Addressing violence against women in health and multisectoral policies: methodological lessons and findings of a global status report

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Objectives

- Share methodological reflections in creating the first ever VAW health policies database for purposes of sharing lessons

- Describe findings from a global status report on how VAW addressed in health & multisectoral policies

- Share recommendations for policy research, advocacy and development of policies addressing VAW
69th World Health Assembly, May 2016

194 Member States, endorsed the global plan of action on strengthening the health system’s response to VAW & VAC

Rationale: What is the policy mandate?

69th World Health Assembly, May 2016

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How will we know we’ve brought the vision to life?
By the number of countries that:

1. include health services to address IPV & post-rape care
2. develop or update their national guidelines for the health system response to VAW
3. provide comprehensive post-rape care in a medical facility
4. have a national multisectoral plan which proposes at least one strategy to prevent VAWG
5. have carried out a population-based, nationally representative study/survey on VAW
Methods:

**VAW policies database**

- 54 indicators covering 6 themes
- 604 policies from 174 countries
Methods: critical reflections, lessons learned

- Content analysis vs survey of policy makers
- Diversity in where content on VAW reflected in policies
- Language, terminology for content analysis
- Intra-researcher subjectivity
Findings: VAW as a priority in health policies – 34% & health guidelines – 48% countries

Globally, 4 in 5 countries (81%) have multisectoral plans of action, but less than half (48%) have health sector guidelines addressing violence against women.

Proportion of all countries that have a national health policy that includes violence against women, a multisectoral plan and/or a health sector policy (i.e. guideline/protocol), by region and globally (n=194)
75% include first line support in policies

Figure 11: Proportion of countries with eligible policy documents that include first-line support for survivors, by WHO region and globally (n=174)
35% include mental health assessment & referrals
14% prioritize adolescent girls

Figure 16: Proportion of countries with eligible policy documents that recognize the vulnerable situation of and address specific needs of all three populations, globally (n=174)
**How is prevention included - RESPECT?**

**Figure 19:** Proportion of countries with eligible policy documents that include community mobilization, group education, or both, by WHO region and globally (n=174)

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<th>Community mobilization</th>
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<th>Both community mobilization and group education</th>
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**Key messages**

- **40%** of countries include at least one prevention intervention from each of the following three strategies of the RESPECT women: preventing violence against women framework: Empowerment of women, Services ensured, and Transformed gender attitudes, beliefs and norms

- **78%** of countries mention gender norm-transformation interventions for preventing VAW

- **42%** of countries include women's empowerment interventions in their policies

First-line support, shelters and police interventions are the most commonly mentioned response services in national policies
Conclusions

- Multisectoral VAW plans
- VAW as a priority in national health policies
- Health sector VAW SOPs/guidelines
- Inclusion of first-line support
- Inclusion of adolescent girls
- Prevention
  - Empowerment
  - Services
  - Transforming gender norms
- European region & HICs fare poorly compared to African, South-East Asian regions & LMICs
Key Messages

Good health sector policies are critical to respond effectively to violence against women and girls.

These are important to:
- Identify intimate partner violence
- Give first-line physical and emotional support
- Provide respectful and confidential care and referrals
- Ensure comprehensive post-rape care

Adolescent girls and young women survivors of violence have specific needs.

With the right policies, guidelines, training and services, health care workers can better support them and prevent and respond to violence.

Policies must include mental health services as part of an effective response to violence against women.

Train and skill health workers to provide quality care to survivors by including mental health support.

Link to the report: https://apps.who.int/iris/rest/bitstreams/1399115/retrieve