

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.

WHO (2016) and WHO (2018) explain that consequences of gender-based violence to women and girls include:

- Women and girls suffering through physical injury and disability; mental health problems; reproductive health problems and sexual health problems.
- Families suffering through children of abused women experiencing anxiety and behaviour problems; loss of homes and loss of wages and income.
- Communities suffering through a high cost of providing services; lost productivity and 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, the main cause of this in my country is limited resources. I have personally witnessed staff that are completely stretched by acute emergencies in A&E that are called to have conversations with women that have experienced domestic abuse. This happens because these women have not been able to receive the support they require in the community. Once they have presented to A&E, they are often already disillusioned by the healthcare system and have come to A&E as a last resort. In A&E they do not receive the care they are expecting because they are in an acute setting that is not designed to manage these sorts of presentations. These women then become even more disillusioned with the system and it all stems from limited community resources. The following could be done to change this:

- Health service delivery needs to be completely reformed. The government is beginning to see the impact social issues (including gender-based violence) can have on future mental and physical health and are beginning to prioritise preventative and supportive strategies rather than management strategies (ie prioritising stopping the event from happening rather than dealing with the consequences of the event).
- Community healthcare teams need greater financial support from their local governing bodies so they can implement the required services.
- All community healthcare settings, whether a GUM clinic, GP practice or pharmacy, should be aware of the local services to support women and girls who are experiencing gender-based violence. They should receive training regarding when it is appropriate for a woman to be sent to an acute medical setting and when it is appropriate they are reviewed by community teams.

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.

- Strengthening routine reporting of violence against women and girls. This could be encouraged through governmental schemes and challenging cultural issues to remove any stigma and barriers to reporting.
- Establishing baselines for prevalence through population-based surveys. This could easily be achieved through integrating questions about violence towards women and girls into population-based surveys, such as the United Kingdom Census.

These two changes would complement each other. The more society is encouraged to share their experiences the more likely they are to report it in a population-based survey. The more society is exposed to questions about violence towards women and girls the more it decreases the taboo surrounding the issue and makes society more likely to report routinely.

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. T – transformed attitudes, beliefs and norms. WHO (2019) explains evidence supporting ‘R’, which describes that 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. WHO (2019) also provides evidence supporting ‘T’, including a community intervention in Uganda (SASA!) 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.

In the UK, ‘R’ could be improved through early communication skills workshops during a child’s education. Currently, there is greater emphasis on teaching ‘life skills’ at school. This has been seen through the introduction of the first ever financial education textbooks and recent changes in sexual health education requirements. One of the life skills that I feel is still missing in a school education is the idea of ‘effective communication’. Teaching how to improve interpersonal communication, conflict management and shared-decision making could all contribute to strengthened relationship skills in the future.

In the UK, ‘T’ could be improved through supporting individuals to report concerns regarding gender-based violence – whether these are the women and girls experiencing gender-based violence or witnesses to the event. In general, gender-based violence is known to be a crime and something that should be reported in the UK. However, there is a significant concern that gender-based violence is dramatically underreported. This could be because of privilege and female subordination, that justify violence against women and stigmatise survivors. In order to increase the likelihood of these crimes being reported we need to empower women and girls but also the general community to report crimes and not stigmatise survivors. This could be achieved through a national public campaign to encourage reporting and discourage stigmatisation.

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?

Kerr-Wilson, Gibbs et al. (2020) discuss the following effective preventions of violence against women and girls:

- Interventions that work with individuals and/or couples to reduce their alcohol and/or substance abuse.
- 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 through empowerment 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?

Bott, Morrison and Ellsberg (2005) describe the following initiatives:

- The “systems approach” to improving the health care response to violence against women: changing policies, procedures and protocols to improve the health care response.
- Routine screening and referral systems.
- Community-based networks and multi-sectoral collaboration through improved coordination and referrals to NGOs and other sectors.

Question 4.2

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

“Life-skills programs” for adolescent boys help to increase respect and support for girls and women. This is achieved through raising awareness of gender issues and improving attitudes towards gender roles, equity, and violence. This not only reduces the likelihood of gender-based violence but also supports girls and women to take an active role in their society which is beneficial for all.

Question 4.3

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

Bott, Morrison and Ellsberg (2005) explain that the Durbar community mobilisation activities affected the communities by:

- Increasing awareness of abuse.
- Increasing willingness of parents to report abuse.

- Allowing 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?

In the Somalian study by Wirtz, Perrin et al (2018), the major perpetrators of physical violence among men 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%). Among women, the major perpetrators of physical violence were 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.

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.

Wirtz, Perrin et al (2018) describe risk factors including belonging to a minority clan and 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?

In the UK, gender-based violence is against the law. There are several laws and policies in place to protect against this type of violence. Despite this, I feel domestic abuse is the most prevalent form of gender-based violence in the UK. This is because it can happen behind closed doors without any witnesses and is often associated with emotional abuse that can manipulate the victim into accepting the behaviour. Rates of domestic abuse have increased since the coronavirus pandemic, most likely because more couples were locked inside houses together with no means of escape from one another. The Office for National Statistics (2020) reported that, looking specifically at the period affected by the coronavirus pandemic, the police recorded 259,324 offences flagged as domestic abuse-related in the period March to June 2020. This represented a 7% increase from 242,413 in the same period in 2019. Fortunately, there are many charities and organisations that support victims of domestic abuse and the law makes it quite clear that this violence is illegal, the challenge remains in supporting victims in accessing these services.

Alongside domestic abuse there are other forms of gender-based violence that exist in the UK including non-consensual sexual acts that are also illegal and punishable by law. This includes the act of stealthing, the non-consensual removal of a condom, and over recent years

there has been a large movement to educate the general public that stealthing is an illegal act and punishable by law (UK says no more, 2021).

Despite the above laws and policies that aim to reduce gender-based violence in the UK, another form of gender-based discrimination seems to be increasing in the UK - the latest challenge seems to be the inappropriate use of technology. There are numerous concerns regarding 'upskirting' and 'revenge porn' in particular. Upskirting is a violation of privacy whereby someone takes a picture under a person's clothing without their permission. A few years ago, there was a large public movement about this as there were no laws or policies specifically aimed at preventing this act. In response to this, The Voyeurism (Offences) Act, was introduced on 21 June 2018. It came into force on 12 April 2019 and the act of upskirting is now a criminal offence in England and Wales (Ministry of Justice and The Rt Hon Lucy Frazer QC MP, 2019).

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