

# NIGERIA & RWANDA

## Building research capacity and data use for gender-based violence prevention and response in adolescents/ young adults

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### BACKGROUND

Violence against children (VAC) and violence against women and girls (VAWG) are widespread human rights violations of the highest magnitude, and a growing body of evidence indicates the significance and consequences of this problem. Data gathered through the Centers for Disease Control and Prevention (CDC)-led Violence Against Children Surveys (VACS), supported by Together for Girls, indicate that an estimated 1 in 4 girls and 1 in 7 boys experience some form of sexual violence, and over half of all children report experiencing physical violence. Globally an estimated 35% of women have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence,<sup>1</sup> which often begins in adolescence. This violence has immense short- and long-term negative consequences for individuals, families, communities and countries.

While our understanding of the epidemiology, consequences, prevention and response to VAC and VAWG is growing, there are still critical gaps in learning and implementation, especially at the intersection of the two epidemics. In particular, major gaps in knowledge and programming still exist around adolescence for both girls and boys.

One opportunity to close these gaps lies in the ground-breaking data generated through the VACS. Implemented under the leadership of country governments and overseen by multi-sectoral committees of government and civil society representatives, the data is then used to catalyse and inform development and implementation of a nationally-led multi-sector policy and programmatic response to violence against children and adolescents. Because the VACS interviews 13-24 year olds, examining emotional, physical and sexual violence as well as circumstances and outcomes, it is a meaningful tool to better document and understand how VAC and VAWG intersect. This can help inform policy and programming on the most effective ways to prevent both. Focused analyses of individual datasets could have major impacts of evidence-based policy and program response at the country level. However, much VACS data is yet to be analysed, and additional secondary analyses that complement existing country reports are needed. At the national level, current capacity to analyse these large, complex datasets is limited. Recognizing this, government and research partners are eager build capacity and utilize unmined VACS data for research, advocacy and programming purposes.

### AIMS AND OBJECTIVES

Working in partnership with CDC and national government and research institutes in Nigeria and Rwanda, this project seeks to accomplish the following:

1. Build in-country capacity for analyzing VACS data, and further understand the intersections of VAC and VAWG.
2. Create a statistical narrative of intimate partner violence (IPV) across the lifespan, focused on adolescence and young adulthood.
3. Contribute to global and national understanding of how violence and gender interact across the lifespan, targeting key decision-makers to inform both policies and programs to prevent and responding to gender-based violence.

### METHODS

Together for Girls (TfG), in close collaboration with CDC/PEPFAR and national governments, will use this project to pilot two post-graduate fellowships each (one senior fellow, one junior fellow) in Nigeria and Rwanda. TfG will work with both local and global institutions to mentor fellows and support analyses, while building local violence-related research capacity in the partner country. The selection of fellows will be conducted through a competitive process, which will include a call for applications and a formal selection committee, led by the principle and co-principle investigator of the project. The TfG Secretariat, together with CDC and other TfG partners, will identify in-country institutions which will be made aware of the fellowship and candidates will need to apply. A selection committee composed of 4-5 individuals representing TfG partners will select fellows. Fellows will receive support both from our in-country TfG partners as well as from CDC in Atlanta, by being paired with a formal mentor in the US.

CDC/PEPFAR will teach a short course on VAC research and analysis at associated in-country universities. CDC's experience on violence research, both globally and in partnership with Rwanda and Nigeria, will provide the foundation for this work.

Secondary analyses of VACS data conducted in partnership with Nigeria and Rwanda will result in publishable reports, graphics, articles and other global and national products that increase the understanding of the relationship between VAC and VAWG, including how IPV progresses across the lifespan as girls and boys enter and age out of adolescence. Analytic questions will be developed through an iterative process of discussion and investigation of the datasets and engage fellows, academic partners and government focal points, CDC and TfG. Progression analysis of experiences of violence among 13-24 year old females and males will utilize two-year age disaggregation bands, and in particular mine largely unexplored data for 18-24 year olds on their experiences of violence both before and after age 18. Reports and products will target a variety of key stakeholders, including policy and decision-makers. The research will culminate in events to launch the reports nationally and to disseminate work globally through our existing communications and advocacy platforms.

### PROPOSED TIMELINE

**May 2017:** Fellowship arrangements with government, university partners

**June-July 2017:** Announcements and applications; fellows selected in two countries

**July 2017-August 2017:** In collaboration with national governments and research institutions, determine priority policy and programmatic questions

**August 2017-April 2018:** (1) TfG Fellowships, with mentorship by CDC at the national and global level and with academic partners. (2) Analyses in both countries, working with fellows and national leadership

**November 2017:** CDC headquarters mentorship visit; CDC VAC research short-course in partnership with universities in two countries

**January-March 2018:** Policy briefs, reports and other outputs in process

**April 2018:** Report launch/event; review of Year 1 and action planning for VAC research capacity sustainability/growth. Pending funding, select fellows for Year 2

### IMPLICATIONS FOR POLICY AND PRACTICE

This project will build national capacity for analysing VACS data, and further understanding nationally and globally on the intersections of VAC and VAWG. The work of the project will result in a statistical narrative of IPV across the lifespan, focused on adolescence and young adulthood, contributing to global and national understanding of how violence and gender interact and targeting key decision-makers to inform both policies and programs to prevent and responding to gender-based violence. Through collaboration with global and national TfG partners this work will align with ongoing gender-based violence prevention and response work.

Fellowships, mentorship, coursework and coordination will build and embed national capacity to analyse data and conduct research on violence, and strengthen links to response to violence through the multi-sectoral task forces that coordinate response to VAC in TfG countries. Coordination between researchers and policy makers will ensure that analyses align with national priorities for response to VAWG and VAC, producing products with direct implications for national understandings of violence to shape policy and response. Emphasis on scaling up national research capacity on VAC and linking research and action will help build a culture of data-informed programming to better target and tailor evidence-based response to gender-based violence and VAC.

1. World Health Organization. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. WHO, 2013.

