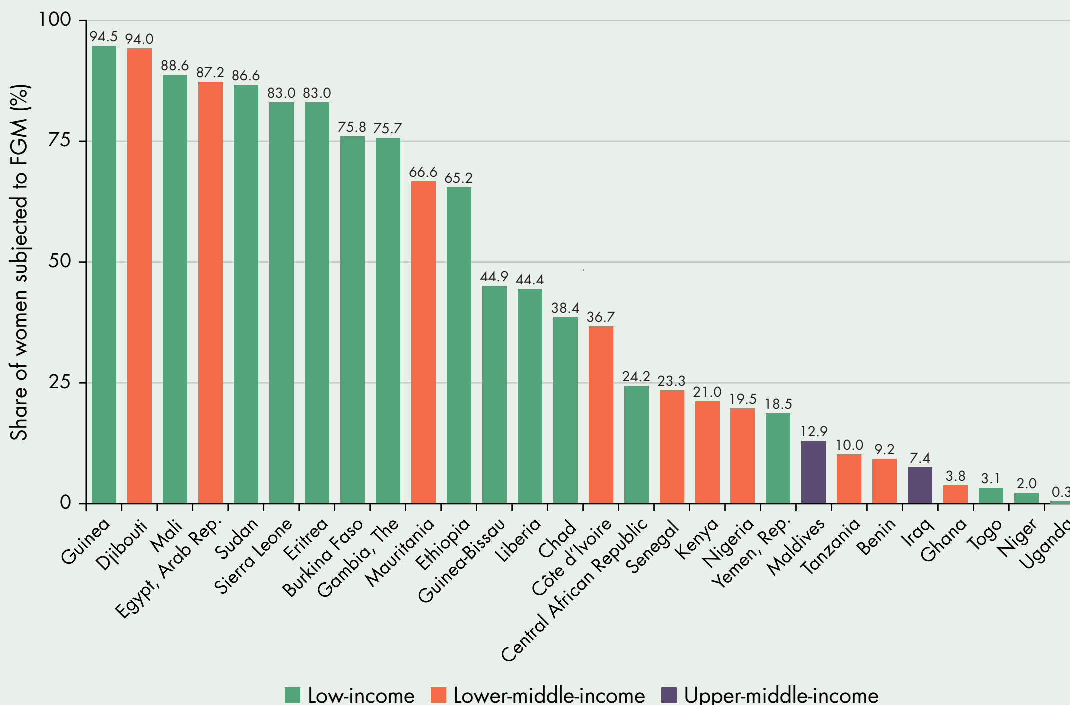
Spotlight 2.1

Deploying data to curtail violence against women and girls

For too long, violence against women and girls has been a deep, dark secret. Now, data collection efforts around the world are shedding light on this tragic problem and leading to solutions.

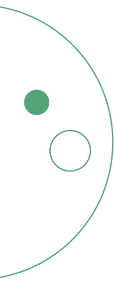
Violence against women and girls (VAWG) is a global pandemic. One out of three women and girls (35 percent) worldwide between the ages of 15 and 49 has experienced physical violence, sexual violence, or both. At least 200 million girls and women have undergone female genital mutilation (FGM), and in at least 11 countries, more than half of women ages 15–49 have undergone FGM (figure S2.1.1).[1] We know

Figure S2.1.1 Prevalence of female genital mutilation in women ages 15–49, by country income level, 2010–19



Source: Adapted from Kashiwase and Pirlea 2019. Data are drawn from the World Bank World Development Indicators, https://databank.worldbank.org/FGM-Prevalence/id/a4f22755 (SH.STA.FGMS.ZS), using data from Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and UNICEF. Data at http://bit.do/WDR2021-Fig-S2_1_1.

Note: FGM = female genital mutilation; UNICEF = United Nations Children's Fund.



these facts because representative population-based studies have been undertaken to understand the prevalence of VAWG. These studies have used a standardized methodology in more than 90 countries across all regions and all income groups. For example, data for 55 low- and middle-income countries are available through a standardized module measuring VAWG, and this module has been incorporated in the Demographic and Health Surveys (DHSs).[2]

The availability and accessibility of reliable, comparable, and nationally representative VAWG data are leading to solutions, including laws banning domestic violence.[3] Moreover, the data are informing diagnostic work, prevention and response efforts, and policies in low- and middle-income settings in key areas such as health, education, social protection, and governance. For instance, kNOwVAWdata,[4] an initiative led by the United Nations Population Fund (UNFPA), collects VAWG data on 27 countries in Asia and the Pacific, shedding light on why survivors are not accessing services. The World Bank has used these data as a basis for its analytical and operational work. In the Great Lakes region of Africa, an in-depth analysis of DHS data helped to identify and target emergency and women's health activities and to prevent and respond to VAWG in Uganda. In 2019 Peru's president welcomed an in-depth analysis of VAWG data and expenditures, setting the stage for a national results-oriented budgetary plan to reduce VAWG that was supported by the Ministry of Economy and Finance and the Ministry of Women and Vulnerable Populations.

Investing in data to understand the barriers preventing survivors of violence from using essential support services

In addition to amassing data on the prevalence of VAWG, many countries and agencies that provide essential services to survivors of violence keep track of service-based data. Data on reported cases of VAWG allow countries to understand who is seeking help, when, for what types of violence, and how often. Various barriers, including fear and lack of knowledge, may prevent women from seeking services; data help countries to understand and address these barriers. For instance, service-based data can be used to monitor important life-saving measures, like providing victims with post-exposure prophylactics (PEP) within 72 hours of a sexual assault. Tracking how many survivors receive PEP can unveil barriers related to the supply chain of essential medicines or gaps in the training of health service staff.

Integrating service-based data with data representative of a given population can yield important insights. The Gender-Based Violence Information Management System (GBVIMS) provides a global example.[5] This multiagency initiative facilitates the safe, ethical, effective, and efficient standardization and coordination of service-based data. While such efforts are critical, it is also important to ensure that investments in gender-based violence data systems do not divert limited funds and staffing away from the provision of services to the survivors of violence. Separate streams of investment—and greater investment—in service provision and data systems are necessary.

The first and foremost purpose of the GBVIMS and service-based data is to improve the quality and accessibility of services for survivors of VAWG. But for these systems to be effective, several foundational issues must be addressed. First, efforts to integrate data should be driven by the needs of women and girls seeking services, not by the ease of access to centrally located data. Second, to overcome silos and promote national monitoring, coordination is needed across multiple institutions with different mandates and data systems.

Addressing the surge in VAWG during the COVID-19 pandemic

VAWG has surged during the COVID-19 pandemic.[6] Lockdown measures designed to contain the spread of the virus as well as the economic and health stresses associated with this crisis have contributed to an increase in violence—especially intimate partner violence.[7] In the early days of the pandemic, the UNFPA warned that 31 million additional cases of gender-based violence could occur as a result of six months of lockdowns.[8] Complicating matters, providing services has become more difficult because some resources have been diverted to the COVID-19 response and some services have been suspended altogether.[9]

Reliable data are crucial to understanding and addressing this situation. However, collecting reliable data on VAWG has been especially challenging during the COVID-19 pandemic. Face-to-face data collection, the predominant mode in low- and middle-income countries, has been widely suspended. The alternatives—remote data collection through telephone, text messaging, or the Web—increase the risk of violence: confidentiality is nearly impossible to ensure, and even electronic communications leave traces.[10] Instead, sources of indirect information should be used: for instance, service-based data or key informant interviews with frontline workers.

Collecting VAWG data ethically

Special care must be taken when handling data on VAWG. Soberingly, collecting VAWG data can and has caused women to experience more violence. Ethical and safety guidelines must be followed when considering both the collection and sharing of such data. These guidelines identify minimum standards for the collection of VAWG data, such as the ability to offer referrals for support to all who say they have experienced violence; the ability to guarantee confidentiality and privacy for survivors when collecting and reporting on data; and the commitment to use the data collected for increased and improved action. The World Health Organization (WHO) has issued the following guidelines:

- "Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women" (2001)[11]
- "Ethical and Safety Recommendations for Interviewing Trafficked Women" (2003)[12]
- "Sample Design, Ethical and Safety Considerations, and Response Rates" (2005)[13]
- "Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies" (2007)[14]
- "Ethical and Safety Recommendations for Intervention Research on Violence against Women" (2016),[15] building on lessons from the publication "Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women" (2001)

The Sexual Violence Research Initiative of the Medical Research Council in Pretoria, South Africa, has also issued important guidelines:

- Ethical and Safety Recommendations for Research on Perpetration of Sexual Violence (2012)[16]

Notes

1. Female genital mutilation "does not provide any health benefits, but rather causes serious risks for women's health, including chronic infections and pain, menstrual problems, and complications in childbirth" (Kashiwase and Pirlea 2019). See also United Nations Children's Fund, Female Genital Mutilation (dashboard), updated February 2020, https://data.unicef.org/topic/child-protection/female-genital-mutilation/.
2. The country count is as of August 2020. For DHS data on violence against women and girls, see ICF International, STATcompiler (DHS Program STATcompiler) (database), http://www.statcompiler.com/. Select "Choose Indicator" and, from the dropdown menu, "Physical or sexual violence committed by husband/partner." Then click "Next," "Filter by World Region," "Select All," and "Next." The data will appear and can be augmented and refined by choosing more categories from the "Indicators" and "Countries" menus on the right.
3. For case studies of the impact of VAWG data on policy, see "Disaggregated Data: Impacts of Demographic and Health Surveys," Data Impacts Case Studies, Open Data Watch, https://dataimpacts.org/project/health-surveys/.
4. See Measuring Prevalence of Violence against Women in Asia-Pacific (dashboard), Regional Office for Asia and the Pacific, United Nations Population Fund, https://asiapacific.unfpa.org/knowvawdata.
5. See GBVIMS (Gender-Based Violence Information Management System) (dashboard), Inter-Agency GBVIMS Steering Committee, https://www.gbvims.com/.
6. Bettinger-Lopez and Bro (2020); Johnson et al. (2020).
7. United Nations (2020); UNDP (2020).
8. UNFPA (2020).
9. Johnson et al. (2020).
10. UN Women (2020).
11. WHO (2001).
12. WHO (2003).
13. García-Moreno et al. (2005).
14. WHO (2007).
15. WHO (2016).
16. Jewkes, Dartnall, and Sikweyiya (2012).

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