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Learning from and with feminist activists:

Lessons from multidisciplinary praxis to prevent violence against women and girls

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INTRODUCTION

Global pandemics, from HIV/AIDS to COVID-19, continue to surface how vital it is for the public health community to engage with the broad social and political ecology of health, particularly the gendered structural drivers. These drivers extensively shape who is affected, how we respond, and how we strengthen our ability to reduce or even avert health crises through prevention. As we expand understanding and models of remedy for global health challenges, it is critical to consider the sustained importance of civil society organisations and activists—and the social movements that inform their politics—as collaborators. Indeed, civil society actors have played pivotal roles in building knowledge and analyses of health concerns, raising public policy attention and advancing health governance [1, 2].

As I explore here, however, civil society actors are also a source of innovation in modelling possible responses that advance both social and health outcomes. The field of intervention around violence against women and girls (VAWG) provides a rich case study of how multidisciplinary public health praxis that works in active partnership with civil society organisations and social movements can turn the course of a public health problem through redefining its terms, shaping frameworks for action, and elevating issues from the level of community debates to international policy and funding priorities.

Civil society actors have also developed innovative responses to health issues that advance both social and health outcomes. Multidisciplinary public health praxis in the field of intervention around VAWG has shown that active partnership with civil society organisations and social movements can turn the course of a public health problem by redefining its terms, shaping frameworks for action, and elevating issues from the level of community debates to international policy forums that set funding priorities.

Although originally conceived of in strictly social and legal terms, the existence of VAWG as a health pandemic in its own right, has been made visible through collaborations between feminist movements[1] and public

[1] In this paper I make reference to feminist movements, organisations, activists and practitioners. While not interchangeable, all have played a role in building praxis on VAWG. Both organisations and activist practitioners have situated themselves within the broader agendas of feminist movements [3]. A number of catalytic practitioners in VAWG have worked between women's civil society organisations, public health policy, research institutions, and donor organisations, but always advancing answers to questions posed by feminist movements to end violence.

health researchers. This has been achieved by naming VAWG as a public health crisis, and generating the relevant prevalence data to quantify the scope of the problem, which helped corroborate the case for government and donor action. Early actions were mainly response-led strategies. But the sheer scale of VAWG encouraged a gradual expansion to focus on preventing violence before it starts by disrupting the normative behavioural patterns and structural environments that sustain it. As a result, there is now a solid and growing base of evidence around prevention programming, with clear examples of what works to end VAWG, particularly intimate partner violence and non-partner sexual violence.

The expansion of these multidisciplinary collaborations have also been nurtured by inclusion of other disciplines. For example, economists are engaging to measure the economic costs of violence and integrate prevention into economic development initiatives. Such alliances have also involved donors in both funding and policy advocacy. This kind of multidisciplinary collaboration is helping to reprioritise investments in violence prevention, while informing practice, stimulating new funding sources, and encouraging greater levels of government accountability. Despite being in its initial phases, a growing evidence base and increased donor commitment means that violence prevention is set to be scaled up significantly in the coming years. However, in order to expand programmes in an impactful way, it is essential to anchor this expansion in those elements that created initial success, with specific emphasis on the central role of feminist civil society actors and women's rights movements within multidisciplinary partnerships.

This paper describes four areas where feminist movements have led change through expertise, capacity, and influence to anchor and build a field of activist public health that responds to VAWG. It looks at how feminist actors have worked to ground the field of prevention in persistent engagement with ecological frameworks, feminist ethics, and power analysis in order to shape and assess intervention models, research questions, and funding principles in ways that centre accountability to women and girls; to inspire a commitment to centering experimentation and innovation; and to press for the recognition of practitioners as knowledge producers and as experts in programme design (including an active commitment to decolonisation by shifting resources and visibility to Global South research institutions and knowledge producers). Through these examples this piece highlights lessons that can be drawn to tackle other public health issues that are also rooted in unequal power dynamics.

GLOBAL HEALTH AND RIGHTS AGENDA-SETTING

In order to understand the factors at play in contemporary violence prevention it is instructive to trace the historical dynamics that helped shape the field's praxis around prevention of VAWG. The genesis of work to end VAWG was led by feminist social movements, both at popular levels and in the institutional domain, particularly around building and refining normative legal and policy frameworks on an international scale. Indeed, popular feminist praxis[2] across the world was the first intervention to take the question of ending VAWG to scale. Growing in volume in the twentieth century, feminist organising against violence succeeded in creating mass social dialogue at all levels, from those individual and interpersonal processes of "breaking the silence" around abuse and developing new language (e.g. framing women as survivors rather than "victims"), to communities questioning norms that perpetuate violence, and then to analysis and denunciation of the structural drivers that fuel VAWG in its many forms, and eventually including law, policy, and financing reforms [4-6]. Through these multi-level interventions, feminist movements and allied civil society organisations and collectives have succeeded in questioning and reframing an issue that was previously deemed a "private matter" or "just the way it is" into an increasingly respected consideration for law, policy, social ethics, civic organising, health research, government intervention and clinical practice.

Policy momentum first peaked in the international policy space in the 1990s, with world conferences on human rights, population and development, and women held in Vienna, Cairo and Beijing, respectively. Women's rights activists noted the lack of an explicit reference to VAWG in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), as well as silence on VAWG within the human rights community. In the lead-up to the World Conference on Human Rights in Vienna in 1993, women's rights activists organised a global campaign for the full recognition of women's rights as human rights. Conference organisers were presented with a petition, signed by half a million women from 128 countries, demanding that violence against women – including

[2] I use the word praxis to signal that feminist thinking around VAWG has been largely action-oriented. There are relatively few theorists of VAWG who have not been engaged, in some way, in the movement to end it. Practitioners who focus primarily on actions that prevent or respond to violence have also contributed to shaping analysis, language, intervention designs, and policy discourse around VAWG.

within the private sphere of the family – be recognised as a human rights violation. This call was upheld by an international tribunal, in Vienna, which substantiated the pervasiveness of violence against women and the need for a rights-based response [7]. This decision influenced the 1994 International Conference on Population and Development in Cairo, where violence against women was acknowledged as a barrier to women's health, and in the Fourth World Conference on Women in Beijing a year later, which reasserted violence as a fundamental barrier to gender equality. An important outcome was a call for the collection and dissemination of prevalence data and greater research efforts on violence against women [8].

As global policy momentum built, a series of normative frameworks for action were established by UN Member States, with calls for governmental and multilateral financing. In the arena of peace and security, feminists continued to organise for violations against women during war and armed conflict to be recognised, mobilising survivors of such violence to testify in front of international tribunals – particularly those hearing evidence on Rwanda and Bosnia. In addition, feminists successfully advocated for sexual and other forms of violence against women to be regarded as crimes against humanity (Article 7) and war crimes (Article 8) in the Rome Statute of the International Court.

In the public health sphere, a nucleus of feminist activists, researchers and practitioners in global agencies engaged in concurrent activism, drawing on this set of precedents to invite or, in some cases, challenge the public health community to take VAWG seriously.[3] They argued for the need to integrate violence into work on women's health while also pushing the broader field of violence and health to consider reframing its definitions and approach by expanding its focus on injury (which, incidentally, led to greater visibility of violence affecting adult men, such as suicides and homicides). This led to a reassessment of the broader range of health impacts linked to violence against women.

In need of an evidence base, feminist activists began collecting data, starting by building the required tools to measure the prevalence of VAWG. The first WHO multi-country study on women's health and domestic violence against women was launched, and questionnaire items were integrated into the Demographic and Health Survey (DHS).[4] This groundwork proved catalytic. Although action against violence against women was left out of the Millennium Development Goals, the availability of prevalence data made it possible for women's health practitioners and feminist activists to successfully advocate for its inclusion in the

[3] Interview with Lori Heise, 29 June 2021.
[4] Interview with Lori Heise, 29 June 2021.

Sustainable Development Goals (see SDG 5: Achieve gender equality and empower all women and girls), adopted by UN Member States in 2015. With such a high profile, VAWG influenced the agendas of organisations dealing with international development assistance, as well as multilateral policy and a significant portion of civil society interventions.

Within global health policy, feminist activists, researchers, and health policy practitioners organised to marshal the evidence for health ministers at the World Health Assembly in 2016, resulting in the endorsement of the *Global Plan of Action: Health Systems Address Violence against Women and Girls* [9]. Negotiating this entry into public health required concerted activism and a rallying of key allies within global and national health agencies, while growing the call within feminist civil society. Through these focused efforts, and the concurrent calls to action from global feminists, a viable field of public health research, policy and practice was created.

While legal and policy frameworks – and the funding that makes them actionable – are not yet comprehensive, the persistence of feminist activists has shifted the dial considerably.[5] Twenty-five years after the Beijing Plan of Action, four out of five UN Member States reported having taken action to either introduce, strengthen or implement laws on violence against women [10]. In the health sector, data from WHO shows that 58 per cent of countries have national health policies and 72 per cent have national multi-sectoral plans that address VAWG. Also promising is that three out of five countries include prevention in their strategies [11].

The global acceleration plan of the Generation Equality Forum on gender-based violence presents a coming together of health, rights and development agendas – outlining action on law and policy, survivor-centred services, evidence-based prevention, and the financing of efforts to end violence [12]. These legal and policy shifts, and the concurrent public dialogues that accompany them, have been vital in shaping an enabling environment for prevention and strengthening the policy and funding case for public health attention.

[5] Importantly, advocates succeeded in pushing for legally binding protocols on violence against women at the regional level: the Convention of Belém do Pará, adopted by the Organization of American States in 1994, the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, adopted by the African Union in 2003, and the Istanbul Convention, adopted by the Council of Europe in 2011.

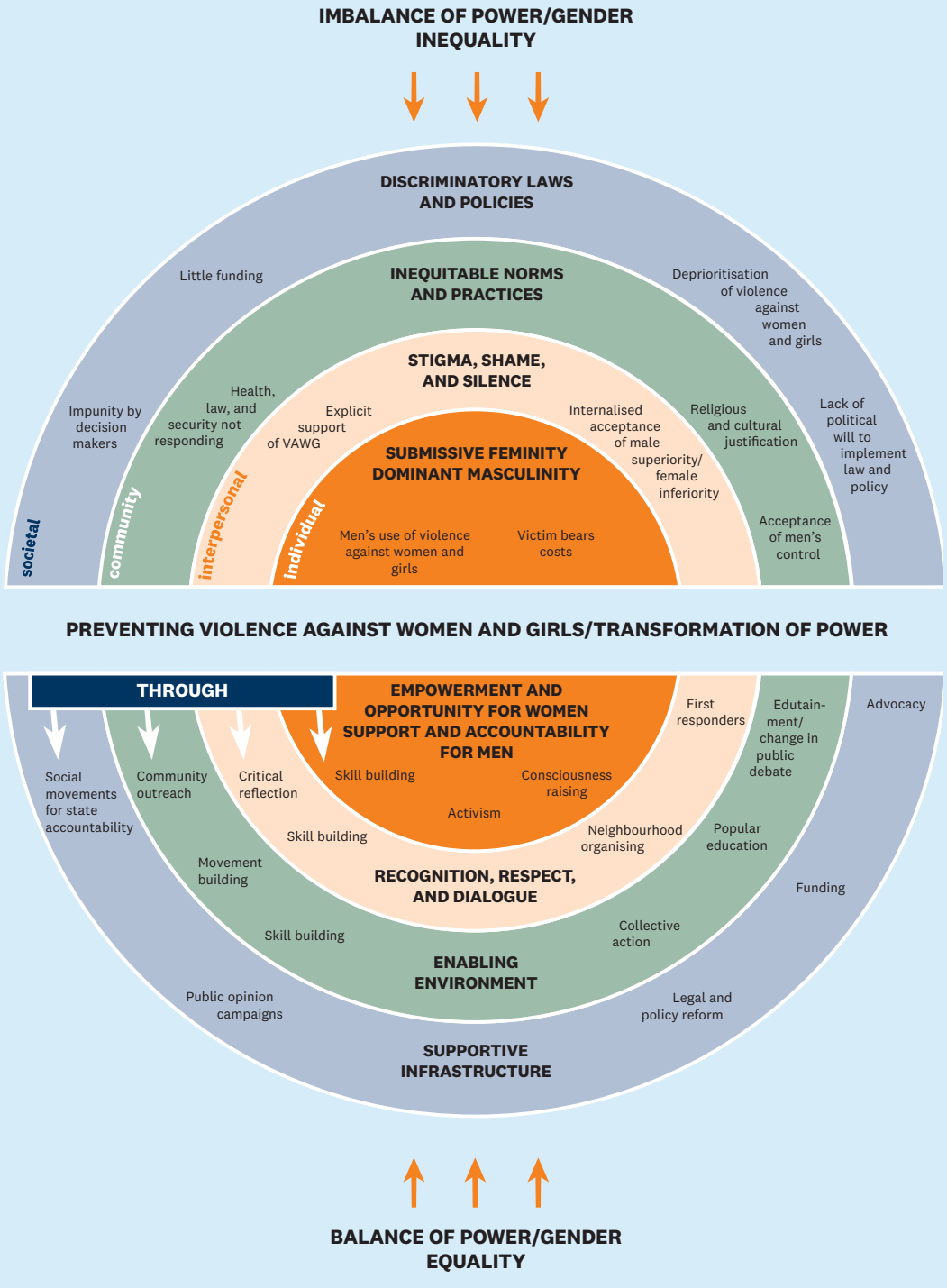
DEVELOPING AND IMPLEMENTING ECOLOGY AND ETHICS FRAMEWORKS

A foundational contribution of feminist praxis on VAWG has been to articulate that both the social norms that justify and perpetuate violence, and the attitudes and practices that signify its ongoing presence, are themselves the product of patriarchal power relations and their many intersections with other oppressive power relations such as racism, classism, casteism, ableism and homophobia. This has expanded the lens beyond individual interpersonal attitudes and behaviours to consider the structural drivers that shape patterns of violence and sustain VAWG at pandemic levels. The application of an ecological approach, pioneered by Lori Heise in work on violence against women [13], is a significant offering, as it grounds praxis within prevention, with attention placed on the multiple drivers of VAWG. It invites intervention at a number of levels of the social ecology that perpetuates violence – an ecology which also exhibits the potential to sustain new norms and behaviours [14, 15].

Given the complexity and interactional nature of factors influencing VAWG in different contexts, the ecological model also encourages the need for exploratory and experimental thinking about both programming and research. For while there is a lot we know, there is still scope to improve understanding, particularly across contexts and within different communities.

A second contribution of feminist praxis has been to insist on a set of ethics that centre on women's safety, and which are attentive to women's lived experiences and encourage attention to emotional wellbeing and justice. It is notable, for example, that, as part of the groundbreaking WHO multi-country study on women's health and domestic violence against women, researchers issued a protocol around the ethics of researching intimate partner violence [16]. This was followed up by a guide [17], supported by data, which emphasised safety and a consideration of the risks of initiating or continuing research, with priority given to the emotional wellbeing of research participants and researchers. These ethical guidelines are now standard in violence research. Women's safety was also central to modules on intimate partner violence (IPV) in the Demographic and Health Survey (DHS). Advocates called off a pilot study of IPV because

Figure 1. Transformation of power across the ecological model [14]



of an inability to run the trial according to best ethical practice. Instead, they conducted a separate data collection process that followed the ethics protocol, laying the foundation for what is now a standardised method of collecting IPV prevalence data by the DHS across the world [18]. Although there is more work to do in encouraging reflexivity in the field, not least given the presence of violence as a lived reality for researchers and programmers, not just in the community [19], the grounding of violence prevention praxis in feminist ethics opens space for the conversation.

Evaluations of prevention programmes have reaffirmed the practical value of feminist principles. Findings from the six-year multi-country *What Works to Prevent Violence Against Women* initiative, for example, concluded that the most effective intervention design for violence prevention was based on frameworks that understood behaviour change as rooted in shifting gender power relations, and which addressed the multiple drivers of violence (see figure 2). The findings also reaffirmed feminist ethics of care and the principle of "do no harm" by integrating response services into prevention interventions [20], acknowledging the pervasiveness of violence against

Figure 2. Elements of effective interventions to prevent VAWG [20]

<table>
<tr><td rowspan="2">DESIGN</td><td>Rigorously planned, with a robust theory of change, rooted in knowledge of local context.</td><td>Address multiple drivers of VAW, such as gender inequity, poverty, poor communication and marital conflict.</td><td>Especially in highly patriarchal contexts, work with women and men, and where relevant, families.</td><td>Based on theories of gender and social empowerment that view behaviour change as a collective rather than solely individual process, and foster positive interpersonal relations and gender equity.</td></tr>
<tr><td>Use group-based participatory learning methods, for adults and children, that emphasise empowerment, critical reflection, communication and conflict resolution skills building.</td><td>Age-appropriate design for children with a longer time for learning and an engaging pedagogy such as sport and play.</td><td>Carefully designed user-friendly manuals and materials supporting all intervention components to accomplish their goals.</td><td>Integrate support for survivors of violence.</td></tr>
<tr><td>IMPLEMENTATION</td><td colspan="2">Optimal intensity: duration and frequency of sessions and overall programme length enables time for reflection and experiential learning.</td><td colspan="2">Staff and volunteers are selected for their gender equitable attitudes and non-violence behaviour, and are thoroughly trained and supported.</td></tr>
</table>

women and the need to meet the direct needs of survivors while working on the medium- to long-term process of violence prevention.

As fundamental as feminist principles are to prevention work, the rush to grow the field and achieve results has led to cases of bad practice, such as cutting corners with respect to the intensity and rigour of interventions [21]. As the incisive analysis of the Community For Understanding Scale-Up (CUSP) asserts, efforts to scale up social norms change programming need to be attentive to how ethics are scaled, not just the models of prevention [22].

RETHINKING TIMESCALES FOR CHANGE

Feminist ecological approaches also bring into view the importance of thinking about timescales for change. With governmental interest in prevention growing there are new pressures in the sector to push towards artificial targets such as the call to “get to zero”, as well as interest in rapid scaling. While an ideal end goal, fully eliminating violence is unlikely in current programme implementation timeframes. While some interventions have managed to reduce violence by up to 55 per cent [20], these need to be sustained in order to get even close to eliminating all forms of violence, as well as shifting societal-level norms, policies and power relations.

The idea of eliminating violence through short-term interventions also fails to take into account the kind of backlash that is common in response to efforts to shift patriarchal norms, particularly around violence. Since the onset of feminist demands for equality there has been organised resistance to it – from the popular admonishment of feminists as anti-community and anti-social, to the rebuttal of laws seeking to criminalise marital rape, through to the rise of a growing lobby of religious and political actors organised in the anti-gender movement seeking to undo gender equality policy gains globally [23, 24]. This brings into view the political dimension of the ecology of violence against women, and the need to sustain investments in activism over time to transform the deeply rooted power relations around gender that perpetuate it.

Timescales are also relevant to consider in prevention research, where there is pressure to endorse models quickly by conducting evaluations before interventions have fully matured. Given the lack of knowledge about how prevention works over time, there is a need to encourage long-term research alongside investments in long-term programming. For example, a recently published study tracked the impact of interventions on IPV in León, Nicaragua, some 20 years after interventions were first assessed. Certain factors were shown to drive prevalence rates down over the course of generations, implying that feminist anti-violence activism requires a significant timeframe to achieve an impact [25].

While public health research acknowledges the need to take the long-term view, it is imperative that donors align with the need for more realistic timelines. Overall, the prevention field would benefit from syncing with the temporal vision inherent in feminist praxis: persistence and creativity in short-term interventions alongside longer-term political investments, and an inter-generational understanding of the change required to embed new norms and behaviours across the broader social ecology.

TRANSFORMING KNOWLEDGE PRODUCTION AND POWER

From the outset, the field of violence prevention has had to contend with prevailing knowledge hierarchies that position both feminist activists and Global South communities as objects of study, and an overwhelmingly Northern base of researchers and practitioners working in large organisations as both agents of change and producers of knowledge. These tensions continually surface in the field and require further attention.
In co-founding the field of violence prevention, activists have asserted the validity of feminist and experiential language and analysis (e.g. using such popular education methodologies as speaking about interpersonal power, or exploring the emotional impact of violence in family and community life, and the passions that help change this). These are valid ways of framing prevention work and these tools of analysis are appropriate in the face of dominant technocratic language (e.g. “risk factors” and “drivers”) in public health discourse and the quantitative-heavy frame of economic analysis.
In research partnerships, some activists have successfully negotiated

being recognised as co-producers of knowledge in the work they have designed, while others have had less success in asserting their visibility in the knowledge produced with and about them. Sometimes this is due to the ways in which research partnerships are formed; feminist civil society organisations do not always have a choice in selecting the researchers or institutions they work with, thereby limiting their ability to define the terms of engagement.

Despite the pivotal role that feminist activism has played in shaping the field of anti-violence praxis, quantitative research documenting this role and influence is noticeably scarce (for exceptions see [4, 25]). Underlying this gap is the trope, common in the development sector broadly, of seeing local and national NGOs through a deficit lens, with capacity-building initiatives designed to impart knowledge to them, rather than assessing existing strengths and building on them [21]. While technical assistance is often provided by Global North consultants, fellow practitioners with experience of particular intervention models, constituencies or contexts are another key resource, with peer learning another way to grow practitioner knowledge. If practitioners are not recognised as experts in their field, this means their role may be overtaken by others positioned as "more knowing". There is concern now among many feminist prevention activists around the impact that researcher-led programmes may have on interventions, given that researchers may not always have the accompanying grounding in the communities they are designing interventions for. This has potential implications for community uptake and engagement, women's safety, and the possible effects of interventions on local power dynamics[6].

Differences in focus between activists and researchers also mean that something deemed essential and appropriate for knowledge production in one discipline may be fraught for another. Randomised control trials are considered something of a gold standard in public health research on violence against women [20], but they can put feminist practitioners in an awkward position, as their responsibility is weighted more towards immediate engagement with the community. This is particularly the case because the project-based nature of most RCTs means there is no guarantee that interventions proven to be effective under controlled conditions will be funded and expanded to the actual communities in need of them. This in turn creates a tension for those practitioners in long-term relationships with those communities, as they are directly accountable to the community's prevention needs. Where funding for follow-up interventions is not secured in RCT designs, the burden may be left to practitioners to find sufficient resources to implement an intervention successfully.

[6] In response to this a number of practice guides have been produced recently which draw on experience to think through ways of forming effective partnerships between feminist organisations and researchers [26, 27].

Resources have the potential to play an atomising role if the underlying politics of resource allocation are not managed carefully. As the field of violence prevention grows, there are inevitable tensions regarding resource distribution and related imbalances around whose expertise is recognised and remunerated. This is felt in real terms by feminist practitioners who operate in local and national civil society organisations that are otherwise precariously resourced [28], yet who may have to manage expectations that they donate their time and labour. In addition, the view that activist practitioners are solely programme implementers has led, in some cases, to insufficient funds for periods of reflection and consolidation following implementation. This undermines the capacity to adapt and build stronger programming, contribute to knowledge production, sustain meaningful links with communities and movements to end VAWG, and ultimately hinders innovation in the field.

In the broader view, practitioner knowledge production is valuable in that it also keeps analysis current by tracking backlash trends, detecting new or shifting manifestations of VAWG as they emerge, and identifying the appropriate actors to respond. As digital platforms become more available, feminist civil society organisations have started to map patterns of technology-enabled VAWG, building social dialogue, conducting research, and engaging in advocacy with technology companies and governments to design approaches to both prevent and respond [29, 30]. Thus far, the strength of prevention has been in generating collaborative dialogue between fields of knowledge. Leaving feminist activists out of the knowledge production equation, or over-privileging the technical in a multi-sectoral field, whose success is predicated on its ability to transform gender power relations, only serves to reduce the vibrancy of thinking in the field and constrain the potential to remove VAWG from our lives.

CONCLUSIONS

Feminist movement activism led the charge in bringing and sustaining discussions of VAWG in popular and policy spheres, but also in designing breakthrough innovations in programming and shaping the terms of ethical research, policy and funding. To date, much of the literature on the role of civil society organisations in public health have focused on HIV/AIDS or tobacco control [31]. The field of VAWG prevention is an important addition to this literature, offering a live example of how civil society actors bring insight and innovation to the health policy domain and, critically, contribute new ideas for programming that intervene at the structural level while also enabling health-affirming shifts in people's embodied lives. As this example suggests, tackling the complex structural drivers that impact on gendered public health questions requires engaging in multidisciplinary praxis, particularly a praxis that invites thinking across the social and political ecology of health, and which is grounded in clear feminist ethics around methods and outcomes. However, building effective and equal partnerships requires reflexivity from public health researchers, donors and policy-making institutions, given existing hierarchies of knowledge, expertise and the perceived relevance of feminist practitioners and organisations in public health debates.

As the violence-prevention field expands in scale to include a broader range of actors it faces the question of whether it will remain grounded in this activist work, insist on the same level of attentiveness to the complex ecology of violence, and shape intervention and research design with an ethical eye to shifting power in ways that offer the possibility of lives free of gender-based violence. This tension serves as a warning for others in the public health space looking to anchor and build meaningful and effective multidisciplinary partnerships with feminist civil society organisations as it suggests that even in health areas where feminist actors have played longstanding fundamental roles and made major contributions, their role in these partnerships continues to be considered optional, rather than essential. In a public health field committed to advancing best practices, it remains necessary to insist on continued collaboration.

Finally, although violence against women has become a public health issue through "case-making" and advocacy, it is also useful to consider what the insights of its history offer for already acknowledged public health issues whose gendered dimensions have yet to be fully explored or prioritised for research and action. This paper has demonstrated that fertile ground exists in collaborations between the public health field and feminist civil society. Such engagement with the real-life impacts of unaddressed public health questions can mobilise both to advocate for intervention designs that take into account the full ecology around them.

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