Health Sector Interventions to prevent or reduce violence against women and girls: a systematic review of reviews

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Summarizing the Evidence-base

• Growing number of evaluations trying to measure the impact of interventions on VAWG

• GWI and the World Bank are undertaking the first **systematic review of reviews** on the impacts of interventions to prevent VAWG

• **The goal**: To present the best synthesis possible of the ‘state of the evidence’
Methodology: Inclusion Criteria

• Synthesis of evidence on evaluated interventions aimed at reducing the incidence or prevalence of violence against women and girls

• Systematic or Comprehensive

• Published between Jan. 2000 & April 30, 2013

• Outcomes:
  – Primary outcome: Measured change in the victimization or perpetration of violence against women and girls
  – Secondary outcome: Measured change in attitudes and social norms that regulate the acceptability of VAWG

• Types of violence: IPV, rape or sexual assault, child sexual abuse, harassment, HTP, Psychological/emotional abuse, Physical assault, Forced/early marriage, trafficking
3,687 studies

147 articles read to further assess inclusion

58 Reviews included
23 Systematic Reviews
35 Comprehensive Reviews

3540 excluded after reviewing abstract

109 Studies excluded after further review

Upon further clustering, 3 more articles were removed, found to be duplicates

23 reviews identified through grey literature searches, backward referencing and contacting experts in the field
Distribution of Evaluated Interventions

Evaluations by Intervention Type:
- Child Sexual Abuse: 13
- HTP: 1
- IPV: 5
- Multiple Types: 1
- Non-Partner Abuse: 1

Total: 295 Individual Impact Evaluations
Nearly 70% of the global evidence on what works, and what doesn’t, to prevent VAWG comes from 6 high income countries that comprise 6% of the world’s population.
28 Health sector interventions evaluated

- Individualized care for at risk pregnant women
- Non-professional mentor support to improve physical and mental wellbeing
- Home visitations to promote healthy parenting behaviors
- Batterers interventions: Behavior change coaching received and referrals given to screened women at family planning clinics
- Psychological support
- Community mobilization to reduce FGM/C

11 interventions were effective in reducing VAWG
Of 1278 women sampled in 5 Family Planning clinics
- **53% experienced DV/SA**
- **Similar rates in other clinic settings**

Health interventions with women who experienced recent partner violence:

- **71% reduction** in odds for pregnancy coercion compared to control

- Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe

Miller, et al 2010
Mental health prenatal and postpartum

- Screening and brief counseling resulted in a greater decline in IPV and significantly lower scores for depression & suicide ideation (Coker 2012)

- At 6-weeks postpartum, women who received a brief intervention reported significantly higher physical functioning, and lower postnatal depression scores. (Tiwari 2005)

Women prenatal behavioral counseling for 2 to 8 sessions had fewer recurrent episodes of IPV during pregnancy and the postpartum period and had better birth outcomes

Futures without Violence, 2013
Small changes can make a big difference

“...The doctor helped me feel better by saying that I didn’t deserve this treatment, and he helped me make a plan to leave the house the next time my husband came home drunk”

(Salvadoran woman)
Economic empowerment can reduce violence against women

Microfinance and training on violence and HIV/AIDS, together with community mobilization activities reduced domestic violence by 50% in intervention group over 2 years

(Image project, South Africa, Kim et al)
Characteristics of effective interventions designed to reduce or prevent VAWG implemented through the Health Sector

- Encourage autonomy and empowerment of women
- Combine multiple approaches as part of a single intervention.
- Duration of intervention is more than six months
- Address social norms regarding acceptability of violence
- Have elements of psychosocial interventions, victim advocacy
What we need

More rigorous evidence on all types of VAWG from the global south

More evaluations looking at VAWG in diverse populations.

Standardized data and indicators so we can continue to build the evidence on what works and what doesn’t in a more effective way.

More health sector interventions addressing primary prevention of violence.
Every woman has a right to live without violence!