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Prevention of violence against women and girls: what does the evidence say?

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In this Series paper, we review evidence for interventions to reduce the prevalence and incidence of violence against women and girls. Our reviewed studies cover a broad range of intervention models, and many forms of violence—ie, intimate partner violence, non-partner sexual assault, female genital mutilation, and child marriage. Evidence is highly skewed towards that from studies from high-income countries, with these evaluations mainly focusing on responses to violence. This evidence suggests that women-centred, advocacy, and home-visitation programmes can reduce a woman's risk of further victimisation, with less conclusive evidence for the preventive effect of programmes for perpetrators. In low-income and middle-income countries, there is a greater research focus on violence prevention, with promising evidence on the effect of group training for women and men, community mobilisation interventions, and combined livelihood and training interventions for women. Despite shortcomings in the evidence base, several studies show large effects in programmatic timeframes. Across different forms of violence, effective programmes are commonly participatory, engage multiple stakeholders, support critical discussion about gender relationships and the acceptability of violence, and support greater communication and shared decision making among family members, as well as non-violent behaviour. Further investment in intervention design and assessment is needed to address evidence gaps.

Introduction

Violence against women and girls is a global human rights violation and a substantial development challenge. It affects women throughout the world, and crosses cultural and economic boundaries. WHO estimates that more than 30% of women worldwide have experienced either physical or sexual partner violence.^{1,2} 7% of women worldwide have experienced non-partner sexual assault.³ About 100–140 million girls and women worldwide have undergone female genital mutilation (FGM) and more than 3 million girls are at risk for FGM every year in Africa alone.⁴ Nearly 70 million girls worldwide have been married before the age of 18 years, many of them against their will.^{5,6} The effect of violence against women and girls on their health and welfare, their families, and communities is substantial.^{7–9} The costs of violence against women and girls, both direct and indirect, are a staggering burden for households and economies.¹⁰

In the past 20 years, much research has been dedicated to the extent of violence against women and girls and understanding the underlying causes and risk factors associated with violence perpetration and victimisation.¹¹ There has also been enormous growth in the quantity and breadth of interventions in diverse settings, including in health care, justice systems, and social campaigns to address violence against women and girls worldwide. The first generation of interventions mainly focused on provision of support services for survivors of violence, and sought to reduce perpetrators' impunity and increase the effectiveness of the justice system. A second generation of programming, mainly in low-income and middle-income countries, has had a greater focus on violence prevention. These interventions developed organically, often linked to

Key messages

- Evidence for interventions is highly skewed towards high-income countries, and response, rather than prevention. Most research has been done in intimate partner violence, with far less evidence on how to prevent other forms of violence.
- In high-income countries, response interventions have shown greater success in improvements in physical and mental health outcomes for survivors of violence and increased use of services, but evidence for their effectiveness to reduce revictimisation is weak. Much research has been done on interventions for perpetrators, with little evidence of effectiveness.
- In low-income and middle-income countries, there is increasing emphasis on prevention of different forms of violence against women and girls, including intimate partner violence, non-partner sexual assault, female genital mutilation, and child marriage. Assessments of programmes indicate that it is possible to prevent violence, with some interventions achieving large effects in programmatic timeframes. Successful programmes engage multiple stakeholders with multiple approaches, aim to address underlying risk factors for violence including social norms that condone violence and gender inequality, and support the development of non-violent behaviours.
- The specialty of violence prevention is at an early stage. Further investment is needed to expand the evidence base for what interventions are effective in different contexts, assess a broader range of intervention models, and explore issues of intervention cost, sustainability, and scalability.

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This is the first in a [Series](#) of five papers about violence against women and girls

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Panel: Systematic review of reviews on interventions to reduce violence against women and girls¹⁴

We used the results of a 2014 systematic review of reviews¹⁴ to identify assessments of interventions to reduce all forms of violence against women and girls. The review of reviews identified 58 reviews and 84 rigorously evaluated interventions (using experimental or quasi-experimental methods) that aimed to reduce one or more forms of violence against women. We examined the studies identified in the review of reviews and extracted relevant information including sample size, outcomes, and effect sizes. From these, we identified 21 studies with significantly positive results. We also searched relevant electronic databases and supplemental sources (search terms available in the appendix) and did outreach to more than 30 experts in the specialty to identify recently published and unpublished studies that had not been identified through the review of reviews. Through this process, we identified six more rigorously evaluated studies with significantly positive or highly promising results. Our Series paper summarises the findings from more than 100 reviews and evaluations.

From the systematic review of reviews,¹⁴ evidence for effective interventions was highly skewed towards high-income countries. More than 80% of the rigorous evaluations were done in six high-income countries (Australia, Canada, Hong Kong, New Zealand, the UK, and the USA), comprising 6% of the world's population. The USA alone accounted for two thirds of all the intervention studies. The search strategy included all forms of violence against women and girls mentioned in the definition established by the UN General Assembly (1993),¹⁵ including child and forced marriage, child sexual abuse, female genital mutilation, femicide, intimate partner violence, non-partner sexual assault, and trafficking. However, rigorous intervention evaluations were only identified for four types of violence: intimate partner violence, non-partner sexual assault, female genital mutilation, and child marriage.

Intimate partner violence was the subject of more than two thirds (58 of 84) of the rigorously evaluated interventions, followed by non-partner sexual assault with 17 studies and nine studies addressing harmful traditional practices (either female genital mutilation or child marriage). Only one study addressed multiple forms of violence (intimate partner violence and female genital mutilation). No studies meeting our inclusion criteria were related to trafficking or child sexual abuse. Among the interventions to prevent non-partner sexual assault, most were implemented with college students; no studies addressed sexual violence in conflict settings.

The types of violence against women and girls studied varied according to geographic location. In high-income countries, most of studies (51 of 66) dealt with intimate partner violence, followed by non-partner sexual assault with 15 studies. By contrast, half of the studies in low-income and middle-income countries (nine of 18) addressed child marriage or female genital mutilation, followed by intimate partner violence (seven), with non-partner sexual assault and multiple types of violence each represented by one study.

Among the 84 studies with available data, about two thirds (52) focused on responses to violence against women and girls at the individual level, and the remaining 32 interventions focused on prevention at the community or group level. Interestingly, the proportion of studies focusing on prevention was much lower in high-income countries (16 of 66) compared with low-income and middle-income countries where nearly all of the studies (16 of 18) focused on prevention. Most of the interventions targeted women alone (38) or women and men (17). 22 studies targeted only men, most of which were interventions for men who assault women (18).

HIV prevention efforts, and have used many approaches. These include large-scale campaigns, sophisticated education-entertainment or so-called edutainment programmes, skills building and economic empowerment programming, community mobilisation, and participatory group education efforts, aiming to change attitudes and norms that support violence against women and girls, empowering women and girls economically and socially, and promoting non-violent, gender-equitable, behaviours. Not much research has been done to assess the effectiveness of these programmatic efforts, particularly in low-income and middle income countries.^{12,13} Despite the scarcity of empirical research, a small, but promising, body of evidence shows either significant or highly promising positive effects in reductions or prevention of violence against women and girls.

In this Series paper, we review available evidence for what works to reduce the prevalence and incidence of violence against women and girls (panel). The studies

cover a range of interventions, and many forms of violence against women and girls, ranging from violence in armed conflict and intimate partner relationships, to FGM and child marriage. We used a broad focus to allow cross-learning across interventions and types of violence.

When we synthesise the findings, we use the terms prevention and primary prevention to refer to interventions that work with individuals or communities irrespective of their history of violence. These interventions seek both to prevent violence from occurring in individuals who have not experienced it before and to reduce reoccurrence in those who have already experienced or used violence. We use the term response and secondary prevention interchangeably to refer to interventions that specifically target either women who have already experienced some form of violence or male perpetrators, with the aim of reducing revictimisation or recidivism.

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