

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. Women and girls suffer physical injury and disability, mental health problems (for example, depression, suicidal ideation/attempts), and sexual and reproductive health problems (for example, unintended pregnancies and abortions).
2. Families suffer loss of wages and children of abuse women experience anxiety and behavior problems.
3. Communities and societies suffer high cost of providing services and loss of productivity.

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.

1. Health care providers lack training on gender-based violence; they have limited resources and are reluctant to talk about it and consequently do not know how to help the victims.
2. Three that could be done to change the situation:
 - a. Training of health care givers on the skills they need so that women and girls get the care and support they need.
 - b. Strong political will to make violence as one of top health agendas so that care-givers should always investigate each woman or girl that uses a health facility for violence.
 - c. Continuous sensitization of the population using all possible media so that no one is shy to talk about it, including health providers.

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. 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?

2.1 R stands for 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.

T stands for 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.

2.2 Evidence for R (1):

- Group-based workshops with women and men to promote egalitarian attitudes and relationships showed promising results in low- and middle-income countries (LMIC) as more than one evaluation show significant reductions in violence outcomes, whereas more studies are needed in high income countries (HIC).
- Couple counselling and therapy showed promising results in HIC as more than one evaluation show significant reductions in violence outcomes where as more studies are needed in LMIC.

Evidence for T (2):

- Community mobilization, and group-based workshops with women and men to promote changes in attitudes and norms showed promising results in LMIC as more than one evaluation show significant reductions in violence outcomes.
- Social marketing and group education need more evidence in both HIC and LMIC.
- Group education with men and boys to change attitude and norms need more evidence in HIC and are ineffective in LMIC.
- Stand-alone awareness campaigns/single component communications campaign are ineffective in both HIC and LMIC.

2.3

- Build political commitment from leaders and policy makers to speak out, condemning VAW.
- 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 programs, research, and to strengthen institutions and capacities of the health, education, law enforcement, and social services sectors to address VAW.

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 programs.
- Combined economic and social empowerment program targeting women.
- Parenting programs to prevent IPV and child maltreatment.

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.
- 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?

Most adolescents are still in the learning phase of their lives. At this phase, they copy attitudes from elders or their peers which might not necessarily be good. Life skill programs build the capacity of these adolescents to be able to make informed-decisions and take actions that positively impact their lives and the lives of others by use of skills such as self-control, critical thinking etc.

Question 4.3

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

- Raised awareness of abuse.
- Increased willingness of parents to report abuse
- Allowed the community to confront the problem of abuse without putting individual girls at risk of retaliation

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?

For physical violence during childhood: among women perpetrators included, family members (43%), father/stepfather (29%) and teachers (15%), while among men, father/stepfather (43%), teacher (35%) or family members (24%).

For sexual violence during childhood: among women, neighbors (20%), someone from another clan (18%) and strangers (15%) while among men, 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.

- Belonging to a minority group
- Having 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?

1. Intimate partner violence (IPV).
2. State indifference to high level of violence against women coupled with societal norms that undermine women and perpetuates gender inequality and VAW. Also, with emergence of COVID 19 families forced to stay at home with reduced financial power, intimate partner violence is bound to increase. More so, the ‘silence’ of a home makes reporting less likely and hence perpetration of intimate partner violence.
3. Women’s International League for Peace and Freedom in its report to the 65th session of the UN Committee on Economic, Social and Cultural Rights, which reviewed Cameroon’s periodic report on 20 and 21 February 2019, a number of gaps were highlighted for fight against VAW (3). There are no specific provisions on domestic violence, as well as marital rape on the penal code although Cameroonian government says they may be sanctioned by certain provisions of the Penal Code articles 277 to 281 of the Penal Code, which punish assault and battery. Despite the creation of Call Centers for victims of gender-based violence in four regions of the country, women who are victims of sexual or domestic violence still do not always receive adequate support from public services. In addition, the Civil Code includes discriminatory provisions against women and its reform has been awaited for almost 20 years. The Committee on Economic, Social and Cultural Rights had asked Cameroon in its list of issues to provide the timetable for finalizing this reform. During the Universal Periodic Review (3rd cycle, 2018), a recommendation was made calling on Cameroon to “review laws that discriminate against women, in particular articles 1421 and 1428 of the Civil Code relating to the administration of family assets.” However, the government has only taken note of this recommendation without providing any justification.

References

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