WHAT ARE THE DRIVERS OF VIOLENCE AGAINST WOMEN AND GIRLS AND WHAT WORKS TO PREVENT IT?

PROF RACHEL JEWKES

EXECUTIVE SCIENTIST IN THE OFFICE OF THE PRESIDENT, SOUTH AFRICAN MEDICAL RESEARCH COUNCIL

CONSORTIUM DIRECTOR, WHAT WORKS GLOBAL PROGRAMME

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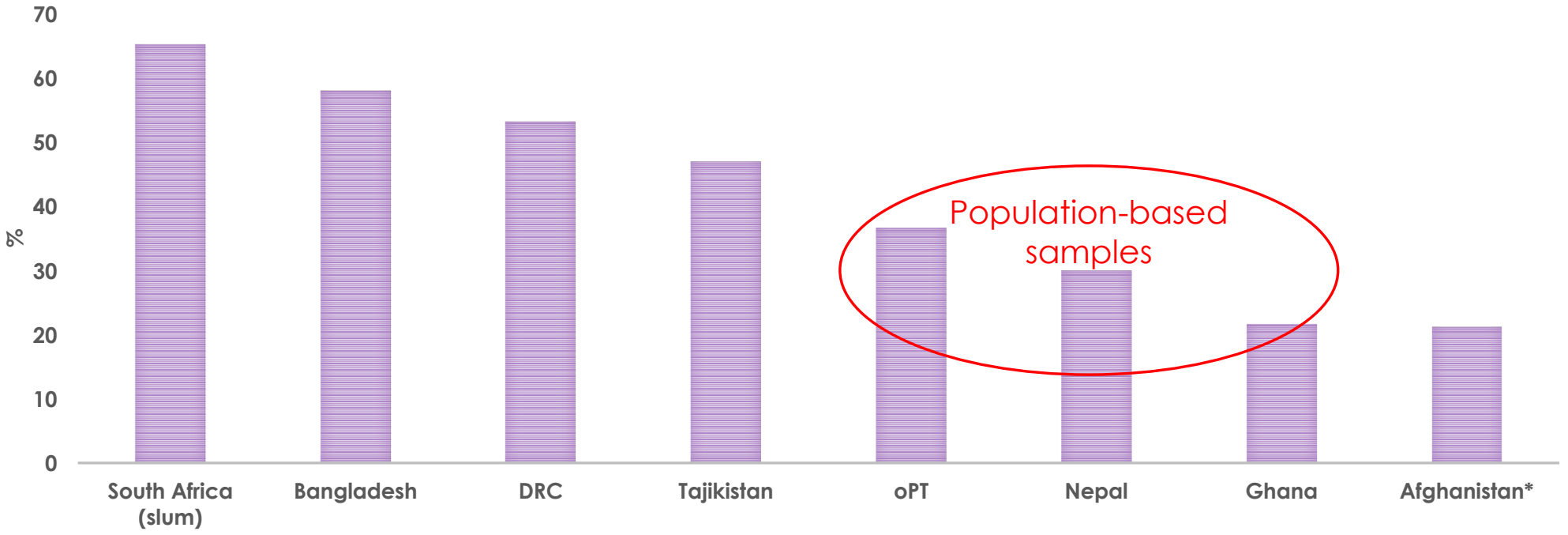
WhatWorks
TO PREVENT VIOLENCE
A Global Programme To Prevent Violence Against Women and Girls

Social Development Direct

saMRC advancinglife

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Women's experience of physical or sexual violence in the past 12 months : research populations of What Works



* Only physical IPV

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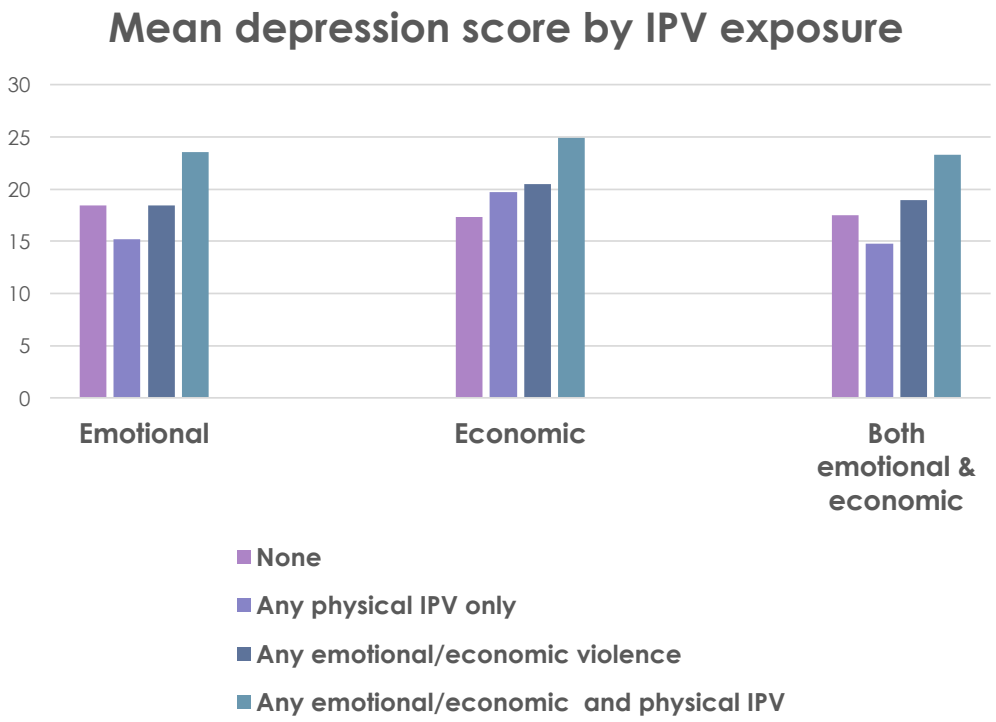
Emotional and economic partner violence



Health impact severely under-estimated



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Honor killings



- 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

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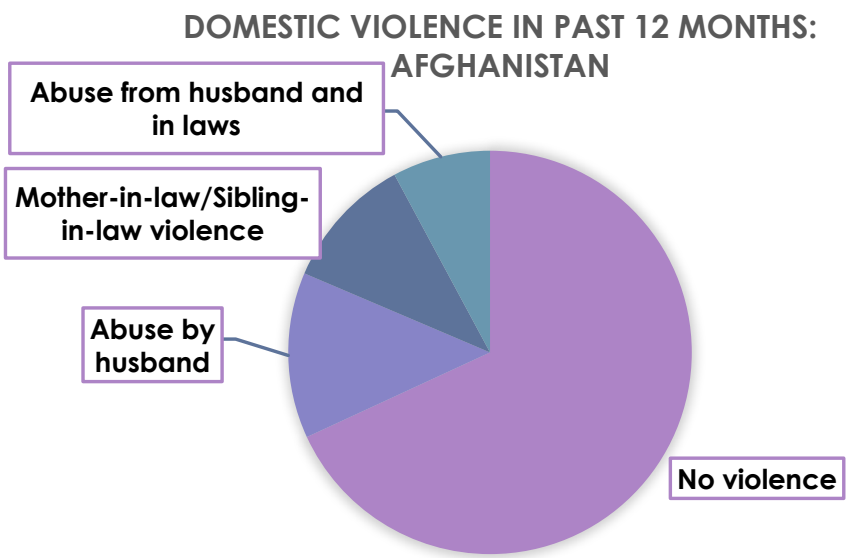
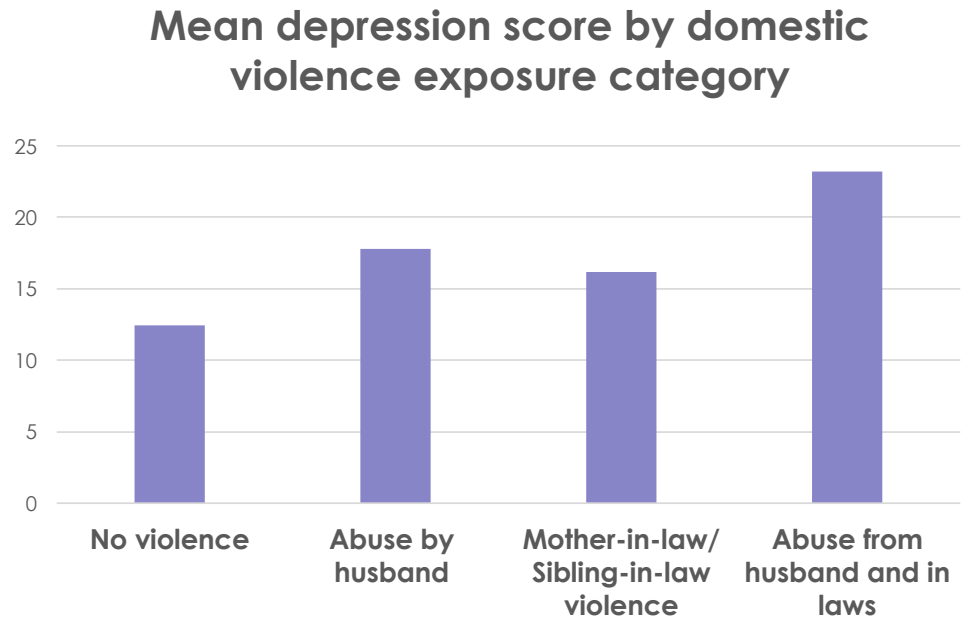
Mother-in-law domestic violence





Health impact greatly under-estimated

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Drivers of women's experience of IPV & relative importance of factors



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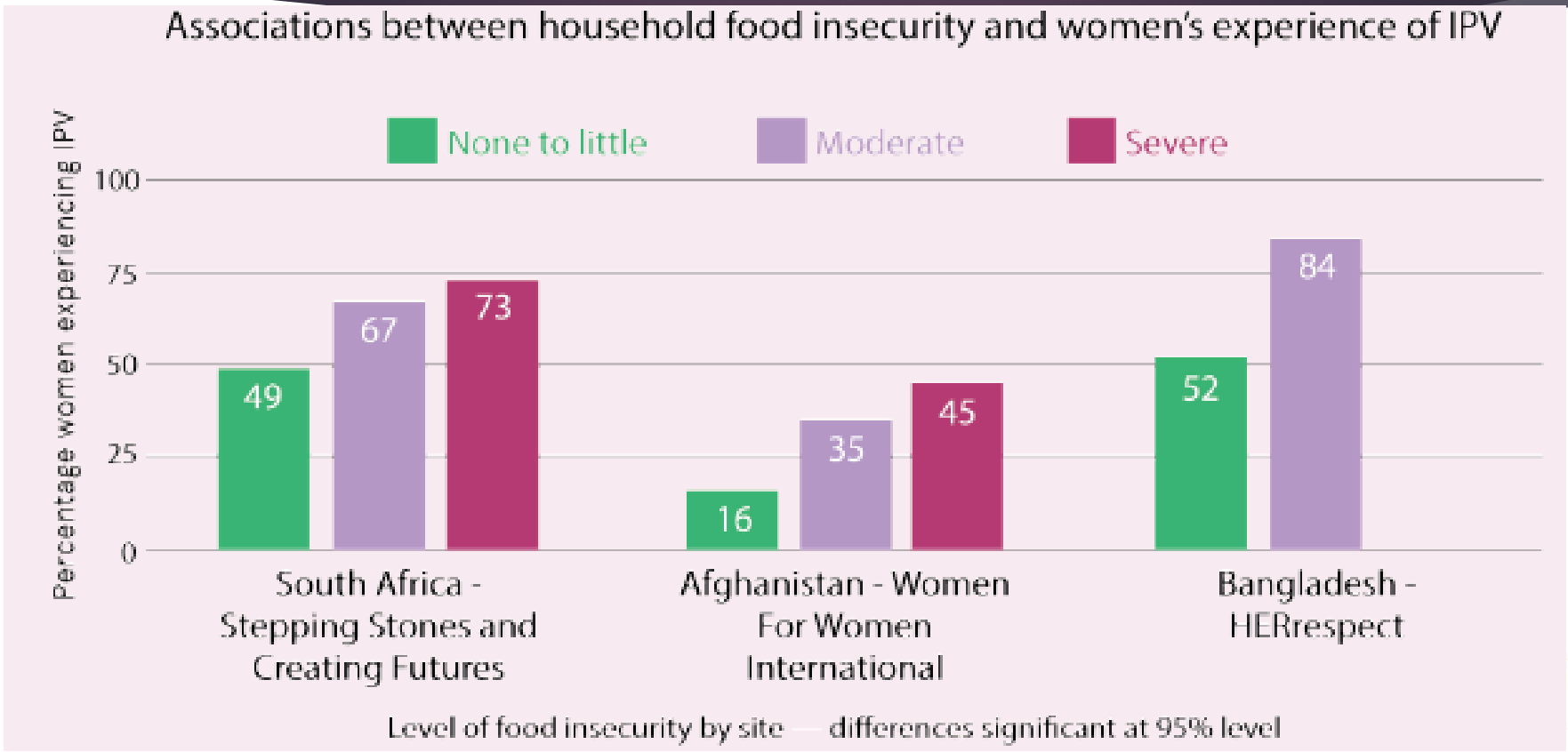
Food insecurity and IPV



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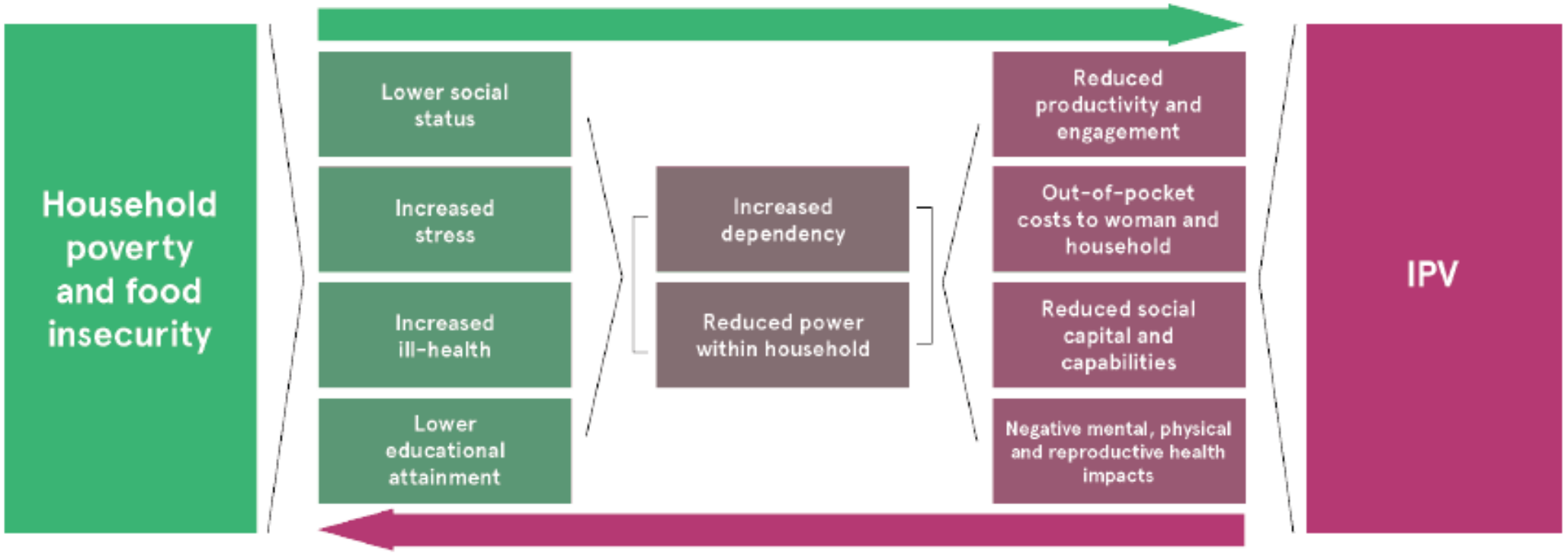
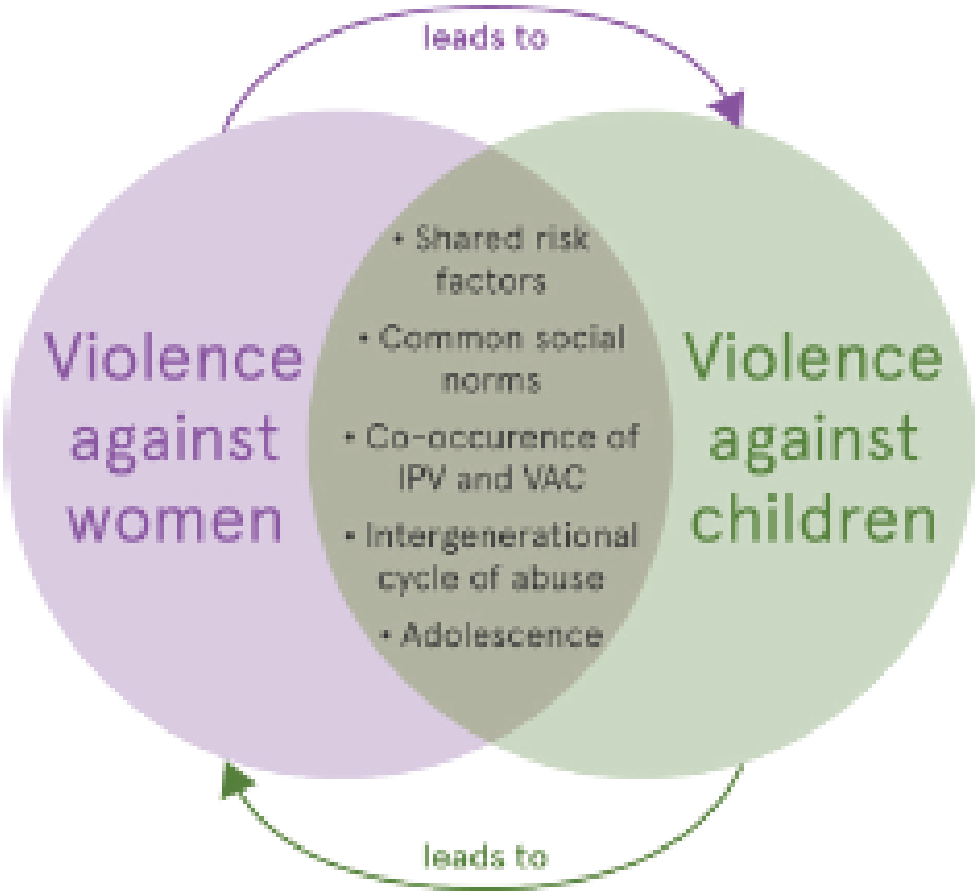
Connections between poverty and IPV



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

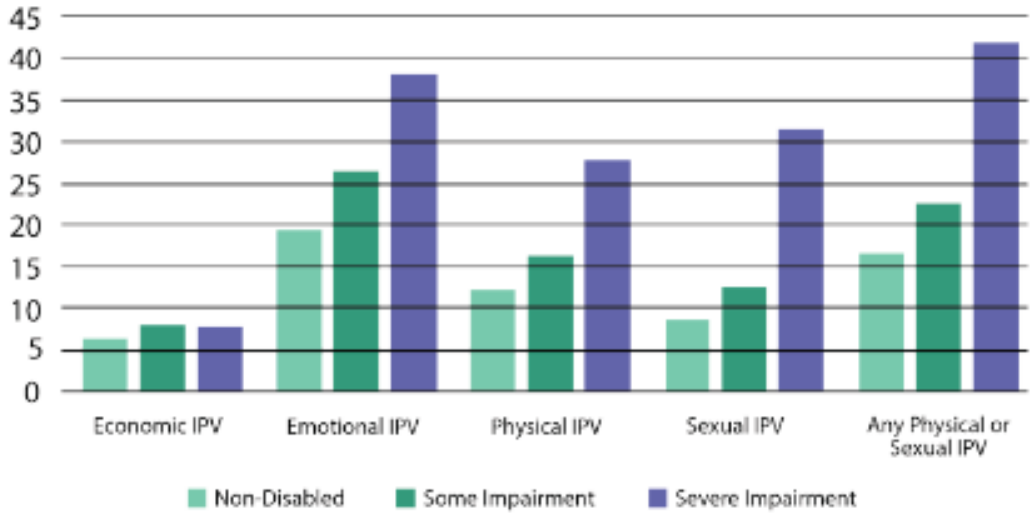




CONNECTIONS BETWEEN VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN

Disability as a risk factor for IPV

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

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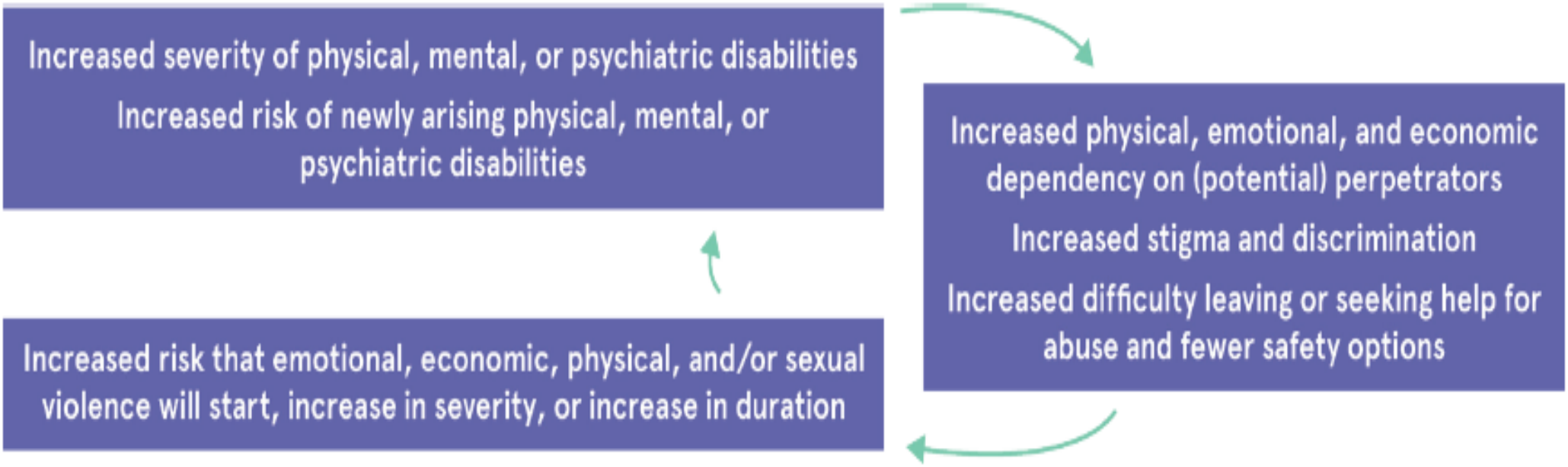
CONNECTIONS BETWEEN VIOLENCE AGAINST WOMEN AND DISABILITY



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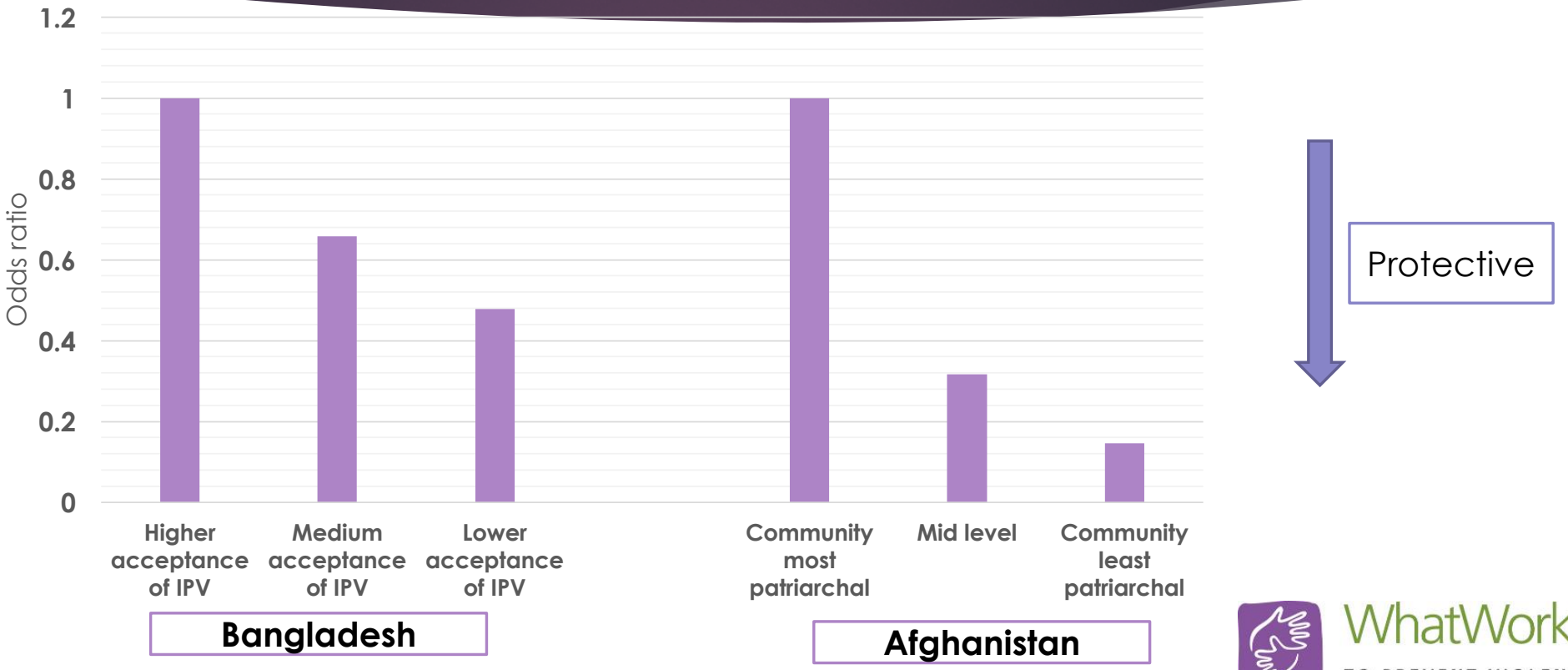
Prevalence of IPV by acceptance of violence and extent of patriarchal community norms



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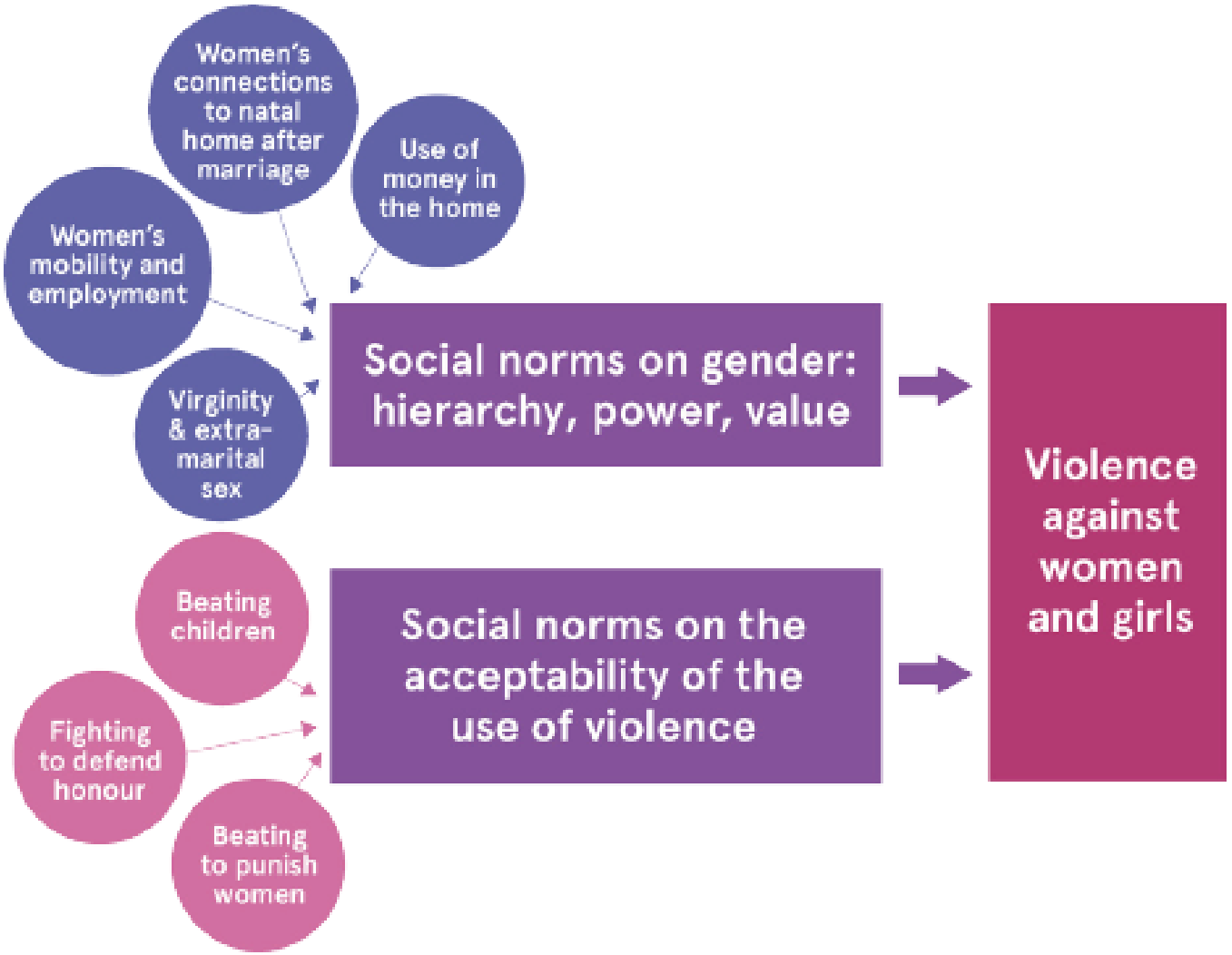
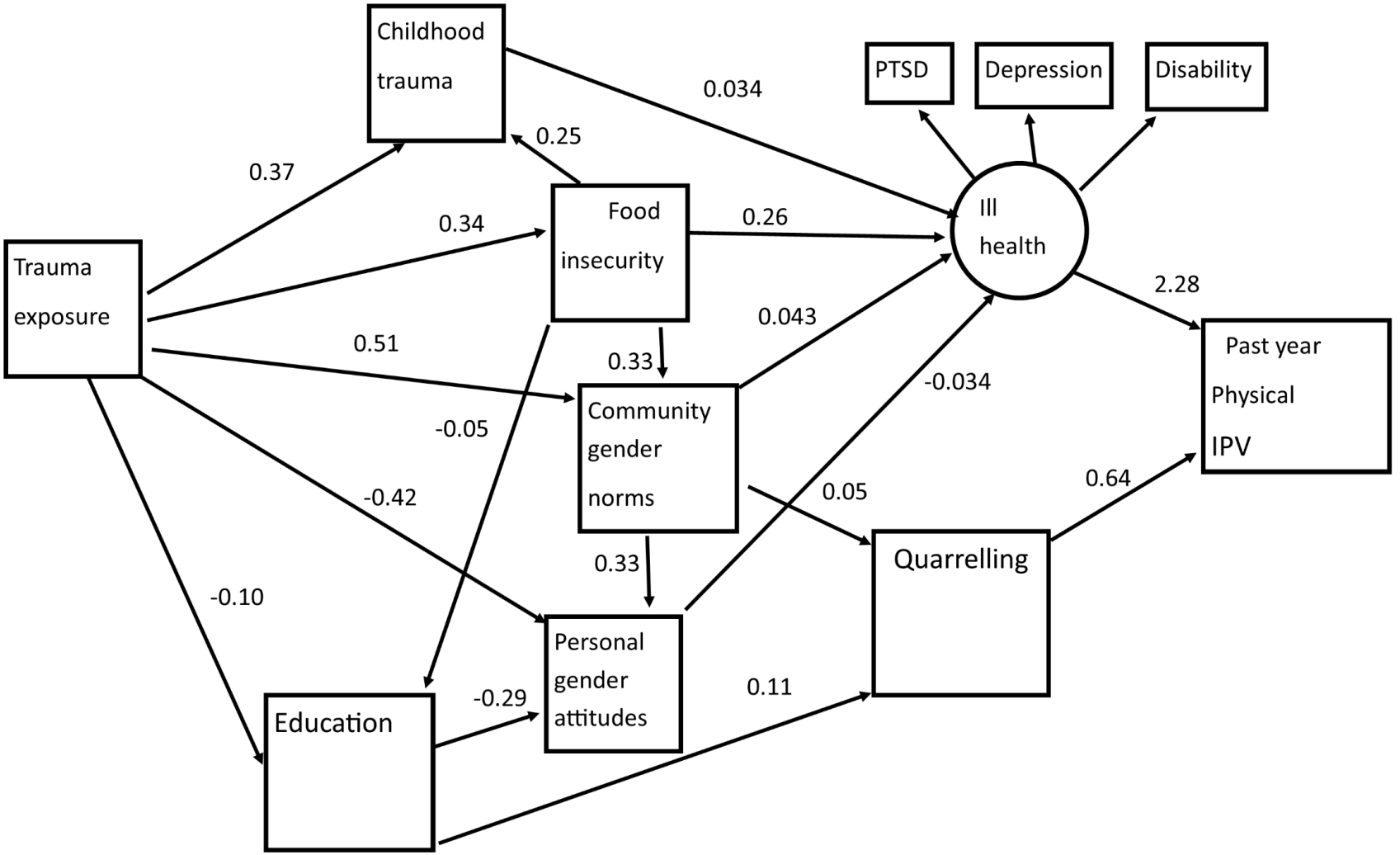


CONNECTIONS BETWEEN SOCIAL NORMS AND IPV



STRUCTURAL EQUATION MODEL SHOWING RISK FACTORS FOR IPV AMONG WOMEN IN AFGHANISTAN

So what are the tasks?

- ✓ Change social norms on gender relations, masculinity & use of violence
- ✓ Reduce structural inequalities – poverty
- ✓ Strengthen relationship dynamics - communication







- ✓ Strengthen mental health and reduce alcohol abuse
- ✓ Change parenting to strengthen child protection
- ✓ Protecting women







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Economic empowerment + gender empowerment

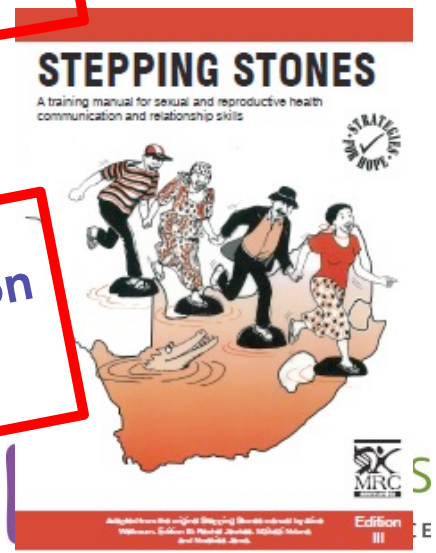
- **Economic:**
  - ✓ **Microfinance**
  - ✓ **Cash transfers**
  - ✓ **Livelihood strengthening (Creating Futures)**
  - ✓ **Work?**
  - ✓ **Other income generating activities**
- **Gender empowerment:**
  - ✓ **Women**
  - ✓ **Men**
  - ✓ **Families**
  - ✓ **Communities**

Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial

Dr Paul M Pronyk, FRCP, James R Hargreaves, PhD, Julia C Kim, FRCP, Linda A Morison, MSc, Godfrey Phetla, MA, Prof Charlotte Watts, PhD, Joanna Busza, MSc, John DH Porter, MD

Published: 30 November 2006

IMAGE intervention: 55% reduction in women's experience of IPV



Stepping Stones: 38% reduction in perpetration of severe partner violence

Social norm change in communities

- SASA intervention
- Safe Homes and Respect for Everyone (SHARE) intervention (elements of SASA + Stepping Stones + safe HIV disclosure)
- **SHARE reduced women's past year experience of physical IPV by 21%**



SASA: 52% reduction in women's past year IPV

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Prevention of sexual violence:

- **For women:**
  - ✓ Gender empowerment + physical protection skills

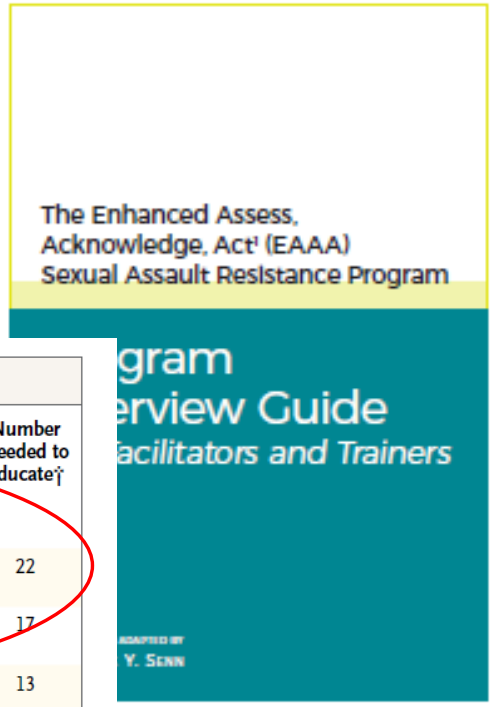



Table 2. One-Year Risks of Outcomes According to Study Group and Absolute and Relative Risk Reductions.*

Outcome	Control Group (N=442)	Resistance Group (N=451)	Absolute Risk Reduction	Relative Risk Reduction	P Value	Number Needed to Educate†
	no. (%)		*percentage points (95% CI)*	*% (95% CI)*		
Completed rape	42 (9.8)	23 (5.2)	4.6 (0.6 to 8.4)	46.3 (6.8 to 69.1)	0.02	22
Attempted rape	40 (9.3)	15 (3.4)	5.9 (2.5 to 9.2)	63.2 (33.2 to 79.7)	<0.001	17
Any rape	67 (15.5)	34 (7.7)	7.8 (3.2 to 12.4)	50.4 (24.1 to 67.6)	<0.001	13
Coercion	62 (13.9)	48 (10.5)	3.4 (−1.1 to 7.8)	24.1 (−10.6 to 48.0)	0.15	29
Attempted coercion	103 (22.6)	67 (14.5)	8.1 (2.6 to 13.5)	35.8 (15.6 to 51.1)	0.001	12
Nonconsensual sexual contact	184 (39.1)	121 (25.8)	13.3 (5.2 to 21.4)	34.1 (15.2 to 48.8)	0.001	8

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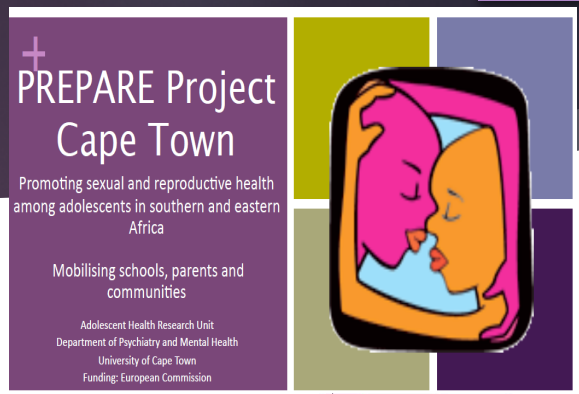
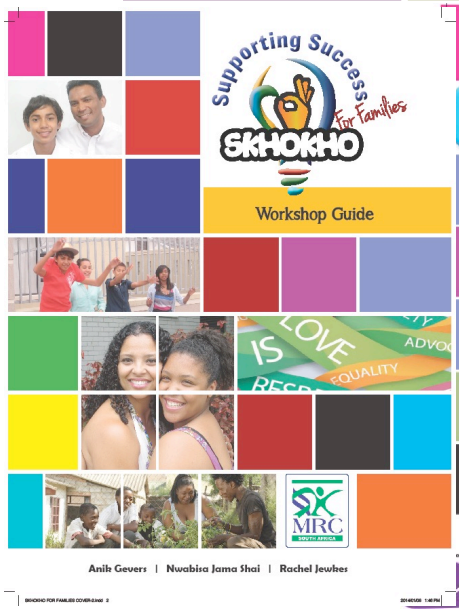
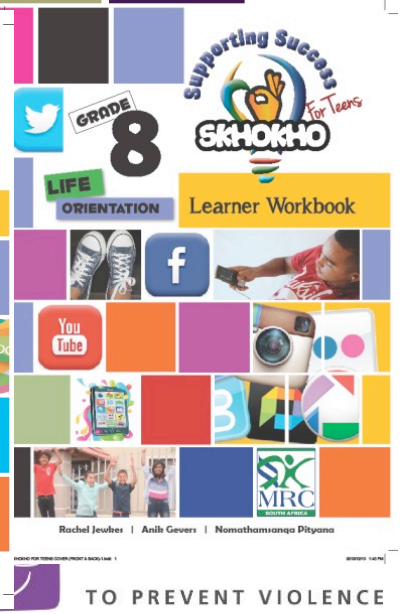
Interventions for schools and with parents

- Skhokho – intervention for grade 8s based on CAPS
- PREPARE – for use out of school
- Parenting interventions for teenagers and parents

Skhokho: 17% reduction in IPV experienced by girls; Parenting led to 18% reduction in rape both within 12-18m







Unifying features of effective interventions:

- Evidence-based interventions
  - Strong theory of change
  - Multi-component
  - Based on theories of gender & power
  - Effective behaviour and thought change methodology (i.e. critical reflection)

- Prevention must be combined with services for abused women provided through NGOs



HERrespect: Promoting Positive Gender Relations through Workplace Interventions

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What Works to Prevent Violence Against Women? growing the evidence base

- The consortium will report result from 11 RCTs and large quasi-experimental trials in 2018-19, as well as results of 4 smaller studies
- Work is being conducted in 13 countries of Africa and Asia
- Generating new knowledge on :
  - drivers of violence
  - What works in prevention
  - costs of violence and of response

£ 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



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Conclusions

- Growing the evidence base of drivers of violence against women in different settings and developing, evaluating and refining interventions to prevent VAWG is vital
- Interventions need to address the fundamental drivers:
  - Patriarchal social norms
  - Violence throughout the lifecycle
  - Poverty
- UK Government support is needed to take forward the agenda beyond the timeframe of What Works

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- *Life was very difficult for us before the project… I felt stressed and nervous almost all the time… We always had conflicts.. After I joined the project and attended the sessions, I felt more relieved after each session... I am also more concentrated on my children now rather than on my husband... Before, I thought that a woman must do all the housework, take care of the house and children always and the punishments on top of [it] all is acceptable for all women in this life. My husband had mistreated me always.. Now when discussed all family issues in the project sessions, I understood that I must contribute to my own wellbeing as well. I found out that if a woman can treat her well, she will have the healthiest family and the happiest children. That proved to be true when I start paying more attention to myself. Now when feeling stable and calm the relation with my husband seem getting better also.*
- *(43 year old woman with three children in Tajikistan)*

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