



# What is primary prevention? Theory and practice

Rachel Jewkes

Secretary, SVRI

# Intimate partner violence and sexual violence: The Seriousness and Extent of the Problem

They are serious and widespread problems worldwide.

They profoundly damage the physical, sexual, reproductive, emotional, mental, and social well-being of individuals and families.

They affect a large proportion of the population.

The overwhelming burden of intimate partner violence and sexual violence is borne by women and children at the hands of men.

# Immediate and Long-Term Health Consequences of Intimate Partner and Sexual Violence

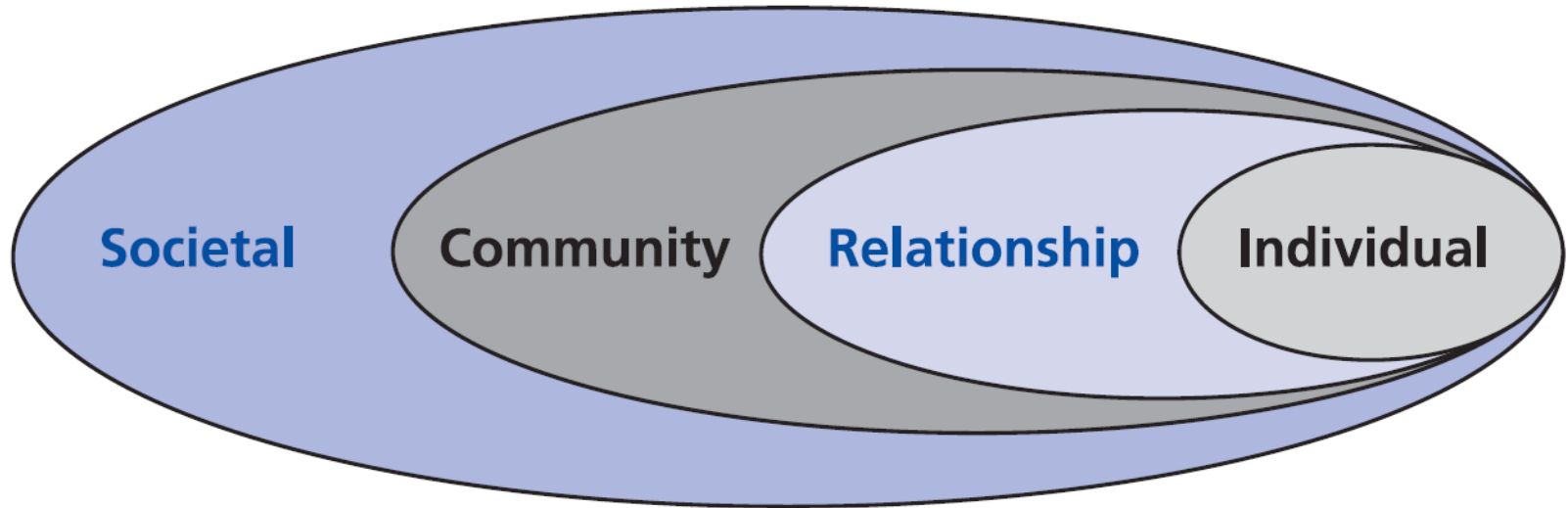
The harm that intimate partner and sexual violence causes can last a lifetime and span generations, with serious adverse effects on:

- **Health and wellbeing, including:**
  - Physical injury
  - Unwanted pregnancy
  - Gynaecological complications
  - Sexually transmitted infections (including HIV/AIDS)
  - Post-traumatic stress disorder
  - Depression
- **Parenting Skills**
- **Children's behaviour**
- **Education**
- **Employment**
- **Cross generation cycling of victimisation and perpetration**

# Risk Factors for both Intimate Partner and Sexual Violence

Perpetration by men	Victimization of women
<b>INDIVIDUAL LEVEL</b>	
DEMOGRAPHICS <ul style="list-style-type: none"> <li>▪ Low income</li> <li>▪ <b>Low education</b></li> </ul>	DEMOGRAPHICS <ul style="list-style-type: none"> <li>▪ Young age</li> <li>▪ <b>Low education</b></li> <li>▪ Separated/divorced marital status</li> </ul>
EXPOSURE TO CHILD MALTREATMENT <ul style="list-style-type: none"> <li>▪ <b>Sexual abuse</b></li> <li>▪ Intra-parental violence</li> </ul>	EXPOSURE TO CHILD MALTREATMENT <ul style="list-style-type: none"> <li>▪ <b>Intra-parental violence</b></li> </ul>
MENTAL DISORDER <ul style="list-style-type: none"> <li>▪ <b>Antisocial personality</b></li> </ul>	MENTAL DISORDER <ul style="list-style-type: none"> <li>▪ Depression</li> </ul>
SUBSTANCE USE <ul style="list-style-type: none"> <li>▪ <b>Harmful use of alcohol</b></li> <li>▪ Illicit drug use</li> </ul>	SUBSTANCE USE <ul style="list-style-type: none"> <li>▪ <b>Harmful use of alcohol</b></li> <li>▪ Illicit drug use</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Acceptance of violence</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Acceptance of violence</b></li> </ul>
<b>RELATIONSHIP LEVEL</b>	
<ul style="list-style-type: none"> <li>▪ <b>Multiple partners/infidelity</b></li> <li>▪ Low resistance to peer pressure</li> </ul>	
<b>COMMUNITY LEVEL</b>	
<ul style="list-style-type: none"> <li>▪ Weak community sanctions</li> <li>▪ Poverty</li> </ul>	<ul style="list-style-type: none"> <li>▪ Weak community sanctions</li> <li>▪ Poverty</li> </ul>
<b>SOCIETAL LEVEL</b>	
<ul style="list-style-type: none"> <li>▪ Traditional gender norms and social norms supportive of violence</li> </ul>	<ul style="list-style-type: none"> <li>▪ Traditional gender norms and social norms supportive of violence</li> </ul>

# The Ecological Model



Source: *World report on violence and health* edited by Krug, E. et al. Geneva, World Health Organization, 2002.

# Evidence-Based Primary Prevention: an emerging field

Evidence on programme effectiveness is very limited.

Whilst some interventions have been shown not to work, this finding largely reflects :

- Limited funding and research resources in the field, so evidence-base is still at an early stage
- The multiplicity of risk factors for such forms of violence
- Some separation of research and intervention/advocacy
- Limited attention to evaluation and replication without much analysis or reflection on the theoretical underpinnings

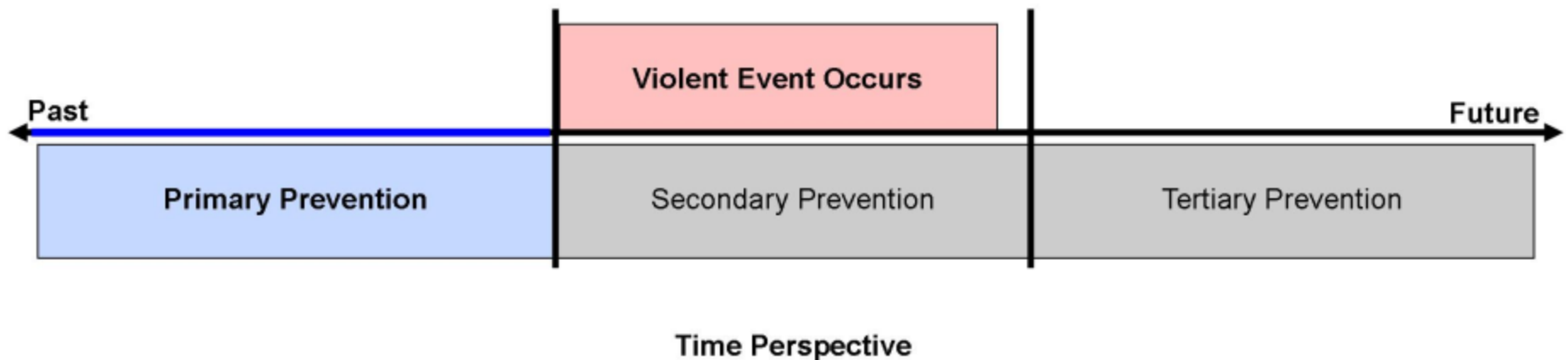
# The Existing Response to Intimate Partner and Sexual Violence and Child Abuse

Many countries have:

- Passed laws to criminalize intimate partner and sexual violence
- Increasingly provided legal, health, and social services to abused women
- Increasingly services are being established to protect or counsel abused children

However, there have been remarkably few efforts to prevent intimate partner or sexual violence or child abuse from occurring in the first place.

# The Need for Greater Attention to Primary Prevention of Intimate Partner and Sexual Violence





# The Importance of Primary Prevention in Addressing Intimate Partner and Sexual Violence and Child Abuse

Preventing intimate partner and sexual violence before it occurs is crucial in order to reduce:

- The burden of suffering
- The long-term human, economic, and public health costs of such violence
- Cycling of victimisation and victim → perpetrator transitioning across the lifespan

# Justification for the Primary Prevention of Intimate Partner and Sexual Violence

The four main justifications for a shift to primary prevention of intimate partner and sexual violence are:

1. The high prevalence of intimate partner and sexual violence
2. The immediate and lifelong consequences
3. Effective and promising prevention programmes are available
4. Primary prevention is likely to be cheaper and more effective in the long run

# The Public Health Approach – Based on the Ecological Model

The ecological model considers violence the outcome of multiple risk factors and causes, interacting at four levels:

- **Individual**
- **Relationship**
- **Community**
- **Societal**

In the public health approach, the ecological model is used to:

- Understand and organize the risk factors and causes of behaviour
- Guide the development of prevention programmes

# An Evidence-Based Scientific Approach

The public health approach is an evidence-based scientific approach.

Evidence-based prevention is the selection, design, and implementation of prevention programmes based on findings of what works to reduce the frequency of intimate partner and sexual violence.

# Theories of behaviour change

# Why use theory?

- Intervention research shows that interventions that are theory based are more effective
- Theory is a tool to use in developing and planning interventions
- Theories are based on evidence and should be tested and refined using evidence, they are dynamic (not “a truth”)
- Theories have different paradigms – as does research (which may inform or blinker the theories)
- Normally multiple theories are used as they have multiple functions

# Principle of using theory at different levels:

- Theory 1: of risk factors or drivers of the problem
- Theory 2: of what we seek to change
- Theory 3: of behaviour change
  - What drives the behaviour
  - What enables change
- Theory 4: of how to secure change (methods or approaches)

# Developing an intervention to build gender equity and reduce partner violence

- Theory 2: theory of what we seek to change
- In this case: theory of gender and power (RW Connell 1986 & subsequent iterations)



# Using gender theory to build interventions , example of work with men and boys

## Theory

- Multiple masculinities
- Competition between masculinities
- Denial of vulnerability
- Othering of women
- Use of violence
- Othering of gay men
- ‘Taken for granted’ power of men
- Male privilege and power over women

## Implications

- Avoid gender stereotyping, emphasise difference
- Engage with men’s vulnerability from other men
- Engage with men’s other vulnerabilities (health, poverty etc)
- Engage with similarities between men and women
- Address multiplicity of men’s violence
- Address homophobia
- Challenge ‘taken for granted’ power – empower & raise consciousness women
- Challenge men’s privilege

# Main families of theoretical approaches

- Individual level: e.g. Theory of Reasoned Action ( $K \rightarrow A \rightarrow B$ )
  - Individual is the key decision-maker
  - Assume outcome (health) is valued and person will change to attain outcome
  - Behaviour is volitional & influenced by cognition (beliefs, attitudes, perceptions)
- Community-based approaches
  - Attitudes & practices are shaped by community norms
  - Change is more effective if coalitions are built – using local leaders or changes in community norms
- Ecological approaches
  - Emphasise the environment (and structural change) e.g. laws banning corporal punishment in schools
- These are not alternatives, increasingly there is recognition of need to work using all of these

# Theory 4: how to secure change - methods

- Theoretical understanding of what can be achieved through which methods
- Mass approaches provoke conversation, raise awareness and may change knowledge (if they aim to), they often do not have a sustained impact on attitudes and do not change behaviour
  - Social marketing - need to think about audience, messages, media, materials/images, etc.. – principle is to go to where the market is – theoretical antithesis of revolution
  - Edutainment – usually radio or TV drama, street theatre – engages to promote conversation, raise awareness and attitude change

# Participatory approaches

- Methods that engage individuals in participatory ways and include skills building can change behaviour
- Critical reflection has been shown to be a key technique – it is a cognitive skill
- Community action – can make an immediate difference for some individuals
- Social norm change should result in long term behaviour change, but over what time frame?
- NB behaviour change can precede attitude change

# Thinking through interventions

- Segmenting the population: who are we trying to reach?
  - Who is easiest – the low hanging fruit?
  - Men of violence / strong men in the community?
- Dosage?
  - Very short interventions generally have very short impact
- Can interventions be a catalyst or do they need to be sustained
- How much impact do we need to have now?