

Evidence Digest

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Latest evidence

Here is a selection of the latest evidence on violence against women and girls (VAWG), released in the last few months:

VIOLENCE AGAINST CHILDREN **Violence by teachers almost halved in Ugandan primary schools**

(July 2015) An innovative programme of activities used in Ugandan primary schools has succeeded in reducing violence by teachers against children by 42%. The Good School Toolkit is a behavioural intervention designed by Ugandan NGO Raising Voices, which aims to foster change in operational culture at the school level. Its materials include t-shirts, books, booklets, posters and guides for around 60 different activities.

Researchers from the London School of Hygiene and Tropical Medicine conducted a randomised controlled trial in the Luwero District of Uganda. The trial took place over 18 months with 21 schools each in the intervention and control arms. Although highly effective for both sexes, results suggested that the Toolkit was more effective for male students. Students in intervention schools reported improved feelings of well-being and safety at school, suggesting that the Toolkit succeeded in changing the school environment.

Good School Toolkit

(Source: London School of Hygiene and Tropical Medicine)

Survey on violence against children in Nigeria

(Sept 2015) Six out of 10 Nigerian children experience some form of violence and a quarter of girls suffer sexual violence, according to a survey conducted by Nigeria's population commission. The survey, carried out with support from UNICEF and the U.S. Center for Disease Control found that a parent or adult relative was the most common perpetrator of physical violence such as punching, kicking, intentional burning, choking or intention to drown.

Girls usually experienced their first form of sexual violence in their early teens, often with their first partner. One in 10 boys also suffered sexual violence, mostly perpetrated by classmates or neighbours. Over 70% of sexual violence victims reported experience of more than one incident.

EARLY MARRIAGE

Child and adolescent marriage in Brazil

(July 2015) Brazil is home to the highest absolute numbers of girls in child marriages in the region, with 88,000 girls and boys aged 10-14 in "consensual" (informal), civil and/or religious unions in Brazil. In-depth semi-structured interviews as well as a quantitative survey explored attitudes and practices around child and adolescent marriage in Pará and Maranhão, two states with highest prevalence of the practice.

Such unions are often perceived by girls or family members as offering stability in settings of economic insecurity and limited opportunities. However, child or adolescent marriage can create or exacerbate negative health, education and security outcomes for girls.





GBV Screening in humanitarian settings: Findings from Dadaab, Kenya
(Source: International Rescue Committee/John Hopkins University)

WOMEN PRISONERS AND THE CHAIN OF VIOLENCE

Women prisoners in Uganda

(2015) A survey of 194 women in prison in Uganda (10% of the total female prison population) highlights the link between VAWG and women offending. The survey was conducted by Penal Research Initiative (PRI) and the Foundation for Human Rights Initiative (FHRI) supported by a DFID PPA grant.

Key survey findings include:

- 37% of women said they had experienced domestic violence.
- 57% were convicted of murder, manslaughter or assault, a very high percentage compared to the other six countries where this survey was conducted.
- As many as 74% of women who were charged or convicted with murder/ manslaughter of a male family member reported having suffered domestic abuse from a partner, spouse or male family member.
- As a result of imprisonment, 43% of women had lost their job, 35% their home and 31% had their children taken away.
- 35 children were living with their mothers in prison.

Recommendations include reducing the number of women in detention, addressing VAW and improving health and legal services for women who are detained.

VIOLENCE AND HEALTH

The impact of domestic violence on women's reproductive health behaviour in Uttar Pradesh, India

(May 2015) Data from a large household survey with married women and husbands showed that more than one third of married women in rural Uttar Pradesh had experienced one or more forms of violence, such as verbal abuse, physical 'manhandling', and sexual abuse by their spouse. Nearly 47% of these women survivors had experienced some form of violence during their last pregnancy.

Significant associations were found between violence and incorrect reproductive health behaviours, pregnancy complications, poor birth preparedness, poor likelihood of institutional delivery, limited postnatal care, and limited spousal communication for family planning. The results argue for frontline health workers to identify and counsel pregnant women experiencing violence during antenatal check-up to reduce maternal morbidity and mortality.

Research brief on screening for Gender-Based Violence (GBV) in humanitarian settings

(Sept 2015) Recent research suggests that at least 1 in 5 refugees or displaced women in humanitarian settings have experienced sexual violence. The International Rescue Committee (IRC), in partnership with Johns Hopkins University (JHU), has recently finalised a research brief on their work on screening for GBV in humanitarian programming.

Since 2011 IRC and JHU piloted, implemented and evaluated the 'Assessment Screen to Identify Survivor Toolkit' for GBV (ASIST-GBV); a GBV screening tool that seeks to proactively and routinely identify survivors of different types of GBV, such as intimate partner violence, sexual violence, forced marriage, sexual exploitation, forced pregnancy and/or abortion.

With support from the U.S. State Department Bureau of Population, Refugees and Migration, IRC and JHU conducted a multi-country evaluation of the feasibility and acceptability of screening for GBV in health facilities among female refugees.

Findings from the evaluation indicate that, with the appropriate measures taken and prerequisites met, GBV screening by health providers has the potential to:

1. Create a confidential environment where survivors can speak openly about their experiences with GBV;
2. Ensure competent care and referrals based on the individual needs and wishes of survivors; and
3. Increase community awareness about GBV issues, thereby reducing stigma and improving attitudes.

Policy and news

In September, UN member states formally adopted the final text for the Sustainable Development Goals (SDGs): '[Transforming Our World: The 2030 Agenda](#)'. A number of targets have been agreed on addressing VAWG:

- Target 5.2 - Eliminate all forms of VAWG in the public and private spheres, including trafficking and sexual and other types of exploitation.
- Target 16.1 - Significantly reduce all forms of violence and related death rates everywhere.
- Target 16.2 - End abuse, exploitation, trafficking and all forms of violence against and torture of children.

The UN has approved a new resolution to commemorate 19 June as the [International Day for the Elimination of Sexual Violence in Conflict](#). The International Day will be observed annually with the aim to raise awareness of the need to end conflict-related sexual violence.

In July, the UN Human Rights Council adopted three key [UN resolutions](#) to advance gender equality:

- Accelerating efforts to eliminate all forms of violence against women: eliminating domestic violence – the first UN resolution to use the terms 'intimate partner violence' and 'comprehensive sexuality education'.
- Strengthening efforts to prevent and eliminate child, early and forced marriage.
- Elimination of discrimination against women.

UN Women launched a toolkit [How to design projects to end violence against women and girls](#) – the first of its kind in the Pacific. This toolkit was developed by UN Women's Pacific Fund in response to requests by stakeholders for practical, user-friendly materials and resources that would help them design and implement successful projects to end VAWG. It is funded by the Australian Government.

DFID recently launched a new guidance note on how to address [VAWG in health programming](#). The guidance note aims to provide practical advice, tips and examples to support DFID advisors and programme managers and other UK government departments to strengthen the impact of health programmes on preventing and responding to VAWG.

Mexico has issued its first ever [Gender Alert](#) in 11 municipalities in the state of Mexico (known in Spanish as Edomex) to acknowledge the scale and seriousness of the systemic violence against women. The emergency mechanism obliges authorities to launch an in-depth investigation, involving government and civil society groups, into the causes of violence against women, and take concrete steps to tackle the problem.

The [Inter-Agency Standing Committee](#) (IASC) has released the revised 2015 Guidelines for integrating Gender-Based Violence (GBV) interventions in humanitarian action: [gbv.guidelines.org](#)

VAWG Helpdesk Round-up

The query service has produced short reports and expert advice to DFID staff on the following topics:

- GBV mainstreaming in the Syria response
- Violence against older women, including the gaps, challenges and best practice related to policy and programming
- National Action Plans – effectiveness and lessons learned
- Measuring donor agency spend, impact and results in work on VAWG

Want to know more about how we can help you with research or advice?

Send us an email or give us a call and we can discuss your request further.

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DFID-Funded Research

'WHAT VIOLENCE MEANS TO US: WOMEN WITH DISABILITIES SPEAK'

Conducted using emancipatory methodology, this DFID-funded study for the **Nigeria Stability and Reconciliation Programme (NSRP)** was led by women with disabilities themselves who carried out the research and analysis. The first of its kind in Nigeria and one of the first in the world, the **report** details the experiences of women and girls with disabilities of violence, in times of relative peace and conflict.

Women and girls with disabilities are more likely to experience gender based violence, less likely to be able to escape, less likely to be believed and less likely to find services accessible to them. They also find it difficult to escape violent conflict, are often left behind in situations of danger and lose mobility aids, caregivers and medicines. This leaves them more reliant on others, struggling to cope and of greater risk of exploitation.

Despite this, many peacebuilding and development programmes do not take experiences of women and girls with disabilities into account or seek to facilitate their voices in decision making.



COMPASS research with adolescent girls in Ethiopia (Source: IRC)

This includes organisations and programmes working on women, peace and security and violence against women and girls.

COMPASS: LESSONS LEARNED FROM ETHIOPIA

The DFID-funded three-year pilot project, *Creating Opportunities Through Mentoring, Parenting and Safe Spaces (COMPASS)*, aims to respond to violence against adolescent girls in humanitarian spaces. IRC field teams from Ethiopia recently presented at the Sexual Violence Research Initiative (SVRI) forum on lessons from research, programming, complex contexts and data collection.

After one-year's preparation, during a six-week intensive baseline data collection process, 919 adolescent girls were interviewed using ACASI tablets, and over 70 participatory mapping activities were conducted with adolescent girls as well as their caregivers. Key challenges during the research included:

- Identifying strategies to negotiate expectations among research partners, IRC staff, Ethiopian government ministries, and community members;
- Adapting tested research methods to use with refugee populations with low literacy capabilities and who speak multiple/preliterate languages;
- Understanding ways to contextualise standardised curricula;
- Staffing research teams that meet minimum standards for quality research; and
- Maintaining a sustained girl-centred orientation in both research and programming.

Lessons learned will contribute to the limited body of knowledge on ethical ways to concurrently implement quality research and programming in humanitarian settings, and will enhance the quality of the end-line data collection process.



'What Violence Means to us: Women with Disabilities Speak' (Source: Inclusive Friends)

DFID-Funded Research

What Works to prevent VAWG?

Here is an overview of some of the research funded under the three components of DFID's flagship **global research programme**:

Component 1: What Works to Prevent Violence: A Global Programme. In Rwanda, a What Works team is undertaking an impact evaluation of **Indashyikirwa: Agents of Change for GBV Prevention**. Implemented by CARE Rwanda, Rwanda Women's Network (RWN), and Rwanda Men's Resource Centre (RWAMREC), Indashyikirwa builds GBV prevention interventions around Village Savings and Loans Associations (VSLAs), including:

- **A training curriculum for couples** on GBV prevention, communication and relationship skills. After the 20-week training, some couples will be mentored as activists to diffuse their knowledge and skills to other members of their communities.
- **Training / mentoring of opinion leaders and service providers** to improve understanding of their role and more effective action on GBV prevention and response.

- **Women's spaces** to provide GBV survivors and women at risk with information on GBV services and support referral of women to these services – as well as to promote advocacy and networking activities.

The impact evaluation includes a cluster randomised control trial (RCT) of the couples intervention with two components: (i) a longitudinal survey of a representative sample of couples with an intervention group and a comparison group; (ii) a before and after survey at population level with a representative sample of community members and an assessment of exposure to the programme's activities.

The **qualitative research** includes baseline research on social norms, a longitudinal component to explore processes, types and levels of change among couples; periodic interviews with activists, women's space facilitators and opinion leaders; participant observation of women's space and activist activities and a process evaluation to track implementation fidelity.

Component 2: What Works to Prevent VAWG in Conflict and Humanitarian Emergencies is nearing the end of its first year of implementation. A retrospective study has been completed by IRC; this used the *2005 Inter-Agency Standing Committee GBV Guidelines* as a tool to assess how the humanitarian sector met the needs of women and girls in the response to Typhoon Haiyan in the Philippines. A working paper in relation to this study was shared at the recent SVRI forum in South Africa, and the full report will be published in the coming months. Formative research in Kenya and South Sudan was completed between June to August 2015. Preliminary data analysis is ongoing and findings will shape data collection which is due to start in the beginning of 2016 for both countries.

Component 3: Economic and Social Costs of VAWG has begun preparations for fieldwork in Ghana, Pakistan and South Sudan. Two meetings with national stakeholders in Pakistan and South Sudan were held in August to review research design. In both meetings national stakeholders appreciated the increased dialogue on the impacts of VAWG, previously silenced in mainstream policy discussions. Principal Investigator for Component 3, Dr. Nata Duvvury, further participated in expert consultation with UNFPA to provide input to refine the priority Sustainable Development Goal targets and indicators.

Economic and Social Costs of VAWG: meeting with VAWG stakeholders in South Sudan. August 2015

