

# International Evidence Base



# Solid and growing evidence



This policy brief summarises the key international evidence on the underlying causes of violence against women and their children, and the effectiveness of prevention initiatives.

## Key points

- There is solid and growing international evidence on the underlying causes of violence against women and their children – the attitudes, behaviours, practices and systems that may promote, justify, excuse or condone it.
- There are many examples of prevention initiatives that have demonstrated significant impacts on these underlying causes by changing attitudes, behaviours and practices – although program quality is key to effectiveness, and what works in one setting or context may not work in another.
- Growing evidence from longitudinal studies is further demonstrating that well-conceptualised, good practice prevention initiatives can reduce future levels of perpetration and experience of violence.
- Changing deeply entrenched attitudes, behaviours and practices around gender and violence is a long-term endeavour, requiring a sustained, multi-pronged and population-wide approach.

Prevention of violence against women and their children is a relatively new field of research internationally. Thinking and practice has evolved exponentially in the last decade. Growing consensus is emerging on ‘causes’ of violence – a term used here to refer to those factors that increase the likelihood of violence occurring. Shared understandings about how we should do prevention are being established through global processes.

Prevention initiatives have been proven effective in shifting attitudes, behaviours and practices around gender and violence in different settings – albeit with caveats as to the quality of the intervention and the context in which it takes place. Some initiatives have also been shown to reduce future levels of violence through longitudinal evaluation. Evidence from other fields (such as road safety, or chronic disease prevention) suggests that we will have a greater impact if we take good practice prevention initiatives and implement them in a coherent and mutually reinforcing way across multiple settings – rather than rely on single initiatives.

The United Nations Commission on the Status of Women (2013) [Agreed Conclusions: Eliminating and preventing violence against women and girls](#) shows that few countries worldwide have undertaken the multi-sectoral and sustained approaches deemed necessary for effective prevention. This means that – while we have evidence of small-scale prevention initiatives being effective – there is a significant gap in evidence for larger-scale, multi-pronged programs creating the widespread social change necessary to reduce violence against women and their children at a national level. As a result, we do not yet have evidence of prevention initiatives effectively reducing levels of violence across a whole population.

The *Agreed Conclusions* commit governments to taking a leadership role and working with partners in the private and community sectors. Prevention of violence against women and their children – including strengthening gender equality – must become part of core business for government portfolios such as education, health, labour and sports to coordinate, and lend support and authority to, the prevention efforts of organisations and communities. Projects must also be monitored and evaluated to build evidence and continuously improve practice so that progress can be measured at the population level, beyond the impact on individual participants.

Australia is well placed to take up this challenge. We have one of the world’s strongest research and practice bases, established over a decade of strong and bi-partisan leadership at national and state levels. The UN Women [Handbook in National Action Plans for Violence against Women](#) suggests that Australia may be the only country to have developed and begun implementing substantive primary prevention policy frameworks for violence against women and their children. Just as sustained, multi-pronged and coordinated programs of work have led to reductions in drink driving and smoking across Australian society, we can assume that such an approach to prevention of violence against women and their children will lead to lower levels of violence over time. The cross-jurisdictional governance structure of the [National Plan to Reduce Violence against Women and their Children 2010-2022](#) can be harnessed to progress this whole-of-population ‘prevention project.’

# Evolutions in Global Understandings

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Women's organisations, particularly those working with victims/survivors, were the first to call for the accountability of perpetrators of violence against women and their children, and to challenge the victim-blaming that continues to be a feature of social attitudes contributing to sexual and intimate partner violence. They not only initiated the first crisis centres, but implemented some of the first prevention activities such as schools-based programs, awareness raising campaigns, and women's empowerment initiatives. A 2012 study, [The Civic Origins of Progressive Policy Change: Combating Violence against Women in Global Perspective](#), further found that – across 70 countries over four decades – the advocacy of women's organisations was the single most important factor driving policy development to prevent and respond to violence against women and their children, beyond all other political and economic phenomena measured.

The rights-based guiding principles developed by these organisations continue to inform understandings of violence against women and children as an abuse of power that is facilitated by, and reinforces, gender inequality. Empirical research on the causes of this violence supports these understandings which have become part of the work of mainstream organisations and the international legal framework.

Prevention of violence against women and their children has been acknowledged as a responsibility of governments under international law and developed through a number of agreements going back decades. The core legal obligation was enshrined in the 1979 [Convention on the Elimination of All Forms of Discrimination against Women](#).

This convention is supported by:

- [Convention on the Rights of the Child](#) 1989
- [Declaration on the Elimination of Violence against Women](#) 1993
- [Beijing Declaration and Platform for Action](#), 1995
- treaties addressing intersections of violence against women and their children, and discrimination based on characteristics such as race/ethnicity, disability, Aboriginality or migration/refugee status.

In March 2013, the UN Women [Commission on the Status of Women](#) – the principal global policy-making body on gender equality – focused on the primary prevention of violence against women and girls for the first time in its history. Member States committed to implementing strategies and policies to support prevention based on the [Agreed Conclusions: Eliminating and preventing violence against women and girls](#). Preparatory work for the Commission included an international [Expert Group Meeting](#), and the [Background Paper](#) and [Final Report](#) for this meeting noted the lead role played by Australia, and Victoria in particular, in driving a policy agenda.

Research and programming on prevention of violence against women and their children is now emerging from fields as diverse as public health, criminology/crime prevention, sociology, psychology and international development.

# International Evidence on Causes and Contributing Factors

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To prevent violence against women and their children we need to understand why such violence occurs in the first place.

To prevent violence against women and their children we need to understand why such violence occurs in the first place. In some ways this seems obvious – violence occurs because the perpetrator believes he (they are mostly men) has a right to abuse. But not all men believe this, and clearly none were born thinking they had such a right. So where does this belief come from? How is the permission or justification for this violence learned and reinforced through our social, organisational or familial environments?

## Heise's CHANGE research – 1998

In 1998, researcher Lori Heise of the United States' Center for Health and Gender Equity (CHANGE) argued that an integrated framework was necessary to understand the complexity of violence against women and their children. In her paper, [Violence against Women: An Integrated Ecological Framework](#), she examined studies from around the world but rejected the generally proposed single-factor explanations. Heise instead described it as a multifaceted phenomenon grounded in the interplay among personal, situational and sociocultural factors.

In essence, Heise squared the circle between individualised life history theories – which implied perpetration was the simple result of childhood experiences of violence, mental health issues, alcohol or drug abuse, etc. – and more socio-structural feminist analyses of violence as arising from patriarchal systems and practices. Heise noted the role of individual experiences and beliefs, but theorised them as coloured, confirmed or reinforced by gender inequalities and norms of male dominance at community and social levels. Her resulting 'socio-ecological model' has informed understandings of violence ever since (and is illustrated in Policy Brief 2: An emerging theory of change).

## World Health Organisation's World Report on Violence and Health – 2002

In 2002 the World Health Organisation (WHO) published the [World Report on Violence and Health](#), reinforcing this socio-ecological model and establishing the idea that a public health approach could be applied to the primary prevention of violence. The WHO Report dealt with violence generally, not violence against women and their children specifically.

The next major piece of research on evidence of the underlying causes of violence against women and their children was undertaken here in Australia. This research, conducted by VicHealth, was used to develop a model and guidance for preventative action.

## VicHealth's Preventing Violence before it Occurs – 2007

VicHealth's [Preventing Violence before it Occurs: A Framework and Background Paper to Guide the Primary Prevention of Violence against Women in Victoria](#) (2007) was the catalyst for an exponential period of development in primary prevention of violence against women and their children in Australia. This framework was also important internationally as the first study of its kind.

VicHealth looked at hundreds of international studies to distil factors that had been found to correlate with higher levels of violence, whether at the level of whole population or at the community, organisational, individual and relationship level. The researchers found that the most significant factors correlated with a higher likelihood of violence, which they called key determinants, were support for gender inequality and rigid gender roles. This research also found that:

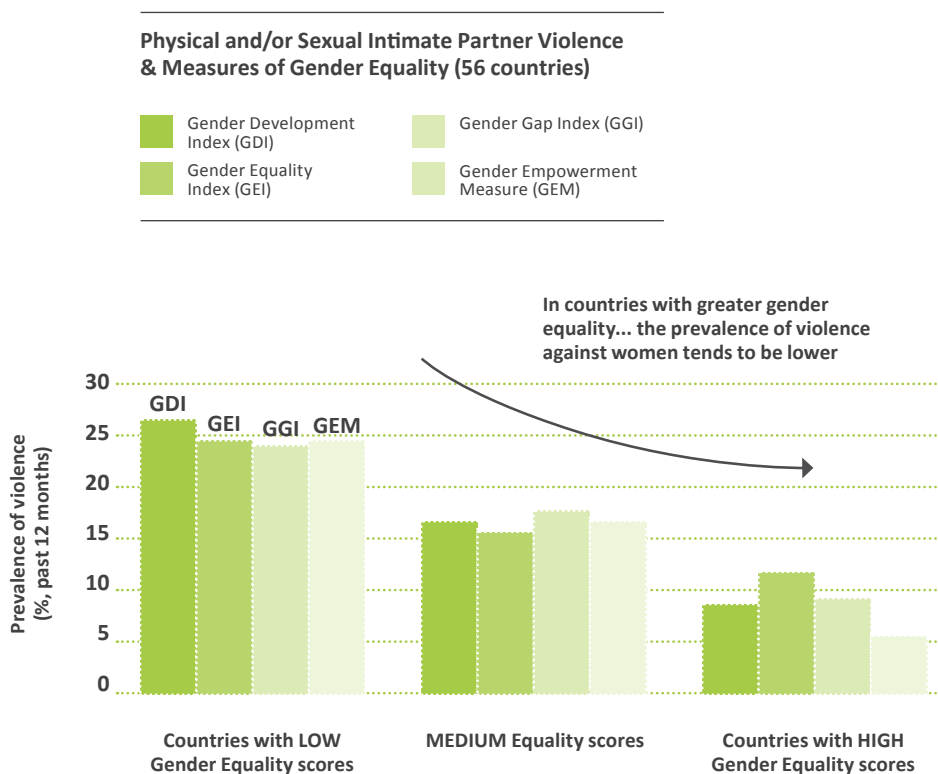
- Levels of violence were measurably higher across the whole population in societies where laws, institutions and cultural beliefs promote or support stereotypical or rigid roles for men and women, and where women have less access to power and resources than men.

# International Evidence on Causes and Contributing Factors

- Individuals (men and women) who did not believe men and women were equal, and/or saw them as having specific roles or characteristics, were also more likely to condone, tolerate or excuse violence against women and their children.
- Within intimate relationships, male dominance and control of wealth was also a significant predictor of higher levels of violence.
- At the individual level, the most consistent predictor for support of violence by men was their agreement with sexist, patriarchal and/or sexually hostile attitudes (a finding later reinforced by the [National Survey on Community Attitudes to Violence against Women 2009](#)).

Comparable multi-country surveys have since confirmed smaller-scale studies showing that countries which value women’s participation and representation, and where there are fewer economic, social or political differences in power between men and women, have significantly lower levels of intimate partner and sexual violence (Figure 1). That is, the strongest correlate or predictor of higher levels of violence against women at the whole population level is unequal power between men and women in economic, political/legal and social terms.

**Figure 1. As gender equality improves, the prevalence of intimate partner and sexual violence against women decreases – from UN Women (2010)**  
*Investing in Gender Equality: Ending Violence against Women*



# International Evidence on Causes and Contributing Factors

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## Emerging distinctions between ‘determinants’ and ‘contributing factors’

The strongest factors correlating with higher levels of violence against women and their children have therefore been found to lie in socio-structural and relationship-level gender inequalities, as well as attitudes and norms supporting violence and rigid gender roles. These factors have been termed ‘determinants’ of violence, as they are considered significant enough to *determine* the likelihood of violence occurring at population levels.

Certain individual life experiences, behaviours or circumstances have also been shown to increase the statistical likelihood of perpetration of violence against women and their children or of victimisation. But researchers have emphasised that, in these cases, increased likelihood does not imply inevitability. Factors such as low education, socio-economic disadvantage, social isolation, childhood experience of violence, alcohol and drug abuse may *contribute* to violence, but they are neither necessary nor sufficient to lead to greater levels of violence *in themselves*. Rather, they come into play when coupled with support for gender inequality and rigid gender roles, as described above.

For example, childhood experience of, or exposure to, violence may well establish a belief that violence is a normal expression of gender roles/masculinity, way of ‘disciplining’ women and children, or of solving disputes. However the socio-ecological model asserts that this belief can be mitigated by a number of other social, educational and psychological factors, most notably the existence of alternative relationship models, and gender-equitable and non-violent norms in the child’s extended family, community and society. VicHealth’s analysis, reinforced by later studies, indicated that childhood experience of violence contributes to, but does not determine, future perpetration or experience of violence as an adult.

Similarly, alcohol abuse does not make someone violent – as evidenced by the fact that not all people who abuse alcohol are violent, and many people who do not abuse alcohol are violent. In Lori Heise’s research, [What Works to Prevent Partner Violence – An Evidence Overview](#), she found that alcohol abuse only increased the likelihood of violence perpetration for men who *already held* attitudes and beliefs that condone/support violence, gender inequality or rigid gender roles. Heise noted that such men were often found to use violence more frequently and with more severe impacts when they *also* abused alcohol.

Social circumstances, such as unemployment or financial stress, have similarly been correlated with higher levels of perpetration of violence. Again this is not true for everyone in such circumstances, and many perpetrators of violence do not face such stresses. Partners for Prevention’s recent multi-country survey (discussed below) found that such circumstances came into play as contributors to violence only when they impacted men who *already* held rigid attitudes towards masculinity and power.

It is becoming clear through the research that addressing these contributing factors alone will never stop the violence. The key is to address the underlying attitudes, beliefs, practices and systems that condone, justify or excuse the gender inequality and socialisation supportive of violence against women and their children.

# International Evidence on Causes and Contributing Factors

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## Other major research reviews

### – WHO and European Commission 2010

Since the VicHealth Framework, two other major reviews of international research on prevention have been undertaken – One by WHO – [Preventing Intimate Partner and Sexual Violence: Taking Action and Generating Evidence](#), and the other by the European Commission – [Factors at play in the perpetration of violence against women, violence against children and sexual orientation violence: A multi-level interactive model](#). Both were released in 2010. They drew largely on the same international evidence base of empirical studies as the VicHealth study (with some updates), and came to similar conclusions.

### Partners for Prevention study on why some men use violence – 2013

The most recent major research on perpetration of violence against women was conducted by Bangkok-based Partners for Prevention, a UN-financed research and capacity building organisation for gender-based violence prevention in Asia and the Pacific. This study is called [Why Do Some Men Use Violence against Women and How Can We Prevent It? Quantitative Findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific](#).

This study is the first original, large-scale multi-country research on the perpetration of violence and the factors associated with it. Researchers interviewed over 10,000 men across Bangladesh, Cambodia, China, Indonesia, Sri Lanka and Papua New Guinea. They included questions on men's self-reported motivations for violence. They found that for rape perpetration, the most commonly reported motivation was related to men's sense of sexual entitlement (belief that they had a right to sex, regardless of consent), followed by 'for fun/bored', then out of anger or to punish a woman, and finally because they had been drinking. Importantly, these were the reasons, or excuses, that perpetrators themselves gave for their violence (as opposed to what might be considered the objective 'causes' of their violence).

The researchers found that both partner violence and non-partner rape were 'fundamentally related to unequal gender norms, power inequalities and dominant ideals of manhood that support violence and control over women.' The findings reaffirm that violence against women is an expression of women's subordination and inequality. The factors found to be associated with violence also reflect influential narratives of masculinity that justify and celebrate domination, aggression, strength and a capacity for violence as well as men's heterosexual performance and men's control over women.



# International Evidence on the Effectiveness of Prevention Initiatives

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To prevent violence against women and their children we need to understand why such violence occurs in the first place.

## Evaluations measuring reductions in future perpetration or experience of violence

What tells us whether or not an initiative is effective at preventing violence against women and their children? The most obvious answer is levels of violence: we want to decrease future levels of perpetration or experience of violence among those participating in the initiative. However the future levels of violence experienced or perpetrated by any group of individuals will be dependent on a variety of interacting factors, many of which will be beyond the scope or control of any one initiative. Further, reducing such levels requires complex and multi-faceted interventions, and is a long-term goal. Over the short to medium term, the increased awareness and understanding of violence that results from prevention activity may even lead to a greater number of reports or disclosures of violence, and a subsequent perception that violence is actually increasing.

Some initiatives have nevertheless been evaluated through quantitative methodologies that establish a baseline (existing levels of violence) and then compare any post-intervention changes against this baseline to those of a control group. These are called randomised control trials. To assess whether any changes are sustained over time, and so affect future levels of violence, it is then necessary to continue measuring frequency/levels of participants' and control group's perpetration/experience of violence at regular intervals over several years – these are known as quantitative longitudinal studies.

Evaluations demonstrating such change over time are still rare in the relatively new field of prevention; and many longitudinal evaluations have not yet begun to show results. Rigorous longitudinal evaluations are not undertaken or even envisaged for many initiatives. They are often considered cost-prohibitive by funding bodies under their own pressures to use limited resources for 'doing' rather than measuring, or alternatively to show results, but show them quickly.

## *SafeDates – USA*

A longitudinal evaluation has been carried out on an American school-based program called *SafeDates* that aimed to prevent dating violence. Evaluations were conducted immediately after the program, then one, three and six years later. Over the four evaluations, the program was found to have significantly reduced future perpetration of moderate physical and sexual dating violence, psychological violence, and in some cases severe physical dating violence.

Up until 2010, only *SafeDates* and a handful of other initiatives (also schools-based dating violence programs) had been evaluated this rigorously over time. Since then, several other initiatives have also been shown to reduce future levels of perpetration or victimisation for participants.

## *IMAGE – South Africa*

The IMAGE microfinance initiative in South Africa targeted the poorest women in communities with participatory training, institution building and community mobilisation on HIV, gender norms, domestic violence and sexuality. A randomised clinical trial evaluation found that after two years, the risk of past-year physical or sexual violence by an intimate partner for the participating women was reduced by 55 per cent.

The women interviewed for the evaluation attributed the reductions to them being better able to challenge the acceptability of violence, and to expect and receive better treatment from partners and leave abusive relationships. They also attributed the reductions to the impact of increased community awareness and decreased tolerance of violence. While most prevention initiatives focus on changing men to reduce perpetration, the IMAGE evaluation demonstrated that economic and social empowerment of women could similarly reduce levels of violence.

# International Evidence on the Effectiveness of Prevention Initiatives

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## *A new evidence database*

A new online database [Violence Prevention Evidence Base](#) at the Centre for Public Health, Liverpool John Moores University, is measuring the impact of interventions directly on violence. At the time of writing, the database showed 70 results for evaluations of interventions aimed at preventing intimate partner or sexual violence, many demonstrating effectiveness.

## **Evaluations measuring changes against underlying causes of violence**

Where evaluations for prevention initiatives exist, most try to measure more immediate changes against the underlying causes of violence against women and their children rather than future levels of violence perpetration or victimisation. Many also aim to provide deeper understandings of why certain initiatives have worked – or not worked – than quantitative impact measures alone can give, through qualitative assessment of participants' experience of the initiative.

Evaluations of changes against the underlying causes of violence may measure, for example:

- shifts in participants' attitudes or beliefs around gender and violence
- changes in organisational or institutional practices that are more supportive of gender equality, and/or
- increases in participant skills that promote gender equitable and non-violent social norms such as bystander intervention in cases of sexual harassment.

A large number of such evaluations demonstrate substantive evidence of effectiveness for prevention initiatives across numerous settings including:

- empowerment initiatives addressing gender inequality
- gender equality, communications and relationship skills training with adults in community or organisational settings

- initiatives aiming to change social and cultural gender norms through working with men and boys to challenge violent constructions of masculinity, or media campaigns on gender stereotyping.

While such evaluations have sometimes been perceived as 'weaker' than those measuring reduced future levels of violence, changes against the factors that we know to contribute to violence can reasonably be assumed to have an impact on future levels of such violence. Strengthening this 'confidence chain' should be the subject of future work. In the meantime, these evaluations provide us with crucial links in the chain leading to an ultimate reduction in levels of violence against women and their children.

## **Quality is everything**

The effectiveness of any initiative rests on how well it has been conceptualised, how well it communicates to its target audience, its duration, what supports it has in place and the skills of practitioners. For example, an initiative of a particular type or in a particular setting evaluated as 'ineffective,' does not necessarily mean that all initiatives of this type or in this setting are ineffective – improvements to conceptualisation or practice quality could well make the difference. Similarly, while *SafeDates* is effective, this does not mean that all schools-based dating violence prevention programs are effective. Indeed, research has shown that schools-based prevention programs are effective only when they take a whole-school approach, involving school leadership, teachers, other school staff and parents, as well as good pedagogic practice – and many have been found ineffective, and even potentially harmful, when good practice standards have not been followed.

# International Evidence on the Effectiveness of Prevention Initiatives

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## Context matters

The context of prevention programs makes a difference to their effectiveness. What works in one country, community or organisation may not work elsewhere. The WHO 2010 report noted that most evaluated prevention initiatives come from high income countries and may not be transferrable to low income countries. Fortunately for Australia, much of the recent evidence base on the effectiveness of prevention programs has been established here. This includes evaluations of initiatives funded through the National Plan or state/territory plans, or by organisations such as VicHealth and White Ribbon. We can have greater confidence in the transferability of initiatives that have been trialled and evaluated in Australia than elsewhere.

The WHO Report also indicates that context matters in terms of population or demographic group. Strategies for prevention aimed at a whole population, rather than specific groups, will not necessarily have a uniform effect on all groups. It is necessary to develop extra measures and tailored strategies to ensure outcomes for groups experiencing intersecting forms of disadvantage or discrimination. It is also important to ensure prevention strategies do not unintentionally reinforce discriminatory stereotypes, for example, that some groups are more violent than others. The recommended practice for human rights-based programming is to promote self-advocacy and capacity building of different groups, and to ensure their participation in the planning, implementation and evaluation of all such programs.

## Multi-faceted solutions are needed for a deeply entrenched problem

The international research has shown that effectiveness of single-setting prevention programs is dampened when broader community or social level practices and norms do not support the messaging of the program. For example, a schools-based program may change participating students' attitudes and behaviours around gender and violence, but the change may not 'stick' if they receive sexist and/or violence-supportive messaging from the media, broader peer groups or at home.

But while the effectiveness of single-setting initiatives is weakened by isolation, it may be *reinforced* and strengthened if carried out alongside initiatives in other settings. For example, a schools-based program accompanied by a social media campaign, community initiative, and/or a sports-based program will have a greater impact than a single program implemented in isolation. Guidance for good prevention practice therefore emphasises the need for mutual reinforcement of messages and prevention activities across multiple settings.

Scale is another good reason for coordinating initiatives across multiple settings. To reduce levels of violence against women and their children across society, prevention messages need to reach everybody, or at the very least a critical mass of people whose shifts in opinions and behaviours will eventually have broader influence. A schools-based program can only ever reach the participating students and school staff – although the reach of such a program certainly becomes more significant if it is supported through government education departments to cover all schools. But a program like this still has limited reach to those outside the school grounds and therefore cannot be expected to 'make a dent' in population-level prevalence figures for violence against women and their children.

Broad and sustainable change to end this violence can only be achieved where prevention initiatives are planned and implemented to go 'wide and deep' across the numerous settings where people interact and which influence them. This means schools, communities, the media, workplaces, sporting clubs, faith institutions, and the like. Programs need to reach the largest possible number of people with quality, sustained and meaningful interventions encouraging shifts in the way people think and behave about gender and violence.

# References

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## Major literature reviews and/or guidance for prevention

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VicHealth (2007) *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*: <http://www.vichealth.vic.gov.au>

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Centre for Public Health, Liverpool John Moores University, *Violence Prevention Evidence Base* (online database of abstracts from published studies that have measured the effectiveness of interventions to prevent violence): <http://www.preventviolence.info>

## Policy and advocacy to prevent violence against women and their children

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VicHealth (2010) *National Survey on Community Attitudes to Violence against Women 2009*, Commonwealth of Australia. <http://www.vichealth.vic.gov.au>

**A full list of references and further reading used in the development of this policy brief is available at: <http://www.preventviolence.org.au/policybriefs.cfm>**

# About Our Watch

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**Our Watch is an independent, not-for-profit organisation, working to raise awareness and engage the community in action to prevent violence against women and their children.**

Our Watch has four members: the Commonwealth, Victorian, Northern Territory and South Australian Governments. Remaining states and territories have been invited to join as members.

Since its incorporation, Our Watch has commissioned a series of policy briefs to assist in the development of the strategic program. The briefs are not designed to be comprehensive or definitive, but rather to provide a 'point in time' summary of issues and evidence in particular areas. They will be published progressively over the next 6 months, and available at [ourwatch.org.au](http://ourwatch.org.au).

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