Preventing Violence Against Women and Children: Workshop Summary

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Introduction

Violence against women and children is a serious public health concern, with costs at multiple levels of society. Although violence is a threat to everyone, women and children are particularly susceptible to victimization because they often have fewer rights or lack appropriate means of protection. In some societies certain types of violence are deemed socially or legally acceptable, thereby contributing further to the risk to women and children.

In the past decade research has documented the growing magnitude of such violence, but gaps in the data still remain. Victims of violence of any type fear stigmatization or societal condemnation and thus often hesitate to report crimes. The issue is compounded by the fact that for women and children the perpetrators are often people they know and because some countries lack laws or regulations protecting victims. Some of the data that have been collected suggest that rates of violence against women range from 15 to 71 percent in some countries and that rates of violence against children top 80 percent (García-Moreno et al., 2005; Pinheiro, 2006). These data demonstrate that violence poses a high burden on global health and that violence against women and children is common and universal.

On January 27-28, 2011, the Institute of Medicine’s Forum on Global Violence Prevention convened its first workshop to explore the prevention of violence against women and children. Part of the forum’s mandate is to engage in multisectoral, multidirectional dialogue that explores cross-cutting approaches to violence prevention. To that end, the workshop was designed to examine these approaches from multiple perspectives and at multiple levels of society. In particular, the workshop was focused on
exploring the successes and challenges presented by evidence-based preventive interventions and examining the possibilities of scaling up or translating such work in other settings. Speakers were invited to share the progress and outcomes of their work and to engage in dialogue exploring gaps and opportunities in the field.

The workshop was planned by a formally appointed committee of the Institute of Medicine (IOM), the members of which created an agenda and identified relevant speakers. Because the topic is large and the field is broad, presentations at this event represent only a sample of the research currently being undertaken. Speakers were chosen to present a global, balanced perspective, but by no means a comprehensive one. The agenda for this workshop can be found in Appendix A.

ORGANIZATION OF THE REPORT

This summary provides a factual account of the presentations given at the workshop. Opinions expressed within this summary are not those of the Institute of Medicine, the forum, or its agents, but rather of the presenters themselves. Statements are the views of the speakers and do not reflect conclusions or recommendations of a formally appointed committee. This summary was authored by a designated rapporteur based on the workshop presentations and discussions and does not represent the views of the institution, nor does it constitute a full or exhaustive overview of the field.

The workshop summary is organized thematically, covering the major topics that arose during the two-day workshop, so as to provide a larger context for these issues in a more compelling and comprehensive way. As well, the thematic organization allows the summary to serve as an overview resource of important issues in the field. The themes were chosen as the most frequent, cross-cutting, and essential elements that arose from the workshop, but do not represent the views of the IOM or a formal consensus process.

The summary begins with a brief introduction of the issue, followed by two parts and an appendix. The first part consists of four chapters that provide the summary of the workshop; the second part of the report consists of submitted papers and commentary from speakers regarding the substance of the work they presented at the workshop. These papers were solicited from speakers to provide further information of their work. The appendix contains additional information regarding the agenda and participants.

DEFINITIONS AND CONTEXT

Violence is defined by the World Health Organization as “the intentional use of physical force or power, threatened or actual, against oneself,
another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (WHO, 2002). When directed against women or children, this violence can take a number of forms, including, but not limited to, sexual violence, intimate partner violence, child abuse and neglect, bullying, teen dating violence, trafficking, and elder abuse. The majority of violence against women and children is perpetrated by partners, family members, friends, or acquaintances, so that most violence against women and children takes place in the form of intimate partner violence, family violence, or school violence (WHO and LSHTM, 2010).

These three types of violence, which are interconnected, are commonly referred to as being part of a “cycle of violence,” in which victims become perpetrators. The workshop’s scope was narrowed to focus on these elements of the cycle as they relate to interrupting this transmission of violence. Intervention strategies include preventing violence before it starts as well as preventing recurrence, preventing adverse effects (such as trauma or the consequences of trauma), and preventing the spread of violence to the next generation or social level. Successful strategies consider the context of the violence, such as family, school, community, national, or regional settings, in order to determine the best programs. Thus, the workshop operated in a multidimensional framework that integrated ecologic, public health, and trauma-informed paradigms to explore a comprehensive approach to violence prevention.

The next four chapters examine the four major themes that arose from participants’ presentations and discussions: advancing research on co-occurrence of child maltreatment and intimate partner violence (Chapter 2), paradigm shifts and changing social norms (Chapter 3), the state of prevention research in low- and middle-income countries (Chapter 4), and prevention among multiple sectors (Chapter 5). The three chapters in Part 2 include the submitted papers, organized as (1) overviews of evidence, (2) global partnerships and government initiatives, and (3) examples of preventive interventions.

And finally the appendixes consist of the agenda (A), the speakers’ biographies (B), the planning committee members’ biographies (C), and the Forum on Global Violence Prevention members’ biographies (D).

ACKNOWLEDGMENTS

The Forum on Global Violence Prevention was established to address a need to develop multisectoral collaboration amongst stakeholders. Violence prevention is a cross-disciplinary field, which could benefit from increased dialogue between researchers, policy makers, funders, and practitioners. The forum members chose the issue of violence against women and children...
as the forum’s first workshop theme because there is a pressing need to coordinate and collate the information in this area. As awareness of the insidious and pervasive nature of these types of violence grows, so too does the imperative to mitigate and prevent.

A number of individuals contributed to the successful development of this workshop and report. These include a number of Institute of Medicine staff: Tessa Burke, Marton Cavani, Rosemary Chalk, Kristen Danforth, Meg Ginivan, Wendy Keenan, Patrick Kelley, Angela Mensah, Elena Nightingale, Kenisha Peters, Lauren Tobias, Julie Wiltshire, and Jordan Wyndelts. The forum staff, including Deepali Patel, Rachel Pittluck, and Rachel Taylor, also put forth considerable effort to ensure this workshop’s success. The staff at the Kaiser Family Foundation’s Barbara Jordan Conference Center and Mind & Media provided excellent support for the live event and its webcast.

The planning committee contributed several hours of service to develop and execute the agenda, with the guidance of the forum membership. Reviewers also provided thoughtful remarks in the reading of the draft manuscript.

These efforts would not be possible without the work of the forum membership itself, an esteemed body of individuals dedicated to the concept that violence is preventable. Their names and biographies can be found in Appendix D.

And finally, the overall successful functioning of the forum and its activities rests on the foundation of its sponsorship. Financial support for the Forum on Global Violence Prevention is provided by the U.S. Department of Health and Human Services: Administration on Aging, Office of Women’s Health; Anheuser-Busch InBev; Avon Foundation for Women; BD (Becton Dickinson, and Company); Catholic Health Initiatives; Centers for Disease Control and Prevention; Department of Education: Office of Safe and Drug-Free Schools; Department of Justice: National Institute of Justice; Fetzer Foundation; F. Felix Foundation; Foundation to Promote Open Society; Kaiser Permanente; National Institutes of Health: National Institute on Alcoholism and Alcohol Abuse, National Institute on Drug Abuse, Office of Research on Women’s Health, John E. Fogarty International Center; Robert Wood Johnson Foundation; and the Substance Abuse and Mental Health Services Administration.

REFERENCES

INTRODUCTION


“Knowing is not enough; we must apply. Willing is not enough; we must do.”

—Goethe
PLANNING COMMITTEE ON PREVENTING VIOLENCE AGAINST WOMEN AND CHILDREN WORKSHOP

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1 Institute of Medicine planning committees are solely responsible for organizing the workshop, identifying topics, and choosing speakers. The responsibility for the published workshop summary rests with the workshop rapporteur and the institution.
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This report has been reviewed in draft form by individuals chosen for their diverse perspectives and technical expertise, in accordance with procedures approved by the National Research Council’s Report Review Committee. The purpose of this independent review is to provide candid and critical comments that will assist the institution in making its published report as sound as possible and to ensure that the report meets institutional standards for objectivity, evidence, and responsiveness to the study charge. The review comments and draft manuscript remain confidential to protect the integrity of the process. We wish to thank the following individuals for their review of this report:

NAEEMAH ABRAHAMS, Senior Researcher, Gender & Health Research Unit, Medical Research Council of South Africa
MANUEL CONTRERAS, Gender and Public Health Specialist, International Center for Research on Women
LISA NAJAVITS, Professor of Psychiatry, Boston University School of Medicine
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Although the reviewers listed above have provided many constructive comments and suggestions, they were not asked to endorse the final draft
of the report before its release. The review of this report was overseen by Richard Krugman, Vice Chancellor for Health Affairs and Dean, University of Colorado at Denver. Appointed by the Institute of Medicine they were responsible for making certain that an independent examination of this report was carried out in accordance with institutional procedures and that all review comments were carefully considered. Responsibility for the final content of this report rests entirely with the author and the institution.
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