Understanding gender-based violence perpetration to create @ oa a safer future for women and girls





Worldwide, one in three women experience genderbased violence,1 which imparts physical, mental, and sexual health morbidities. It also causes mortality—more than a third of homicides of women are attributable to male partners.2 These data justifiably create global outrage, accentuated by horrific recent high-profile cases, including the brutal gang rape of a student in New Delhi, and the attempted assassination of Pakistani student and education activist Malala Yousafzai. However, mounting of an effective, evidence-based, sustainable response to gender-based violence has proven elusive, partly because of the paucity of data for the population that we need to understand the most: the perpetrators of gender-based violence. Most research into such violence focuses on victimisation, which provides invaluable insight into survivors' experiences, risk factors, and needs for support. However, to put a stop to this global pandemic demands a fundamental understanding, and modification, of the behaviour of gender-based violence perpetrators. Population-based data for men's violence perpetration and its root causes are scarce and are mostly limited to Africa.^{3,4} Analyses of the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific presented in The Lancet Global Health^{5,6} represent a major advancement in that they describe the epidemiology of perpetration of the main forms of gender-based violence-intimate partner violence and non-partner rape-in a large and generalisable sample from the world's most populous region. Such violence perpetration, including rape by multiple perpetrators, was prevalent, with 25-80% of the men studied perpetrating physical, sexual, or both types of intimate partner violence, and 3-27% committing single perpetrator non-partner rape. The findings offer muchneeded direction for prevention and intervention.

Targeting of interventions is essential. More than half of non-partner rape perpetrators first did so as adolescents,6 which affirms that young people are a crucial target population for prevention of rape. The finding that gender-based violence perpetration was associated with other key global health issues (eg, substance use and depression)5,6 suggests the potential usefulness of integrated interventions. Childhood trauma and witnessing of gender-based violence were also influential factors,^{5,6} which supports the idea that those exposed to violence during youth should be prioritised for prevention and interventions.

Importantly, as reported in other settings, 7-9 perpetration of both intimate partner violence and nonpartner rape was linked closely to sexual risk behaviour (eq, having several sexual partners), supporting the suggestion that these behaviours were informed by underlying norms supportive of men's sexual entitlement and dominance in sexual decision-making. As is the case in more generalised HIV epidemic settings, the concurrence of gender-based violence perpetration and sexual risk behaviour hold significant implications for sexually transmitted infections and HIV.8 Clear value exists in integrated interventions that address both gender-based violence and sexually transmitted infections and HIV. Moving forward, anal rape perpetration is also crucial to this risk constellation in view of the HIV transmission efficiency of anal intercourse, especially when forced, and emerging evidence of its links with gender-based violence.¹⁰

Also crucial, and consistent with previous research,3 the effects of gender-inequitable attitudes and sexual entitlement on gender-based violence perpetration. Sustained reductions in gender-based violence perpetration need transformation of culturally and socially reinforced norms that promote and maintain gender inequities. These norms, which are expressed by individuals and informed by, maintained, and codified at the social or structural level, effectively create a culture in which male perpetration of genderbased violence is tolerated at best and expected at worst. Such individual attitudes and social norms need to be addressed within an evidence-based approach to reduce gender-based violence.11 In other lowincome and middle-income settings, sexual health interventions targeting gender equity and relationship dynamics led to promising reductions in men's perpetration of, 12 and women's experiences of, intimate partner violence.13 Youth-oriented programmes, such as Coaching Boys Into Men, also address gender norms, with promising results including increased equitable

Published Online September 10, 2013 http://dx.doi.org/10.1016/ S2214-109X(13)70085-8

See Articles pages e187 and e208

Copyright © Decker et al. Open Access article distributed under the terms of CC BY-NC-ND

attitudes¹⁴ and reduced self-reported gender-based violence perpetration.¹⁵ This intervention evidence base both shows the mutability of gender-based violence and the attitudes that enable it, and provides a basis for interventions that can be adapted for other geocultural settings.

Gender transformative policy and cultural reforms are also crucial to change prevailing norms and customs that devalue women and girls. Implementation and enforcement of non-discriminatory policies and practices that require gender equity in inheritance, property rights, education, and civil liberties, and that otherwise reduce women's social and economic reliance on men, are imperative. The 2010 launch of UN Women indicates a building worldwide momentum to ensure that these goals become reality. Without such reforms, successful and sustained modification of the individual, family, and community norms that enable gender-based violence perpetration is unlikely.

With one in three women affected by gender-based violence, support services remain essential and should not be supplanted by prevention of perpetration. Instead, national and international gender-based violence responses should be simultaneously committed to perpetration prevention and accountability, and to survivor support. Moreover, findings of heterogeneity of patterns and predictors of gender-based violence across settings support the need for local tailoring in collaboration with community practitioners and stakeholders.

Without effective reduction of male gender-based violence perpetration, women's health, wellbeing, and safety will continue to suffer worldwide. The findings from this multi-country study^{5,6} provide local, national, and international policymakers with the evidence base and mandate to create meaningful and sustainable reforms. The challenge now is to turn evidence into action, to create a safer future for the next generation of women and girls.

*Michele R Decker, Elizabeth Miller, Samantha Illangasekare, Jay G Silverman Department of Population, Family and Reproductive Health (MRD, SI) and Center for Public Health and Human Rights (MRD), Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA; Division of Adolescent Medicine, Children's Hospital of Pittsburgh of UPMC, University of Pittsburgh, Pittsburgh, PA, USA (EM); and Center on Gender Equity and Health, Division of Global Public Health, University of California San Diego School of Medicine, La Jolla, CA, USA (JGS) mdecker@jhsph.edu

We declare that we have no conflicts of interest.

- 1 WHO. Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization, 2013.
- Stockl H, Devries K, Rotstein A, et al. The global prevalence of intimate partner homicide: a systematic review. *Lancet* 2013; published online June 19. http://dx.doi.org/10.1016/S0140-6736(13)61030-2.
- 3 Jewkes R, Sikweyiya Y, Morrell R, Dunkle K. Gender inequitable masculinity and sexual entitlement in rape perpetration South Africa: findings of a cross-sectional study. PLoS One 2011; 6: e29590.
- 4 Tsai AC, Leiter K, Heisler M, et al. Prevalence and correlates of forced sex perpetration and victimization in Botswana and Swaziland. Am J Public Health 2011; 101: 1068–74.
- Fulu E, Jewkes R, Roselli T, et al. Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. Lancet Global Health 2013; published online Sept 10. http:// dx.doi.org/10.1016/S2214-109X(13)70074-3.
- 6 Jewkes R, Fulu E, Roselli T, et al. Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. Lancet Global Health 2013; published online Sept 10. http://dx.doi.org/ 10.1016/S2214-109X(13)70069-X.
- 7 Jewkes R, Nduna M, Jama Shai N, Dunkle K. Prospective study of rape perpetration by young South African men: incidence & risk factors. PLoS One 2012; 7: e38210.
- 8 Dunkle KL, Jewkes RK, Nduna M, et al. Perpetration of partner violence and HIV risk behaviour among young men in the rural Eastern Cape, South Africa. AIDS 2006; 20: 2107–14.
- 9 Decker MR, Seage GR 3rd, Hemenway D, et al. Intimate partner violence functions as both a risk marker and risk factor for women's HIV infection: findings from Indian husband-wife dyads. J Acquir Immune Defic Syndr 2009; 51: 593-600.
- 10 Madhivanan P, Krupp K, Reingold A. Correlates of intimate partner physical violence among young reproductive age women in Mysore, India. Asia Pac J Public Health 2011; published online Dec 20. DOI:10.1177/1010539511426474.
- 11 WHO. Promoting gender equality to prevent violence against women. Geneva: World Health Organization, 2009.
- 12 Jewkes R, Nduna M, Levin J, et al. Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. BMJ 2008; 337: a506.
- 13 Kim JC, Watts CH, Hargreaves JR, et al. Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. Am J Public Health 2007; 97: 1794–1802.
- 14 Miller E, Das M, Tancredi DJ, et al. Evaluation of a gender-based violence prevention program for student athletes in Mumbai, India. J Interpers Viol (in press).
- Miller E, Tancredi DJ, McCauley HL, et al. One-year follow-up of a coach-delivered dating violence prevention program: a cluster randomized controlled trial. Am J Prev Med 2013; 45: 108–12.

For more on **UN Women** see http://www.unwomen.org/