

Current Thinking on Primary Prevention of Violence Against Women

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October 2013



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1 Introduction

Primary prevention aims to stop violence before it occurs, by promoting respectful, non-violent relationships. To be effective, primary prevention approaches need to sit alongside secondary and tertiary violence prevention approaches which respond to violence after it occurs. At present, New Zealand policies primarily focus on responding to violence. A greater focus on primary prevention will ensure that New Zealand does not fall behind other countries.

Over half of violent crime in New Zealand is related to family violence: primary prevention will, in the longer term, help Government to reduce rates of violent crime. There have been some effective primary prevention initiatives in New Zealand – notably, the Campaign for Action on Family Violence – but there is a need to build on existing work in this area.

Purpose statement

The purpose of this paper is to generate discussion about primary prevention of violence and how these approaches can be effectively implemented in New Zealand. Internationally there have been shifts in understandings about violence prevention and a substantial increase in reports, frameworks and activities focused on primary prevention of violence.

This paper adds to the New Zealand knowledge base about primary prevention by ensuring that our understandings are in line with international developments. Increased understanding will contribute to effective implementation of primary prevention approaches in New Zealand. Primary prevention is an emerging field of practice, and this paper provides information to ensure that people working in community and in government agencies understand what is distinctive about primary prevention. A recent stocktake of New Zealand sexual violence primary prevention services report suggests that this is not always the case.¹

Scope of the paper

The paper focuses on primary prevention of violence against women. This encompasses all forms of men's violence against their female partners, as well as sexual violence in non-intimate relationships. It provides a high level overview of principles that are applicable to preventing other forms of violence within families, including circumstances in which women use violence. Further work needs to be done on preventing these other forms of violence.

Preventing child maltreatment, for example, is an essential part of a comprehensive approach to primary prevention, because it can protect people from becoming victims or developing violent tendencies throughout life.² There is substantial evidence about the high

¹ Dickson, S. (2013) *Preventing Sexual Violence: a stocktake of tau iwi & bicultural primary prevention activities 2013*. Te Ohaakii a Hine – National Network Ending Sexual Violence Together.

² Bellis, M.A., Hughes, K., Perkins, C. and Bennett, A., (2012) *Protecting People Promoting Health: A public health approach to violence prevention for England*. Liverpool: The Centre for Public Health. www.cph.org.uk
Exposure to violence over the life course, and in different contexts, is common. It is associated with an increased risk of revictimisation, perpetration of violence, and intergenerational violence. This raises the question of whether and how the concept of primary prevention can be applied within families where, for instance, children have witnessed violence in the home. It is beyond the scope of this paper to address this issue

co-occurrence of intimate partner violence and child maltreatment and the cumulative impacts of children's exposure to intimate partner violence and/or being direct victims of violence.³ This indicates that initiatives to prevent violence against women will have a flow-on effect for children, but more rigorous evaluations are needed,⁴ alongside evidence on the effectiveness of other approaches, such as parenting programmes to encourage safe, stable and nurturing relationships in the early years.

Specific work also remains to be done on Māori, Pacific, and other culturally diverse understandings of and approaches to primary prevention. It is important that these understandings are captured in a way that is meaningful to these communities. The paper has been written on the assumption that readers have an understanding of the impacts of violence against women and the range of risk factors that contribute to violence perpetration and victimisation.

³ Murphy, C., Paton, N., Gulliver, P., Fanslow, J. (2013). *Understanding connections and relationships: Child maltreatment, intimate partner violence and parenting*. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland.

⁴ There are challenges associated with attributing attitudinal and behavioural change to one particular programme, particularly given the mutually reinforcing aspects of complementary messages in the social sphere, or participation in complementary programmes.

2 How have understandings of violence prevention changed?

Internationally and over time there has been a shift in practice and understandings about violence prevention. Table 1 provides a summary of some of the key changes. They are discussed more fully in the following text.

While primary prevention is an emerging area of practice internationally, there is a growing consensus and evidence base that violence against women is predictable and preventable.⁵

Table 1: How understandings of violence prevention have changed (summary)

Past	Present
Violence against women is inevitable	Violence against women is predictable and preventable
Focus on mitigating the impacts of violence, preventing re-offending and revictimisation (secondary and tertiary prevention)	Focus on strategies that encompass primary, secondary and tertiary prevention, with much greater interest in what works at the primary prevention level
Focus on women’s self-protective behaviour	Focus on engaging men and boys and preventing perpetration of violence

Violence prevention can take place at three levels: primary, secondary and tertiary

The field of public health, discussed below, has made major contributions to current understandings of violence prevention. The public health approach is consistent with and builds on the principles established by feminist and human rights-based approaches, which define violence against women as an abuse of power that is facilitated by gender inequality.⁶

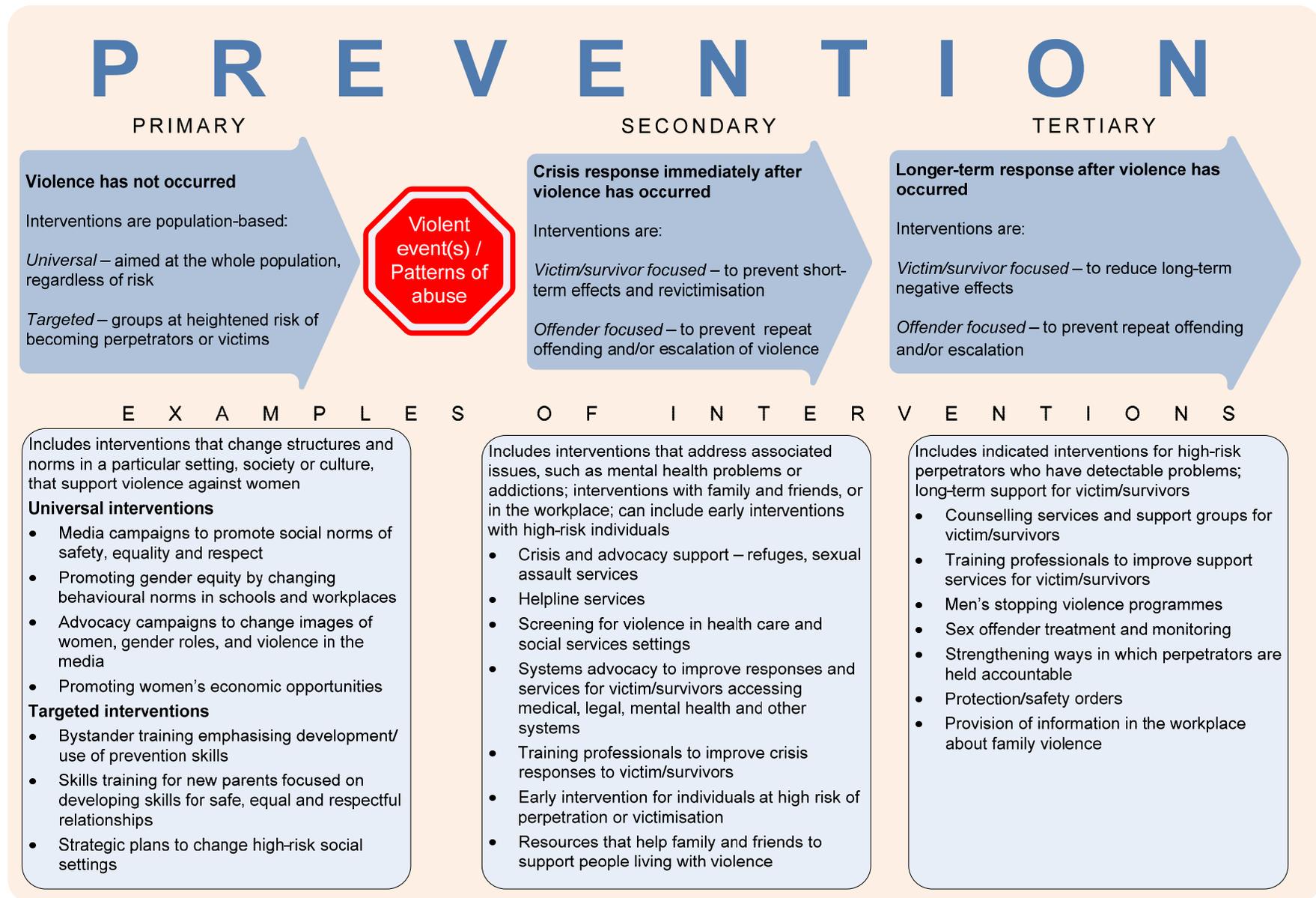
The public health framework depicts prevention activities taking place on a continuum. The three levels of primary, secondary, and tertiary prevention encompass a number of inter-related dimensions about when interventions occur, who the target audience is, what the interventions are trying to achieve, and the types of activities undertaken (Figure 1).⁷

⁵ Krug, E.G., Dahlberg, L., Mercy, J.A., Zwi, A.B., and Lozano, R. (Eds) (2002) *World Report on Violence and Health*. Geneva: World Health Organization.

⁶ Fergus, L. (2012) *Prevention of Violence Against Women and Girls*. UN Women. <http://www.unwomen.org/wp-content/uploads/2012/09/cs557-EGM-prevention-background-paper.pdf>

⁷ Quadara, A., and Wall, L. (2012) ‘What is effective primary prevention in sexual assault? Translating the evidence for action’, *ACSSA Wrap No. 11*. Melbourne: Australian Institute of Family Studies.
Townsend, S. (2009) *Technical Assistance Guide and Resource Kit for Primary Prevention and Evaluation*. Enola, PA: Pennsylvania Coalition Against Rape.

Figure 1: Levels of prevention



While there are clear conceptual differences among the three levels of prevention, in reality the levels are not rigid or mutually exclusive. It is not always possible to make a clear distinction between them when applying the framework to behaviour that takes place in social and cultural contexts. Prevention programmes may encompass all three levels, while emphasising one more than the others. They can also be mutually reinforcing, each increasing the effectiveness of the other.⁸

Further, while women continue to experience violence, primary prevention cannot replace or be separated from responses to violence that has already occurred. Prevention and response strategies need to be part of a holistic and integrated system that upholds women's rights to live in violence-free societies, communities and families.

Even so, it is important to understand what is distinctive about the concept and practice of primary prevention. Partly this is because different skills are needed to carry out interventions at the different levels. Beyond this, being clear about what primary prevention is and is not, helps ensure appropriate design, implementation and evaluation of prevention activities.

Figure 1 illustrates that these activities often take place outside of the violence sector and some may be better delivered by people in other sectors (e.g. interventions to promote safe, respectful relationships between first-time parents).

Preventing violence against women must address prevailing beliefs and norms about gender and women's roles in society

Violence is one of the leading preventable causes of premature death, disability, and morbidity among women.⁹ The World Health Organization (WHO) has identified preventing violence as a global public health priority and has called for the use of a gender perspective in addressing violence, given 'the dramatic worldwide increase in the incidence of intentional injuries affecting people of all ages and both sexes, but especially women and children'.¹⁰

Internationally, there is wide agreement across the research, policy and community sectors that essential components of violence prevention involve promoting gender equality, and addressing the multiple and intersecting forms of discrimination and disadvantage that place women at risk of violence.¹¹ This includes engaging all sectors of society to confront entrenched beliefs, cultural norms, and patterns of behaviour, that lead to discrimination against women and stereotyped roles for women and men, that underpin gender inequalities. Additional systemic factors influencing violence against Māori women and

⁸ Fergus, 2012, *op. cit.*

⁹ VicHealth (2004) *The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence*. Melbourne: Victorian Health Promotion Foundation.

¹⁰ http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf

¹¹ Gender equality refers to 'equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society at large'.

¹¹ World Health Organization (2010b) *Violence Prevention: The evidence*. Geneva: World Health Organization, p. 81. Retrieved from

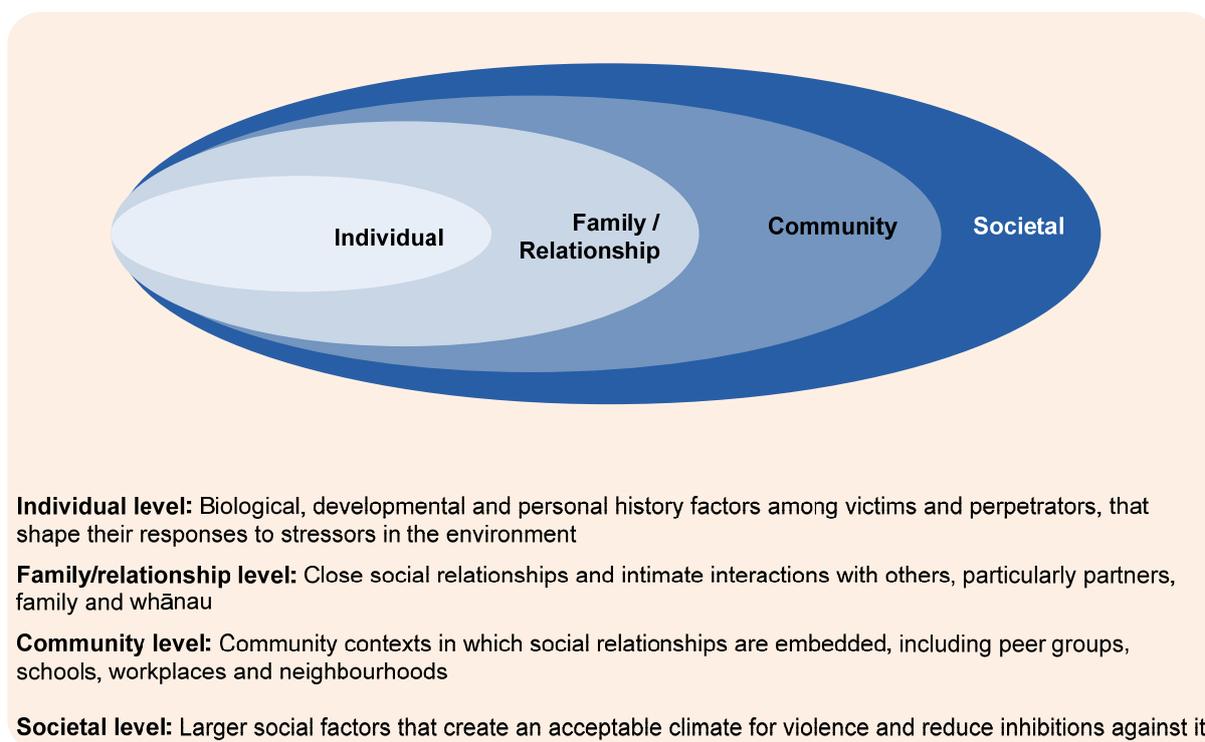
http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/evidence_briefings_all.pdf

Gender equality as an underlying principle for violence prevention is also reflected in various global and regional legal and policy instruments, including the Convention on the Elimination of All Forms of Discrimination Against Women.

women from diverse cultural and social groups include racism, entrenched poverty, or exploitation on the grounds of disability.

There is increasing evidence that many of the risk factors that increase the vulnerability of individuals, families and communities can be changed, including the environments in which we live and work throughout our lives. The socio-ecological model (Figure 2) is a well-known framework that conceptualises violence as the outcome of complex interactions between risk and protective factors at the individual, relationship, community and societal levels. It can also be used to conceptualise prevention activities taking place across that continuum, at the three levels of primary, secondary and tertiary prevention.

Figure 2: The socio-ecological model of violence and violence prevention



Including sexual violence in primary prevention efforts

In New Zealand and internationally, intimate partner violence and sexual violence have traditionally been separated at both the policy and service levels. More recently, other countries to which we commonly compare ourselves, such as the United Kingdom and Australia, are increasingly focusing on integrated strategies that address all forms of violence against women, as a more effective system of prevention, with primary prevention as a central component.¹²

Different forms of violence against women have common causes and often co-occur. There is conclusive evidence that one of the consequences of sexual violence, whether it begins in

¹² Victorian Government (2010) *A Right to Respect: Victoria's plan to prevent violence against women 2010-2020*. Melbourne: Victorian Government.
Welsh Assembly Government (2010) *The Right to be Safe*. www.cymru.gov.uk

childhood, adolescence, or adulthood, is a severely heightened risk of repeat sexual victimisation and vulnerability to other forms of violence across the life course. There is also emerging evidence that substantial numbers of women who experience physical partner violence also experience sexual violence.¹³

While there are good reasons to develop primary prevention activities that take into account the similarities between these forms of violence against women, it is important to recognise that:

Domestic and sexual violence are not identical ... Sexual violence often occurs in the domestic context but may also be committed against a stranger ... They share the sinister element of being hidden crimes, frequently perpetrated by persons in a position of supposed trust or complicated by close relationships¹⁴

Beyond this, sexual violence has some distinct features. For instance:

- active negotiation of consent to sexual activity is at the heart of preventing all forms of sexual violence against adults
- consent is also a vital component of mutual pleasure and healthy sexuality
- in the broader social context, and particularly in popular culture and the media, violence has been sexualised: male sexual aggression (e.g. pressure or 'persuasion') is seen as a normal part of sexual activity, and sexual violence against women is often accepted as an inevitable fact of life
- sexualised images of women in the media contrast with a lack of discussion about and education on negotiated consensual sex
- sexual violence – which is typically understood as a form of oppression with strong linkages to sexism – overlaps with other dynamics of power that result in oppression on the basis of ability/disability, sexuality, race.¹⁵

This means that policies and programmes aimed at preventing violence against women need to address both the similarities and differences between sexual violence and intimate partner violence.

Including men and boys as partners in primary prevention

Historically, most primary prevention approaches targeted women, with a focus on increasing their self-protective behaviour. Current approaches to prevention focus on

¹³ Ministry of Women's Affairs (2012) *Lightning Does Strike Twice: Preventing sexual revictimisation*. Wellington: Ministry of Women's Affairs.

¹⁴ Cosc – The National Office for the Prevention of Domestic, Sexual and Gender-based Violence (no date) *National Strategy on Domestic, Sexual and Gender-based Violence 2010-2014: executive summary*. Department of Justice, Equality and Law Reform.

¹⁵ Guy, L. (2008) 'Re-visioning the sexual violence continuum', in American College Health Association (2008) *Shifting the Paradigm: primary prevention of sexual violence*. Linthicum, MD: American College Health Association, p. 10. www.acha.org

promoting respectful, non-violent relationships in which each partner feels empowered, safe, supported and respected.¹⁶

This has been accompanied by a shift towards engaging men in preventing violence against women, based on the recognition that men are the primary perpetrators of violence against women, that male socialisation is a key determinant of violence, and that men want to hear from other men. Contemporary approaches have a greater focus on preventing perpetration of violence, with interventions delivered through settings particularly relevant to men. They also encourage non-violent men to commit to serving as positive role models and recognise that men are also beneficiaries of prevention efforts.

There are encouraging results from interventions aimed at building men's skills as active bystanders and using their status as role models to intervene or prevent violence against women. This approach involves teaching bystanders how to intervene in situations that involve sexual violence, and is a step towards building a broader community approach to prevention. Evaluations have found significant uptake of pro-social bystander behaviour by both women and men, which has been maintained for significant periods after the intervention training.¹⁷

Primary prevention activities with women continue to be integral to effective approaches. These interventions might focus on education, empowerment, developing self-respect and self-esteem, or reducing social isolation. Shifts in women's perceptions of and responses to violence are critical levers for achieving and sustaining change in attitudes and behaviour among men.

¹⁶ Blakeslee, K.M., Patel, D.M., and Simon, M.A. (2012) *Communications and Technology for Violence Prevention: workshop summary*. The National Academies Press. www.nap.edu/catalog.php?record_id=13352

¹⁷ Banyard, V. L., Plante, E. G., and Moynihan, M. M. (2007) 'Sexual violence prevention through bystander education: An experimental evaluation.' *Journal of Community Psychology*, 35(4), 463–481.
Carmody, M., Ovenden, G., and Hoffman, A. (2011) "The program really gives you skills for dealing with real life situations": Results from the evaluation of the *Sex + Ethics* Program with young people from Wellington, New Zealand. Sydney: Centre for Educational Research, University of Western Sydney.
<http://www.nzfvc.org.nz/sites/nzfvc.org.nz/files/carmody-et-al-sex-ethics-research-evaluation-june-2011.pdf>

3 Primary prevention has a transformative agenda

True primary prevention is population-based using environmental and system-level strategies, policies, and actions that prevent ... violence from initially occurring.¹⁸

Primary prevention is aimed at effecting social, behavioural and attitudinal change. It:

- acknowledges that men and women have different experiences of violence
- starts from an understanding of the underlying causes of and contributors to violence against women and how to prevent it, rather than just focusing on the results or symptoms of violence
- is underpinned by a sound theoretical or conceptual approach, a theory of change, particularly as a basis for programme design, and evaluation¹⁹
- aims to promote respectful, non-violent relationships by changing beliefs, attitudes, behaviour and social norms, at the individual, community and societal levels, rather than simply raising awareness or providing education on the issue²⁰
 - this can involve a focus on changing attitudes towards violence by building knowledge and skills, changing behaviour to prevent the use of violence or protect against victimisation, and changing social norms and environments so they are safer for women²¹
- addresses a wide range of factors, across multiple levels, and across the life course, with the aim of reducing factors that put people at risk of perpetration or victimisation, and increasing factors that protect against perpetration and victimisation
- is delivered to whole populations, regardless of individual risk for perpetration or victimisation, or targeted towards sub-groups with a heightened risk for perpetration or victimisation, such as particular neighbourhoods, school districts, work places, age groups or ethnic groups.

This means that primary prevention strategies should be designed to work on multiple levels of the social ecology simultaneously (Figure 3). Comprehensive strategies that change social norms and mobilise communities are needed to support long-term changes in individuals and interpersonal relationships.

¹⁸ American College Health Association, 2008, op. cit. p. 5

¹⁹ Evans, S., Krogh, C., and Carmody, M. (2009) "Time to get cracking". The challenge of developing best practice in Australian sexual assault prevention education'. *ACSSA Issues No. 11*. Melbourne: Australian Institute of Family Studies.

²⁰ Prevention education is a distinctive practice that requires educators to be trained in a specific set of knowledge and skills and to have a clear understanding of the concept of primary prevention. In and of itself however, education does not constitute primary prevention.

²¹ Interventions to address social norms might not have a particular focus on violence, but address its underlying causes, such as gender inequality
Evans, S., Krogh, C., and Carmody, M. (2009). "Time to get cracking": the challenge of developing best practice in Australian sexual assault prevention education', *ACSSA Issues No. 11*. Melbourne: Australian Institute of Family Studies.

Figure 3: Examples of primary prevention activities across the levels of the socio-ecological model²²

Individual

Increase understanding of violence within families
Reduce social isolation
Challenge beliefs, values and attitudes that support violence

Family/relationship

Promote positive parenting practices
Build problem-solving and/or conflict management skills
Develop non-violent norms within relationships and families and communicate these norms to others

Community

Mobilise community members to take a stand against violence
Run community campaigns, events and involve media
Promote the benefits of living free from violence
Build connections between neighbours

Societal

Implement policies and actions that decrease gender, ethnic and economic inequalities
Strengthen laws that address violence
Challenge social norms that support violence
Reduce access to firearms and other lethal weapons
Decrease violence in the media



At present, it is difficult to get an overview of the extent and types of primary prevention activities implemented in New Zealand, aside from a recent report on sexual violence primary prevention activities.²³ This is partly because many activities are community-led and they are funded by a range of agencies. There is limited information about the reach and effectiveness of primary prevention activities, due to a lack of routine evaluation. Ideally, evaluation would be built into the design and implementation of these activities.

More information would be useful for highlighting gaps in primary prevention, and helping to identify what an effective approach to primary prevention could look like for New Zealand's diverse population. This would require a stocktake of government and non-government funding and service delivery agencies.

²² Based on Campaign for Action on Family Violence, Family and Community Services, Ministry of Social Development (no date) *Creating Change: for people working to prevent family violence in New Zealand*. Wellington: Ministry of Social Development.

²³ Dickson, *op. cit.*

4 What is the public health approach and why is it relevant to violence prevention?

Violence against women is increasingly understood as a global public health problem. Public health has a good track record in promoting the well-being and safety of populations, including addressing other leading causes of premature death and disability. In shifting from disease prevention to violence prevention, the public health approach addresses fundamental questions such as: what are the underlying risk factors that increase the likelihood that an individual will become a victim or perpetrator of violence, and how can we prevent violence from occurring in the first place?

Building from a public health approach has led to advances in policy and programmes for primary prevention by providing practical frameworks and sound evidence and analysis on the issue. Along with the principles outlined above, some of the additional features of this approach to violence prevention are that it:

- is multidisciplinary – to address the complex underlying contributors to violence, the public health approach draws on knowledge from a range of disciplines, including medicine, epidemiology, sociology, psychology, criminology, education and economics
- is collaborative – it taps into family and community strengths and works with diverse sectors to produce change, including social services, policy, justice, health and education
- is underpinned by a rigorous and systematic evidence base
- monitors and evaluates the effectiveness of primary prevention programmes
- results in the sharing of knowledge on how best to implement primary prevention strategies, programmes, and policies
- is long term.

Limitations of a public health approach

There are challenges to taking an evidence-based public health approach to preventing violence, particularly with regard to monitoring the impacts of primary prevention activities. Interpersonal violence differs in many respects from health issues such as smoking or obesity, for example, not least because it is also a crime and an abuse of human rights.

Policy documents from a number of countries broadly concur that a comprehensive and sustained approach to primary prevention is most likely to change attitudes and behaviours and to lead to measurable reductions in violence perpetration and victimisation over time. However, the emerging nature of the field means that few states, if any, have been able to implement and evaluate multi-sectoral and sustained measures aimed at changing the practices, attitudes and behaviours that cause and contribute to violence against women. As a result, there are currently no comprehensive effective primary prevention models to draw

on. However, overseas strategies do point to promising approaches and best practice guidelines. There is also evidence about elements of successful primary prevention approaches, such as the positive impact of respectful relating programmes delivered to young people.

Further to this, the complex dynamics between deeply ingrained social norms and individual beliefs and behaviours mean that changes in attitudes, social norms and behaviour, ultimate reductions in violence against women, and the associated benefits accruing from this, might not be apparent until long after primary prevention activities are implemented. Primary prevention is, necessarily, a long-term undertaking.

In most countries, there are few signs that the prevalence and severity of violence against women is decreasing. The demand for secondary and tertiary services will either remain at the same level or increase as awareness of the issue grows, and tolerance decreases. Simply extending these services is likely to have little impact on prevalence.

Primary prevention has become a central component of policy responses to reduce violence against women in countries such as Australia, the United Kingdom and Canada.²⁴ There is a risk that New Zealand is falling behind other countries, as our policies primarily focus on responding to violence after it occurs. The move towards primary prevention is based on a growing evidence base about what works to prevent violence in different contexts. This evidence base extends from the need for collaborative approaches that are built on common understandings of primary prevention, to the resulting benefits for government, women, and the entire community.

Further information and updates will be available on the Ministry of Women's Affairs' website www.mwa.govt.nz as this work progresses.

²⁴ Overseas approaches to reducing family violence were summarised in the paper 'Considering a Gender-Based Approach'. The paper was requested by the Taskforce and presented at the 1 June 2011 meeting.

7 Glossary of key terms in violence and violence prevention

Many terms in the violence and violence prevention fields do not have standard or universally accepted definitions. This glossary aims to draw together a set of terms and definitions, which are consistent with international conventions.

Because many concepts in primary prevention, in particular, are drawn from public health, the glossary draws substantially on literature from this field, especially the WHO.²⁵

The glossary is premised on the recognition that terms and definitions can change over time, as we come to understand more about violence, particularly in different groups and settings. It should be seen as a living document, to be updated as required.

The glossary is comprehensive, but not exhaustive. For example, it does not cover Māori, Pacific and other ethnic understandings of primary prevention or violence within whānau or families. This is not to say that Western frameworks cannot inform violence prevention in other cultural groups, as many of the risk and protective factors cited in the international research are consistent across cultures. Rather, this acknowledges that more research needs to be done within the New Zealand context about the implications of different worldviews, concepts, values, and frameworks of knowledge for the practice of violence prevention. For a glossary to be meaningful to communities, and to do justice to these bodies of knowledge, they need to be addressed in their own right, so that both the similarities with and differences from Western concepts can be fully explored.

The glossary is in two sections. The first section covers definitions relating to violence, beginning with overarching definitions, followed by narrower terms. The second section focuses on definitions relating to violence prevention.

²⁵ Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., and Lozano, R. (2002) *World Report on Violence and Health*. Geneva: World Health Organization.
Rutherford, A., Zwi, A.B., Grove, N.J. and Butchart, A. (2007). 'Violence: a glossary', *Journal of Epidemiology and Community Health*, 61, 676-680.

Overarching definitions of violence

Interpersonal violence, self-directed violence, collective violence

Interpersonal violence refers to violence between individuals – in the WHO definition, this is further subdivided into the two sub-groups of family/partner violence and community violence.

- self-directed violence refers to suicidal behaviour (suicidal thoughts, attempted suicides, and completed suicides) and self-abuse (e.g. self-mutilation)
- collective violence refers to violence committed by larger groups of individuals, such as gang violence, or state-sanctioned violence.

This glossary focuses on interpersonal violence perpetrated within families, particularly physical, sexual and psychological violence, and deprivation or neglect, of children, elders and intimate partners. It also covers sexual violence in other contexts, such as acquaintance or stranger rape.

The WHO typology is a useful framework for understanding the complexity of patterns of violence, although does not cover all forms of interpersonal violence.²⁶

Gender-based violence

'Gender-based violence' (GBV) and 'violence against women' are often used interchangeably, although the first term has a broader meaning than the latter. Gender-based violence is a developing term. It is used to emphasise that violence against women is related to the gender of *both* victim and perpetrator. It is also increasingly being extended to connect a range of violent acts that are committed against both women and men with the purpose of maintaining social power for men.²⁷

GBV encompasses a range of acts of violence committed against females because they are females and against males because they are males, based on how a particular society assigns and views roles and expectations for these people ... However, most cases of gender-based violence involve a female survivor and a male perpetrator. The majority of acts of gender-based violence against boys and men are also committed by male perpetrators.²⁸

²⁶ For example, it does not cover economic or financial abuse, stalking, or harassment, which often occur within intimate partner violence.

²⁷ Council of Europe (2007) *Gender Matters: a manual on addressing gender-based violence affecting young people*. Budapest: Council of Europe. http://eycb.coe.int/gendermatters/pdf/Gender_matters_EN.pdf

²⁸ Birkeland, N.M., Vermeulen, E. and Vågli, T. (2004) *Camp Management Toolkit*. Oslo: Norwegian Refugee Council/Camp Management Project. <http://protection.unsudanig.org/data/general/NRC%20-%20Camp%20Management%20Toolkit%20-%20SGBV%20Prevention%20Chapter.pdf>

Violence against women

The 1993 United Nations Declaration on the Elimination of Violence against Women²⁹ provided the following definition of violence against women:

Article 1

For the purposes of this Declaration, the term ‘violence against women’ means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Article 2

Violence against women shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.³⁰

The 1995 Beijing Platform for Action³¹ extended this definition through the recognition that violence occurs within the context of women’s subordinate status in society. It further specified that violence against women includes violations of the rights of women in situations of armed conflict, including systematic rape, sexual slavery and forced pregnancy; forced sterilisation, forced abortion, coerced or forced use of contraceptives; prenatal sex selection and female infanticide. It also recognised the particular vulnerabilities of women belonging to minority groups, including the elderly and the displaced; indigenous, refugee and migrant women; and women living in impoverished rural or remote areas, or in detention.

Violence within families

‘Family violence’ is a term used to refer to various forms of violence, occurring within different family relationships, which are most commonly understood as involving power dynamics that result in one person having control in the relationship, usually with fear as a defining feature of the relationship.

²⁹ <http://www.unfpa.org/swp/2005/english/ch7/index.htm>

³⁰ <http://www.un.org/documents/ga/res/48/a48r104.htm>

³¹ <http://www.un.org/womenwatch/daw/beijing/platform/violence.htm>

Family violence

In New Zealand the broad Te Rito definition of family violence, which is slightly different from but consistent with the definition of ‘violence’ in the Domestic Violence Act 1995, is in common usage. The term refers to:

A broad range of controlling behaviours, commonly of a physical, sexual and/or psychological nature which typically involve fear, intimidation and emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family. Common forms of violence in families/whānau include:

- spouse/partner abuse (violence among adult partners)
- child abuse/neglect (abuse/neglect of children by an adult)
- elder abuse/neglect (abuse/neglect of older people aged approximately 65 years and over, by a person with whom they have a relationship of trust)
- parental abuse (violence perpetrated by a child against their parent)
- sibling abuse (violence among siblings).³²

It may be timely to revisit this definition, to see whether the term itself and the definition accommodate understandings of violence within families within the current New Zealand context, including, for example, definitions framed within Māori and Pacific worldviews.

Some of the following definitions reflect recent shifts in language. For example, ‘domestic violence’ is sometimes used interchangeably with ‘intimate partner violence’. Originally, domestic violence referred to men’s violence against their female partners, but the Domestic Violence Act 1995 has a broader definition which, in fact, describes family violence, as outlined below. For clarity, it is probably best to avoid the term domestic violence, and draw on the currently used terms ‘family violence’, ‘intimate partner violence’, and ‘child abuse or child maltreatment’.

The glossary does not provide definitions of parental abuse and sibling abuse. Both areas are under-researched and little consensus has been reached by experts on the boundaries of the definitions.

Intimate partner violence

Intimate partner violence can occur among heterosexual or same-sex couples. The overwhelming majority of intimate partner violence around the world involves men’s violence

³² Ministry of Social Development (2002) *Te Rito. New Zealand family violence prevention strategy*. Wellington: Ministry of Social Development.

against women.

The WHO definition specifies physical, sexual or psychological harm by a current or former partner or spouse. Intimate partner violence is often cyclical. As we have begun to understand more about the nature of intimate partner violence, the concept has broadened to include the systematic use of threats, isolation and coercion to instil fear and control partners; behaviours such as intimidation, humiliation, stalking and monitoring a woman's movements; economic or financial abuse; and reproductive coercion.³³

Researchers have identified different forms of intimate partner violence, often underpinned by different motivations or drivers.

Power and control violence or *coercive controlling* violence is controlling behaviour and psychological abuse, often, but not always accompanied by physical and sexual abuse or the threat of violence. This is usually one person controlling their partner or family members through fear. This is mostly perpetrated by men, and results in the most harm to adult and child victims. Police, Courts and domestic violence services mostly see power and control partner violence.

Resistive violence involves a victim of power and control violence retaliating or using violence in self-defence. This is mostly perpetrated by women.

Situational or common-couple violence involves adults using violence to resolve conflict. In many cases, the violence does not result in serious physical harm, but in some cases the violence is chronic and dangerous. Adult victims are not fearful or controlled, although children are negatively affected. Men and women use this kind of violence roughly equally.³⁴ Situational partner violence is most commonly identified in community surveys.

Sexual violence

Sexual violence (or sexual assault) commonly refers to non-consensual sexual behaviours against adults. Sexual abuse is commonly understood to refer to children.

The WHO definition of sexual violence is a broad term that covers a continuum of behaviours. Sexual violence ranges from non-contact acts of a sexual nature, such as sexual harassment or voyeurism, through sexual coercion (such as 'pressure' or 'persuasion' to have sex), to contact offences, including rape. The absence of consent is understood as the defining feature of sexual violence. This includes acts committed against someone who is unable to consent or refuse, for example, because of age, disability, misuse of authority, violence or threats of violence, or incapacitation due to drugs or alcohol.

³³ Branigan, E. (no date) *His Money or Our Money? Financial abuse of women in intimate partner relationships*. Melbourne: Coburg-Brunswick Community Legal and Financial Counselling Centre Inc. Retrieved from http://www.communitylaw.org.au/clc_morelandhome/cb_pages/images/238_Financial_Abuse_Projec.pdf

World Health Organization (no date) *Violence Against Women: intimate partner and sexual violence against women. Fact Sheet No 239*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>

³⁴ Te Kupenga Whakaoti Mahi Patunga National Network of Stopping Violence Services (2009) *Fact Sheet on Gender and Family Violence*. http://www.nnsvs.org.nz/sites/default/files/Fact_sheet_on_gender_and_family_violence_2009.pdf

Child maltreatment or abuse

The WHO uses a range of terms to refer to this form of family violence, including 'child abuse', 'child abuse and neglect,' and 'child maltreatment'. The WHO Consultation on Child Abuse Prevention uses the following definition.

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.³⁵

This definition covers a broad spectrum of abusive behaviours and is consistent with the United Nations Convention on the Rights of the Child.³⁶ As previously noted, the WHO considers that the intentional use of force, power or threat is a defining feature of abuse or violence.

There are no precise definitions of when childhood begins or ends. In addition, ideas about parenting are culturally contingent, so concepts of what constitutes child maltreatment can differ. However, many cultures agree that child abuse or maltreatment is not acceptable, particularly harsh disciplinary practices and sexual abuse. Harmful, culturally-sanctioned practices can change as cultures evolve.

Elder abuse and/or neglect

Elder abuse is an act of commission or omission (in which case it is described as neglect), which may be intentional or unintentional. It may involve physical, psychological, sexual, financial or other material abuse. It can be either a single or repeated act, or lack of action, where there is a relationship of trust, which causes harm or distress to an older person.

Age Concern New Zealand defines elder abuse and/or neglect as 'when a person aged 65 years or more experiences harmful physical, psychological, sexual, material, or social effects caused by the behaviour of another person with whom they have a relationship implying trust'.³⁷ Abusive behaviours can occur in domestic and institutional contexts and elder abuse is open to cultural, religious and personal perceptions.

³⁵ World Health Organization (1999), cited in Krug et al., *op. cit.* p. 59

³⁶ Article 19 of the United Nations Convention on the Rights of the Child states that: States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. <http://www.refworld.org/cgi-bin/txis/vtx/rwmain?docid=3ae6b38f0>

³⁷ Hong 2004, cited in Fallon, P. (2006) *Elder Abuse and/or Neglect: literature review*. Wellington: Ministry of Social Development).

Definitions related to violence prevention

Socio-ecological model (ecological model)

A wide range of factors can affect individuals' risk of being involved in violence, either as perpetrators and/or as victims. The public health approach elaborates on the socio-ecological model (or ecological model), (see **Figure 1: Levels of prevention p4**), a framework that helps understand violence and how to prevent it.

The socio-ecological model focuses on the determinants of violence and looks at the complex interplay of risk and protective factors, across four levels, which combine to cause violence perpetration and/or victimisation. These factors are associated with individuals (potential victims and perpetrators), their family, whānau and interpersonal relationships, and community and societal contexts.

The ecological model makes it clear that a single risk factor, such as alcohol use, economic deprivation, or growing up in a neighbourhood with high levels of crime, is unlikely to lead to violent offending or victimisation. Instead, risk factors tend to have a cumulative effect and interact in different ways to influence vulnerability to violence. Different types of violence also have specific risk factors.

Risk factors can be moderated by protective factors such as supportive parenting, high social cohesion and personal resilience. There are different protective factors at each of the four levels that should inform the development of primary prevention interventions. Furthermore, prevention activities need to operate at each of the four levels. (See **Figure 2: The socio-ecological model of violence and violence prevention p6**).

Three levels of prevention

The concept of prevention covers a range of strategies spanning the three levels of primary, secondary and tertiary prevention. These levels encompass a number of inter-related dimensions about when interventions occur, who the target audience is, what the interventions are trying to achieve, and the types of activities undertaken. There is not always a clear distinction between them.

There are different terms and definitions of primary, secondary and tertiary prevention. We have chosen definitions consistent with the WHO literature.³⁸

Primary prevention can occur in a range of social settings, but primary prevention is unlikely to be implemented in juridical settings. Secondary and tertiary prevention initiatives are regarded as having relevance to victims and perpetrators in juridical settings as well as

³⁸ The Campaign for Action on Family Violence and the Victorian Health Promotion Foundation (VicHealth) use somewhat differing terms and definitions. See: Campaign for Action on Family Violence (2011) *Creating Change: for people working to prevent family violence in New Zealand*. Wellington: Ministry of Social Development. VicHealth (2007) *Preventing Violence Before it Occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria*. Carlton South: Victorian Health Promotion Foundation:

health care and wider social settings.

Primary prevention

Primary prevention aims to stop violence before it occurs. It is the most effective form of prevention but the most difficult to achieve. The aim is to change social norms that contribute to violence-supportive attitudes and behaviours, including gender norms. This means that primary prevention strategies should be designed to work on multiple levels of the social ecology simultaneously, (see **Figure 1: Levels of prevention** p4).

Given the range of factors that contribute to violence, primary prevention activities need not have an explicit focus on violence. For example, initiatives addressing factors that contribute to violence, such as poverty and structural inequalities, including gender inequality, can be classified as primary prevention.

Because the consequences of and solutions to violence against women affect society in general, primary prevention activities are focused on populations rather than individuals. Primary prevention approaches are usually described as either universal or selective approaches.

Universal interventions

Universal interventions to address violence are aimed at the whole population, or groups within it, without regard to individual risk of violence perpetration or victimisation. A population sub-group might include everyone of a particular gender, or in a particular neighbourhood, school district, work place, age range, ethnic group.

Universal interventions are critical to the success of an overall violence prevention plan. Examples of universal interventions include social norms campaigns, education programmes in schools, organisational development in mainstream settings, legislative reforms, community mobilisation and community development approaches.

Selective or targeted interventions

Selective interventions focus on sub-groups at heightened risk of becoming perpetrators or victims of violence in the future. These sub-groups or communities comprise a relatively small proportion of the total population. Examples of selective strategies include interventions directed towards migrant and refugee communities, new parents, or in sporting environments.

Secondary prevention

Secondary prevention focuses on immediate responses to violence, often in a crisis situation. It is often thought of as applying to individual victims and perpetrators, but the concept has wider applicability.

- For victims, it aims to minimise the short-term harms of violence, as well as the risk of revictimisation. Secondary prevention might include, for example, emergency services or treatment for sexually transmitted diseases following a rape.³⁹
- For perpetrators, secondary prevention can include interventions aimed at preventing escalation of violent behaviour. These are known as indicated interventions.
- Secondary prevention can also include actions such as training professionals to improve crisis responses to victims or measures to ensure greater accountability of those who have the duty to protect victims of violence.⁴⁰

Tertiary prevention

Tertiary prevention focuses on long-term care in the wake of violence, such as rehabilitation and reintegration of perpetrators, and attempts to lessen trauma or reduce the long-term disability associated with violence e.g. psychological therapies for abused children, screening and support services for victims of intimate partner violence.

At the level of tertiary prevention, indicated interventions for perpetrators focus on high-risk individuals who have detectable problems, such as sex offenders.

³⁹ World Health Organization (2010) *Preventing Intimate Partner Violence and Sexual Violence against Women: taking action and generating evidence*. Geneva: World Health Organization, p.7.

⁴⁰ Rutherford et al., 2006, *op. cit.*

Print 978-0-478-35529-1
Digital 978-0-478-35525-3

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