

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.

Women and girls suffer

- Physical injury and disability
- Mental health problems
- Reproductive health problems

Families suffer

- Children of abused women experience anxiety and behavior problems
- Loss of home, search for safe space
- Loss of wages and income

Communities and societies suffer

- High cost of providing services
- Lost productivity
- 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.

Health care providers do not respond effectively. In my opinion, because they have not been trained. Also, health services often are slow to recognize violence have limited resources, do not consider violence a health problem, are reluctant to talk about it, and do not know how to help.

Something that could be done it change this situation include:

1. Implement protocols for providing quality care, using WHO guidelines/tools
2. Provide comprehensive health care services to all women, and girls who have experienced violence, including in humanitarian settings
3. Train health care providers and integrate training on violence against women, and girls in pre-and in-service curriculum for all health professionals

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. Strengthen routine reporting of violence against women and girls statistics by including indicators and collection of data in health information and surveillance systems
2. Establish baselines for prevalence through population-based surveys and integrate violence against women and girls modules in recurring population-based surveys
3. Conduct or support analysis and use of disaggregated data on 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: Relationship skills strengthened

Refers to strategies aimed at individuals or groups of women, men or couples to improve skills in interpersonal communication, conflict management, and shared decision-making.

Evidence of the effectiveness:

Group base Workshops with women and men:

In the two-year period following the implementation of Stepping Stones in South Africa with female, and male participants aged 15–26 years, men were less likely to perpetrate intimate partner violence, rape and transactional sex in the intervention group compared to the baseline.

T: Transformed attitudes, beliefs, and norms

Refers to 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.

Evidence of the effectiveness:

Community Mobilizations SASA!

Is a community intervention in Uganda that prevents violence against women by shifting the power balance between men and women in relationships. Studies show that in SASA! communities 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. 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.

Violence against women in Iran is related to cultural problems and change of norms in society can help to decrease VIP. Even, some Iranian women accept male dominance and in one study

the strongest predictor of physical abuse was a positive attitude to male dominance (1). **Group education, workshops, and media** play the important role in changing attitudes, norms, and also power relationships between men and women. On the other hand, education of women affect their attitudes and can affect relationship skills and women's low education is the most important risk factor for violence (2).

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?

- Combined economic and social empowerment programmes targeting women.
- Parenting programmes to prevent IPV and child maltreatment.
- Community activism to shift harmful gender attitudes, role and social norms.
- School-based interventions to prevent dating or sexual violence.

Question 4.1

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

- Policies, procedures and protocols to improve the health care response
- Sensitization and training of health professionals
- Routine screening and referral systems

Question 4.2

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

A higher percentage of men believe that women should not have the same rights and that wife-beating was not wrong. Many NGOs have tried to change attitudes and behaviors relative to gender-based violence among youth in the context of “life skills” and/or peer education. I think a life skills program can raise awareness of gender issues and improve some attitudes towards gender roles, equity, and violence in boys. It is an affordable and effective way to improve boys’ attitudes, knowledge and practices in regards to gender discrimination, sexual violence, and sexual harassment.

Question 4.3

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

Researchers concluded that community workshops and theatre **raised awareness of abuse, increased willingness of parents to report abuse, and 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 neighbours (20%), someone from another clan (18%) and strangers (15%) were reported as perpetrators of sexual violence during childhood. Among men, commonly reported 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%), 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.

1. Belonging to a minority clan
2. Having a history of migration or displacement
3. Low economic resources

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?

In my opinion, Intimate partner violence (IPV) is the most prevalent form of gender violence in Iran. A study shows that the general estimate of the prevalence of this problem in Iran was 66% (CI 95%: 55 - 77), which is consistent with the results of a national study (3). Because in the religious and cultural point of view, the man has the right to dominate the woman. Cultural factors and established values, such as patience in family affairs to avoid indignity, avoiding further conflict, and protecting unity in the family are the factors increasing VIP.

We are far from the ideal status. We did not have any comprehensive plan in Iran that considers different aspects and dimensions of women's health. The developed upstream documents do not include the action plans and strategies via them the policies could be implemented. The current plans often do not have any executive and legal grantees for enforcement.

We should:

1. Routine screening of women, especially women at risk of violence in any obstetric and gynecologic visit, also in each family planning, prenatal, pregnancy, postpartum and even during menopause period should be done.
2. It would be effective to train physicians, medical students and psychologists to be familiar with the signs and symptoms of domestic violence, the importance of screening for violence against women of all ages, especially young women of reproductive age, also pre-marriage education and public awareness to control and eradicate this problem.

References

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