Effective Investments: A Summary of What Works to Prevent Violence Against Women and Girls for Policy and Practitioners

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Contents

Abbreviations	Effectiveness classifications key[1]	
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	**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.

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[1] See the full list of effectiveness classifications in Annex C of the What Works to Prevent Violence Against Women and Girls: A Summary of the Evidence report, accessible **here**.

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 violence against women and girls (VAWG)
- 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)*, *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)

1. Introduction

This report[2] looks at interventions used to prevent VAWG. It broadly considers gender based violence (GBV), while considering domestic abuse (DA), and sexual violence (SV) as specific, often overlapping, types of this form of violence.

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**.

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.

Moreover, this report does not include the following interventions and approaches: 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 (including civil protection orders). For the full out of scope list, refer to Annex E in the main report, accessible **here**.

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.

Within this report, interventions are examined that seek specifically to prevent different types of VAWG as an outcome, and those that target key risk factors

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[2] The full report can be accessed **here**; a standalone paper summarising the key findings of this report can be found **here**.

for violence perpetration and experiences[3]. It is structured around three key questions[4]:

1) **What works to make environments safe?**
2) **What works to transform attitudes, beliefs and norms?**
3) **What works to prevent honour-based violence (HBV), including female genital mutilation (FGM)?[5]**

This report's focus on primary interventions reflects the increasing emphasis on preventive measures for reducing forms of VAWG such as domestic abuse (Cleaver et al., 2019). As Crooks et al. (2019) outline, 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

While these tend by their nature to be broad based interventions, it is important to highlight that different interventions may impact particular groups of people and particular forms of abuse differently. The following sub sections note some of these differences, to be borne in mind while reading the report:

Victims-survivors characteristics

> 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 (Crooks et al., 2019:46).

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

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[3] For a similar approach to assessing available evidence on violence prevention, see Fulu et al. (2014) report on What Works to Prevent Violence Against Women and Girls.

[4] 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, these areas have been identified as relevant to prevention within a high income country context (such as Scotland).

[5] The explicit 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 aim of preventing various forms of VAWG.

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

- 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".

Key findings for service delivery and practice:

- Services and practitioners should seek to understand the specific difficulties people from ethnic minorities or religious communities, LGBTQ people, and people from other marginalised groups experience, and to be cognisant of the fact that their needs may differ from the majority of their clients.
- All client work should be trauma informed, and mindful that trauma may have been caused by others in the person's life or by negative experiences with other services or professionals.

Domestic abuse (DA)

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

Facilitating early intervention may be a long-term and complex process as domestic abuse victims-survivors may wait considerable time before disclosure[6] (Cleaver et al. 2019). Research suggests that in seeking formal and informal support, women experiencing DA 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).

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

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[7]. Therefore, domestic abuse interventions must acknowledge and address how coercive control by the perpetrator acts as a barrier to victims-survivors reporting their experience or seeking help from the police or support services (see Scottish Women's Aid report, 2017).

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

According to the WHO (2012a) report on intimate partner violence, international evidence highlighted a series of effective or promising approaches to preventing VAWG[8], including DA[9]. 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" including:

- Use behaviour change communication to achieve social change (e.g. school-based prevention programmes)
- Engage men and boys[10] to promote non-violence and gender equality

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[7] 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. However, the evidence linked to this explicit outcome is limited and could be explored further.

[8] While a WHO report (2012) entitled Understanding and addressing violence against women: Intimate partner violence focuses on both high and low income countries, many of the interventions cited have been identified in relation to high income countries.

[9] Referred to as intimate partner violence (IPV) within the WHO report, DA is the tem used within this publication.

[10] 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.

- Organise media and advocacy campaigns to raise awareness about existing legislation[11]

The Scottish Crime and Justice Survey (SCJS) finds that most incidents of partner abuse do not come to the attention of the police[12]. The SCJS 2017/18 report[13] 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%)

It is also important to recognise the significant and detrimental impact of the COVID-19 on families experiencing domestic abuse (DA) in Scotland[14], 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[15]. 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**

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[11] Awareness raising campaigns are discussed in section 17 and are classified as 'inconclusive' due to limited evidence on violence-related outcomes.

[12] 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).

[13] 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.

[14] See also COSLA (2020) Coronavirus (COVID-19) Supplementary National Violence Against Women Guidance

[15] 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'

impacts the content and design of prevention-focused interventions should be monitored.

> **Key findings for service delivery and practice:**
>
> - Women typically face emotional barriers like shame and lack of trust, that cause them to delay seeking help.
> - They may also face practical barriers ranging from difficulty getting time alone due to coercive control, to other issues like child care, transport, and money. Services should seek to understand the barriers their potential clients face, and find practical ways to meet client needs.
> - To support comprehensive change, services and practitioners should seek to connect and collaborate across the sector with other agencies and government.

Sexual violence

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

As noted above in relation to domestic abuse, there are barriers that victims-survivors face in receiving help and support and/or reporting sexual violence to the police[16]. 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).

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[16] 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.

> **Key findings for service delivery and practice:**
>
> - Sexual violence interventions should be theory-based and evidence driven.
> - Staff need to be well trained and supported, including in programme fidelity, varied teaching methods, and socio-cultural context.

2. What works to make environments safe?

This section looks at interventions aimed at making specific environments safer for women and girls. It looks at physical environment interventions, bystander programmes and domestic abuse disclosure schemes.

2.1 Interventions focused on modifying unsafe physical school environments: Effective

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

According to Taylor et al (2013:64), within middle schools[17] 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[18]
- 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

As Taylor et al. (2013:64) outline, the building-based element of this intervention: "aim to have students develop a greater sense of respect for

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[17] Children aged 11-14 years old

[18] 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.

personal boundaries, as with the classroom curriculum, but through different mechanisms".

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[19], providing the Shifting Boundaries program to the 6th grade[20] 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* 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 Shifting Boundaries to 6th and 7th graders (compared to just 6th graders) reduced sexual harassment victimization 6 months post-treatment" (Taylor et al. 2017:79).

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) results show that combined classroom and physical environment interventions 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" (Taylor et al. 2017:95).

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[19] These examined outcomes refer to peer physical, sexual, sexual harassment victimisation or perpetration, also looking at these in a date context.
[20] Children aged 11-12

> **Key findings for service delivery and practice:**
>
> - The physical environment can play a relevant role in reducing the risk of violence perpetration, and the *Shifting Boundaries* programme offers lessons as an effective intervention.
> - Some building-based changes such as use of building-based restraining orders, higher levels of faculty/security presence in safe/unsafe 'hot spots' mapped by students, and posters to increase dating violence and sexual harassment awareness and reporting can be implemented with very few extra costs.

2.2 Bystander interventions: promising

Bystander[21] approaches aim to shift: "gender inequitable attitudes, beliefs and cultural norms which support abuse, and ultimately increasing pro-social bystander behaviour[22] to prevent it" (Gainsbury et al. 2020:2).

The most robustly evaluated bystander interventions have been predominantly based in secondary school environments. There is strong evidence to suggest that some bystander programmes (e.g. MVP) are **promising** interventions to prevent VAWG, but there is variation in the evidence of programme effectiveness between different bystander intervention programmes.

Evaluations of bystander interventions predominantly focus on attitudinal change, rather than the reduction of violence as an explicit outcome, and it should be noted that "attitude change does not guarantee behaviour change" (Flood, 2006:28). 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 VAWG (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 themselves (McNaughton Reyes et al. 2015). It can therefore be argued that disrupting these beliefs could contribute to violence reduction (see Education Scotland, MVP progress report 2018-19).

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[21] 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 stranger, friend, classmate, team-mate, colleague, relative etc. Bystander approaches aim to encourage 'active' or 'prosocial' bystanders to intervene in response to violence incidents (Powell, 2011).

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

Berkowitz[23] 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.

One well established and extensively evaluated bystander intervention is *Mentors in Violence Prevention (MVP).* MVP programmes are most commonly undertaken within schools and university campuses, with those programmes shown to be effective having been delivered within these contexts. Katz et al. (2011:697) describe the MVP programme as "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[24] to deliver sessions. Williams and Neville (2017:4) highlight this as a strength:

> 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[25], and therefore credible messengers of information regarding how to feel and act.

Peers are encouraged to discuss and consider their responses to the scenarios presented. In doing so, this discussion informs the participants of appropriate actions, while also empowering individuals to become "proactive bystanders in the face of GBV" (Williams and Neville, 2017:4). Katz (2018) highlights an example of a scenario with participants considering how women are objectified in the media. Deliberately provocative questions were asked about whether and/or how such objectification can lead to abuse or harassment. In this context, the "correct" answers were not provided as part of the materials, but rather the MVP programme created "space for dialogue that allows people to hear and express a range of viewpoints" (Katz, 2018:1755).

MVP programme evaluations have found positive results in changing pupils' attitudes and behaviours (see Powell, 2011; and MVP evaluations here). Predominantly evaluated within a North America context, 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).

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[23] Berkowitz, A.D. (2009). Response Ability: A complete guide to bystander intervention. Chicago: Beck & Company.
[24] Peer mentors are individuals who are "older or more senior from the same peer group" as the mentees (Williams and Neville, 2017:4)
[25] 'Prototypical group norms' refers to those that the researchers would expect to see and/or had observed within this social environment.

Within a Scottish context[26], an evaluation was undertaken in three secondary schools using a version of the original MVP playbook and programme, 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.

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, and mentors[27] are encouraged to use current media stories to enhance learning. In 2019 a new scenario on 'sexual harassment' was co-created with a group of Scottish young people.

Fixen's implementation science framework has been used by Education Scotland to guide the delivery of MVP and increase programme fidelity. This has led to the requirement for two core mandatory sessions to be delivered before any scenarios to allow exploration of gender norms and the link to violence.

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
- embed MVP into participating school's curricula and cultures

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[26] 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.

[27] 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).

- enact flexible approaches to developing the programme within participating schools

Beyond the MVP programme, two others that have been evaluated are *Green Dot* and *Coaching Boys into Men***.**

The *Green Dot* programme is a theory-based bystander approach programme through which male and female participants work together in the same training groups[28]. Participating students are trained by Rape Crisis Centre trained educators to identify active bystander behaviours – to be taken by individuals or collectively. 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 on **whether it effectively reduced dating violence and sexual violence acceptance attitudes**. An RCT of over 70,000 students over four years, found that this intervention was successful in reducing these forms of violence acceptance at both a school and an individual level. This evaluation did not measure violence as an explicit outcome, but it is acknowledged that "changes in norms may precede changes in actions (bystander behaviors) and changes in effect (violence)" (Coker et al. 2019:154)

The eleven week-long *Coaching Boys into Men* intervention involves 60 minute **training for sports coaches**, and brief weekly scripted **discussions of 10-15 minutes with male athletes on ending dating violence**. This programme has shown modest positive outcomes in reductions of negative bystander intervention behaviours and reducing abuse perpetration (Fulu et al. 2014; Miller et al. 2012, 2013) but also highlighted issues with implementation. However, at 12 month follow up the programme did not appear to have had any lasting effect.

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.

Kettrey and Marx (2019: 213) conducted a systematic review and meta-analysis of the effects of fifteen studies of bystander programmes in

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[28] 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). 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).

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

An overarching moderating factor is the understanding that: "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" (Public Health England, 2016:6).

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[29]

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[29] UN women's (2015: 33) 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".

Key findings for service delivery and practice:

- Most evidence on bystander interventions come from middle schools in the USA, with some evidence from secondary schools in Scotland.
- They are premised on the idea that changing attitudes and perceived norms will change behaviour and decrease violence. For bystander behaviours to enhance safety, a person must go through all four stages of: noticing a behaviour or incident, recognising it as a problem, feeling responsible for intervening, and have the skills to act.
- Peer relationships have been shown to be helpful in reinforcing positive social norms, creating networks of support that are safe from the perception of "snitching", and making the intervention relevant and socially acceptable.
- It is important for services and practitioners to continually reflect and develop their content based on feedback and evaluation.
- Short, one-off interventions have less evidence to support them than more intensive engagement sustained over longer periods.

2.3 Domestic abuse disclosure schemes: inconclusive

Domestic abuse disclosure schemes have been adopted in England and Wales (2015), Scotland (2016) and New Zealand (2015)[30]. 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](#)).

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.

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

Police Scotland are required to conclude via the 3 point test[31] that disclosure is necessary to protect the person at risk from being the victim of crime[32]. 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 (NHS Health Scotland, 2019).

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.** However, it is still useful to consider the findings that are available on these schemes.

Hadjimatheou and Grace (2020:1) highlight that within England and Wales: "The DVDS has fast become established as a routine tool of domestic abuse safe guarding 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, they also 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". 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)".

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[31] This refers to the criteria used to identify 'adults at risk' based on the Adult Support and Protection (Scotland) Act 2007.
[32] 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.

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[33] 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

This Home Office (2013) research also highlighted a number of lessons and recommendations for both policy and practice:

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"[34] was unclear and subjective, but reported that this had been overcome in practice[35].

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[33] 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).

[34] 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.

[35] 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".

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.

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.

Key findings for service delivery and practice:

- Services and practitioners should be aware of domestic abuse disclosure schemes, and where appropriate may play a role in suggesting a client make a request and supporting them to make that request, as well as supporting them afterwards whether a disclosure is made or not.
- Safety planning is essential when a disclosure is made.
- Having a support worker present in addition to police at the time of disclosure was considered important. Adequate resourcing should be available to ensure staff can support victims or potential victims both during and after a disclosure.

3. What works to transform attitudes, beliefs and norms?

3.1 School-based programmes promoting equal relationships: promising

Programmes promoting equal relationships – often among young people[36] – 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).

Kovalenko et al.'s (2020:7) systematic review on effective interventions to prevent youth violence[37] 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[38] (see also De Koker et al., 2014)

Moreover, [a WHO (2010:83) report entitled Preventing intimate partner and sexual violence against women](#) reports 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".

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[36] See also a forthcoming Scottish Government report (written by the Scottish Violence Reduction Unit) on *What Works to Prevent Youth 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.

[37] There are overlaps between youth violence prevention (primary) interventions and those aimed at preventing VAWG. For more information, see a forthcoming Scottish Government report (written by the Scottish Violence Reduction Unit) on *What Works to Prevent Youth Violence.*

[38] 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 (IPV) among adolescents showed that: "the most effective interventions had the most comprehensive programs, including individual-level curricula and community-based components". In particular, they cite *Safe Dates*, *The Fourth R*[39] and *Shifting Boundaries* as effective in preventing the perpetration and/or victimisation of IPV among students.

A long-term evaluation of *Safe Dates* using a RCT[40] to examine the effects of the programme over time involved the completion of questionnaires by adolescents[41] 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[42] 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).

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". 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).

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).

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[39] The *Fourth R* programme takes 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.
[40] Randomised control trial.
[41] Adolescents aged approximately 13-15 years old.
[42] US eighth and ninth grade students; aged approximately 13-15 years old.

[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).

> **Key findings for service delivery and practice:**
>
> - Interventions should be theory driven, evidence based and delivered with fidelity.
> - Features that will help to make programmes effective include: engaging peers; using a range of activities like drama and poster design; and focusing on developing skills for conflict resolution, problem-solving, sexual decision making, alongside skills for dealing with pressure.
> - To facilitate open and clear dialogue, practitioners should define terms.

3.2 Education as a sexual violence prevention strategy: mixed

One approach to reducing sexual violence against women in higher education settings 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).

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".

Education as a sexual violence prevention strategy: higher education settings

There are robust empirical findings about what sexual assault prevention program components and characteristics **work most effectively for college and university students[43]:**

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[43] See Vladutiu, Catherine J, Martin, Sandra L & Macy, Rebecca J, 2010. College- or University-Based Sexual Assault Prevention Programs: A Review of Program Outcomes,

- 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"

However, 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.

In a Scottish context, The Equally Safe in Higher Education (ESHE) toolkit developed and funded by the University of Strathclyde and the Scottish Government[44] 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-based primary interventions, the toolkit itself, launched in April 2018 and thereafter rolled out to colleges and universities, has not yet been evaluated.

Following their systematic review of primary prevention strategies, 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
- moves towards **investment in the development and rigorous evaluation** of more **comprehensive, multi-level strategies** (e.g. including individuals, parents, and peers)
- moves towards strategies that target **younger populations** and seek to modify community and contextual support

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 knowledge and attitudes towards sexual violence** (McNeish and Scott,

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Characteristics, and Recommendations. *Trauma, violence & abuse*, 12(2), pp.67–86 for more details

[44] See also the Equally Safe delivery plan: year two update report (2019) for additional details on Equally Safe in higher education settings.

2015). As a result of attending three workshops run by local rape crisis centres across Scotland, the vast majority of young people[45] 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%.

The evaluation of the National Sexual Violence Prevention Project 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[46], the six central components of this model are[47]:

- a whole school assessment
- action group(s)
- staff training
- curricular enhancement
- policy review and development
- student-led projects

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[45] 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).
[46] 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.
[47] More information on what these components involve can be found at Rape Crisis Scotland online (no date).

> **Key findings for service delivery and practice:**
>
> - Delivering effective sexual violence education interventions requires professional facilitation, and are workshop based or offered over multiple, longer sessions, as opposed to short one-off interventions.
> - Ideally, educational sessions should be supplemented through reinforcement of messages in surrounding media and environment.
> - These interventions may be most effective when targeted at single-gender groups.

3.3 Awareness campaigns and edutainment: inconclusive

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 "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).

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, 2010a:103).

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). 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).

Awareness campaigns are understood as "among the most visible and ubiquitous of all strategies for preventing intimate partner and sexual violence". However, 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.

Moreover, 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 sexual violence

Brooks (2018:283) also suggests that sexual violence 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'.

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).

Key findings for service delivery and practice:

- Although evidence on awareness campaigns and edutainment in and of themselves is limited, it has been noted earlier in this report that the media and environmental reinforcement of messages can help other interventions to be effective. Services and practitioners may wish to utilise awareness campaigns to strengthen the messaging in the environments where they work with participants.
- Practitioners should be aware of major campaigns or relevant events in popular media, as both potential triggers for people they work with, and as opportunities to start conversations with them.
- Women need advice and support that they can implement within their existing social lives, and that do not inadvertently blame them.

4. What works to prevent honour-based violence?

4.1 Honour-based violence interventions: Inconclusive

There are various definitions of honour-based violence, and its parameters can be unclear. 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, 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".

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[48] 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".

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).

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[48] FM refers to Forced Marriage.

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
- 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.

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[49] 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
- information to be provided to victims and 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 victim/survivors valued organisations that spoke the same language and understood their cultural needs; these approaches made victim/survivors feel more comfortable to disclose their experiences and seek intervention.

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[49] MARACs have been identified as out of scope within this report. However, further information is available in Annex E of the main report, accessible **here**.

Idriss (2018:335) also identified a number of key barriers to successful honour-based violence interventions in the UK:

- lack of communication and availability of interpreters in accessing services
- feeling 'uncomfortable' with public agency responses
- difficulties disclosing abuse for women informed by cultural expectation

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".

Key findings for service delivery and practice:

- Honour-based violence raises unique challenges around family, community and privacy that can make it difficult to identify and be a barrier to women seeking help. **Collaboration between different general and specialist services through referral pathways and reciprocal training are useful tools**.
- Practitioners that believe a person they are working with may be at risk of honour based violence should **seek specialist advice and support.**
- Interventions should be developed with relevant communities and delivered in ways that are culturally comfortable and provide

4.2 Female Genital Mutilation Interventions: Inconclusive

Interventions for Female Genital Mutilation 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"

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

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)[50] 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.

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; and inappropriate forms of engagement with members of potentially-affected communities.

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

[Waigwa et al.'s (2011:1) systematic review of health education as an intervention to prevent FGM](#) also highlights potential barriers in utilising health education interventions to prevent FGM:

> Four main factors emerged and were associated with facilitating or hindering the effectiveness of health education interventions: sociodemographic factors; socioeconomic factors; traditions and beliefs; and 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.

Key findings for service delivery and practice:

- There is **limited evidence** on interventions to reduce female genital cutting, but any approach should involve relevant communities at all stages, as disavowing the practice can have problematic social consequences for individuals otherwise.
- Interventions should be **sensitive to the specific cultural backgrounds** the people they work with come from, be accessible in different languages, and be informed by the fact that past trauma is likely, either from the person's past or from prior negative experiences with services.

For the full reference list visit the main report *What Works to Prevent Violence Against Women and Girls: A Summary of the Evidence* **here**.

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