

Prevention of violence against women and girls: a new chapter

In Margaret Atwood's novel, *The Handmaid's Tale*, set in the near future, a totalitarian state has come to power in the USA having cracked down on women's rights, forbidding them to own property or hold jobs.¹ In this futuristic dystopia, women have strict roles in society. Those of healthy reproductive age, Handmaids, are enslaved to elite couples unable to conceive to bear them children. Although Atwood's book is a fictional work, the underlying themes will be familiar to many women and girls around the world, and certainly to those working to eliminate violence against this population.

Every day, millions of women and girls experience violence. This abuse takes many forms, including intimate physical and sexual partner violence, female genital mutilation, child and forced marriage, sex trafficking, and rape. The burden is substantial. One in three women will experience physical and/or sexual violence by a partner or sexual violence from someone other than a partner in their lifetime, constituting a "global public health problem of epidemic proportions", according to WHO.² Women's health and wellbeing can be affected by this violence in many ways, including physical and mental trauma, increased vulnerability to HIV/AIDS, and sexual and reproductive health problems. Childhood experience of violence, directly or witnessing violence in the home, is a risk factor for a range of high-risk health behaviours, such as smoking and unsafe sexual practices, and, for boys, for violence perpetration in adolescence and adulthood.³

Men are victims of unacceptable violence too. However, different strategies are likely to be needed to address this health problem, since the largest burden among men is likely to be from street or gang violence perpetrated by other men.⁴ Such violence is common in many inner-cities around the world, with a particularly high burden in regions such as Latin America.⁴ Violence against women and girls, meanwhile, is widespread but often hidden, and has a common root cause—gender inequality—perpetuated by entrenched social norms and structures that exist in every economic setting.

Although a developing field, primary and secondary prevention is possible, and this is the central theme of the *Lancet* Series on violence against women and girls.⁴⁻⁸ We thank Charlotte Watts, Claudia García-Moreno, and Cathy Zimmerman, who conceived the idea for this

Series, and steered the expert teams of authors to cover crucial aspects of this issue. The five papers assess the evidence base for prevention interventions,⁵ discuss the vital role of the health sector in care and prevention,⁶ show the need for men and women to be involved in effective programmes,⁴ provide practical lessons from experience in countries,⁷ and present a call for action with five key recommendations and indicators to track progress during the next 5 years.⁸

What do the papers tell us? The most successful strategies are complex, using multiple approaches, across many different sectors, with an essential role for the health sector.^{5,6} Success requires the involvement of men and women, in single-sex and mixed group discussions, over a substantial period of time.⁴ Interventions that not only discuss the implications of violence, but also explicitly address the underlying issue of inequality and seek to transform gender norms by promoting more equitable relationships between men and women, are essential to achieve lasting change.⁴ Programming requires action at the individual, community, and societal levels and sufficient investment with specifically allocated budgets.^{7,8} The Series also highlights the substantial limitations in data quality and quantity in this field, and an accompanying Comment by Marleen Temmerman⁹ discusses these concerns. The gaps in knowledge should act as a rallying call for funders and researchers to strengthen the evidence base.

Published Online
November 21, 2014
[http://dx.doi.org/10.1016/S0140-6736\(14\)61775-X](http://dx.doi.org/10.1016/S0140-6736(14)61775-X)
See Online/Comment
[http://dx.doi.org/10.1016/S0140-6736\(14\)61840-7](http://dx.doi.org/10.1016/S0140-6736(14)61840-7)
See Online/Series
[http://dx.doi.org/10.1016/S0140-6736\(14\)61703-7](http://dx.doi.org/10.1016/S0140-6736(14)61703-7),
[http://dx.doi.org/10.1016/S0140-6736\(14\)61837-7](http://dx.doi.org/10.1016/S0140-6736(14)61837-7),
[http://dx.doi.org/10.1016/S0140-6736\(14\)61683-4](http://dx.doi.org/10.1016/S0140-6736(14)61683-4),
[http://dx.doi.org/10.1016/S0140-6736\(14\)61797-9](http://dx.doi.org/10.1016/S0140-6736(14)61797-9), and
[http://dx.doi.org/10.1016/S0140-6736\(14\)61830-4](http://dx.doi.org/10.1016/S0140-6736(14)61830-4)



Community members and leaders in Mwanza, Tanzania, talk about their role in preventing violence against women

There is one sector that lags behind in its vital role in addressing violence against women and girls: the health sector. Health workers have a crucial part to play not only in treating the consequences of violence, but also helping women to disclose that they are victims of violence and to understand that what they are experiencing is abuse. This type of supportive—potentially life-saving—response requires non-judgmental, respectful, and compassionate care. As noted by García-Moreno and colleagues,⁶ systems-wide changes are needed to enable health workers to address violence against women and girls, such as regular training, protocols, and referral networks. Health professionals also have a role in championing primary prevention and being agents of change not only in clinical settings but also in the wider community, for example by promoting the health benefits of delayed marriage for girls.

The women’s movement has been, and will continue to be, instrumental in advocacy and government action on violence against women and girls, but it is time for the campaign to be broadened. We hope this Series will initiate a new health and sustainable development movement for 2015 and beyond, one that involves women and girls, men and boys, health-care workers,

researchers, teachers, religious leaders, the judiciary, police, and politicians, and one that can eventually eliminate violence against women and girls.

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We thank Alison Morris-Gehring for her help coordinating this Series.

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