



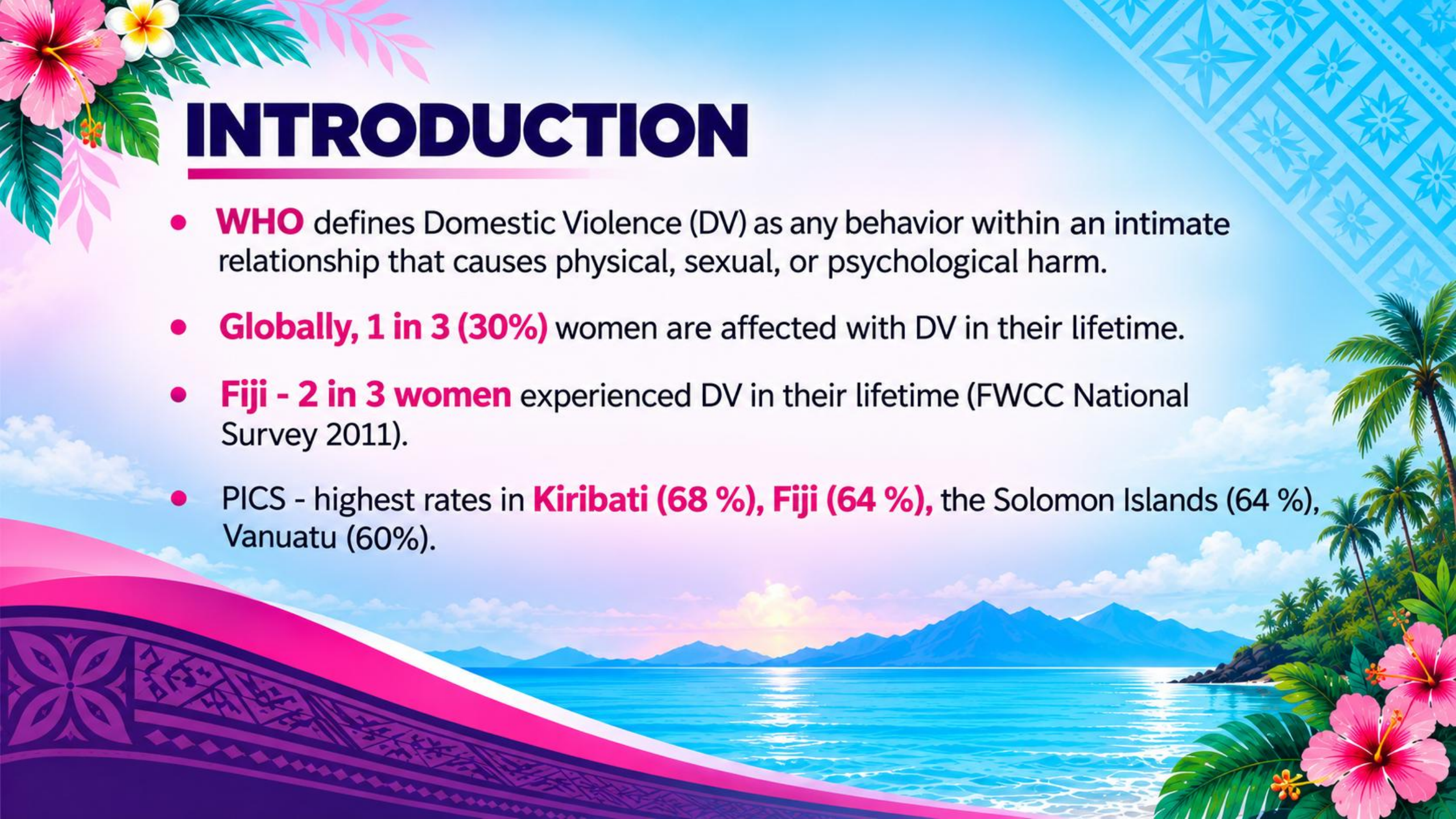
Strengthening Gender Based Violence (GBV) Response in Fiji.

Turning Compassion into Comprehensive Action.

Dr Lice Vaniqi



INTRODUCTION

- **WHO** defines Domestic Violence (DV) as any behavior within an intimate relationship that causes physical, sexual, or psychological harm.
 - **Globally, 1 in 3 (30%)** women are affected with DV in their lifetime.
 - **Fiji - 2 in 3 women** experienced DV in their lifetime (FWCC National Survey 2011).
 - PICS - highest rates in **Kiribati (68 %), Fiji (64 %)**, the Solomon Islands (64 %), Vanuatu (60%).
- 
- 



WHY IS **GBV** SO PREVALENT IN THE PACIFIC?

1

Patriarchy



Unequal power and gender roles can normalise control.

2

Cultural norms



Family expectations and keeping relationships together may discourage disclosure.

3

Religious & social systems



Some beliefs may reinforce gender inequality.

4

Stigma & silence



Fear of judgement and family consequences can prevent help-seeking.

5

Access barriers



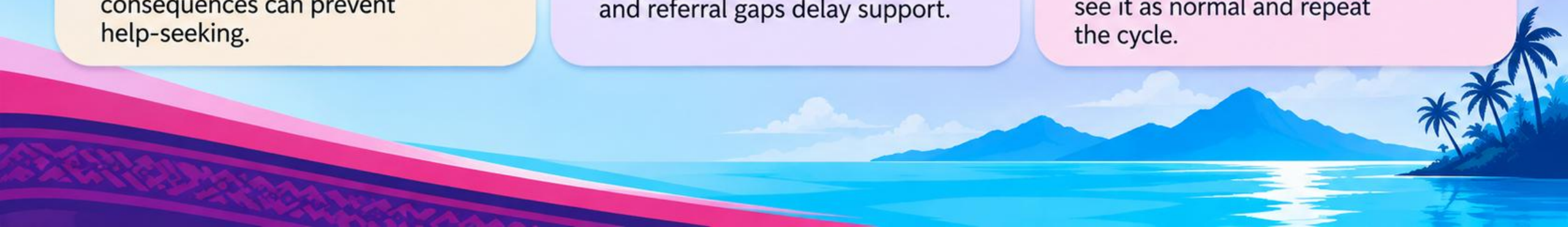
Limited services, geography and referral gaps delay support.

6

Intergenerational patterns



Children exposed to violence may see it as normal and repeat the cycle.



PATHWAYS & HEALTH EFFECTS OF IPV

INTIMATE PARTNER VIOLENCE

Physical | Sexual | Emotional | Psychological abuse



PHYSICAL TRAUMA

- Injuries
- Chronic pain
- Disability



PSYCHOLOGICAL TRAUMA

- Fear • stress
- Depression
- PTSD



FEAR & CONTROL

- Reduced autonomy
- Restricted access to care



SEXUAL & REPRODUCTIVE COERCION

- Unsafe sex
- STIs
- Unintended pregnancy

POTENTIAL HEALTH CONSEQUENCES



PHYSICAL HEALTH

- Injuries
- Chronic pain
- Cardiovascular disease
- Other noncommunicable diseases



MENTAL HEALTH

- Depression
- Anxiety
- PTSD
- Suicidal thoughts



SEXUAL & REPRODUCTIVE HEALTH

- STIs
- Unintended pregnancy
- Pregnancy complications
- Unsafe abortion



SOCIAL & FAMILY IMPACTS

- Reduced wellbeing
- Effects on children
- Intergenerational cycle of violence



Health providers and health systems have a critical role in **supporting women**, minimizing the impact of violence and preventing violence.

Why health systems?



Women and girls experiencing violence are more likely to use health services.



Health-care providers are often women's first point of professional contact.



All women are likely to seek health services at some point in their lives.





PACIFIC HEALTH WORKFORCE TRAINING GAPS

1

Limited funding & resources



Training budgets, travel and essential resources are limited.

2

Limited GBV knowledge



Gaps in understanding the types, signs and impacts of GBV.

3

Workforce shortages



High workloads and limited staff make it hard to release health workers for training.

4

Negative provider attitudes



Judgmental or dismissive responses discourage GBV disclosure and help-seeking, while victim-blaming erodes trust and delays support.

5 Confidentiality Issues in GBV Care

Privacy breaches and inappropriate information-sharing undermine trust, discourage disclosure, and compromise safety.

6

Limited follow-up & practical support



Inadequate mentorship, supervision and referral pathways make it difficult to translate training into practice.





TRAINING HIGHLIGHTS

1

GBV Master Trainers



10 trained, with 4 actively engaged in delivering national and regional training through UNFPA.

2

Divisional Training



GBV training conducted across all 3 divisions.

3

University Symposium



GBV awareness and training extended through university symposium engagement.

4

Private Sector Engagement



GBV care training extended to private healthcare practitioners.





SCREENING FOR DOMESTIC VIOLENCE AT NADI MATERNITY ANTE-NATAL BOOKING CLINIC

**A PROSPECTIVE MIXED METHOD STUDY FOR 4-MONTHS
(MARCH - JUNE 2024)**

PRIMARY INVESTIGATOR: LICE VANIQI

SUPERVISORS: ASSOCIATE PROFESSOR SWARAN NAIDU & DR BYRON FATIAKI



ABUSE ASSESSMENT SCREENING TOOL (AAS)

1



Have you been **emotionally** abused by your partner in your **lifetime**? (Y/N)

2



Have you **ever** been **physically hurt** by your partner or someone close? (Y/N)
(Husband Ex Husband Boyfriend Stranger Others) / Frequency

3



Since you have been **pregnant**, have you been **physically hurt** by someone? (Y/N)
(Husband Ex Husband Boyfriend Stranger Others)

4



Within the **last year**, has anyone forced you to **have sexual activities**? (Yes/No)
(Husband Ex Husband Boyfriend Stranger Others) / Frequency

5

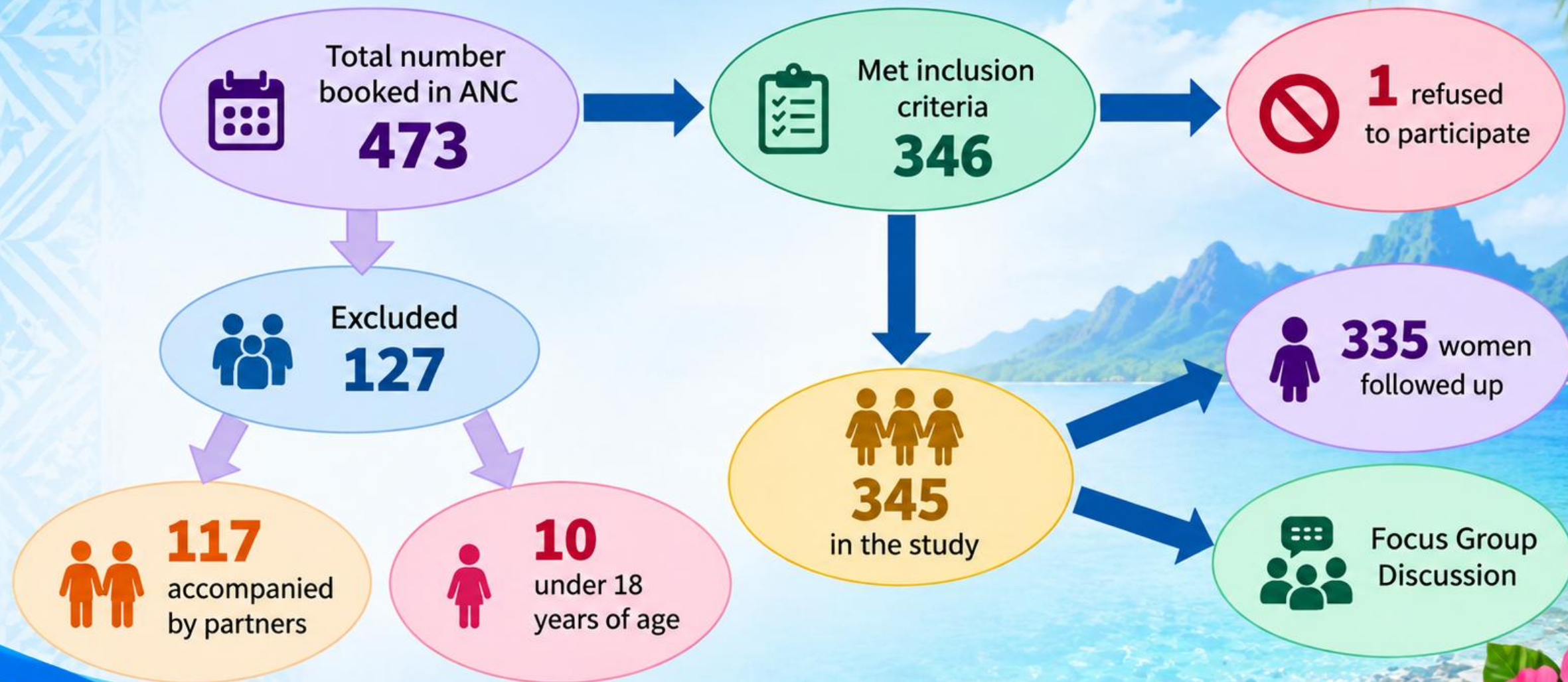


Are you **afraid of** your partner or anyone listed above?

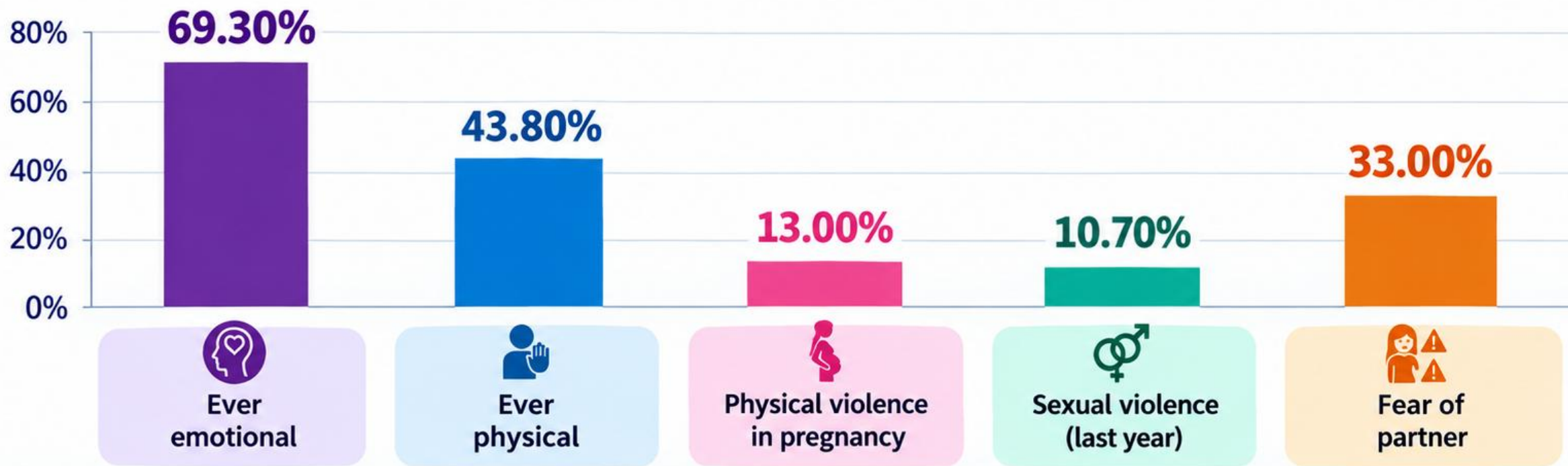
Sensitivities ranging from 55-99% (Arkin et al 2016)



RESULTS & DISCUSSION



Percentage of Women Positive in the AAS Tool (n = 247)



Overall, 71.6% were positive for DV, similar to **FWCC 2013** of 72% lifetime DV.



Abel et al. (2018) in a metanalysis reported approx. rates in pregnancy at 25%; FWCC 15% in pregnancy.

CONCLUSION



71.6%

of pregnant women booking at Nadi Antenatal Clinic have ever experienced domestic violence (DV).



14%

reported experiencing physical violence in pregnancy by the time they came for booking.



Higher risk

of violence among women >30 years, from rural areas, with more than 3 pregnancies, those with a partner drinking alcohol, and women fearing their partner.



94.5%

of the women found the AAS tool comfortable to answer.



Staff feedback

Staff involved in the research agree that the screening did not affect their normal duties and feel that screening should be done.

The AAS tool is acceptable to pregnant women and helps identify violence, supporting safer pregnancies.

1

University Symposium



2

Role of Midwives in Managing GBV



3

Awareness at Youth Group on Sex



4

Speaker at the Private GP Conference



5

Monthly Meeting with Stakeholders



6

GBV as part of our Orientation Session



7

FMA Best Research Award



8

Community Engagement



9

GBV Training for Health Care Providers



WAY FORWARD FOR GBV



01

More noise or
talanoa on GBV



02

More GBV TOT
Trainings



03

Adapted into the
curriculum for Drs
and midwives



04

Show empathy and
compassion to those women
that walk through your doors.

“Stronger Communities, Safer Women, Brighter Fiji.”