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Ways forward for enhancing prevention: reflections from regional level

Observer's paper presented by:
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Introduction

Violence is preventable (Heise 2011; WHO 2010), but P4P's last four years of work to promote effective primary prevention in Asia and the Pacific shows that prevention requires more knowledge, commitment and multiple actions by multiple actors. This paper presents P4P's reflections on the state of primary prevention at this point in our journey as a regional support programme.

P4P is privileged to work with a wide array of highly competent and committed individuals from governments, NGOs and local communities who work to address GBV across Asia and the Pacific. We have witnessed important changes in terms of policy, prioritization and implementation of more effective prevention interventions – and are excited by the prospects of the continued growth of enhanced prevention. There is much work to be done, however, and many areas that need remedies and resources now. A brief summary of "what more is needed" and ways forward from our perspective is as follows:

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* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations

[1] Partners for Prevention has worked to promote effective primary prevention in Asia and the Pacific since 2008. Partners for Prevention is a UNDP, UNFPA, UN Women and UNV regional joint programme for Asia and the Pacific that provides knowledge, training and technical support to prevent GBV in the region. We provide technical assistance to UN agencies, government and civil society partners on primary and are engaged with local partners over a dozen countries. P4P's key advocacy goal is to help decision makers understand that violence is preventable and understand how evidence-based prevention approaches can be integrated into all work related to GBV – from internal policies and guiding documents of development partners, to national action plans and other policies related to GBV.

- A broad-based understanding of what violence prevention is, and how it is inseparable from protection and response.
- Deeper capacity of practitioners, policymakers and other relevant stakeholders to support, implement and evaluate prevention interventions.
- Site-specific research on experiences and perpetration of gender-based violence, and more analysis of existing data
- Collaboration and coordination mechanisms that build synergies across sectors for a diverse range of stakeholders.

Understanding violence and prevention

Whilst there is general commitment to 'stopping violence before it starts' across the region, we have found many partners do not understand the difference between prevention and response, or what primary prevention looks like in practice. Subsequently, these actors do not envision what their role can be to promote more effective prevention. For example, research conducted by P4P among policy makers and civil servants in the region relates that despite their best intentions many policymakers have limited understanding of prevention policies, and tend to mislabel various policies, such as criminal justice responses to incidents of violence, as 'prevention' (at the regional level, see Partners for Prevention, 2011; at the national level, in Cambodia, see Bunthoeun, Duong, Sedara forthcoming). P4P has found similar confusion among some UN staff and NGO partners (see an example in side bar).

> **Translating Prevention and Response**
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> The translation of violence prevention terminology into local languages across the Asia-Pacific region, for national level activities, policies and programmes, can lead to confusion around what is meant by prevention (both primary and secondary) and response. In some countries, legal frameworks use the term 'prevent' or 'prevention', although the meaning of preventing social problems in the local context differs from the English understanding of prevention – stopping violence before it starts. These terminology differences can further complicate communication between national actors and their regional and global partners. This highlights the need for clarity and precision in how primary prevention is expressed and discussed at the regional level.

To respond to this gap, P4P developed a series of tools – and adapted existing tools from WHO, Raising Voices and others to the Asia-Pacific context – to improve the skills and understanding of practitioners around primary prevention. The tools aim to raise awareness on prevention and relatedly make the complex phenomenon of violence understandable and accessible. This includes addressing underlying structural causes and interconnections between different types of violence, from violence against women to child maltreatment to violence perpetrated by the state. As a starting point to any learning process on prevention, we suggest clearing away the myths of single "root causes" of violence to clarify the different types and typologies of violence, drawing from existing global and local data.

Another priority is to render prevention "actionable" rather than to discuss prevention as an abstract concept. To this end, P4P drafted the PREVENT framework to help our partners understand what violence prevention looks like, and what evidence-based interventions can be adapted and coordinated in various settings. The framework outlines seven key action areas based on existing global data on the risk and protective factors for experiencing and perpetrating violence, as well as evidence on effective interventions for preventing violence. The purpose of this tool is to provide a snapshot of prevention options, and underscore the importance of

coordination and collaboration among actors across sectors. The framework does not provide a definitive listing of prevention actions that should be prioritized in all settings.[2]

Deepening capacity for prevention programming

Connected to confusion about prevention is the learning and experience needed to adapt, innovate and evaluate effective prevention interventions. Prevention is a relatively new field. There is the need to consolidate learning from those who have experience and to facilitate learning among new stakeholders. In Asia and the Pacific, there are numerous practitioners with rich experiences, knowledge and skills to share related to implementing prevention interventions – but these resources are often not available at the local level.   In addition, according to most systematic reviews of the global evidence on promising or effective interventions, few of the effective examples are from Asia-Pacific and very few of the examples have be adapted in the any of diverse settings across the region.

Thus the Asia-Pacific region lacks an "evidence-base" of interventions that are proven effective to reduce violence in a given setting based on rigorous programme design and evaluation. On the other hand, there are innovative programmes being undertaken in local settings that are off the radar of international development agencies and funders. Central to moving prevention forward in this region is both the adaptation of evidence-based models and the nurturing of local innovation; to encourage experimentation along with trotting the evidence-based path of more "proven" interventions. We also need refined ways to identify changes influenced by various kinds of interventions and prevention initiatives from institutional regional programmes to national action plans to local informal efforts.

 As part of building evidence and experience on prevention interventions, there is also a need for more expansive approaches to prevention and greater application of theories of change. For example, most prevention interventions we are familiar with aim to influence changes among individuals (e.g., awareness, attitudes or practices) rather than relational, institutional or structural factors. Changing power relations is very difficult, and makes changing an attitude look relatively straightforward. However, if we do not influence all the factors related to violence – including the structural factors – we will not succeed with prevention.

Moreover, in our experience, theories of change are rarely considered or applied in prevention programme formulation. We need to provide more support to help practitioners articulate what changes they hope to achieve through their interventions, what factors may drive this projected change, and how those changes are connected to violence prevention and reduction.

Programme evaluation can help to capture this change, and build the evidence base of what works in the region. Yet, programme evaluation is often an overlooked component of programme design and implementation. This is partly due to the challenges of conducting "rigorous" evaluations as perceived by programme managers and staff. Rigorous is often construed as "quantitative" or even as randomized control trials, whereas qualitative approaches are seemingly undervalued. However, evaluation approaches must be practical to the capacity and scope of the intervention, and able to effectively measure what it is trying to change. There are a number of options for meaningful M&E that can be adjusted to the capacity and scope of

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[2] Please find the PREVENT framework as an annex to this paper.

the intervention. Although randomized control trials (RCTs) are internationally considered the most rigorous in terms of evaluation design, there is a wide spectrum of M&E approaches that can be used by programmes to ensure quality evaluations. Discussions and findings from national level country programmes also suggest that beyond resource limitations, programmes are limited by a lack of capacity to conduct rigorous M&E. Capacity building around this area needs to be a focus area for future work.

To address some of these learning needs, P4P uses a variety of tools, training formats and convening opportunities. In partnership with the World Health Organization (WHO) and Medical Research Council South Africa (MRC), P4P hosts an annual regional training series on primary prevention of GBV, bringing together practitioners from across the Asia-Pacific region to enhance understanding of what primary prevention is, why it is important, and how to design, implement and evaluate theory- and evidence-based interventions. These trainings explore the global evidence of what works, and how to develop quality interventions using existing evidence and data, and the application of theories of change. The trainings address issues around measuring the impact of prevention initiatives in light of the long-term nature of GBV reduction, and highlight the importance of coordination, continuity and scalability of prevention programmes in order to ensure long-term social change.

The trainings have been adapted and implemented at the national level, with national partners, in a number of countries across the region. Based on the training template, P4P, WHO and MRC are also now working together to create a primary prevention training package that will be made available online and adaptable for different settings. This package includes a five-step prevention programming guide for practitioners – edging them towards more evidence- and theory-based prevention programmes.[3]

Collecting and using data

Four priority areas exist for improved data collection and use for violence prevention across the Asia-Pacific region. First, although quality research is being conducted on GBV in Asia and the Pacific[4], more is needed to prioritize data on GBV for prevention purposes. Data on women and men's experiences and use of violence helps to focus prevention interventions on strategic groups and settings, and on changing or mitigating the factors most strongly associated with perpetration and victimization (e.g., childhood experiences of violence or negative attitudes toward women). Existing and emerging data underscores the widespread diversity of the Asia-

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[3] For more on the Five Step Guide, visit
http://partners4prevention.org/files/documents/5_steps_for_primary_prevention_programming_0.pdf

[4] The WHO methodology continues to be used to measure women's experiences of domestic violence and health consequences in countries across the region. P4P is in the final stages of data collection and has undertaken preliminary analysis from our multi-country and multi-method research project – The Change Project. This study uses quantitative qualitative and political analysis to better understand the connections between masculinities, gender, power and violence in seven countries across the region - Bangladesh, Cambodia, China, Indonesia, Sri Lanka, PNG and Viet Nam. The preliminary findings, as well as reflections from coordinating this research, has led us to emphasize that risk and protective factors for men's perpetration of violence change across settings, that sexual and intimate partner violence often have very different associations, and that prevention programmes and policies can be more focused on the groups and factors most closely associated with perpetration. For more on The Change Project, see http://www.partners4prevention.org/files/documents/leaflet_the_change_project.pdf.

Pacific region showing divergent prevalence rates, different types of violence, and a range of factors and characteristics that contribute to experiences and perpetration of violence in that context. Specific data is thus needed at the national and sub-national level to help orient and design prevention interventions, including research among specific at-risk populations such as women with disabilities and in post-conflict settings.

To this end, more effort is needed to build awareness among GBV practitioners – and their donors – of how rigorous, site-specific data on risk and protective factors adds value to prevention programming. Further, research should go beyond the individual level to explore how institutional and structural factors contribute to violence across sites. This broader perspective can also underscore the connections between different types of violence, such as intergenerational cycles of violence, and the need for more coordinated violence prevention work. And although national-level quantitative research is important, smaller scale, in-depth qualitative research should not be under-valued as it provides nuanced understandings of a complex issue.

Secondly, when it comes to already existing data there has been a tendency for analysis to stop at prevalence rates. However, great opportunities exist to further examine and understand risk and protective factors of violence within existing data sets. Continued analysis of WHO data sets on women's experiences of violence, and Partner for Prevention's multi-country study data sets on men's perpetration of gender-based violence will provide valuable information for prevention programmes and policies in a number of countries in Asia and the Pacific. More analysis is needed to pull out site-specific protective factors in particular and to understand how individual risk factors (i.e alcohol and experiences of child abuse) relate to each other. Countries that have low prevalence rates or histories of non-violence could also provide meaningful examples of how to promote violence prevention. Further analysis could be a less costly option for countries that already have rigorous research on violence in their settings, while still providing valuable information for national practitioners.

> **Context specific risk and protective factors**
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> The Asia-Pacific region is host to diverse settings and populations, and violence takes on different forms depending on the context. At the same time, there is exciting new knowledge emerging from across the region that gives insight into the varied risk and protective factors across, and even within, different countries. Findings from The Change Project quantitative survey in Bangladesh found that risk factors for men's perpetration of violence varied even across the urban and rural sites, with dowry-related demands as a risk factor in the rural setting, compared to the urban setting where high work related stress was a risk factor (icddr,b 2011). This kind of emerging evidence, and further analysis of existing data, will prove valuable in the coming years, to refine prevention programmes to address context-specific risk and protective factors for more effective violence prevention.

Third, where resources are available research on the causal pathways to violence should be next on the research agenda. Risk and protective factors are important but cross-sectional surveys cannot show us causation of violence. Longitudinal studies that help us to unpack the actual pathways that lead to violence and the consequences of that violence could provide a key to prevention.

Finally, while there are international standards of conducting research on violence against women (WHO 2003; SVRI 2011), there are few existing mechanisms to support, mentor and

build capacity of researchers across the region on how to conduct quality, rigorous research on GBV. Yet, the many emerging researchers from low and middle-income countries present an opportunity to build a new generation of qualified researchers to continue to build the evidence for violence prevention.

Collaboration, coordination and continuity

It is often repeated and widely accepted that prevention requires coordinated multi-pronged approaches. Prevention interventions must be coordinated among individuals, communities and institutions. These can range from those aimed at shifting gender norms and reducing childhood exposure to violence, to reforming laws and strengthening the justice system. A multi-pronged approach does not mean that everyone does everything at once. Rather, long-term GBV prevention requires strengthening collaboration across sectors, to plan and work cohesively across agencies and institutions according to a division of labour based on strengths and comparative advantage.

To reach this goal we need to work from informal collaboration - working together, toward formal coordination – to planning and strategizing together. To strengthen coordination at the national and regional levels, it is essential to identify comparative advantages of the various actors and make links across institutions that build upon and reinforce these strengths. At times, entrenched competition for funding and notions of "ownership" over specific areas of work inhibit our ability to collaborate. Moving from collaboration to coordination requires all actors to work on the principles of honesty, humility and critical analysis in the work we do.

There are at least three overlapping continuity-related challenges and greater coordination can help to address. First, violence prevention requires long-term and sustained commitment, and those involved need support to keep our eyes on the end goal. The social and structural changes required for prevention can take a generation or more to take hold and show results. We need patience, commitment and to support each other to stay the course – and to celebrate short-term gains during this long-term endeavor. Secondly, there are overlapping medium-term goals and short-term actions: the goals of developing coordination mechanisms and moving toward more coordinated programme approaches are medium-term undertakings. Moving from collaboration to coordination takes time. Projects and programmes, on the other hand, are mostly short-term, limited by funding and project cycles. Finally, there are human resource-related challenges to ensuring continuity of work and commitment to long- and medium-term goals. Staff attrition and leadership change make it difficult to retain institutional knowledge on programme development and implementation. Furthermore, changes of individuals often result in changes to priorities and partnerships. Ensuring that valuable institutional knowledge is saved and consolidated, and that GBV programming goals remain prioritized despite the emphasis on change and short-term commitment, must be a focus of future work in this field.

How best to address issues of continuity in GBV prevention work? To begin, issues around continuity could be captured through collaboration and support mechanisms at the regional level. For example, regional knowledge hubs can consolidate learning and best practices that would have the potential to help alleviate the impact of short-project cycles and staff attrition. In addition, donors can commit to going beyond typical project cycles and develop a comprehensive programme design that is implemented long-term in one site. This "deep and long" approach to a programme is a good example of a long-term commitment to GBV

prevention and has the potential to address concerns around project cycles, and to develop strong longitudinal evidence of impact in one site. However, there still remain issues around staff turnover, as well as funding commitments to long-term projects. This further highlights the need to continue to address challenges related to continuity and create long-term mechanisms and systems that bridge the gap between short-term efforts and long-term goals within the field of GBV prevention.[5]

Supporting prevention from a regional level

P4P's experience as a "regional support programme" over the past few years has led us to conclude that effective support from a regional level requires flexibility, adaptation and an open mind. To maintain this balance and to include multiple partners and perspectives on violence, our learning to date has found that a regional support programme can:

- Combine and draw from different approaches and perspectives on violence (e.g., criminal justice, human rights and public health approaches and a gender-power perspective), and maintain partnerships to stay informed of these approaches. Whilst it is extremely useful for prevention, one limitation of the public health approach is that it can limit work within narrow boxes of intimate partner violence (IPV) and the global evidence for effective prevention of IPV. Adding a gender-power analysis helps to keep the focus on the similarities and intersections of all types of violence used as a tool of oppression to maintain inequality and power imbalances.
- Convene practitioners and diverse actors from across the region to inspire learning and connect with work in other areas of violence prevention.
- Support coordination efforts that influence changes across the spectrum of work - in local, national and regional arenas.
- Connect with cutting edge research and global literature on prevention, as well as learn from local practitioners and activists across the region, who are often located in remote locales and disconnected from the possibilities of rigorous evaluation.
- Help partners understand the connections among violence, power and oppression and understand the nuances and intersections of different types of violence (violence against children, sexual violence, homophobia, class/caste-based violence, violence of the state, etc.). GBV cannot be addressed in a vacuum, and interventions must be informed by the overlapping forms of violence in our lives.

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[5] For more on P4P's reflections on coordination and continuity for violence prevention work in the Asia-Pacific region, see http://partners4prevention.org/files/resources/p4p_prevention_consultation_discussion_paper.pdf

Sources

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Annex I: PREVENT

A Framework for Action to Prevent Gender-based Violence

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Produce and apply evidence

Respond to, support and protect those who experience violence

Empower women and girls

Value community engagement

Educate youth and adolescents

Nurture healthy family relationships

Target alcohol and drug abuse

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There is no single factor that "causes" gender-based violence, but multiple factors that interact at different levels of society – and these change over time and across settings. Consequently, primary prevention requires multiple and coordinated actions adapted to the local context.

This framework of interventions outlines seven key action areas that can be coordinated among different actors at different levels. These recommended actions are based on existing global evidence on the risk and protective factors for experiencing and perpetrating violence, as well as evidence on effective interventions for preventing violence. These seven PREVENT areas are not the only actions that can and should be undertaken for violence prevention, as new innovations are still emerging, but represent what can and should been done today.

Sources

Conventions and Action Plans
- Beijing Platform for Action
- Convention on the Elimination of All Forms of Discrimination against Women
- Global Campaign for Violence Prevention, Plan of Action 2012-20
- Asia-Pacific UNiTE Framework Regional Action Plan
- Commission on the Status of Women, Report on the 49th Session, 2005
- Handbook for National Action Plans on Violence against Women (UN Women, UNiTE)

Evidence of Risk/Protective Factors and Effective Primary Prevention Interventions

- What works to prevent partner violence? (Lori Heise)
- Preventing intimate partner and sexual violence against women (WHO)
- Violence prevention: The evidence (WHO)
- Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behavior in rural South Africa: cluster randomised controlled trial (Jewkes et al, BMJ, 2008)
- Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of IPV in South Africa (Kim et al, AJPH, 2007)

Community-Societal Interventions	Targeted Risk *and Protective* Factors	Action Strategies	Case Studies
Produce and apply evidence on violence and programme and policy evaluation	*Comprehensive data to understand risk and protective factors and to evaluate programmes and policies* *Strengthening of interventions that target risk and protective factors*	- Conduct research on women's experiences and men's perpetration (i.e. prevalence and risk/protective factors) and/or use existing data to shape programmes and policies - Conduct rigorous and ongoing monitoring and evaluation of programmes and policies, using tested methodologies - Collect and share best practices - Develop, incorporate indicators on prevalence/incidence of violence and knowledge/attitudes about gender and violence	A Right to Respect (Australia) WHO's Multi-Country Study P4P's The Change Project
Respond to, support and protect those who experience violence	Note: Response and services do not constitute primary prevention, but effective prevention programmes must be coordinated with response services that address the physical, emotional and mental health consequences of violence and help to prevent its reoccurrence. Effective response is informed by evidence on the health impacts of violence and on coping strategies.	- Provide first-line physical and mental health care, including screening tools to identify victims, post-rape care, and psychosocial support and counseling - Implement measures for immediate safety, such as emergency hotlines, police protection, and shelter/safe accommodation - Issue protection orders to those who perpetrate violence and provide legal assistance to those who experience violence - Pass and enforce laws sanctioning violence as a deterrent - Develop and disseminate communications materials to raise awareness about policies and support services	Asociación Civil Planificación Familiar (Venezuela) Panzi Hospital (DRC)

Empower women and girls	Gender inequality Limited or no access to inheritance, land ownership, divorce Economic control by partner Low income/socioeconomic status Masculinity associated with dominance over women	- Implement community programmes and policies to improve women's employment opportunities and increase their influence in household decisions - Provide microfinance with gender equality training - Give women rights to family benefits, inheritances, bank loans, mortgages, and equal access to divorce - Give women career and vocational guidance, access to educational resources, and opportunities for scholarships and grants on the same basis as men and boys	IMAGE (South Africa) For examples of empowerment programmes: Innovation for Women's Empowerment and Gender Equality
Value community engagement	Gender inequality Social acceptance of VAW/impunity Social isolation Masculinity associated with toughness, dominance over women Male sexual entitlement *Belonging to associations* *Women's ability to recognize risk*	- Support local efforts to transform norms and practices related to gender equality, sexual health, masculinities, and/or social and legal impunity within and through communities - Conduct a series of facilitated group discussions on above issues with different subgroups and the community as a whole - Offer structured activities to involve youth in the community - Use communication materials to engage community members in conversation about non-violence and gender issues alongside facilitated group discussions	Stepping Stones (South Africa, other LMIC) SASA! (Uganda) Men's Action to Stop Violence against Women (India)
Individual-Relationship-Family Interventions	**Targeted Risk *and Protective* Factors**	**Action Strategies**	**Case Studies**

Educate youth and adolescents about healthy relationships, gender equality, and non-violence	Childhood trauma/abuse Witnessing IPV as a child Social acceptance of VAW/impunity Masculinity associated with toughness and dominance over women Male sexual entitlement Gender inequality *Gender equitable attitudes* *Higher education*	- Implement pre-school enrichment and school-based social development programmes, focusing on acquiring social skills and understanding gender issues - Review curricula and materials and train teachers - Organize community-based interventions and group discussions with boys and young men, on non-violent masculinities, consent, healthy lifestyles, and sexual rights - Set up bullying prevention programmes - Provide counseling/ programmes on building relationship skills for youth who have been exposed to violence - Establish early intervention programmes for youth who demonstrate violent attitudes and/or use violence - Develop and disseminate supporting communications	Safe Dates (US) Programme H (Brazil, other LMIC) Example of gender-equality education: GENIA Toolkit
Nurture healthy family relationships	Childhood trauma/abuse Witnessing IPV as a child Social acceptance of VAW/impunity Masculinity associated with toughness, dominance over women Male sexual entitlement Depression Multiple sexual partners/infidelity *Benefitting from healthy parenting* *Having a supportive family* *Fathers strongly involved in child care*	- Arrange home visits by nurses - Organize group parent education campaigns to improve child-rearing skills - Provide psychological support for new mothers to mitigate effects of maternal depression - Establish fatherhood programmes that build skills in respectful and equitable relationships - Institute paternity leave; promote men's involvement in prenatal care; promote masculinity associated with caregiving - Implement policies and educational programmes aimed at reducing corporal punishment in homes and schools - Develop and disseminate supporting communications	Nurse Family Partnership (US) Example of fatherhood programmes: Men Care

| Target alcohol and drug abuse | High levels of alcohol and drug use/ abuse
High rates of crime, violence and/or history of violent conflict
Social norms associating masculinity with drinking | - Increase the price of alcoholic beverages
- Reduce the density of alcohol retail outlets
- Improve drinking environments, e.g. train staff in responsible beverage service, enforce licensing laws
- Provide interventions/support for problem drinkers/drug users
- Include education on drinking and masculinities in community programmes on gender and non-violence
- Develop/disseminate communications materials to raise awareness about policies and support services | Stockholm Prevents Alcohol and Drug Problems project – STAD (Sweden)
Men Can Stop Rape (US) |