

WHAT WORKS TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS : AN OVERVIEW



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WhatWorks

TO PREVENT VIOLENCE

A Global Programme To Prevent Violence Against Women and Girls



LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE



WHAT WORKS PARTNERSHIP

**£ 25 million
DFID
programme**

**WHAT WORKS
TO PREVENT
VIOLENCE?
(Dec 2013-
April 2019)**

Global programme to prevent VAWG

Partners: South African Medical Research
Council

London School of Hygiene & Tropical Medicine
Social Development Direct

VAWG in conflict and humanitarian crises

Partners: International Research Committee
George Washington University, Care
International, UK

Economic and social costs of VAWG

Partners: National University of Galway
ICRW, IPSOS Mori

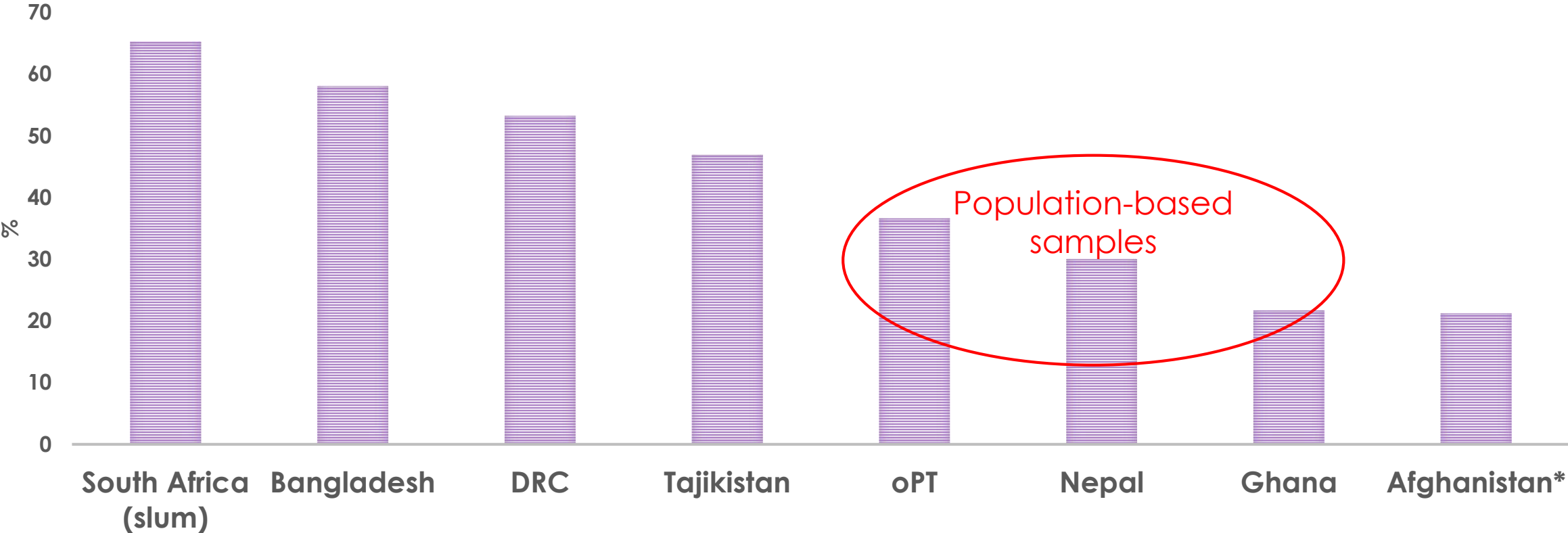


What Works to Prevent Violence Against Women? Global programme

- ▶ Research portfolio generating new knowledge on :
 - ▶ Drivers of violence
 - ▶ What works in prevention
 - ▶ Costs of violence and of response
- ▶ Developed or adapted 8 evidence-based interventions
- ▶ 15 studies assessing intervention impact - 11 RCTs and large quasi-experimental trials and 4 smaller studies
- ▶ Work is being conducted in 12 countries of Africa and Asia



SCALE OF THE PROBLEM : Women's experience of physical or sexual violence in the past 12 months

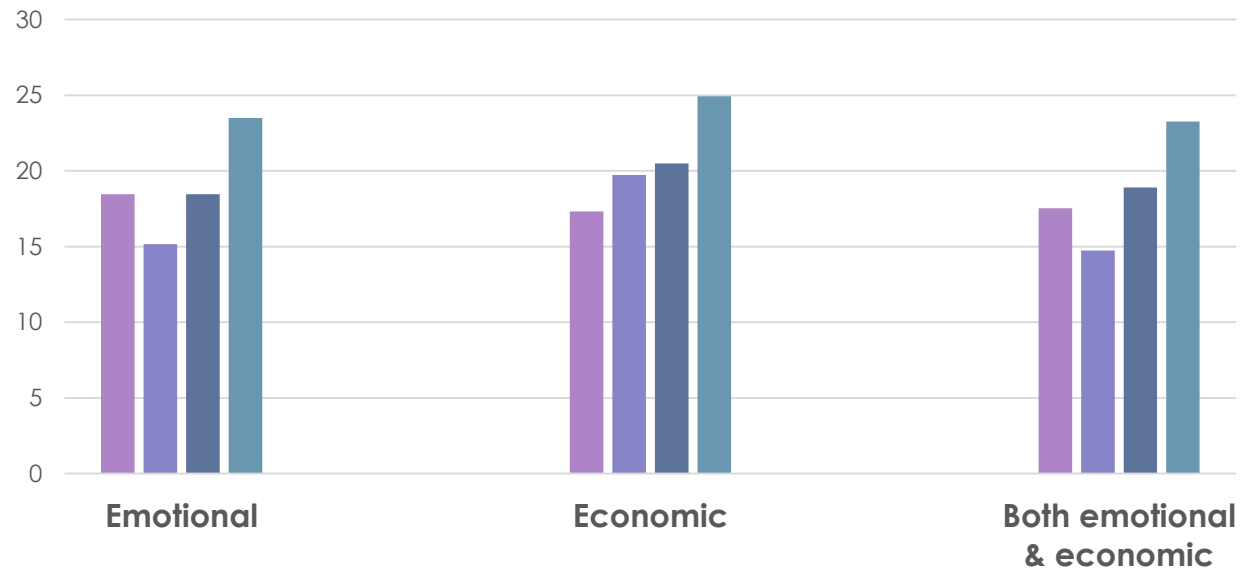


* Only physical IPV



Emotional and economic partner violence : an underestimated problem

Mean depression score by IPV exposure :
South Africa



- None
- Any physical IPV only
- Any emotional/economic violence
- Any emotional/economic and physical IPV

Health impact severely underestimated



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Honour killings are common : driven by social norms on gender & violence and by poverty

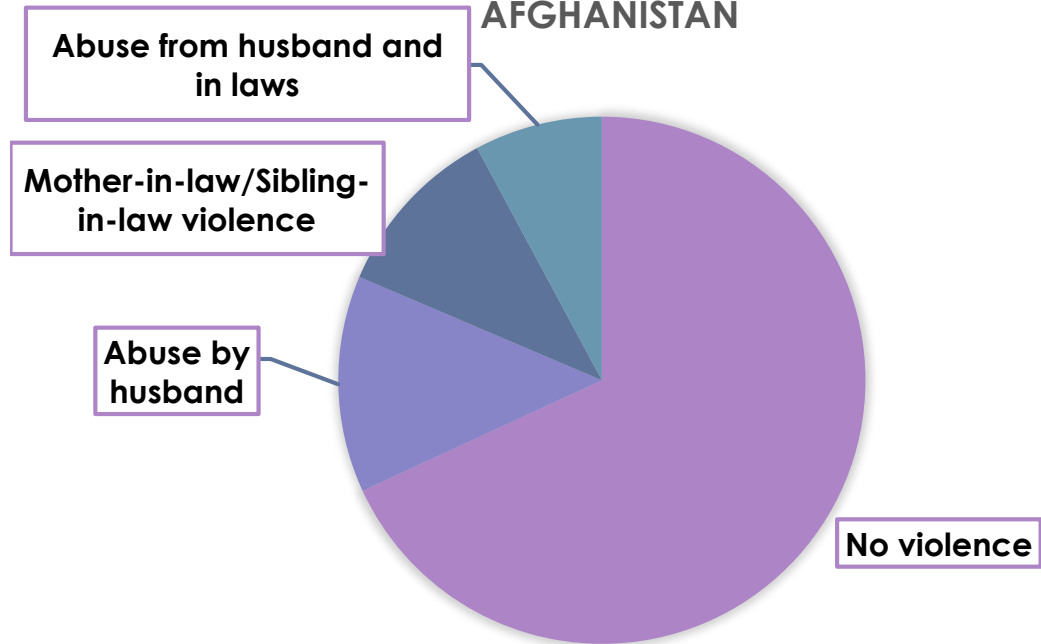


- ▶ 7% of women in the general population of the **West Bank and Gaza** have had an honour killing in their family (1 in 13)
- ▶ In **Afghanistan**,
- ▶ 6% of women from Nangarhar (1 in 16)
- ▶ 1% of women from Kabul (1 in 50)
- ▶ Recruited into a RCT had had an honour killing

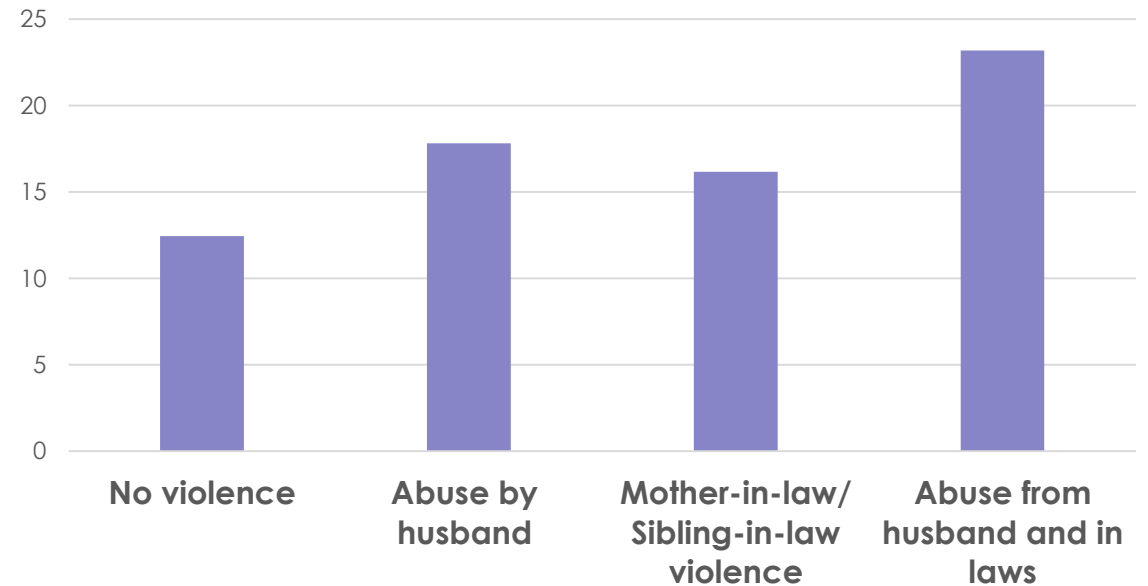
Violence from in-laws is common and compounds the impact of IPV

DOMESTIC VIOLENCE IN PAST 12 MONTHS:

AFGHANISTAN



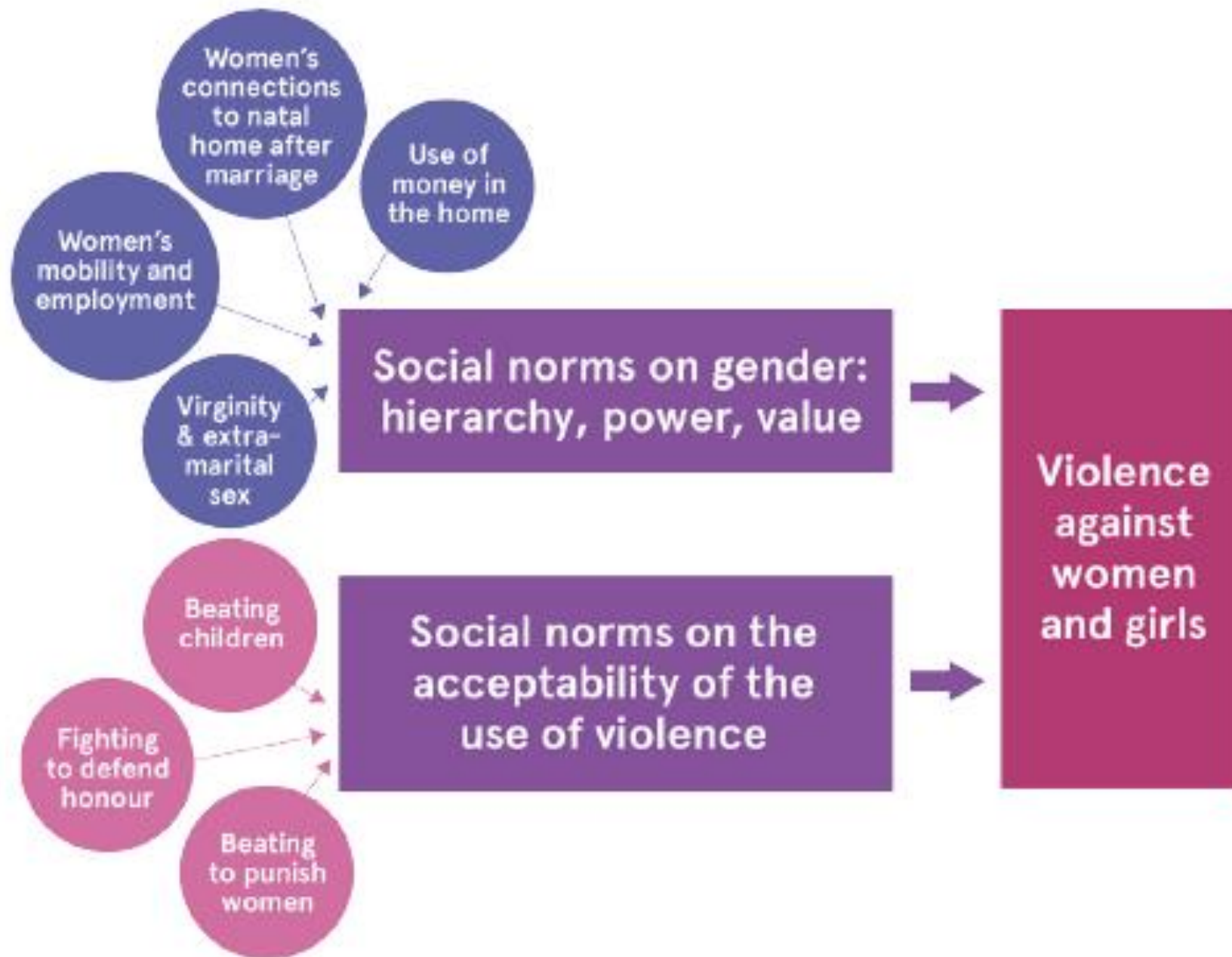
Mean depression score by domestic violence exposure category



Health impact greatly under-estimated

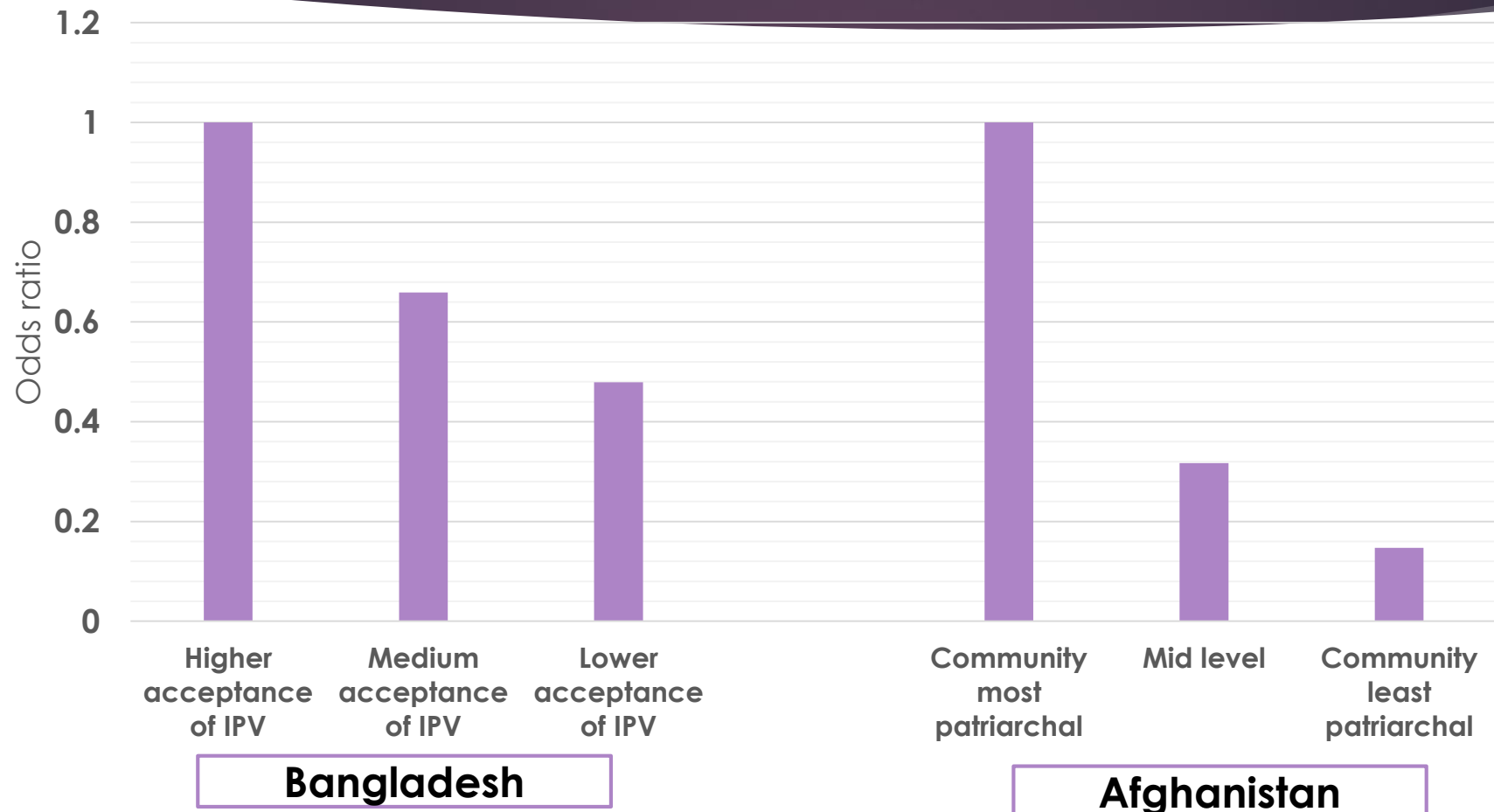


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**VAWG IS
DRIVEN BY
SOCIAL NORMS
ON GENDER
AND VIOLENCE**

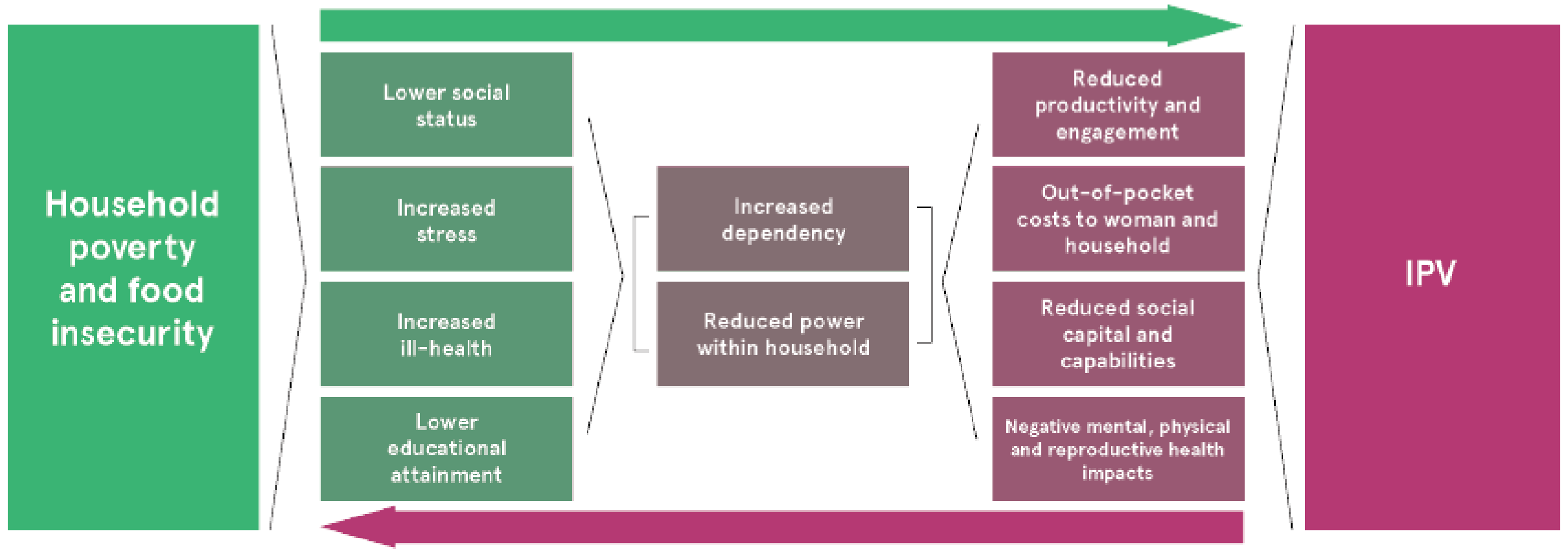
WITHIN A SOCIAL SETTING NORMS ARE PERCEIVED DIFFERENTLY ACCORDING TO LIFE EXPERIENCE AND INDIVIDUALS' GENDER LENS AND RISK OF VAWG VARIES BETWEEN INDIVIDUALS



Protective

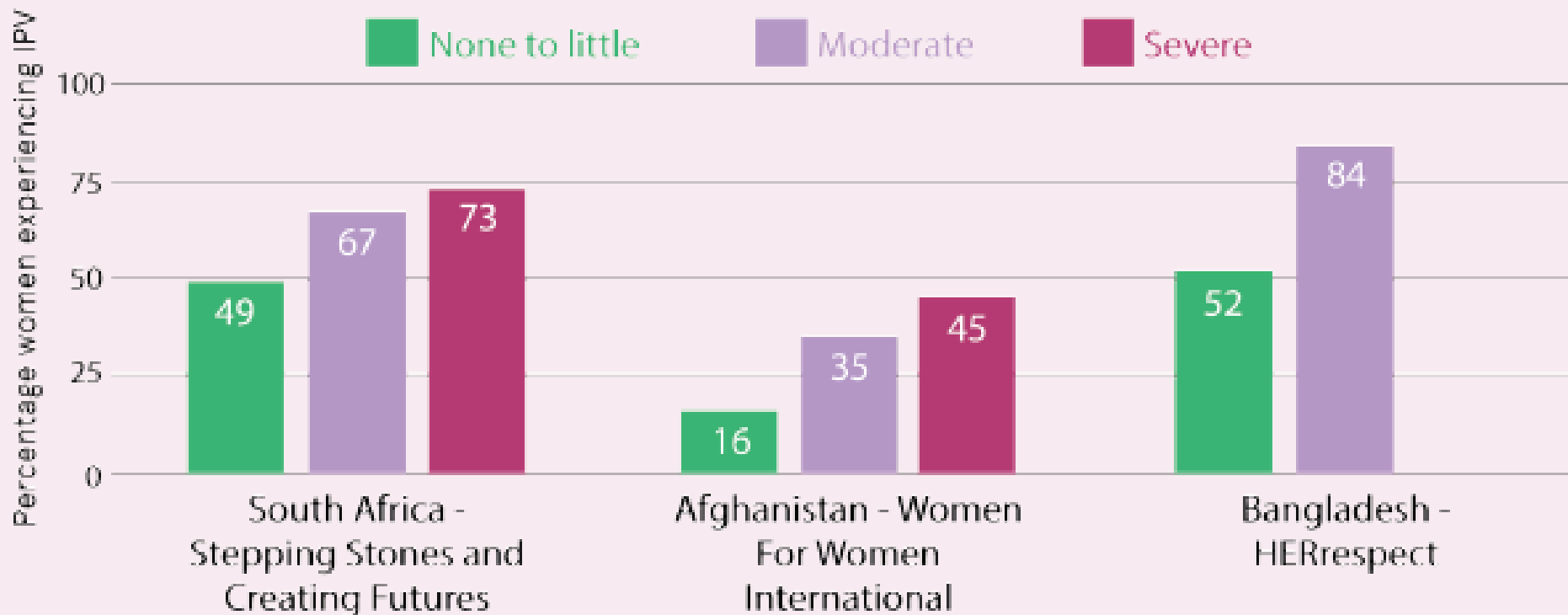


DRIVERS OF VIOLENCE OFTEN HAVE A CIRCULAR RELATIONSHIP WHICH ENHANCES THEIR POTENCY : as seen in connections between poverty and IPV



Food insecurity and IPV

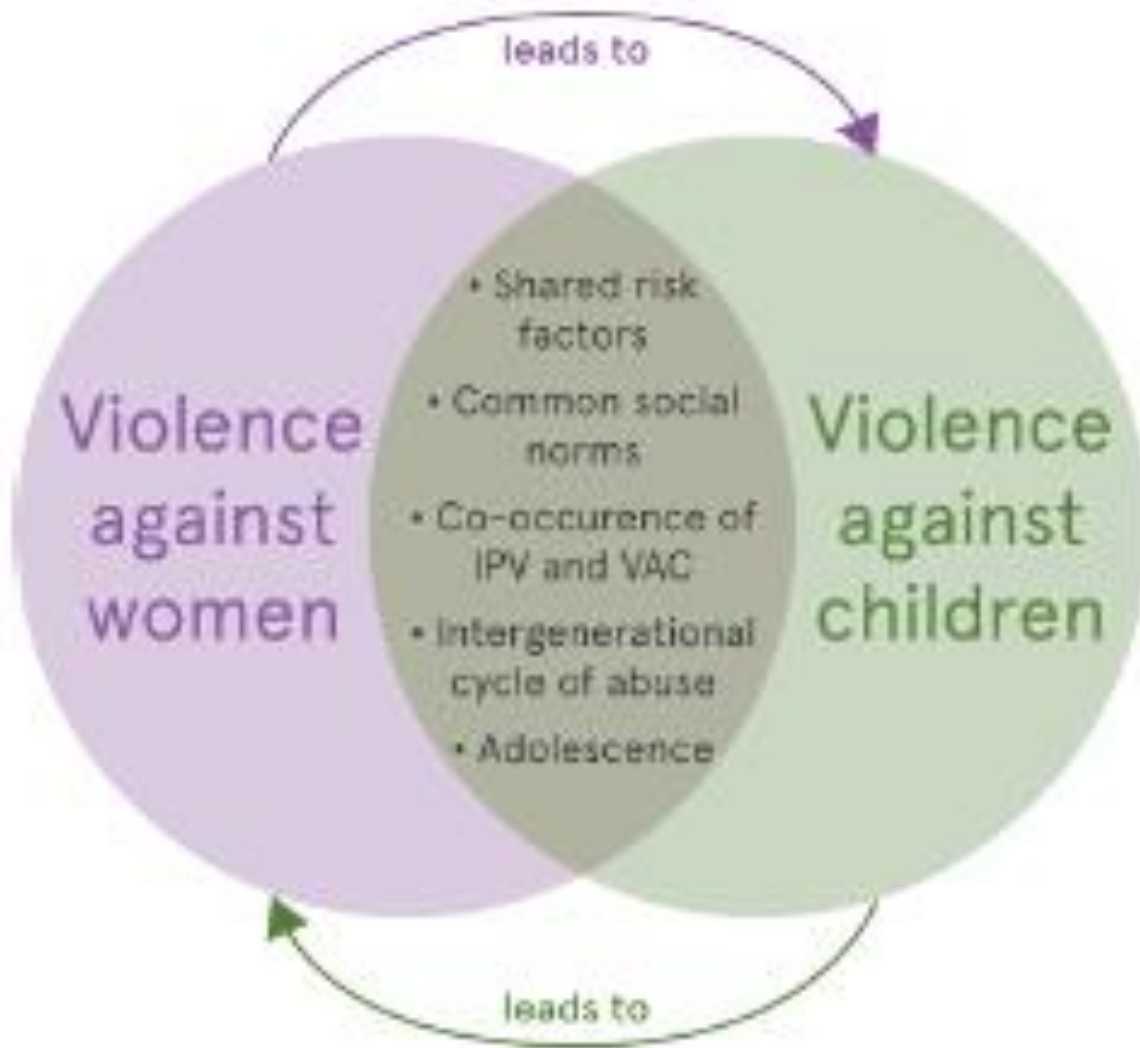
Associations between household food insecurity and women's experience of IPV



Level of food insecurity by site — differences significant at 95% level



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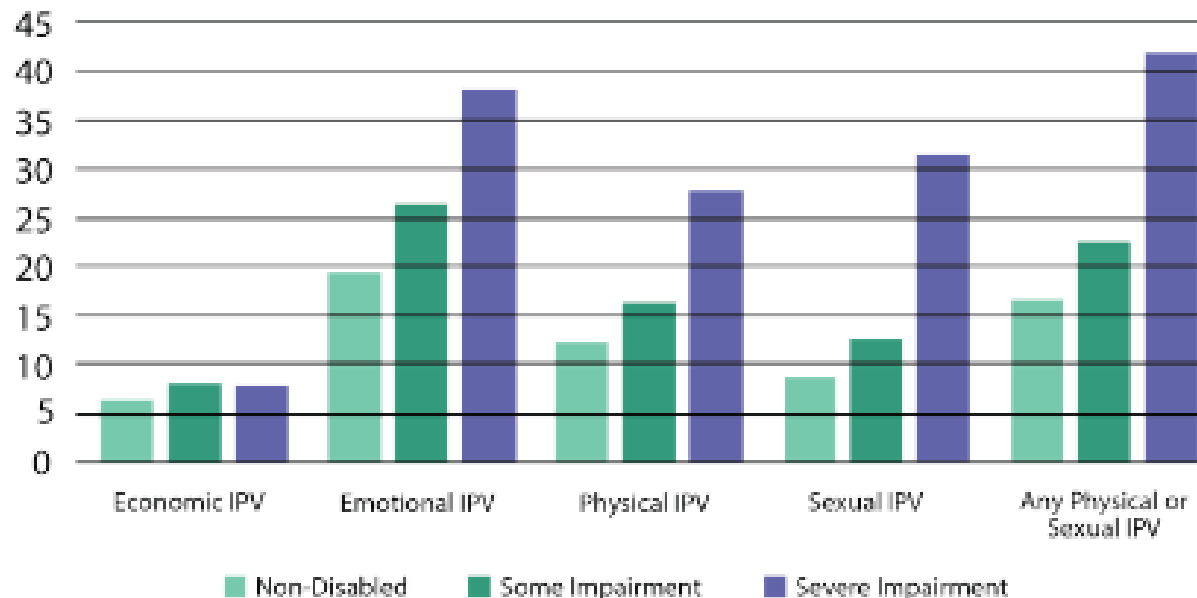
**CIRCULAR
RELATIONSHIP ALSO
SEEN IN
CONNECTIONS
BETWEEN VIOLENCE
AGAINST WOMEN
AND VIOLENCE
AGAINST CHILDREN**

Past year experience of and perpetration of physical/sexual IPV by child abuse exposure



Disability : doubles the risk of VAWG

Figure 3: Experience of IPV in the past 12m among disabled and nondisabled women participating in the What Works COMBAT Ghana Project



- ▶ Disability is an under-recognised risk factor for intimate partner and domestic violence
- ▶ This is demonstrated in all countries in the What Works portfolio
- ▶ Disability is also a risk factor for exposure to peer violence in school children



CONCLUSIONS

- ▶ What Works research has highlighted the high prevalence of IPV in many LMIC settings, as well as the diversity of women and girls experience of VAWG
- ▶ It has deepened our understanding of the role of social norms as drivers of VAWG, and the dialectical relationship between VAWG and social norms, but also the possibility of change in individuals VAWG risk as a consequence of change in social norms and a driver of this change
- ▶ Many of the tasks in VAWG prevention require breaking the cycle of exposure that drives violence

