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What Works to Prevent Violence Against Women: A Summary of the Evidence

CRIME AND JUSTICE

social research

What Works to Prevent Violence Against Women and Girls: A Summary of the Evidence

Justice Analytical Services
Scottish Government

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2020

Contents

The authors would like to express their thanks to Professor Sundari Anitha, Dr Oona Brooks-Hays, and Dr Fiona Morrison for their helpful suggestions made during the peer-review of this report, to Scottish Government analysts and officials for their input throughout, and to Dr Kirsten Russell and Stef Pagani for their contributions to various drafts. They would also like to express thanks to Pauline Lynch from Education Scotland and Fergus Neville for peer-reviewing the Mentors in Violence Prevention (MVP) section. Thanks also goes to Debra Forrester from Police Scotland for providing data on the Disclosure Scheme Domestic Abuse Scotland (DSDAS).

Abbreviations

CRT – Cluster randomised trial
DA – Domestic abuse
DSDAS – Disclosure Scheme for Domestic Abuse Scotland
DVDS – Domestic Violence Disclosure Scheme
FGM – Female genital mutilation
GBV – Gender based violence
HBV – Honour based violence
IPV – Intimate partner violence
MVP – Mentor in Violence Prevention
RCT – Randomised control trial
SV – Sexual violence

Effectiveness classifications key[1]	
Effective	Evidence that the intervention is associated with a positive impact on preventing violence, based on a moderate or strong evidence base.
Promising	Findings were positive but not to the extent that they constituted evidence that an intervention was 'effective'
Mixed	Studies with contrasting results and/or a body of evidence comprised of 'mixed' evidence.
Inconclusive	Insufficient evidence to make a judgement on impact.

[1] See the full list of effectiveness classifications in Annex C.

EXECUTIVE SUMMARY

Research aims and overview

This report was undertaken to support strategic thinking regarding what works to prevent violence against women and girls (VAWG). This review presents a synthesis of available high-quality evidence on effective interventions for preventing VAWG; contributing to the work of Scottish Government's Equally Safe strategy.

This report focuses on primary prevention interventions – those aimed at preventing violence before it occurs (WHO 2002). This review's prevention and early intervention focus reflects the Scottish Government's public health approach to violence prevention (ScotPHN 2019). This report is intended to inform policymakers and practitioners[2] about the evidence base and effectiveness associated with different primary interventions to prevent VAWG.

The evidence summarised within this review is predominantly international[3], reflecting the wide geographical spread of available and robust evaluations on interventions to prevent VAWG. Scottish evidence has been presented where there is substantial and robust evidence to show that a particular intervention is effective or promising.

As this report focuses on pre-criminal justice and prevention-focused interventions, perpetrator programmes such as the Caledonian System and domestic violence perpetrator programmes (DVPPs) are out of scope. However the What Works to Reduce Reoffending (2015) report, which is due to be updated in 2021, will review the international evidence on the extent to which domestic abuse perpetrator programmes reduce reoffending. For the full out of scope list, refer to Annex E.

Key findings

Where is there evidence of **effectiveness**?

- There is strong evidence that interventions focused on modifying unsafe physical school environments are **effective** in preventing VAWG

[2] Accompanying this publication, there is a standalone key findings paper available **here**, alongside a summary document entitled *Effective Investments: A Summary of What Works to Prevent Violence Against Women and Girls for Policy and Practitioners* available **here**.

[3] Much of the available high-quality evidence on the effectiveness of primary interventions to prevent VAWG is from high income countries (e.g. USA and Canada). It is important to account for cultural context in applying these interventions in a Scottish context.

- An example of this intervention is the *Shifting Boundaries* programme in the USA

Where is there evidence of promising or mixed effectiveness?

- There is strong evidence to suggest that bystander programmes that encourage prosocial behaviours among peers are **promising** in preventing VAWG
- Examples of bystander programmes include *Mentors in Violence Prevention (MVP)*, the *Green Dot* and *Bringing in the Bystander*. However, each programme differs in approach
- There is evidence that school-based programmes which seek to prevent violence in dating and intimate partner relationships (through developing life skills, improving knowledge of abuse, and challenging social norms and gender stereotypes that increase the risk of violence) are **promising**
- Of these programmes, there is strong evidence that the *Safe Dates* programme is **effective**
- There is **mixed evidence** about the effectiveness of education as a sexual violence prevention strategy in higher education
- For example, there is limited robust evidence that looks at rape prevention programmes in both the short-term and longitudinally

Where is the evidence inconclusive?

- Due to a limited body of research it is not yet possible to draw reliable conclusions on the effectiveness of the following interventions:
    - Awareness campaigns and edutainment
    - Domestic abuse disclosure schemes
    - Honour-based violence (HBV) interventions
    - Interventions to prevent female genital mutilation (FGM)

Moderating factors: key findings

Across this report, the importance of accounting for the **moderating factors,** potential **facilitators**, and potential **barriers** for prevention interventions for VAWG have been highlighted where evidence is available. Accounting for these factors can encourage effective implementation of these evidence-based interventions.

According to the WHO (2019), the implementation of interventions to prevent VAWG must apply their guiding principles for effective programming. These ten principles[4] are:

[4] This WHO (2019) report also highlight the following **barriers** to successful interventions to prevent and/or reduce VAWG: limitations on women's autonomy; children exposed to violence; social norms that perpetuate male power; inadequate services; inadequate legal and social protections for women; lack of political will and resources; under-resourced women's organizations or movements.

Core values

- Put women's safety first and do no harm
- Promote gender equality and women's human rights
- Leave no one behind

Generate and Disseminate Knowledge

- Develop a theory of change
- Promote evidence informed programming

Programme Design

- Use participatory approaches
- Promote coordination
- Implement combined interventions
- Address the prevention continuum
- Take a life-course approach

Conclusions

Importantly, this report acknowledges that the experience of potential victims-survivors and the effectiveness of prevention-focused interventions may vary greatly dependent on their protected characteristics, identity, and access to resources. **Overall, there is limited evidence of what works for different populations.**

Overall, much of the available high-quality evidence on the effectiveness of primary interventions to prevent VAWG has come from high income countries (such as the USA and Canada amongst others). In this context, it is important to account for cultural context in the application of interventions within a Scottish context, including the gendered analysis adopted in Scotland, where VAWG is defined as being a cause and consequence of systemic, deep-rooted women's inequality (Annex B of the report outlines implementation fidelity and associated issues).

Some interventions have been identified as **out of scope** for this report (see Annex E). While these interventions have not been included within this report, this does not necessarily indicate that they do not work. Rather, they have been excluded due to limited available evidence (e.g. high-quality evaluations) or they are beyond the primary prevention focus of this report (e.g. topic out of scope).

Directions for future research

Based on the evidence presented within this report, the following areas for future research have been identified:

i. **Further evaluations of interventions – both in Scotland and elsewhere – are necessary to understand 'what works'**. For example, for the interventions classified as 'inconclusive' additional evidence via high-quality longitudinal evaluations would be beneficial for understanding the impacts of these interventions on preventing VAWG. **Embedding evaluation** within the intervention programme approach will contribute to understanding the most effective approaches to preventing VAWG. Such evaluations should include **both quantitative and qualitative approaches** to better understand the impacts and effects of each intervention.

ii. More longitudinal research is required to understand the effects of primary prevention interventions for VAWG over time.

iii. **While challenging, research that measures behavioural changes as a direct outcome would be welcome.** As shown throughout this review, many evaluations of interventions to prevent VAWG focus on attitudinal change as an outcome. It is acknowledged that the relationship between attitudinal and behavioural change is unclear. As such, evidence on how attitudinal change impacts long term behavioural changes is often promising but sparse.

iv. Evidence around **effective** or **promising** primary prevention interventions is often from education settings with young people (e.g. secondary schools or higher education). **Further research could look at alternative settings for primary prevention interventions.**

v. **Future research focused upon understanding interventions that may be effective for preventing HBV and FGM would be valuable.** There is limited evidence available, particularly within the context of high-income countries. Likewise, while deemed out of scope for this report, there is limited available evidence on what works to prevent commercial sexual exploitation.

vi. Of the primary interventions presented within this report, those that focus on attitudinal and/or behavioural change to prevent VAWG (e.g. with younger people) may have an impact in preventing coercive and controlling behaviours as forms of domestic abuse, although **whether interventions specifically targeted coercive and controlling behaviour was not always clear from the available literature. The evidence linked to this explicit outcome is limited and could be explored further.**

vii. While there is emerging evidence about the exacerbated risk and impacts of domestic abuse for victim-survivors and families within the current context of the COVID-19 pandemic (WHO 2020), it is unclear whether/to what extent the nature of domestic abuse itself has

changed[5]. As such, it is not possible to draw conclusions on what the COVID-19 pandemic means for what works to prevent DA and other forms of VAWG. **How the COVID-19 pandemic impacts the content and design of prevention-focused interventions should be monitored.**

[5] For more information see Scottish Government (2020) 'Domestic abuse and other forms of violence against women and girls (VAWG) during COVID-19 lockdown for the period 30/3/20 - 22/05/20'

Findings – effectiveness of interventions

Effective		
Type of Intervention	**Evidence of effectiveness in preventing violence**	**Moderating factors[6] (where available)**
Interventions focused on modifying unsafe physical school environments (e.g. Shifting Boundaries; USA)	**Effective:** A number of high-quality evaluations of this intervention indicate that there were reductions in perpetration and victimisation of sexual harassment, peer sexual violence, and adolescent relationship abuse.	**Potential facilitators:** • Combining classroom and building-level interventions is more effective in reducing sexual harassment and violence than classroom intervention alone. • Such programmes could work with younger children (beyond current 11-14 age of participants) to "invoke a true primary prevention effort".
Promising		
Attitude and behaviour-focused interventions: bystander programmes in various settings (e.g. Mentors in Violence Prevention, (MVP); USA and Scotland)	**Promising:** There is strong evidence that bystander programmes that encourage prosocial behaviours among peers are promising in preventing VAWG.	**Potential facilitators:** • Embedded within school curricula and cultures • Longer, cumulative, and sequential programmes that are delivered over time • Programme well-run with effective training and support for mentors

[6] Factors which might facilitate effectiveness or act as a barrier to effectiveness

		• Continual programme development to ensure socio-cultural relevance • Wide range of teaching approaches (including role play) **Potential barriers:** • Mentor workload • Strain on time • Existing evaluations predominantly focus on attitudinal change rather than the reduction of violence as an explicit outcome. • Limited evidence on the long-term effectiveness of these programmes, with more longitudinal research needed.
School-based programmes promoting equal relationships (e.g. Safe Dates, The Fourth R; USA, Canada)	**Promising:** There is evidence that school-based programmes which seek to prevent violence in dating and intimate partner relationships (through developing life skills, improving knowledge of abuse, and challenging social norms and gender stereotypes that increase the risk of violence) are promising. Of these programmes, there is strong evidence that the *Safe Dates* programme is effective.	**Potential facilitators:** • Content underpinned by evidence-based theory and appropriately tailored to the target audience • Multiple sessions over time, that aim to change attitudes and norms rather than simply provide information • Should be incorporated into school policies • The skills building component is a crucial component to lead to positive outcomes

		• For men, programmes delivered in mixed male and female groups are more effective than those presented in all-male groups.
Mixed		
Education as a sexual violence prevention strategy in higher education settings (e.g. rape prevention and reduction programmes; USA, Scotland)	**Mixed:** There is mixed evidence about the effectiveness of education as a sexual violence prevention strategy in higher education. There is limited robust evidence that looks at rape prevention programmes in both the short-term and longitudinally.	**Potential facilitators:** • Longer term education programmes with frequent sessions • Professionally-facilitated education • Targeted at single-gender audiences • Offered at various times throughout students' time in higher education • Workshop-based • Part of multiple approaches or holistic approach **Potential barriers:** • Rape prevention programmes have less effect on men at a higher risk of committing rape

Inconclusive	
Awareness campaigns and edutainment (Australia, England and Wales and other high income countries)	**Inconclusive:** Due to a limited body of research it is not yet possible to draw reliable conclusions on the effectiveness of these interventions.
Domestic Abuse Disclosure Schemes (England and Wales, New Zealand, Scotland)	
Honour-based violence (HBV) interventions	
Interventions to prevent Female Genital Mutilation (FGM)	

Introduction

Background

This report summarises available evidence of what works to prevent[7] VAWG. Broadly, VAWG is understood as "the violent and abusive behaviour carried out predominantly by men directed at women and girls precisely because of their gender" [8] (Equally Safe strategy, 2016). This report provides important evidence to feed into the Scottish Government's work on preventing VAWG as part of the Equally Safe strategy (2016:6):

> Equally Safe is our country's strategy to take action on all forms of violence against women and girls. By this we mean the violent and abusive behaviour carried out predominantly by men directed at women and girls precisely because of their gender. Behaviour that stems from systemic, deep-rooted women's inequality, and which includes domestic abuse, rape, sexual assault, commercial sexual exploitation (like prostitution), and so called 'honour based' violence like female genital mutilation and forced marriage.

As the UN's (2015:8) A Framework To Underpin Action to Prevent Violence Against Women emphasises, VAWG is both a public health issue and "one of the most pervasive human rights violations in the world, rooted in gender inequality, discrimination and harmful cultural and social norms". Article 12 of the Istanbul Convention highlights prevention as a central part of ending VAWG, and is one of four core pillars underlying the Istanbul Convention to prevent and combat VAWG (see Hester and Lilley, 2014).

Preventing VAWG is an international concern, with extensive international work conducted by the United Nations (UN), World Health Organisation (WHO) and others. For example, recent work by the WHO (2019) entitled RESPECT women: Preventing violence against women draws together international approaches to preventing VAWG; considering the available

[7] This report does not cover civil protection orders (such as interdicts) or the effect of using criminal justice measures (see Annex E on out of scope interventions). For more information, see Brooks et al. (2014): 'Violence against women: effective interventions and practices with perpetrators, a literature review', The Scottish Centre for Crime and Justice Research Report.

[8] According to the Scottish Crime and Justice Survey (SCJS), since the age of 16, women were almost twice as likely as men to have experienced partner abuse (20.0% and 10.9%, respectively) (SCJS 2016/18). These results also show that women are more likely than men to have experienced both serious sexual assault and less serious sexual assault (SCJS 2016/18). Likewise, the 2018-19 domestic abuse recorded by the police in Scotland statistics show that where the victim's gender was known, the clear majority of victims in 2018-19 (83%) were female. Around four out of every five incidents (82%) of domestic abuse in 2018-19 had a female victim and a male accused. In 2018-19, 16% of domestic abuse incidents involved a male victim and a female accused.

evidence on the effectiveness of different interventions[9]. This work, alongside other high-quality international publications have been drawn upon within this report.

This report looks in detail at the interventions used to prevent VAWG. In looking at this topic, this report broadly considers gender based violence (GBV), while paying attention to domestic abuse (DA), and sexual violence (SV) as specific, often overlapping, aspects of this form of violence. Where specific forms of violence are the focus of a particular intervention this is highlighted within the report.

The evidence summarised within this review is predominantly international, reflecting the wide geographical spread of available and robust evaluations on interventions to prevent VAWG. Scottish evidence has been presented where there is substantial and robust evidence to show that a particular intervention is **effective** or **promising** (see Annexes B, C and D on methodology and effectiveness classifications).

The interventions presented within this review should be considered within a **broader life course perspective** to help in identifying:

> early risk factors and the best times to disrupt the developmental trajectories towards violent behaviour using a primary prevention approach. For successful primary prevention, early intervention is required that focuses on younger age groups (WHO, 2010:2).

A forthcoming Scottish Government report (written by the Scottish Violence Reduction Unit) on *What Works to Prevent and Reduce Youth Violence* will highlight interventions that can be used with younger people; acknowledging the importance of early interventions to prevent VAWG and other forms of violence. This report on preventing VAWG and the forthcoming report on preventing youth violence are part of a linked series of reports on violence as part of the Scottish Government's violence research programme.

Accompanying this main report, there is a standalone key findings paper available **here**, alongside a summary document entitled *Effective Investments: A Summary of What Works to Prevent Violence Against Women and Girls for Policy and Practitioners* available **here**.

[9] Much of the available high-quality evidence on the effectiveness of primary interventions to prevent VAWG is from high income countries (e.g. USA and Canada). It is important to account for cultural context in applying these interventions in a Scottish context.

Aims of the report

This report aims to:

- **synthesise existing international evidence** regarding the effectiveness of interventions designed to prevent VAWG and signpost to further evidence to help inform decision making
- **provide a clear indication of the effectiveness** of an intervention based on a critical assessment of the available evidence base
- provide information around **barriers and facilitators** to the successful implementation of interventions

It is important to note that this report does not purport to provide an exhaustive and definitive account of the evidence in this area. Rather, it constitutes a collation of evidence that was identified and accessed during the time available. This report aims to be a foundation upon which new and existing research can be added as it becomes available or is identified in the future[10].

Report structure

While there are several ways to present the evidence on what works to prevent VAWG for high income countries[11], this report is informed by research conducted by the WHO (2019).The WHO (2019) framework *RESPECT Women: Preventing Violence Against Women* highlighted seven areas to be addressed to prevent (and reduce) violence against women. For the purposes of this report, the following areas have been identified[12] as relevant to *prevention*[13] within a high income country context (such as Scotland):

- **environments made safe**: efforts to create safe schools, public spaces and work environments, among others
- **transformed attitudes, beliefs and norms**: strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes that uphold male privilege and female subordination, that justify violence against women and that stigmatise survivors. These may range from public campaigns to group education and more.

These two identified areas have informed the overarching structure of this report, asking the following questions:

[10] see also in this Scottish Government report series, What Works to Reduce Crime (2014)) and What Works to Reduce Reoffending (2015)
[11] Comparable to Scotland.
[12] For the out of scope list see Annex E.
[13] Within the WHO (2019) RESPECT framework, there are interventions that focus on secondary prevention interventions (i.e. those focused on reducing ongoing violence). Due to this report's focus on primary prevention these areas have been identified as out of scope (see Annex E).

1) What works to make environments safe?
2) What works to transform attitudes, beliefs and norms?

To acknowledge the overlaps between different forms of violence within certain interventions, this report has been structured by intervention-type, rather than violence-type. However, where an intervention relates explicitly to one form of VAWG (e.g. domestic abuse), this has been highlighted by: gender based violence (GBV) and/or domestic abuse (DA) and/or sexual violence (SV).

An exception to this is overall approach is the latter section of this report on honour-based Violence, asking:

3) What works to prevent honour-based violence (HBV), including female genital mutilation (FGM)?[14]

In response to these questions, this review presents available evidence, and an effectiveness rating, for primary interventions to prevent VAWG. This discussion draws upon evidence and evaluations relating to the effectiveness of these WHO strategies aimed at preventing violence.

Within this report, we examine interventions that seek specifically to prevent different types of VAWG as an outcome, and those that target key risk factors for violence perpetration and experiences[15]. As such, it is not an exhaustive list of interventions. Instead, it focuses on the most common interventions, assessing their effectiveness, and signposting to relevant evidence[16].

Determining prevention levels

Following this focus on *preventing* VAWG, this report focuses on primary prevention, understood as "approaches that aim to prevent violence before it occurs" (WHO 2002:15) [17]. Equally Safe (2016:22) defines primary prevention in these terms, focusing upon:

[14] The focus on these types of VAWG reflects the specific nature of the violence, and the limited evidence available on prevention-focused interventions that look at preventing HBV or FGM as an explicit outcome. However, as signposted to, other interventions presented within this report seek to change social attitudes and behaviours with the broad aim of preventing various forms of VAWG.
[15] For a similar approach to assessing available evidence on violence prevention, see Fulu et al. (2014) report on what works to prevent VAWG.
[16] Interventions that have been identified as out of scope for this report are listed in full in Annex E.
[17] The WHO 's (2002:15) World report on violence and health provides an overview of what constitutes primary, secondary and tertiary prevention. These definitions are summarised in Annex A.

changing behaviour, building the knowledge and skills of individuals, and ultimately delivering a progressive shift in the structural, cultural and societal contexts in which violence occurs.

The focus of this report upon primary interventions reflects the increasing emphasis upon preventive measures as key to reducing forms of VAWG such as domestic abuse (Cleaver et al., 2019). According to Crooks et al. (2019), primary prevention involves:

- universal approaches to reduce the likelihood of VAWG
- reducing risk factors associated with violence
- promoting protective factors to enhance women and girls' safety

Employing primary interventions as part of early interventions aim to "tackle root causes of problems before they become entrenched" (Cleaver et al., 2019:141). To prevent VAWG from happening[18], Hester and Westmarland (2005:15) identify primary prevention as "a long-term strategy" that involves "changing the attitudes, values and structures that sustain inequality and violence".

There is some evidence that focusing on early intervention and primary prevention interventions for public health challenges is an effective use of resources over the long-term (see BMA, 2017).

Further information on what constitutes primary, secondary, and tertiary prevention can be found in Annex A (see also ScotPHN report, 2019:9). Moreover, Annex B provides detailed information about the methodological approach of this report.

Out of scope interventions

The interventions identified as out of scope of this report are detailed in Annex E. They include: legislative changes, interventions focused on reducing violence perpetration (rather than preventing it from happening), services to support and advocate for victims-survivors of various forms of VAWG, and interventions within the justice system aimed towards perpetrators, or victims-survivors.

As this report focuses on pre-criminal justice and prevention-focused interventions, perpetrator programmes such as the Caledonian System and domestic violence perpetrator programmes (DVPPs) are out of scope. However the What Works to Reduce Reoffending (2015) report, which is due to be updated in 2021, will review the international evidence on the extent to which domestic abuse perpetrator programmes reduce reoffending.

[18] For more on prevention within a public health approach, refer to ScotPHN's (2019) Violence Prevention Framework.

Moreover, due to limited available evidence, interventions that focus specifically on the prevention of commercial sexual exploitation, stalking, and harassment have not been addressed in detail within this report. However, early intervention and prevention-focused interventions discussed within this report may also have longer-term, wide-reaching impacts in changing both attitudes towards and perpetration of VAWG. **Future research should focus on understanding prevention of commercial sexual exploitation as complex and varied forms of VAWG.**

More broadly, Wilson et al. (2015:76) argue for:

- collaborations between research and practice in designing, evaluating, and modifying intervention programmes
- programmes to be culturally appropriate
- programmes to target the specific physical, psychological, financial, social and spiritual requirements of victims-survivors of commercial sexual exploitation

Assessment of effectiveness of interventions

Decision-making tools (effectiveness classification criteria and decision tree) were developed to inform the process undertaken in synthesising the available evidence (see Annex B, C and D). These tools have been used to ensure a consistent and transparent approach to classifying the effectiveness of interventions to prevent VAWG. In particular, the following aspects are considered in classifying the available evidence:

- the relevance of the evidence: must include outcomes related to violence prevention/reduction **or** risk factors **or** intermediate outcomes for violence
- what the evidence says about the effectiveness of the intervention
- the strength of the available evidence (see Annex B on methodology)

The following colour-coded categories of effectiveness[19] have been developed for this report, and are used throughout:

[19] Annex D provides detailed information about each of these evidence classifications.

Effective (Green)

Promising (Amber)

Mixed (Amber)

No effect (Red)

Negative effect/potentially harmful (Red)

Inconclusive (Grey)[20]

It should be noted that the **inconclusive** category is:

- distinct from the no effect[21] category
- is based on insufficient evidence to make a judgement on impact of an intervention (e.g. only pilot evaluations available)
- indicates the need for further research and evidence before conclusions can be drawn on the effectiveness of an intervention

Where a respected expert organisation such as, the WHO or UN, have assigned a particular level of effectiveness to an intervention, this review has used their effectiveness rating. Where this is the case, the decision making process outlined in Annex C and D is not used. Exceptions to this include where robust new evidence has been produced since the publication of ratings by these organisations, or where an effectiveness rating is not relevant to a high income country such as Scotland (e.g. if that rating was only applicable to low income countries in a WHO report).

Prior to presenting the interventions in detail, a brief overview of each form of VAWG (GBV, DA and SV) are now detailed.

[20] Within this review, the interventions presented do not fall into the 'no effect' or 'negative effect/potentially harmful' categories. However, these have been included here to demonstrate the categories used across this work.

[21] By contrast, a no effect classification (of which there are none within this report): has strong or moderate evidence available with no evidence of effect (positive or negative) was found for preventing VAWG.

Forms of VAWG and overarching moderating factors

This report has been predominantly organised by intervention type[22], rather than violence type (e.g. gender-based violence, domestic abuse, sexual violence). However, it is important to provide a brief overview of these types of VAWG; looking at how they can overlap, and considering overarching moderating factors that should be taken into account alongside the interventions presented[23].

Gender based violence (GBV)

This report includes interventions that promote gender equality and seek to challenge and change social norms, behaviours, and attitudes to prevent GBV. As the European Institute for Gender Equality (2019) states:

> Gender based violence is a phenomenon deeply rooted in gender inequality, and continues to be one of the most notable human rights violations within all societies. Gender-based violence is violence directed against a person because of their gender. Both women and men experience gender-based violence but the majority of victims are women and girls.

Following this understanding, this report outlines the international and Scottish evidence on the effectiveness of interventions in preventing various forms of GBV (see also Equally Safe, 2016).

GBV is disproportionately experienced by women (WHO, 2010). As the Scottish Social Attitude Survey report (2014:10) highlights:

> Framing violence as gender based – that is, as violence that is directed against a woman because she is a woman, or which affects women disproportionately – highlights the need to situate it within the context of women's status in society, taking into account norms, social structures, and perceived gender roles which influence women's vulnerability to violence.

This report reflects this framing, concentrating on interventions that change social norms and attitudes to prevent violence against women.

Overarching moderating factors for GBV interventions

Potential facilitators

[22] The exception is the section on what works to prevent honour-based violence – this reflects the limited available evidence on interventions that are effective in preventing this form of VAWG.
[23] Additional contextual information can be found in Annex F.

To address GBV and its causes, ScotPHN (2019:27) outline a set of recommendations as part of their Violence Prevention Framework, including highlighting the need to account and advocate for wider understandings of both the root causes of violence, and the "need for intervention at individual, relationship, community and societal level".

More specifically, according to Ellsberg (2015:1555), effective[24] GBV interventions which focus on addressing societal and gender norms alongside VAWG are often:

- participatory
- engage multiple stakeholders
- support critical discussions about gender and the acceptability of violence
- support greater communication and shared decision making among family members

According to the WHO (2019), the implementation of interventions to prevent VAWG must apply their guiding principles for effective programming. These ten principles[25] are:

Core Values

- Put women's safety first and do no harm
- Promote gender equality and women's human rights
- Leave no one behind

Generate and Disseminate Knowledge

- Develop a theory of change
- Promote evidence informed programming

Programme Design

- Use participatory approaches
- Promote coordination
- Implement combined interventions
- Address the prevention continuum
- Take a life-course approach

Potential barriers

[24] These characteristics of effective interventions are also present within domestic abuse and sexual violence interventions discussed in sections 2 and 3 of this report

[25] This WHO (2019) report also highlight the following barriers to successful interventions to prevent and/or reduce VAWG: limitations on women's autonomy; children exposed to violence; social norms that perpetuate male power; inadequate services; inadequate legal and social protections for women; lack of political will and resources; under-resourced women's organizations or movements.

There are a number of barriers to making GBV interventions effective related to:

- the behaviour of the perpetrator
- a victims-survivors' access to services
- their available resources
- immigration status
- existing support network

As will be discussed further below, these barriers are similar to those identified for DA interventions.

As Crooks et al. (2019:46) notes:

> we know quite a bit about what works to prevent GBV for cisgender, heterosexual, white youth; however, there exist many gaps in our knowledge. These gaps are critical to address if we are to promote healthy relationships for all youths and ensure access to meaningful and effective prevention programs.

This report therefore acknowledges that the experience of victims-survivors and the effectiveness of interventions may vary greatly depending on their protected characteristics, identity, and access to resources.

Domestic abuse and sexual violence are forms of GBV. It is therefore important to provide brief background on these forms of VAWG. This report takes into account that many of the interventions aimed at reducing GBV may also be effective at addressing DA and SV.

Barriers for women from minority, marginalised, or disadvantaged communities

It is important to consider the specific circumstances that may be barriers to help and support[26] for women who have other protected characteristics (e.g. race, disability, LGBT+, and others). As such, the different issues and barriers that women from marginalised or disadvantaged communities face must be accounted for within interventions to prevent VAWG such as domestic abuse (Femi-Ajao et al. 2020).

There are specific challenges for women and girls who have other **protected characteristics**[27] that increase their risk of violence and in some cases act as barriers to effective interventions (Equally Safe, 2016:19).

[26] While not directly linked to prevention interventions, it is important to note the broader context of barriers to support women who have experienced a form of GBV.
[27] Examples of these protected characteristics include: minority ethnic women and girls; refugees and asylum seekers; disabled women and girls (including those with learning disabilities); LGBTI people; and women at different ages and stages of life (including older women) (COSLA, 2020)

The risk factors associated with the intersection of gender and other protected characteristics[28] are underpinned by prejudice and continuing structural inequalities in society (Equally Safe, 2016).

In a UK context having 'no recourse to public funds' (NRPF) due to circumstances such as immigration status or spousal visa can also be a barrier to accessing support[29].

Moreover, research by Femi-Ajoa et al. (2020) indicates the following barriers to disclosing domestic violence among women from ethnic minority populations:

- immigration status
- community influences
- problems with language and interpretation
- unsupportive attitudes of staff within mainstream services

In this context, Femi-Ajoa et al. (2020:746) conclude that:

> There is an on-going need for staff from domestic violence services to be aware of the complexities within which women from ethnic minority populations experience domestic violence and abuse.

For more resources and research on barriers to accessing support for women who have experienced DA see Annex F.

Domestic abuse (DA)

Domestic abuse is understood as a particular form of VAWG (United Nations, 2015), and is the term adopted throughout this report. According to the Crown Office and Procurator Fiscal Service (COPFS) and Police Scotland, DA is defined as:

> Any form of physical, verbal, sexual, psychological or financial abuse which might amount to criminal conduct and which takes place within the context of a relationship. The relationship will be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere including online.

Both men and women experience DA. However, women in Scotland were almost twice as likely as men to have experienced partner abuse since the

[28] See for example Public Health England (2015): Disability and domestic abuse: risk, impacts and response report
[29] For more information on this barrier in a Scottish context see for example: Shakti Women's Aid and Hemat Gryffe Women's Aid,

age of 16[30] (20.0% and 10.9%, respectively) (Scottish Crime and Justice Survey, 2016/18).

Moreover, COPFS and Police Scotland's joint protocol in challenging domestic abuse details that:

> it is acknowledged that domestic abuse as a form of gender based violence is predominately perpetrated by men against women. This definition also acknowledges and includes abuse of male victims by female perpetrators and includes abuse of lesbian, gay, bisexual, transgender and intersex (LGBTI) people within relationships.

These definitions are adopted within this report. However, it is important to note that other terminology and understandings are used within the evidence presented in this report, including:

- Intimate partner violence (IPV)
- Domestic abuse
- Partner abuse
- Domestic violence

These reflect different national legislation, supranational approaches (such as the United Nations), and academic research with an international focus. These terms are often used interchangeably to describe a particular form of violence against women that can include some or all of the following:

- often perpetrated by a male partner or ex-partner
- psychological and emotional abuse (including coercive and controlling behaviours)
- economic abuse
- physical abuse
- sexual abuse
- Some understandings of DA also include abuse perpetrated by family members and other members of a household.

Interventions to prevent DA must therefore take the complex psychological, physical, emotional and financial dimensions of this form of VAWG into consideration. As discussed further below, this includes the use of coercive and controlling behaviours to underpin and sustain domestic abuse (see Stark, 2007, 2009).

[30] Partner abuse in the SCJS is defined as 'any form of physical, non-physical or sexual abuse, which takes place within the context of a close relationship, committed either in the home or elsewhere. This relationship will be between partners (married, co-habiting or otherwise) or ex-partners.' This definition is consistent with the definition adopted by Police Scotland in recording domestic violence.

It is also important to recognise the significant and detrimental impact of the COVID-19 on families experiencing domestic abuse (DA) in Scotland[31], and internationally (WHO 2020). Evidence from Scotland suggests the isolation associated with the COVID-19 lockdown has magnified the impact and risk of domestic abuse for victims-survivors and children, and in some instances perpetrators of abuse have used violent and abusive behaviour apparently specific to lockdown[32]. However, it is unclear whether/to what extent the nature of domestic abuse itself has changed. As such, it is not possible to draw conclusions on what the COVID-19 pandemic means for what works to prevent DA and other forms of VAWG. **How the COVID-19 pandemic impacts the content and design of prevention-focused interventions should be monitored.**

Overarching moderating factors for DA interventions

Potential facilitators

According to the WHO (2012a) report on intimate partner violence, international evidence highlighted a series of effective or promising approaches to preventing VAWG[33], including DA[34]. Although understood as particularly challenging to evaluate, this report advocates for "comprehensive, multi-sectoral, long-term collaboration between governments and civil society at all levels of the ecological framework"[35] (WHO, 2012a:7). In relation to more specific strategies, they highlighted the following as demonstrating promise or effectiveness in preventing DA abuse:

- Use behaviour change communication to achieve social change (e.g. school-based prevention programmes)
- Engage men and boys[36] to promote non-violence and gender equality
- Organise media and advocacy campaigns to raise awareness about existing legislation[37]

These interventions are explored in more detail later in this report.

[31] See also COSLA (2020) Coronavirus (COVID-19) Supplementary National Violence Against Women Guidance
[32] For more information see Scottish Government (2020) 'Domestic abuse and other forms of violence against women and girls (VAWG) during COVID-19 lockdown for the period 30/3/20 - 22/05/20' available at: https://www.gov.scot/isbn/9781839608292
[33] While this WHO report focuses on both high and low income countries, many of the interventions cited have been identified in relation to high income countries.
[34] Referred to as intimate partner violence (IPV) within the WHO report, DA is the tem used within this publication.
[35] See WHO description of the ecological model
[36] Graham et al. (2019) note that there is limited evidence available on what works with regards to programmes and interventions targeted at men and boys.
[37] Awareness raising campaigns are discussed further and are classified as 'inconclusive' due to limited evidence on violence-related outcomes.

Reporting and seeking help

Domestic abuse as a barrier to reporting

Facilitating early intervention may be a long-term and complex process as domestic abuse victims-survivors may wait considerable time before disclosure[38] (Cleaver et al. 2019). Research suggests that in seeking formal and informal support, women experiencing domestic abuse delayed making contact with specialised services until a crisis occurred (e.g. assault by the perpetrator), or an individual ('an enabler') facilitated access (Evans and Feder 2014). As such, though abuse may have begun, early detection and intervention systems are needed (Cleaver et al., 2019).

Evans and Feder (2014) noted that the women they researched faced various barriers to accessing specialist services including, but not limited to:

- Feelings of shame or denial
- Lack of trust in others
- Fear of repercussions such as the perpetrator finding out
- Poor experiences of help seeking

According to Stark (2012), between 60 and 80 per cent of female victims-survivors of domestic abuse who had sought help had been subjected to coercive and controlling behaviours[39]. According to Biderman (1956), there are three primary elements of coercive control: dependency, debility and dread. Within these elements he detailed eight techniques used with coercive control (see Biderman's 'Chart of Coercion', 1973; Hill, 2019):

- Isolation
- Monopolisation of perception
- Induced debility or exhaustion
- Cultivation of anxiety and despair
- Alternation of punishment and reward
- Demonstrations of omnipotence
- Degredation
- Enforcement of trival demands

[38] Research indicates that BME victims-survivors may experience a longer wait than white victims-survivors (Femi-Ajao 2020).

[39] The Domestic Abuse Scotland Act (2018) extends to cover coercive and controlling behaviours as a form of domestic abuse. Of the primary interventions presented below, those that focus on attitudinal and/or behavioural change relating to VAWG with younger people may have an impact in preventing coercive and controlling behaviours, although whether interventions specifically targeted these behaviours was not always clear from the available literature and the evidence linked to this explicit outcome is limited and could be explored further.

Therefore, domestic abuse interventions must acknowledge and address how the perpetrator's coercive and controlling behaviours can act as a barrier to victims-survivors reporting their experience or seeking help from the police or support services (see Pain and Scottish Women's Aid report entitled Everyday Terrorism: How Fear Works in Domestic Abuse, 2017).

According to Fugate et al. (2005:298), other barriers to reporting for women experiencing DA include, but are not limited to:

- lack of money
- health insurance (USA context)
- available time to contact support services
- lack of knowledge about resources
- logistical barriers such as lack of child care or transportation

Barriers to reporting domestic abuse to the police

The Scottish Crime and Justice Survey (SCJS) finds that most incidents of partner abuse do not come to the attention of the police[40]**.** The SCJS 2017/18 report[41] found that a fifth (19%) of those who experienced partner abuse in the 12 months prior to interview stated that the police came to know about the most recent incident.

Further breakdowns indicate similar rates of reporting of partner abuse for men (19%) and women (20%) in the 12 months prior to interview according to SCJS 2016/18 data.

Based on 2016/18 SCJS data, when asked the reasons for *not* reporting the most recent incident of partner abuse to the police, some common reasons given by female respondents were:

- those involved had dealt with the matter themselves (34%)
- the abuse was too trivial/not worth reporting (28%)
- the abuse was a private, personal or family matter (25%)
- it would have been inconvenient or too much trouble (17%)

As reflected in the SCJS results, women's perceptions of their relationships and/or incidents of abuse as personal, "nobody's else's business", or private and confidential can also be reasons for not reporting abuse to the police. These SCJS results mirror the barriers that Fugate et al. (2005) highlight

[40] While this data refers to both genders, the SCJS reports that women were more likely than men to experience partner abuse since the age of 16 (18.5 per cent) compared to men (9.2 per cent).

[41] The SCJS partner abuse figures combine data collected from 2016/17 and 2017/18 survey years. This is referred to as 2016/18, and the data can be found within the SCJS data tables. For more information on the SCJS partner abuse figures, see the 2017/18 SCJS main findings report.

above. They also note that there can be a desire for individuals to preserve their relationship, or protect their partner by not reporting domestic abuse to the police (Fugate at al., 2005).

Sexual violence (SV)

Sexual violence[42] is defined by the World Health Organisation (WHO) 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 (WHO, 2012b:2).

As Lundgren and Amin (2015: 543) note, SV can "occur at any age – including childhood – and can be perpetrated by parents, family members, teachers, peers, acquaintances and strangers, as well as intimate partners". According to the SCJS 2016/18 results, women are more likely than men to have experienced both serious sexual assault[43] and less serious sexual assault[44]. Likewise, a higher proportion of women than men reported experiencing at least one type of serious sexual assault since the age of 16 (6.2% compared to 0.8%, respectively) (SCJS 2016/18). These results indicate the importance of using a gendered approach to understanding violence and the role of systemic gender inequality in sustaining violence.

According to DeGue et al. (2014), sexual violence is a complex topic with overlapping social, structural, cultural and individual dimensions. They argue that prevention approaches should be "equally complex, multifaceted, and embedded within our lives and environments" (DeGue et al, 2014:36). Sexual violence, as with other forms of violence against women and girls, can have a range of negative impacts, including for their reproductive health, mental health, behavioural impacts, and possibly fatal outcomes (see detailed list in Understanding and Addressing Violence Against Women: Sexual Violence, WHO 2012b).

The US Centers for Disease Control and Prevention provide details on sexual violence prevention strategies; understanding this form of violence as a public

[42] While they are not mutually exclusive, stalking and sexual harassment are not included within this report in detail due to limited available evidence (see Annex E for out of scope list).
[43] Serious sexual assault: experience of one or more of the following - Forced sexual intercourse; Attempted forced sexual intercourse; Forced other sexual activity (for example, oral sex); Attempted forced other sexual activity. These terms are used within the SCJS report.
[44] Less serious sexual assault: experience of one or more of the following - unwanted sexual touching; indecent exposure; and sexual threats. The terms 'serious sexual assault' and 'less serious sexual assault' are used for ease of reference and do not relate to the seriousness of the impact on an individual.

health issue – an approach that is central to the Scottish Government Equally Safe strategy.

Stalking and sexual harassment are not included within this report in detail due to limited available evidence. However, while they are not mutually exclusive, there are overlapping experiences with the forms of VAWG detailed in this report (see Annex E).

Overarching moderating factors for SV interventions

Potential facilitators

DeGue et al.'s (2014) systematic review outlines the following criteria, which can contribute to **effective primary prevention strategies** for sexual violence perpetration, suggesting that interventions should be:

- comprehensive
- appropriately-timed
- involve varied teaching methods
- include a sufficient 'dose'
- foster positive relationships
- be relevant for particular sociocultural contexts
- have well-trained and equipped staff
- be theory and evidence driven

ScotPHN's (2019) Violence Prevention Framework publication also provides details of potential facilitators for preventing sexual violence, some of which are drawn from a Scottish context (such as awareness campaigns).

Potential barriers: reporting sexual violence

As noted above in the DA summary, there are barriers that victims-survivorss face in receiving help and support and/or reporting SV to the police[45]. These can include cultural and social attitudes, prior unsatisfactory experience with the justice system, concerns about the criminal justice process, and/or potential personal repercussions (see Prochuk 2018 for more detail).

This report will now consider interventions in turn, informed by the WHO (2019) RESPECT framework, to present evidence on what works to prevent VAWG.

[45] While not directly linked to prevention interventions, it is important to note the broader context of barriers to support women who have experienced a form of GBV.

What works to make environments safe?

According to the WHO (2019) framework on VAWG prevention, making environments safe is a priority. Environments include creating safe schools, public spaces (e.g. transport)[46] and more. Based on robust available evidence, this report presents evidence on school-based programmes, as well as the Domestic Abuse Disclosure Scheme (DASA) in understanding what works to make environments safe.

Key findings

Interventions focused on modifying unsafe physical school environments:

- **Strong evidence** that the *Shifting Boundaries* programme (focused on classroom and physical environments) is **effective** in preventing VAWG.

Bystander interventions:

- The most robustly evaluated bystander interventions have been predominantly based in **secondary school environments**.
- There is evidence to suggest that some bystander programmes (e.g. *MVP*) are **promising** interventions to prevent VAWG.
- There is variation in the evidence of programme effectiveness between different bystander intervention programmes (e.g. some programmes have been more extensively evaluated than others)
- Bystander programmes focus upon changing attitudes with **limited evidence of behaviour change as an explicit programme outcome.**

Domestic Abuse Disclosure Scheme (DADS):

- Currently, the evidence base about the effectiveness of Domestic Violence Disclosure Schemes (DVDS) is **limited to pilot evaluations** (see Home Office, 2013; New South Wales Government, 2016).
- There are currently **no evaluations of the domestic abuse disclosure scheme currently available in Scotland** (Brooks-Hays, 2018).
- Consequently these interventions have been classified as **inconclusive** due to insufficient evidence

[46] While highlighted by the WHO (2019) framework for VAWG prevention, there is limited evidence about what works within transport settings to make environments safe. See the International Transport Forum's (2018) report on Women's Safety and Security: A Public Transport Priority for further information.

Interventions focused on modifying unsafe physical school environments

Classification: Effective

(GBV/SV)

Background

The *Shifting Boundaries* school-based programme focuses on modifying unsafe school physical environments alongside classroom-based sessions (ScotPHN, 2019; DeGue et al., 2014; Taylor et al., 2011).

As Crooks et al. (2019) summarise, this two-part intervention aims to both increase knowledge of the consequences of abusive behaviour, while increasing faculty surveillance and awareness of unsafe areas in the school environment.

According to Taylor et al (2013:64), within middle schools[47] in the USA this curriculum for the classroom-based elements of this intervention involved six sessions that focused on:

- the laws and consequences for perpetrators of dating violence and sexual harassment
- the social construction of gender roles
- healthy relationships
- the definitions and applications of 'personal space' and boundaries

The building-based interventions within the Shifting Boundaries programme include:

- use of building-based restraining orders[48]
- higher levels of faculty/security presence in safe/unsafe 'hot spots' mapped by students
- posters to increase dating violence and sexual harassment awareness and reporting

This building-based element of the intervention aims to develop students' respect for personal boundaries; both within the school building context and through classroom curriculum (Taylor et al. 2013).

[47] Children aged 11-14 years old

[48] These temporary building-based restraining orders are also known as *Respecting Boundaries Agreement (RBA)*, (Taylor et al., 2012). Details can be found in Stein (2010:10) Shifting Boundaries: Lessons on Relationships for Students in Middle School.

Available evidence

High-quality evaluations of the *Shifting Boundaries* intervention indicate that there were reductions in perpetration and victimisation of sexual harassment, peer sexual violence, and adolescent relationship abuse (De Gue et al., 2014; Taylor et al. 2017). Through their randomised control trials (RCT) across 23 US middle schools, Taylor et al. (2017:94) report that:

> for most of our examined outcomes[49], providing the Shifting Boundaries program to the 6th grade[50] only in middle school does just as well in terms of peer violence and dating violence outcomes as a more saturated process of treating multiple middle school grades.

In this context, Taylor et al. (2017) conducted research where 'full saturation' involved conducting the intervention with grades 6 to 8; school ages 11 to 14.

While their results showed that providing the *Shifting Boundaries* (SB) programme to one grade (6th, with children aged 11-12) did as well at ***preventing*** **peer violence and adolescent relationship abuse** as treating multiple grades, their results also showed that **additional saturation led to sexual harassment *reductions*** (Taylor et al. 2017). In particular, "schools that delivered SB to 6th and 7th graders (compared to just 6th graders) reduced sexual harassment victimization 6 months post-treatment" (Taylor et al. 2017:79).

Similarly, previous evaluations of the *Shifting Boundaries* programme by Taylor et al. (2013:64) showed that:

> The building-only and the combined interventions were effective in reducing sexual violence victimisation involving either peers or dating partners at 6-months post-intervention. This was mirrored by reductions in sexual violence perpetration by peers in the building-only intervention.

However, there are limitations attached to the self-reporting of violent acts or incidents[51] within these evaluations[52]. Taylor et al. (2017:94) acknowledge that "students may not be able to recall the timing of a violent act or may have deliberately under-reported or over-reported certain behaviour".

They suggest, however, that these limitations are mitigated through the confidentiality of the surveys, and this approach has "become an accepted

[49] These examined outcomes refer to peer physical, sexual, sexual harassment victimisation or perpetration, also looking at these in a date context.
[50] Children aged 11-12
[51] The researchers measured adolescent relationship abuse and sexual harassment through participant responses to questions on whether they have performed a specific act of physical violence against a partner or peer (e.g. kicking, pushing, hitting).
[52] Such limitations around self-reporting are also applicable to other interventions to prevent various forms of violence (including VAWG).

modality of collecting data on the subject matter of adolescent relationship abuse and sexual harassment" (Taylor et al. 2017:94).

Moderating factors

Potential facilitators

Taylor et al. (2013) note that:

- combining classroom and building-level interventions is more effective in reducing sexual harassment and violence than classroom intervention alone
- the building-only *Shifting Boundaries* intervention can be implemented with very few extra costs to schools

Although Taylor et al.'s (2017:95) results show that combined classroom and physical environments can be effective in reducing violence among children aged 11-14, they suggest that their results raise further questions about whether such programmes should "work with even younger groups to invoke a true primary prevention effort to reduce abusive behaviours in peer and dating relationships".

Potential barriers: further research

Ellsberg et al (2015:1557) also highlight that Taylor et al.'s evaluation of this programme did not report results separately by the sex of the victim-survivor or perpetrator, therefore it is not clear whether the effect of the programme was similar for boys and girls[53].

Moreover, Lundgren and Amin (2015) highlight that additional research is required to explore the effectiveness of school-based interventions, such as *Shifting Boundaries*, **using violence as an outcome measurement.**

[53] Similarly, the *Safe Dates* intervention did not report results separately by sex of the victim or the perpetrator; therefore it is not clear whether the effect was similar for boys and girls (Ellsberg et al. 2015:1557).

Bystander interventions

Classification: Promising

(GBV/SV)

Background

Bystander[54] approaches aim to shift: "gender inequitable attitudes, beliefs and cultural norms which support abuse, and ultimately increasing pro-social bystander behaviour[55] to prevent it" (Gainsbury et al. 2020:2). The origins of the bystander approach developed in the USA in the 1990s by Jackson Katz centred on aims to "counteract a specific characteristic of male peer culture…the reluctance of men to interrupt each other's sexist behaviours or challenge their sexist beliefs" (Katz et al., 2011:690). Such counteraction sought to interrogate gender norms and "elevate certain prosocial characteristics (speaking out, intervening in instances of abuse over silence and conformity)" (Katz et al., 2011:690).

Adopting a bystander approach involves understanding individuals as potentially empowered and active bystanders with the ability to support and challenge their peers in a safe way, rather than being understood as potential victims-survivors or perpetrators. Within the *Mentors in Violence Prevention (MVP) programme*, males and females are not looked at as potential victims-survivors or perpetrators but as empowered bystanders with the ability to support and challenge peers[56]. MVP programmes are conducted using both single-gender and mixed-gender groups. However, there is evidence to suggest that prevention programmes indicate a greater impact on male participants who took part in single-gender groups (Williams and Neville, 2017). Williams and Neville (2017) note that facilitating both single- and mixed- gender groups (e.g. through dividing and then uniting classes) could be useful in capturing the benefits of both approaches[57].

Bystander approaches also seek to challenge and engage with the victim-perpetrator relationship. Programmes that adopt a bystander approach recognise that VAWG can be prevented and responded to (Gainsbury et al. 2020). For example, bystander programmes aim to make young people more

[54] A bystander is "somebody who observes an act of violence, discrimination or other unacceptable or offensive behaviour" (Powell, 2011:8). A bystander can therefore be a friend, classmate, team-mate, colleague, relative or a stranger. Bystander approaches aim to encourage 'active' or 'prosocial' bystanders to intervene in response to violence incidents (Powell, 2011).

[55] These behaviours are centred on bystanders actively intervening to prevent or end violent behaviours among peers.

[56] For accessible overviews of the MVP programme, see Scottish Violence Reduction Unit website on MVP or Mentors in Violence Prevention (MVP) via Restorative Justice Coventry

[57] Within their evaluation Williams and Neville (2017:24) noted that mixed-gender sessions were raised by participants; demonstrating an "appetite to hear the opinions and perspectives of the other gender".

sensitive to warning signs of sexual assault, encourage bystander responsibility for intervening, change individual attitudes (e.g. through creating empathy for victims-survivors), alongside building skills for taking action (Kettrey and Marx, 2019).

Berkowitz[58] identified four stages that must be present for bystanders to act; notice the behaviour; interpret it as a problem; feel responsible for taking action and have the skills to act. This can be a helpful model when assessing the evidence for bystander approaches.

Available evidence

It is important to note that existing evaluations of bystander interventions predominantly focus on attitudinal change, rather than the reduction of violence as an explicit outcome. This focus is, in part, due to the difficult nature of measuring GBV. As noted by Public Health England's review of evidence for bystander intervention to prevent sexual and domestic violence in universities (2016:6):

> The process of achieving behaviour change is complex, encompassing multiple levels or stages and requiring time. There is limited evidence that short one-off interventions have the capacity to change behaviour.

However, as explored below, available evidence emphasises how prosocial attitudes and behaviours among peers is one way of reducing this violence; with bystander behaviour being seen as an important precursor to preventing GBV. To reflect this understanding, the MVP programme presented below continuously reassesses and evaluates material and approaches to reflect the social norms and context of programme participants.

This section considers examples of **Bystander Programmes in Secondary School Settings:** *Mentors in Violence Prevention* (*MVP)*, the *Green Dot* programme, and *Bringing in the Bystander*. This focus reflects the evidence that: **"bystander approaches have been recognized as promising prevention strategies for violence prevention"** (Coker et al. 2019:154).

Mentors in Violence Prevention (MVP) programme

Adopting a bystander[59] approach, the MVP programme was developed in the USA in the 1990s and focuses upon changing individuals' attitudes and behaviours relating to violence (Katz, 1995). MVP programmes are most commonly undertaken within schools and university campuses (Crooks et al.

[58] Berkowitz, A.D. (2009). Response Ability: A complete guide to bystander intervention. Chicago: Beck & Company.
[59] Within MVP, a bystander is defined as anyone who sees, hears, or has knowledge of an incident, but is not directly involved.

2019). Within Scotland, the MVP programme has been school-based[60] to date.

According to Katz et al. (2011:697): "the MVP program is a peer-driven, prosocial bystander model that offers a forum for student exploration and discussion". Through a peer-to-peer learning approach, MVP involves training peer mentors[61] to deliver sessions. As Williams and Neville (2017:4) highlight:

> The fact that 'mentors' are in the same social group as 'mentees' (i.e. high school pupils) is designed to qualify them as representative of prototypical group norms[62], and therefore credible messengers of information regarding how to feel and act.

This programme involves discussion of gender norms and stereotypes, the scope of violence, and the nature of leadership. A range of scenarios are explored; ranging from name calling and social exclusion to abusive relationships, and viewing pornography. Participants explore their own reaction to each scenario as well as the reactions of other bystanders. They consider a variety of possible actions in response to the scenario alongside the potential consequences of these actions (Public Health England, 2016). These discussions inform participants of both appropriate actions, while also empowering individuals to become "proactive bystanders in the face of GBV" (Williams and Neville, 2017:4). For example, Katz (2018) highlights an example of such a scenario with participants considering how women are objectified in the media. Here, deliberately provocative questions were asked about whether and/or how such objectification can lead to abuse or harassment. In this context, the answers were not provided. Rather, the MVP programme creates "space for dialogue that allows people to hear and express a range of viewpoints" (Katz, 2018:1755).

Evaluations of MVP programmes in secondary schools in the USA have found positive results in changing pupils' attitudes and behaviours both in the shorter and longer-term (see Powell, 2011; and multi-year MVP evaluations here). MVP programmes have been shown to encourage participants to see forms of violence as being wrong and be more likely to take actions to intervene than students not exposed to the programme (Williams and Neville, 2017). For example, pupils felt that they would not be the only one to intervene having all undertaken a MVP programme. Mentees felt that they were more likely to intervene in a calm and non-violent way after the programme (Katz et al., 2011).

[60] Bystander programmes, such as MVP programmes, are one of a number of interventions used within secondary school settings in Scotland, and internationally (see Lombard and Harris, 2017).
[61] Peer mentors are individuals who are "older or more senior from the same peer group" as the mentees (Williams and Neville, 2017:4)
[62] 'Prototypical group norms' refers to those that the researchers would expect to see and/or had observed within this social environment.

Moreover, according to a USA-based mixed-methods and multi-year MVP evaluation[63], pupils who participated in a MVP programme demonstrated a statistically significant increase in knowledge and awareness of GBV; a decrease in sexist/inappropriate attitudes regarding violence against women; and an increase in confidence in the ability to intervene (Ward, 2002). Within a secondary school setting, Katz et al. (2011:700) conclude that while more research on the effectiveness of MVP programmes is required, MVP shows promise in addressing "a range of abuses and violence that occurs in the gendered social interpersonal world of adolescents". Moreover, Katz et al. (2011: 697) note that MVP can help to "create school norms that mitigate against aggressive acts". These results are promising, although evidence on the direct effects of this programmes upon reducing violent behaviours is limited, this may be due to the challenges associated with measuring violence.

Within a Scottish context[64], a pilot qualitative evaluation was undertaken in three secondary schools using a version of the original MVP playbook and programme[65], adapted by the Violence Reduction Unit. Notably, **this is the first peer-reviewed academic evaluation of the MVP programme in Europe** (Williams and Neville, 2017: 7). Qualitative evidence from the evaluation of this programme suggests that the peer-learning element of MVP was a strength of the programme as it "overcame the taboo of 'snitching' (to teachers) through provision of a network of accessible senior students" and the peer-to-peer element resulted in the reinforcement of social group norms against GBV (Williams and Neville, 2017:23). However, William and Neville's (2017) qualitative study shows that while some male mentees said that their attitudes and behaviours had changed, female mentees felt that the boys' behaviours and attitudes had not changed following this year-long programme (Williams and Neville, 2017:19). However, the authors do not reflect in detail upon why this was the case.

MVP Scotland's (2020) recent annual progress report 2018-19 shows that there has been increases in Scotland for:

- Local authorities delivering MVP
- Local authorities with trainers
- Schools with trained staff
- Schools with mentors delivering MVP
- Number of mentors

[63] See Annex B on reviewing and assessing evidence**.**

[64] Mentors in Violence Prevention (MVP) is being implemented in Scottish schools, and some evaluations have been carried out to date. Moreover, in Scotland, the Violence Reduction Unit are also part-funding a PhD examining the effectiveness of MVP in a Scottish context, which will enhance the existing evidence base. Results from this PhD research are expected in late 2020.

[65] The programme was piloted within these schools during the 2012/2013 school year, with the evaluation following in early 2013.

- Number of sessions delivered by mentors

This report outlines feedback received by both teachers and students involved in school-based MVP programmes across Scotland. They highlight that:

- Following MVP, both mentors and mentees are more aware of the issues related to violence, gender based violence and bullying
- there is a **positive increase in the percentage of young people who report that they would act** if they saw particular behaviours occurring
- Electronically gathered pre and post training questionnaires to staff show a **significant increase in staff (36% to 96%) who agree or strongly agree that they have the necessary skills to educate others** about sexual harassment, dating violence and sexual assault (2020:24) following MVP professional learning
- These findings address the UNESCO guidance (2016)[66] on preventing school-related gender-based violence that highlights the **importance of staff training** in ensuring schools are safe and supportive, and responding appropriately to gender-based violence

This evaluation has been conducted by Education Scotland, although it is not peer reviewed[67]. However, there is promising evidence from peer-reviewed literature in both the USA and Scotland that draws similar conclusions to the findings presented within Education Scotland's (2020) evaluation.

In addition, Hunter et al. (2018) conducted an evaluation of the effectiveness of an MVP intervention programme within Scottish secondary schools in relation to sexting[68] practices and willingness to intervene when witnessing bullying. This evaluation acknowledged that "sexting can be considered an important element of the sexual exploitation of young people" (Hunter et al., 2018:4). This report showed that:

> young people were enthusiastic about helping peers who were experiencing aggression. They were particularly keen to directly intervene, either by stepping in themselves or by reporting incidents to adults. Additionally, girls

[66] UNESCO (2016) Global guidance on addressing school-related gender-based violence: https://www.unwomen.org/en/digital-library/publications/2016/12/global-guidance-on-addressing-school-related-gender-based-violence

[67] A process that ensures that the evidence is robust and high-quality.

[68] **Sexting** is defined as: "sending sexually explicit and (partially) nude pictures of themselves in inter-personal conversations via the internet or smartphone" (Van Oosten & Vandenbosch, 2017). **Active sexting** was asked about in the survey as: "Have you asked someone to send naked pictures of them to you?"; "Have you sent naked pictures of yourself to another through text, email, or SnapChat?". **Passive sexting** is defined as: "Have you been asked to send naked pictures of yourself through text, email, or things like SnapChat?"; "Has anyone sent you a naked picture without you asking?".

were more likely than boys to endorse an intention to intervene (Hunter et al.'s forthcoming: 4).

However, it showed that there were "few differences between the young people in schools which had implemented MVP and those that had not" (Hunter et al., 2018:4). However, one of the limitations of this research was the focus upon one time point as participants completed the survey (post-intervention). As such, it is not possible to compare the prevalence of sexting prior to engaging with the MVP programme, or compare across the MVP and non-MVP schools.

There are concerns within available literature that the effects of such violence prevention programmes may fade over time (Powell, 2011; White 2019). This highlights the importance of continued evaluation of programmes at various intervals (immediately after, short term of 3-6 months, or longer term of 12+ months) to understand their longer term effects. The view of some stakeholders is that the limited nature of funding can act as a barrier to conducting such longitudinal research.

Green Dot programme: addressing dating and sexual violence acceptance

The *Green Dot* programme is a theory-based bystander approach programme through which male and female participants work together in the same training groups to recognise situations and behaviours that could lead to violence or abuse. This programme does not foreground gender inequality; instead it adopts a gender-neutral approach through the use of terms such as power-based violence (Anitha and Lewis, 2018; Katz et al. 2011). 'Degendering' is discussed further within the potential barriers section below. As such, the theoretical underpinnings of this approach – through which violence is seen as power-based, rather than gender-based – is a distinguishing feature from other bystander programmes (e.g. MVP).

The situations discussed within the programme training are termed 'red dots'. Participating students are trained by Rape Crisis Centre trained educators to identify active bystander behaviours – to be taken by individuals or collectively – that are referred to as 'green dots'. Educators worked with high school staff to identify student leaders to undertake intensive 5 hour bystander training.

Coker et al.'s (2019) longitudinal evaluation of the Green Dot programme in Kentucky (USA) high schools focused upon whether this bystander approach-focused programme effectively reduced dating violence and sexual violence acceptance. Using a RCT of over 70,000 students over four years, they reported that this intervention was successful in reducing these forms of violence acceptance at both a school and an individual level. In particular, there were school level findings of significant reductions in dating violence and

sexual violence acceptance in years 3 and 4 for both males and females (Coker et al. 2019:153).

This evaluation did not measure violence as an explicit outcome; reflecting the evaluation approaches of other bystander approach-focused programmes. It is, however, acknowledged that "changes in norms may precede changes in actions (bystander behaviors) and changes in effect (violence)" (Coker et al. 2019:154). **Therefore, while changing attitudes may prevent or reduce VAWG perpetration more research is required**[69]**.**

Coaching Boys into Men: bystander programme

The eleven week-long *Coaching Boys into Men*[70] intervention focuses upon training coaches and high school male athletes from 16 US high schools. This intervention involves 60 minute training for coaches, and brief weekly scripted discussions of 10-15 minutes with athletes on ending dating violence. This programme has shown positive outcomes in reductions of negative bystander intervention behaviours and reducing abuse perpetration (Fulu et al. 2014; Miller et al. 2013).

Stoker et al. (2015:260) describe the RCT evaluation of this intervention:

> The initial evaluation was composed of a self-administered pre-intervention, post-intervention, and 3 months post-intervention web survey. A subsequent study (Miller et al., 2013) evaluated program outcomes 12 months after the intervention.

As summarised by Stoker et al. (2015:260), Miller et al.'s (2013) evaluation of this programme 3-months after the completion of the intervention showed that:

- young men who participated in the CBIM intervention self-reported small to moderate increases in likelihood of using and actual usage of bystander behaviors relative to the control group.
- There were no statistically significant changes in ''gender equitable norms'' or the use of physically abusive behaviors among those in the intervention versus the control group.
- Full implementation of the intervention (i.e. only 60% of coaches performed all weekly sessions, as prescribed) was associated with better recognition of abuse.

However, Miller et al.'s (2013) evaluation of this programme 12-months after the completion of the intervention showed that:

[69] See Annex B and Crooks et al.'s (2019) paper on Preventing gender-based violence among adolescents and young adults: lessons from 25 years of program development and evaluation

[70] Graham et al. (2019) note that there is limited evidence available on what works with regards to programmes and interventions targeted at men and boys.

- A total of 82 participants (28%) were lost in the intervention group and 69 (14%) in the control group
- There were no intervention effects detected for willingness to intervene, utilization of bystander behaviors, or endorsement of gender-equitable norms.
- Unlike at the 3-month follow-up, the participants reported no increases in violence perpetration from baseline to follow-up 1 year later relative to the control group.
- The intensity of the program dosage (i.e., the number of cards the coaches discussed with the young men) did not have an impact on any of the measures of bystander behavior[71]

Fulu et al. (2014:23) suggest that, based on these results, "a brief programme with few resources, utilising coaches as key influencers, may buffer against the initiation of dating violence perpetration during a critical developmental period for youth". However, the longer term impacts of this bystander programme are not as promising as the results at 3-month post-intervention.

Bystander programmes in university settings (e.g. Bringing in the Bystander)

Promising evidence considering the effectiveness of bystander programmes within **university environments** is emerging from USA universities according to A review of evidence for bystander intervention to prevent sexual and domestic violence in universities by Public Health England (2016). This report notes that:

> Rigorous evidence (e.g. randomised control trials) is limited especially in regard to data concerning the primary outcome of violence reduction, which is an outcome that is extremely difficult to measure. However, more evidence is available for positive changes both in bystander behaviour and risk factors for sexual violence perpetration and victimisation as well as across a range of other outcome variables (Public Health England, 2016:6).

Kettrey and Marx (2019: 213) conducted a systematic review and meta-analysis of the effects of bystander programmes[72] in preventing sexual assault across the college years. They note that peers are important in preventing violence, and that:

> victims may trust their peers to provide a valuable source of support after an assault has occurred, but just as importantly, peers have the potential to play

[71] For more information, see Stoker et al. (2015)
[72] Bystander approaches – such as those used within MVP programmes have also been discussed above.

> a pivotal role in the prevention of sexual assault by intervening when they witness its warning signs.

In their review and analysis of fifteen bystander approach studies, their results show that "bystander programs have a desirable effect on bystander efficacy, intentions, and interventions" (Kettrey and Marx, 2019: 223). However, there is no direct discussion about violence *reduction* as a direct outcome.

According to the US National Institute of Justice, *Bringing in the Bystander* is a promising bystander programme that is often implemented in a university campus setting to college students. As De Gue et al. (2014:359) detail:

> *Bringing in the Bystander* is a bystander education and training program that aims to engage participants as potential witnesses to violence (rather than as perpetrators or victims) and provides them with skills to help when they see behavior that puts others at risk, including speaking out against rape myths and sexist language, supporting victims, and intervening in potentially violent situations. Some positive effects were found across studies on risk factors for sexual violence; sexual violence behavioral outcomes have not yet been examined (Banyard et al., 2007).

Likewise, Banyard et al. (2007) found that the *Bringing in the Bystander* intervention group showed statistically significant improvements in knowledge of sexual violence, compared with the control group, at the 2-month follow up. Likewise, the intervention group showed statistically significant reductions in rape myth acceptance[73], compared with the control group, at the 2-month follow up.

However, while evaluations have shown evidence of increases in participants' self-reported likelihood of using bystander behaviours, results were less consistent for the sustained use of these behaviours (see Crooks et al. 2019). For example, results from an evaluation of *Bringing in the Bystander* conducted by Cares et al. (2015) on two college campuses:

- found evidence of sustained attitudinal change 12 months post-programme
- results differed by gender with male participants scoring lower than female participants despite significant changes in attitudes
- results differed by campuses (attitudinal changes were significant on one campus, but not the other)

Similarly, Fenton and Mott's (2018) evaluation of an bystander programme with first-year law students in England showed that:

[73] Rape myths are defined by Burt (1980:217) as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists".

- prosocial bystander behaviour did not increase significantly from pre-test to post-test immediately after taking part in the program.
- rape myth acceptance, domestic abuse myth acceptance, and denial decreased significantly
- bystander efficacy, readiness to help, and responsibility increased significantly
- intent to help increased significantly

Overall, Storer et. al.'s (2016:256) USA-focused in-depth systematic review shows that:

> bystander programs are promising from the standpoint of increasing young adults' willingness to intervene and confidence in their ability to intervene when they witness dating or sexual violence, however, the utilization of actual bystander behaviors was less straightforward.

Likewise, a Public Health England (2016:7) review of bystander programmes in universities also highlights that USA-based evidence indicates that MVP shows promise as an approach to be applied within UK university contexts. They suggest that the programme's effectiveness would be dependent on mitigating potential barriers and promoting identified facilitators (see Cissner's evaluation of MVP at Syracuse University, 2009).

Other systematic and meta-analyses (see Annex B) show promising results regarding attitudes, with limited evidence regarding violence prevention or reduction as a direct behavioural outcome.

Bystander programmes in community settings

Gainsbury et al.'s (2020) research focuses on the effectiveness of bystander interventions for preventing and/or reducing domestic violence and abuse at a **community level**, rather than within education-focused environments[74]. This research showed promising results:

> Participant feedback consistently rated the programme highly and significant change[75] was observed in the desired direction across behavioural intent, bystander efficacy, and myth acceptance scores and post and follow-up (Gainbury et al., 2020:1).

Through this experimental research, they show that: "bystander interventions can be a potentially effective strategic component of community-level primary

[74] As Gainsbury et al. (2020:1) note: "campus-based research has found bystander programmes show promise as effective primary prevention of sexual violence. However, evidence regarding domestic violence and abuse bystander prevention specifically, and in community settings generally, is still in development".
[75] This refers to statistically significant change

prevention of DVA"[76] (Gainsbury et al., 2020:10). However, they highlight challenges associated with this, and further, research:

> we note the difficulty of establishing a peer group comparator for individuals who come together randomly as opposed to in a defined peer setting such as a university cohort (Gainsbury et al., 2020:9).

Likewise, they identify the need for further research to be conducted on community-based bystander programmes on GBV to evaluate their effectiveness.

Moderating factors

Some of the moderating factors presented below are applicable to all bystander programmes (e.g. limited evidence that short one-off interventions have the capacity to change behaviour). Where particular to MVP programmes – one of the most evaluated bystander programmes - this has been highlighted.

As Williams and Neville (2017:29) note, the adoption of MVP programmes must involve evaluating the programme on an ongoing basis to "inform and update best practice and assess long term change". Their research also highlights the need to:

- conduct a process of continual development/refinement for MVP programmes and scenarios within it
- ensure age and cultural appropriateness
- the embedding of MVP into participating school's curricula and cultures
- enact flexible approaches to developing the programme within participating schools

For example, since 2017, the original MVP scenarios have been modified to reflect the language and culture of Scotland (Education Scotland, 2020). Consultations with young people and practitioners have led to the identification of new, relevant, topics for additional scenarios. In 2019 a new scenario on 'sexual harassment' was co-created with a group of Scottish young people. Mentors[77] are encouraged to use current media stories to enhance learning.

Fixen's implementation science framework has been used by Education Scotland to guide the delivery of MVP and increase programme fidelity[78]. This has led to the requirement for two core mandatory sessions to be delivered

[76] DVA refers to domestic violence and abuse
[77] As of December 2019, more than 2600 senior pupils are trained as mentors, with the mentors going on to deliver around 3500 lessons a year (Education Scotland, 2019).
[78] see Annex B on implementation fidelity for applying interventions in different contexts.

before any scenarios to allow exploration of gender norms and the link to violence.

Across MVP literature it is acknowledged that **more research is required into the effectiveness of this intervention in directly reducing or preventing violent behaviours** (see Katz et al., 2011). Moreover, it should also be noted that "attitude change does not guarantee behaviour change" (Flood, 2006:28), and that caution should be taken when evaluating such programmes using focus on changing attitudes as the main measure (see also Annex B).

Moreover, Storer et al. (2016) note **further research is required to understand *longitudinal* behaviour changes**. Further research, they argue, must also focus on understanding the extent to which attitudinal and cognitive changes are translated into "sustained changes in intervening behaviour among all program participants, especially those most resistant to change (Storer et al., 2016:267). In this context, Storer et al. (2016) emphasise the importance of longitudinal research evaluations with "rigorously controlled designs"; comparing settings that use MVP with a comparable setting that does not (e.g. between participating and non-participating high schools or university contexts).

Evidence however, does suggest that attitude is linked to perpetration. Studies have found that men who hold negative gender role attitudes, alongside the belief that their peers find violence against women acceptable are more likely to be perpetrators of said violence (Schwartz et al. 2001). Conversely, those men who believed that their peers found such violence unacceptable were less likely to become perpetrators, even if they held those negative gender attitudes (McNaughton Reyes et al. 2015). **Therefore the belief that peers found it unacceptable acted as a protective factor.** It could therefore be argued that disrupting these beliefs could contribute to violence reduction (see Education Scotland, MVP progress report 2018-19).

Potential facilitators

The peer-led element of this programme was identified as a particular strength of MVP within secondary school settings (Ward, 2002; Williams and Neville, 2017). Broadly Katz et a al. (2011:697) suggest that:

> school climates in which students view a range of aggressive behaviors as wrong, and where students are reporting they are willing to intervene in more serious behaviors, may help create school norms that mitigate against aggressive acts.

Gainsbury et al. (2020:2) identify the following potential facilitators for bystander programmes within **community contexts**:

- Longer programmes which are cumulative, sequential and delivered over time by well-trained facilitators are more effective
- A wide range of teaching pedagogies including emphasis on role-play for skills acquisition and use of socio-culturally relevant materials
- Mixed-sex groups are also appropriate for bystander programmes

Relatedly, A UN report (2015: 33) entitled: A framework to underpin action to prevent violence against women also highlights that:

> there is **emerging evidence that interventions that work with both men and women are more effective than single sex interventions** (Fulu et al., 2014). As well as having better prospects for change this can help to prevent potential backlash from men that could otherwise occur.

This Public Health England (2016) review of bystander programmes within universities highlights the following criteria for effective violence prevention, they must be:

- comprehensive
- of sufficient length and duration[79]
- underpinned by theory
- foster positive relationships
- delivered at the right time
- socio-culturally relevant
- evaluated for effectiveness (including monitoring for unintended backlash effects[80])
- administered by well-trained staff

According to Kettrey and Marx (2019) there is evidence to suggest that bystander programmes are most effective in having an impact on desired outcomes if they are implemented as early as possible for college students within the USA to prevent sexual violence. They suggest that:

> it is possible that implementing bystander programs before young people enter college may produce stronger effects than waiting until after college students have been integrated into the environment where they are expected to use prosocial bystander skills (Kettrey and Marx 2019: 224).

[79] See also Eriksen (2015): The Mentors in Violence Prevention Leadership Training at California State University, Long Beach programme evaluation

[80] Backlash effects refer to where prevention efforts may have the opposite outcome to that intended, for example the entrenchment of the attitudes that the programme seeks to change (see Gainsbury et al., 2020).

However, they also suggest that "timing of bystander program implementation seems to matter for fostering intentions to intervene, but not for encouraging actual intervention behaviour".

Potential barriers

According to the results of Williams and Neville's (2017) qualitative study, staff and mentor workload and a strain on time was identified as a potential barrier to the implementation of sustainable MVP programmes.

It is important to note that there is often "wide variation between different bystander programmes in the methods and means used to address outcome variables" which can in turn make it difficult to directly compare the efficacy of programmes (Public Health England 2016:37).

Assessing the effectiveness of bystander programmes at a community level can also present methodological challenges:

> The issue of accurate quantitative measurement of violence against women in individuals or their communities is beset by methodological problems in addition to the common and general problem of attracting sufficient funding for robust evaluation (Public Health England 2016:40).

Research on MVP programmes has indicated that how participants utilise bystander behaviours in their everyday life is influenced by "a range of cognitive, situational, and environmental factors that may differ across settings" (Storer et al. 2016:266). In the context of looking at VAWG prevention in university settings, Anitha and Lewis (2018:8) suggest that:

> a binary understanding of the problem as either systematic or individual prevents an understanding of the ways in which individual people act in relation to peer groups and how they form personal and institutional networks which both respond to and enact structural constraints.

Moreover, as Storer et al. (2016:266) highlight, the focus of MVP programmes upon individual-level outcomes: "may leave unchanged those factors within community and peer contexts that have the potential to constrain individuals' ability to intervene".

Some have considered a barrier of the *Green Dot* programme to be the degendered approach that it adopts. For example, Anitha and Lewis (2018) note that particular bystander programmes in the US, such as the *Green Dot* programme, have moved towards discourses of 'power-based violence', and away from gendered structural inequalities as forming the basis of this violence. However, this ideological shift towards 'degendering':

> constructs the problem as that of particular (pathological) individuals who abuse their power, and the violence as ephemeral and power-based rather than rooted in historically persistent hierarchies of gender and sexuality (Anitha and Lewis, 2018:8).

As such, the theoretical and ideological underpinnings of intervention approaches are important in VAWG prevention and how it is undertaken. For example, Williams and Neville's (2017) note that "while MVP is specifically designed to address GBV, participants in the current study expressed a desire for the programme to additionally cover other forms of bullying" (Williams and Neville, 2017:25). However, broadening this intervention beyond VAWG would need to account for critiques of any approaches that may be seen to 'degender' existing interventions[81].

Domestic Abuse Disclosure Schemes

Classification: Inconclusive

(DA)

Background

Domestic Abuse Disclosure Schemes have been adopted in England and Wales (2015), Scotland (2016) and New Zealand (2015)[82]. These schemes provide potential victim-survivors of domestic abuse with the opportunity to ask about a new or existing partners' previous convictions.

Known as the Disclosure Scheme for Domestic Abuse Scotland (DSDAS):

> DSDAS aims to tackle and prevent domestic abuse by enabling the public to request disclosure from the police if they suspect their current partner may have an abusive past. Requests can also be made, on their behalf, by a concerned family, member, friend or neighbour (Police Scotland website, no date).

Likewise in England and Wales, referred to as the Domestic Violence Disclosure Scheme (DVDS), the College of Policing (England and Wales) detail that:

[81] Lombard and Whiting (2018:38) note that so-called gender neutral policies and interventions to prevent VAWG are in danger of averting the focus "structural inequalities in society and thereby avoids addressing the very inequity that the initiative was seeking to address. It is an approach detrimental to women and children but one that equally swerves from engagement with the negative impact gender constructs can have on some men's well-being and ignores the gendered nature of domestic violence for the minority of men who do experience it".

[82] Family Violence Information Disclosure Scheme (FVIDS) in New Zealand, based on UK initiative. There are currently no evaluations of this scheme available.

> The scheme contributes to risk management by enabling victims to find out from an early stage about the potential for risk from prospective or new partners. This allows the victim to make decisions about the nature and extent of the relationship and put in place protective measures and access support if the relationship is to continue.

They also note that within England and Wales, DVDS – also known as Clare's Law - is also understood to enable police to:

> analyse patterns of requests under the scheme. This makes it possible for them to identify individuals who may be as yet unknown to the police but are attracting a volume of requests under the right to ask entry route which may indicate a cause for concern. It may also make it easier for them to identify serial perpetrators.

Within NHS Health Scotland's Domestic abuse: what health workers need to know about gender based violence (2019:43) they note that:

> If a disclosure is deemed necessary, lawful and proportionate, the person potentially at risk, or person best placed to safeguard that information, will receive the information.

Police Scotland are required to conclude via the 3 point test[83] that disclosure is necessary to protect the person at risk from being the victim of crime[84]. At all times, the power to both share and/or disclose information must be considered on a case-by-case basis. In the case of disclosure, Police Scotland work closely with other agencies in a multi-agency approach to help and support the potential victim-survivor (NHS Health Scotland, 2019).

Available evidence

Currently, the evidence base about the effectiveness of Domestic Violence Disclosure Schemes (DVDS) is **limited to pilot evaluations** (see Home Office, 2013; New South Wales Government, 2016). There are currently **no evaluations of the domestic abuse disclosure scheme currently available in Scotland** (Brooks-Hays, 2018). Consequently these interventions have been classified as inconclusive due to **insufficient evidence** (see Annex C).

[83] This refers to the criteria used to identify 'adults at risk' based on the Adult Support and Protection (Scotland) Act 2007.
[84] Police Scotland has a statutory power under Section 32, Police and Fire Reform (Scotland) Act 2012 to disclose information where it is necessary to prevent and detect crime. It is on this statutory power that the authority of Police Scotland to disclose information under the DSDAS rests. The basis for disclosure of information is recorded within the DSDAS process. The risk assessment and decision making record gives clear justification for every disclosure, as underpinned by existing legislation.

The Home Office pilot evaluation (based on 4 geographical areas in England and Wales), results showed that:

> the most common reported trigger for requesting a disclosure was the behaviour of a partner. Demographic information recorded by police suggests that the vast majority (98%) of applications requested information for women about their male partners, and most of these women were aged between 19 and 50. Almost two-thirds (63%) had children (2013:11).

Police Scotland data on the DSDAS shows that:

- In the 12 months to 31 March 2020, Police Scotland received 2,648 applications for disclosure, a 66% increase on the same period 2018/19 (1,596 applications)
- In the same period, 1389 disclosures were made to people indicating that their partner had an abusive past. This represents a 60% increase on the same period the previous year (865 disclosures)
- Since 01 April 2020 until 01 July 2020, Police Scotland received 817 applications for disclosure, a 21% increase on the same period 2018/19 (674 applications).
- In the same period, 440 disclosures were made to people indicating that their partner had an abusive past. This represents a 27% increase on the same period the previous year (346 disclosures).

Likewise, Hadjimatheou and Grace (2020:1) highlight that within England and Wales:

> The DVDS has fast become established as a routine tool of domestic abuse safeguarding in England and Wales, with the number of disclosures made doubling from 3410 in the year ending March 2017 (Office of National Statistics 2017) to 6583 in the year ending March 2019 (Office of National Statistics 2019).

However, Hadjimatheou and Grace (2020:12) suggest that caution should be taken not to "conflate more frequent with better use of the scheme". Their findings suggest that there "is significant divergence both in disclosures themselves, and in practitioner views about what constitutes a fair and effective disclosure". As such, they encourage awareness that all disclosures may not be equally effective or fair, citing an example of different disclosure experiences based on different geographies. Consequently, they call for a national systematic evaluation of the DVDS scheme ensuring that feedback from specialist case workers and survivors are included.

It is worth noting that some controversy exists around Domestic Abuse Disclosure schemes. As Brooks-Hays (2018:28) highlights, victim-focused initiatives such as this scheme are controversial:

> not least since they do not guarantee victim safety in domestic abuse cases (Duggan, 2012) and may even have the effect of exacerbating the situation for living with violence (Fitz-Gibbon and Walklate, 2016).

Moreover, there is some concern that "such disclosures place the onus of responsibility for stopping abuse back onto victim-survivors" (Brooks-Hays, 2018:28).

Moderating factors

Potential facilitators

According to the Home Office Pilot evaluation (2013:4), some effective practices and approaches were identified:

- practitioners highlighted the importance of having a safety plan[85] in place following a disclosure
- practitioners and respondents receiving a disclosure also highlighted the importance of having a support worker attend a disclosure alongside the police, in order to give a potential victim immediate support
- Practitioners felt it was essential that there was sufficient support service coverage in place if the scheme was rolled-out more widely

Potential barriers

Critics of DVDS highlight several areas for further consideration in relation to these schemes (see Fitz-Gibbon and Walklate, 2017):

- challenges around low public awareness of the scheme – thus likely to limit broad engagement with it
- questions around whether there are other, more effective, measures that can be funded within the financial climate of austerity
- concerns around limited available support after the potential victim-survivor has received the disclosure[86]

Likewise, in Greene and O'Leary's (2018:55) review of existing DVDS (in relation to their Australian context), they argue that:

> the use of DVDs, like sex offender registers, shifts responsibility for avoiding such abuse from the male perpetrators and society generally onto mostly female recipients of the disclosed information.

[85] A personal safety plan refers to the plan that a victim/survivor of domestic abuse creates in advance, thinking about how they might respond to different situations (including crisis situations) (see Women's Aid, no date).
[86] Duggan's (2018) empirical research entitled 'victim hierarchies in the domestic violence disclosure scheme' highlights barriers and limitations associated with the implementation of this scheme.

Moreover, Hadjimatheou and Grace (2020) argue that to determine what effectiveness in a DVDS is, this understanding must be investigated in more depth. They argue that:

> Such an investigation should take the form of a nationwide, systematic evaluation of the DVDS of the kind that would combine the police perspective with specialist caseworker insights and, most importantly, feedback from survivors. The results would be formative to both practice and regulation in the UK and beyond (Hadjimatheou 2020:12).

Based on the Home Office (2013:4) evaluation of the DVDS pilot, **Box 1** below indicates some lessons and recommendations from this research:

Box 1: Lessons and recommendations from Home Office (2013) DVDS pilot
Perceived bureaucracy of police process: police officers felt certain stages of the process were bureaucratic and lengthy, particularly conducting research on an individual's offending history.
Public awareness and understanding of the scheme: practitioners felt that public awareness of the disclosure scheme was low with some confusion about what the disclosure scheme was for and how the process worked (misunderstandings were resolved once the process was explained).
Frontline police officer awareness of the scheme: practitioners suggested that not all frontline police officers knew about the existence of the scheme and it was felt that a basic knowledge for all was useful.
Overlap between disclosure processes: some practitioners identified a need for further guidance about how the DVDS overlaps with and complements other disclosure processes, such as Multi-Agency Public Protection Arrangements and the Child Sex Offender Disclosure Scheme.
Lack of understanding of the term 'pressing need to disclose': practitioners involved in decision-making forums felt that the term "pressing need"[87] was unclear and subjective, but reported that this had been overcome in practice[88].
Delivery of Right to Know disclosures: Police officers felt it was difficult to practically manage the delivery of a Right to Know disclosure. Support services were concerned that this could place a potential victim at greater risk of domestic abuse if not managed carefully.

[87] According to this report, 'pressing need" is one of the criteria the decision-making forum must use to justify the decision to make a disclosure.
[88] Page 19 of this report details the approach of practitioners; through their consideration of 'pressing need' on a "case-by-case basis and used their professional judgement to assess the 'pressing need' for disclosure".

Lack of consistency in information given in disclosures: There were differences between pilot areas in the level of detail contained within a disclosure and what previous offences were disclosed, achieving some level of consistency across areas was felt to be useful.
Follow-up support for non-disclosures: There was a lack of consistency between pilot areas in the type of follow-up support given to those who were told there was no information to disclose, a set of "minimum standards" of support to provide for nondisclosures was seen as useful.

What works to transform attitudes, beliefs and norms?

Key findings

This section considers interventions that centre on changing attitudes and behaviours that can prevent and challenge social norms around VAWG. Overall, **social and emotional learning programmes can address some of the risk factors for later GBV** (e.g. through assisting individuals to develop emotional awareness, responsible decision-making, relationships, self-management, and self-awareness according to Crooks et al. 2019:31)

Programmes promoting equal relationships (in secondary school settings):

- There is evidence that **school-based programmes which seek to prevent violence in dating and intimate partner relationships** (through developing life skills, improving knowledge of abuse, and challenging social norms and gender stereotypes that increase the risk of violence) are **promising**
- Of these programmes, there is **strong evidence** that the *Safe Dates* programme is **effective**

Education as a sexual violence prevention strategy (in higher education settings):

- There is **mixed evidence** about the effectiveness of **education as a sexual violence prevention strategy in higher education**
- For example, there is limited robust evidence that looks at rape prevention programmes in both the short-term and longitudinally

Awareness campaigns and edutainment:

- There is **limited evidence** about the effectiveness of interventions that aim to prevent violence through raising awareness via awareness campaigns, and targeting people through education and entertainment via so-called 'edutainment' (WHO, 2009; Heise, 2011). As such, it has been classified as **inconclusive.**

School-based programmes promoting equal relationships

Classification: Promising

(GBV/DA/SV)

Background

Programmes promoting equal relationships – often among young people[89] – are informed by an awareness that partner abuse and sexual violence among adolescents can "place them on a lifelong trajectory of violence, either as victims or perpetrators" (Lundgren and Amin, 2015: 542).

While the evidence outlined below indicates that these programmes are **promising**[90], an example of an **effective** programme for preventing VAWG is the US school-based *Safe Dates* programme (see Foshee et al., 2004). This is "a school and community initiative that targets eighth and ninth grade girls and boys (13-15 years-old). It includes a ten-session educational curriculum[91], structured around 45-minute sessions in school with additional school and community components (Crooks et al. 2019). *Safe Dates* focuses upon both preventing and reducing violence perpetration and victimisation. In doing so, this programme involves: "a theatre production, a poster contest, training for providers of community services and support services for affected adolescents" (WHO, 2010:43).

The goals of *Safe Dates*[92] are to:

- raise awareness of healthy and abusive dating relationships
- raise awareness of the causes and consequences of dating abuse
- equip students with the skills and resources to help themselves or friends in abusive dating relationships[93]
- teach students skills to develop healthy dating relationships

(Crooks et al., 2019:32)

These programmes, such as *Safe Dates*, are often undertaken by children, teenagers and young adults in educational settings such as schools and colleges (Wood et al. 2010:3). As Wood et al (2010:3) note, these programmes for early adolescents often involve:

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[89] See a forthcoming Scottish Government report on *What Works to Prevent Youth Violence*
[90] See evidence presented below.
[91] *Safe Dates* programme facilitators receive "between 1 and 2 days of training, depending on the implementation plan, and community service providers typically receive 3 hours of training" (Crooks et al. 2019:33).
[92] The *Safe Dates* programme also aims to reduce sexual violence against women and girls.
[93] This programme has been found to be effective in both preventing dating abuse perpetration, and reducing victimisation among teens already involved in dating abuse (see Violence Prevention Works, Safe Dates summary, no date).

- discussion about gender stereotypes and equality
- education about violence in relationships
- the development of skills for healthy relationships, such as good communication and negotiation skills

Overall, these programmes are based on the "assumption that these healthy attitudes and skills will carry through as they transition into later adolescent years and form long-term intimate relationships" (Lundgren and Amin, 2015: 546).

Available evidence

The WHO (2010:43) reports that evaluations of safe dating interventions show:

- These programmes increase knowledge about dating violence and improve attitudes towards it
- Their effectiveness appears promising at reducing levels of abuse towards females
- However, results have not been consistently demonstrated and evaluations have mainly focused on short-term outcomes

As noted within a forthcoming Scottish Government report (written by the Scottish Violence Reduction Unit) on *What Works to Prevent and Reduce Youth Violence*, the effectiveness of the interventions remains uncertain as it is not yet possible to generate clear conclusions based on the evidence that is currently available see also White 2019). For example, very few evaluations have measured dating violence perpetration as an explicit outcome.

A recent systematic review (Kovalenko et al., 2020), identified 11 reviews of school based programmes that aimed to prevent physical, emotional, or sexual violence within adolescents' intimate peer relationships. Overall, there was inconsistent evidence that adolescent relationship violence prevention programmes were effective in reducing the number of young people being exposed to or perpetrating VAWG within the context of an intimate partner relationship. Whilst these interventions appear effective in improving attitudes and knowledge, the evidence on behavioural outcomes is less clear (White 2019).

Safe Dates programme

While some evidence regarding this intervention type suggests they show promise in preventing VAWG, the *Safe Dates* programme has been shown to be **effective**. According to Crooks et al (2019:34): "*Safe Dates* is one of the few effective primary prevention approaches for reducing sexual violence perpetration". In particular, the WHO (2010:44) notes that *Safe Dates*:

> was found to have had a greater impact upon primary prevention as opposed to preventing re-abuse among those with a history of previous abuse.

A long-term evaluation of *Safe Dates* using a RCT[94] to examine the effects of the programme over time involved the completion of questionnaires by adolescents[95] participating in the programme and control groups. These questionnaires were conducted in school at baseline, 1 month, 1 year, 2 years, 3 years and 4 years after the programme was completed (Foshee et al. 2005). Results showed that:

> adolescents who were exposed to Safe Dates in the eighth or ninth[96] grade, as compared to those who were not, reported less psychological, moderate physical, and sexual dating violence perpetration and less moderate physical dating violence victimization at all four follow-up periods (Foshee et al. 2005:255).

Moreover, Crooks et al. (2019) highlight that research on the efficacy of *Safe Dates* shows that it can impact on other types of violence. They note that:

- these diversified outcomes are important in promoting both the update and the sustainability of the programme as schools can "prevent a range of negative outcomes with one comprehensive approach" (Crooks et al. 2019:36).
- *Safe Dates* is also one of the few effective primary prevention approaches for reducing sexual violence perpetration (Crooks et al. 2019; DeGue et al., 2014).

As noted in De Koker et al.'s (2014:12) research, ***Safe Dates* uses a gender-neutral approach as they "do not view violence as primarily perpetrated by males, but also by females".**

[94] Randomised control trial. See also Annex C on assessment of evidence.
[95] Adolescents aged approximately 13-15 years old
[96] US eighth and ninth grade students; aged approximately 13-15 years old

Efficacy according to gender

The WHO (2009:5) report on Violence Prevention: The Evidence suggest that there is evidence that **"for men, programmes presented to mixed male and female groups are less effective in changing attitudes than those presented to all-male group**".

Results from a *Safe Dates* evaluation "showed that there was no statistically significant interaction between gender and the intervention outcomes", rather it was equally effective for males and females (De Koker et al. 2014:12; Coker et al. 2000; Stith et al. 2010).

Similarly, Wolfe et al. (2009) conducted a cluster randomized trial[97] to determine the effectiveness of a Canadian school programme focused on promoting healthy relationships and preventing adolescent dating violence[1]; an adapted version of the *Safe Dates* Project (see Foshee et al., 2004).

Wolfe et al.'s (2009) evaluation of over 1700 participants showed that teaching young people "about healthy relationships as part of their required health curriculum reduced physical dating violence"[98] (Wolfe et al., 2009: 692). The results of this study demonstrated "significant reductions in both perpetration and victimisation of dating violence in both boys and girls in the intervention groups compared with the control groups" (Ellsberg et al., 2015: 1557).

The Fourth R programme

The Fourth R is another example of a programme with **promising** evidence that it can promote equal relationships and reduces physical dating violence for programme participants. This intervention takes a gender-specific approach and has been developed for school and community settings and has been used across Canada, in some US states, and internationally (Crooks et al. 2019:31). These programmes:

- differ with respect to age and secondary school grade level in its format (ranging from grade 9 to 12[99])
- are based on the theory that relationship skills can be taught in a similar way to academic or athletic skills; through breaking down into steps, and using guided practice

[97] Often used in health settings and understood as the 'gold standard' of evaluations, RCTs can be a powerful tool. RCTs allow the gathering of robust data on the impact of a programme through the comparison of a control group and a group participating in an intervention. A cluster randomized trial uses the same principles, using a particular group (e.g. school setting) as a 'cluster'.

[98] According to Lundgren and Amin (2015: 543), dating violence is used within United States and Canadian scholarship to refer to "physical or sexual violence occurring in the context of a relationship that is neither marriage nor a long-term cohabiting partnership". Within a Scottish context, the term 'domestic abuse' covers these elements.

[99] Young people in Canada aged approximately 14-17 years old.

- take a gender-specific approach to dating violence by emphasizing gender-specific patterns and factors and matching activities accordingly; therefore, the curriculum content is slightly different for boys and girls.

A study evaluating The *Fourth R* programme involved a cluster RCT with Grade 9[100] programme participants, including 20 schools and over 1,700 students (Crooks et al. 2019). The results of Crook et al.'s (2019:31) *Fourth R* evaluations over time showed that:

- physical dating violence was about 2.5 times greater among control (i.e. standard health education) versus intervention participants at two and a half year follow-up
- the impact of the intervention was greater for boys than girls
- the intervention improved condom use in sexually active boys compared with their control condition counterparts
- there was an increase in effective peer resistance skills among *Fourth R* participants compared with control group

Broadly, Lundgren and Amin (2015: 546) reported that **school-based interventions[101]** targeting younger adolescents show:

- emerging evidence for **improving gender-equitable attitudes**
- evidence for **increasing self-reported likelihood to intervene** in situations of bullying and partner violence
- most evaluations saw **minimal changes in girls' perceived ability to cope with sexual violence**
- **creating enabling environments to make violence unacceptable may be more effective than placing the burden** on girls to protect themselves by teaching them self-protection skills

Moderating factors

While not explicitly linked to interventions that promote healthy relationships, Crooks et al. (2019) suggest that it is important to consider **bullying prevention programmes alongside such interventions.** They argue that adopting these programmes for younger people can offer an opportunity to challenge power dynamics in relationships and develop healthy relationship skills (Crooks et al., 2019).

Crooks et al., (2019:31) also highlight evidence that bullying behaviours may predict future sexual violence perpetration; noting that it can be "difficult to draw the line between bullying and GBV", particularly where bullying behaviours become gender-based.

[100] Aged 14-15 years old.
[101] See also bystander interventions evidence presented earlier in this report.

Potential facilitators

Foshee et al. (2005:256) identify within their evaluation of *Safe Dates* that:

> Consistent and long-term effects may have been realized because Safe Dates was offered at the beginning of the adolescent's dating careers (eighth and ninth grades) and included information and skills that could be incorporated into individual dating practices that continued through the high school years.

The *Safe Dates* programme is therefore an example of effective early intervention with young people to prevent VAWG perpetration that demonstrated programme effects as many as 3 years post-intervention (Foshee et al. 2005). **It was also noted that there was no evidence that booster sessions were effective to further reduce adolescent relationship abuse reductions** (Taylor et al. 2017).

Kovalenko et al.'s (2020:7) systematic review on effective interventions to prevent youth violence[102] notes that programme content should be "underpinned by evidence-based theories and appropriately tailored to the culture and needs of target audiences". They also identify that effective dating and relationship violence programmes involved:

- peer education
- use of drama and poster activities
- education on legislation, personal safety, consequences, health and sexuality, gender roles, healthy relationships, and the role of bystanders
- focus on conflict resolution, problem-solving, sexual decision making and dealing with pressure
- programmes should be incorporated into school policies
- these programmes must define terms such as aggression, rape, and dating violence clearly and potentially in a gender specific way[103] (see also De Koker et al., 2014)

Moreover, WHO (2010:83) notes that dating programmes are more effective when they involve delivery across "multiple sessions over time (rather than in a single session) and if they aim to change attitudes and norms rather than simply provide information".

[102] As noted earlier there are overlaps between youth violence prevention (primary) interventions and those aimed at preventing VAWG. More information will be published within a forthcoming Scottish Government report (written by the Scottish Violence Reduction Unit) on *What Works to Prevent and Reduce Youth Violence*.

[103] De Koker et al. (2014:12) also suggest that further research is required to determine whether "a gender neutral approach works better than a focused approach targeting males and females separately".

Likewise, De Koker et al. (2014:12) reported that interventions aimed at reducing intimate partner violence[104] (IPV) among adolescent showed that: "the most effective interventions had the most comprehensive programs, including individual-level curricula and community-based components"[105]. In particular, they cite *Safe Dates*, *The Fourth R* and *Shifting Boundaries*[106] as interventions with strong evidence of effectiveness in preventing the perpetration and/or victimisation of IPV among secondary school students.

UK evaluations of these school-based programmes that seek to promote equal relationships have explored young people's responses and feedback in depth through qualitative methods. These evaluations:

> highlighted some of the challenges in terms of service delivery and suggestions for good practice, such as what should be taught (i.e. programme content), how it should be taught (e.g. teaching methods) and who should deliver it (e.g. teachers or external organisations) (Fox et al., 2014).

As such, using qualitative methods in evaluations of prevention-focused interventions can provide different and in depth reflections and challenges (Fox et al., 2014). Future research evaluations may need to account for this, as well as longitudinal research to understand the effects and impacts of these interventions.

Potential barriers

De La Rue et al. (2014) note that evidence on sexual assault prevention has shown that programmes focused solely on educational or attitudinal components may not be effective in changing behaviour. In this context, they argue that "the skill building component of Safe Dates is a crucial component of the chain of events that can lead to positive outcomes" (De La Rue et al. 2014:11; see also De La Rue et al. 2017).

A report by the Early Intervention Foundation (2014:60) suggest that additional research is required to:

- determine the ability of programmes to sustain change (whether attitudinal or behavioural) over the medium term
- to demonstrate that programmes such as *Safe Dates*, which has been found to improve attitudes in relation to domestic violence and abuse, can have a long term impact on perpetration behaviour

[104] See DA summary on terminology around domestic abuse, including IPV.
[105] See details of these approaches on report sections on Safe Dates, Fourth R and Shifting Boundaries.
[106] This intervention is discussed in detail in the section on interventions focused on modifying unsafe physical school environments.

- conduct rigorous longitudinal evaluation of programme effectiveness on young people's levels of perpetration and victimisation in relation to domestic violence and abuse into young adulthood, including measurement of domestic violence and abuse through observational measurement

A WHO (2010:45) evidence review on preventing forms of VAWG[107] also identifies that additional research is required to:

> evaluate the effectiveness of dating violence prevention programmes in the longer term, when integrated with programmes for the prevention of other forms of violence, and when delivered outside North America and in resource-poor settings.

Education as a sexual violence prevention strategy in higher education and school-based settings

Classification: Mixed

(SV/GBV)

Background

Within US colleges the prevalence of sexual assault has been well documented (see McCaughey and Cermele, 2017). One of the approaches to reducing sexual violence against women in this context has been rape reduction programmes. These programmes involve education on:

> sexual assault laws, the extent to which rape occurs, the context in which it is likely to occur, and the availability of victimization-related health care and other social services (e.g. contact information for either a rape crisis center or a campus/local sexual assault coordinator) (Daigle et al., 2009:400).

In a Scottish context, Equally Safe in Higher Education (ESHE) toolkit developed and funded by the University of Strathclyde and the Scottish Government[108] provides a range of resources that can be used to encourage trauma-informed approaches, primary prevention strategies, examples of good practice, tools for research on GBV and more within higher education settings (Donaldson et al. 2018). Donaldson et al. (2018:16) note that this "whole-system approach to prevention presents opportunities for curriculum-based GBV education and prevention work". While drawing upon evidence-

[107] Report reviewing evidence on preventing intimate partner and sexual violence against women.
[108] See also the Equally Safe delivery plan: year two update report (2019) for additional details on Equally Safe in higher education settings.

based primary interventions, the toolkit itself, launched in April 2018 and thereafter rolled out to colleges and universities, has not yet been evaluated.

Available evidence

Education as a sexual violence prevention strategy: higher education settings

Brooks et al. (2014) note that there is **limited robust evidence** that critically evaluates the effectiveness of rape prevention programmes, both in the short-term and longitudinally. They suggest that:

> Some evidence has been found that short-term positive changes occur in rape-supportive attitudes and rape-myth understandings within prevention programme participants, and findings suggest that both men and women leave the programme with a better understanding of rape, its legal definition, and the effects of rape.
>
> However, little is known about long-term effects of such programmes, and in particular whether attitudinal changes result in behavioural changes, or if they contribute to a reduction in rapes" (Brooks et al., 2014:6).

Similarly, Vladutiu et al.'s (2011:67) review of evaluated US programmes indicates that the effectiveness of college- or university-based sexual violence prevention programmes can vary depending on the:

- type of audience
- facilitator
- format
- programme content

As Daigle et al. (2009:398) note within the context of colleges in the USA: **"evaluations suggest that most rape reduction programs improve students' knowledge and attitudes about rape but do not produce large, lasting reductions in sexual victimization".** Likewise, Jewkes et al. (2015:1583) suggest that research from rape prevention programmes attended by men in college in the USA shows that these programmes **"have less effect on men at a higher risk of committing rape".** Similarly, in relation to challenging 'rape myths'[109], Daigle et al. (2009:401) note that "little evidence suggests that changes in rape myths and rape-supportive attitudes are related to actual behavioral change or a reduction in sexual victimization".

Education as sexual violence prevention strategy: school-based settings

An evaluation of Rape Crisis Scotland's National Sexual Violence Prevention Project found that the programme **had a clear impact on young people's**

[109] Examples of common myths around rape and sexual violence can be found on Rape Crisis England and Wales website

knowledge and attitudes towards sexual violence (McNeish and Scott, 2015). As a result of attending three workshops run by local rape crisis centres across Scotland, the vast majority of young people[110] increased their knowledge of how sexual violence and abuse can affect people, what the law says sexual violence is and where people who have been raped or sexually assaulted can go for support. For example, prior to the workshops 53% of young people agreed or strongly agreed with the statement "I know what the law says sexual violence is", but afterwards 89% did so and the 'not sures' had decreased from 39% to 10%.

This evaluation also reported that the workshop sessions were **successful in raising young people's awareness of sexual violence, the importance of equality and consent in healthy relationships, and that the responsibility for sexual violence lies with perpetrators rather than victims-survivors** (McNeish and Scott, 2015). It also showed that in most cases **boys were more likely to change their opinions than girls**. In most instances, this was partly because boys had more distance to travel from their pre-workshop views to those most consistent with the messages of the workshops. There is **evidence of promising results in terms of intermediate outcomes** (such as increasing knowledge, changing attitudes and raising awareness) within this research. However, their impact on violent behaviours has not been evaluated.

The Equally Safe at School programme has been introduced as a pilot to two schools in Scotland. This whole-school approach to complement the work of the National Sexual Violence Prevention Project. While an evaluation is not yet available[111], the six central components of this model are[112]:

- A whole school assessment
- Action group
- Staff training
- Curricular enhancement
- Policy review and development
- Student-led projects

[110] This project was based in secondary school settings and youth settings (Rape Crisis Scotland online, no date). See also section above on school-based programmes promoting equal relationships; the interventions presented there share similarities with this intervention (i.e. education as a prevention strategy).

[111] An evaluation of Equally Safe at School is currently being carried out across a 21-month period between 2019 and 2020 by academics at The University of Glasgow.

[112] More information on what these components involve can be found at Rape Crisis Scotland online (no date).

Moderating factors

Potential facilitators

Flood (2006) emphasises the effectiveness of longer term education programmes for preventing sexual violence (see Meyer & Stein, 2004), although he notes the practical and financial constraints of these approaches.

Vladutiu et al. 2011 highlight the practices that influence the effectiveness of measures around education as a sexual violence prevention approach:

- the effectiveness of college- or university-based sexual violence prevention programs varies depending on the type of audience, facilitator, format, and program content
- there are robust empirical findings about what sexual assault prevention program components and characteristics work most effectively for college and university students[113]
- effective sexual assault prevention programs are professional-facilitated, **targeted at single-gender audiences,** and offered at various times throughout students' time in college/university
- effective sexual assault prevention programs are workshop-based or offered as classroom courses with frequent and extended sessions
- workshop and classroom-based sexual assault prevention programs should be supplemented with campus-wide mass media and public service announcements

Within their research on what works in USA college settings, Daigle et al., (2009:400) suggest that:

> although what 'works' in reducing repeat sexual victimization remains somewhat unclear, research suggests the importance of considering sexual victimization history and risk of subsequent sexual victimization in the development and evaluation of risk-reduction programs.

Moreover, according to Davis et al., (2006:15) it is vital to change norms around safe behaviours, and "support healthy, equitable and safe relationships" at a community level. They suggest that "the community has a stake in preventing sexual violence and all members have a valuable role to play".

[113] See Vladutiu, Catherine J, Martin, Sandra L & Macy, Rebecca J, 2010. College- or University-Based Sexual Assault Prevention Programs: A Review of Program Outcomes, Characteristics, and Recommendations. *Trauma, violence & abuse*, 12(2), pp.67–86 for more details

Following their systematic review of primary prevention strategies for sexual violence perpetration, DeGue et al., (2014: 359) call for a shift in approaches to sexual violence prevention that moves:

- **away from low-dose educational programming** in adulthood
- towards investment in the **development and rigorous evaluation** of more **comprehensive, multi-level strategies** (e.g. including individuals, parents, and peers)
- towards strategies that **target younger populations** and seek to modify **community and contextual support**

Likewise, research by Kilimnik and Humphreys (2018:205) suggests that education about sexual violence should not be the only strategy. Instead, they advocate for use of multiple approaches, or a holistic approach to preventing and reducing sexual violence.

More broadly, Flood (2006:27) argues that effective strategies for reducing sexual violence against women should involve:

- education-focused interventions that challenge the "beliefs, values and discourses which support violence"
- the promotion of "alternative constructions of masculinity, gender and selfhood which foster non-violence and gender justice"

Potential barriers
There are limitations to the available evidence on the effectiveness of violence prevention education as it is **often under-evaluated, or shows mixed results** (Flood, 2006).

As noted above, rape prevention programmes **"have less effect on men at a higher risk of committing rape"** (Jewkes et al., 2015:1583). Therefore, available evidence emphasizes the importance of **early interventions** to prevent GBV and SV through universal approaches with younger people.

Awareness campaigns and edutainment

Classification: Inconclusive

(GBV)

Background

Aimed at preventing violence, awareness campaigns and edutainment can be targeted at different demographics (e.g. younger people) with a focus on

changing and challenging social or gender norms. Awareness campaigns, sometimes conducted through mass media approaches[114]:

> intend[s] to modify individual behaviour directly through informative messages, media campaigns can also affect behaviour indirectly by stimulating changes in perceptions of social or cultural norms through social interaction. Here, a change in perception of norms provides additional motivation for a change in individual behaviour (WHO, 2010a.: 103).

Awareness campaigns have been highlighted as a form of primary intervention to prevent GBV. According to Fulu et al. (2014:6):

> awareness campaigns may aim to raise awareness or increase knowledge about a service, a law or about violence against women as an issue in general.

Edutainment aims to "impart knowledge and bring about social change through television soap operas and other popular forms of entertainment. By achieving strong audience identification with television characters who are positive role models, edutainment can contribute to help improve cultural and social norms" (WHO, 2010: 103).

Available evidence

There is **limited evidence** about the effectiveness of interventions that aim to prevent violence through raising awareness via awareness campaigns, and targeting people through education and entertainment via so-called 'edutainment' (WHO, 2009; Heise, 2011).

Awareness campaigns

Awareness campaigns are understood as "among the most visible and ubiquitous of all strategies for preventing intimate partner and sexual violence". However, there is limited evidence about the effectiveness of awareness campaigns upon altering cultural and social norms, including norms around GBV (WHO 2010b). As WHO (2010:57) states:

> Even where evaluations have been undertaken, these have typically measured changes in attitudes and beliefs rather than in the occurrence of the violent behaviours themselves, making it difficult to draw firm conclusions on their effectiveness in actually preventing intimate partner and sexual violence.

One example of an awareness campaign cited by WHO (2010b) was based in New South Wales in Australia. This campaign was entitled 'Violence against women: it's against all the rules' and was targeted at men aged 21 to 29 years

[114] Also referred to as 'social marketing' or 'social norms marketing' (Paluk and Ball, 2010).

old. In aiming to influence their attitudes, this campaign involved sporting celebrities conveyed the messages that VAWG was unacceptable, and that "a masculine man is not a violent man" (WHO 2010b:56). The campaign also aimed to increase the capacity of communities more broadly to challenge and address VAWG. A post-campaign survey showed some positive results:

- 83% of the respondents reported that the message of the campaign was that violence against women is "not on"
- 59% of respondents could recall the campaign slogan
- However, 91% of the target group reported that the issue was not one they would talk about with their peers, irrespective of the campaign

However, like other evaluated campaigns, this campaign evaluation did not focus upon the prevention of VAWG through behavioural change as an outcome.

Edutainment

Ellsberg et al., (2015: 1556) note that despite **limited empirical evidence on preventing VAWG** through use of edutainment; "a small, but promising, body of evidence shows either significant or highly promising positive effects in reductions or prevention". There is some evidence to suggest that edutainment can be impactful "by achieving strong audience identification with television characters who are positive role models, edutainment can contribute to help improve cultural and social norms" (WHO, 2009:9).

For both awareness campaigns and edutainment Fulu et al. (2014) note that there is **little evidence** that these interventions have impact upon the prevalence or incidence of VAWG. They note that:

> This is partly because existing evaluations have not measured violence as an outcome, and because it is difficult to attribute changes to media campaigns. However, it is likely that single-component communications campaigns are seldom intensive enough or sufficiently theory-driven to transform norms or change actual behaviours (Fulu et al al. 2014:7) .

Likewise, Davis et al., (2006: 9) note that although mass media campaigns have been shown to "increase awareness, change attitudes, and build support for successful implementation of prevention policies" it is "**not clear how effective this approach is for directly reducing sexual violence**".

Moderating factors

Gadd et al.'s (2014:3) suggest that the efficacy of social marketing[115] (through targeted mass media, awareness campaigns, and edutainment): "remains debated, with most measures of effectiveness being somewhat crude". For example, the UK Government's anti-domestic violence campaign - *This is Abuse* – ran between 2010-2012 but the success of it has not been publicly evaluated (Gadd et al. 2014).

Brooks' (2018) research shows that with regards to sexual violence awareness campaigns targeted at young women barriers included:

- advice that was either not practical to implement or it was at odds with their desire to enjoy a social life.
- some young women resisted and resented (potentially victim-blaming) safety messages targeted at them rather than at men who may perpetrate SV.

Moreover, Brooks (2018:283) suggests that SV safety campaigns can "inadvertently compound the normalisation of male violence and harassment experienced by women by presenting it as an innate aspect of male behaviour alongside the presentation of safekeeping strategies for women as 'common sense'.

Following limited evidence and unclear links between these awareness-raising interventions and behaviours, it is not clear whether these interventions are effective in preventing and/or reducing various forms of VAWG.
Consequently these interventions have been classified as inconclusive due to insufficient evidence.

[115] For more on social marketing/social norms marketing campaigns, see Paluck, E.L., & Ball, L. (2010*). Social norms marketing aimed at gender based violence: A literature review and critical assessment*. New York: International Rescue Committee.

What works to prevent honour-based violence?

Key findings

Honour-based violence (HBV) interventions:

- Currently there is **limited available evidence** (e.g. robust evaluations) on specific honour-based violence (HBV) interventions
- **multi-agency working** was understood as overall effective in both raising awareness of and responding to HBV (Gillespie et al., 2011)

Female genital mutilation interventions:

- There is **limited evidence** about the effectiveness of current primary interventions for FGM. Consequently these interventions have been classified as **inconclusive** due to insufficient evidence

Honour-based violence (HBV) interventions

Classification: Inconclusive

Background

SafeLives (no date:15) use the following definition of honour-based violence (HBV):

> normally a collective and planned crime or incident, mainly perpetrated against women and girls, by their family or their community, who act to defend their perceived honour, because they believe that the victim(s) have done something to bring shame to the family or the community. It can take many forms including: 'honour' killing, forced marriage, rape, forced suicide, acid attacks, mutilation, imprisonment, beatings, death threats, blackmail, emotional abuse, surveillance, harassment, forced abortion and abduction.

Equally Safe defines HBV as: "dowry related violence, female genital mutilation, forced and child marriages, and 'honour' crimes". HBV is understood as distinct from domestic abuse[116], defined instead in relation to the "motive of the abuse (to defend perceived 'honour') and unlike domestic abuse the perpetrators of HBV can involve community members who may be extended family or strangers to the victim" (SafeLives, no date: 17). There may be multiple perpetrators (SafeLives DASH Risk Checklist Guidance, no date: 2).

[116] However, there are commonalities with some of the approaches and interventions presented in this report to tackle DA and GBV more broadly.

Available evidence

Currently there is **limited available evidence** (e.g. robust evaluations) on specific honour-based violence (HBV) interventions. Consequently these interventions have been classified as inconclusive due to insufficient evidence.

For context, according to Gill et al. (2017:2):

> while HBV/A and FM[117] share features in common with domestic abuse and gender-based violence more broadly, our victim engagement project highlights the critical and distinctive role that perceived 'honour' plays in shaping the context of this abuse.

There are cultural norms that result in this being seen as a 'family problem', and that "speaking to the authorities was in itself considered a violation of community norms of honour".

Gillespie et al.'s, (2011:7) review on honour based violence and the multi-agency approach in Nottingham found the following:

> • there were significant issues concerning the recording of HBV at a local level. It was found that HBV is often not recorded separately from other domestic abuse
> • there was an effective use of Multi-Agency Risk Assessment Conferences[118] (MARACs) (monitoring high risk cases of domestic abuse) with cases of HBV[119]
> • many practitioners had received some basic training on domestic abuse (DA) and HBV but most felt more was needed, particularly in relation to HBV
> • it was felt that greater awareness needs to be raised amongst communities, for example, through the education of young people in schools and colleges
> • the research highlighted the importance of partnership working in order to continue to provide support for survivors of HBV
> • there were levels of uncertainty about how the UK Government restructuring of local authority spending could affect frontline services

The qualitative findings from this primary research are useful in understanding some of the key challenges and effective approaches that could be used for HBV interventions to both prevent and reduce HBV.

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[117] FM refers to Forced Marriage
[118] See Safe Lives FAQ on MARACs for further information and resources
[119] MARACs have been identified as out of scope within this report. However, further information is available in Annex E: out of scope list.

According to Gillespie et al. (2011:44): "Most practitioners felt that more training on HBV and its effects on family members and local communities was needed, both within their own organisations and in partner agencies". **Responding to this context, multi-agency working was understood as overall effective in both raising awareness of and responding to HBV (Gillespie et al., 2011).**

Moderating factors

Potential facilitators

Gill et al.'s (2017) review of services for victims-survivors of HBV and FM identifies the following factors that contributed to supportive practitioner responses: "rapid response; listening; establishing trust; being accessible and available; offering clear guidance to victims as well as to perpetrators and extended families; an awareness that personal experiences of HBV/A and (attempted) FM can vary greatly; and, the consequent use of discretion and professional judgement in developing a tailored, client-centred approach whilst operating within statutory remits". However, there were also criticisms of a limited victim focus and support within some services in Hertfordshire.

SafeLives (no date: 35) present the following recommendations for interventions to prevent (and reduce) HBV:

- domestic abuse services and local specialist services should work together, for instance arranging reciprocal training, to understand the links between these forms of abuse and ensure appropriate referral pathways between services
- all agencies making MARAC[120] referrals should seek special advice before risk assessing cases in which there is a risk or presence of HBV, this may be from local specialist services or a national helpline
- domestic abuse services should review their risk assessment guidance to ensure it reflects the high levels of coercive control that can be achieved without obvious threats or violence, including how this may present in HBV cases

SafeLives (no date: 39) also advocate for information to be provided to victims-survivors in "formats and languages that are accessible and that they can identify with" within agencies delivering training on HBV, government literature, domestic abuse services. Likewise, Idriss (2018:334) notes that:

- survivors valued organisations that spoke the same language and understood their cultural needs
- these approaches made survivors feel more comfortable to disclose their experiences and seek intervention

[120] MARACs have been identified as out of scope within this report. However, further information is available in Annex E: out of scope list in the main report.

Potential barriers

One of the central barriers is a lack of reporting of HBV to the police, as Gillespie et al. (2011) note:

- honour based violence is on the whole under-reported
- data and statistics may not be truly representative of the current levels of HBV
- The lack of official statistics is detrimental to the possibilities of gaining an operational understanding of such a sensitive topic
- Lack of data raises questions about whether without fully appreciating the extent of the issue, it is possible to effectively raise awareness amongst communities and through education

Research conducted by Idriss (2018:335) on honour-based violence interventions in the UK identifies **the following barriers to successful interventions**:

- Lack of communication and availability of interpreters in accessing services
- Feeling 'uncomfortable' with public agency responses
- Difficulties disclosing abuse for women informed by cultural expectations

Moreover, in Hester et al.'s (2015:39) participatory qualitative study they found that:

> participants wanted police to understand better the dynamics of 'honour', in particular how it exerts psychological and physical control over the victim, how the wider family and community may be implicated in the abuse, the multiple barriers to reporting, and the high level of risk facing victims who decide to approach the police.

Likewise, SafeLives (no date:36) Your Choice report highlights that: "even when the community are not directly abusive, they may be complicit in or condoning of the abuse".

Interventions to prevent female genital mutilation (FGM)

Classification: Inconclusive

Background

FGM refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons" (WHO, 2018). Waiga et al. (2018:62) describe FGM as:

> performed on young girls and causes short-term and life–long consequences for women as well as extended consequences for families and the community at large.

Female genital mutilation (FGM) is a harmful practice and a form of violence against women and girls. Like other forms of gender based violence, FGM is understood as a public health issue (see Scottish Government, 2017).

Available evidence

There is **limited evidence** about the effectiveness of current primary interventions for FGM. Consequently these interventions have been classified as inconclusive due to insufficient evidence. As Njue et al. (2019:113) highlight in their systematic review of evidence from high-income countries: **"**There is a dearth of evaluative research focused on empowerment-oriented preventative activities that involve individual women and girls who are affected by FGM". Likewise**,** in *Tackling Female Genital Mutilation in Scotland: A Scottish Model of Intervention*, Baillot et al., (2014) note that there is limited evidence available for evaluations on specific interventions to respond to or prevent FGM across the EU.

While available evidence remains relatively limited, Njue et al. (2019) highlight the following prevention-focused interventions:

- Availability of **healthcare services**
- **Training health care professionals;** on cultural competence, legal regulations, legal provisions pertaining to FGM and FGM related laws
- **Awareness raising and culturally appropriate education**; capacity building workshops with professionals from various sectors, targeted training and information campaigns (about FGM issues, legislation, child protection procedures)
- **Community-based interventions;** community education to promote a rights-based approach to tackling FGM, community 'champions' and advocates, resource and information development and dissemination, media campaigns, networking with community organisations
- **Engagement with students at schools**

- **Support and information** provided to men and local or religious leaders

In relation to legislation as a primary prevention approach, Njue et al (2019:14) report that:

> The three studies discussing laws in this review suggest that legislation may work more effectively when viewed as a facilitator of protection against harmful practices and when used to conduct negotiations with the communities, health care workers and prosecutors.

While approaches to legislative changes are not discussed in detail within this report, Njue et al.'s (2019) systematic review is a valuable source of additional references and literature on a range of primary prevention strategies for FGM in high income countries.

Mayor's Office for Police and Crime Female Genital Mutilation Early Intervention Model: An Evaluation (MOPAC FGM EIM) present findings from their pilot study. They reported that the multi-agency approach of this model was promising in developing strong working relationships and effective service protocols among health and social care professionals, therapists and community advocates (McCracken et al. 2017). However, as a pilot intervention and evaluation, more evidence is needed to determine the effectiveness of these approaches.

Additional interventions of note, with limited available evaluations, include: psychological and counselling interventions for victims-survivors of FGM (Smith and Stein, 2017); health information interventions for FGM (Waiga et al. 2018); FGM protection orders (Dyer, 2019). However, limited evidence is available about the efficacy of these interventions.

Moderating factors

Potential facilitators

Several moderating factors to facilitate success for FGM interventions have been identified. The UK Department of Health guidance (2016:3) on FGM safeguarding and risk strongly advocates for multi-agency working as a key facilitator:

> working across agencies is essential to effective safeguarding efforts. This is referenced throughout the HM Government Multi-Agency Statutory Guidance on FGM and should be a central consideration whenever safeguarding girls from FGM.

Moreover, according to McCracken et al.(2017):

> Effective and meaningful engagement with key stakeholders is vital to prevention efforts. These stakeholders include community and grassroots groups, men from potentially-affected communities, religious leaders, and other relevant professionals such as teachers who have regular and ongoing contact with young people.

This pilot evaluation also suggests that the following must also be taken into account for FGM interventions:

- Engagement with girls and women from FGM-practicing countries
- Cultural sensitivity
- A victim-centred approach
- Clinical engagement with women from FGM-practicing countries (prevention and protection)
- Engagement beyond the clinical setting

In addition to those listed above, Baillot et al. (2014) advocate for a gendered approach to tackling and responding to FGM to understand the root causes of the practice. They also suggest that developing strong relationships and trust with communities around the issue of FGM is important. For example, as Heise (2011:28)[121] notes:

> The most successful programmes engaged respected community members, including religious and local leaders, to provide information to help reframe views of the practice. To reduce the social costs of behaviour change (in terms of future prospects for marriage), they encouraged communities and marriage networks to abandon the practice en masse, and supported those families willing to make early public commitments to not cut their daughters.

Long-term approaches to interventions is also understood to be a potential facilitator for interventions focused on reducing FGM. As Waigwa et al., (2011:1) suggest:

> it is vital for health education interventions to aim at long-term changes to the health behaviour and the norms that are attributed to a health problem.

Moreover, they note that a focus upon long-term approaches can:

- increase the possibility of effective, collective change in behaviour and attitude

[121] Again, the focus on low-income countries within this research may limit how comparable it is with high income countries such as Scotland

- such behavioural and attitudinal changes can lead to the sustainable prevention of FGM alongside improved reproductive health and well-being of both individuals and communities

However, as Hester et al.'s (2015:39) participatory qualitative study indicates: "significant work is needed within and alongside communities to encourage reporting of FGM".

Potential barriers
Based on their early intervention model evaluation, McCracken et al. (2017:7) highlight potential barriers for FGM interventions as:

- insensitive, unreflexive and heavy-handed professional practice
- negative perceptions of social services and mental health services
- inappropriate forms of engagement with members of potentially-affected communities

Waigwa et al.'s (2011:1) systematic review of health education as an intervention to prevent FGM also highlights four main potential factors that could act as barriers in utilising health education interventions to prevent FGM:

- sociodemographic factors
- socioeconomic factors
- traditions and beliefs
- intervention strategy, structure and delivery

These barriers are also identified as potential facilitators if taken into account in the development and use of FGM-focused interventions.

Conclusions

This evidence review was undertaken to support strategic thinking regarding what works to prevent violence against women and girls (VAWG). This review presents a synthesis of available high-quality evidence on effective interventions for preventing VAWG; contributing to the work of Scottish Government's Equally Safe strategy.

This review has focused on primary prevention interventions – those aimed at preventing violence before it occurs (WHO 2002). The prevention and early intervention focus of this evidence review aligns with the Scottish Government's public health approach to violence (ScotPHN 2019). This report is timely and is intended to inform policymakers and practitioners about the evidence base and effectiveness associated with different primary interventions to prevent VAWG.

Importantly, this report acknowledges that the experience of potential victims-survivors and the effectiveness of prevention-focused interventions may vary greatly dependent on their protected characteristics, identity, and access to resources. **Overall, there is limited evidence of what works for different populations.**

Overall, much of the available high-quality evidence on the effectiveness of primary interventions to prevent VAWG has come from high income countries (such as the USA and Canada amongst others). In this context, it is important to account for cultural context in the application of interventions within a Scottish context (Annex B of the report outlines implementation fidelity and associated issues).

Some interventions have been identified as out of scope for this report (see Annex E for full list). While these interventions have not been included within this report, this does not necessarily indicate that they do not work. Rather, they have been excluded due to limited available evidence (e.g. high-quality evaluations) or they are beyond the primary prevention focus of this report (e.g. topic out of scope).

Directions for future research

Based on the evidence presented within this report, the following areas for future research have been identified:

i. **Further evaluations of interventions – both in Scotland and elsewhere – are necessary to understand 'what works'**. For example, for the interventions classified as 'inconclusive' additional evidence via high-quality longitudinal evaluations would be beneficial for understanding the impacts of these interventions on preventing VAWG. **Embedding evaluation** within the intervention programme approach will contribute to understanding the most effective approaches to preventing VAWG. Such evaluations should include **both quantitative and qualitative approaches** to better understand the impacts and effects of each intervention.
ii. **More longitudinal research is required to understand the effects of primary prevention interventions for VAWG over time**.
iii. **While challenging, research that measures behavioural changes as a direct outcome would be welcome.** As shown throughout this review, many evaluations of interventions to prevent VAWG focus on attitudinal change as an outcome. It is acknowledged that the relationship between attitudinal and behavioural change is unclear. As such, evidence on how attitudinal change impacts long term behavioural changes is often promising but sparse.
iv. Evidence around effective or promising primary prevention interventions is often from education settings with young people (e.g. secondary schools or

higher education). **Further research could look at alternative settings for primary prevention interventions.**

v. **Future research focused upon understanding interventions that may be effective for preventing HBV and FGM would be valuable.** There is limited evidence available, particularly within the context of high-income countries. Likewise, while deemed out of scope for this report, there is limited available evidence on what works to prevent commercial sexual exploitation.

vi. Of the primary interventions presented within this report, those that focus on attitudinal and/or behavioural change to prevent VAWG (e.g. with younger people) may have an impact in preventing coercive and controlling behaviours as forms of domestic abuse, although **whether interventions specifically targeted coercive and controlling behaviour was not always clear from the available literature. The evidence linked to this explicit outcome is limited and could be explored further.**

vii. While there is emerging evidence about the exacerbated risk and impacts of domestic abuse for victim-survivors and families within the current context of the COVID-19 pandemic (WHO 2020), it is unclear whether/to what extent the nature of domestic abuse itself has changed[122]. As such, it is not possible to draw conclusions on what the COVID-19 pandemic means for what works to prevent DA and other forms of VAWG. **How the COVID-19 pandemic impacts the content and design of prevention-focused interventions should be monitored.**

[122] For more information see Scottish Government (2020) 'Domestic abuse and other forms of violence against women and girls (VAWG) during COVID-19 lockdown for the period 30/3/20 - 22/05/20'

Annex A: Prevention levels

According to the WHO (2002a) *World report on violence and health*, violence prevention levels should be understood as:

- **Primary prevention** – approaches that aim to prevent violence before it occurs
- **Secondary prevention** – approaches that focus on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment for sexually transmitted diseases following a rape. Secondary prevention also seeks to prevent further acts of violence (ScotPHN, 2019)
- **Tertiary prevention** – approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence. Tertiary prevention also seeks to prevent further acts of violence (ScotPHN, 2019)

ScotPHN (2019:9) Violence Prevention Framework succinctly describes **primary**[123] **prevention** within a public health approach as applying:

> programmes, policy interventions and advocacy to prevent violence before it occurs, guided by the four stage process, i.e. a statistical and theoretical knowledge of violence and its risk factors, with testing of interventions and evaluation of what works.

In relation to **interventions specifically**, this Framework outlines that:

> if we actively want to reduce new cases of violence in Scotland, significant weight must be placed on a shared understanding of the public health approach with the effective pursuit of primary prevention as a key constituent of this (ScotPHN, 2019:9).

[123] ScotPHN (2019:9) note that primary prevention "is distinct from 'secondary prevention', intervening to prevent the further escalation of violence where it has not been prevented, and 'tertiary prevention' focused on care, rehabilitation and reintegration, post-violence".

Annex B: Methodological discussion

This report identified relevant existing evidence drawn from reviews and reports, such as those produced by the World Health Organisation (WHO). They were used as a starting point from which to explore evidence on what works to prevent VAWG.

A literature search was also conducted by the Scottish Government Library and covered a wide range of resources, including: IDOX, EBSCOHOST (Academic Search, SocIndex), PROQUEST (Applied Social Sciences Index and Abstracts (ASSIA), ERIC, PAIS International, International Bibliography of the Social Sciences (IBSS), ProQuest Sociology, Social Services Abstracts, Sociological Abstracts) and Web of Science. The majority of the literature was published within the last five years, although some sources are older.

While not completely comprehensive, this report aims to highlight the interventions with robust and reliable evaluations, using this evidence to classify their effectiveness (see details below). Drawing on and synthesising a range of sources, this report also looks at moderating factors; that is, potential barriers and facilitators to interventions working effectively.

In addition to reviewing key literature, extensive consultation took place with academics and key experts in the field. Relevant internal and external stakeholders contributed to quality assuring drafts of this report.

Prior to presenting interventions in detail, the approach to assessing evidence on interventions is outlined, implementation issues are highlighted, and interventions that are out of scoped are detailed.

Reviewing and assessing available evidence

This report draws upon existing systematic evidence reviews, peer-reviewed academic publications, and a range of high-quality reports; including the most up-to-date evidence possible. In doing so, this report relies upon the classifications that the authors have assigned to their evidence. Where the strength of the evidence is explicit within such reports, the classifications of "weak", "moderate" and "strong" evidence are used. The publications cited within this report include details of how these authors assessed the evidence presented.

Certain types of studies such as well conducted randomised control trials (RCTs) may be more likely to be classed as providing strong evidence. Often used in medical settings, a randomised control trial is defined in **Box 2** below.

Box 2: RCT definition from National Institute for Health and Care Excellence (NICE) glossary online (no date)

"A study in which a number of similar people are randomly assigned to 2 (or more) groups to test a specific drug, treatment or other intervention. One group (the experimental group) has the intervention being tested, the other (the comparison or control group) has an alternative intervention, a dummy intervention (placebo) or no intervention at all. The groups are followed up to see how effective the experimental intervention was. Outcomes are measured at specific times and any difference in response between the groups is assessed statistically. This method is also used to reduce bias".

This research approach is sometimes understood as the "gold standard" of evaluations as they use a rigorous and reliable approach which helps researchers to draw conclusions regarding causal relationships (Cleaver et al., 2019).

RCTs are less commonly found within social sciences research and intervention evaluations. Instead, a range of quantitative and qualitative methods can be used to produce reliable, robust, and high quality data on both specific outcomes (e.g. attitudes towards gender violence through quantitative methods) and understandings of the process (e.g. understanding the setting, how the programme was implemented through qualitative methods) (see Williams and Neville, 2017:27). Moreover, using qualitative methods within evaluations can allow researchers to consider the unquantifiable processes and factors that might impinge on the success of an intervention; particularly important when researching social behaviours (Cleaver et al., 2019).

Assessment of effectiveness of interventions
Categories of evidence of effectiveness were developed, drawing on definitions/terminologies used by the National Institute for Health and Care Excellence (NICE) for reviewing research evidence and The Department for International Development's (DFiD) *Rapid Evidence Assessment For Conflict Prevention* (see Annex C). The inclusion criteria for evidence within this report on preventing and reducing VAWG included[124]:

[124] These criteria have been informed by Fulu and Kerr-Wilson (2015) What works to prevent violence against women and girls evidence reviews

- High-quality peer-reviewed studies, evaluations, systematic reviews, and grey literature (including RCTs, cohort evaluations, qualitative studies[125])
- Studies focusing on interventions intended to prevent violence (primary prevention) or further violence (secondary prevention)
- Studies focusing on the effectiveness of interventions in either preventing/reducing further VAWG
- Studies from high-income countries[126], published in the English language[127]

Annex C and D include the decision-making tools (effectiveness classification criteria and decision tree) developed to illustrate the process undertaken in synthesising the available evidence. These tools have been used to ensure a consistent and transparent approach to classifying the effectiveness of interventions to prevent VAWG. In particular, the following aspects are considered in classifying the available evidence:

- The relevance of the evidence: must include outcomes related to violence prevention/reduction **or** risk factors **or** intermediate outcomes for violence
- What the evidence says about the effectiveness of the intervention
- The strength of the available evidence

The decision tree leads to the following six categories of effectiveness, which have been colour-coded. Annex C provides definitions for each of these evidence classifications:

Effective (Green)

Promising (Amber)

Mixed (Amber)

No effect (Red)

Negative effect/potentially harmful (Red)

Inconclusive (Grey)[128]

[125] The evidence presented within this report is primarily from quantitative research published in peer-reviewed publications and organisational reports, however qualitative research is identified as important in understanding the effectiveness of an intervention.
[126] This review focuses upon studies from high income countries as they are the most directly comparable to Scotland. As such, low- and middle-income countries are not included.
[127] This review is limited by the fact that we only drew upon evidence published in the English language
[128] Within this review, the interventions presented do not fall into the 'no effect' or 'negative effect/potentially harmful' categories. However, these have been included here to demonstrate the categories used across this work.

It should be noted that the **inconclusive** category is:

- distinct from the no effect[129] category
- is based on insufficient evidence to make a judgement on impact of an intervention (e.g. only pilot evaluations available)
- indicates the need for further research and evidence before conclusions can be drawn on the effectiveness of an intervention

Where a respected expert organisation such as, for example, WHO had assigned a particular level of effectiveness to an intervention, this review has used their effectiveness rating, rather than following the decision making process outlined in the decision tree. Exceptions to this include where robust new evidence has been produced since the publication of ratings by these organisations, or where an effectiveness rating is not relevant to a high income country like Scotland e.g. if that rating was only applicable to low income countries in a WHO report.

Caveats

There is the potential for interventions that fall 'out of scope' for this review to positively impact on violence prevention in Scotland (see section below). Their omission from this report should not be seen as indicative of a lack of effectiveness in violence prevention, rather as indicative of violence prevention not being their main aim or focus.

Likewise, there are limited robust evaluations which met the criteria for inclusion into this report. Again, this does not discount the effectiveness of the intervention. There may also be promising interventions that are not included within this report as they have not been evaluated or had evaluations published (Fulu and Kerr-Wilson, 2015).

We know from available published evidence that it can be **hard to draw robust conclusions about what works**, due to factors such as variable and low quality evaluations. Moreover, as Scott (2015) notes within a Health Scotland report on intimate partner violence and abuse, assessing the effectiveness of preventative interventions in relation to future violence is difficult:

- The outcomes of studies are often limited to the impact of interventions on attitudes or educational change rather than any impact on behavioural outcomes. This is in part due to the challenges of assessing domestic abuse outcomes at a community level

[129] By contrast, a no effect classification (of which there are none within this report): has strong or moderate evidence available with no evidence of effect (positive or negative) was found for preventing VAWG.

- Most interventions focus on young people, with the aim of preventing violence or abuse before it occurs. However, the key time point for effective delivery of primary preventative interventions remains to be identified
- Interventions aimed at adults have tended to be media or awareness-based campaigns, but the evidence for these is inconsistent

Fulu and Kerr-Wilson (2015:9) also highlight that using short-term outcomes as measurements to determine the impact of an intervention upon the occurrence of VAWG: "may over-estimate effect because to sustain impact over the long-term many interventions require effective systems beyond the control of the intervention".

Therefore, the wider structural, cultural and societal contexts in which VAWG occurs, must be kept in mind when considering violence prevention interventions (Equally Safe, 2016; WHO, 2019). The ecological model framework takes these contexts into account alongside the interactions between the individual level, personal relationships, community contexts and societal factors in influencing interpersonal violence, including VAWG (WHO, 2020).

Challenges in assessing attitudinal change and behavioural change in primary prevention interventions

Throughout this report there is also reference to how change in *attitude* does not necessarily equal change in *behaviour*. However, it is important to measure attitudes, and interventions which attempt to change attitudes. As noted in the Scottish Social Attitudes Survey (SSAS) VAWG module (2014);

> The relationship between attitudes held by an individual and their behaviour is not always straightforward. However, attitudes held by many individuals, or by powerful individuals, potentially shape broader social norms, which in turn do influence behaviour.
>
> Public attitudes can also provide a culture of support for violence by justifying or excusing it, trivialising or minimising the problem, or shifting responsibility for violent behaviour from perpetrator to victim-survivor. Importantly, attitudes can be seen as a 'barometer' of how societies, as well as particular groups, are faring in relation to violence against women.

As indicated here, focusing in part on attitudes can provide an indication of progress relating to addressing violence against women. In particular, interventions that seek to address gender based violence are often focused on primary prevention.

Moreover, as Vladutiu et al. (2011) note, changes in both attitude and intention by primary prevention programme participants are important

outcomes. They recognise the limitations of these outcomes as they argue that researchers "will never have full confidence in our prevention programs until they are firmly linked to reductions in violence perpetration and victimization" (Vladutiu et al. 2011:81).

With this awareness, primary prevention interventions are often focused on changing personal and societal attitudes, often directed towards men and boys, attitudes that often inform the violent behaviours of VAWG (see Fulu et al., 2014:17).

Implementation issues

'Implementation fidelity' is the degree to which an intervention is delivered as intended. A good level of implementation is critical to the successful translation of evidence-based interventions into practice (Breitenstein et al., 2010). Programmes do not always transfer from one geographic or cultural setting to another and the structures for delivering prevention programmes might not always be in place (Breitenstein et al., 2010).

Diminished fidelity may be why interventions that show evidence of efficacy in highly controlled trials may not deliver evidence of effectiveness when implemented in real life contexts/routine practice. Likewise, transferring programmes to substantially different contexts may require adaptation and re-evaluation (Faggiano et. al, 2014). Williams and Neville's (2017) evaluation of a Mentors in Violence Prevention (MVP) programme in Scotland highlights that caution should be taken regarding "implementation fidelity" to ensure that the US evidence base is utilised, while also ensuring that the programme is appropriately adapted for a Scottish context (see section on MVP).

For example, the authors note that "while MVP is specifically designed to address GBV, participants in the current study expressed a desire for the programme to additionally cover other forms of bullying" (Williams and Neville, 2017:25). However, implementation fidelity may not be achieved if broadening out, or degendering[130], interventions that have been designed to focus on tackling VAWG such as GBV broadly or sexual violence specifically (see Anitha and Lewis, 2018 on prevention in university communities).

Williams and Neville (2017:29) also suggest that a "process of continual development/refinement" is required to "ensure age and cultural appropriateness". By this, they refer to the process of adapting USA-based scenarios to situations that would be relevant and applicable to young people

[130] Page 51 of this report discusses limitations around having degendered prevention approaches (e.g. the *Green Dot* programme). Such programmes should be understood in relation to the gendered approach that the Scottish Government takes to tackling gender-based violence through the Equally Safe strategy.

in Scotland (see section on MVP programmes)[131]. Within their MVP evaluation Williams and Neville (2017:29) also highlighted the importance of both flexibility and adaptability, as well as ongoing evaluation of best practice in using this programme with young people in Scotland. Within a Scottish context, MVP programmes have been translated from international contexts and have identified actions to mitigate implementation challenges (see for example MVP Scotland Progress Report 2018-19, page 48).

Interventions that have been identified as out of scope have been outlined in Annex E.

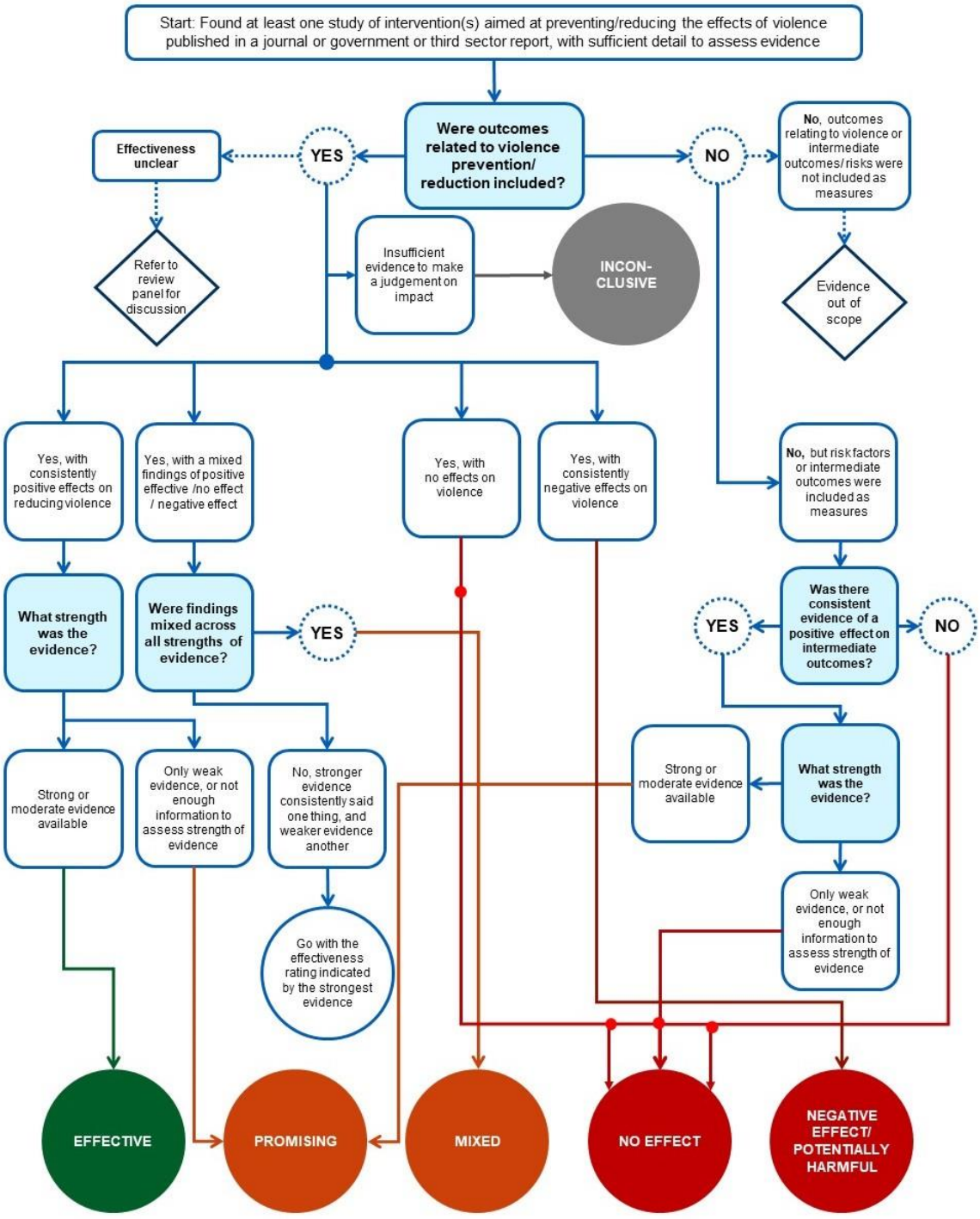
[131] Examples of these scenarios can be found at MVP Strategies online.

Annex C: Classification of intervention effectiveness

Drawing on definitions and terminologies used by NICE and DFiD a comprehensive classification system has been developed to categorise the effectiveness of interventions based on available evidence. The decision making tool below has been used to determine effectiveness ratings throughout this report on what works to prevent VAWG. It has been used alongside a purposively designed decision tree presented in Annex D.

Category	Definition
Effective	Evidence that the intervention is associated with a positive impact on preventing violence, based on a moderate or strong evidence base. Due to the complexity of causality, an 'effective' intervention should be considered one that contributed towards violence prevention or mitigation rather than one that single-handedly accounts for a decrease in violence.
Promising	Findings were positive but not to the extent that they constituted evidence that an intervention was 'effective', this could be: (i) in cases where an intervention has a positive impact on an intermediate outcome, rather than in reducing violence itself (ii) where authors noted a positive change, but expressed doubts as to whether the intervention could confidently be said to have contributed to this (e.g. due to evidence being rated as "weak" or the other factors potentially having an impact).
Mixed	Findings of individual article - (i) An individual article that finds varied impact of a single intervention across research sites, or populations. (ii) An article examining multiple strands of an interventions that finds some were effective/promising and others not. Findings from a number of studies- (i) Where there have been a number of studies and the results contrast – e.g. some found positive effects and some did not. (ii) Similarly, a body of evidence that is mostly comprised of individual articles finding a 'mixed' impact of interventions would be considered 'mixed' overall.
No effect	No evidence of effect (positive or negative) of the intervention on reducing violence includes moderate or strong evidence found the intervention had no effect on reducing violence
Negative effect/ Potentially harmful	Evidence that the intervention is associated with worse violence outcomes (e.g. worse than at the start of the intervention, or worse than for a control group).
Inconclusive	Insufficient evidence to make a judgement on impact.

Annex D: Evidence of effectiveness decision tree



Annex E: Out of scope interventions

Two possible reasons for an intervention being out of scope have been identified:

> i) **Topic out of scope –** areas which are wider than preventing violence[132], and/or where the policies relating to this would sit outwith the remit of Justice Analytical Services, and/or where interventions focus exclusively upon perpetrators/offenders who have entered the criminal justice system.
>
> ii) **Evidence base out of scope**: i.e. we have looked at the evidence base, but it does not directly address violence related outcomes, therefore we cannot draw trustworthy conclusions regarding the impact of such interventions on violence prevention or reduction.

The table below details interventions that have been classified as out of scope for this review. Where possible, web links have been included to published work in this area.

Table showing interventions and topics that were identified as out of scope for this report:

Justice and legislative interventions	
Legislative changes and reform	***Topic out of scope*** Legislative changes have been identified as beyond the scope of this report. As such, legislative changes are not explored in detail.
Criminal justice interventions for GBV and domestic abuse	***Topic out of scope*** As this report focuses on pre-criminal justice and prevention-focused interventions, perpetrator programmes such as the Caledonian System and domestic violence perpetrator programmes (DVPPs) are out of scope. However the What Works to Reduce Reoffending (2015) report, which is due to be updated in 2021, will review the international evidence on the extent to which domestic abuse perpetrator programmes reduce reoffending.

[132] The interventions listed as out of scope below are predominantly identified as secondary or tertiary prevention (see section 3.2 on prevention level), and have thus been deemed out of scope. For more information regarding primary prevention, see ScotPHN (2019) Violence Prevention Framework.

Civil protection orders[133]	While civil protection orders (such as interdicts, non-harassment orders and exclusion orders) have been identified as interventions to protect against domestic abuse. However, the evidence base on the effectiveness of these interventions for prevention and reducing reoffending is limited. As such, this approach is not explored in detail (for relevant publications see annex F for additional sources).
Intervention cost and cost effectiveness	
Cost and cost effectiveness	***Evidence base out of scope*** cost and cost effectiveness have not been covered within this report due to limited available evidence
Domestic abuse interventions	
Perpetrator-focused and offender-focused interventions[134]	***Topic out of scope*** Perpetrator-focused and offender-focused interventions have been defined as out of scope for this report. As above; this report focuses on pre-criminal justice and prevention-focused interventions, perpetrator programmes such as the Caledonian System and domestic violence perpetrator programmes (DVPPs) are out of scope. However the What Works to Reduce Reoffending (2015) report, which is due to be updated in 2021, will review the international evidence on the extent to which domestic abuse perpetrator programmes reduce reoffending.

[133] For more information, see Bates, L. & Hester, M. (2020): No longer a civil matter? The design and use of protection orders for domestic violence in England and Wales, *Journal of Social Welfare and Family Law*, 42:2, 133-153, DOI: 10.1080/09649069.2020.1751943

[134] See also Brooks et al. (2014) *Violence against women: effective interventions and practices with perpetrators: a literature review* for a relevant review of perpetrator-focused interventions.

Interventions & approaches aimed at supporting and/or advocating for women who have experienced domestic abuse (e.g. MARACS)	***Topic out of scope*** Interventions aimed at supporting victims-survivors of domestic abuse have been identified as out of scope as there is a lack of evidence on outcomes relating to preventing violence. The secondary prevention focus of these interventions/approaches is beyond the scope of the primary prevention emphasis of this report. For more information, see CAADA's (2010) report on MARACS entitled: *Saving lives, saving money: MARACs and high risk domestic abuse.* See also Scottish Government report (2017): *National scoping exercise for advocacy services for victims of violence against women and girls* for more information on advocacy services.
Routine enquiry in healthcare settings for disclosing domestic abuse	***Topic out of scope*** Interventions aimed at supporting victims-survivors of domestic abuse have been identified as out of scope as there is a lack of evidence on outcomes relating to preventing violence. The secondary prevention focus of this intervention is beyond the scope of the primary prevention emphasis of this report.
Shelters[135], and Sanctuary Schemes[136] for women experiencing domestic abuse	***Evidence base out of scope*** There is some available evidence about use of shelters to reduce harm within Jewkes (2014:17) *What works to prevent violence against women and girls?* However, they highlight challenges around researching the effectiveness due to the self-reported data rather than robust evaluations, as well as evidence of the potential for re-victimisation by the abusive partner after a period in shelters.

[135] There is some available evidence about use of shelters to reduce harm within Jewkes (2014:17) What works to prevent violence against women and girls? However, they highlight challenges around researching the effectiveness due to the self-reported data rather than robust evaluations, as well as evidence of the potential for re-victimisation by the abusive partner after a period in shelters.

[136] For more information, see this Department for Communities and Local Government and University of York report (2010) entitled: *The effectiveness of schemes to enable households at risk of domestic violence to stay in their own homes*.

Safe and Together	***Topic out of scope*** This approach aimed at supporting victims-survivors and families affected by domestic abuse has been identified as out of scope as there is a lack of evidence on outcomes relating to preventing violence. The secondary prevention focus of this intervention is beyond the scope of the primary prevention emphasis of this report. For more information see Mitchell, A (2018): 'Safe and Together Edinburgh', The City of Edinburgh Council.
Sexual violence interventions	
Psychological treatment – for those who have experienced sexual abuse	***Topic out of scope*** This health-focused intervention is beyond the scope of this justice-focused report. Moreover, the aims of these interventions are wider than preventing or reducing future violence.
Sexual assault referral clincs (SARCs)[137]	***Evidence base out of scope*** Interventions aimed at supporting victims-survivors of sexual violence have been identified as out of scope as there is a lack of evidence on outcomes relating to preventing violence. The secondary prevention focus is beyond the scope of the primary prevention emphasis of this report.
Interventions to prevent commercial sexual exploitation	***Evidence base out of scope*** Due to limited available evidence, **on what works to prevent commercial sexual exploitation**[138] **specifically, this report does not go into detail about primary interventions for these forms of VAWG**[139]. Instead, this area has been identified as out of scope due to limited evidence base.

[137] See also Brown, K.E., Bayley J.E. and Baxter, A. (2015): Evaluation of the Sexual Assault Referral Centre (SARC) based at George Eliot Hopsital, Nuneaton, Centre for Technology Enabled Health Research, Conventry University [accessed 17.06.19]

[138] Commercial sexual exploitation is defined by the Equally Safe strategy (2016) as: "activity which includes prostitution, lap dancing, stripping, pornography and trafficking" and other forms of commodification for women's bodies for sexual purposes (Brooks et al., 2014; Wilson et al., 2015).

[139] As with HBV and FGM interventions, primary prevention interventions can be effective or show promise in shaping social norms, attitudes, and behaviours as a broader approach to preventing VAWG from happening.

Interventions to prevent stalking and sexual harassment	***Evidence base out of scope*** **Stalking and sexual harassment** as forms of VAWG are acknowledged within this report, but due to limited available and robust evidence have not been discussed in detail (see UN 2015 report on preventing VAWG). While they are not mutually exclusive, there are overlapping experiences with the forms of VAWG detailed in this report.
Additional interventions out of scope	
Healthy relationship programmes for couples	***Evidence base out of scope*** There is a lack of evidence on outcomes relating to violence/impact on reducing domestic abuse among adult couples.
Primary prevention interventions focused on children[140] and/or families[141] (e.g. family nurse partnerships)	***Topic out of scope*** Interventions focused upon children and/or families have been identified as out of scope within this report. See Hetherington (2020) *Ending childhood adversity: a public health approach*, Public Health Scotland for evidence on prevention and public health approaches to ending childhood adversity. A forthcoming Scottish Government report (written by the Scottish Violence Reduction Unit) on *What Works to Prevent and Reduce Youth Violence* will also provide evidence on the effectiveness of these interventions.
Community based interventions	***Evidence base out of scope*** There is a lack of evidence for high-income countries regarding this broad intervention approach, as well as limited outcomes explicitly relating to violence.
Addressing harmful use of alcohol	***Topic out of scope*** While an important facilitator of perpetrator use of violence, interventions relating to harmful use of alcohol have been deemed out of scope within this report (WHO 2013a:36)[142].

[140] This report looks at school-based interventions; however, these are implemented within secondary school environments predominantly.
[141] See also Hetherington (2020) *Ending childhood adversity: a public health approach*, Public Health Scotland for evidence on prevention and public health approaches to ending childhood adversity.
[142] This WHO report (2013a) examines the evidence of effectiveness of interventions aimed at preventing alcohol-related violence. Evidence from this report shows a complex

Transport interventions to prevent VAWG	***Evidence base out of scope*** While highlighted by the WHO (2019) framework for VAWG prevention, there is limited evidence about what works within transport settings to make environments safe. See the International Transport Forum's (2018) report on Women's Safety and Security: A Public Transport Priority for further information.

Finally, this report does not include the following areas (and associated interventions) highlighted within the WHO (2019) RESPECT women: preventing violence against women report:

- **Empowerment of women**: evidence from high income countries was limited, or identified interventions were targeted towards low income countries.

- **Services ensured:** interventions were focused upon reducing VAWG through support and advocacy services, perpetrator interventions, screening in health services and more. Secondary prevention interventions are out of scope for this report.

- **Poverty reduced**: reducing economic and social inequality has been identified as part of Equally Safe, and the public health approach (i.e. adopting an ecological model to address violence). This report focuses predominantly upon specific interventions to prevent violence while acknowledging that the reduction in poverty overall can play a significant role in preventing VAWG.

- **Child and adolescent abuse prevented:** as noted above, interventions focused upon children and families have been identified as out of scope for this report. A forthcoming Scottish Government report (written by the Scottish Violence Reduction Unit) on *What Works to Prevent and Reduce Youth Violence* details relevant interventions.

While these areas are important in relation to both preventing and reducing violence against women, they were deemed out of scope for the reasons outlined above.

relationship between harmful use of alcohol and domestic abuse for both victims-survivors and perpetrators of domestic abuse (referred to as intimate partner violence within this report).

Annex F: Signposting to key sources and further information

Justice Analytical Services (JAS) is undertaking a programme of analytical work around violence in Scotland. A range of statistical sources[143] are used when measuring violence. The recent report Non-sexual violence in Scotland triangulates these evidence sources to provide an up to date account of the current magnitude, scope and characteristics of violence in Scotland.

Other relevant analytical publications on violence in Scotland, produced or commissioned by JAS include:

- Scottish Crime and Justice Survey 2018/19: main findings, Scottish Government, June 2020
- Repeat violent victimisation: evidence review, Scottish Government, April 2019
- Recorded Crime in Scotland 2019/20, Scottish Government, September 2020
- Taking stock of violence in Scotland, SCCJR, September 2019

In Scotland, the Scottish Public Health Network (ScotPHN) have published Examples of projects to prevent and reduce violence in Scotland (2018)[144]. In 2019 they also published a Violence Prevention Framework that promotes a public health approach to understanding different types of violence and interventions that may be effective in preventing them. In both publication, VAWG prevention is highlighted and discussed. This report builds upon this work.

Domestic abuse as a form of VAWG

DA: legislative definitions

It is important to acknowledge the differences in definition between England Wales, Northern Ireland and Scotland. **In England and Wales (and Northern Ireland)**, the definition of domestic abuse includes violence between "intimate partners and family members", with family members defined as:

> mother, father, son, daughter, brother, sister and grandparents whether directly related, in-laws or step-family. However, this is not an exhaustive list and may also be extended to uncles, aunts and cousins etc. (Crown Prosecution Service Website).

[143] Sources include: (i) Police Recorded Crime, (ii) Scottish Crime and Justice Survey (SCJS), (iii) Emergency Hospital Admissions due to Assault and (iv) Criminal Proceedings.
[144] This publication does not include evaluations or information about the effectiveness of these projects.

This necessarily increases the numbers of homicides that can be considered as "domestic".

Within Scotland, the definition is more narrow, i.e. "the relationship will be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners" (Police Scotland definition, see also Domestic Abuse (Scotland) Act 2018). The inclusion of wider family homicides in England and Wales may therefore include homicides which increase the overall number. Moreover, the evidence on domestic violence from England and Wales within this report includes these different forms of DA (e.g. wider familial violence, not only partners and ex-partners).

Key literature on domestic abuse

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Literature on barriers to accessing support (DA)

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Public Health England (2015): Disability and domestic abuse: risk, impacts and response

SafeLives (2017): Whole Lives: Improving the response to domestic abuse in Scotland SafeLives (2017): Whole Lives: Improving the response to domestic abuse in Scotland

Safe Lives (2018): Barriers to accessing services for LGBT+ victims and survivors

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Literature on civil protection orders for DA

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The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

This document is also available from our website at www.gov.scot.
ISBN: 978-1-80004-386-2

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for
the Scottish Government
by APS Group Scotland
PPDAS795406 (12/20)
Published by
the Scottish Government,
December 2020

GSR
GOVERNMENT SOCIAL RESEARCH
Social Science in Government

Social Research series
ISSN 2045-6964
ISBN 978-1-80004-386-2

Web Publication
www.gov.scot/socialresearch

PPDAS795406 (12/20)