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Violence against Women and Girls

GSDRC Webinar
9 February 2016
Increasing global attention

- Recognised as a global public health and development issue
- SDGs have 3 specific targets addressing VAWG
Global prevalence

35% of women globally have experienced physical and/or sexual violence in their lifetime.

VAWG includes multiple forms including sexual harassment, FGM, so called honour crimes, femicide etc.

Intimate partner violence is most common.
Prevalence and patterns of violence vary widely.

**The Problem: Intimate Partner Violence**

Percentage of ever-partnered men reporting perpetration of physical and/or sexual intimate partner violence, by site:

- **Papua New Guinea**
  - Bougainville: 80%
  - Papua: 60%
  - Rural: 57%
  - Urban: 55%

- **Bangladesh**
  - Rural: 55%
  - Urban: 52%

- **China**
  - Urban/Rural: 52%

- **Cambodia**
  - National: 33%

- **Sri Lanka**
  - National: 33%

- **Indonesia**
  - Urban: 31%
  - Rural: 25%

Patterns of partner violence also varied across sites.
VAWG emerges from multiple intersecting factors operating across different levels of society
FACTORS ASSOCIATED WITH MEN’S PERPETRATION OF INTIMATE PARTNER VIOLENCE

- Frequent quarrelling with partner
- Transactional sex
- Controlling behaviour
- Low gender-equitable attitudes
- 2+ lifetime sexual partners
- Current food insecurity
- No high school education
- Depression
- Alcohol abuse
- Childhood emotional abuse or neglect
- Witness abuse of mother
- Childhood physical abuse
- Childhood sexual abuse
• Most rigorous evaluations are from HICs - little testing of how these programmes may impact differently in LMICs
• Limited measurement of impact on VAWG occurrence
• Limited evaluation of population and community level impact
• Limited evidence on effectiveness of interventions among vulnerable groups
• Little evaluation of pathways through which interventions may be achieving their impacts
• Evaluations often conducted after short follow-up periods
### Summary of the evidence - effectiveness of interventions to prevent VAWG

<table>
<thead>
<tr>
<th>IMPACT OF INTERVENTION ON REDUCING VAWG</th>
<th>EFFECTIVE (impact on VAWG)</th>
<th>PROMISING (impact on risk factors only)</th>
<th>CONFLICTING</th>
<th>INEFFECTIVE (not recommended due to risks)</th>
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| **IMPACT ON INTERVENTION ON REDUCING VAWG** | • Microfinance/gender transformation  
• Relationship-level interventions  
• Group education with community outreach (men/boys)  
• Community mobilization | • Alcohol reduction programmes (limited evidence from LMICs) | • Parenting programmes  
• Whole-school interventions  
• Counselling, therapy and psychological support | • Bystander interventions  
• Perpetrator programmes | • Single component communications campaigns  
• WASH interventions in schools |
| **STRENGTH OF EVIDENCE** | FAIR EVIDENCE | INSUFFICIENT EVIDENCE |
What we know about what works

• Several studies show large effects in programmatic timeframes

• Effective programme elements: participatory, multi-component, support critical discussion, skills building

• Build interventions from a well-articulated theory of change

• Address multiple risk factors and/or work across multiple settings

• Target the general population and high-risk groups

• Contemplate the scalability of proposed interventions
Some key gaps

- what’s driving population level prev?
- causality and pathways
- vulnerable groups
- Epigenetics
- what works in post-conflict settings?
- costing and scale-up
seek knowledge. create change