

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 could suffer from physical injury and disability. Regarding families, children of abused women could suffer from anxiety and behaviour disorders. Communities could suffer from the loss of women's and girls' participation in public life and the economy.

### **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.**

I believe there are many reasons why healthcare providers do not effectively respond to women and girls who experience GBV. Firstly, the lack of trained healthcare providers who know how to recognize the problem or how they could possibly help. Secondly, some healthcare providers do not consider GBV as a health problem. Thirdly, others consider GVB as a private matter that they are reluctant to talk about or interfere in.

Three things could be done to change the situation:

1. Integrating GBV services within health systems mainly the Primary Health Care system for it being the first level of contact where many women could present suffering from different forms of GBV.
2. Training healthcare providers on how to identify, provide care and support to girls and women who experience any form of GBV.
3. This can be supported by facilitating the uptake of these services by raising awareness about the signs, symptoms and health consequences of GBV and the importance of reducing social stigma and seeking timely care.

### **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. Strengthening routine reporting of violence against women and girls' statistics through establishing robust health information and surveillance systems.
2. Establishing baselines for prevalence through population-based surveys.

### **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 stands for Relationship skills strengthened. T stands for Transformed attitudes, beliefs and norms.

The R strategy involved two interventions: group-based workshops and couples counselling and therapy sessions. In LMIC, promising results of group-based workshops have been reported as more than one evaluation found significant reductions in violence outcomes. However, in HIC, more evidence is needed to prove the effectiveness of this intervention as evaluations have only shown improvements in the intermediate outcomes related to violence. The opposite is true regarding couples counselling and therapy sessions.

The T strategy included many interventions:

- Community mobilization: In HIC, the intervention has not been rigorously evaluated, while in LMIC, it has been found promising.
- Group-based workshops with women and men to promote changes in attitudes and norms: In HIC, more evidence is needed to establish the effectiveness of this intervention, while in LMIC, it has been found promising.
- Social marketing or edutainment and group education: more evidence is needed in both HIC and LMIC.
- Group education with men and boys to change attitudes and norms: in HIC, more evidence is needed, while in LMIC, it has been found ineffective.
- Stand-alone awareness campaigns/single component communications campaigns have been found ineffective in both HIC and LMIC.

To implement R and T in the Palestinian context, collaborative efforts of all relevant stakeholders and gatekeepers are needed. This should include the health, education and social development sectors which should be responsible for conducting education/awareness sessions, group-based workshops, counselling and therapy sessions. Community and religious leaders as well as mass and digital media platforms should be involved to help achieve community mobilisation.

### **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- Economic transfer programmes. 2- Combined economic and social empowerment programmes targeting women. 3- Parenting programmes 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?**

1- Policies, procedures and protocols to improve the health care response. 2- Sensitization and training of health professionals. 3- Routine screening and referral systems.

### **Question 4.2**

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

I think life-skills programs targeting adolescent boys would help in building knowledge and skills regarding important gender issues, which will help improve their attitudes and behaviours towards gender roles, equity and violence and consequently will help shift cultural norms and create social change for the next generation.

### **Question 4.3**

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

It raised awareness of abuse, increased the willingness of parents to report abuse, and allowed the community to confront the different forms 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?**

Perpetrators of physical violence among women were family members (43%), father/stepfather (29%) and teachers (15%), while father/stepfather (43%), teacher (35%) or family members (24%) were the perpetrators of physical violence among men. In terms of sexual violence, neighbours (20%), someone from another clan (18%) and strangers (15%) were reported as perpetrators of sexual violence among women during childhood, 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.**

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?**

Intimate Partner Violence (IPV) is the most prevalent form of gender-based violence in Palestine. According to the Palestinian Central Bureau of Statistics (PCBS) 2019, 29% of Palestinian women in the oPt, or nearly one in three, has reported psychological, physical, sexual, social or economic violence by their husbands at least once during the preceding 12 months. This can be attributed to two main reasons which are: social patriarchal norms and values as well as the occupation and the resulting humanitarian situation (OCHA, 2019).

In Palestine, there are many interventions conducted by UNFPA in collaboration with the Ministry of Health, Ministry of Social Development and Ministry of Women's affairs to respond to GBV in Palestine. There is an intervention that aims to improve the availability of compassionate and confidential health and psychological services provided to GBV victims by establishing health guidelines and protocols for the treatment of GBV survivors and training health providers to detect and treat GBV cases and when to refer to specialised services. Another intervention was conducted in collaboration with community health workers by deploying mobile teams in vulnerable areas who conduct outreach awareness sessions about reproductive health and GBV through male engagement. The intervention also involved training for religious and community leaders on RH and GBV in addition to conducting peer to peer educational support (UNFPA, 2016)

The "Family protection law" criminalises violence against women, including domestic violence, sexual violence and human trafficking. However, the law still awaits approval.

### **References**

OCHA (2019). *Almost one in three Palestinian women reported violence by their husbands in 2018-2019*. [online] United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory. Available at: <https://www.ochaopt.org/content/almost-one-three-palestinian-women-reported-violence-their-husbands-2018-2019#ftn1> [Accessed 13 Mar. 2021].

UNFPA (2016). *Gender-based violence*. [online] UNFPA Palestine. Available at: <https://palestine.unfpa.org/ar/node/22455> [Accessed 13 Mar. 2021].