

**Global Review of  
National Prevention  
Policies**



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# Executive Summary

Reducing and preventing sexual and gender-based violence (SGBV) has been recognised as a key strategy to achieve the Millennium Development Goals by the year 2015. SGBV hampers countries' efforts to eradicate poverty as it decreases productivity and can deprive young girls of an education (World Health Organisation, 2005b). The consequences of sexual violence may carry over generations, influencing the development and progress of individuals, families, communities, societies and countries over time (Morrison, Quadara & Boyd, 2007; Ellsberg, 2006; United Nations Development Fund for Women, 2002). Primary prevention of sexual violence can save both lives and money (WHO/LSHTM, 2010). Policies and guidelines on how best to prevent sexual violence from occurring should therefore form a key part of national government gender violence programmes. The extent to which countries have policies on rape prevention is unknown. Moreover, evidence on what works in the area of prevention and sexual violence is limited, particularly in developing countries.

In an effort to identify international best practice for rape prevention policies, the current review investigates available national rape prevention policies across the globe and examines to what extent they address rape prevention, and include strategies to prevent rape. 173 policy papers or documents in all languages that included or focused on rape prevention produced between 2000 and present from the 192 UN member state countries were included in this review. Colleagues from SVRI's extensive network assisted with the translation and review of policies not available in English. The review identified thirty-two policies that addressed rape as an issue of concern. Policies were analysed according to seven review criteria: their focus, the extent to which they describe the nature of the problem, the level of prevention addressed, the availability of action plans and evidence to develop these, training needs, and monitoring and evaluation plans.

This review is one of the first undertaken on the availability of policies addressing the prevention of sexual violence globally. It has found that very few policies worldwide include rape prevention as an area for action and of those that do, most are not evidenced based, and lack strategies and implementation plans for prevention on all three levels (primary, secondary and tertiary).

Rape is preventable and for those countries ready to embrace the long haul efforts needed to prevent this particular type of violence, the following recommendations are made for policy makers and governments to take into consideration when designing national strategies:

- In developing national strategies or policies addressing violence against women or gender equality, global advocacy for the inclusion of rape prevention in national policies is needed and primary prevention of rape is of particular importance to address the root causes of violence.
- This review has identified a gap in operational definitions of the different types of violence across policies. Clearer definitions and inclusion criteria are needed in developing policies.
- More research, based on emerging promising practices, is needed to ensure effective programmes for prevention. This review identified promising practices which could be used to build on in the development of future policies.
- Policies must ensure that monitoring and evaluation of activities and outcomes are in place and rigorously documented.
- Evidence-based prevention is necessary in developing national policies. It is of particular importance that the needs of survivors take priority within the policy.

It is hoped that the findings of this study will support international advocacy efforts to include rape prevention, along with comprehensive quality care to rape survivors, in national gender violence policies and strategies globally.

# I. Introduction

Sexual violence affects all societies worldwide. It is a major public health problem and although it is increasingly being recognised as a human rights violation, prevention and services for survivors remain inadequate (Garcia-Moreno & Watts, 2011; World Health Organization, 2005; Lalor, 2004). Globally, the percentage of women that will experience physical or sexual violence by an intimate partner at some point in their lives ranges from 15 – 71% ; whilst approximately 10 – 27% of women and girls have reported experiencing sexual abuse in their lifetime (World Health Organization, 2005).

Sexual violence<sup>1</sup> can have a profound and sustained impact on both the health and well being of survivors (Jewkes, Sen & Garcia-Moreno, 2002) and has major implications for the development of countries in which such violence is highly prevalent (United Nations Development Fund for Women, 2002). International studies have shown that sexual offences cost billions of dollars, making them among the most expensive interpersonal crimes in the world, especially considering their high prevalence and factors such as medical costs, loss of earnings, and loss of quality of life (Morrison, Quadara & Boyd, 2007; Miller, Cohen & Wiersema, 1996; Dubourg, Hamed & Thorns, 2005; Post, Mezey, Maxwell & Wibert, 2002). Reducing sexual and gender-based violence (SGBV) has been recognised as a key strategy to achieve the Millennium Development Goals by the year 2015, as SGBV hampers countries' efforts to reduce poverty, enhance productivity and promote education for young girls (World Health Organisation, 2005b).

The consequences of sexual violence may carry over generations, thus impacting in the long term on the development and progress of individuals, families, communities, societies and countries (Morrison, Quadara & Boyd, 2007; Ellsberg, 2006; United Nations Development Fund for Women, 2002). Primary prevention of sexual violence can save both lives and money (WHO & LSHTM, 2010).

Policies and guidelines on how best to prevent sexual violence should form a key part of national government gender violence programmes. The extent to which countries have policies on rape prevention is unknown. Moreover, evidence on what works in the area of prevention and sexual violence is limited, particularly in developing countries. To prevent sexual violence, an understanding of risk factors and what a comprehensive response entails is needed (Centers for Disease Control and Prevention, 2004). Some of the key root causes of sexual violence identified by WHO & LSHTM (2010), include: Gender inequality; social norms around masculinity; social determinants and economic inequality; harmful behaviours, particularly alcohol misuse and child maltreatment and abuse. These root causes are linked to both perpetration and victimisation. Table 1 highlights risk factors for sexual violence at the individual, relationship, community and societal levels (WHO & LSHTM, 2010)

Research on what works and what doesn't in terms of addressing these risk factors and promoting resilience and protective factors is limited. There is however a burgeoning of work in this area, particularly from high income countries. Evaluations of programmes in developing countries remains limited, but there is some available research showing effective interventions (WHO & LSHTM, 2010). We need to build on the lessons learned from these effective and promising programmes.

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<sup>1</sup>Sexual violence is defined by the World Report on Violence and Health as: "Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (Sen & Garcia-Moreno, 2002).

Table 1: Risk Factors for Sexual Violence

Perpetration by Men	Victimisation by Women
<b>INDIVIDUAL LEVEL</b>	
DEMOGRAPHICS	DEMOGRAPHICS
<ul style="list-style-type: none"> <li>• <b>Low SES / income</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Young age</b></li> <li>• <b>Low education</b></li> <li>• <b>Separated/divorced and single women</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Gang membership</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Early exposure to sexual activity</b></li> </ul>
EXPOSURE TO CHILD MALTREATMENT	EXPOSURE TO CHILD MALTREATMENT
<ul style="list-style-type: none"> <li>• <b>Sexual abuse</b></li> <li>• <b>Physical abuse</b></li> <li>• <b>Intra-parental violence</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Intra-parental violence</b></li> <li>• <b>Sexual abuse</b></li> </ul>
MENTAL DISORDER	MENTAL DISORDER
<ul style="list-style-type: none"> <li>• <b>Antisocial personality</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Depression</b></li> </ul>
SUBSTANCE ABUSE	SUBSTANCE ABUSE
<ul style="list-style-type: none"> <li>• <b>Harmful use of alcohol</b></li> <li>• <b>Illicit drug use</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Harmful use of alcohol</b></li> <li>• <b>Illicit drug use</b></li> <li>• <b>Prior victimisation</b></li> </ul>
<b>RELATIONSHIP LEVEL</b>	
<ul style="list-style-type: none"> <li>• <b>Multiple partners / infidelity</b></li> <li>• <b>Low resistance to peer pressure</b></li> <li>• <b>Family honour and sexual purity</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Multiple partners</b></li> </ul>
<b>COMMUNITY LEVEL</b>	
<ul style="list-style-type: none"> <li>• <b>Weak community sanctions</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Weak community sanctions</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Poverty</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Poverty</b></li> </ul>
<b>SOCIETAL LEVEL</b>	
<ul style="list-style-type: none"> <li>• <b>Traditional gender norms and social norms supportive of violence</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Traditional gender norms and social norms supportive of violence</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Ideologies of male sexual entitlement</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Ideologies of male sexual entitlement</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Weak legal sanctions</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Weak legal sanctions</b></li> </ul>

(Source: WHO & LSHTM, 2010: 30; Table 4. Risk factors for sexual violence)

Primary prevention of rape perpetration and victimisation is an achievable goal. Prevention is a dynamic concept that encompasses interventions across all of the following levels of prevention, i.e. primary, secondary and tertiary levels:

- **Primary Prevention:** Primary prevention seeks to prevent perpetration or victimisation occurring. Evidence is starting to emerge on the success of primary prevention interventions (WHO & LSHTM, 2010; Centers for Disease Control and Prevention, 2004). Primary prevention targets critical risk factors such as gender inequity, social norms, parenting practices and substance abuse (Mullick, Teffo-Menziwa, Williams, Jina, 2010; WHO & LSHTM, 2010).
- **Secondary Prevention:** Secondary prevention encompasses victim responses and responses to perpetrators such that further harm to the victim and re-offence can be prevented.
- **Tertiary Prevention:** Tertiary prevention refers to long-term responses and is generally targeted at rehabilitating perpetrators and survivors.

This paper forms part of the Sexual Violence Research Initiative's Oak Foundation Prevention Project. This current review examines the availability and content of national policies on rape prevention globally. The aim of which is to identify:

- The extent to which policies from around the world address rape prevention;
- Strategies provided in these policies to prevent rape;
- Identify international best practice in rape prevention policy; and
- Critique best practice in rape prevention policy internationally.

This study will feed into global processes in rape prevention policy development and primary prevention interventions such as parenting and gender socialisation.

## II. Methods

A systematic multi-method approach was used to investigate the availability of national policies on rape prevention from each of the 192 United Nations member countries. UN Countries by Region included in this review are provided in Table 2.

**Table 2: United Nations Regions and Countries**

Africa	Americas	Asia	Europe	Oceania
Algeria	Belize	Afghanistan	Albania	Australia
Angola	Brazil	Armenia	Belarus	Fiji
Ethiopia	Canada	Cambodia	Belgium	New Zealand
Botswana	Ecuador	China	Bosnia and Herzegovina	Papua New Guinea
Cape Verde	Guyana	Cyprus	Bulgaria	Philippines
Gambia	Honduras	Georgia	Croatia	
Liberia	Jamaica	India	Denmark	
Madagascar	Nicaragua	Jordan	Finland	
Malawi	Peru	Kazakhstan	France	
Mauritius	Trinidad and Tobago	Kyrgyz Republic	Germany	
Mozambique	Uruguay	Malaysia	Iceland	
Nigeria		Maldives	Ireland	
Seychelles		Nepal	Macedonia	
South Africa		Pakistan	Moldova	
Swaziland		Palestine	Montenegro	
Tanzania		Sri Lanka	Netherlands	
Uganda		Uzbekistan	Norway	
Zambia		Vietnam	Poland	
Zimbabwe		Yemen	Portugal	
			Serbia	
			Slovenia	
			Spain	
			Sweden	
			Turkey	
			Ukraine	
			United Kingdom	

The following data sources were used to identify policies developed between 2000 and 2010 for all 192 countries:

- All government websites;
- Scientific databases, including PubMed, JStore, Ebsco-Host and Google Scholar;
- UN agency websites and databases;
- Websites of non-governmental organisations including national sexual assault coalitions/centres; advocacy groups; research centres and legal centres; and
- Other sources: conference abstracts, indexes of theses and dissertations.

In addition, experts and regional networks were consulted and a call for national policies and action plans was sent out via the SVRI listserv.

The following search terms were used to identify policies and plans available for each country:

- Rape / sexual assault / violence / crime prevention policy;
- Rape / sexual assault / violence / crime prevention strategy;
- Action plan for rape / sexual assault / violence / crime prevention;
- Action plan for gender equality;
- Policy to end violence against women;
- National plan to combat violence against women;
- National observatory to end violence against women;
- Policy on women's safety;
- Best Practice in rape / sexual assault / violence / crime prevention; and
- Government measures to prevent rape / sexual assault / violence / crime

Policies in all languages were included in this review. Colleagues from SVRI's extensive network assisted with the translation and review of policies not available in English. Policies were found in English, Danish, Dutch, Estonian, Finnish, French, Greek, Latvian, Malaysian, Portuguese, Serbian, Spanish and Russian.

## Data Capture and Analysis

From the 192 countries included in this review, 142 national policies were found from 110 countries. Each of these 142 policies was scanned for inclusion in the review using the following topics as inclusion criteria: (Operational definitions of the inclusion terms are provided in the Appendix)

- Rape and sexual assault
- Domestic and family violence
- Sexual violence and abuse
- Gender based violence / violence against women
- Gender policy (broad)
- Gender equality, advancement and status of women
- Female genital mutilation

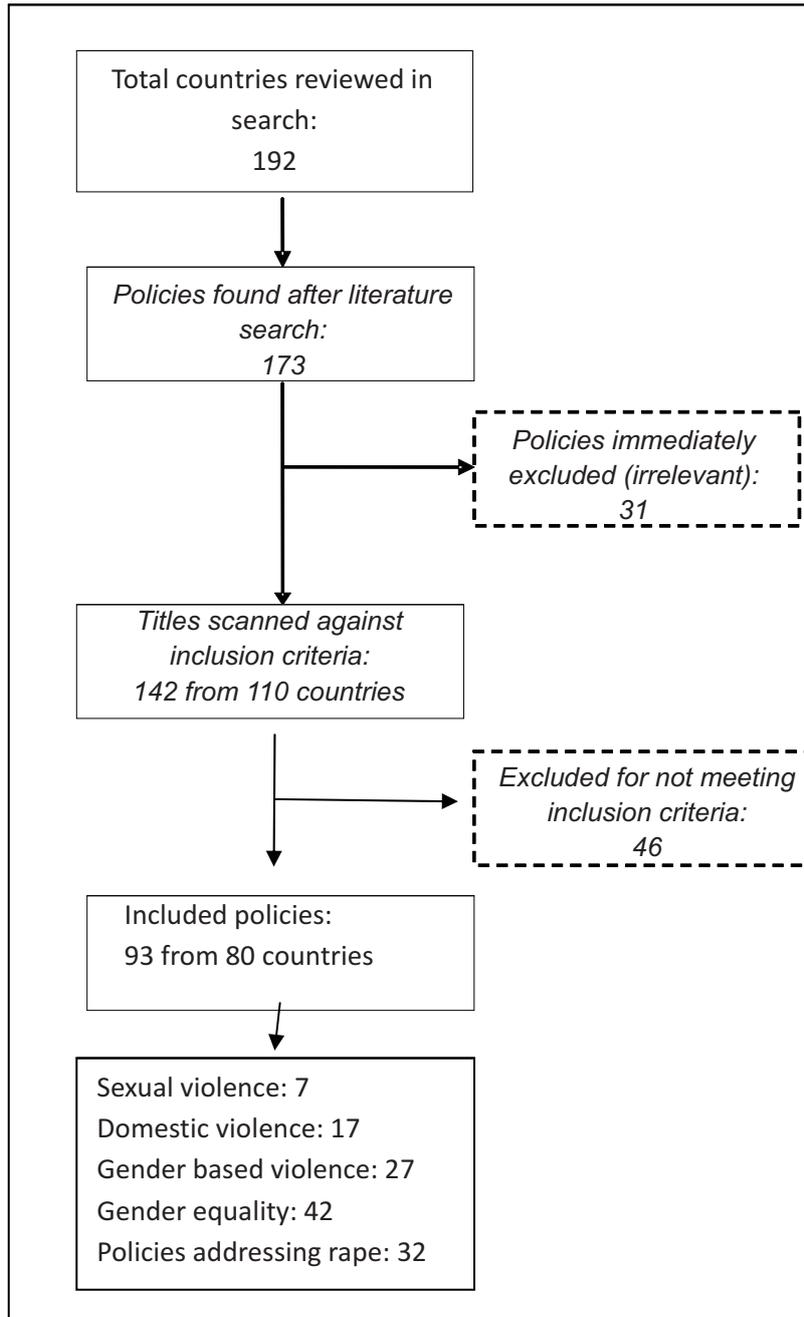
Policies that did not specifically address the abovementioned gender and violence issues were excluded from the review, such as policies that focussed on human rights, social development, and social protection.

Ninety-three (93) policies from 80 different countries were included for the final analysis.<sup>2</sup> Some countries had more than one policy that met the inclusion criteria, all of which were included in the analysis.<sup>3</sup> Figure 1 presents a diagram of included and excluded policies. All 93 policies included in this review were analysed using a structured data capture tool/questionnaire.

<sup>2</sup>All policies identified by this review are available online at: <http://www.svri.org/oakpolicies.htm>.

<sup>3</sup>The additional policies on gender based violence in most instances were a result of recommendations made in previously adopted gender equality policies (e.g. Finland's policy entitled "Reducing Violence against Women in Finland (2011)", was a direct product of a recommendation made in Finland's 2008 Action Plan for Gender Equality).

**Figure 1: Flow Diagram of Included and Excluded Policies**



Each policy was reviewed using the following criteria:

1. Does the policy focus on one or more of the following: rape prevention; sexual violence; violence against women and gender based violence; gender equality; intimate partner violence and domestic violence?
2. Who developed and drives the plan?
3. Does the policy encourage partnerships and collaborations between sectors?
4. What does the policy attempt to address? This includes:
  - Primary Prevention – Poverty and social inequality; patriarchy and dominant ideas of manhood; child abuse and neglect (including parenting and gender socialisation); alcohol and drug abuse; social norms that legitimise the use of violence; guns and gun violence and traditional harmful practices.

- Secondary Prevention – Health sector responses; victim social services (including shelters, counselling and support); victim legal services (including court preparedness).
  - Tertiary Prevention – Perpetrator and victim/survivor treatment programmes and rehabilitation; restorative justice programmes; victim compensation programmes.
5. Is there an action plan attached to ensure delivery? Does it include activities to be undertaken, budget plans and responsible departments or agencies?
  6. Does the policy identify effective programmes? Does it use evidence to guide the development of an action plan?
  7. Does the policy identify training needs of the different sectors? This may include medical training on management of survivors, police and justice sector training, and training of social workers and psychologists.
  8. Are monitoring and evaluation plans included?

Data was captured using Epi Info version 3.4 and analysed using Microsoft Access.

### **Limitations**

Although every effort was made to include all policies available globally on rape prevention, some may have been missed, particularly policies not available in English. Only national policies were included in this review. Regional or state policies specifically focusing on rape and sexual assault prevention may exist but have not been included.

## **III. Results**

Policies were analysed according to the seven review criteria: their focus, the extent to which they describe the nature of the problem, the level of prevention addressed, the availability of action plans and evidence to develop these, training needs, and monitoring and evaluation plans. The results section is structured according to these criteria.

### **Policy Focus**

Of the 93 national policies reviewed, 32 policies addressed rape as an issue of concern (Table 3 refers). Seven (7) policies were found to specifically address rape and sexual violence, of these only one focused solely on rape - the South African National Sexual Assault Policy, 2005. The other policies identified focused on violence against women (which includes gender based violence); gender equality; and intimate partner and domestic violence. The results show that even where policies addressed violence against women more broadly, more than half of the policies did not address rape as an issue of concern.

For the purpose of this study, only findings from policies addressing rape as an issue of concern (32) will be presented.

**Table 3: Focus of National Policies Reviewed**

Policy Focus	Number of Policies	Rape Discussed in each focus
Sexual violence and abuse	7	100% (7)
Violence against women/gender based violence	27	37% (10)
Gender equality	42	26% (11)
Intimate partner and domestic violence	17	24% (4)
<b>Total:</b>	<b>93</b>	<b>32</b>

## Sectors Driving the Policies

Table 4 presents data on the policies by the department or departments which were responsible for developing the policy. Just under half of all the policies that addressed rape were developed and driven by gender and family/women's affairs directorates. Six (6) policies were jointly conceptualised and developed by multiple sectors across government and organisations outside government. Other sectors that developed sexual and gender based violence type policies included justice, violence specific councils, health and social affairs. All responsible departments acknowledged the importance of collaboration between sectors to effectively implement their policy.

**Table 4: Policies by Sector**

Sector	Number of Policies	Percentage
Justice sector	3	9%
Specialised councils (eg. domestic violence taskforce)	5	16%
Health sector / health and social development	2	6%
Social affairs and labour sector	2	6%
Unknown / parliament /government	5	16%
Multi-sectoral	6	19%
Gender and family / women's affairs directorates	9	28%
<b>Total:</b>	<b>32</b>	<b>100%</b>

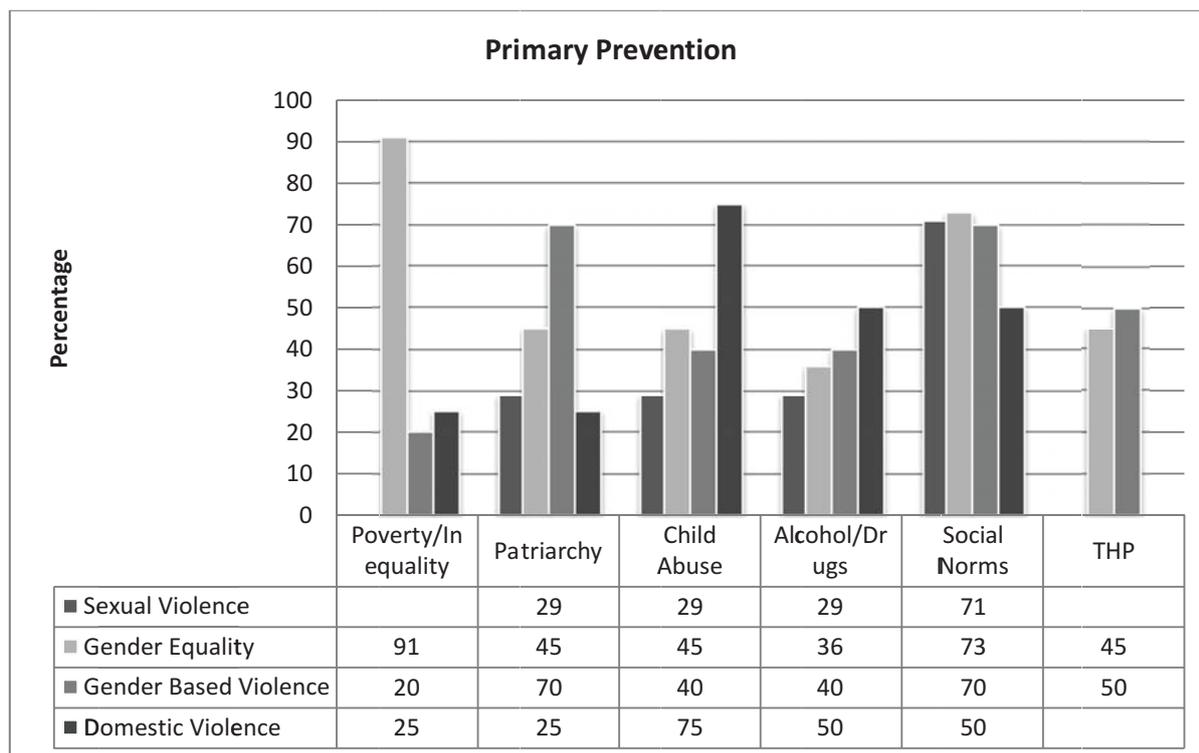
## Levels of Prevention

All policies focused on prevention, at varying levels - primary, secondary and tertiary prevention. The following section summarises what aspect at what level of prevention each policy addresses.

### Prevention - Primary

Primary prevention interventions for sexual and gender based violence by definition should address root causes of this violence including, gender inequality; social norms; social determinants; harmful behaviours and child maltreatment and abuse (WHO & LSHTM, 2010). Each policy was analysed according to the extent to which they addressed these primary causes of violence. All the policies addressed some or all of these underlying causes. Graph 1 summarises the areas addressed by the policies reviewed.

Graph 1: Areas of Primary Prevention Addressed by Policy Type



Addressing harmful use of alcohol was only identified as a key concern for action by 12 of the 32 policies. None of the sexual violence specific policies addressed poverty, social inequality or traditional harmful practices. Guns and gun law was not addressed by any of the policies.

The key strategies for addressing the various root causes are summarised in Table 5. Poverty and social inequality were mainly addressed in gender equality policies. Economic empowerment strategies and/or increasing financial support of vulnerable women were the focus of intimate partner and domestic violence policies. Media campaigns to address discrimination or school education campaigns were the predominant strategies for all areas of primary prevention which featured in more than half of the policies. Strategies identified to address poverty and inequality included economic empowerment and/or increasing financial support of vulnerable women; and poverty alleviation. Strategies for the prevention of child abuse and neglect highlighted the value of school based programmes, and working with teachers.

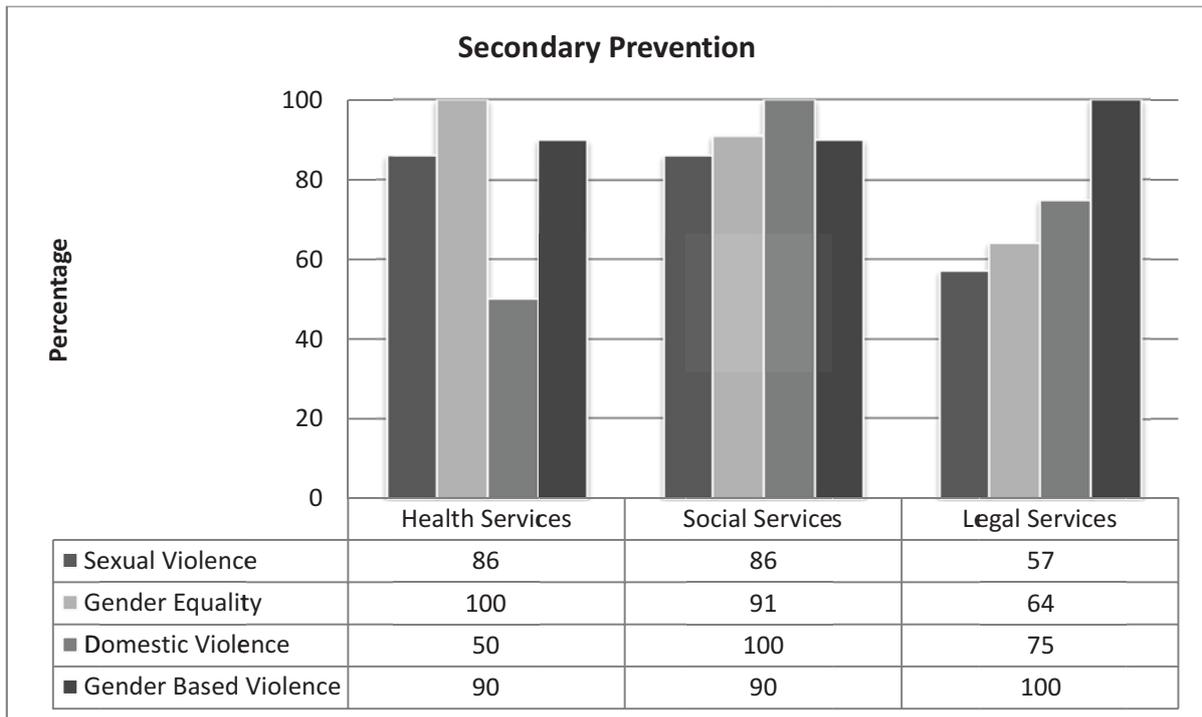
**Table 5: General Strategies for Primary Prevention**

Area of Primary Prevention	Strategy
Poverty and social inequality	<ul style="list-style-type: none"> <li>•National efforts to reduce poverty and ensure equal access to resources</li> <li>•Credit and micro-credit programmes for women</li> </ul>
Social norms legitimising violence	<ul style="list-style-type: none"> <li>•Campaigns (including publicity campaigns to raise awareness of violence against women, changing perceptions of prostitution to prevent violence, promoting respectful relationships)</li> <li>•Targeting of cultural and faith institutions to promote gender sensitive and reduce beliefs and norms supporting violence</li> <li>•Media monitoring on how gender is represented (raising awareness on gender stereotyping and its role in discrimination)</li> <li>•Strengthening community leadership and understanding of violence against women and children</li> </ul>
Child abuse and neglect	<ul style="list-style-type: none"> <li>•School based programmes (e.g. social and emotional literacy skills in primary schools and sex and relationship education)</li> <li>•Campaigns to raise public awareness about child sexual abuse</li> <li>•Employing well trained professionals who are safe to work with children</li> </ul>
Patriarchy and dominant ideas of manhood	<ul style="list-style-type: none"> <li>•Campaigns (targeting men for prevention, public and in prisons)</li> <li>•Publicly disseminate successful convictions of perpetrators of rape as deterrent to potential offenders</li> </ul>
Traditional harmful practices	<ul style="list-style-type: none"> <li>•Public campaigns to raise awareness on the issue</li> <li>•Community peer education programmes</li> </ul>
Alcohol and drug abuse	<ul style="list-style-type: none"> <li>•Alcohol harm reduction strategies, such as public awareness campaigns targeted at men and women – linking sexual violence to alcohol abuse</li> <li>•Assistance programmes for children who have parents using drugs and alcohol</li> <li>•Control over sale and supply of liquor to the public and reduce abuse through legislative powers</li> <li>•Screening and assessment of those affected by substance abuse, early intervention and comprehensive treatment services to overcome related problems and dependency</li> </ul>

### Prevention – Secondary

Secondary prevention, the immediate response to violence, includes strengthening service and emergency responses (health services); care and support of survivors after the incident, including counselling; ensuring safety such as provision of shelters for vulnerable women and children (social services); and assistance to the survivor in terms of legal resources and court preparedness (legal services). Graph 2 summarises the areas of secondary prevention addressed in the reviewed policies.

Graph 2: Secondary Prevention



One policy in the review did not include strategies for secondary prevention. Three policies did not address health responses, three policies did not address social service provision for survivors and eight policies did not include legal services. Health sector responses and social services were well detailed across all policies. Mental health responses were less clear (for example Post-Traumatic Stress Disorder (PTSD) and specialised services that should be available to survivors). Justice sector responses were a key gap across all policies. Justice responses were not as well detailed and focused more specifically on desensitising police and court officials rather than being survivor focused and preventing further victimisation. Table 6 below describes some of the general strategies given in the 32 policies for secondary prevention.

**Table 6: General Strategies for Secondary Prevention**

Area of Secondary Prevention	Strategy
Health sector	<ul style="list-style-type: none"> <li>• Holistic management of survivors (prevention and treatment of sexually transmitted infections, psychological distress, treatment of injuries, supporting disclosure, ensuring safety and preventing secondary victimisation)</li> <li>• Screening in cases of child abuse, intimate partner and domestic violence</li> <li>• Provision of 24-hour health care services</li> <li>• Standardised reports to document evidence</li> <li>• Identifying best practice models for service delivery</li> <li>• User-friendly victim/survivor information services</li> <li>• Referral to appropriate counseling services</li> </ul>
Victim social services	<ul style="list-style-type: none"> <li>• Appropriately trained counselors</li> <li>• Integration of psycho-social support services into hospitals and emergency rooms</li> <li>• Shelters for vulnerable women and children</li> <li>• Improved child welfare services</li> </ul>
Legal and justice services	<ul style="list-style-type: none"> <li>• Specialist courts to deal with cases of gender based violence and abuse</li> <li>• Standardised police reports and follow-up procedures</li> <li>• Sensitising police and court officials</li> <li>• Equip police premises and courts to meet needs of victims and witnesses (eg waiting rooms, video links to courtrooms for separate interviewing of children)</li> </ul>

### Prevention - Tertiary

The policies included in this analysis did not address tertiary prevention (reducing harm already caused) as comprehensively as secondary and primary prevention. Thirteen policies mentioned perpetrator rehabilitation, and three included victim rehabilitation. Some noteworthy tertiary prevention strategies are tabled below.

**Table 7: Tertiary Prevention Strategies**

Country	Tertiary Strategy
Australia	Interventions with bystanders to take responsibility in incidents of violence Establishing National Centres of Excellence for Prevention of Violence against Women
Canada	Canada Traditional teaching and healing interventions in indigenous communities
Denmark	Establishment of local and national support networks for abused women and anger management training for perpetrators in prisons (e.g. Hotlines)
Portugal	Social integration programmes for victims of domestic violence (victim rehabilitation)
Scotland	Refuge development programmes for vulnerable/at risk women (victim rehabilitation)
South Africa	Restorative justice programmes Economic empowerment programmes Vicarious trauma interventions for service providers working with victims of sexual assault

## **Plans of Action**

For a policy to be successful, plans of action to address the causes of violence are essential. Twenty-eight policies had some form of action plan formulated. These ranged from detailed plans with time-frames, goals and indicators to broader plans which provide key issues and guiding principles to address the issues. Twenty-six policies specifically indicated time-frames of achieving policy goals. Six policies had a budget attached to the action plan with line items and responsible departments to carry out the items for action.

## **Programmes Identified Informed by Evidence**

Australia, Ireland and the United Kingdom gave attention to interventions/programmes that had some evidence of impact within their countries. These interventions ranged from perpetrator programmes, alcohol interventions, school based interventions and rehabilitation programmes.

## **Training Needs of Different Sectors**

Twenty-eight policies in the review highlighted the need for training of staff in the following sectors: medical, social, justice and private. The availability of curriculum for this training was not mentioned.

## **Monitoring and Evaluation**

Policies in this review were analysed for detailed monitoring and evaluation plans. Findings varied as some policies mentioned that monitoring and evaluation plans will be developed while others shifted monitoring and evaluation to external organisations for development. From the 32 national policies that documented rape as a concern, 12 had monitoring and evaluation plans with indicators.

## **Promising Practices in Prevention Policies**

In looking at best practice in terms of policy development across the globe, six countries have developed policies that are notable. They describe the nature of the problem; address rape as well as violence against women more broadly; identify effective programmes and use evidence to guide the interventions proposed in the policy; are multi-sectoral and include plans for implementation, monitoring and evaluation. These are from Australia, Belize, Finland, United Kingdom, Ireland and South Africa (which is documented below as it focuses exclusively on sexual assault). Table 8 refers.

Table 8: Promising Practices

Policy Content	Country					South Africa
	Australia	Belize	Finland	United Kingdom	Ireland	
Title	Time for Action: The National Council's plan for Australia to Reduce Violence against Women and their Children 2009 – 2021	The National Gender Based Violence Plan of Action 2010 – 2013	Action Plan to Reduce Violence against Women 2011	Together we can End Violence against Women and Girls: A Strategy, 2009	National Strategy on Domestic, Sexual and Gender-based Violence 2010 - 2014	National Sexual Assault Policy, 2005
Partnerships	Yes	Yes	Yes	Yes	Yes	Yes
Describes the nature of the problem	Yes	Yes	Yes	Yes	Yes	Yes
Identifies effective programmes - uses evidence	Yes	No <sup>4</sup>	Yes	Yes	Yes	No
Feeds into other multi- or inter-sectoral policies, strategies and laws	Yes	Yes	Yes	Yes	Yes	Yes
Is there an action plan attached to ensure delivery	Yes	Yes	Yes	Yes	Yes	Yes (Secondary Prevention)
Evaluation plan	Planned but not detailed	Yes	No	No	Planned but no indicators detailed	Yes (not detailed)

Although each policy is unique, they share a standard framework for preventing violence against women. All six countries formed a partnership across sectors (civil society/non-governmental and governmental) and have given a clear description of the nature of the problem, addressing rape as well as violence against women more broadly, identifying effective programmes and using evidence to guide the interventions proposed in the policy.

<sup>4</sup> Although this plan mentions that effective programmes are in place, these are not detailed.

To follow is a short summary of what the policy from each of these countries includes:

**Australia: A Time for Action: The National Council's plan for Australia to Reduce Violence Against Women and their Children 2009 – 2021:** The Australian policy is an inclusive document, with a long term vision, developed for a 12 year period until 2021. The policy identifies 20 critical actions for preventing violence, highlighted for immediate implementation by the Australian government. Input for this plan included over 2,000 Australians from a broad spectrum of experience, including survivors, minority groups, experts, government, civil society organisations and many more. The plan covers all areas of secondary prevention and all primary prevention. It discusses rape as an issue of concern, touching on issues of consent and key reform initiatives in rape law and sexual offences. The policy has a plan in place for monitoring and evaluation and who will be responsible for taking forward the M&E strategy.

**Belize: The National Gender Based Violence Plan of Action 2010 – 2013:** The Belize policy was developed and driven by the Women's Department in the Belize Ministry of Human Development and Social Transformation. The policy discusses rape and sexual abuse of children as major concern and outlines sexual offence laws in the country. It addresses all secondary prevention areas, including offender management. In analysing primary prevention within this policy, patriarchy and dominant ideas of manhood are discussed, along with social norms legitimising violence. The plan also addresses child abuse and neglect more broadly and includes the importance of looking at sexual harassment laws and evaluating interventions with perpetrators of domestic violence. The Belize policy has a clear monitoring and evaluation plan and includes stakeholders from different areas of prevention.

**Finland: Action Plan to Reduce Violence against Women 2011:** The Finnish Action Plan was developed by a range of actors and was adopted by the Ministry of Social Affairs and Health. This policy acknowledges previous action plans' "blind spots" (important areas missed) and describes how these could be improved moving forward with policy planning. The policy recognised that it had not included all forms of violence in previous policies and drew on recent research in the development of this plan. The policy discusses the different forms of violence against women with a specific focus on sexual violence and rape. It also covers repeat violence, especially in intimate relationships. The policy addresses most primary prevention areas excluding guns / gun law, and poverty / social inequality. The policy covers all secondary prevention areas, including offender management. Although the policy has an implementation plan, it does not cover monitoring and evaluation.

**United Kingdom: Together We Can End Violence Against Women and Girls: A Strategy, 2009:** The United Kingdom policy is a cross-government strategy which addresses all forms of violence against women and girls. Rape is included in the plan as an area for action and there is a strong focus on secondary prevention efforts. This policy does not address many of the primary prevention areas and the main focus is on social norms and substance abuse. The policy has an implementation and budget plan as well as a monitoring and evaluation strategy. It is worth noting that the United Kingdom has various policies for women and girls which may all interconnect and add value to each other. For this review, the 2007 Sexual Violence and Abuse Action Plan was also analysed although this seems to be a previous version of the current 2009 policy.

**Ireland: National Strategy on Domestic, Sexual and Gender-Based Violence 2010–2014:** This plan has a strong focus on primary prevention, including increasing awareness of sexual and gender-based violence in the general public and recognising the impact of violence on the individual. The plan is comprehensive in this approach and provides a thorough overview of the complexity of domestic, sexual and gender-based violence in Ireland. This policy is a one of the most inclusive of all the plans mentioned, and can be taken forward as a best practice example. The plan has clear activity descriptions, has a clear outline of training needs and identifies the key bodies responsible for different activities. However, no detailed budget plan is given.

**South Africa: National Sexual Assault Policy, 2005:** The South African National Sexual Assault Policy allocates specific functions and responsibilities to programmes within the National Department of Health (e.g. Gender Focal Point, Hospital Services, HIV/AIDS clusters) in ensuring service delivery to sexual assault survivors. There is, however, no budget plan in place or timeframes for implementing the given objectives. Unlike other policies within this review, the SA National Sexual Assault policy mentions the importance of addressing vicarious trauma in service providers which is a neglected area in violence-related policies.

## IV. Discussion

Despite sexual violence being prevalent in all societies and the detrimental short and long-term human, economic and public health costs of sexual violence a global concern, few countries identify policies targeted at preventing sexual violence.

Apart from the seven policies identified as sexual violence specific, rape is addressed in only 25 of the initially analysed policies, which translates to just over a third of these policies. The infrequency of rape discussed is particularly concerning. Although each policy type has very specific characteristics and may need a tailored approach for prevention, many countries do not address sexual violence which leaves a large gap for prevention and awareness around this very prevalent issue. Lessons learned from research and programme implementation in Sub-Saharan Africa show that it is necessary for sexual violence to be addressed as an issue in its own right, as this requires skilled providers to deliver targeted comprehensive care (Christofides, Jewkes, Webster, Penn-Kekana, Abrahams & Martin, 2005; Keesbury & Askew, 2010).

Primary prevention strategies received little attention in countries' programmes and policies. Secondary prevention (responses) was the principle level of prevention addressed by all policies. Programmes targeting change at a primary level is a "long haul", (Brown, Horvath, Kelly & Westmarland, 2010), and for some countries, implementing such programmes may include a litany of obstacles such as financial and other barriers (WHO & LSHTM, 2010). Alternatively, governments may view primary prevention as an unachievable goal, particularly in the short term, whilst responses (secondary and tertiary prevention) are easier to measure and brings immediate wins for policy makers. It is critical that a shift in thinking around prevention takes place to include the complete elimination of events, conditions, situations and risk factors that result in sexual violence happening in the first place (Centers for Disease Control and Prevention, 2004). To do this, research becomes a valuable part of policy development which can feed into policy and programmes aimed at prevention.

Nearly 30% of all policies were situated within Women and Children's Directorates. This high number is of particular concern as these policies are generally weaker as they are not driven by Departments with adequate resources and direct service management functions required to implement policies and guidelines effectively. Addressing violence against women requires an integrated approach between different sectors and government departments in order to effectively respond to the needs of survivors and to address perpetration (Gibbons & Johnson, 2003). A multi-sectoral approach can ensure comprehensive service delivery, create interest and investment in the issue and raise awareness of the importance of prevention and comprehensive care. This review has shown how critical multi-sectoral collaboration is for primary prevention, and how important it is to incorporate a range of stakeholders in policy development. Failure to do so can be seen, for example, by the fact that no policy addressed guns or gun law. This is a significant gap in policy. Guns have a major impact on the lives of women across the globe, although their importance in rape varies between countries. In some countries they are very important, for example, in South Africa police data shows that 41% of men perpetrating rape of adult women are armed and one in five of these have a gun (Vetten, 2006).

Another notable gap in national policies on sexual violence was the absence of targeted plans of action to address child abuse and neglect. Preventing all forms of violence and abuse, especially child maltreatment, will help to reduce the levels of intimate partner violence and sexual violence. Experiencing abuse and neglect in childhood can have long lasting effects on brain development, psychological functioning, mental health, health risk behaviours, life expectancy and social functioning of both male and female survivors (Navalta, Polcari, Webster, Boghossian and Teicher, 2006; Jewkes, Dunkle, Koss, Levin, Nduna Jama and Sikweyiya, 2006; Malamuth, 2003; Knight and Sims-Knight, 2003; Perry, 2001). The profound impact child sexual abuse has on victims, families and communities, demands that we prioritise both response and prevention efforts. Available services are often adult-oriented. These need to be reviewed to ensure that children's needs are adequately met (Keesbury & Askew, 2010). Although this study did not include policies specifically developed for sexual violence against children, special considerations should be made to include child specific services within broader policies addressing sexual violence.

Weaknesses in implementation plans in many policies are a key concern. Although 88% of the policies did have some implementation plan available, these varied widely across policy type and country in their quality and were not always budgeted. Well thought through implementation plans with time frames and budgets help ensure delivery of multi-sectoral plans and the monitoring of these plans.

## V. Conclusion

This review is one of the first undertaken in exploring the availability of policies addressing sexual violence globally. It has found that very few policies worldwide include rape prevention as an area for action and of those that do, most are not evidenced based, and lack strategies and implementation plans for prevention on all three levels (primary, secondary and tertiary). Rape is preventable and for those countries ready to embrace the long haul efforts needed to prevent this particular type of violence, the following recommendations are made for policy makers and governments to take into consideration when designing national strategies:

- In developing national strategies or policies addressing violence against women or gender equality, global advocacy for the inclusion of rape prevention in national policies is needed and primary prevention of rape is of particular importance to address the root causes of violence.
- This review has identified a gap in operational definitions of the different types of violence across policies. Clearer definitions and inclusion criteria are needed in developing policies.
- More research, based on emerging promising practices, is needed to ensure effective programmes for prevention. This review identified promising practices which could be used to build on in the development of future policies.
- Policies must ensure that monitoring and evaluation of activities and outcomes are in place and rigorously documented.
- Evidence-based prevention is necessary in developing national policies. It is of particular importance that the needs of survivors take priority within the policy.

It is hoped that the findings of this study will support international advocacy efforts to include rape prevention, along with comprehensive quality care to rape survivors, in national gender violence policies and strategies globally.

# References

Abrahams, N., Jewkes, R. and Mathews, S., (2010). Guns and gender-based violence in South Africa. *SAMJ*, 100(9): 586-588.

Brown, J., Horvath, M., Kelly, L. and Westmarland, N., (2010). *Connections and disconnections: Assessing evidence, knowledge and practice in responses to rape*. London: Government Equalities Office.

Centers for Disease Control and Prevention, (2004). *Sexual Violence Prevention: Beginning the Dialogue*. Available online at: <http://www.cdc.gov/HealthInfo/injviosa/Docs/SV-Dialogue-VPU.pdf>

Christofides, N., Jewkes, R., Webster, N., Penn-Kekana, L., Abrahams, N. and Martin, L., (2005). "Other patients are really in need of medical attention"- the quality of sexual assault services in South Africa. *World Health Bulletin*, 83 :495-502.

Dubourg, R., Hamed, J. & Thorns, J., (2005). *The economic and social costs of crime against individuals and households 2003/04*. Home Office online report 30/05. London: Home Office. Available online at: <http://www.homeoffice.gov.uk/rds/pdfs05/rdsolr3005.pdf>

Ellsberg, M., (2006). Violence against women and the Millennium Development Goals: Facilitating women's access to support. *Int Journal of Gynecology and Obstetrics*, 94, 325—332.

Garcia-Moreno, C. and Watts, C., (2011). Violence against women: an urgent public health priority. *Bull World Health Organization*, Jan 1;89(1):2.

ILO., (2000). *ABC of Women Worker's Rights and Gender Equality*. Geneva. Available online at: [http://www.ilo.org/wcmsp5/groups/public/---dgreports/--gender/documents/publication/wcms\\_087314.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/--gender/documents/publication/wcms_087314.pdf)

Jewkes, R., Dunkle, K., Koss, M.P., Levin, J., Nduna, M., Jama, N. and Sikweyiya, Y., (2006). Rape perpetration by young, rural South African men: prevalence, patterns and risk factors. *Social Science and Medicine*, 63, 2949-61.

Jewkes, R., Sen, P. and García-Moreno, C., (2002). Sexual violence. In: E. G. Krug et al. (Eds.) *World report on violence and health*. Geneva, Switzerland: World Health Organization.

Keesbury, J. and Askew, I., (2010). *Comprehensive responses to gender based violence in low resource settings: Lessons learned from implementation*. Population Council.

Knight, R.A. and Sims-Knight, J.E., (2003). The developmental antecedents of sexual coercion against women: testing alternative hypotheses with structural equation modelling. *Annals of the New York Academy of Sciences*, 989: 72-85.

Lalor, K., (2004). Child sexual abuse in sub-Saharan Africa: A literature review. *Child Abuse and Neglect*, 28: 439-460.

Malamuth, N., (2003). Criminal and non-criminal sexual aggressors. Integrating psychopathy in a hierarchical-mediational confluence model. *Annals of the New York Academy of Sciences*, 989, 33-58.

Miller, T., Cohen, M.A. and Wiersema, B., (1996). Victim costs and consequences: A new look. National Institute of Justice. U.S. Department of Justice. Washington, D.C. Available at: <http://www.nij.gov/pubs-sum/155282.htm>

Morrison, Z., Quadara, A. and Boyd, C., (2007). "Ripple effects" of sexual assault. ACSSA, Issues No. 7. Melbourne: Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies.

Mullick, S., Teffo-Menziwa, M., Williams, E. and Jina, R., (2010). Women and sexual violence: reflections on the Millennium Development Goals. *South Africa Health Review*, pp 49 - 58.

Navalta, C.P., Polcari, A., Webster, D.M., Boghossian, A., and Teicher, M.H., (2006). Effects of Childhood Sexual Abuse on Neuropsychological and Cognitive Function in College Women. *J Neuropsychiatry Clin Neurosci* 18:45-53.

Perry, B.D., (2001). The neurodevelopmental impact of violence in childhood. In: Schetky D, Benedek EP (eds). *Textbook of child and adolescent forensic psychiatry*. Washington DC, American Psychiatric Press.

Post, L. A., Mezey, N., Maxwell, C. D. and Wibert, W. N., (2002). The rape tax: Tangible and intangible rape costs. *Journal of Interpersonal Violence*, 17(7), 773-82.

Tjaden, P. and Thoennes, N., (2000) Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey. U.S. Department of Justice, Office of Justice Programs, Washington, D.C. Available online at: <http://www.ncjrs.gov/pdffiles1/nij/181867.pdf>

Vetten, L., (2006). Mapping the use of guns in violence against women: Findings from three studies. *African Security Review* 15:2. Institute for Security Studies. Available online at: <http://www.seesac.org/uploads/documents/Mapping%20the%20Use%20of%20Guns%20in%20Violence%20Against%20Women.pdf>

World Health Organization, (2005). WHO Multi-Country study on women's health and domestic violence against women. Geneva, World Health Organization.

World Health Organization, (2010). Female genital mutilation. Fact sheet N°241, February 2010. Available online at: <http://www.who.int/mediacentre/factsheets/fs241/en/>

World Health Organization & London School of Hygiene and Tropical Medicine, (2010). Preventing intimate partner and sexual violence against women: Taking action and generating evidence. Geneva, World Health Organization.

# Appendix

## Operational Definitions

1. **Sexual violence** is defined as: *“Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work”*. (World Health Organization, 2002)

2. Although rape is included in the World Health Organization's definition of Sexual violence, the terms were separated for the purpose of this review. The reason for this is to look at which countries have specific plans in place for rape/sexual assault. In light of this, the term **rape/sexual assault** is defined as: *“physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object”*. (World Health Organization, 2002)

3. **Domestic violence/intimate partner violence** is defined as: *“any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship”*. (World Health Organization, 2002). Such behaviour includes:

- Acts of physical aggression – such as slapping; hitting, kicking and beating.
- Psychological abuse – such as intimidation, constant belittling and humiliating.
- Forced intercourse and other forms of sexual coercion.
- Various controlling behaviours – such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance.

4. **Violence against women/gender-based violence** is defined as: *“any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”*. (United Nations, 1993)

5. **Gender equality** is defined as women and men having equal conditions for realizing their full human rights and for contributing to, and benefiting from, economic, social, cultural and political development. (ILO, 2000)







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