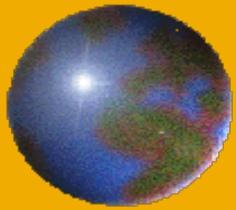




Applying & Improving Data on GBV: Commentary



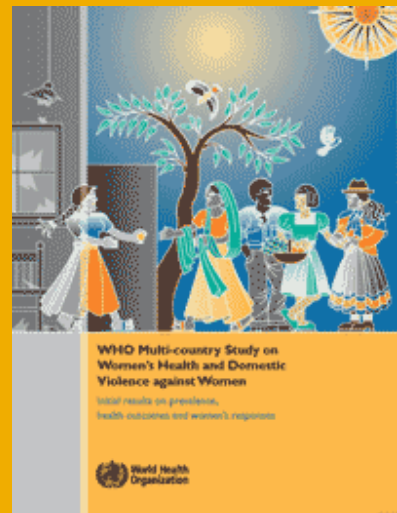
Jacquelyn Campbell PhD, RN, FAAN

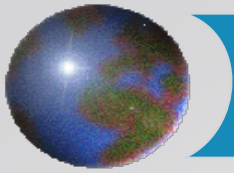
Anna D. Wolf Chair & Professor

Johns Hopkins University School of Nursing

National Program Director, RWJF

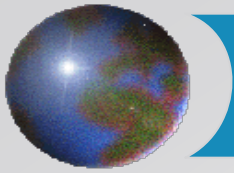
Nurse Faculty Scholars Program





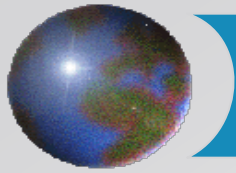
Heise Study

- ✚ Shows amazing work that can be done with good data & sophisticated analysis
- ✚ Challenge is getting the really good data



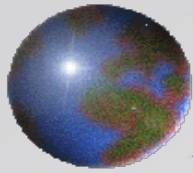
Underestimates of Prevalence

- ✚ DHS vs. WHO Multicountry Study – M. Ellsberg;
current work in Haiti
 - ✚ Any short module within health survey will underestimate prevalence (US – BRFSS vs. CDC) – especially for current abuse
 - Lack of privacy/safety protocols
 - Lack of training of interviewers
 - Lack of participation by seriously abused
 - ✚ Need for correction factors – like for missing homicide data in US



Data Challenges

- ✦ Undercounts of femicide in low resource settings – especially rural
 - ✦ Tanzania
 - ✦ Latin America
 - ✦ South Africa – 2 national femicide studies – Abrahams – first one – difficult to ascertain partner femicides & prior DV - 2nd study – data in – DV if only by police records will underestimate – by 1/2
 - ✦ India – dowry murders shown to be hidden – but other partner femicides?
 - ✦ Families have to ask for (& pay for?) autopsy in most locales
- ✦ Homicide Surveillance system from WHO – does not emphasize need to disaggregate data
 - ✦ WHO homicide data not disaggregated by gender of victim – dynamics different – perpetrator most often husband/partner ex
 - ✦ Stoeckl, Watts et al accepted in *Lancet* –



Data Challenges – Maternal Mortality

✚ Maternal mortality

- ✚ Even in US maternal mortality from homicide undercounted

- Cheng et al 2010 (*Obstetrics & Gynecology*)

- ✚ And excluded in maternal mortality reviews by states

✚ Maternal mortality globally – India

✚ Suicide – DV related –

- ✚ suicidality strongly related to DV (WHO multicountry study; US- Kaslow et al; Campbell et al)

- ✚ From anthropological data actual suicide also (Counts)

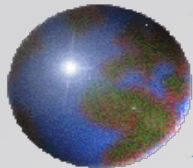


IMAGE Study: Intervention with Microfinance for AIDS and Gender Equity – Watts et al '05



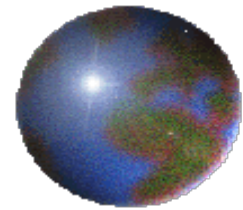
Goal: To develop and test intervention that attempts to engage underlying structural factors: poverty, gender inequalities

Intervention:

- 1) Microfinance
- 2) Gender & HIV training
- 3) Community mobilisation

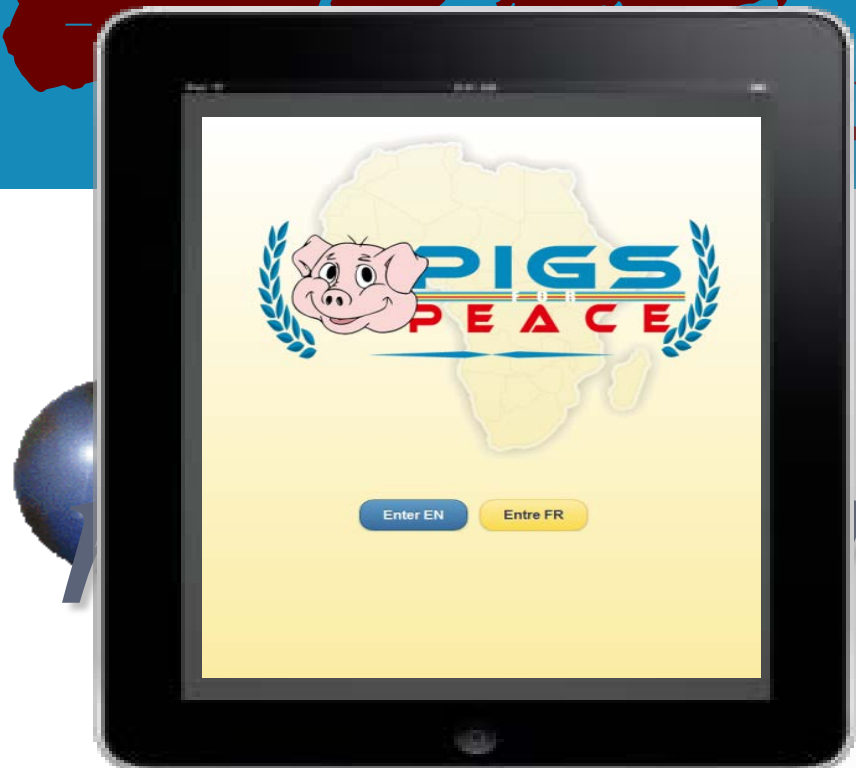
Evaluation:

- ✦ Reduction of partner violence reports by 50%



Community partnership using community appropriate resource intervention with community attitude change

1. Effectiveness of Village-led Microfinance Program “Pigs of Peace” on Health. Economic Security and Reintegration of Trauma Survivors. National Institute of Health (NIH), National Institute of Minority Health and Disparities (R01MD006075, PI N. Glass, 12/2010-11/2015)
2. Youth and Adult Microfinance to Strengthen Resilience in DR Congo. National Institute of Health (NIH), National Institute of Child Health and Human Development (R01HD71958, PI N. Glass, 8/2012-5/2017)



**Democratic Republic of the
Congo**

Pigs For Peace

**Use innovative strategies to supplement large initiatives such as DHS
with clusters within**