

Violence against women and girls: how far have we come?

A year ago, *The Lancet* published a Series on violence against women and girls ahead of the International Day for the Elimination of Violence against Women on Nov 25. The day marks the start of the 16 Days of Activism against Gender-Based Violence, which this year, for the first time, has prevention as its theme. This focus is encouraging. One in three women will experience physical and/or sexual violence in their lifetime but, as evidence in the Series showed, such violence is preventable. The authors found that community and group interventions involving men and women can shift entrenched social norms and attitudes to reduce the risk of violence against women and girls, but concerted efforts were needed for change. The 16 Days of Activism campaign is an important opportunity for advocacy to connect with science by championing the evidence on prevention and the need to develop it further.

Globally, in the past year, the inclusion of a goal on gender equality in the Sustainable Development Goals has been the biggest advance. The goal includes targets to eliminate all forms of violence against women and girls, including trafficking, and to eliminate all harmful practices such as early or forced marriage and female genital mutilation. These are positive developments but leadership and coordination across UN agencies and by governments to drive progress has yet to emerge. Without these actions, the targets will not be realised.

The world is moving in the right direction in terms of laws to protect women and girls. Guatemala became the latest country to ban child marriage last week. Between 1995 and 2013, the percentage of countries that established a legal minimum age of marriage for girls of at least 18 years increased from 76% to 89%. However, many countries with laws permit marriage under 18 years with parental consent or because customary or religious law can undermine civil law. Another harmful practice, female genital mutilation (FGM), has had some positive developments. Nigeria banned the practice in May this year—a big step that could have knock-on effects to other African countries. Egypt and Kenya have also shown enforcement of existing laws, with a prosecution and several arrests. But changing the cultural and societal attitudes that support child marriage and FGM remains a huge challenge.

In terms of supporting global research, the UK leads the way. The Department for International Development is

investing £25 million over 5 years through its research and innovation fund What Works in preventing violence against women and girls. The programme will support prevention efforts across Africa, Asia, and the Middle East.

WHO, meanwhile, is developing a global plan of action to strengthen the role of the health system in addressing interpersonal violence, in particular against women and children, which will be presented to the Executive Board in January. It is crucial that they approve the plan and the World Health Assembly adopt it in May, 2016. The health system is a key entry point for women to receive help, and adoption of the plan would not only make a commitment to the health response but also provide a framework for country strategies.

There has been increasing recognition of the fact that trafficking is an issue for the health sector, not just law enforcement. In the UK, the Department of Health has commissioned one of the most comprehensive studies (PROTECT) on health and trafficking so far to inform the National Health Service response. In 2014, the US Department of Health and Human Services' Stop, Observe, Ask, and Respond initiative piloted basic human trafficking training to health-care professionals in six cities across America. In November, 2015, the American Public Health Association joined a growing group of US health and medical societies who have passed policy statements that identify trafficking as a health issue.

Overall, although good examples of progress exist, much more can be done. Addressing missed opportunities will be crucial moving forward. For example, integration of violence prevention for women and girls into programmes for HIV or maternal, newborn, and child health (MNCH), such as antenatal care, would be inexpensive and feasible if these communities are willing to collaborate (the MNCH community could do a lot more in this regard).

One neglected issue has been government investment and engagement with civil society, especially women's groups. As the problem of violence against women and girls is elevated in global policy circles, the activists who put the issue on the map are increasingly being left out of the discussions. But these are the people who will identify emerging issues and ensure that the development of policies and services remain responsive to the needs of women and girls. They echo the concerns of women and girls. Their voices are critical for future progress. ■ *The Lancet*



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For the **Lancet Series on violence against women and girls** see <http://www.thelancet.com/series/violence-against-women-and-girls>

For more on the **16 Days of Activism** see <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/take-action/16-days-of-activism>

For more on the **What Works programme** see <https://www.gov.uk/government/publications/what-works-in-preventing-violence-against-women-and-girls-review-of-the-evidence-from-the-programme>

For more on the **PROTECT study** see <http://www.kcl.ac.uk/ioppn/depts/hspr/research/CEPH/wmh/projects/protect.aspx>