

Public health approach to Sexual Violence

Violence is preventable not
inevitable :

World Health Organization

Sexual violence

- SV is a public health and human rights issue. It can be prevented.
- Its causes/risk factors are multiple but so are the protective factors that can serve to reduce sexual violence and minimize its health related harms.
- Risk and protective factors occur at every level of what has been called the ecological model
- To reduce sexual violence requires action on all levels of the model

Prevention

- Public health interventions are traditionally defined in terms of 3 levels of prevention
- Primary prevention- approaches that aim to prevent the health condition/disease/ or disorder before it occurs
- Secondary prevention- approaches that focus on reducing the impact or severity of a condition
- Tertiary prevention- approaches that focus on ameliorating the long term disability associated with a condition after it has developed

Why Prevention?

- The rationale for prevention is not confined to the health conditions that can be prevented or ameliorated. For example:
- If socially produced myths and inequities related to gender are one of the main causes of SV and result in unnecessary or preventable ill health and suffering
- Then there is an ethical as well as a public health obligation to act
- Actions to reduce preventable health conditions like SV are a matter of social justice

The ecological model

- To prevent a health issue like SV that has multi level causes/ risk factors, it is necessary to use the ecological model.
- This refers to the complex interplay of risk and protective factors operating on multiple levels
- Individual factors
- Relationship factors
- Social factors
- Cultural factors
- Environmental factors

The individual in context

- Consequently, the model explores the relationship between individual and contextual factors and provides a useful analytical tool for guiding action
- Individual level factors include:
 - Biological, demographic and personal history factors that an individual brings to his or her behaviour- eg CSA and other adverse childhood experiences that increase risk

Other levels of the model

Relationship factors

Proximate social relationships eg with peers, intimate partners and family members- eg gender based power disparities

Social, cultural and community factors

Sociocultural beliefs, attitudes, practices (eg rape myths/victim blaming) that determine the community context in which social/sexual relationships are embedded such as schools, workplaces, neighbourhoods

Environmental factors: Do they facilitate or constrain SV?

Do educational, economic and social policies result in differential access to the opportunities necessary for the development of dignity and self determination? Are they biased re gender, class, race, disability?

What is the Legislative framework eg regarding rape in marriage? Does the criminal justice system treat victims fairly?

What are the levels of social capital, social inclusion vs isolation/stigma re victims, chances of employment, adequate income, access to SV Services?

Level of 'safe' infrastructure for women including transport, amenities, footpaths, parks etc?

Public health/population health

- This approach is relevant to SV because it focuses on the health of communities and populations as a whole
- Its goals are to preserve, promote and improve health and thus it overlaps with the aims of promoting and protecting the right to attain the highest possible level of health
- It emphasises preventing disease, injury or dysfunction from occurring or reoccurring rather than treating the health consequences

Steps in prevention

1. Define, measure and monitor the extent of the problem that is the focus of prevention.
 - Is SV adequately defined? Do we know all its forms? Do we have accurate measures of its prevalence? Do we know the nature and extent of its health consequences both physical and mental?
2. Identify the risk factors and/or causes of the problem as well as protective factors.
 - What are they for SV? Note risk factors often co occur – consider implications for programs. In what circumstances is it better to develop programs that focus on multiple risk factors rather than single risk factors?

Steps

3. Formulate and test ways of dealing with the problem and evaluating their effectiveness. Have any programs re SV been developed and evaluated in your region? At what level of prevention do they work?
4. Apply widely measures/ interventions that work to reduce identified risk factors and remove causes and/or strengthen protective factors. Has this happened?

Why an evidence based approach?

- Without evidence or information there is little pressure on anyone including governments, health providers or policy makers to acknowledge or act on a problem
- Reliable evidence or data is thus necessary for advocacy but also for planning and monitoring purposes
- Evidence is necessary for the development of sound policies and ensuring that the correct health priorities have been identified