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Best Practices to Prevent and Respond to Sexual Violence: Evidence review and programme considerations

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Best Practices to Prevent and Respond to Sexual Violence

Evidence review and programme considerations

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WHAT DO WE MEAN BY SEXUAL VIOLENCE?

Sexual violence is **any sexual act committed against the will of another** person, either when this person does not give consent or when consent cannot be given.

-- UN WOMEN

What is the magnitude of the problem?

Women and girls' experience of sexual violence is prevalent across geographies

- About one-third of 15-24-year-olds experience intimate partner violence (IPV) in their lifetime².
- In LMICs, lifetime experience of physical or sexual IPV is higher in East and Southern Africa regions³.
- Women who experienced physical or sexual intimate partner violence were significantly more likely to acquire HIV.
- Persons who have recently acquired HIV recent experience higher rates of sexual violence.

1. <https://www.unfpa.org/gender-based-violence#readmore-expand> 2Mathur S, Okal J, Musheke M, Pilgrim N, Kishor Patel S, Bhattacharya R, et al. (2018) High rates of sexual violence by both intimate and non-intimate partners experienced by adolescent girls and young women in Kenya and Zambia: Findings around violence and other negative health outcomes. PLoS ONE 13(9): e0203929. <https://doi.org/10.1371/journal.pone.0203929>. 3. Decker MR, Latimore AD, Yasutake S, Haviland M, Ahmed S, Blum RW, Sonenstein F, Astone NM. Gender-based violence against adolescent and young adult women in low- and middle-income countries. J Adolesc Health. 2015 Feb;56(2):188-96. doi: 10.1016/j.jadohealth.2014.09.003. PMID: 25620301.

Most prior evidence on SV prevention among AGYW from high-income countries

A 2015 global review of 142 articles found three promising approaches:

- 1. School-based dating violence interventions.**
- 2. Community-based interventions to create a gender-equitable environment through projects with boys and girls to support gender equitable attitudes.****
- 3. Addressing child maltreatment via parenting interventions or interventions with children and adolescents.**

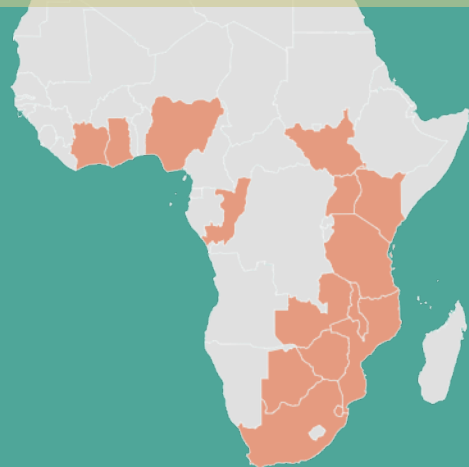
Majority of studies from high-income countries

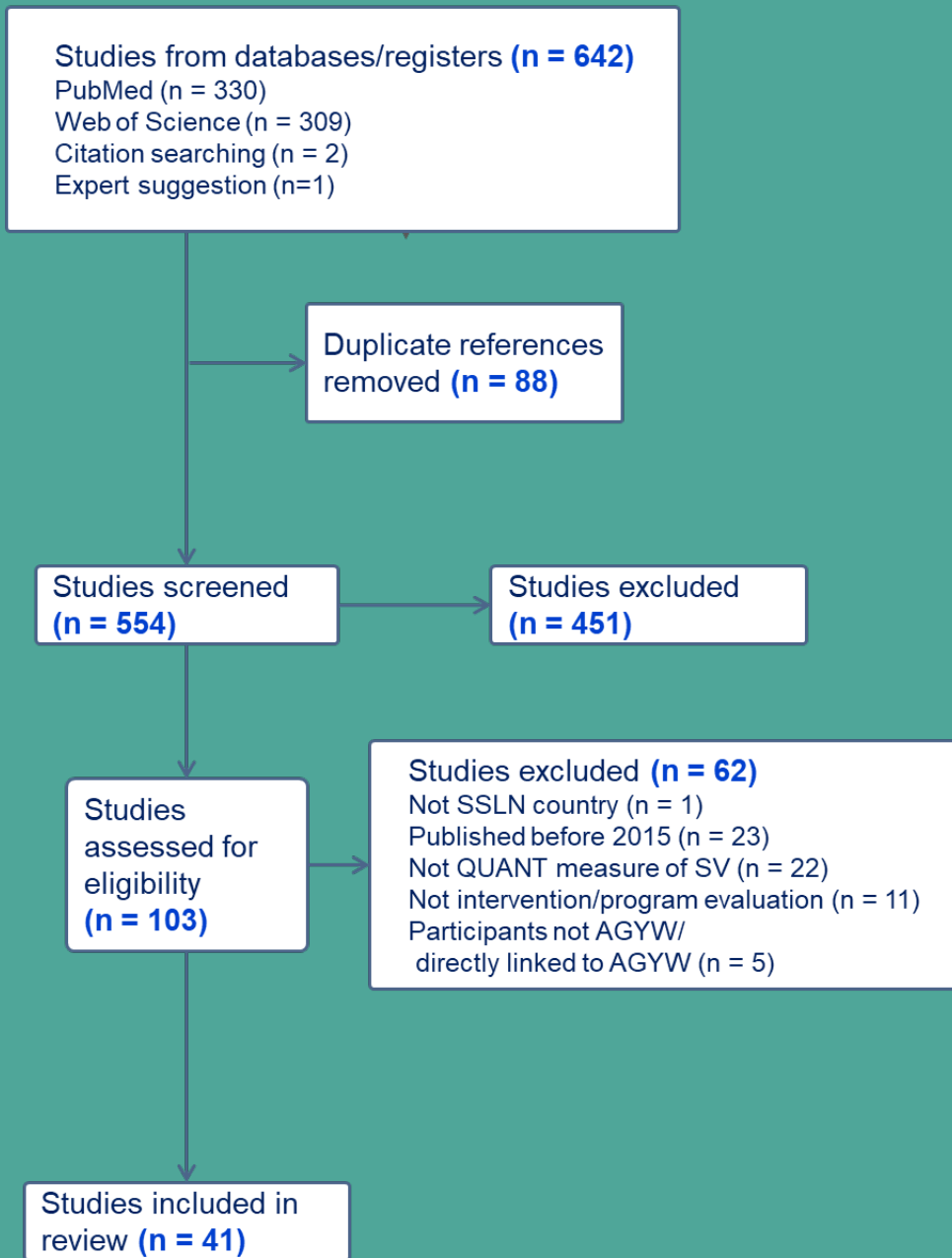
** some evidence from LMICs

Reasons for this review

- To fill a knowledge gap about **what strategies have been tested and found effective in LMICs to prevent and respond to sexual violence experienced by AGYW.**
- Sexual and gender-based violence was identified by the East and Southern African Champions as a key impediment to their HIV prevention programming efforts.
- Review focused on evidence from all 15 South-to-South Learning Network (SSLN) countries to gather and synthesise contextually-relevant information.

15 COUNTRIES OF FOCUS





Evidence Review Methodology



Focus of the review: Studies that quantitatively measured effectiveness of interventions to prevent or respond to sexual violence (SV) committed by a partner or non-partner



Timeframe: peer-reviewed articles published in PubMed and Web of Science between 2015 – 2023



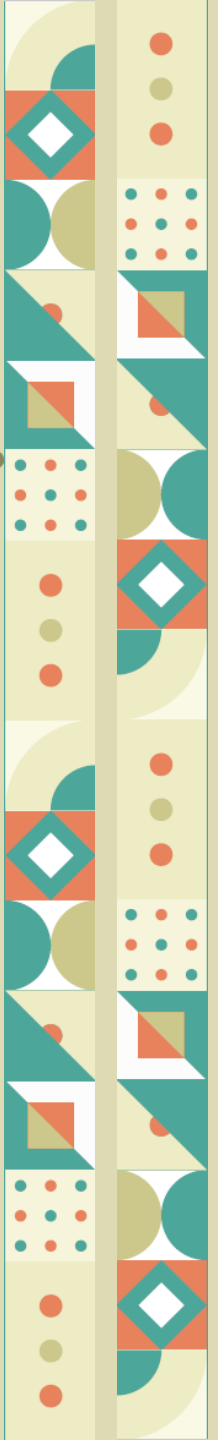
Articles included in the review after screening 642 citations for relevance



Data extraction and analysis to explore intervention characteristics and program effects to on SV outcomes among AGYW

Takeaways

Intervention Approaches
& Programme Effects



Sexual violence (SV) prevention and response occurs at three levels

1 Primary Prevention aims to prevent SV occurrence

- Examples: community sensitisation on SV, equity and gender norms

2 Secondary Prevention/Response aims to respond immediately after SV has happened

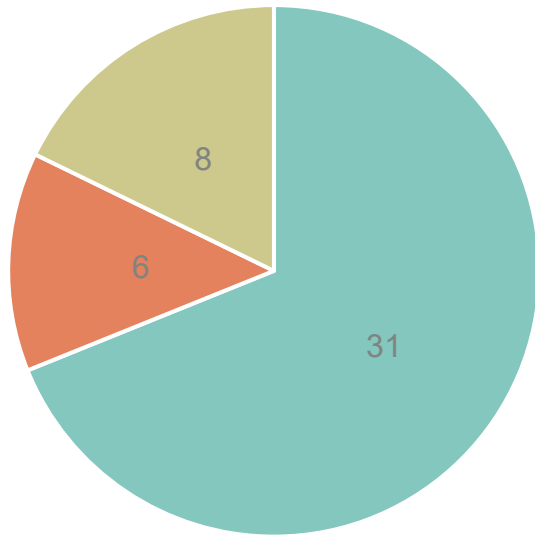
- Examples: evaluation and treatment of injuries, provision of other medical services (pregnancy testing, emergency contraception, HCT and PEP), referral to police or social support etc.

3 Tertiary Prevention/Response is focused on rehabilitation and long-term responses to SV

- Examples: reintegration into family/household, long-term psychosocial counseling and rehabilitation etc.

Most evidence relates to primary prevention of SV

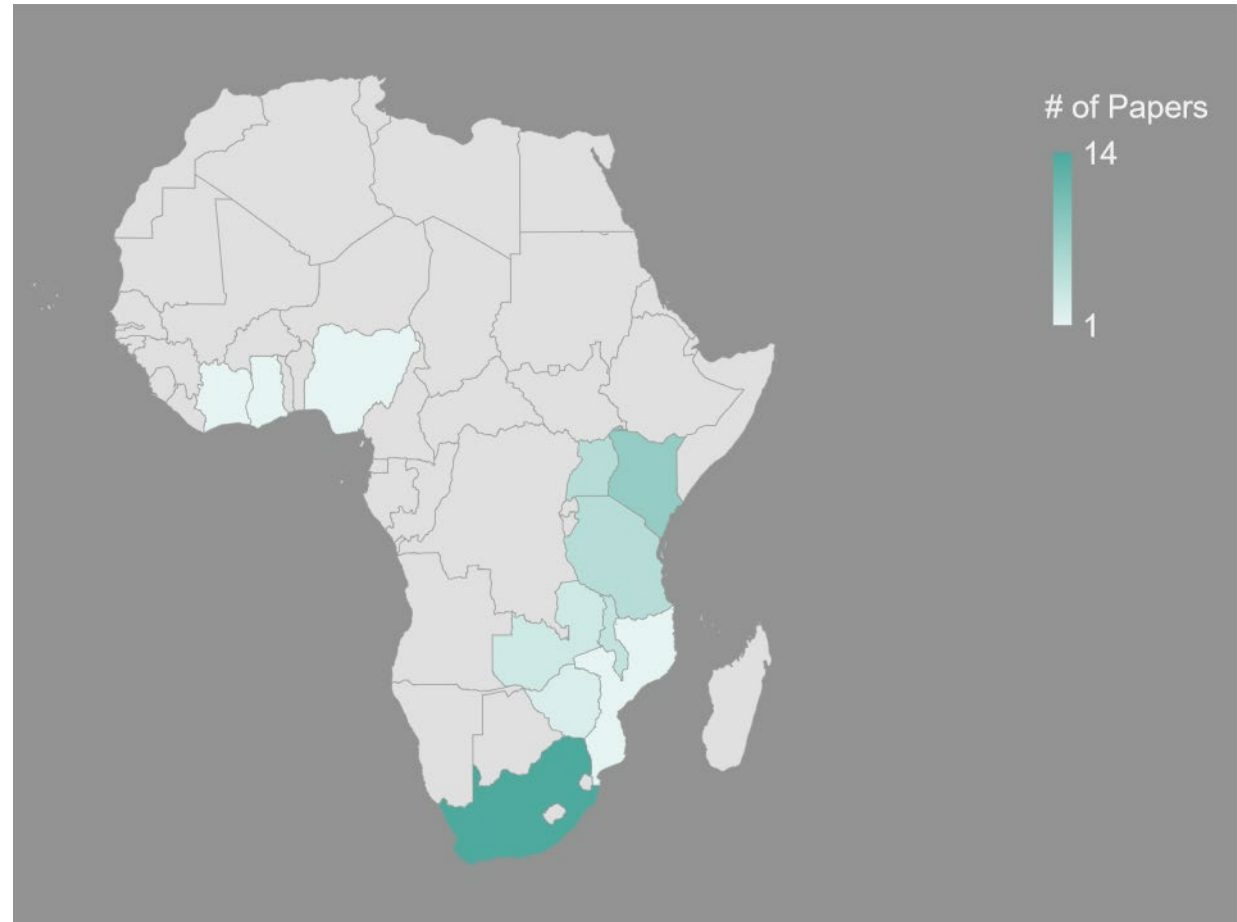
Focus of studies on SV



- Primary Prevention
- Secondary Prevention/Immediate Response
- Tertiary Prevention/Long-term Response

Note: total is >41 because some studies focused on multiple elements of SV prevention

Most evidence comes from 4 countries



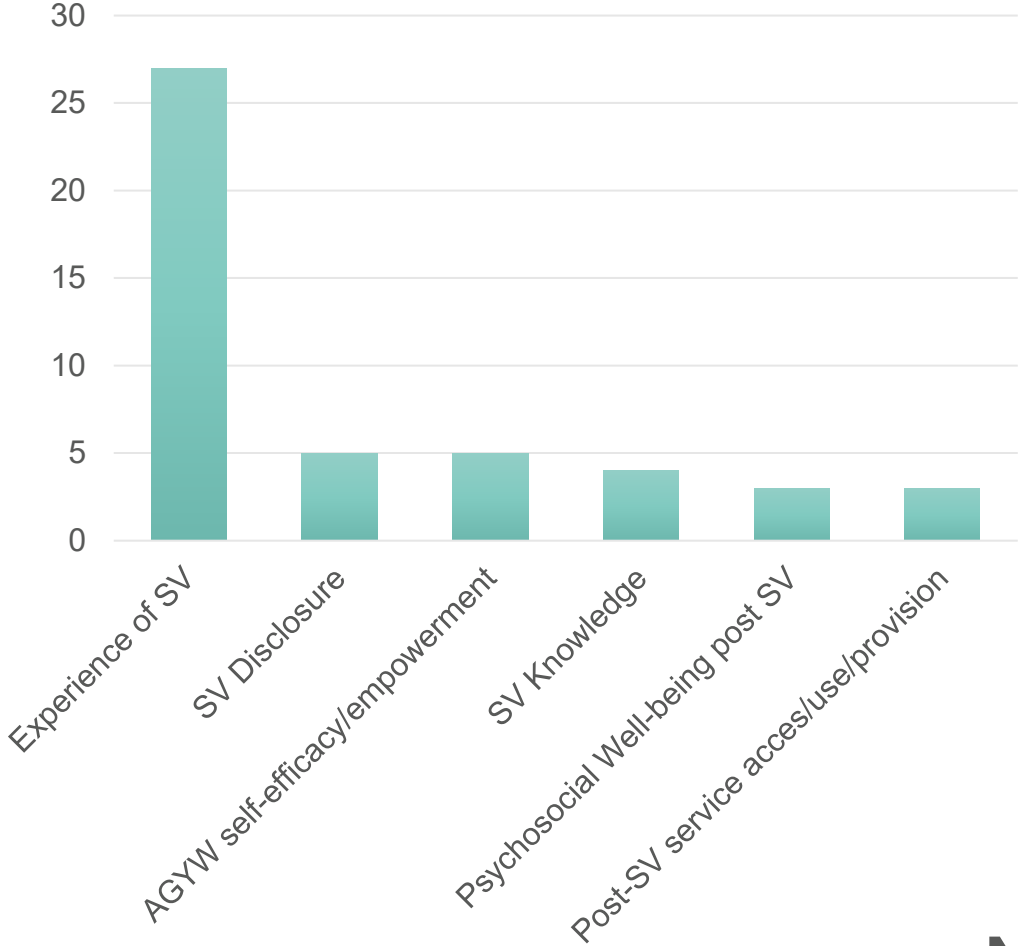


Primary Prevention Programs for SV

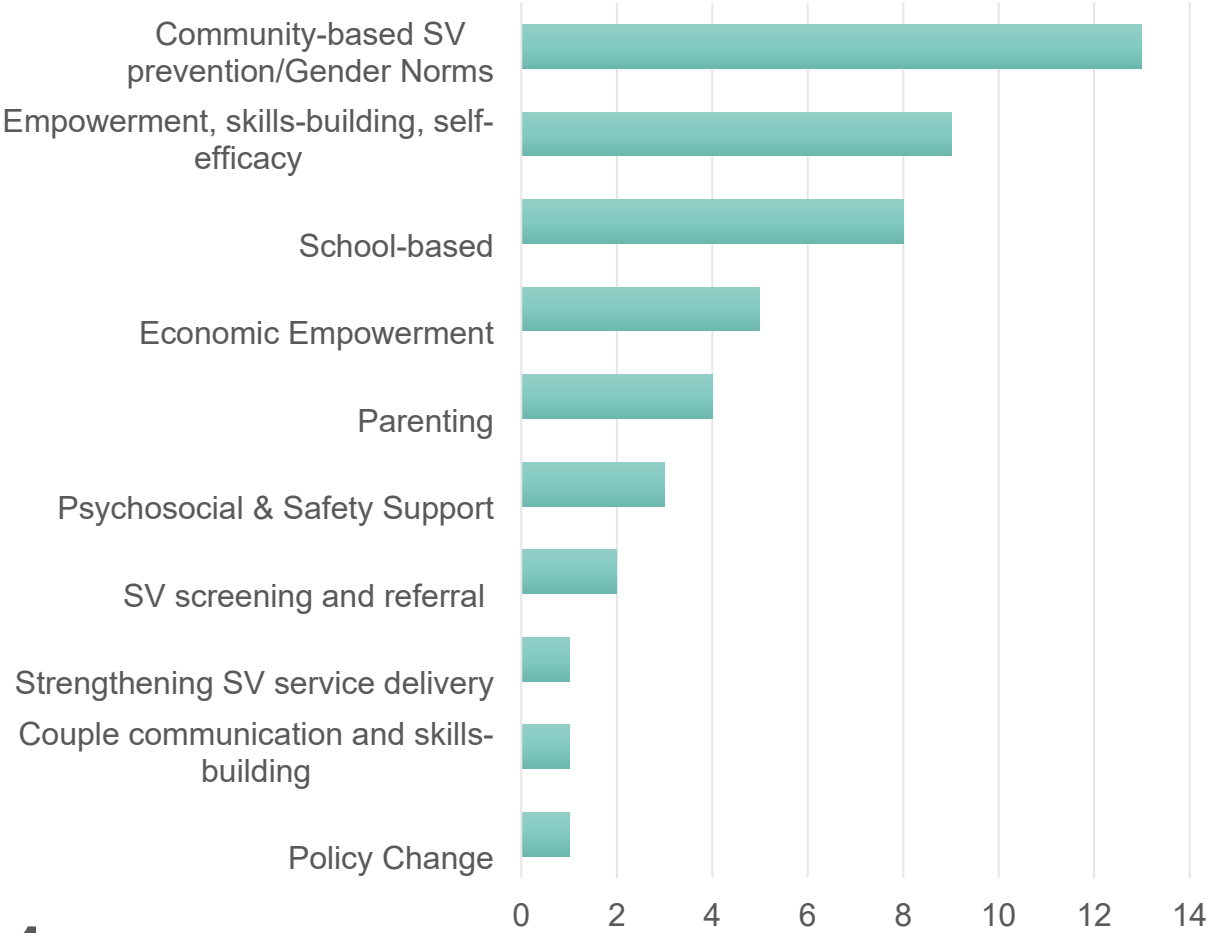
**84% measured an
improvement in
their SV outcome**

Majority of primary prevention interventions measured improvement in SV outcome through community-based programming

SV Outcomes Measured



Categorisation of Interventions



N=31

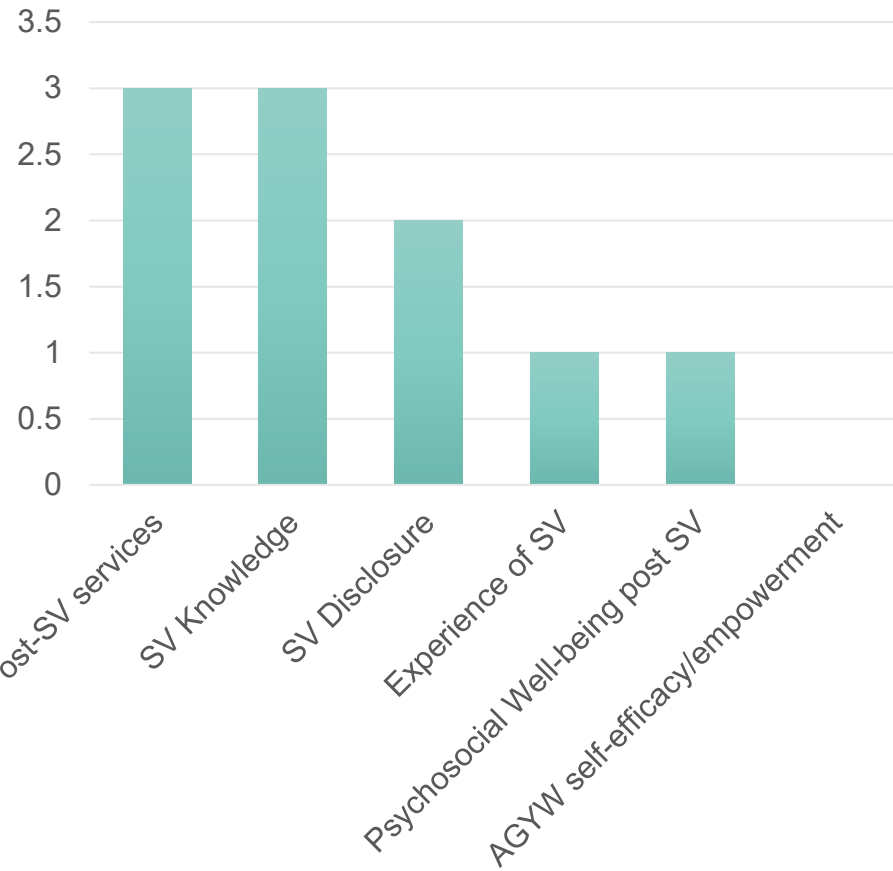


Secondary Prevention/ Response Programs for SV

**100% measured an
improvement in
their SV outcome**

All secondary prevention/response studies showed improvement in SV outcomes; most from Tanzania.

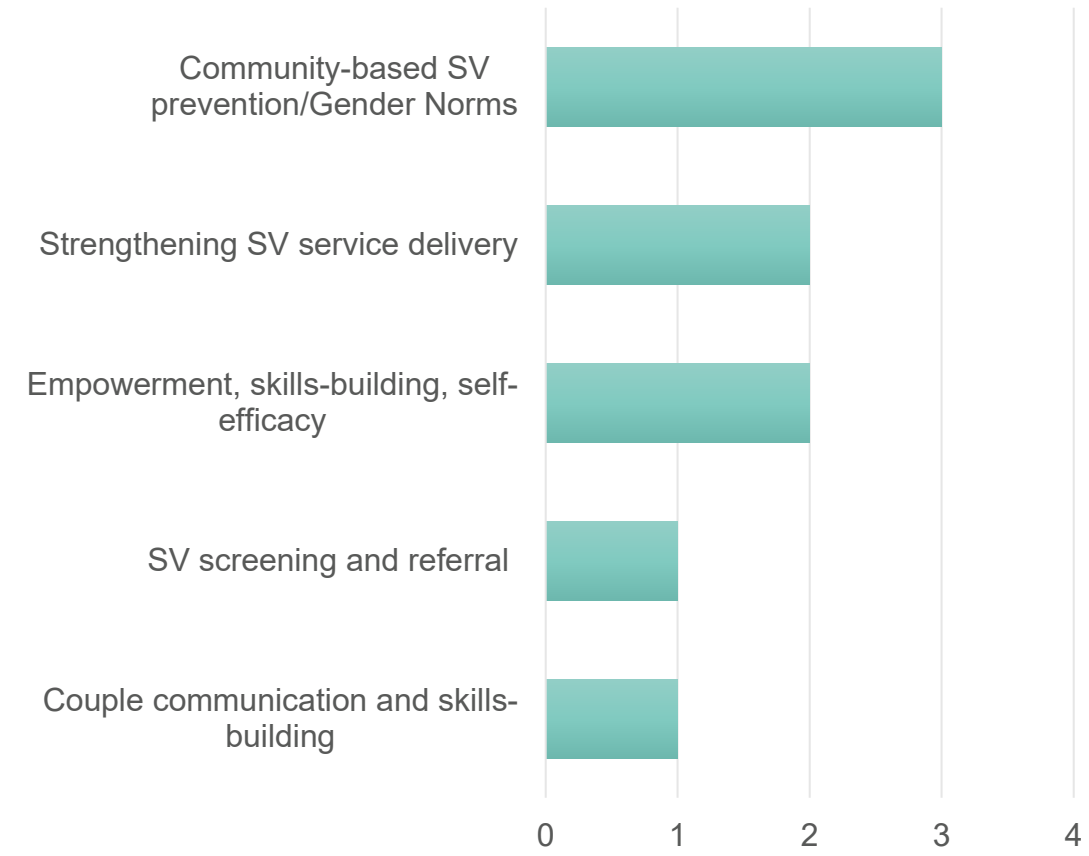
SV Outcomes Measured



Only 2 studies measured PEP or other HIV service provision post SV

N=6

Categorisation of Intervention



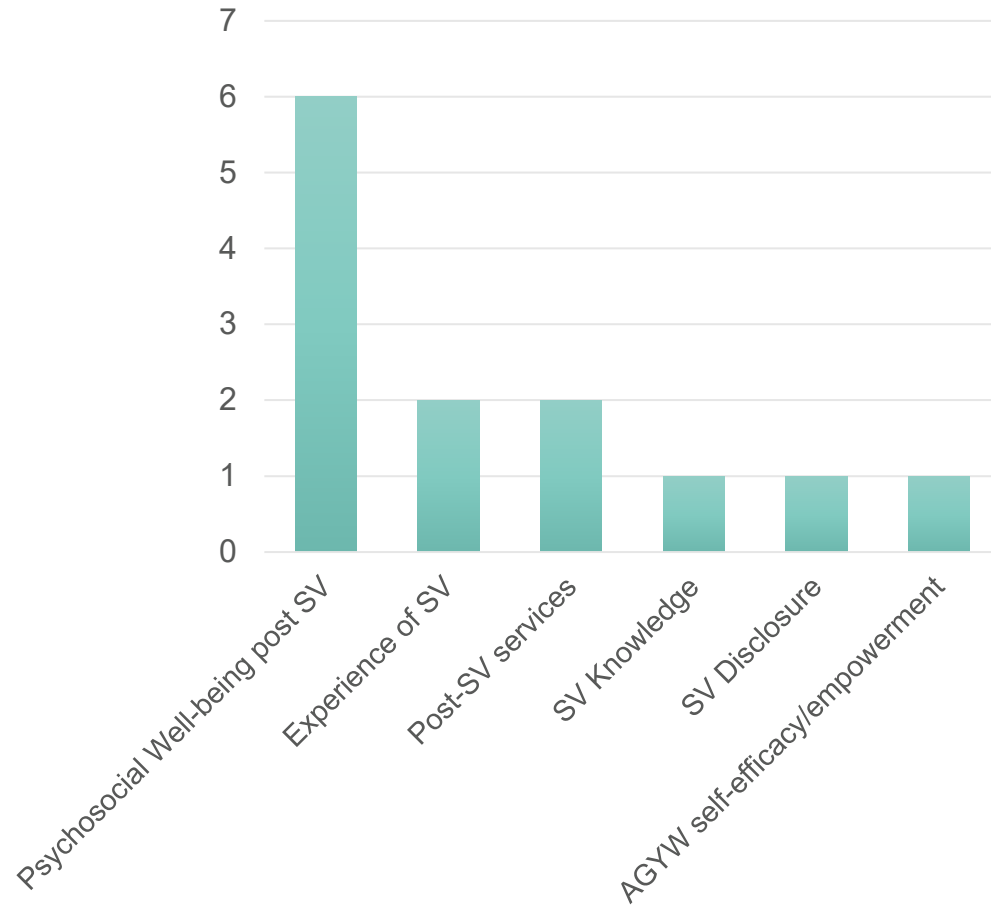


Tertiary Prevention/ Response Programs for SV

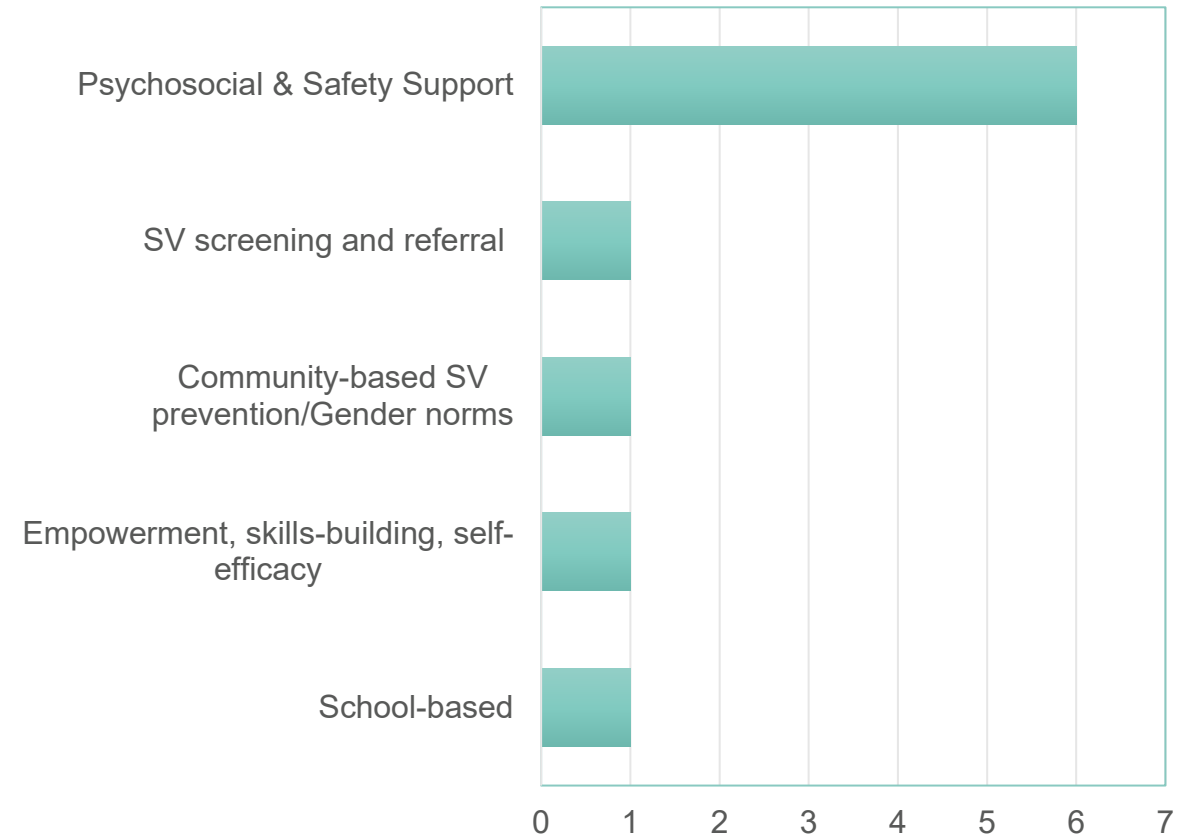
**100% measured an
improvement in
their SV outcome**

Most tertiary prevention/response evaluations focus on psychosocial well-being and come from Kenya or South Africa, and all saw improvement

SV Outcomes Measured



Categorisation of Intervention



N=8

Elements of tested intervention approaches, Part I

Community-based

Engage communities in social change activities (e.g., radio programmes, street theatre, meetings with local leaders) to improve community knowledge and attitudes toward SV and to take action against SV.

Empowerment/ Self-efficacy

AGYW's individual capacity-building within small group settings with multiple exposures and focused on addressing multiple aspects of AGYW's lives (e.g., violence, HIV risk factors, economic empowerment, education) tend to be effective.

School-based

Adolescence is a critical opportunity to address attitudes and behaviours related to SV, gender-specific approaches with tailored interventions to adolescent life stages with AGYW and their male peers.

Psychosocial & Safety Support

Short-term counselling and therapeutic tools (such as art therapy, phone-based apps with educational material and co-designing safety plans) support psychosocial well-being among individuals who are exposed to/at risk of SV and can also prevent repeat SV experience.

Economic Empowerment

Cohesive groups (with microfinance, financial literacy and/or vocational training programs) provide support to group members.

Elements of tested intervention approaches, Part II

Parenting

Implemented in concert with AGYW empowerment, community members and school-based; recognized the significant **role of trusted adults, parents and caregivers** in the lives of AGYW.

SV screening & referral

Simplified **screenings can be included in routine care visits. Additionally, perceived support from healthcare providers** can improve physical and mental health outcomes for women who experience SV.

Strengthening SV service delivery

Clinical mentoring of healthcare providers seems to improve service delivery for SV and improve follow-up for medical, psychosocial and HIV re-testing services.

Couple communication & skills building

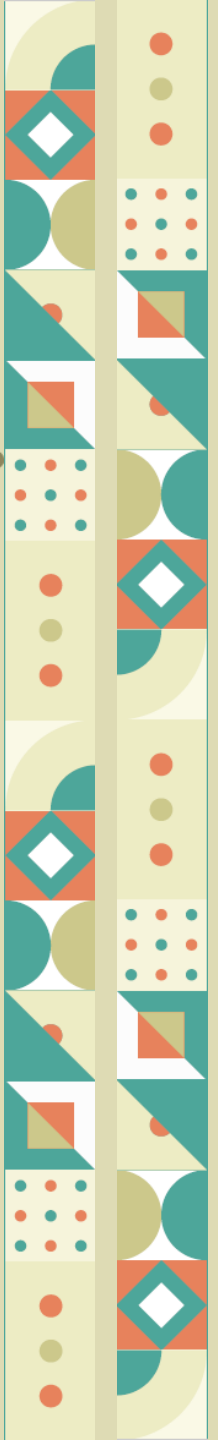
Couple-based approach complemented by community-based and SV service delivery components **can increase communication about violence within couples.**

Policy Change

Positive impact of free universal primary education on protection against SV (Malawi and Uganda). **Grade attainment may be protective against SV** (as in Uganda).

Recommendations

Tailored for key stakeholders



Lessons from the Evidence for

IMPLEMENTERS

- Do engage community leaders to address entrenched gender norms.
- Don't leave out parents and partners/male peers in SV prevention/response programming.
- Do design programs that enable sufficient number of exposures / 10+ to the interventions over time.
- Don't neglect training and support of CHWs who are often responsible for delivering SV programs.
- Do include programming for both the short-term and long-term response to SV.
- Don't neglect to integrate opportunities to enhance HIV prevention in SV programming (e.g., offering PEP and PrEP).

Lessons by Level of SV Prevention / Response for

IMPLEMENTERS

To prevent SV (primary)

- Don't delay SV prevention programming with boys and girl; early adolescence is an opportune time.
- Do build AGYW skills and self-efficacy through mentored safe space groups.

To provide immediate care (secondary)

- Do integrate screening questions for SV into ANC and HIV service points.
- Don't neglect training for healthcare providers to screen for and provide supportive counseling for SV.

To provide long-term support (tertiary)

- Do provide psycho-social support through trauma-focused cognitive behavioral therapy or explore alternatives like art therapy.

Lessons from the Evidence for **POLICYMAKERS**

- Do dedicate funding and effort specifically for SV programming for AGYW.
- Don't overlook opportunities for integrating SV prevention within HIV platforms.
- Don't assume we know how to create supportive, respectful, and accessible police and judicial systems; evidence is needed.
- Do ensure relevant evaluations in underrepresented regions like West Africa.
- Do prioritize policies to support economic empowerment and access to education for AGYW.

Lessons from the Evidence for **RESEARCHERS**

- Do recognize there is a large evidence-base for primary prevention strategies for SV.
- Don't ignore need for testing secondary and tertiary prevention/response approaches among AGYW.
- Do expand geography of where SV programs are tested.
- Do de-link measures of violence so SV can be specifically tracked.
- Do ensure that analyses segment results by age group, specifically for AGYW.
- Do generate evidence for SV prevention interventions among marginalized populations (e.g., people with disabilities, sexual and gender minorities).

Thank you

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Learn more about the South-to-South HIV Prevention Learning Network (SSLN): <https://www.hivinterchange.com/>

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Glossary of Key Terms

- Gender-based violence (GBV)* is any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) roles and power differences between males and females.*
- Intimate Partner Violence (IPV)* refers to behaviour by an intimate partner or ex-partner that causes **physical, sexual or psychological harm**, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.
- Sexual Violence (SV) *is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching and other non-contact forms.
- Physical Violence** is the intentional use of physical force with the potential for causing death, injury, or harm.
- Emotional / Psychological Violence** is any act or omission that damages the self-esteem, identity, or development of the individual. It includes, but is not limited to, humiliation, threatening loss of custody of children, forced isolation from family or friends, threatening to harm the individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating words or gestures, controlling behaviour, and the destruction of possessions.

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