Training course in adolescent sexual and reproductive health 2021

Violence against women and girls: prevention, support and care

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Question 1.1

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

1. Consequences to the girls: mental health problems.
2. Consequences to families: children of abused women experience anxiety and behavior problems.
3. Communities and societies suffer the loss of women's and girls' participation in public life.

Question 1.2

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.

In my opinion health care providers fail to provide services to women and girls who experience violence effectively and with sensitivity due to the lack of training in dealing with violence cases and detecting them especially when many women hide their suffering for many reasons and the lack of resources to manage the cases when acknowledged. And solutions are:

(1) The health care providers should be provided with proper training in identification and care for IPV.

(2) Training relating to IPV and sexual assault.

(3) Policy and programmatic approaches to delivering services and mandatory reporting.

Question 1.3

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

1. Strength routine reporting of violence against women and girls statistics by including indicators and data collection in health information and surveillance systems.
2. Conduct research to develop, evaluate and scale up health systems interventions to prevent or reduce violence against women and girls.

Question 2

Firstly, what do R and T in the RESPECT framework stand for? Secondly, what is the evidence of the effectiveness of both R and T? Thirdly, what will it take to implement R and T in your context?

R represents: Relationship skills strengthened
T represents: Transformed attitudes, beliefs, and norms

Evidence for R: There are low-income countries promising evidence for Group-based workshops with women and men to promote egalitarian attitudes and relationships. High-income countries promise evidence for Couples counseling and therapy. For the T there are low-income countries promising evidence for Community mobilization and Group-based workshops with women and men to promote changes in attitudes and norms. In contrast, Social marketing or edutainment and group education with men and boys change attitudes and need more evidence in high-income countries and promising in low-income countries. Group education with men and boys to change attitudes and norms have no proof in low-income countries and needs more evidence for high-income countries. Stand-alone awareness campaigns/single component communications campaigns are ineffective in both low and high-income countries.

In my context, the best strategies to implement R are strategies aimed at individuals or groups of women, men, or couples to improve skills in interpersonal communication, conflict management, and shared decision-making. For example, programs and workshops to address violence against women (VAW) and life-skills training should be widely implemented. For T implementation strategies that challenge harmful gender attitudes, beliefs, norms, and stereotypes that uphold male privilege and female subordination, that justify violence against women and that stigmatize survivors. These may range from public campaigns, group education to community mobilization efforts. Use participatory approaches to stimulate personal reflection and critical thinking, and build on the voice, agency, and skills of people.

Question 3

What are the three intervention types that have been found to be effective at preventing violence against women and girls in a recent rigorous review when well designed and executed?

1. Combined economic and social empowerment programs targeting women: Combining economic interventions (such as microfinance) with gender-transformative programming for women effectively prevents their experience of IPV.
2. Parenting programmes to prevent IPV and child maltreatment: which are delivered through sessions on improving parenting skills rather than home visits effectively reduce IPV, and, through a focus on gender norms around children and pregnancy, may provide an opportunity to enhance parenting skills and relationships between parents.
3. School-based interventions for peer violence: In Africa and Central and South Asia, these interventions have been found to be effective in reducing violence when using participatory methods, building skills, and addressing violence prevention through a gender lens.

Question 4.1

What are three specific initiatives for institutional reforms in a health sector that have shown promising impact on the level of violence or the health and wellbeing of survivors?

1. Policies, procedures and protocols to improve the health care response .
2. Sensitization and training of health professionals.
3. Specialized survivor services (counseling, support groups).

Question 4.2

What, according to you, makes "life-skills programs" for adolescent boys effective against gender-based violence?

I believe that life-skills programs for adolescent boys are effective against gender-based violence because workshops promote discussion about gender inequalities, encourage mixing males with females, and challenge gender stereotypes. It helps men to understand women's perspectives and enhance sympathy for gender issues. Boys who participated in these workshops believed more in equal rights for men and women and that violence is unacceptable. Studies has shown that adolescents boys more responsive to change in social norms than older men. Men who were part of workshops assumed more responsibility for household chores and demonstrated more understanding of women. Programs helped raise awareness about gender issues and improved attitudes about gender roles, equity, and violence.

Question 4.3

What three effects did the Durbar community mobilization activities have on the communities?

Durbar: a traditional meeting of community stakeholders that aims to raise awareness of a problem and find solutions (in Ghana). Researchers evaluated the results of these efforts using informal, qualitative methods. They concluded that community workshops and theatre: (1) raised awareness of abuse, (2) increased willingness of parents to report abuse, and (3) allowed the community to confront the problem of abuse without putting individual girls at risk of retaliation. In one site, Leach and colleagues report that the initiative resulted in sanctions against the head of a school who had repeatedly sexually abused students**.**

Question 5.1

Who were identified as major perpetrators of physical and sexual violence among men and women in the Somalian study during their childhoods?

Perpetrators of physical violence during childhood among women included family members (43%), father/stepfather (29%), and teachers (15%), while neighbors (20%), someone from another clan (18%), and strangers (15%) were reported as perpetrators of sexual violence during childhood. Among men, commonly said perpetrators of physical violence during childhood were father/stepfather (43%), teacher (35%) or family members (24%), while perpetrators of sexual violence included father/stepfather (34%), a family friend (16%) and other individuals (16%).

Question 5.2

Of the following factors, identify two factors that were associated with lifetime intimate partner violence (IPV) and non-partner violence (NPV) victimization among women as well as lifetime violence victimization and perpetration among men.

A. Belonging to a minority clan

D. having a history of migration or displacement

Question 6

What, according to you is the most prevalent form of gender violence in your country and why? Is there any initiative that has been targeting GBV or laws and policies supporting victims?

I believe that the most prevalent form of Gender-Based Violence (GBV) in Iraq is intimate partner violence and other family members' violence (e.g.: father, stepfather, and brother). I think this is partly due to the lack of laws that protects women from GBV, and in fact, some laws allow gender-based violence and justify assault against women like (Honor crime law) which justifies assault against women in cases of infidelity, or laws that give men the right to discipline their wives even if it involves physical strength. Another reason is that most women are dependent on men for financial and emotional support that makes many women afraid to speak up when being abused because this might mean loss of financial support for them and their children. Additionally, other cultural bases enforce male superiority and make men responsible for women responsible for their finance and decision-making on their behalf. Also, the women themselves are afraid of the stigma and judgment in case complaints result in divorce.

There have been initiatives that target GBV in Iraq, including the (Iraq GBV sub-cluster strategy)that has "adapted a responsive and nationwide strategy for GBV prevention, response, coordination and advocacy, in line with the Protection Cluster, Syria Regional Refugee Response Plan and Iraq Humanitarian Response Plan. This strategy is intended to provide a framework for all actors involved in addressing GBV in the humanitarian context in Iraq, including implementing agencies (governmental and nongovernmental), United Nations, donors, and the broader humanitarian community." and it has 3 objects: ": Improve capacity for timely delivery of quality, multi-sectorial response for GBV survivors Build community resilience to prevent and mitigate acts of GBV and harmful traditional practices Strengthen coordination and advocacy on GBV prevention and response among GBV Sub-Cluster members, other humanitarian actors and clusters, Iraqi civil society, UN, government authorities and communities" [(1)] And in the report (The Assessment of the Needs of & Services Provided to GBV Survivors in Iraq) "all of the FGD participants maintained that their services had a positive impact, especially in the areas of rehabilitation of the GBV survivors, the provision of counseling support, creating livelihood opportunities, and restoring self-confidence and self-esteem. The FGDs participants from Baghdad, in particular, mentioned their footprint in the successful rehabilitation of the survivors. In contrast, in Diyala, their interventions have significantly improved the rates of survivor's attempts of committing suicides. Overcoming fear of re-victimization was considered as the most significant achievement in Kirkuk." [(2)]

References

1. Global Protection Cluster. IRAQ GBV Sub-Cluster Strategy for 2016. GBV Sub-Cluster -Iraq. 2016. Available from:

https://www.humanitarianresponse.info/en/operations/iraq/document/meeting-minutes-march-center-south-gbv-working-group

2. UNFPA Iraq. The Assessment of the needs of & services provided to GBV survivors in Iraq. 2019. Available from: https://iraq.unfpa.org/en/publications/assessment-needs-services-provided-gbv-survivors-iraq