

**Violence against Women:
Building evidence and strengthening research capacity for global monitoring
World Health Organization
Department of Reproductive Health and Research**

Background

There is widespread recognition that violence against women is a critical public health and human rights issue. Recent estimates show that one in three women globally has experienced intimate partner physical and/or sexual violence or non-partner sexual violence in her lifetime and has suffered adverse health consequences as a result of violence.

The Department of Reproductive Health and Research (RHR) of the World Health Organization (WHO) is a recognized leader in the field of gender-based violence, particularly in building evidence on violence against women as a public health issue and in developing evidence-based guidance and tools for addressing it in the health sector and beyond. Through its research and normative work around GBV, RHR plays an important role in bridging the gap between evidence and policy. WHO is also well placed to play a leading role in documenting and reporting on the gender equality indicators related to violence against women for the Sustainable Development Goals (SDGs). This document highlights the progress made by WHO in this area of work.

1. WHO's database for global, regional, and country estimates of VAW

Global and regional estimates: In 2013, WHO and its partners (LSHTM, MRC South Africa) released the first global and regional prevalence estimates of intimate partner violence against women (IPV) and non-partner sexual violence (NPSV) against women. The results were based on a systematic process of identifying and synthesizing all population data measuring prevalence of IPV and NPSV around the world. These figures have been widely disseminated and cited, and have been included in the Global Burden of Disease estimates, which has raised awareness globally about the magnitude of the problem. WHO serves as the clearinghouse for these estimates.

Country level estimates: Quality data at the national level is important for monitoring progress on indicators and in forging national action plans on violence against women. Building on the global and regional estimates released by WHO and partners in 2013, WHO is convening an inter-agency working group and a technical advisory group to agree analytic strategies for updated global and regional estimates. In addition, country level estimation methods will be developed for baseline and subsequent monitoring of VAW indicators for the SDGs and other country level monitoring processes.

WHO will continue to develop and maintain the prevalence database and keep the data publicly available on the Global Health Observatory.

WHO will convene an inter-agency working group and technical advisory group for developing violence against women estimates that countries can use for monitoring.

2. Promoting and supporting population based studies using the WHO multi-country study methodology and improving methods

Generating population-based data: Population-based data is needed to advocate for policy, legal and other changes and to report progress on indicators for SDGs and other areas, yet many countries lack national prevalence data on violence against women. The *WHO Multi-Country Study on Women's Health and Domestic Violence against Women* is considered the gold standard in measurement of intimate partner violence and has served as the basis for the UN Guidelines for Measuring Violence against Women. The methodology includes not only the questionnaire instrument but also training materials and ethical and safety measures that ensure that researchers and participants are not put at risk by participating in the survey. Asking women about violence in a sensitive manner can promote accurate disclosure, which results in more valid prevalence estimates. RHR has the technical expertise to provide technical support to countries carrying out research using the WHO methodology. (See also point 3. Building research capacity: prevalence surveys.)

Fostering networks and disseminating tools and methodologies between researchers in high-income settings and low-income settings can be a successful model of building capacity, generating evidence, and implementing effective strategies to address violence against women in the health sector and beyond.

Methodological tools and measurement of VAW: As more and more countries use the WHO Multi-country Study questionnaire and related tools there is a need for methodological improvements to better measure violence against women. WHO is currently revising the WHO Multi-country study questionnaire to address some of the gaps identified. The revised version improves measurement of, for example, mental health, gender attitudes, and sexual violence. WHO is also working on measures of emotional abuse that combine the number and type of acts with their frequency in order to foster wider agreement of this measure for inclusion in surveys. Similarly there are initial discussions on how best to capture abuse among older women, in collaboration with the WHO Department of Ageing and external partners.

3. Building research capacity

Researchers in low- and middle-income countries are in an ideal position to identify health challenges and to understand the evidence needed to fill gaps in the policy and programmatic response in their countries. However, they often lack the resources or specialized training needed to generate evidence to feed into global processes to promote development objectives. RHR is in a unique position to strengthen research capacity on violence against women in low- and middle-income countries, through data collection, data analysis, as well as interventions research. RHR includes the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), which has supported the development of research institutions focused on sexual and reproductive health in low and middle-income countries. Several of these HRP collaborating centres and research institutions are well-placed to build capacity in violence against women

research, and indeed several have undertaken capacity building activities related to VAW under the leadership of RHR-HRP.

Prevalence studies: WHO initially supported population-based studies on violence against women in 15 countries. Using existing research tools, such as the ethical and safety recommendations, the multi-country study methodology, and the practical research guide, *Researching Violence against Women: A practical guide for researchers and activists*, several other countries are now undertaking these studies with technical support from WHO and others, addressing issues such as study and sampling design, coordination with government and other stakeholders in country to ensure buy-in of methodology and results, training of interviewers, designing data analysis plans, and dissemination of results. It is important to continue to learn from the implementation of these studies.

Interventions research: Using antenatal care settings as a key entry point for reaching women in abusive relationships, RHR is testing an empowerment counselling intervention to generate evidence on effective strategies for the health sector. Through this work, RHR has fostered the development of a network of interventions researchers from around the world. This network pulls together experts in the field for developing a set of standardized instruments, methodologies, and research tools for the health sector and beyond.

Secondary data analysis: Building research capacity and maximizing the use of available data for evidence-based programming are two goals of this stream of work. RHR is linked with a broad network of collaborating centres in low- and middle-income countries who facilitate the dissemination of training activities for analysing population-based data. For example, In November 2015, RHR is providing technical support to the National Institute of Public Health in Cambodia to host a capacity building workshop that also promotes secondary analysis of the national prevalence survey data. Other regional and country level workshops are envisioned as well. HRP will seek to seed short courses to build research capacity in violence against women in some of our partner research institutions.

In coordination with member states and with key partners, RHR is well placed to play a coordinating role in promoting and supporting data collection at the country level using WHO population-based study methodology.

WHO will continue to improve its tools for measuring violence against women and will launch a new version of the WHO Multi-country Study questionnaire and related tools.

RHR plays a strategic role in several key research areas, including documenting the prevalence of violence against women for global SDG monitoring as well as in strengthening capacity in low- and middle-income countries to build the evidence base and develop policies and programs for VAW.