Emerging evidence from the What Works to Prevent Violence Against Women and Girls Global Programme

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A Global Programme To Prevent
Violence Against Women and Girls

UKaid
from the British people

DFID Flagship Programme:
What Works to Prevent Violence Against Women & Girls
Growing the evidence base

- What Works is generating new knowledge on:
  - drivers of violence
  - what works in prevention
  - costs of violence prevention
- **Evaluations of 15 VAWG prevention interventions in 13 countries across Africa and Asia**
  - Coordinated measurement of key constructs
  - 6 with cost effectiveness components

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What Works for women with disabilities ?

▶ How many women with disabilities were included in What Works programmes?

▶ How does the risk of IPV compare for women with and without disabilities?

▶ Are What Works programmes effective for women with disabilities?

  ▶ For reducing/prevention of IPV?

  ▶ For other outcomes?

Measurement of disability & violence

- **Disability at baseline assessed using Washington Group short set**
  - Assess self-perceived impairment in 4-6 domains
  - Vision, hearing, mobility, cognitive function (all)
  - Communication(most studies) & self-care (~half studies)
- **Past year IPV assessed using WHO VAW tools**
  - Physical IPV: 5 questions   (ex. slapped, hit with fist, choked, used a weapon)
  - Sexual IPV: 3 items   (ex. physically forced sex to have sex when you did not want to)
  - Emotional IPV: 4-7 items, by context   (ex. Verbally threatened to hurt you)
  - Economic IPV: 1-4 items, by context   (ex. Took your earnings against your will)
- Non-partner sexual violence questions UN MCS in Asia & the Pacific

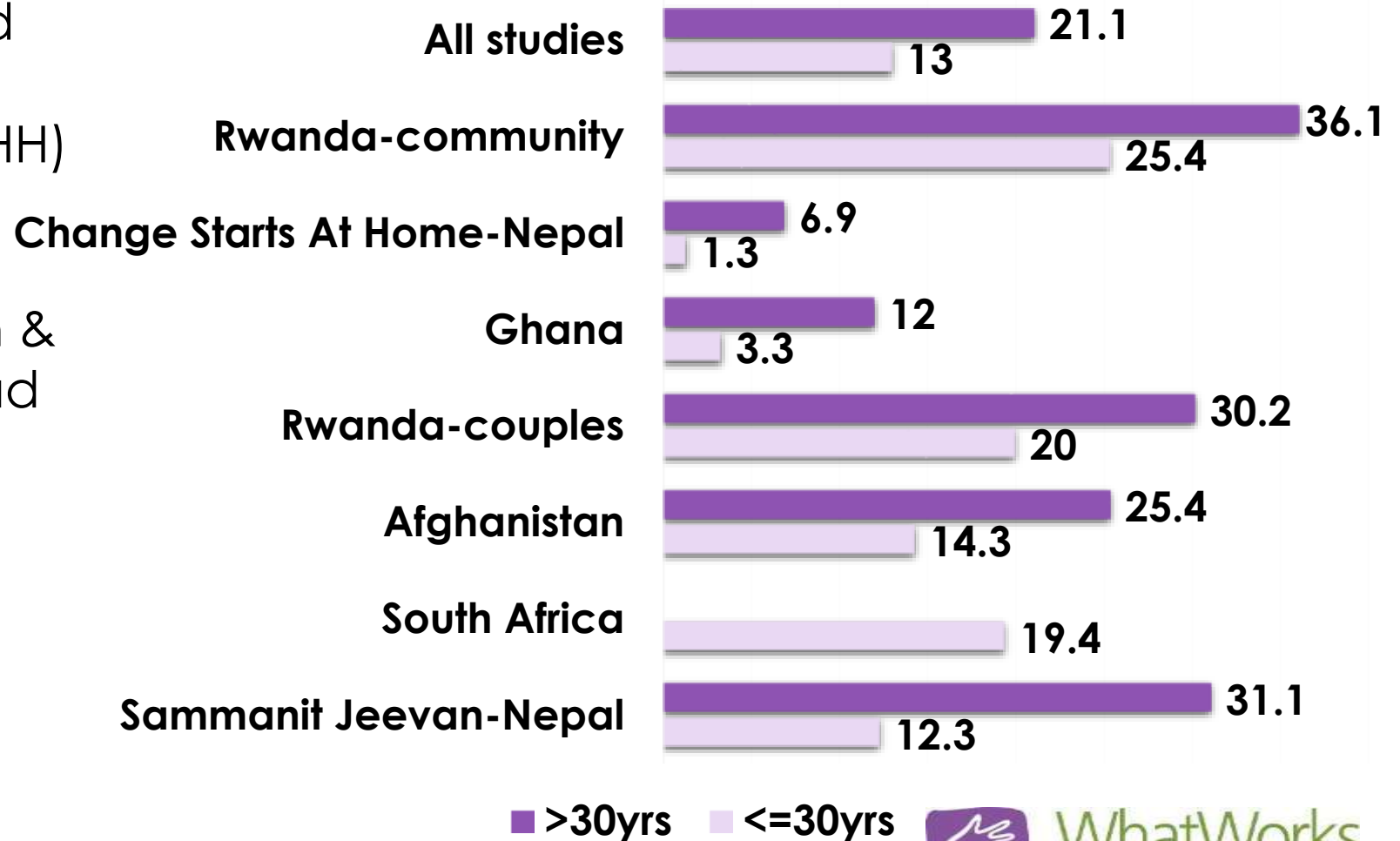# Pooled analysis of disability & past year IPV risk

Program evaluated	Country	N	Women's Age Range	Sampling or recruitment strategy
Sammanit Jeevan	Nepal	200	18 +	Volunteer
Stepping Stones/Creating Futures	South Africa	680	18-30	Volunteer
The Women's Empowerment Program	Afghanistan	993	18-49	Volunteer
Indashyikirwa couples	Rwanda	1,600	18-49	Volunteer
Rural Response System	Ghana	1,877	18-49	Household-based survey
Change Starts at Home	Nepal	1,800	18-49	Household-based survey
Indashyikirwa community intervention	Rwanda	1,399	18-49	Household-based survey

Prevalence of disability in the included studies

17% of the women reported some form of disability, ranging from **5%** (Nepal, HH) to **32%** (Rwanda HH)

13% of the **younger** women & **21%** of the **older** women had some form of disability

In all studies, older women have higher prevalence of disability.

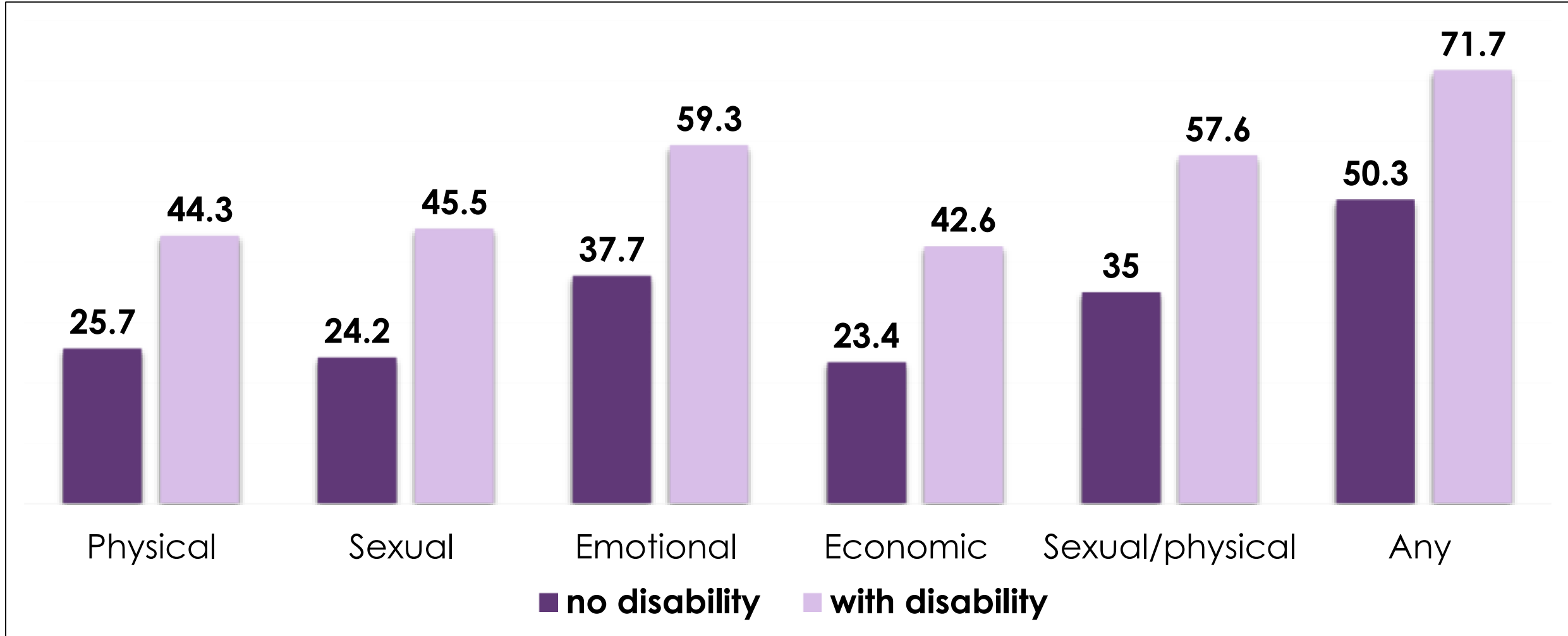| Study	>30yrs	<=30yrs
All studies	21.1	13
Rwanda-community	36.1	25.4
Change Starts At Home-Nepal	6.9	1.3
Ghana	12	3.3
Rwanda-couples	30.2	20
Afghanistan	25.4	14.3
South Africa		19.4
Sammanit Jeevan-Nepal	31.1	12.3

■ >30yrs ■ <=30yrs

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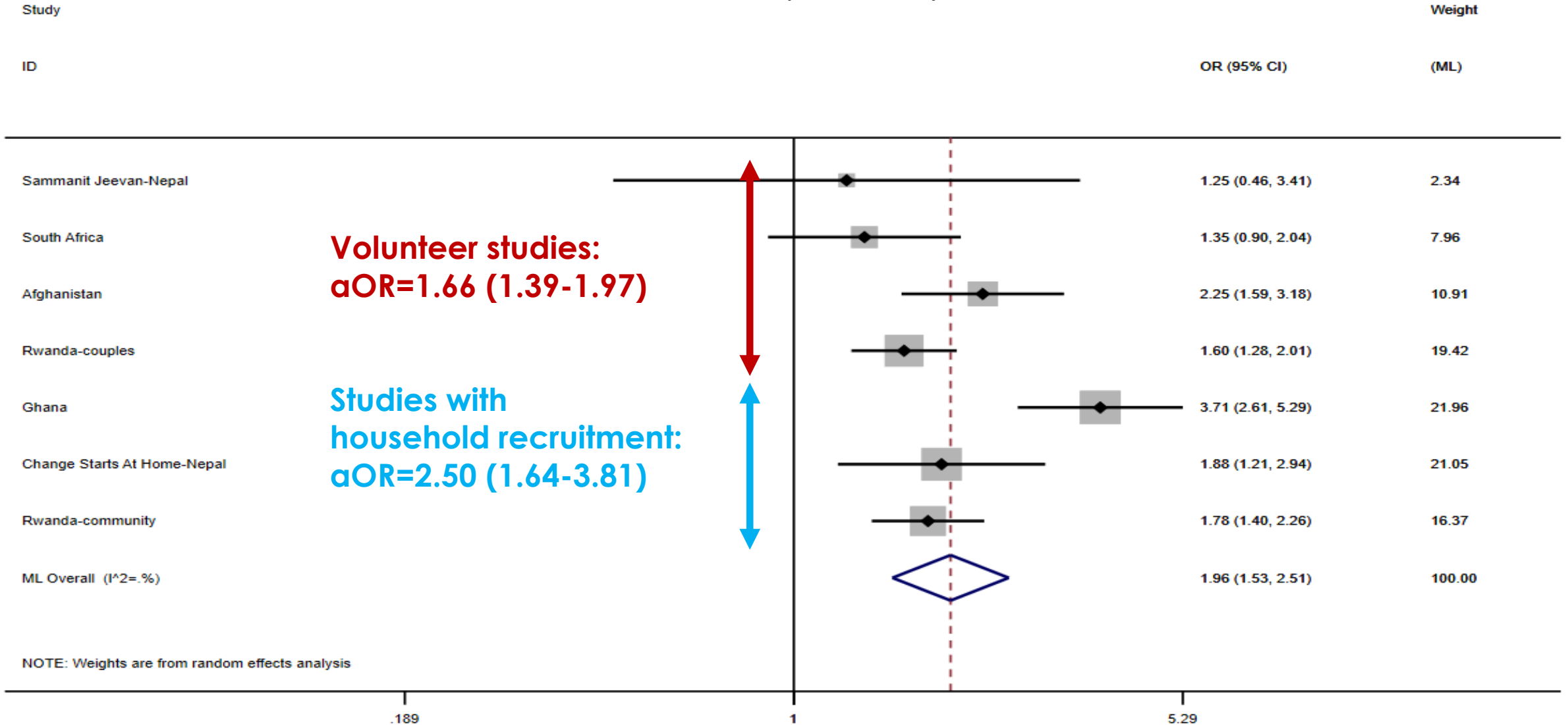# Prevalence of different types of past year IPV by disability

❑Women with disabilities significantly more likely to experience all forms of IPV
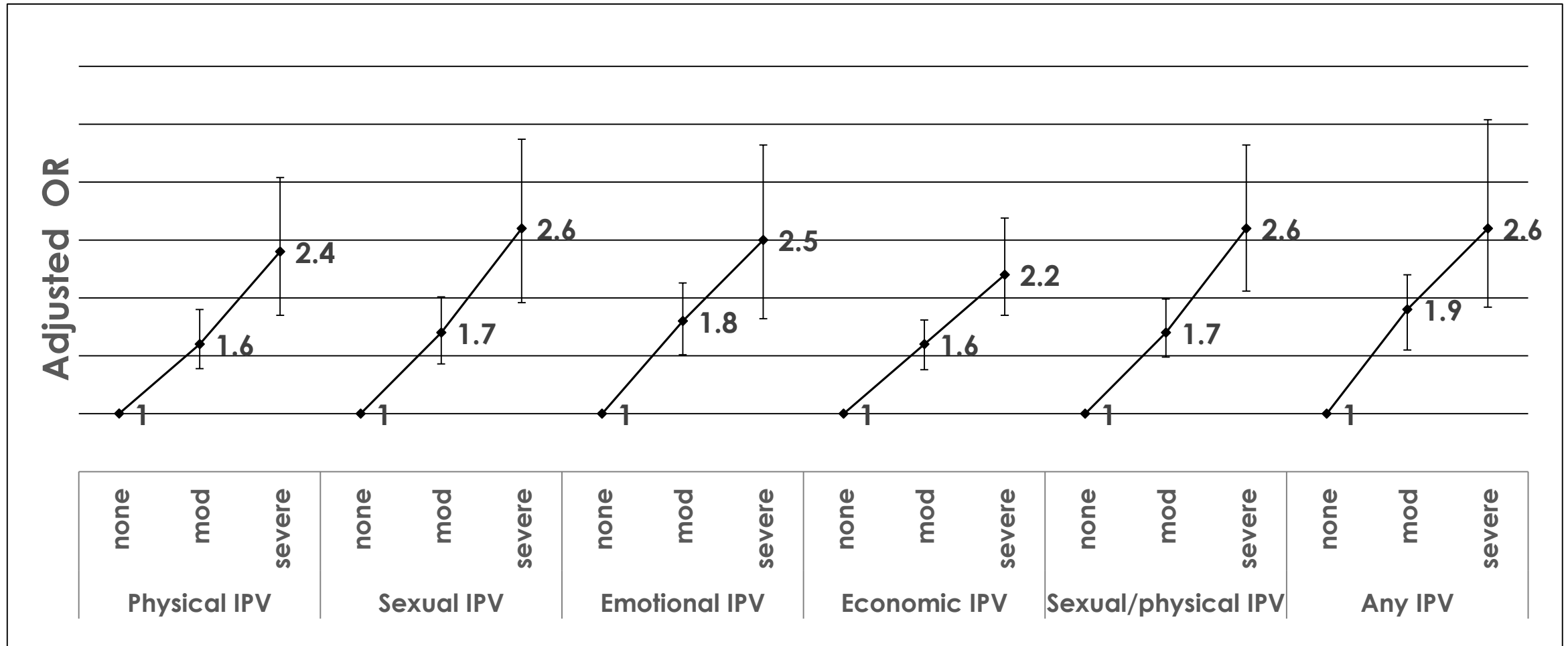❑Similar patterns across all the different study settings

Disability and past year experience of sexual/physical IPV

Pooled age-adjusted OR = 1.93   (95% CI: 1.55 - 2.40)
Cochran's Q =13.07   (p < 0.001); I² = 84.7%

Study ID		OR (95% CI)	% Weight (ML)
Sammanit Jeevan-Nepal		1.25 (0.46, 3.41)	2.34
South Africa		1.35 (0.90, 2.04)	7.96
Afghanistan		2.25 (1.59, 3.18)	10.91
Rwanda-couples		1.60 (1.28, 2.01)	19.42
Ghana		3.71 (2.61, 5.29)	21.96
Change Starts At Home-Nepal		1.88 (1.21, 2.94)	21.05
Rwanda-community		1.78 (1.40, 2.26)	16.37
ML Overall (I^2=.%)		1.96 (1.53, 2.51)	100.00

**Volunteer studies:
aOR=1.66 (1.39-1.97)**

**Studies with
household recruitment:
aOR=2.50 (1.64-3.81)**

NOTE: Weights are from random effects analysis

.189   1   5.29

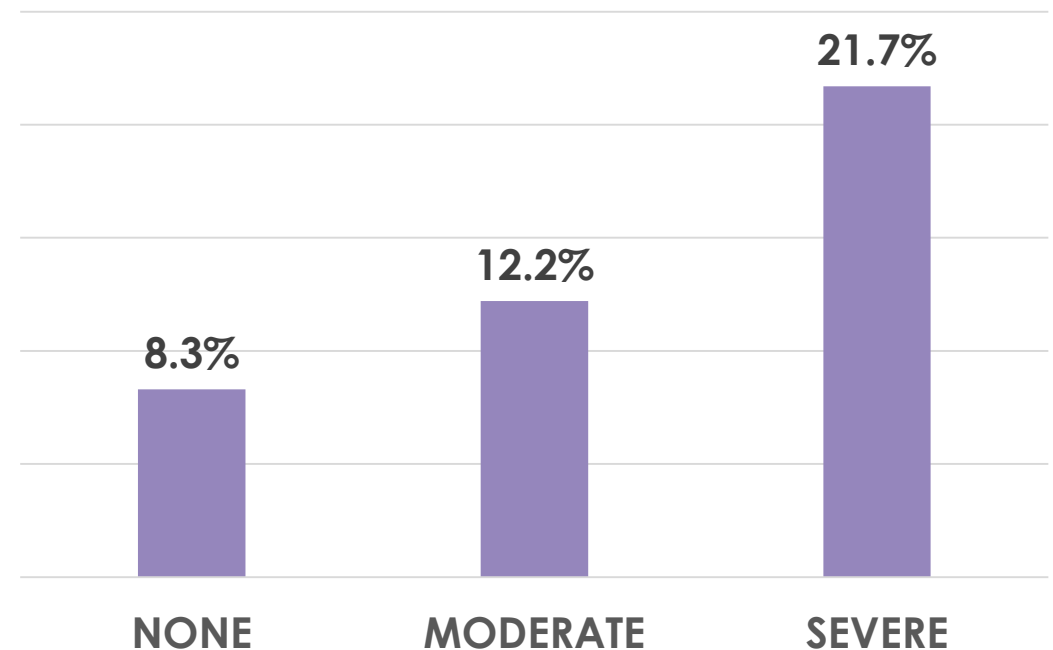# Severity of disability and odds of experiencing IPV

Prevalence of IPV was higher among women with more severe disabilities than those with moderate disabilities, for all forms of IPV.

Disability and non-partner sexual violence

Baseline data from the Stepping stone Creating Futures project (South Africa) & the Rural Response System study (Ghana) showed that:

❑ **1 in 10** women with moderate disabilities experienced non-partner sexual violence .

❑ About **2 in 10** women with severe disabilities experienced non-partner violence.

❖ **Women with disability are 2 times more likely to experience non-partner sexual violence.**

Prevalence of non-partner sexual violence by disability status

21.7%

12.2%

8.3%

NONE   MODERATE   SEVERE

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Conclusions on disability and risk of violence

❑ Across all settings studied, women with disabilities are most vulnerable to IPV

❑ The prevalence of IPV or non-partner sexual violence is higher among women with more severe disabilities than those with moderate disabilities.

❑ Considering that women included in these studies were physically and cognitively able to participate in research interviews, it is highly likely that women with most severe disabilities and thus most vulnerable to violence were excluded.

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Are What Works programmes effective for women with disabilities?

Projects analyzed here had:

- Randomized controlled trial design
- Adult female participants
- Individual-level cohort data
- Disability assessment at baseline
- IPV prevention as a primary outcome
  - May or may not have overall effect on IPV
  - Positive effects on at least one secondary and/or exploratory outcome:
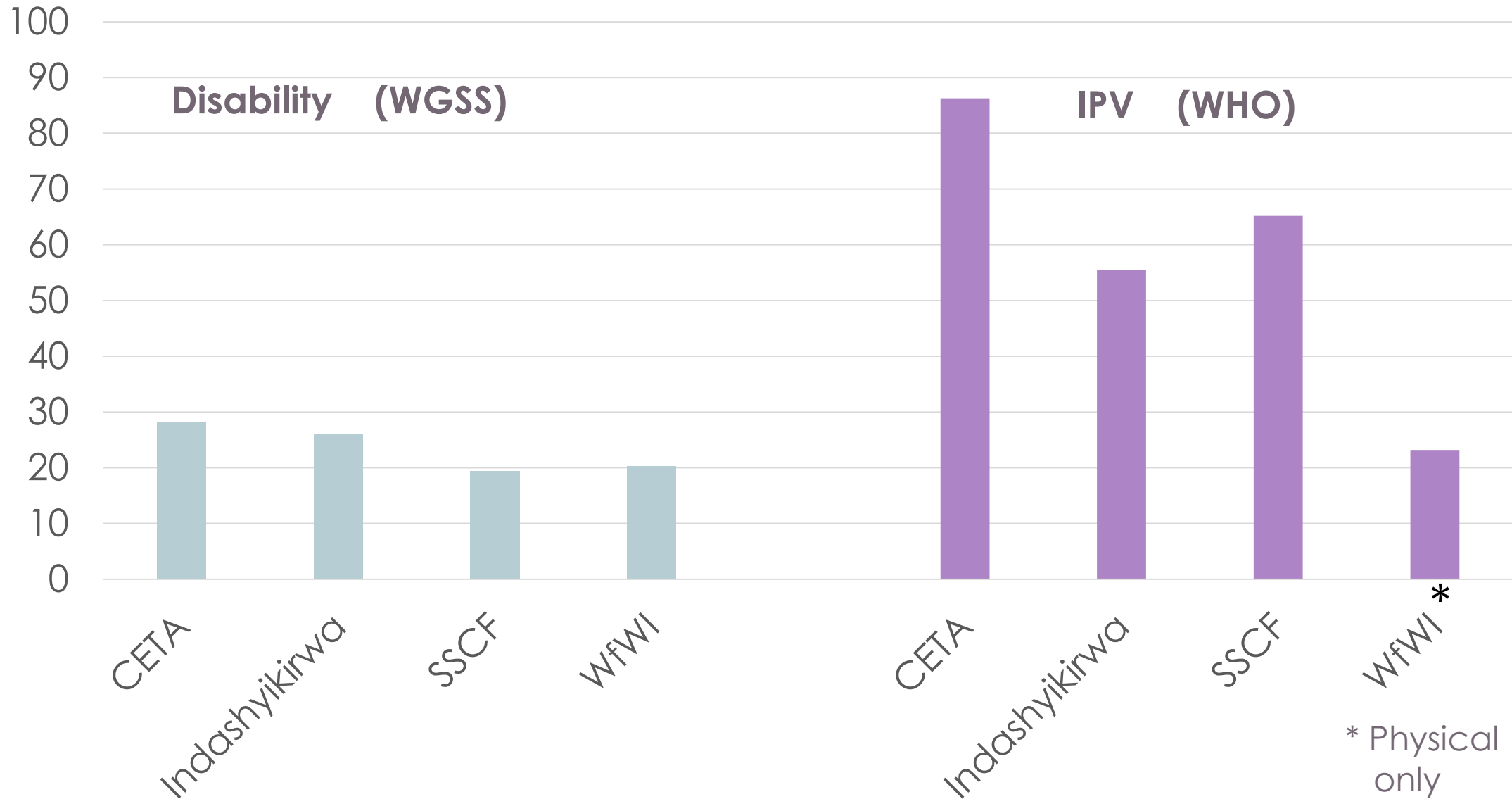   - Economic benefit or livelihood strengthening
    - Mental health

Projects names & locations:

- Common Elements Treatment Approach (CETA), Zambia
- Indashyikirwa, Rwanda
- Stepping Stones /Creating Futures (SS/CF), South Africa
- Women for Women International (WfWI), Afghanistan

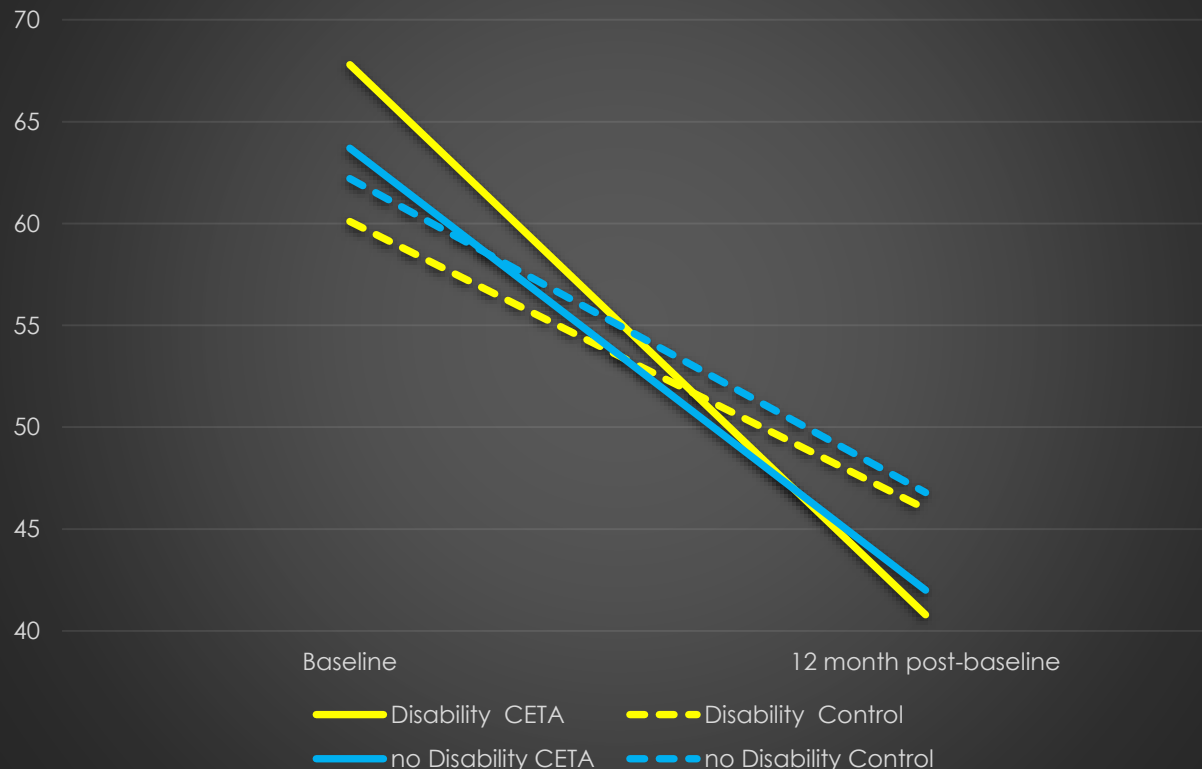|	CETA, Zambia	Indashyikirwa, Rwanda	SS/CF, South Africa	WfWI, Afghanistan
Target Population	Families experiencing IPV	Couples & Communities	Youth in informal settlements	Economically vulnerable women
Age range	18+	18-49	18-30	18-45
Intervention strategy?	Transdiagnostic counselling for families with violence/alcohol	Group training for couples + enabling structural interventions	Gender transformation + livelihood strengthening	Economic & social empowerment
Effective for IPV prevention among women?	YES	YES	?	?
Effective for economic empowerment?	Not assessed	YES	YES	YES
Effective for improving mental health?	YES	YES	?	?

Prevalence of Disability & Physical/Sexual IPV
in included projects for differential effectiveness

Impact on IPV in CETA   (Zambia)
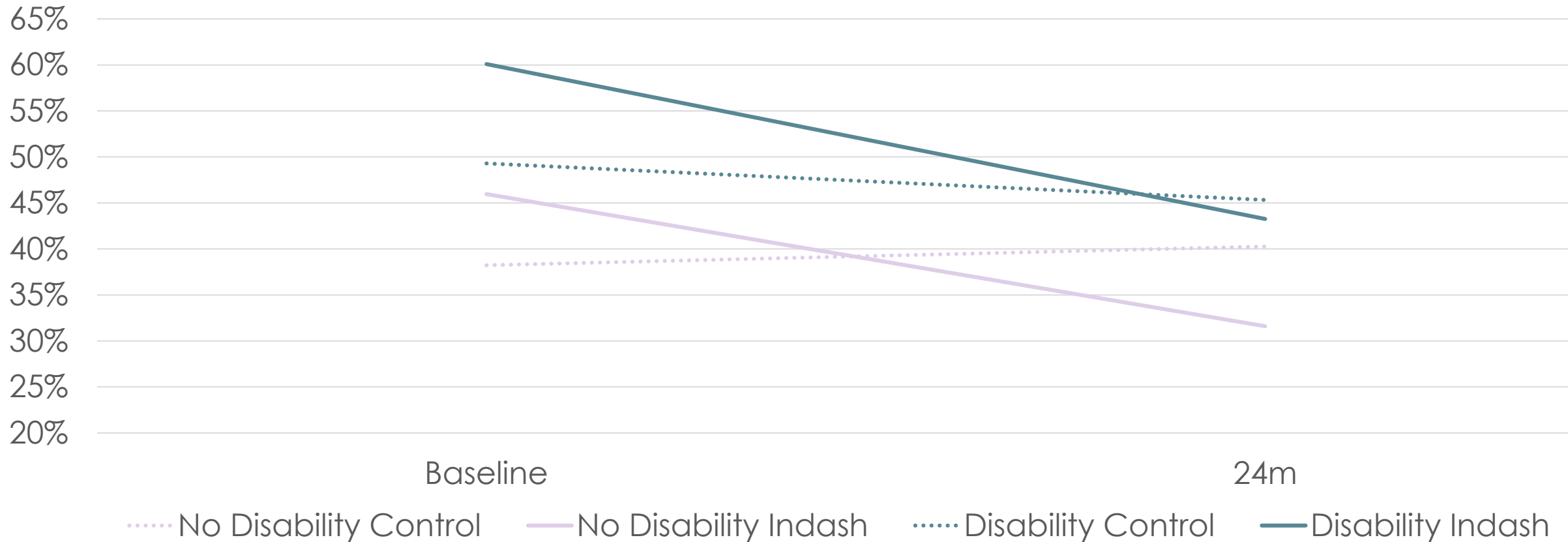## Participants selected for high levels of IPV & substance use

CETA Effect on SVAWS Score Stratified by Baseline Disability Status

Legend:
- Disability CETA (solid yellow)
- Disability Control (dashed yellow)
- no Disability CETA (solid blue)
- no Disability Control (dashed blue)

X-axis: Baseline, 12 month post-baseline
Y-axis: 40, 45, 50, 55, 60, 65, 70

Cohen's D effect sizes

- Participants with disability: 0.66, p<.01
- Participants without disability: 0.42, p=.11

- **Beneficial effect clearer for participants with baseline disability**

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Effectiveness of Indashyikirwa couples training by woman's disability status at baseline

Legend: No Disability Control · · · · · | No Disability Indash ——— | Disability Control · · · · · | Disability Indash ———

IPV Type	aOR Disability	aOR No Disability	Differential?
Physical IPV	0.45 (0.26 - 0.77)	0.37 (0.26 - 0.53)	No
Sexual IPV	0.61 (0.35 - 1.04)	0.47 (0.33 - 0.66)	No
Severe Phys + Sex IPV	0.62 (0.37 - 1.05)	0.40 (0.30 - 0.56)	No

Indashyikirwa: Other programme benefits

	Disability aOR (95% CI)		No Disability aOR (95% CI)		Differential?
Economic					
Food insecurity	**0.44**	(0.24 - 0.80)	**0.46**	(0.33 - 0.65)	No
Health					
Depression	**0.44**	(0.26 - 0.77)	**0.50**	(0.35 - 0.73)	No
Self-rated health	**3.23**	(1.93 - 5.43)	**1.61**	(1.17 - 2.10)	**Better disabled**

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SSCF : Differential Impacts?

	Disability aOR or β (95% CI)	No Disability aOR or β (95% CI)	Differential?
IPV			
Severe IPV	0.89 (0.47-1.69)	0.95 (0.65-1.38)	No impact for either
Economic			
Earning in past month	0.94 (0.40-2.20)	**2.05** (1.35-3.09)	**Better non-disabled**
Savings in past month	1.58 (0.49-5.07)	**1.80** (1.02-3.17)	**Better non-disabled**
Health			
Depression (CES-D score)	**-4.40** (-8.81, -0.01)	-0.60 (-2.37, -1.18)	**Better disabled**
Alcohol use	**2.43** (0.10, 4.76)	-0.53 (-1.43, 0.38)	**Worse disabled**

WWFI : Differential Impacts?

	Disability aOR or β (95% CI)	No Disability aOR or β (95% CI)	Differential?
IPV			
Severe Physical IPV*	1.61 (0.71-3.63)	**0.58** (0.37-0.92)	**Better non-disabled**
Economic			
Average Earn in past month	**4.86** (1.33-17.77)	1.49 (0.92-2.41)	**Better disabled**
Health			
Depression (score)*	0.80 (-2.15, 2.31)	-0.41 (-1.31, 0.48)	No

* NB No overall impact

Summary on programme effectiveness

▶ No clear picture!

▶ Higher effects IPV for women with disabilities may be related to higher overall prevalence of IPV where interventions are good at harm reduction

▶ Health benefits may be related to lower start points, but likely to be context dependent

▶ Economic benefits likely to be very content and program dependent

▶ Analysis suffers from under-representation of women with disabilities

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Implications for VAWG Intervention & Research

▶ Lots we as VAWG sector can do *now* to improve access and evidence:

  ▶ Partner with DPOs & WRAs led by women with disabilities

  ▶ Ensure people with disabilities have meaningful & visible leadership roles in creating and running violence prevention & response programs

  ▶ Track access for & impact on people with disabilities as a matter of routine

▶ To create meaningful programmatic guidance, we need better info!

  ▶ Better account for full diversity of disability

  ▶ Better account for disability status that changes with context & over time

  ▶ Better account for the types of disability associated with VAWG: depression, PTSD & complex PTSD, chronic pain & illness, traumatic brain injuries

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"We all have power. How do you use your power? Be involved in the fight against violence based on gender and disability."

-- targeted educational poster from the Indashyikirwa programme in Rwanda

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UBUBASHA TWESE TURABUFITE: Ese ubwawe ubukoresha ute?

GIRA URUHARE MU KURWANYA IHOHOTERWA RISHINGIYE KUGITSINA NO K' UBUMUGA