

CONFERENCE REPORT



SVRI

FORUM 2015

INNOVATION & INTERSECTIONS

15-17TH SEPTEMBER 2015

14TH SEPTEMBER 2015 - WORKSHOPS

SPIER 1692 STELLENBOSCH, SOUTH AFRICA

#SVRIFORUM2015







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SVRI FORUMS

It is essential that researchers and innovators manage, and keep up with, the constant flow of new research and knowledge. Since 2009, our global SVRI Forums have helped our partners and networks keep up to date with developments and innovations in the field of sexual and intimate partner violence. This year, the SVRI celebrated its fourth successful conference – an event inspired by the enthusiasm and knowledge built from previous Forums.

SVRI FORUM 2009: COORDINATED EVIDENCE-BASED RESPONSES TO END SEXUAL VIOLENCE

SVRI Forum 2009 was held in Johannesburg, South Africa. The conference brought together almost 200 participants from over 28 countries. Forum 2009, with its focus on sexual violence, was one of the first of its kind. It highlighted innovation, and encouraged sharing and networking, with emphasis on low- and middle-income settings. <http://www.svri.org/forums/forum2009/index.htm>

SVRI FORUM 2011: MOVING THE AGENDA FORWARD

SVRI Forum 2011, SVRI's second Forum, provided over 215 participants from 34 countries a platform to share and discuss research on sexual violence, as well as other forms of violence against women. SVRI Forum 2011 built on research findings, lessons learnt and key research priorities identified at Forum 2009. The SVRI Mentoring Programme was launched at Forum 2011. <http://www.svri.org/forums/forum2011/index.htm>

SVRI FORUM 2013: EVIDENCE INTO ACTION

SVRI Forum 2013, held in Bangkok Thailand, was the first to be held outside of South Africa. Building on research priorities identified at the previous Forums, Forum 2013 further broadened the focus to include all forms of gender-based violence, as well as violence against children, and extensive efforts were made to promote linkages between child protection and sexual and gender based violence (SGBV) fields. <http://www.svri.org/forums/forum2013/index.htm>

Table 1: Summary of past Forums participation

	2009	2011	2013
No. participants	194	215	180+/-
No. presentations	62	93	105
No. partners	4	7	7
Pre-conference workshops	5	7	8
Side events	2	2	4
Abstract reviewers	34	62	66
Locations	JHB Sth Africa	Cape Town Sth Africa	Bangkok Thailand



SVRI FORUM 2015: INNOVATION AND INTERSECTIONS



Sexual Violence Research Initiatives' fourth international conference, SVRI Forum 2015, was held from 14–17th September in Stellenbosch, South Africa. With 398 participants representing over 40 countries, this Forum was the biggest and most exciting conference hosted by the SVRI yet. Given the size of the conference this report provides only a flavour of the wonderfully rich and pioneering discussions, presentations and events that took place over the course of the Forum.

Questions debated and discussed at the Forum included:

- What are the intersections of different forms of gender-based and other forms of violence across the lifespan, and why do they matter?
- What social norms are related to sexual violence, intimate partner violence, child abuse and neglect, and how do we change them?
- How should we evaluate social norm change interventions and other forms of prevention?
- How can we integrate prevention and responses to violence into other sectors, including the health, education, social development, sports and justice sectors?
- If we know it works, what does it cost and how do we scale up effective programmes?
- What works to prevent or respond to sexual violence in conflict, post conflict and humanitarian settings?

Promoting equity in research and successful north–south, south–south and academic–practitioner research partnerships were key strategies for SVRI Forum 2015 programme development. Researchers presenting on interventions developed and tested in low- and middle-income countries were asked to include their practitioner partners in their conference presentations. Great effort was made by researchers to do so, further contributing to the success of the Forum.

“By far the best part of the SVRI Forum is connecting with colleagues, researchers and practitioners around the world. This is the only Forum in the world for doing so.”

SVRI Forum 2015 participant

Conference presentations, visit: <http://www.svri.org/forums/forum2015/glance.htm>

Conference video, visit: https://www.youtube.com/watch?v=mTF0yb_f_kg

MESSAGE FROM THE CONFERENCE CHAIR

DR CLAUDIA GARCIA-MORENO, WORLD HEALTH ORGANIZATION



Dr Garcia-Moreno warmly welcomed all delegates to SVRI's 4th international conference – the SVRI Forum 2015. She highlighted how the Forum has grown into the go-to event of the field and that SVRI Forum 2015 was the biggest and best Forum yet - with 115 oral and 61 poster presentations, 12 special sessions and almost 400 participants. Many thanks and special recognitions were shared, with Dr Garcia-Moreno quoting philosopher James Allen, “No duty is more important than that of returning thanks.” Thanks included:

Population Council; HIV/AIDS Community of South Africa (NACOSA); the Global Women's Institute; the GBV Science Fair; and Rape Crisis Cape

Town. Thanks also were given to colleagues who reviewed abstracts and other SVRI Forum partners and sponsors, for supporting people's attendance and hosting special events such as Promundo's support for the opening reception. Colleagues and friends who committed time and energy preparing for and facilitating the Forum pre-conference workshops were also warmly thanked.

Recognition and thanks went to keynote speakers: Rashida Manjoo, Shereen el Feki, and Noura Bittar Søborg, a young and dynamic women's rights activist, along with the Performing Arts Program at the Bokamoso Youth Centre, Winterveldt, South Africa, and the Global Women's Institute for supporting their attendance.

The SVRI Forum 2015 experienced record numbers of delegates – which as Dr Garcia-Moreno notes, is a reflection of the “increased value placed on research and evidence-informed programming, and the high regard the SVRI Forum has in the field. We all view the Forum as our biennial pilgrimage, a place where we can spend time with like-minded people, as an opportunity to network and to find out what is new and innovative in the field”.

For the full opening message by Dr Garcia-Moreno, please visit the [SVRI Forum website](#).

“The vibe and the energy of this meeting is really special and we hope it continues and it grows”

Claudia Garcia-Moreno

OPENING PLENARY

SVRI Forum 2015 opening plenary involved an opening address by Professor Rashida Manjoo followed by commentary from Shereen el Feki, and Noura Bittar Sjøborg.

In her opening address, Professor Manjoo highlighted how pervasive levels of violence, and a culture of impunity, fundamentally jeopardise the realisation of women's rights, obstruct effective citizenship by women and contributes to the "impossibility of achieving a goal of a life free of violence for women and girls". Progress has been made in advancing women and girls human rights. The standards and instruments

"If violence against women and girls was a medical issue, we'd declare a state of emergency"

Prof Rashida Manjoo, SVRI Forum 2015 Keynote Speaker

that have been developed for states to take action and end violence against women include the Vienna Declaration and Programme of Action at the World Conference on Human Rights; General Recommendations 12, 19 & 30 of CEDAW; and the Declaration on the Elimination of Violence against Women. However, these are only 'soft law' developments. Hence, despite progress, continuing and new sets of challenges will impede our ability to realise the rights of women and girls, including:

- the shift to gender neutrality
- the persistent public/private dichotomy in response to violence against women
- failure of States to act with due diligence in eliminating violence against women
- a lack of transformative remedies that address root causes of violence against women, and creation of hierarchies of violence against women evident in the articulation of sexual violence in conflict as being different and exceptional rather than a continuation of a pattern of discrimination and violence that is worsened during times of conflict
- the financial crisis, austerity measures and cuts in social service spending that as a result weakens the women's rights sector
- a shift in understanding of gendered responses and the move towards a focus on men and boys
- a lack of legally binding instruments to hold both State and non-State actors accountable

Professor Manjoo urged the adoption of an international (UN) legally binding instrument on violence against women, with its own monitoring body, to hold states accountable and provide a normative framework for protecting women and girls globally. Such a body can provide general and country level analysis of development, and serve as an educative function for state and non-state actors.

Commentary from Dr Shereen el Feki, author of *Sex and the Citadel: Intimate Life in a Changing Arab World* (Random House, 2013), and Noura Bittar Sjøborg Syrian refugee and women's rights activist followed. Shereen highlighted the significance of breaking taboos around sexuality – a major driver of sexual and gender-based violence, noting that if we "wrap sexuality in religion, you have a powerful tool to control a population". Noura appealed to us as researchers and practitioners to keep listening to the voices of women and girls, and to develop responses that are based on evidence of what women and children want from services.

CONFERENCE PROGRAMME, 15-17 SEPTEMBER

The following sections provide a flavour of the excellent work presented at SVRI Forum 2015. Delve more deeply into the superb work shared by reading presentations available for download at <http://www.svri.org/forums/forum2015/index.htm>

RESEARCH ON THE DRIVERS OF SEXUAL AND INTIMATE PARTNER VIOLENCE

Limited research is available on the influence of education on levels of violence against women. One of the first studies to date examining the causal impacts of education on violence was presented at the Forum. Findings from the study entitled "[Universal Primary Education and adult women's experience of IPV in Sub Saharan Africa](#)", found varying impacts of education across settings. The study found that education has an overall protective effect regarding partner violence in Uganda, but was a risk factor in Malawi, where women at the lowest end of the education scale experienced more IPV as a potential backlash to their increasing level of education (Peterman, Behrman, & Palermo, 2015).

In an effort to explore empowerment and whether [shifting gender roles may act as protective factor in experiencing IPV](#), colleagues from Uganda and UK critically examined how community members perceive the value or risks of redistributing household tasks. Findings suggest that increased male participation in household tasks was not an important mediator of women's IPV risk. Strengthening relationships, and improving communication, trust and collaboration among couples effectively reduced IPV and acceptability of violence (Namy et al., 2015).

Determining the [prevalence and correlates of gender-based violence for pregnant women in the tea estate sector of Sri Lanka](#), Munas and colleagues found that one in two women have experienced GBV in their lifetimes, and prevalence of abuse is also high during the past year, which includes pregnancy and pre-pregnancy periods. Alcohol abuse was frequent, and fighting and low household income were the most significant correlates (Munas, Schei, Lund, & Wijewardena, 2015). In Myanmar, a qualitative study examined the [role of gendered social inequalities in women's experiences of partner abuse in Yangon and Mawlamyine](#). It found that women's socio-economic vulnerability shaped their power and agency within relationships, as did socio-religious norms (Miedema, Shwe, Kyaw, Augusta, & Aye Wai, 2015).

RISK FACTORS ASSOCIATED WITH PERPETRATION OF VIOLENCE

Using the Violence Against Children Survey Tool in Malawi, VanderEnde et al assessed [exposure to violence as children and lifetime perpetration of SIPV](#). Although no significant relationship was found between adverse childhood experiences and physical IPV perpetration, a regression analysis suggested that there was an association with sexual violence perpetration (VanderEnde et al., 2015). In South Africa, a grounded theory approach was used to explore [pathways of rape of minor children from convicted perpetrators' perspectives](#). The study dismissed the HIV Virgin Cleansing

Myth as motivation for rape. It was found that men used deeply entrenched socio-cultural factors, including patriarchal notions of manhood, particularly the perpetrators' beliefs about sexual entitlement, to justify sexual abuse of young children (Lekalakala, 2015).

In [understanding causation of single and multiple perpetrator rape in South Africa](#), Jewkes and colleagues found that reducing poverty alone does not prevent rape, and that childhood trauma and abuse were key risk factors of some men who rape and are important to prevent in their own right. To prevent rape, the central task must be to change the socialisation of boys and young men to build more gender-equitable and less anti-social ideals of masculinity (Jewkes, Nduna, Jama Shai, Chirwa, & Dunkle, 2015). Another South African study, the [Skhokho Supporting Success randomised control trial](#), is a two-year trial with three arms of eight schools each to develop and test a multi-faceted school-based intervention to prevent intimate partner violence among school learners. This trial is running until June 2016 (Shamu, Gevers, Mahlangu, Jama Shai, & Jewkes, 2015).

EXTENDED DEFINITIONS OF SEXUAL AND OTHER FORMS OF GENDER-BASED VIOLENCE

In Ethiopia, [multi-sectoral interventions on structural and community levels were tested to prevent child early/forced marriage \(CEFM\) and Female Genital Mutilation \(FGM\)](#). Findings suggest that building the capacities of existing structures and facilitating collaborations among stakeholders may have a significant impact in preventing CEFM and FGM (Tadesse, 2015). An intervention [engaging boys and men to eliminate FGM-C in Kembatta Zone, Ethiopia](#), yielded positive results in reducing FGM-C and a shift in gender relations (Stern & Anderson, 2015).

In Karachi, Pakistan, Somani and colleagues measured [workplace violence towards nurses in two health settings](#). The study found a high prevalence (up to 82%) of workplace violence (up to 10% sexual violence) in both government and private health-care settings perpetrated largely by patients and their relatives (Somani et al., 2015).

In a small qualitative study on [obstetric violence in Colombo district, Sri Lanka](#), researchers found that social isolation was associated with increased vulnerability of violence in labour rooms. Fear of retaliation by medical staff stopped women reporting the violence (Chamanie et al., 2015).

Also see the Special Session on [“Integrating culture into interventions to prevent gender based violence”](#) for ideas on using cultural practices to deliver prevention interventions:

- [Introduction: Integrating culture into interventions to prevent GBV](#)
- [Systematic mapping of gender-based violence interventions and cultural factors](#)
- [Coffee Talk: An IPV intervention delivered via the Ethiopian Coffee Ceremony](#)

Prevention of sexual and intimate partner violence: intervention studies

Studies that show how to effectively reduce sexual and intimate partner violence are emerging. Forum 2015 provided a space to talk about interventions and their impact, and to showcase new research in the area of primary prevention.

INTIMATE PARTNER VIOLENCE PREVENTION STUDY

[The SAFE study](#), a cluster randomized controlled trial, evaluated an integrated, multi-sectoral, multi-tier intervention combining group sessions, community mobilisation, and services to survivors implemented over a 20 month period. The intervention aimed to reduce spousal violence against women and girls across 19 slums in Dhaka, Bangladesh. Reduction in levels of IPV at cluster level was found (Naved, Mourin, Rahman, & Al Mamun, 2015; Parvin, Rahman, & Naved, 2015)

PARENTING AND FAMILIES

A RCT evaluation of a dialogic book sharing programme delivered in an impoverished South African community with mothers of infants shows the promise of early book sharing for preventing aggression developing in children – aggression in children being a strong predictor of later violence (Tomlinson, Cooper, & Murray, 2015). An RCT of [The Sinovuyo Caring Families Programme](#) in South Africa assessed whether the intervention reduced harsh parenting, increased positive parenting and reduced child conduct problems. Results indicate a significant increase in positive parenting and reduction in child conduct problems (Ward et al., 2015).

A multi-component [Skilful Parenting](#) intervention addressed economic, situational, social and behavioural risk factors associated with violence in the family in Kenya and Tanzania. A multi-method programme evaluation showed higher parental competence, improved interaction and communication with children and spouses, and an increased understanding and awareness of their own behaviour on their children (Ogutu & Omitto, 2015).

SVRI PRIMARY PREVENTION PROJECT IN EAST AFRICA

This innovative project from the SVRI worked to create multi-sectoral, country coalitions to identify, and discuss ways to adapt and test various primary prevention GBV interventions in low- and middle-income countries. The project was implemented in three countries: Kenya, Uganda and Tanzania. [Formative research](#) results were released to a global audience for the first time at the SVRI Forum 2015. The [short video](#) on the project can be viewed on the SVRI website. You can access the presentations online:

- [Lessons learned from building capacity for sexual and intimate partner violence primary prevention research and intervention development in East Africa](#). Elizabeth Dartnall and Anik Gevers
- [Men's involvement in a parenting programme for reduction of gender-based violence and child maltreatment: Formative evaluation in Uganda](#). Godfrey Siu
- [Safe Schools: Evidence to inform a holistic primary prevention intervention in Kenya](#). Carolyne Ajema, Karanja Muraya, Robinson Karuga, Ndindi Mutisya, Wanjiru Mukoma, Lina Digolo and Millicent Kiruki
- [Developing/adapting a school based sexual and dating violence prevention intervention in Nairobi, Kenya](#). Tom Omwenga, Philomena Mwaura, Mathew Tarus, Purity Mwaura and Carol Plummer
- [Experiences of gender-based violence for learners, parents and teachers in Tanzanian schools](#). Lusajo Kajula.

Colleagues in Uganda used formative research to develop a [parenting programme involving men to reduce gender-based violence and child maltreatment](#), called “Parenting for Good behaviour and Respectability” (2013–2016). Early indicators from the formative study suggest that the programme holds promise in promoting positive social norms and skills around parenting and spousal relationships, and clarified how the intervention is perceived in terms of relevance and acceptability, the best way to recruit parental groups and sustain participation, especially participation of fathers, the best way to negotiate access with local leaders, and how to continue to monitor, mentor and support facilitators. (Siu, Wight, Zalwango, Kasule, & Seeley, 2015).

Working on [strengthening parent–teenager relationships](#), the [Skhokho](#) school-based intervention from South Africa shared early findings of an evaluation of the effectiveness of their workshops series in two urban Gauteng schools. Findings suggest that mothers became less harsh, more empathetic, and trusting of their children as a result of the intervention (Shai, Mahlangu, Gevers, & Jewkes, 2015).

SCHOOL-BASED STUDIES AND INTERVENTIONS

Exposure to violence in childhood can have a profound long term impact on children, their families and communities. Two school based interventions were presented at the Forum.

1. The [Good School Toolkit](#) delivered a complex behavioural intervention to foster change in operational culture in 42 primary schools in Luwero District, Uganda. The [Toolkit showed positive results](#) in reducing physical violence by school staff on primary school children in Uganda. Results also showed an improvement in feelings of safety in the intervention group but no effect on mental health or educational outcomes (Devries et al., 2015).
2. A cluster RCT among Grade 8 students in 42 randomly selected public high schools in the Western Cape, South Africa, explored the effects of the [PREPARE school-based HIV and intimate partner violence prevention programme on adolescent sexual risk behaviour and IPV](#). The intervention did not impact sexual debut and condom use, but led to less violent sexual relationships. This intervention highlighted the need for effective ways to improve intervention uptake (Mathews et al., 2015).

**“Complex problems
need systemic
solutions”**

Dipak Naker, SVRI Forum 2015

For insight into intervention development, read presentations from the special session entitled [“Challenges and hopes of interventions around gender equality and intimate partner violence prevention”](#) in which researchers who have developed, implemented and evaluated a range of interventions that have all sought to build gender equitable relationships and reduce intimate partner violence share their experiences in doing so:

- [Facilitators: Between a rock and a hard place](#)
- [The challenges of evaluating and delivering SASA!](#)
- [Unintended consequences of working on sexuality education with young people with disabilities: Experiences from the Breaking the Silence project](#)
- [The challenges and opportunities for developing and implementing gender transformative prevention interventions](#)
- [Politics and processes of conceptualising a space for intervention within the antenatal and postnatal setting](#)

RESPONSES TO SEXUAL AND INTIMATE PARTNER VIOLENCE

Sexual and intimate partner violence can have lasting physical, mental and social health consequences for those who experience violence. Despite the health sector's importance in this regard, service provision to survivors of sexual and intimate violence remains inadequate in many settings (García-Moreno et al., 2014). Selected findings from research on responses found comprehensive services are better than standard stand along care; whilst specialised services under one roof does not guarantee improved services.

For example, the [Tathmini gender-based violence study](#) compared the effectiveness of a comprehensive gender-based violence programme at six health facilities and their surrounding communities with standard practice at six control sites in Mbeya Region Tanzania. It found a significant improvement in service quality in intervention sites at end-line. Service access also increased (Settergren et al., 2015).

In South Africa, the Thuthuzela Care Centre (TCC) model was designed to integrate health, justice, policing and counselling services within a specialised health facility. A [study by Lisa Vetten](#) found that while one-stop centres can reduce disjointed and uncoordinated services to rape survivors by locating all these services under one roof, it does not automatically ensure they will collaborate and work together. Instead a new problem can be created: that of reconciling competing interests and reducing conflict.

For more information on improving health care services see Special Session on "[Strengthening health services to deliver care and prevention: New tools from the World Health Organisation for addressing intimate partner and sexual violence](#)."

From a medico-legal response perspective, the South African Medical Research Council conducted a national study (follow up from a provincial study) to provide a [baseline and 10 year follow up of prosecution and adjudication of rape matters reported to the police](#). Preliminary findings indicate that there has not been great improvement in prosecution and adjudication over the last 10 years, and that overall case attrition is high (Jewkes et al., 2015).

MENTAL HEALTH RESPONSES

Sexual and intimate partner violence is a major contributor to women's poor mental health outcomes, and place women at risk for alcohol abuse, depression, illicit drug use, depression and suicide (Rosenberg, 2011; WHO, LSHTM, & SAMRC, 2013). A study from Norway found that women with a lifetime exposure to sexual violence were less likely to look forward to the arrival of their baby (Henriksen, Schei, & Lukasse, 2015). [Clark et al.](#) found that severe poly-victimisation (i.e. exposure to three or more forms of violence) was associated with several major predictors of chronic disease and PTSD (Clark et al., 2015).

In Sri Lanka, services are not geared to providing psychosocial support to men and boys who are victims of sexual or physical violence. Jinadasa and colleagues explored [men's knowledge, practices and social attitudes towards gender and gender based violence in Sri Lanka](#) and recommended that

an environment for increased accessibility of psychosocial services for men and boys in primary prevention of IPV/GBV should be created (Jinadasa & Jayasuriya-Illesinghe, 2015).

In Dar es Salaam, Tanzania, associations were established between [intimate partner violence and mental health among pregnant women](#). The cross-sectional survey found that lifetime experiences of intimate partner violence and violence during pregnancy are significantly associated with poor mental health among pregnant women, therefore, antenatal care interventions should include lifetime experiences of intimate partner violence and not only violence experienced during pregnancy (Stöckl, Mahenge, Likindikoki, & Mbwambo, 2015).

Sprague and colleagues' presentation was on [recidivism of socially marginalised women in prison](#), and proposed that this may be due to the high prevalence of undiagnosed, untreated PTSD and substance dependence. From the study, nine common experiences emerged: childhood/adolescent sexual abuse (CASA); school delinquency, gang entry; substance use; unlawful activity; entry into correctional settings; HIV acquisition; return to substance use; and recidivism (Sprague, Radhakrishan, Brown, Sommers, & Pantalone).

Some therapeutic methods have been suggested although few have been rigorously tested and more research on alternative methods are needed. The [Common Threads \(CT\) model](#) exemplifies innovation in recovery programmes for survivors of SGBV by providing a creative arts-based path to psychological recovery (Cohen, 2015). Watch the [CT video online](#).

HIV AND SEXUAL VIOLENCE

Mounting evidence confirms that including sexual and gender based violence and gender inequality into HIV prevention programmes are powerful components in making such programmes more effective (WHO & UNAIDS, 2010). Despite the increased evidence for the effect of IPV on HIV risk, little is known about how [IPV influences the health of women already living with HIV/AIDS](#). A systematic review and meta-analysis of IPV and adherence to HIV care and treatment revealed poor outcomes for ART uptake when women experience IPV, half the odds of self-reported ART adherence and significantly poorer levels of viral suppression among women. It is essential for clinical programmes to address conditions that impact engagement in care and treatment (Hatcher, Smout, Turan, Christofides, & Stockl, 2015).

In Kenya, women reported [experiences of physical and/or emotional violence by their partners following disclosure of their HIV positive status](#). The findings suggest that health providers should be more cautious when asking women living with HIV to bring their partners for testing. The health sector should also sensitise SRH providers on potential IPV risks following disclosure and ensure that women's decisions to disclose are fully informed (Colombini, Mayhew, Kivunaga, & Ndwiga, 2015). Little is known about how [physical and sexual violence may affect HIV risk behaviour, and access to health care and justice among men who have sex with men](#) (MSM). In Cameroon, MSM completed a cross-sectional survey. Results found that MSM in Cameroon experience prevalent physical and sexual violence (13,76% and 27,29%), which is associated with HIV risk, and barriers to accessing health services and justice (Decker, Lyons, Mfochive Njindam, Tamoufe, & Baral, 2015).

MARGINALISED GROUPS

SEXUAL AND INTIMATE PARTNER VIOLENCE AGAINST PEOPLE WITH DISABILITIES

Limited data is available on prevalence and experiences of violence against women with disabilities (Astbury & Walji, 2013). In Asia Pacific, evidence suggests that violence against women with disabilities may lead to higher rates of poor physical, mental, sexual and reproductive health outcomes, and women with economic dependency and poor socio-economic status are particularly vulnerable to IPV (Astbury & Walji, 2013; Hasan, Muhaddes, Camellia, Selim, & Rashid, 2014).

A study by the South African Medical Research Council was presented on [women with physical and sensory disabilities who experienced violence throughout their lifetime](#). The study took place in Cape Town, South Africa and supports evidence on women with disabilities' increased vulnerability to violence. Few women reported violent experiences to the police, placing them at further risk of repeated violence (van der Heijden, Abrahams, & Harries, 2015).

Two presentations explored risks, needs and opportunities for GBV prevention against disabled persons in refugee settings.

- [A multi-country study in Kenya, Nepal and Uganda](#) found that the risk of sexual violence was prevalent across sites, especially for refugees with intellectual disabilities. Adolescent girls with intellectual impairments in Kenya and Nepal also alluded to risks of molestation. The ability of women with disabilities to exercise their SRH rights was mixed, although marital status was the larger factor that determined how they would be treated by family members if they found themselves pregnant (Tanabe, Nagujjah, Rimal, Bukania, & Krause, 2015).
- [Gaps and opportunities for disability inclusion in gender-based violence programs in humanitarian settings](#) is a study led by the Women's Refugee Commission. It reported that women with disabilities who are isolated in their homes in urban refugee contexts experience high levels of sexual violence, including rape, sometimes on a regular basis and involving multiple perpetrators. Women, men, girls and boys with intellectual disabilities are also at particular risk of sexual violence (Pearce & Sherwood, 2015).

[Handicap International's](#) (HI) presentation was on preventing sexual violence against children with disabilities in Rwanda, Burundi and Kenya. Recent evidence from HI revealed that children with disabilities in Africa are almost four times more affected by physical violence and three times more affected by sexual violence than non-disabled children. As a result, HI designed the Ubuntu project to address the particular vulnerability of children and adults with disabilities to sexual violence. The project aims to give children a voice in the development of the programme (Hedjam, Rizk, & Sabuwanka, 2015).

VIOLENCE AGAINST SEX WORKERS

[In South India](#), many women in the sex industry enter sex work through the tradition of Devadasi. They start sex work early (15 years), are mostly illiterate, and most have a family member who has been or is in sex work. Devadasis are not allowed to marry but 60% of them have an intimate partner. Relationships are often characterised by emotional dependence, insecurity and fear, with 1 in 4 relationships reported to be violent. Women reported that negotiating the use of condoms, jealousy, and suspicion over soliciting clients were the main causes of violence in their relationships (Parinita Bhattacharjee, 2013; Parinita Bhattacharjee, Raghavendra, Doddamane, Nair, & Isac, 2015; Javalkar et al., 2015).

[A study on female sex workers in Cameroon](#) found that 60% of women had experienced physical and/or sexual violence in their lifetime, and that prevalence was highest among female sex workers ages 18–23 years who relied solely on sex work for an income. GBV was associated with HIV risk and inconsistent condom use with clients was reported (Decker et al., 2015).

In Tijuana, Mexico, HIV prevalence among female sex workers is between 5% and 14%, with high levels of drug use and violence, particularly sexual violence contributing as HIV risk factors. [A study on these risk factors](#) suggested that the relationship between drug use and women's increased experiences of sexual violence (in particular, police violence) appears to be largely explained by factors related to women's economic vulnerability stemming from drug use (Reed, Silverman, Gudelia Rangel Gomez, West, & Brouwer, 2015).

A NIDA-funded cluster randomised study in Pretoria, South Africa, targeted [vulnerable women who use drugs or alcohol](#). At baseline, 55% of the women tested positive for HIV, 68% of these were sex workers experiencing high levels of sexual and especially physical violence (Ndirangu, Wechsberg, Zule, & Doherty, 2015).

VIOLENCE AGAINST CHILDREN AND ADOLESCENTS

UNDERSTANDING VIOLENCE AGAINST CHILDREN

The evidence base on preventing violence against children is steadily increasing. [Exploring the state of the evidence on preventing and responding to sexual abuse and exploitation of children](#), UNICEF presented two reviews: one on evidence and a guidance review. This evidence review of 192 publications found that approaches to prevention and response were fragmented and evidence on outcomes was lacking. The guidance review (81 publications) suggested that no guidance covers the full scope of sexual abuse and exploitation of children, and many lacked a theory of change, with very few focusing on outcomes. A number of presentations to deepen understanding of violence against children and adolescents were presented, some of which are described below.

In Cape Town, South Africa, Mathews and colleagues developed a [conceptual model on risk and protective factors based on a critical review of violence against children](#). The study recommended the promotion of multi-dimensional approaches to tackle violence against children and scaling up what we know works to prevent violence (Mathews, Govender, Lamb, Baerecke, & Ward, 2015).

[The Optimus Study in South Africa](#) offers the first nationally representative data on child maltreatment and exposure to other forms of violence in South Africa. Researchers found that by the time children are between 15 and 17 years old, many have experienced sexual, physical or emotional abuse, neglect, or have been exposed to high rates of violence (Burton, Ward, Artz, & Leoschut, 2015).

In 2008, Medicines Sans Frontieres initiated a [sexual and gender-based violence programme in Mathare slum \(Nairobi\)](#). This presentation identified factors contributing to minors' vulnerability to sexual violence, to inform the programme's operational approach and community awareness campaigns (Letanneux, Hennequin, IRUNGU, Mukabane, & Kahn, 2015).

[Adolescent perspectives of intimate and non-intimate partner sexual violence in Rajasthan, India](#), showed that unmarried youths between 15 and 19 years of age had a higher risk of experiencing or perpetrating sexual violence. Girls who witnessed parental violence were more likely to have experienced some form of violence and alcohol abuse, and exposure to pornography. Exposure to parental violence was found to be an important association for perpetration by boys (Acharya, 2015).

As part of the UNICEF Multi Country Study on the Drivers of Violence Affecting Children, preliminary findings showed that [Italy is one of the top European countries for trafficking human beings, including children for sexual exploitation](#) (Bernacchi, Bianchi, Fabris, Pregliasco, & Zelano, 2015). In Sweden, using a sexual harassment lawsuit, the presentation analysed [factors that contribute to normalisation of sexual harassment in Swedish schools](#). The authors suggested that laws alone were insufficient – factors at the organisational level need to be transformed to promote an environment in which students have a safe and healthy learning environment (Gillander Gådin & Stein, 2015).

To gain understanding on drivers of violence in childhood see UNICEF's Special Session on "[Drivers of Violence: The Multi Country Study on Violence Affecting Children.](#)"

- [Understanding what drives violence: How process creates outcomes](#)
- [The violence prevention research process: Italy](#)
- [The violence prevention research process: Peru](#)
- [The violence prevention research process: Viet Nam](#)
- [The violence prevention research process: Zimbabwe](#)

RESEARCH TOOLS IN STUDIES INVOLVING CHILDREN

Three presentations discussed research tools for studies involving children:

- Zalwango and colleagues presented their work on the [development of a culturally appropriate, valid parental and child self-report measures](#) of generic dimensions of parent-child relationships in sub-Saharan Africa (SSA).
- A study undertaken in the Western Cape, South Africa described [potential opinions and effects in adolescents who participated in surveys on abuse and intimate partner violence](#). It also compared opinions of adolescents who had and had not been victims and/or perpetrators of abuse or intimate partner violence (McClinton Appollis et al., 2015). Using a quasi-experimental research design and a mix-methods approach to [assess intervention and comparison of participants of a residential therapeutic programme for sexually abused children in South Africa](#), authors hope to provide evidence of an effective community-based model of care that can be used in similar settings (van Niekerk, Mathews, Berry, & Jamieson).
- Under the "What Works" initiative in Pakistan, a [randomised control trial is currently underway to evaluate the impact of a school-based curriculum "Right To Play"](#), which uses structured games and life-skills modules on team work, respect, empathy, controlling anger, managing emotions and fair play (Karmaliani et al., 2015).

Also see the special session on "[What is "gender based violence"? And why does it matter?](#)" for insight into the dialogue about the unresolved question of what is meant by 'Gender-Based Violence' and, in turn, Gender-Based Violence programming.

CONFLICT, POST-CONFLICT AND HUMANITARIAN SETTINGS

Over the past few years, sexual violence in conflict has, in particular, received international attention through various high level events such as the 2013 [Keep her Safe: Protecting Girls and Women in Emergencies](#) (and the [Call to Action](#) emanating from this event), and the 2014 [Global Summit to End Sexual Violence in Conflict](#). This global spotlight on the issue has been coupled with an increase in research being undertaken, which is reflected in the growth in presentations on this topic in the Forum programme.

The Forum was proud to serve as a launching event for the revised [Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery](#). This comprehensive 2015 revision was led by UNICEF and UNFPA for the GBV Area of Responsibility (GBVAOR). The Guidelines provide those working within all sectors of humanitarian response with guidance for planning, implementing, coordinating and monitoring essential actions to prevent and mitigate GBV (Marsh, Patrick, Kenny, & Ward, 2015).

DRIVERS OF VIOLENCE IN CONFLICT, POST CONFLICT AND HUMANITARIAN SETTINGS

To deepen understanding of the [drivers and nature of intimate partner violence \(IPV\) in displaced populations](#), Falb and colleagues presented research undertaken across three unique displaced populations (Domiz camp, Iraq; Dadaab camp, Kenya; Ajuong Thok settlement, South Sudan). Findings indicated that drivers of IPV can be attributed to poverty, lack of unemployment, rapidly changing traditional gender norms, over-crowding of camps, breakdown of community structures, increased substance use, separation from extended family members and increased practice of forced marriages (Falb et al., 2015).

Very little is known about [sexual violence perpetrated against sexual minorities during the Cambodian conflict under the Khmer Rouge regime \(1975–1979\)](#). This ground-breaking research qualitatively documented the stories of sexual and gender-based violence from 48 participants from sexual minority groups (gay, lesbian and transgender groups). All respondents experienced harassment or discrimination, and all gay respondents experienced sexual violence (no sexual violence were documented against lesbian women in the study). The majority of the crimes were perpetrated by Khmer Rouge soldiers (Nakagawa, 2015).

The Harvard Humanitarian Initiative delivered a presentation on the [internal dynamics of the Lord's Resistance Army \(LRA\) rebel movement in the Democratic Republic of Congo](#). Interviews with high-level commanders who demobilised from the LRA revealed detailed social and psychological treatment of combatants, and confirmed that the LRA is a strategic, adaptable and well-organised group. High levels of control, including strict social isolation, control of communication, promoting new identity formation, and compelling those within the LRA to act out strictly defined gendered roles were documented (J Kelly, Maclin, & Auletta-Young, 2015).

SEXUAL EXPLOITATION

During times of conflict and disaster, women and children are particularly vulnerable to sexual exploitation, their vulnerability rooted in a lack of access to the resources such as income, education, health and social networks after disaster strikes (Bradshaw & Fordham, 2013). Access is often gendered, with men and boys having more control over assets than women and girls (Bradshaw & Fordham, 2013). In the fragile, conflict state of South Kivu, eastern Democratic Republic, many people migrate to mining towns in search of new economic opportunities – which may result in severed social networks and the potential for exploitation. A study surveying 998 individuals working in mining sites in of the Congo, explored the [gendered risks of migrating to mining towns](#). Rather than facing rape and sexual slavery by armed groups, [women in these areas reported they were more likely to face less visible forms of abuse from civilian actors](#), such as mine bosses and local officials. Female migrants were also at greater odds of experiencing harassment and exchanging sex for protection, access to work, and money. These findings highlighted the need for a gendered analysis of vulnerabilities that women migrants may face (Jocelyn Kelly, Perks, Maclin, & Pham, 2015; Maclin, Kelly, Perks, & Pham, 2015).

To determine if [domestic servitude was associated with increased odds of experiencing childhood violence in Haiti](#), the Violence Against Children Survey was conducted during 2012 and included households and camps containing persons displaced by the 2010 earthquake. The study found that domestic servitude is associated with an increased risk of child maltreatment (Gilbert et al., 2015).

PREVENTION

There has been great momentum in work done on preventing sexual and intimate partner violence in humanitarian settings. UNICEF presented an innovative and participatory programme – [the Communities Care programme](#) – currently being piloted in conflict affected communities in Somalia and South Sudan. The programme fosters debate and deliberation about harmful beliefs and norms that contribute to sexual violence and explores possible alternatives (Marsh, 2015).

Ashburn and colleagues presented a randomised control trial in Amuru district, Northern Uganda. The study evaluated a [father-centred mentoring programme and community awareness campaign \(REAL Fathers\)](#), and tested its effectiveness in reducing the use of violence in child discipline and IPV. Results showed that a combination of mentoring and community posters was most effective in promoting positive partner and parent practices overall (Ashburn, Ojamgue, Eluk, & Lundgren, 2015).

In Liberia, sexual and gender based violence continues to be a pervasive problem post-conflict despite substantial strides in prevention and response. Pelligrini presented the factors that hinder [Liberia's success in combating sexual and gender-based violence](#), which should be considered when planning prevention programmes (Pellegrini, 2015).

Promundo developed and piloted a 15-week intervention in 2013 to address men's psychosocial problems in Burundi and the DRC (currently being scaled up in the DRC's North and South Kivu provinces). These [therapeutic intervention groups for men](#) provided a space to address and share personal problems and experiences – and was embraced by men and their female partners (Ruratotoye, Mahwa, & Slegh, 2015).

RESPONSES

Sexual violence in conflict varies according to political and social circumstances within countries, and may need solutions that are locally relevant (Alcorn, 2014). Responding to the health needs of survivors of sexual violence is a non-negotiable component of programmes and effective delivery of such programmes remains a challenge in humanitarian settings (Schopper, 2015). Presentations at the Forum this year had a strong focus on both locally relevant solutions and delivering accessible and effective health care for survivors.

The International Rescue Committee (IRC) currently trains and supports existing [community-based organisations \(CBOs\) in the eastern DRC to provide basic psychosocial case management and referral services](#) to survivors of SGBV. Through an analysis of existing survivor data, researchers found that survivors accessed services faster when services were provided through local CBOs. This model has potential as a sustainable long term solution as CBOs are an integral part of communities and may have the ability to generate income without external funding (Robinette, Murfet, Mallinga, Graybill, & Ciribagula, 2015).

To address the gap in evidence on the effectiveness of screening for gender-based violence in health facilities, the IRC has evaluated the [feasibility and acceptability of such screening in several humanitarian contexts using the Johns Hopkins ASIST-GBV Tool](#). Up to 14% of women screened in Kenya and South Sudan experienced gender-based violence. Researchers suggested that tools be adapted to consider local cultural and religious considerations, and that community sensitisation be done prior to gender-based violence screening (Bundgaard, Wanjiku, G, & Ijjo, 2015).

Medicins Sans Frontières documented and analysed a [standardised package of sexual violence care](#) in Monrovia (2008 and 2009) and Masisi and Niangara (DRC 2012) to better adapt them to the survivors' needs and local contexts. The study identified a number of gaps in MSF standardised sexual violence programmes, including low follow-up, differences between settings that requires adaptation of programmes, and poor awareness of the need to present within 72 hours (van Haver et al., 2015).

[In the DRC, Tearfund UK is engaging with faith groups to prevent violence against women and girls in conflict-affected communities in Orientale Province](#). The project will develop robust evidence on the faith sectors' contributions to VAWG prevention, particularly sexual violence, by mobilising and equipping faith leaders as catalysts, and working with men and boys, women and girls within communities, by addressing gender inequality and transforming harmful social norms (Le Roux, Lele, & Sandilands, 2015).

[Recovering from childhood sexual abuse in conflict and post conflict settings in Gulu, northern Uganda](#), showed that perceptions of what constituted recovery is varied and largely influenced by personal experiences of survivors, their interpersonal relationships and structural factors embedded in social systems. Informal support from families and friends was found to be extremely important in facilitating recovery from childhood sexual abuse in this study (Kafuko & Muhumuza, 2015).

Waller and colleagues presented their unique research project which explores existing and new mechanisms to facilitate [transformative reparations for sexual violence in conflict settings](#). The researchers examine four case studies: the Extraordinary Chambers in the Courts of Cambodia, the South African Truth and Reconciliation Commission, the International Criminal Tribunal for Rwanda, and the International Criminal Court to consider the capacity and value of international/ised courts to order 'transformative' reparations for women victims of conflict-related sexual violence (Waller, Chappell, Durbach, Williams, & Palmer, 2015).

TOOLS AND METHODS

Conducting research with hard-to-reach populations caught in, or fleeing from conflict can be challenging. Tools should be meticulously and sensitively designed, ensuring community involvement and individual trust from research teams (RHRC Consortium, 2004). In Ethiopia, the [Creating Opportunities through Mentorship, Parental Involvement and Safe Spaces \(COMPASS\) intervention](#) has been developed to increase the life skills of adolescent girls in refugee camps, and to access social capital and quality health/social services over the course of 10 weeks. Methodological challenges included negotiating expectations among different stakeholders, identifying appropriate research methods to use with refugee populations with low literacy capabilities and multiple / preliterary languages, understanding ways to contextualise standardised curricula, staffing quality research teams, and staying focused on the needs of girls in research and programming. Challenges will contribute to the limited body of knowledge on ethical ways to implement research and programming in humanitarian settings (Assazenew, Neiman, Tekletsadik, Lowry, & Stark, 2015).

A complex yet innovative quantitative tool was presented by Johnston and colleagues who estimated the [population size of women with sexual violence-related pregnancies in South Kivu province, DRC](#). The Successive Sampling-Population Size Estimation is a novel approach for estimating the population size for women with sexual violence-related pregnancies and may provide more reliable data, which can be used to advocate for reproductive health care, socioeconomic support and resource allocation (Johnston, McLaughlin, Rouhani, & Bartels, 2015).

There is an increasing demand to develop strong GBV in emergencies programming. For those serving in organisations developing such programmes, a supportive organisational culture serves a critical role in mitigating high levels of stress and burnout of their staff members (Gould, 2001). [Building capacity to prevent and respond to gender-based violence in humanitarian emergencies](#) is important to achieve this and recommendations include:

- promoting and developing training opportunities to address competency
- strengthening learning opportunities and capacity development support to the field
- promoting an enabling environment to support GBV practitioners (Martin, Kenney, Williams, & Vann, 2015).

MEN AND MASCULINITIES

Interventions involving men and boys to prevent violence against women and girls have flourished over the last decade (Jewkes, Flood, & Lang, 2015). Presentations at the Forum this year are testament to this ever-growing area of work.

In Mozambique, a [narrative intervention to shift masculinities](#) was developed through two 40-minute episodes of the film *O Dia dos Homens* (Men's Day). This intervention, created by the Global Health Communication provided valuable insights into the lives of men and the complexity of their lives in behavioural interventions (Scherzer, Magaia, Saul, & Silva, 2015).

Jansen and colleagues sought to [identify risk factors for IPV against women in Viet Nam](#) through an adaptation of the WHO Multi-Country Study on Women's Health and Domestic Violence questionnaire. Findings supported existing theories on how underlying gender inequalities and power imbalance between women and men are at the core of violence against women (Jansen, Nguyen, & Anh, 2015).

The [Asia Foundation's Nabilan Programme](#) takes an innovative and evidence-based approach to ending violence against women. The programme aims to reduce the proportion of women who experience violence, and improve well-being for women and children who have been affected by violence. Based on a combination of the WHO Multi-country Study on Women's Health and Domestic Violence against Women, and UN Multi-country Study on Men and Violence, this study presented valuable insights into the challenges of research in diverse contexts (Warner, 2015).

Baseline findings from a randomised-controlled trial of a [gender-transformative programme to engage men as equitable and involved fathers in Rwanda](#) were presented by Promundo-US. This intervention promoted fathers' equitable and non-violent participation in their children's and partners' lives and preliminary results indicated that equitable attitudes and joint decision-making were associated with lower incidence of sexual violence (Levtov & Doyle, 2015).

In South Africa, Dunkle and colleagues analysed data from 1 132 young [South African men who participated in a two-year, cluster-randomised controlled trial of Stepping Stones](#) to affirm risk factors for perpetration of intimate partner violence. The findings of this study affirmed that risk factors hypothesised from cross-sectional research lead to increased perpetration of IPV among young men, in specific: childhood trauma, alcohol problems, depression and sexual violence against non-partners (Dunkle, Jewkes, Chirwa, & Jama Shai, 2015).

ECONOMIC EMPOWERMENT

Decreases in household poverty through cash transfer interventions to empower women economically and socially hold the potential to reduce tension between intimate partners triggering violent incidents (Ellsberg et al., 2014). Five presentations on economic empowerment were presented.

- There were two studies on conditional cash transfers. In South Africa, a [community mobilisation and cash transfer RCT with young women](#) (conditional on school attendance), resulted in a 28% reduction in risk of IPV. Community mobilisation was associated with a 12% reduction in IPV (Pettifor et al., 2015). Similarly, a [sequential mixed methods research design in Ecuador](#) to understand pathways through which cash transfers affected household dynamics and IPV found that short-term cash and in-kind transfers, paired with nutrition training, can decrease IPV through stress reduction, financial stability and women's empowerment (Buller, Hidrobo, Peterman, & Heise, 2015).
- An evaluation of [Pigs for Peace Livestock Microfinance Program on health, economic and social outcomes with households in 10 villages in rural DRC](#) proved effectiveness in its "push" to improve health, reduce IPV, and increase economic stability in a post-conflict setting (Glass, Perrin, Kohli, Mpanano, & Pigs for Peace team, 2015).
- In 2013, Zimbabwe's government began implementing an unconditional [Harmonised Social Cash Transfer \(HSCT\) programme](#) in 10 districts targeting labour-constrained and food-poor households. An impact evaluation was conducted and interviews were done with youth (13–20 years). Results revealed that treatment adolescents were three percentage points less likely to report lifetime forced sexual intercourse and unexpected results showed positive impact at 12 months on physical violence in its least severe forms (Palermo, Peterman, Seidenfeld, Handa, & Zimbabwe Harmonized Social Cash Transfer (HSCT) Evaluation Study Team, 2015).
- Measuring the effects of a successful [poverty alleviation programme on women's empowerment and intimate partner relations, and violence in Kitgum and Gulu districts of Uganda](#), Green and colleagues found that involving men and changing framing to promote more inclusive programming can improve relationships, but may not change gender attitudes or increase business success (Green, Blattman, Jamison, & Annan, 2015).

SELF CARE AND VICARIOUS TRAUMA

Working in sexual and gender-based violence can be challenging, and researchers may often be left feeling distressed, fatigued and traumatised. In innovative new research, Grundlingh and colleagues undertook a randomised-control trial with [59 Ugandan researchers employed by the Good Schools Study](#) to interview children and adults who experienced violence in the district of Luwero, Uganda. Researchers found no evidence that Ugandan interviewers experienced elevated emotional distress, and there was no difference between group debriefings and leisure activities in reducing distress (Grundlingh, Knight, Naker, & Devries, 2015).

[Working in emergencies and disasters](#) can be particularly challenging and the effects of vicarious trauma are often met with denial, leaving staff to find alternative coping mechanisms ultimately leading to burnout. Recommendations made at the Forum for mitigating the effects of vicarious trauma and burnout include the following:

- Institutionalising – and respecting – a culture of care across institutions
- Supporting and encouraging staff to access care opportunities while creating space for staff reflection/discussion
- Ensuring that all staff – regardless of contract status – are entitled to support as a right, not a privilege
- Encouraging staff to access care – without risk of stigma, shame, or discrimination in present or future (Abirafeh & Martin, 2015)

Mental health care of service providers and researchers was also a topic of discussion at the Forum. See more by reading presentations in the Special Session, [“The Vision Workshop: 3 ways to accelerating your impact while maintaining self-care practices”](#).

RESEARCH FOR POLICY AND ACTION

The Forum created space for presentations on research uptake and influencing policy decisions. [Together for Girls](#) presentation was on how government mobilisation during the multi-country, collaborative VAC surveys leads to unprecedented levels of government engagement across sectors to implement systems approaches, along with community engagement. Effective coordination, government buy-in and involvement is critical to take research to action and sustain it (Maembe, 2015).

By convening a diverse range of stakeholders who can influence policies, [Tarlton et al.](#) sensitised stakeholders to the multiple interactions of gender-based violence, the harmful use of alcohol and HIV. This project emphasised the importance of government and community buy-in (Tarlton, Poznyak, Sellers, & Ofosu-Koranteng, 2015).

The [GBV Initiative Mozambique](#) is an inter-agency effort to integrate GBV into existing HIV programmes at community, health facility, and national policy levels. The success and sustainability of this project was presented (Duke, Bryant, Chibete, Cristao, & Quintano, 2015).

[In Vietnam](#), a National study on Domestic Violence found that that one-third of ever-partnered women had experienced physical or sexual partner violence. This evidence is now extensively being used by the UN and development organisations in Vietnam to lobby the Government, which has become more proactive in addressing violence against women (Viet Nga & Thu Hien, 2015).

A recent research collaboration between the UK Department for International Development and the Joint Learning Initiative on Faith and Local Communities was undertaken by Stellenbosch University on [global activities and contributions of faith communities in to survivor care](#). This presentation detailed the challenges and opportunities of engaging faith in SGBV response (Le Roux, 2015).

See the special session on “[Addressing Violence Against Women and Girls across development sectors: Initiate, integrate, innovate](#)”, a session introducing participants to a new online resource guide that aims to improve the linkages between stand-alone violence prevention activities and broader development initiatives.

Oxfam explored changing negative social norms that perpetuate violence against women/ gender-based violence in the special session “The Power to Prevent – Oxfam’s use of innovative, participatory strategies to change negative social norms that perpetuate VAWG/GBV:”

- [The Power To Prevent –Oxfam’s use of innovative, participatory strategies to change negative social norms that perpetuate VAWG/GBV in Bangladesh, China, Solomon Islands, Guatemala and Pakistan](#)
- [Pop culture with a purpose: Edutainment – Violence against women. A Bangladesh case study](#)
[Combining knowledge and thoughts to prevent and eradicate violence against indigenous women in Guatemala](#)
- [Gender theatre: Deconstructing and reconstructing social norms in China](#)
- [Standing Together Against Violence \(STAV\) Program: Solomon Islands](#)
- [Ending violence against women: Political leadership model](#)



MOVING FORUM 2015 FORWARD

SVRI Forum 2015 generated a wealth of knowledge and new ideas for building the field of sexual violence and other forms of violence against women and children. The SVRI Forum 2015 was the biggest and most successful conference hosted by the SVRI yet.

Some lessons and actions arising from the Forum include, the need to continue to:

Strengthen the evidence base on prevalence and drivers of SIPV and other forms of violence against women and children and how they inform the development and / or adaptation of locally relevant, prevention and response strategies,

Build expertise in research methods and practice to develop a cadre of researchers doing excellent rigorous research that can be used evidence to influence policy and programme development,

Build capacity for and promote research uptake, to ensure that evidence is available to and used by policy makers, service providers and programme practitioners.

Great examples of what is working have been showcased at this event – we need to continue to build on these efforts by finding ways to extend their reach and where possible integrate them into existing programmes like HIV, and maternal and child health. Similarly, we need to promote research uptake efforts by building capacity and promoting partnerships between activists, policy-makers and researchers. We must also ensure where ethical, that we include the voices of survivors, including young people and children in the development of our interventions and programmes.

The inclusion of violence reduction goals and targets in the Sustainable Development Goals (SDGs) has firmly put violence against women and girls on the development radar. This provides the field with both a challenge and a unique opportunity. Helping to better define and understand how to measure SDG targets is an important priority for the field moving forward. The Forum has also provided a unique space to facilitate a feminist way forward for women and men to work together on violence against women. Finally, a broader framing of prevention to include both early intervention efforts as well as response will help us develop more comprehensive approaches to prevention which include prevention efforts, mitigation and minimisation of harm and ongoing care and support.

All of these issues and priorities, and many others will inform the programme for SVRI Forum 2017.

“...SVRI Forum is an ideal platform to highlight all the work that is being done in the world around this subject. I like that it pulls researchers from everywhere working in diverse parts of the world to support SGBV. This was an ideal step for a new entrant to acquaint oneself with the field.”

SVRI Forum 2015 participant



AWARDS

Seven prizes were awarded at the SVRI Forum 2015. All award winners are added to the SVRI Forum Hall of fame at: <http://www.svri.org/content/svri-forum-awards-2015>. This year saw incredible energy and passion and creativity from young researchers. The SVRI Forum considers the conference as a space that has served to foster new and young researchers and provide a safe space where they can showcase their work.

SVRI Forum 2017 prize winners:

Name	Presentation	Title
Karen Devries Dipak Naker	The Good School Toolkit: Systemic approach to preventing violence against children in schools	Best research presentation
Mitima Mpanano Remy	Promising findings from the Pigs for Peace Livestock Microfinance Program in the Democratic Republic of the Congo: Twelve and 18-month outcomes	Best research presentation
Sanni Bundgaard, Sophia Wanjiku, Geoffrey Lutah and Mark Ijjo	Feasibility and Acceptability of Screening for Gender-Based Violence in Health Facilities in Humanitarian setting. Findings from implementation among refugees in Kenya and South Sudan.	Runner-up research presentation
Harriet Ayikoru	Establishment of sexual violence intervention in an urban setting: Médecins Sans Frontières, Mathare project, Nairobi, Kenya	Best poster presentation
Sarah Rockefeller	Sexual violence and women's health: Educating future clinicians	Runner-up poster presentation
Prabu Deepan	Transforming masculinities: An evidence-based approach to work with faith communities on gender and masculinities	Best young researcher presentation
Abigail Hatcher	Intimate partner violence and adherence to HIV care and treatment among women: A systematic review and meta-analysis	Runner-up young researcher presentation

POSTER PRESENTATIONS

HEALTH AND VIOLENCE

1. Shaping realities of response to sexual violence in Kenya: Multisectoral engagement. *Caroline Ajema, Lilian Artz and D Cooper*
2. Alternate light source in forensic examiner programs: Research findings and clinical implications. *Jocelyn Anderson and Erin Pollitt*
3. Establishment of sexual violence intervention in an urban setting: Médecins Sans Frontières, Mathare project, Nairobi, Kenya. *Margaret Bell, Tane Luna, Harriet Ayikoru and Michael Wambui Njuguni*
4. Domestic and sexual violence within couples: Challenges in providing context-adapted medical care. *Juliette Letanneux, William Hennequin, Jane Irungu, Juma Mukabane and Patricia Kahn*
5. Sexual violence and women's health: Educating future clinicians. *Sarah Rockefeller, Jan Coles and Gabrielle Casper*
6. Health services for sexual and gender-based violence: MSF's Experience in Lae, Papua New Guinea. *Meggy Verputten, Kamalini Lokuge and Biana Tolbloom*
7. The association between intimate partner violence and mental health (depression and anxiety) among networks of youth at risk in Dar es Salaam, Tanzania. *Kajula L.J, Kilonzo M.N, Hill L.M and Maman S*
8. Study on violence among nursing students in an institution in India. *Jagbir Malik*
9. How nurses in Johannesburg address Intimate Partner Violence (IPV) in female patients: Understanding IPV responses in low and middle-income country health systems. *Courtenay Sprague, Abigail Hatcher, Nataly Woollett and Vivian Black*
10. A qualitative assessment of psychosocial consequences of sexual violence-related pregnancies in eastern Democratic Republic of Congo. *Jennifer Scott, Shada Rouhani, Colleen Mullen, Philipp Kuwert, Ashley Greiner, Katherine Albutt, Gillian Burkhardt, Monica Onyango, Michael VanRooyen and Susan Bartels*

PREVALENCE OF SEXUAL AND INTIMATE PARTNER VIOLENCE ACROSS CONTEXTS

11. Prevalence of intimate partner violence and emotional abuse during pregnancy and postpartum period in an urban public sector clinic in Durban, South Africa. *Crankshaw T.L, Gibbs A, Mosery N, Luthuli F, Zulu B, Smit J and Tomlinson M*
12. Comparison of prevalence of intimate partner violence and rape from male and female reports and women's risk factors for IPV: Findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *Rachel Jewkes, Emma Fulu, Ruchira Tabassam Naved, Tim Roselli, Esnat Chirwa, Kristin Dunkle and Claudia Garcia-Moreno*
13. National Intimate Partner and Sexual Violence Survey: 2010 Findings on violence against American Indian and Alaska native women and men. *Andre Rosay*
14. National survey of gender-based violence victimization and perpetration in Somalia. *Andrea Wirtz, Nancy Perrin, Amelie Desgropes and Nancy Glass*
15. Too much sex(ual violence) in a small community. *Bailey Gerrits and Rebecca Rapoport*

TOOLS AND METHODS

16. Measuring attitudes towards gender relations among men and women in Gauteng Province (SA): Development and evaluation of the Gender Relationship Attitudes Scale. *Esnat Chirwa, Nicola Christofides, Kristin Dunkle and Rachel Jewkes*
17. Methodologies for collective impact processes to end gender based violence. *Nosipho Twala, Millicent Phillips and Michel Friedman*
18. Defining priorities for AmplifyChange: Findings from the development of an evidence-based eligibility criteria for a new sexual and reproductive health and rights fund for civil society movements. *Alex le May and Rolla Khadduri*
19. Data management of a cohort study on the health impact of rape: Experiences from the Rape Impact Cohort Evaluation. *Naeemah Abrahams, Carl Lombard and Shibe Mhlongo*
20. Implementing sexual violence programs: Ethical and practical challenges faced by Médecins Sans Frontières in upholding and adapting legal rules framing medical care and protection of victims of sexual violence. *Françoise Bouchet-Saulnier and Ondine Ripka*
21. Rape Impact Cohort Evaluation (RICE) Study - challenges and lessons learned in the managing of a large complex longitudinal study. *Alesha Sewnath and Naeemah Abrahams*
22. "I need a megaphone so that the community can hear us!" Lessons learned through the listening sessions of South Sudan. *Dashakti Reddy, Christine Apio, Annet Kiden and Carmen Lowry*
23. Terminations of Sexual Violence-Related Pregnancies in Eastern Democratic Republic of Congo: An evaluation of processes and outcomes. *Shada A. Rouhani, Jennifer Scott, Ashley Greiner, Katherine Albutt, Sadia Haider, Gillian Burkhardt, Monica Adhiambo Onyango, Michael VanRooyen and Susan Bartels*

MEN AND MASCULINITIES

24. Engaging young men and women in Rwanda in gender transformation to prevent sexual and intimate partner violence to promote sexual and reproductive health and rights. *Emily Fischer, Kate Doyle and Shamsi Kazimbaya*
25. Associations between men's perpetration of violence, transactional sex with women, and sex with sex workers: Findings from the UN Multi-Country Study of Men and Violence in Asia and the Pacific. *Kristin Dunkle, Esnat Chirwa, Emma Fulu, Xian Warner, Ruchira Tabassam Naved and Rachel Jewkes*
26. Perpetration of partner violence among adolescent males in four global cities: Prevalence and correlates. *Sarah Peitzmeier, Yan Cheng, Sinead Delany-Moretlwe, Rajib Acharya and Michele Decker*
27. Conversa de Homens – Conversations with Men - Helping men deconstruct gender and traditional norms that sustain violence and build skills to manage anger and break the cycle of violence. *Valuarda Monjane, Maria Dirce Pinho, Júlio Langa and João Chongo*
28. Partners for Prevention II: Enhancing capacity to develop and implementation programmes to prevent violence against women in Asia and the Pacific. *Kathleen Taylor*
29. Addressing the intergenerational transmission of gender-based violence: Focus on educational settings. *Leigh Stefanik, Stephanie Perlson and Margaret Greene*
30. Survivor's experiences of conflict sexual and gender based violence in Africa and the role of faith based organisations. *Helen Liebling*
31. Future leaders views on gender based violence in Sri Lanka. *Elisabeth Darj, Kumudu Wijewardena, Gunilla Lindmark and Pia Axemo*
32. "We are not safe in our hearts, something must be wrong there." Former combatants in Rwanda: Trauma, loss and increased risk of intimate partner violence. *Henny Sleghe*

VIOLENCE AGAINST CHILDREN AND ADOLESCENTS

33. Child homicide: A systematic review of the perpetrators of child homicide worldwide. *Heidi Stöckl, Alison Morris, Charlotte Watts and Naeemah Abrahams*
34. Characteristics of child sexual violence victims in a Kenyan slum Mathare MSF project, Nairobi, Kenya. *Caroline Pontvert, Linet Okong'o, Judie Ouko, Jemimah Makonjio and Marie Rose Moro*
35. How to improve counseling children in a context of sexual violence: An example from Mathare MSF project, Nairobi, Kenya. *Caroline Pontvert, Linet Okong'o, Judie Ouko, Jemimah Makonjio and Marie Rose Moro*
36. Physical and emotional abuse of young adolescents at the hands of adults in the Western Cape. *Lorraine Townsend, Catherine Mathews, Sander Eggers, Mariette Momberg, Hein de Vries and Petrus de Vries*
37. Understanding infanticide in South Africa: From a mother's perspective. *Bianca Dekel, M Andipatin and Naeemah Abrahams*
38. LifeBoard: Using gamification to effectively educate learners about gender based violence in Gauteng, South Africa. *Kalliste Khun*
39. Reduce violence against women and girls in Nepal. *Geeta Devi Pradhan*
40. Adolescent attitudes towards gender inequality and experiences of gender based violence. *Shahana Rasool*
41. Perceptions of childhood exposure to domestic violence as a pre-disposing factor for revictimization in adulthood. *Jill Ryan and Nicolette Roman*

INTERVENTIONS

42. Good School Study process evaluation: Exploring delivery, adoption and reach of the Good School Toolkit intervention. *Louise Knight, Mirembe, A, Nakuti, J Kyegombe, N, Namy, S, Naker, D and Devries, K*
43. Development of a primary prevention intervention for youth use of violence and alcohol in post-conflict eastern Democratic Republic of Congo. *Anjalee Kohli, Nancy Perrin, Mitima Mpanano Remy, Nancy Glass and the Pigs for Peace team*
44. Test-retest reliability of self-reported violence measures: Results from the Stepping Stones and Creating Futures pilot intervention. *Andrew Gibbs and Leandri Pretorius*
45. Community-based strategies to address sexual violence in Nairobi slums. *Juliette Letanneux, William Hennequin, Jane Irungu, Juma Mukabane and Patricia Kahn*
46. How to integrate prevention of sexual abuse into school curriculum: Experiences from Switzerland. *Karin Stierlin and Deborah Fry*
47. A community-based intervention for improving health-seeking behavior among sexual violence survivors: A controlled before and after design study in rural Tanzania. *Muzdalifat Abeid, Projestine Muganyizi, Rose Mpembeni, Elisabeth Darj and Pia Axemo*

TRAFFICKING, SEXUAL EXPLOITATION AND VIOLENCE AGAINST VULNERABLE GROUPS

48. The recovery and (re)integration of children who have been trafficked for commercial sexual exploitation: A review of promising policies and practices. *Yvonne Rafferty*
49. Gender-based violence in the continuum from public to private space: Findings from research with vulnerable groups in Senegal. *Danielle Roth and Cheikh Amadou Bamba*
50. Gender based violence among female sex workers in Mombasa, Kenya: Prevalence, patterns, and associations with substance abuse. *Sarah Roberts, Ruth Deya, Jaqueline Ngina, Linnet Masese and Suzanne M Graham*
51. Sexual torture: Refugee and asylum seekers lived experiences and psychosocial adjustment in a clinical setting in Gauteng, South Africa. *Marinda Kotzé, Dominique Dix-Peek and Admire Mlilo*
52. Sexual violence among men: An invisible issue. *Juliette Letanneux, William Hennequin, Jane Irungu, Juma Mukabane and Patricia Kahn*
53. Reducing sex and gender based violence among female sex workers in Chipata, Zambia. *Ndhlovu M and Silukena M*

HEALTH AND JUSTICE

54. Promising practice: Integrating gender and gender based violence into community based organization capacity building, HIV prevention, counselling and testing programmes. *Hayley Bryant, Edith Morch, Rosalia Miguel, Candida Quintano and Jeremias Muanatraca*
55. Investigating drug-facilitated sexual offences in adult survivors at the Clinical Forensic Unit, Victoria Hospital, Cape Town, South Africa. *Marianne Tiemensma, Bronwen Davies, Alicia Evans and Lorna Martin*
56. Intimate partner violence and unprotected sex in high-risk HIV-positive Kenyan women. *Kate Wilson, R Deya, K Yuhas, J Simoni, A Vander Stoep, J Shafi, W Jaoko, B.A Richardson, J.P Hughes and R.S McClelland*
57. Addressing gender-based violence through the HIV program platform in Mbeya, Tanzania: Assessing opportunities to reach survivors and communities. *Susan Settergren, Megan Dunbar, Lusajo Kajula, Hussein Kamugisha, Felix Kisanga, Jessie Mbwambo, Stella Mujaya and Wasima Rida*
58. Tchova Life Stories (TTHV): Community dialogues/gender tool on HIV /AIDS prevention in Mozambique. *Felisberto Massingue, Valuarda Monjane and Maria Dirce Pinho*
59. Gender-based violence & subsequent risk of abuse in a prospective cohort over 20 years of follow-up *Michele R. Decker, Lorie Benning, Susan Sherman, Kathleen Weber and Elizabeth Golub*

SPECIAL EVENTS

The Forum provided a space for exciting satellite meetings, launches and discussions.

SATELLITE SESSIONS

THE MISSING 'C': ADDRESSING VIOLENCE AGAINST CHILDREN, POPULATION COUNCIL

The session highlighted emerging work on violence against children in East and Southern Africa, including ethical issues, interventions, challenges, and opportunities. Drawing on the work of the Africa Regional SGBV Network, the session aims to stimulate discussion on the complexities of working with child survivors.

MAKING NETWORKS WORK: LESSONS FROM THE FIELD, MINISTRY OF HEALTH-GERMAN DEVELOPMENT COOPERATION, POPULATION COUNCIL SVRI

This session discussed the value of networks and how to use them optimally to address violence. It brought together several networks established to respond to SGBV in low-resource settings in East and Southern Africa. The session provided a learning platform for exploring SGBV networks in-depth, including their value, typologies, challenges, and the modalities for setting them up.

THE ROLE OF FAITH COMMUNITIES IN PREVENTION AND RESPONSE TO SEXUAL AND GENDER BASED VIOLENCE. IMPLICATIONS FOR POLICY AND PRACTICE, JOINT LEARNING INITIATIVE FOR LOCAL FAITH COMMUNITIES

The Department for International Development (DFID) commissioned a scoping study on the role of faith communities in prevention and response to SGBV. The scoping study builds on the work of the JLI. Six key recommendations were made based on the findings from the scoping study and explored how these apply to three groups – faith communities, donors and policy makers, and academics and researchers.

ENGAGING THE ELEPHANT IN THE ROOM, MODERATED BY AMY BANK PUNTOS DE ENCUENTRO AND JAMES LANG (UNDP)

This meeting was called by SVRI Forum delegates with the aim to move the conversations out of the corridors, address concerns that little time was afforded to debate the issue of funding flows for “engaging men and boys” as concern for reduced/substituted funding from work with women.

If you would like to join the discussion, please visit our blog-spot at: <http://www.svri.org/blog>.

LAUNCHES

NATIONAL GUIDELINES AND STANDARDS FOR SUPPORT TO RAPE SURVIVORS

NACOSA, with a grant from the Global Fund, facilitated a series of workshops with civil society and academics to develop norms and standards guiding the provision of acute stage care and support to rape survivors. A panel discussion will launch the newly developed National Guidelines and Standards.

GUIDELINES FOR INTEGRATING GENDER-BASED VIOLENCE INTERVENTIONS IN HUMANITARIAN ACTION, THE INTER-AGENCY REFERENCE GROUP FOR THE REVISED

The new Guidelines are a comprehensive revision of the IASC GBV Guidelines originally published in 2005. Following a highly consultative two-year drafting process that generated input from hundreds of sector actors at both the field and global levels, the new Guidelines was launched in 2015 at the Forum.

THE SECOND GBV FIVE-MINUTE SCIENCE FAIR AND THE COMMUNICATIONS X-CHANGE

The [Global Women's Institute](#) and the [Sexual Violence Research Initiative \(SVRI\)](#) partnered once again to promote safe and ethical Gender-Based Violence (GBV) research. The GBV Science Fair offers opportunities for your research to reach a global audience and have the potential to win prizes. To enter, simply create a short video abstract about your research. Entries will be accepted until June 1, 2016.

EXHIBITORS

GLOBAL WOMEN'S INSTITUTE

The Global Women's Institute at the George Washington University in Washington DC advances the status of women and girls worldwide through interdisciplinary research, education and policy/ outreach. Website: <http://globalwomensinstitute.gwu.edu>

JUTA AND COMPANY (PTY) LTD

Juta and Company are the exclusive SA Distributors for the following international publishers: Cengage Educational & Vocational; Crown House; GL Education Group; Global Book Sales; Goodfellow Publishers; Guilford Press; Key Links (including E-Books); Management Briefs; Ransom Publishing; Royal Society of Chemistry; Rowman & Littlefield; Scion Publishing; World Scientific Publishing. Website: <http://www.juta.co.za>

MOSAIC TRAINING, SERVICE AND HEALING CENTRE FOR WOMEN

MOSAIC offers a comprehensive set of interventions with aim of preventing and reducing domestic and sexual violence and abuse. Website: www.mosaic.org.za

NACOSA

NACOSA is a national network of over 1,500 civil society organisations working together to turn the tide on HIV, AIDS and TB. NACOSA promotes dialogue, builds capacity with training, mentoring and technical assistance and channels resources to support service delivery on the ground, particularly among key populations, vulnerable children and women and girls. Website: www.nacosa.org.za

POPULATION COUNCIL

The Population Council conducts worldwide research to address critical health and development issues, and to specifically improve policies, programs, and products in HIV and AIDS; poverty, gender and youth; and reproductive health. Website: www.popcouncil.org

TOGETHER FOR GIRLS

Together for Girls is a global public-private partnership dedicated to ending violence against children, with a focus on sexual violence against girls. Together for Girls generates comprehensive data on the magnitude and consequences of this public health and human rights issue, mobilizing countries to lead a response and inform solutions that are evidence-based. Website: www.togetherforgirls.org

INTER-AGENCY REFERENCE GROUP FOR THE REVISED GENDER-BASED VIOLENCE GUIDELINES

The GBV Guidelines provide humanitarian actors working within all sectors of response with recommendations for planning, implementing, coordinating and monitoring essential actions to

prevent and mitigate GBV in settings affected by armed conflict/natural disasters. Website: www.gbvguidelines.org

UNICEF / UNFPA

UNICEF promotes the rights and wellbeing of every child, in everything we do. Together with our partners, we work in 190 countries and territories to translate that commitment into practical action, focusing special effort on reaching the most vulnerable and excluded children, to the benefit of all children, everywhere. Website: www.unicef.org

WHAT WORKS TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS

The What Works to Prevent Violence Against Women and Girls is a DFID-funded flagship programme investing an unprecedented £25 million to prevent violence against women and girls. It works in Africa, Asia and the Middle East to understand and address the underlying causes of violence, to stop it from occurring. Website: www.whatworks.co.za

SPONSORS AND PARTNERS





ANNEX I PRE-CONFERENCE WORKSHOPS, 14 SEPTEMBER

A summary of all workshops can be found on the SVRI Forum 2015 website at: <http://www.svri.org/forums/forum2015/workshop.htm>

Workshop 1 - Revised Inter-agency Standing Committee (IASC) GBV guidelines for gender-based violence in humanitarian settings

Presenters: Ms Mendy Marsh (UNICEF) and Erin Patrick (GBV Guidelines Inter-agency Coordinator)

Workshop 2 - Healing wounds and restoring lives in DRC, South Africa and Mozambique

Presenters: Henny Slegh (Promundo), Benoit Ruratotoye (Institute of Higher Education for Mental Health Professionals), Aloys Mahwa (Promundo), Marceline Chai (Capaz)

Workshop 3 - Testing your bright idea: How to use qualitative and quantitative research strategies

Presenters: Dr. Rozina Karmaliani (Aga Khan University), Dr. Judith McFarlane (Texas Woman's University)

Workshop 4 - Building and sustaining fruitful partnerships between activists, programmers and researchers

Presenters: Sophie Namy (Raising Voices), Anik Gevers (Independent Consultant and honorary faculty at Adolescent Health Research Unit, University of Cape Town), Dipak Naker (Raising Voices), Karen Devries (London School of Hygiene and Tropical Medicine).

Workshop 5 - Respondent Driven Sampling to Measure Sexual and Other Forms of Violence and to Estimate the Size of Hard to Reach Populations

Presenters: Susan Bartels (Harvard Humanitarian Initiative), Jennifer A Scott (Harvard Humanitarian Initiative), Lisa Johnson (University of California, San Francisco; Tulane University School of International Public Health and Tropical Medicine)

Workshop 6 - Researching violence safely: Effective methodological approaches for the ethical protection of study participants

Presenters: Yandisa Sikweyiya (South African Medical Research Council), Elizabeth Dartnall (SVRI), Claudia Garcia-Moreno (World Health Organization), Christina Pallitto (World Health Organization), Clara Sommarin (UNICEF), Laura Chiang (US Centers for Disease Control and Prevention), Ashleigh Howard (US Centers for Disease Control and Prevention)

Workshop 7 - Conducting research on gender-based violence in conflict and humanitarian settings

Presenters: Dr Mary Ellsberg (Global Women's Institute), Jocelyn Kelly (Harvard Humanitarian Initiative), Dr. Manuel Contreras (Global Women's Institute), Diana J. Arango (Global Women's Institute)

Workshop 8 - Measuring prevalence and types of violence against women: Methodological and ethical challenges

Presenter: Dr Henrica (Henriette) Jansen (UNFPA Asia and the Pacific Regional Office)

Workshop 9 - New Module of "In Her Shoes", the interactive methodology to build better support systems for women and girls who suffer violence: Module on sexual abuse and pregnancy in girls

Presenter: Amy Bank (Puntos de Encuentro)

ANNEX II ABSTRACT REVIEW COMMITTEE

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Heather Cole, International Rescue Committee	Heidi Stoeckl, London School for Hygiene and Tropical Medicine
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