

Training course in adolescent sexual and reproductive  
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Violence against women and girls: prevention, support  
and care

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## **Background**

Gender-based violence refers to violence directed against a woman because she is a woman or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty (1). Among ever-partnered girls aged 15–19 years, the lifetime prevalence of IPV is 29% (2) and in India, the rate is around 17% (3). The prevalence of child sexual abuse worldwide is estimated to be approximately 18% for girls and 8% for boys (4). Gender-based violence is rooted in gender inequality as attitudes justifying violence against women and girls are often widely held by women and men, and sexual harassment is widespread, including in institutions assumed to be safe, such as schools (5,6).

### **Question 1:**

**Name 3 forms of gender-based violence that you are aware of, occurs in your community/country?**

1. In India, domestic violence is the most prevalent gender based violence against women. As per National Family Health Survey data (NFHS-4), 30%, of the women aged 15-49 experienced physical or sexual violence since age 15. Out of all the women who experienced physical or sexual violence, 17% were adolescents. Majority of the physical or sexual violence against ever married women were committed by their husbands (83%) (3).
2. The second most prevalent gender based violence is **early marriages**. Though the rate early marriages in India has decreased from 47% in 2005 to 27% in 2016 still the rate of marriages before the age of 18 quite high (3).
3. The **trafficking** of young girls (under the age of 18) has grown 14 times over the last decade and has grown by 65% in the year 2014 according to the National Crime Record Bureau (NCRB) (7)

### **Question 2:**

**Gender-based violence has negative consequences to women and girls, their families, and their communities and societies. Name three such consequences?**

Gender based violence has serious short- and long-term physical, psychological and social consequences to women and girls, their families, and their communities. For instance:

- Firstly, Gender based violence such as intimate partner violence or sexual violence can lead to unintended pregnancies, induced abortions (mostly unsafe), gynecological problems, and sexually transmitted infections, including HIV. Moreover, it also increases the risk of miscarriage, stillbirth, pre-term delivery and low birth weight babies
- Secondly, children who experience violence in their families and grow in that environment can lead to a range of behavioral and emotional disturbances. These can also be associated with perpetrating or experiencing violence later in life (3).

- Lastly, the social and economic costs are also huge in terms of providing care to victims of gender based violence. Loss of wages due to their inability to work and lack of participation in regular activities also impact their social and economic wellbeing.

### **Question 3:**

**In many places health care providers do not respond effectively and with sensitivity to women and girls who experience gender-based violence. Firstly, in your opinion, why is this so? Secondly, name three things that could be done to change the situation?**

Health care providers are often the first point of contact for women and girls who experience physical or sexual violence. However, due to **lack of specialized knowledge and skills** to handle these situation and deal with the victims of gender-based violence with empathy make them less responsive towards these instances. Moreover, not able to recognize signs of GBV and lack of Standard Operating Procedures (SOPs) to treat it also render health service providers ineffective. Furthermore, the lack of female health professionals also had a negative effect on the GBV response.

To ensure that health care providers have the necessary specialized knowledge and skills to provide appropriate care for GBV victims and refer cases of GBV to provide health, psycho-social, protection or legal services, an entire framework and strategy should be developed. It should include:

- Strategy and program for awareness raising and sensitizations
- Capacity building of medical personnel and first responders and establish pool of skilled health care providers
- Advocacy for adaptation of package of health services in hospitals to include GBV care
- Development of a standard treatment protocol in line with protocols for other health issues
- Establishment of integrated multi-sectorial system, funding mechanism and monitoring and evaluation

### **Question 4:**

**Firstly, what are the seven strategies that comprise RESPECT? Secondly, what do R and T stand for, and what is the evidence of the effectiveness of both? Thirdly, what will it take to implement R and T in your context?**

1. The framework contains a set of action-oriented steps that enables policymakers and health implementers to design, plan, implement, monitor and evaluate interventions and programmes using seven strategies to prevent Violence against women. The strategies are summarized in R.E.S.P.E.C.T, with each letter representing one strategy.
  - R – Relationship skills strengthened. This refers to strategies to improve skills in interpersonal communication, conflict management and shared decision-making.

- E – Empowerment of women. This refers to economic and social empowerment strategies including those that build skills in self-efficacy, assertiveness, negotiation, and self-confidence.
- S – Services ensured. This refers to a range of services including health, police, legal, and social services for survivors of violence.
- P – Poverty reduced. This refers to strategies targeted to women or the household, whose primary aim is to alleviate poverty.
- E – Environments made safe. This refers to efforts to create safe schools, public spaces and work environments, among others.
- C – Child and adolescent abuse prevented. This includes strategies that establish nurturing family relationships.
- T – Transformed attitudes, beliefs and norms. This refers to strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes

2. R stands for Relationship skill strengthened which focuses on promoting egalitarian attitudes and relationship by holding group-based workshops. Community based HIV prevention programme in 70 villages (clusters) in the Eastern Cape province of South Africa called ‘Stepping Stones’ was implemented with an aim to improve sexual health by using participatory learning approaches to build knowledge, risk awareness, and communication skills and to stimulate critical reflection. Stepping Stones significantly improved a number of reported risk behaviors in men, with a lower proportion of men reporting perpetration of intimate partner violence across two years of follow-up and less transactional sex and problem drinking at 12 months (9).

T stands for Transformed attitudes, beliefs and norms which focuses on community mobilization, awareness campaigns etc. to transform harmful attitudes, beliefs and norms against the gender. SASA, a community intervention in Uganda, show that in communities where the intervention was implemented, 76% of women and men believe physical violence against a partner is not acceptable while only 26% of women and men in control communities believe the same. Moreover, at the cost of US\$ 460 per incident case of partner violence averted in trial phase, intervention is cost-effective and further economies of scale can be achieved during scale-up (10).

3. In India, there are several community-based interventions being implemented under National Health Mission. There is a dedicated incentive based female volunteer called Accredited Social Health Activist (ASHA) for every 1000 people making it to more than one million ASHAs. So, implementing a community-based intervention will require efforts in the following domains:
  - **Advocacy:** Advocacy at all levels are crucial to ensure that the issue of Gender Based Violence should be a priority of politicians, legislators, policy-makers and other relevant stakeholders.

- **Sustained funding:** It is also important to advocate for dedicated funding to implement these kinds of programs. It is often noted that programs related to GBV are implemented on a pilot basis but never scaled up at the national level.
- **Inter-sector convergence:** It is also pivotal to involve all relevant stakeholders in implementation of the program. Health sector can take a lead but active involvement of other sectors like education, women and child development, social justice etc. should be ensured by delineating clear roles and responsibilities

### **Question 5:**

**Gathering and using data on violence against women and girls is important. Identify three actions that you believe all countries could carry out immediately?**

1. **Robust reporting system:** Strengthen routine reporting of violence against adolescent girls statistics by including indicators and collection of data in health information and surveillance systems
2. **Focus on research:** Conduct research to develop, evaluate and scale up health systems interventions to prevent or reduce violence against women and girls
3. **Strengthened data analysis mechanism:** Conduct or support analysis and use of disaggregated data on violence against women and girls

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