

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: mental health problems, physical injury and disability, 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 services often are slow to recognize violence | lack staff trained on violence | have limited resources | do not consider violence a health problem | are reluctant to talk about it | do not know how to help. Coverage and quality of services, especially mental health services, needed. National plans and policies for addressing violence and intersectoral coordination for addressing different forms of violence and coordination within the health system across different programmers are needed. Adolescents often do not seek gender-based violence prevention, support and care services. Uptake of services needs to be facilitated. Health-care providers, including those working in communities, can support this by raising public awareness of the signs, symptoms and health consequences of Intimate partner violence (IPV) and sexual abuse, and the need to reduce stigma and to seek timely care. Most health-care providers are not prepared to deal with gender-based violence, including as it relates to reporting of sexual abuse. Health-care providers need training and ongoing support to provide care that is child- and adolescent-centred, is age-appropriate, is responsive to the needs of adolescents, and considers the evolving capacities of adolescents in determining when and how best to engage parents, legal guardians and other relevant caregivers reporting of sexual abuse, where mandated by law, needs to take into account situations where protection systems are not functioning optimally and where adolescents under the legal age of sexual consent may be having consensual sex with peers.

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.

Establish baselines for prevalence through population-based surveys and integrate violence against women and girl's modules in recurring population-based surveys and building on resiliency and knowledge, and resourcing and supporting communities to find solutions.

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?

2.1 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. and **T**ransformed 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 for R: Group-based workshop with women and men to promote egalitarian attitude and relationship.



Couples counselling and therapy.



Group-based Workshops: 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.

Evidence for T: Community mobilization (no evidence) L
Group-based workshop with women and men to promote changes in attitudes and norms



Social marketing or edutainment and group education.



Group education with men and boys to change attitudes and norms.



Stand-alone awareness campaigns/single component communications campaigns



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.

Promising, >1 evaluations show significant reductions in violence outcome: 

more evidence needed, > 1 evaluations show improvements in intermediate outcomes related to violence:



ineffective, >1 evaluations show no reductions in violence outcomes



World Bank High Income Countries (HIC):H, World Bank Low and Middle Income Countries (LMIC): L

Thirdly: Build political commitment from leaders and policy makers to speak out, condemning violence against women. Invest in, build on the work of, resource, and support women's organizations. Put in place and facilitate enforcement of laws and policies that address violence against women and that promote gender equality, including access to secondary education. Allocate resources to programmers, research, and to strengthen institutions and capacities of the health, education, law enforcement, and social services sectors to address violence against women.

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?

Economic transfer programmers, Combined economic and social empowerment programmers targeting women, Parenting programmers 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, School-based interventions for peer violence, Interventions that work with individuals and/or couples to reduce their alcohol and/or substance abuse (with or without other prevention elements), Couples' interventions (focused on transforming gender relations within the couple, or addressing alcohol and violence in relationships), Interventions with female sex workers to reduce violence by clients, police or strangers (i.e., non-intimate partners) through empowerment/collectivization or alcohol and substance use reduction.

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, Development of information systems such as epidemiological, surveillance, and morbidity statistics on violence

Specialized survivor services (counseling, support groups), Improved coordination and referrals to A non-governmental organization (NGOs) and other sectors, Curricular changes in training of nurses and medical personnel

Question 4.2

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

Adolescent boys appeared more open to changing their view of masculinity than older men. Preliminary evaluation results suggest that the program raised awareness of gender issues and improved some attitudes towards gender roles, equity and violence in the intervention villages compared to controls. life-skills programs for had a positive impact on gender equitable attitudes and behaviors, but the evaluation had some limitations, including the lack of a control group. It seems that life-skills programs can be effective in preventing violence, although this is a long-term step.

Question 4.3

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

Researchers evaluated the results of these efforts using informal, qualitative methods and 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?

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%). 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.

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.

Belonging to a minority clan, Having a history of migration or displacement and 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?

A 2001 survey of 28 provinces in Iran conducted by the Women and Social Participation Department of the Iranian Ministry of Health showed that 66% of women have been victims of domestic violence at least once (1), while a study by Rahnavardi et al. (2) indicated that 83% of women from Birjand suffer from domestic violence, mostly (20.6%) in the form of emotional-mental abuse. Hajnasiri et al. (3) estimated the domestic violence in Tehran at 36%, of which 30% is physical and 29% emotional-mental. In my opinion, there is more emotional violence in Iran, and many women do not recount their problems and, on the other hand, have little knowledge about this type of violence.

Recommends the following approaches to reduce domestic violence against women: reduce children’s exposure to violence; improve communication skills through training; strengthen economic support for families; change and challenge social norms that extend men’s power over women; empower and educate women and girls; eliminate gender discrimination in employment and education; and establish protective environments (4), despite these recommendations, there is no scientific program in this field in Iran and it needs attention.

Strategy	Approach
Teach safe and healthy relationship skills	<ul style="list-style-type: none"> • Social-emotional learning programs for youth • Healthy relationship programs for couples
Engage influential adults and peers	<ul style="list-style-type: none"> • Men and boys as allies in prevention • Bystander empowerment and education • Family-based programs

Disrupt the developmental pathways toward partner violence	<ul style="list-style-type: none"> • Early childhood home visitation • Preschool enrichment with family engagement • Parenting skill and family relationship programs • Treatment for at-risk children, youth and families
Create protective environments	<ul style="list-style-type: none"> • Improve school climate and safety • Improve organizational policies and workplace climate • Modify the physical and social environments of neighborhoods
Strengthen economic supports for families	<ul style="list-style-type: none"> • Strengthen household financial security • Strengthen work-family supports
Support survivors to increase safety and lessen harms	<ul style="list-style-type: none"> • Victim-centered services • Housing programs • First responder and civil legal protections • Patient-centered approaches • Treatment and support for survivors of Intimate partner violence

References

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