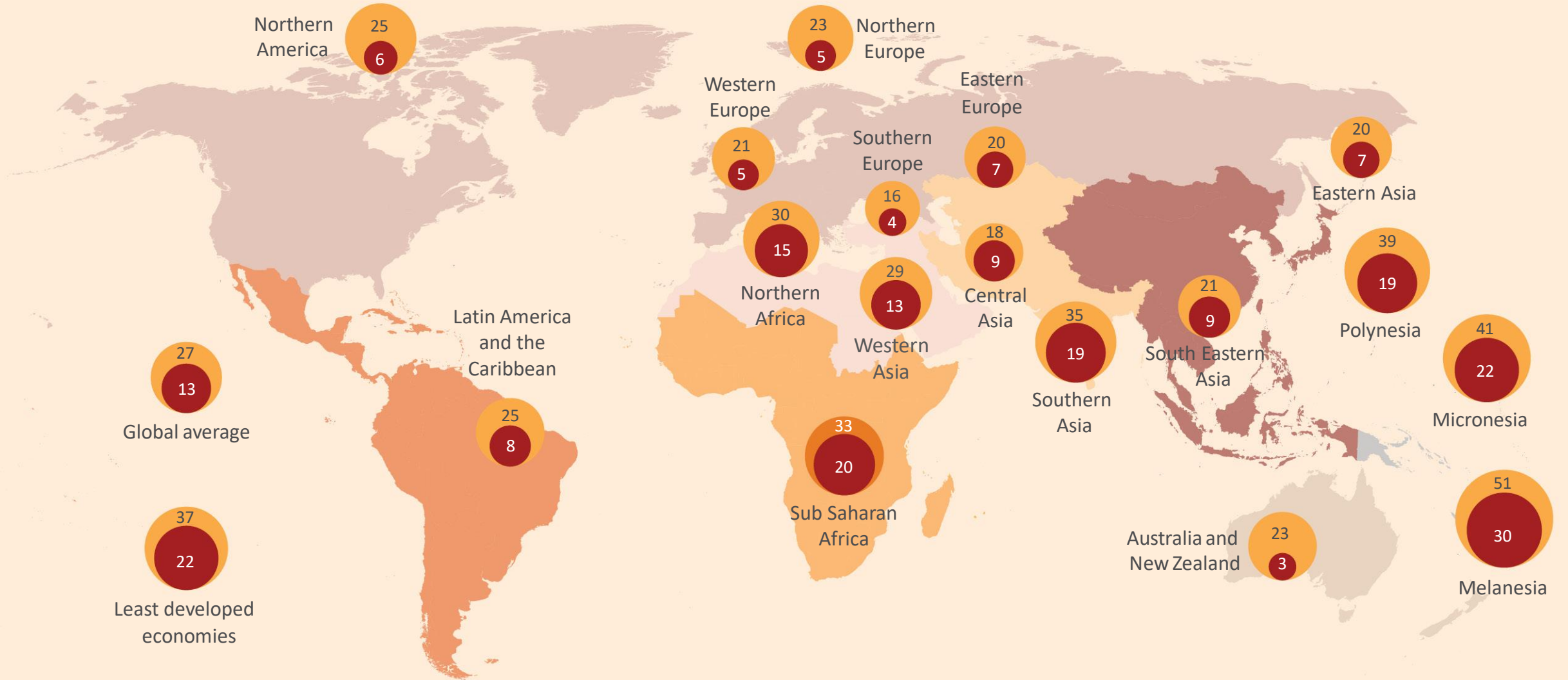
Behind the numbers, the human stories....



Measurement gaps remain

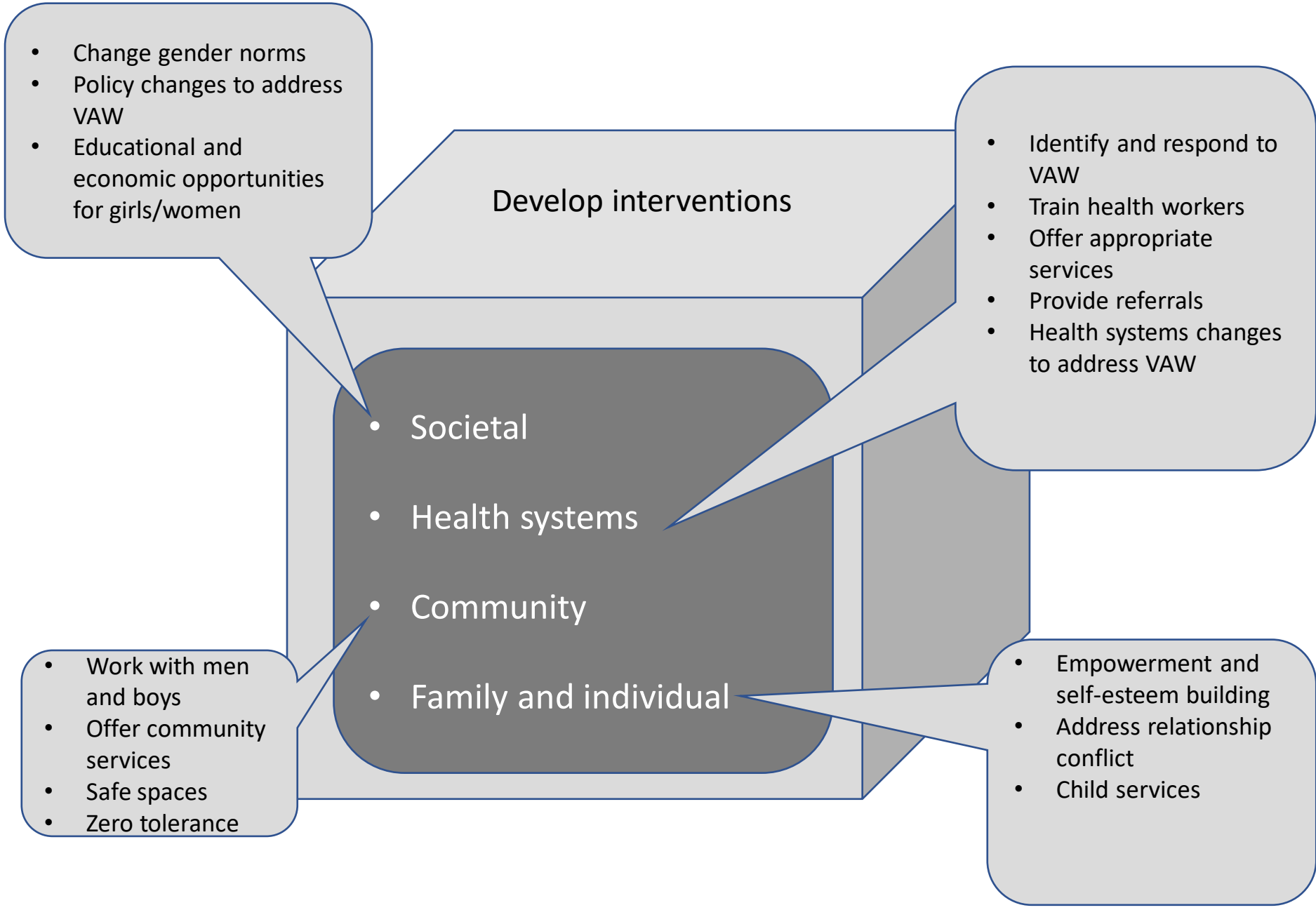
- Psychological intimate partner violence/coercive control
- Non – partner sexual violence beyond rape (attempted rape)
- Sexual harassment (school, work, public spaces)
- Technology-facilitated violence and abuse
- Violence against women with disabilities and against older women
- Longitudinal studies – temporality important to estimate burden (and cost)
- Standardized outcome measures

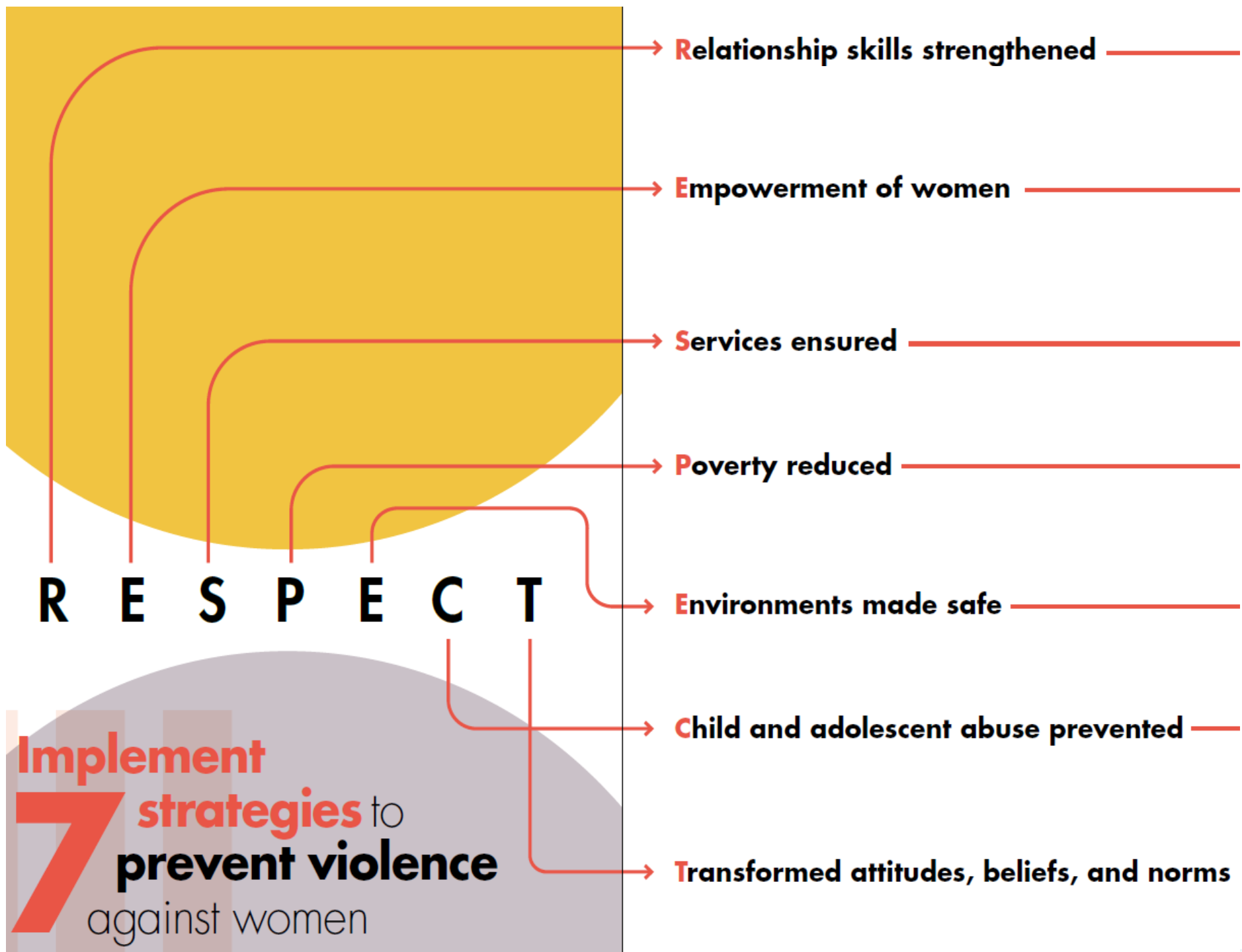
Regional prevalence estimates of physical and/or sexual intimate partner violence from women aged 15-49 by SDG region



○ Lifetime prevalence of physical IPV (%)

● Past 12 months prevalence IPV (%)





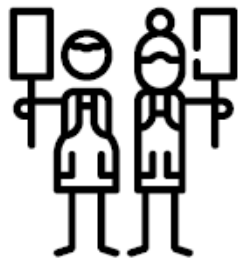
Strengthen **enabling environment** for prevention



Build **political commitment** from leaders and policy makers to speak out, condemning violence against women.



Put in place and facilitate enforcement of **policies and laws** that address violence against women and that promote gender equality.

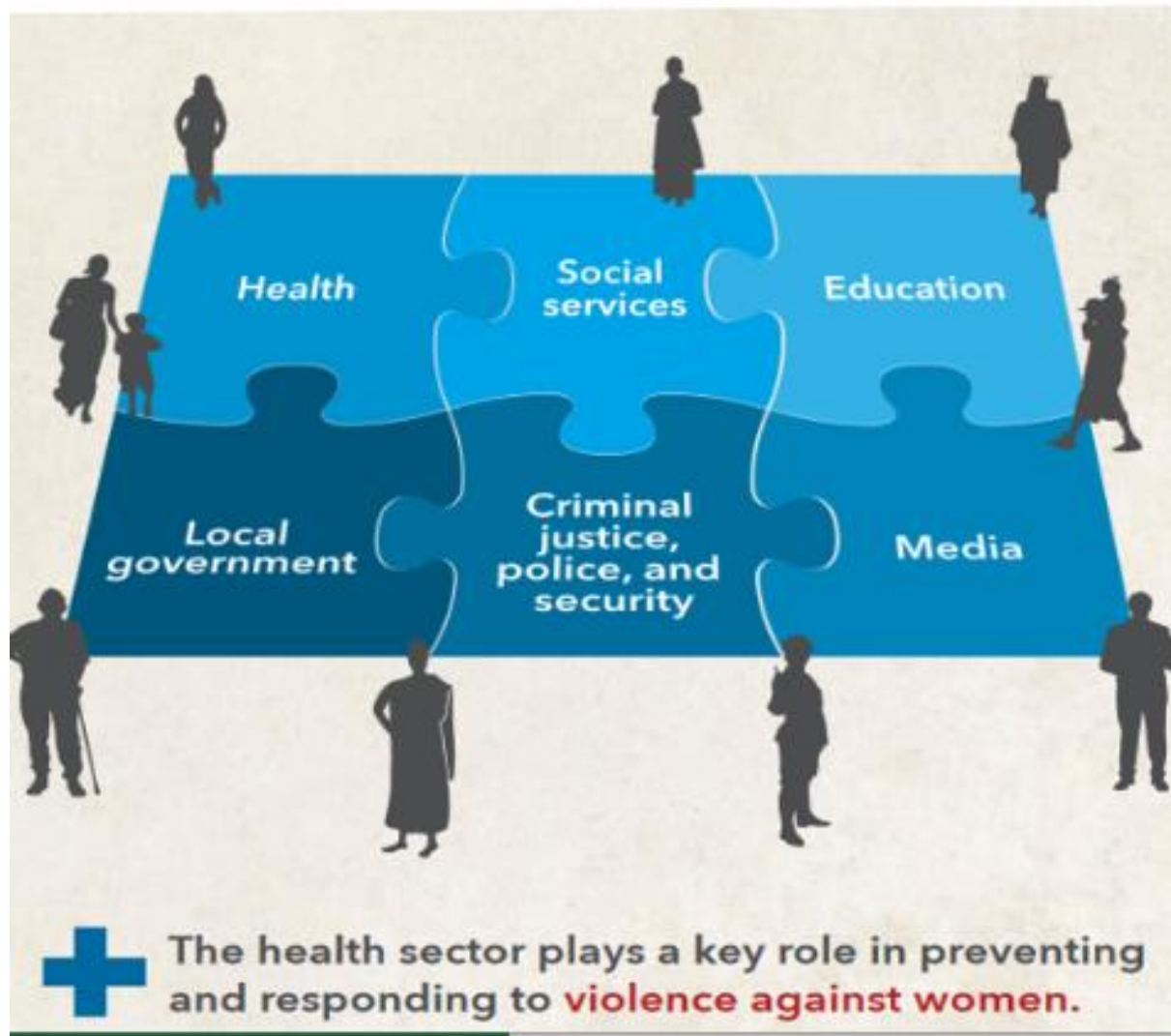


Invest in, build on the work of, resource, and support **women's organizations**.



Allocate resources to programmes, research, and to strengthen institutions and capacities of the health, education, law enforcement, and social services sectors to address violence against women.

To prevent and respond to violence against women,
multiple sectors of society must work together.



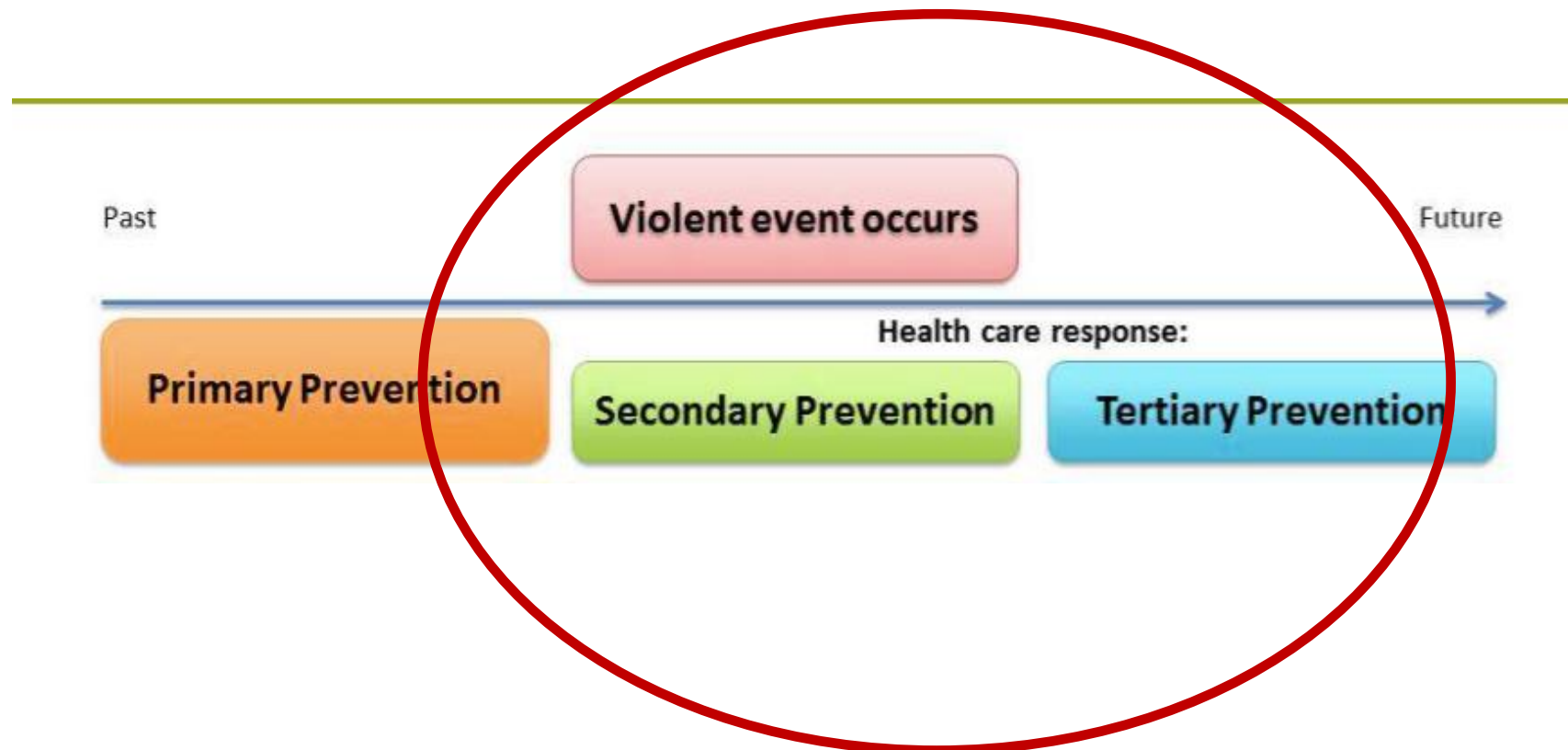
The health sector plays a key role in preventing and responding to **violence against women.**

Health systems



have a critical role and a political/policy mandate in responding to survivors and preventing violence

Address response and prevention as continuum



Health system interventions for prevention

- Health promotion
- community outreach
- home visitation/parenting support
- early identification of survivors
- clinical care including psychosocial support/first line support
- empowerment counselling
- addressing alcohol and substance use disorders
- mental health interventions for children/adolescents exposed to IPV
- referral to other services like protection orders, social protection
- responding to longer term mental health consequences
- rehabilitation

Primary prevention

Secondary prevention

Tertiary prevention

Scaling up in Primary health care: Prevention in a strengthened health systems response in India

Health System

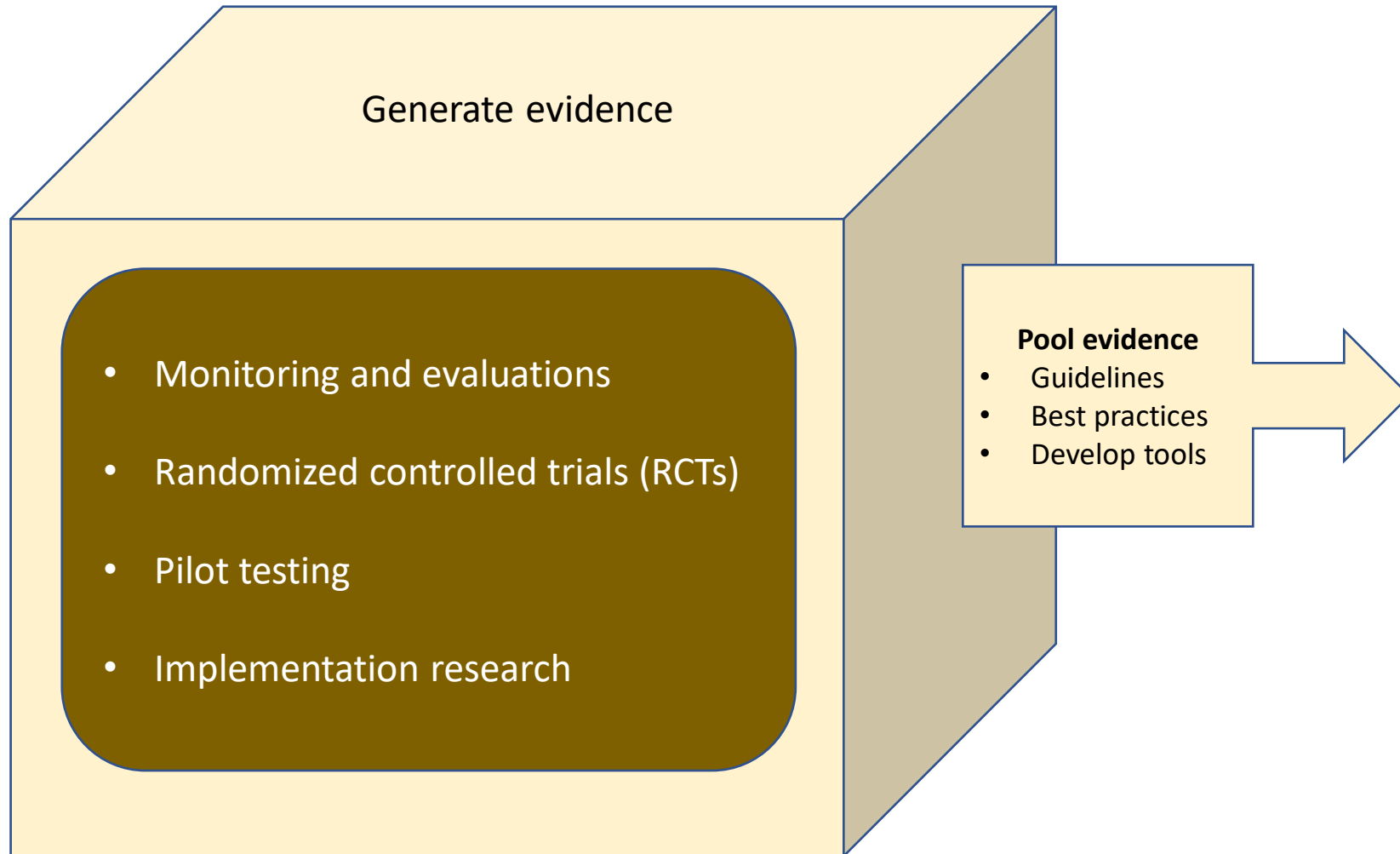
Capacity building of providers
including community health workers

Strengthening of the health system
- SOP, Documentation, privacy,
confidentiality, referrals

Changing mindsets - patriarchal
health system exchanged through
careful adaptation to roles,
responsibilities

Community-based

- **Integrating VAW prevention**
in the routine work of CHWs
- **Working with community
structures** like village health
committees to reinforce
prevention and support
CHWs



Scaling up through policy change & institutionalization (i.e. vertical scale)

Monitoring VAW prevention & response in policies



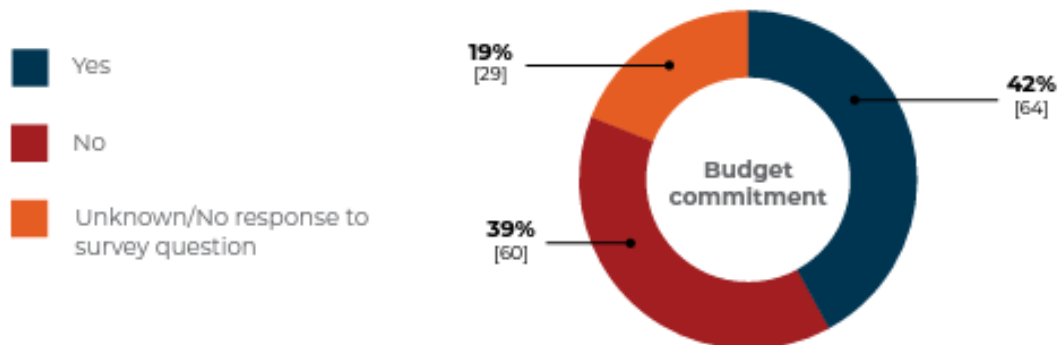
Existence of policy on violence against women (VAW)

81% of countries have **multi-sectoral plans of action**

48% of countries have **clinical guidelines** addressing VAW

40% of countries include **at least one prevention intervention** from each of the following three strategies of the *RESPECT women: preventing violence against women* framework: **E**mpowerment of women, **S**ervices ensured, and **T**ransformed gender attitudes, beliefs and norms

Figure 4: Proportion of countries that reported having a budget commitment for addressing VAW, among countries that responded to a WHO policy survey (n=153)



Examples of vertical scale in health systems:

- Namibia, Egypt, Pakistan, Iraq: Scaling up HW training
- Bhutan, Vietnam, Nigeria: training local policy makers in RESPECT
- Timor Leste, Trinidad & Tobago integrating VAW content in pre-service training.
- Ukraine: Planning to integrate VAW interventions in UHC package

What research is needed?

- Implementation research that considers complexity of health system
 - interactions across health system building blocks, across levels of health care and across providers (teams, role and responsibilities)
- More longitudinal research (different forms of violence, common drivers, life course perspective)
- Consider impact across generations, from pregnancy onwards, but look also at positive deviation and develop affordable interventions for children exposed/witnessing their mother's abuse
- Demonstrate the importance of health systems in primary and secondary prevention and define this better

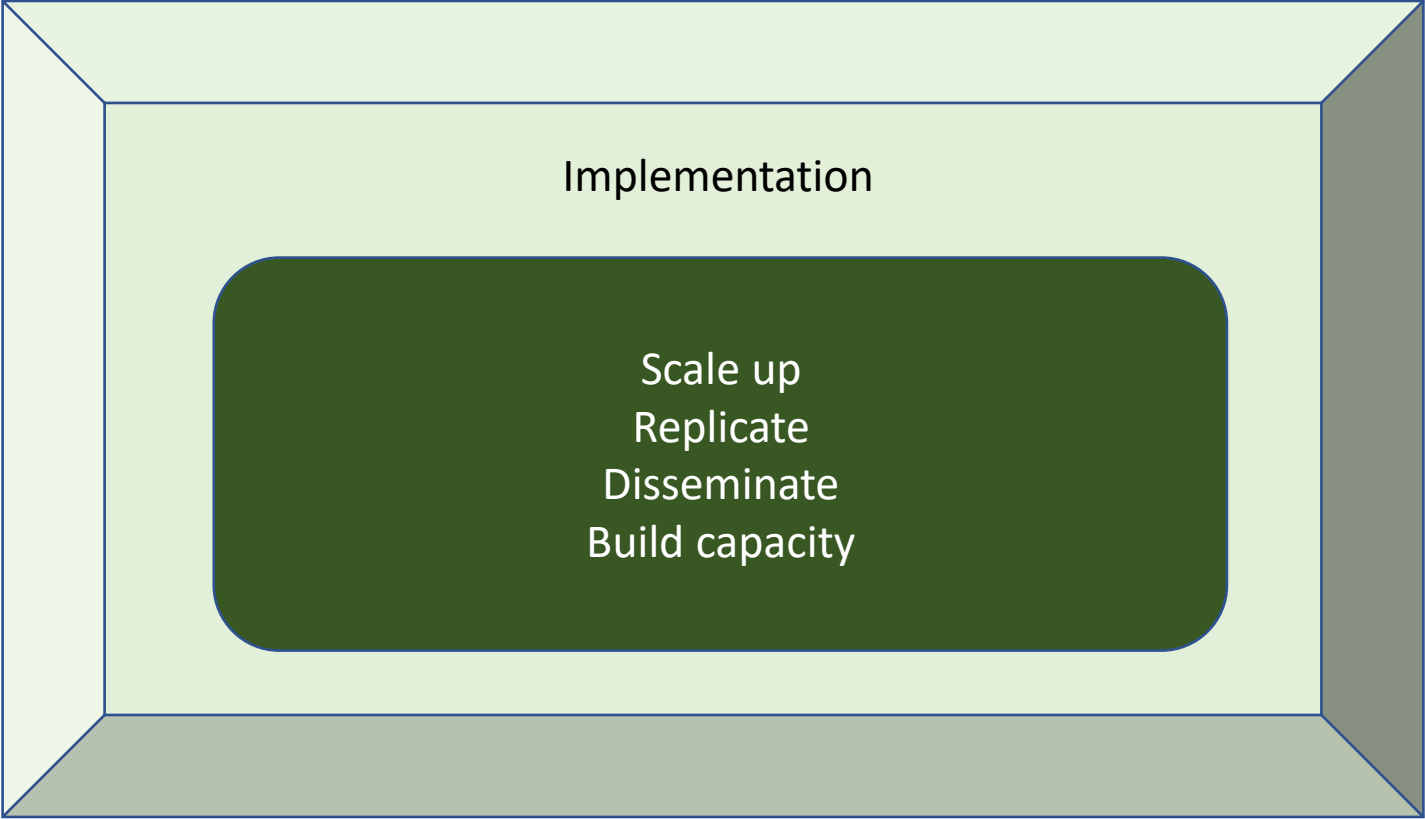
What research is needed?

- Survivor-led research, address power dynamics and build respectful partnerships for research
- Pipeline of research – don't scale up too soon or on basis of limited evidence
- Measure multiple outcomes and co-benefits in a standardized way
- More costing data
- More and better evaluation of different types of interventions (e.g. protection orders, early identification, brief psychological interventions) and look for scaleability and replicability

What have we learned?

The power of:

- data combined with real life stories
- public health approach
- partnerships (inside-outside strategies, support and solidarity, generosity, kindness)
- perseverance and passion (tempered with self-care)
- evidence-based advocacy ('drip-drip-drip' approach)
- a long-term perspective



We have come a long way. . .

and there is still a long way to go. . .

but we learn and grow together

Thank you