

Global Review of National Rape Prevention Policies

Lizle Loots, Liz Dartnall and Rachel Jewkes

SVRI Forum 2011: Moving the agenda forward



INTRODUCTION

- MDGs 2015: Reduction of sexual and gender based violence
- Profound and sustained impact on health / well being of survivors
- Long term impact on economy/ progress – ripple effect
- Policy and guidelines critical for national SGBV programmes
- Extent to which countries have policies unknown

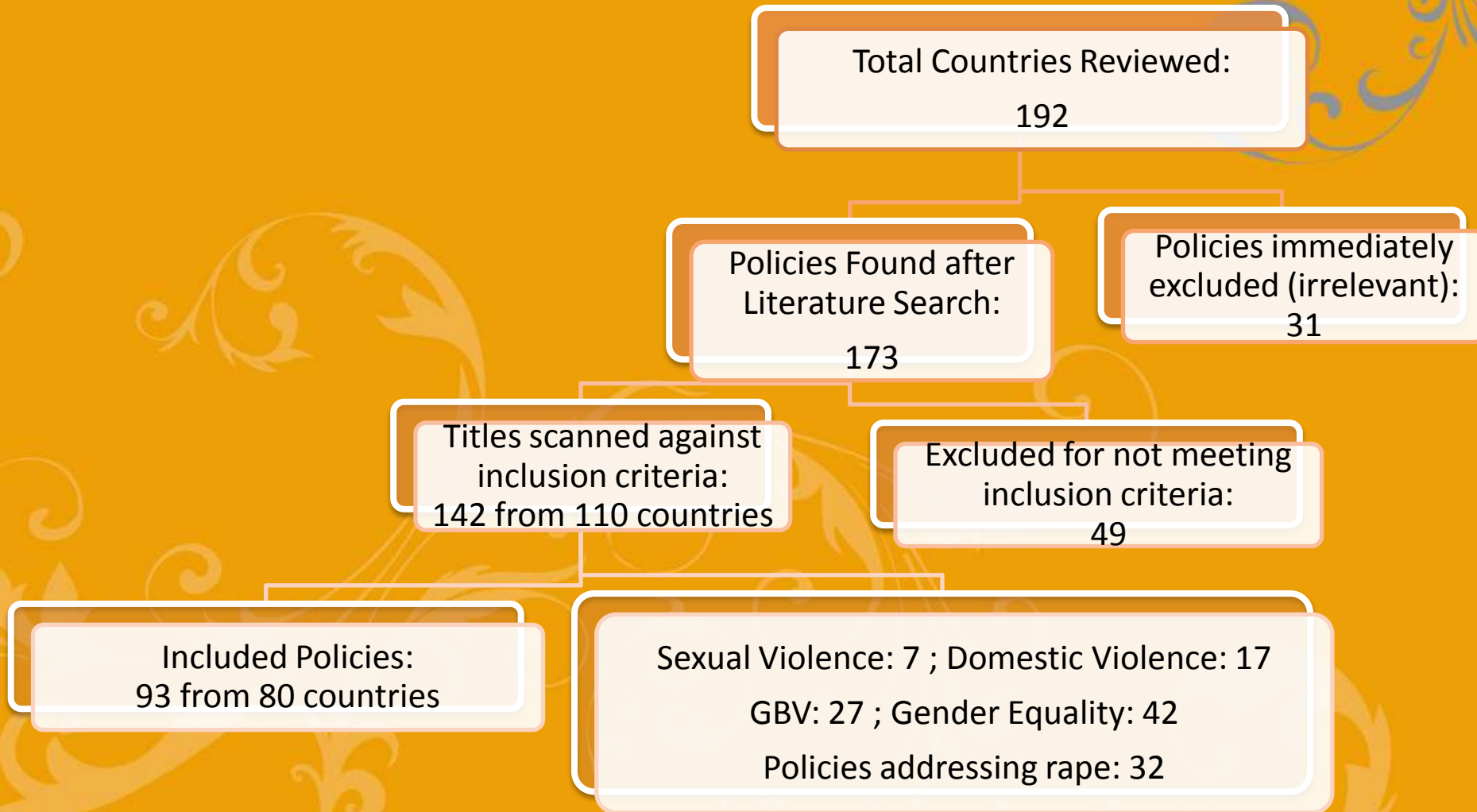
AIMS OF STUDY

Identifying and critique of best practice in rape prevention policy internationally

METHODOLOGY

- Systematic multi-method review
- National policies b/w 2000 – 2010
- All 192 United Nations member states
- Multiple data sources
- Search terms were systematically applied
- All languages included – experts used to translate documents

METHODOLOGY



DATA ANALYSIS

Each policy was analysed using a structured questionnaire (guided by WHO/LSHTM, 2010) :

- Policy Focus
- Sector driving plan
- Level of Prevention (Primary, secondary, tertiary)
- Action Plan
- Identified effective programmes
- Training needs identified
- Monitoring and evaluation plans

RESULTS

Sectors Driving the Policies:

Sector	Number of Policies
Justice sector	3 (9%)
Violence specific councils (eg. Dv taskforce)	5 (16%)
Health sector / Health and social development	2 (6%)
Social affairs and labour sector	2 (6%)
Unknown / Parliament	5 (16%)
Multi-sectoral	6 (19%)
Gender and family/Women's affairs directorates	9 (28%)
Total:	32

RESULTS

- Plans of Action:
 - 28 policies had plans of action
 - Ranged from detailed to broad
 - 26 policies included time frames
 - 6 policies had budgets attached
- Programmes informed by evidence:
 - Australia, Ireland and UK
 - Mainly rehabilitation programmes, alcohol interventions and school-based programmes

RESULTS

- Training needs of different sectors:
 - 28 policies highlighted need for training
 - Areas identified: medical, social, justice
- Monitoring and evaluation
 - Findings varied greatly
 - 12 policies had M&E plans with indicators

PREVENTION STRATEGIES

PRIMARY PREVENTION:

- National efforts to reduce poverty and ensure equal access to resources
- Credit and micro-credit programmes for women
- Campaigns & school based programmes
- Publicly disseminate successful convictions of perpetrators of rape as deterrent to potential offenders
- Public campaigns to raise awareness THP
- Community peer education programmes
- Alcohol harm reduction strategies, such as public awareness campaigns targeted at men and women – linking sexual violence to alcohol abuse
- Assistance programmes for children who have parents using drugs and alcohol
- Guns and gun law

PREVENTION STRATEGIES

SECONDARY PREVENTION

- Holistic management
- Screening
- Training counselors
- Psycho-social support service integration
- Shelters for vulnerable women
- Establishing specialist courts
- Standardised reports/forms for police
- Sensitisation of police and justice employees

TERTIARY PREVENTION

- Not comprehensively addressed
- 13 policies addressed perpetrator rehabilitation
- 3 included victim rehabilitation
- Strategies: Australia, Canada, South Africa

PROMISING PRACTICE

6 countries identified as promising practice in policy development:

- Australia
- Belize
- Finland
- United Kingdom
- Ireland
- South Africa

DISCUSSION

- Few policies world-wide address rape prevention
- Only one-third of policies initially identified discussed rape
- These are generally not evidenced based, lack strategies and implementation plans
- More research needed on promising practices
- Primary prevention receives little attention in programmes and policies
- Mainly secondary prevention strategies
- 30% of policies were situated in Women's Directorates
- Absence of targeted plans of action for CSA

RECOMMENDATIONS

- Global advocacy for the inclusion of rape prevention in national policies is needed
- Develop and disseminate operational definitions for the different types of violence
- Identify, evaluate and build on promising practices
- Policies must include monitoring and evaluation of activities and outcomes – rigorously documented
- Needs of survivors must take priority
- Ensure prevention interventions must be evidence-based and developed multi-sectorally

THANK YOU

All policies included in this review is available
online at:

<http://www.svri.org/oakpolicies.htm>