

# Domestic violence: critical issues on Intimate Partner Violence (IPV) primary prevention strategies

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## SUMMARY

### Background

Domestic violence is one of the most critical issues worldwide, often reported in newspapers and faced with prejudices and clichés. Violence against women in particular continues to be an obstacle to reaching equality, development, peace and the achievement of respect for women human rights. Primary prevention strategies aim to increase awareness and critical capacity of the phenomenon in the general population. They are therefore not only a clinical challenge, but also a social, cultural and political one.

### Objective

The objective of this literature review is to identify primary prevention programs and interventions related to interpersonal violence

### Methods

A literature search was conducted through major databases: MEDLINE/PubMed, PsycINFO/PsycLIT, Excerpta Medica/EMBASE, Scopus, Web of Science (ISI), Cochrane Library. National data were collected from, the ISTAT website, the Ministry of Health and the Interior and the Institute of Health.

### Conclusions

The analysis of primary prevention programs highlighted two elements of criticality: insufficient involvement of the perpetrators of the violent behaviour (men) compared to the involvement of women, and lack of attention to specific risk and protective factors for each level.

**Key words:** domestic violence, interpersonal violence, intimate partner violence, violence against women, primary prevention, prevention strategies

## Introduction

Domestic violence (DV) represents a serious social, cultural and public health problem worldwide<sup>1</sup>. DV includes intimate partner violence (IPV), defined as “physical, sexual, stalking and psychological violence (including coercive tactics) by a current or previous intimate partner”<sup>2</sup>, and also violence within families (children and elderly abuse). The Intimate partner violence (IPV), and in particular violence against women and girls (VAWG), is one of the most widespread, persistent and devastating human rights violations in our world, largely unreported because of the stigma and the shame that surround it. The United Nations World Conference defines violence against women as “... any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”<sup>3</sup>. In 2011, the States members of the Council of Europe signed the Istanbul Convention which established the main objectives of preventing and combating violence against women and domestic violence<sup>4</sup>. This

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Convention recommends the promotion of changes in the socio-cultural behaviour of women and men, the adoption of adequate legislative measures, the implementation of adequate awareness campaigns aimed at the general population, the inclusion of school educational programmes, the strengthening of the education of involved professionals, as well as the establishment of preventive and treatment programs, the involvement of public and private sectors and prevention programs for violence against women should therefore be built according to these general principles and be tailored to the specificities of the territory and population to which they address. Prevention strategies for violent behavior encompass different variables related to the intrinsic characteristics of this complex phenomenon, including its multifactorial and multi-determined nature (e.g. the overlapping of biological, psychological, psychiatric, social, cultural and circumstantial risk and protective factors) <sup>5</sup>. Primary prevention is the leading prevention strategy, which aims to adopt interventions and behaviors in order to avoid or reduce the onset and development of a disease or an unfavorable event. The aim is therefore to prevent a disease from occurring in healthy individuals and to reduce risk factors which could lead to an increased incidence of the disease. Examples of primary prevention strategies are represented by awareness/information campaigns addressed to the general population and promoted by governments. In view of the above, it is possible to affirm that the prevention of IPV is a multifaceted challenge, which must consider a wide range of circumstances not only related to the perpetrators, but also to the characteristics of the victims and the context.

Violence against women is an obstacle to achieving equality, development, peace and the achievement of respect for the women human rights. The consequences of IPV on mental and physical health produce further damage in the medium to long-term, at individual level and also at the community and society level, with significant direct and indirect costs. Primary prevention strategies for IPV are mainly based on prevention through awareness campaigns that aim to increase awareness of the phenomenon in the general population and to raise critical capacity of the general population with respect to the phenomenon of gender-based violence. They are therefore not only a clinical challenge, but also social, cultural and political.

### Epidemiology of IPV

Studies on intimate partner violence (IPV) have revealed mixed findings about its prevalence across gender. Some past studies pointing to a tendency for men to under-report suggesting that this discrepancy may be related to gender differences in reporting styles and culture (e.g. excusing, normalizing as an expression of

love, dependence, self-blaming) <sup>6-9</sup> or lack of existing measures (e.g., the Conflict Tactics Scales; CTS) to assess the context, motives, causes, and consequences of IPV <sup>10</sup>. Results from the WHO multi-country study on women's health and domestic violence <sup>11</sup> confirm the pervasiveness and high prevalence of violence against women by an intimate partner in a wide range of cultural and geographical contexts. The reported lifetime prevalence of physical or sexual partner violence, or both, in women aged 15-49 years, varied from 15 to 71%. In all settings except one, women were more at risk of violence by an intimate partner than from any other perpetrator. Women who suffered physical or sexual partner violence were substantially more likely to have severe constraints placed on their physical and social mobility: they reported significantly more acts of controlling behaviours by their partners than women who had not suffered partner violence. The pattern of violence might be different in settings of high violence and low empowerment of women, compared with more industrialised settings. Three quarters of all violence against women is perpetrated by domestic partners, with poor women disproportionately affected. The authors provide empirical support for a causal relationship between relative work conditions for women and violence. These findings suggest that in addition to more equitable redistribution of resources, policies that serve to narrow the male-female wage gap also reduce violence and the costs associated with it gender wage gap <sup>12</sup>.

### Historical issues

Although special attention has historically been paid to violence against women, violence against men has also been documented. Anthropologists report that men's violence against women is widely documented in history, often linked to jealousy and fear of rejection dynamics, but also aimed at restoring a position of domination within the couple or as a punishment for a failure to perform a household task <sup>13</sup>. Violence is considered an extreme measure of a series of tactics by which men control women's freedom and autonomy. Biologists find a similarity with the phenomenon of the mate-guarding <sup>14</sup>, behavior of control by which the female, which is crucial for the continuation of the species, does not mate with another male). Some cultural practices such as the imposition of the veil, seclusion, segregation, female genital mutilation could be part of the culturally recognized tactics of control, mate guarding <sup>15</sup>. From a legal point of view, violence against women has been legitimized in many cultures for a long time, when aimed at maintaining the balance deviating from the woman-property model <sup>16</sup>. For a long time, adultery was considered a crime only for women; the man has been recognized, by law, the right to "punish his wife" <sup>15,17</sup>; friends and/or family members who protected the woman, trying to

avoid husband's violence, were charged with the crime of "aiding and abetting" <sup>18</sup>. From the seventies onwards, considerable social and cultural changes have outlined a substantial change in the man-woman paradigm: the abrogation of laws that recognized women as "a husband's property, the laws on divorce, the abolition of honor, up to the recognition of the "legal dignity" of the crime of ill-treatment and the victim's right to protection.

### Legal issues

In Italy, the introduction of the so-called "Red code" (*Codice Rosso*) is based on a perspective of higher protection for the victims. In July 2019 was introduced the Law n°69 (dated 07/19/2019), known as the "Codice Rosso", which renews and changes the discipline of domestic and gender-based violence. The purpose of the law is to make the repression of gender-based violence more effective through certain mechanisms such as: the identification of new crimes, the tightening of penalties for already existing crimes, the preparation of a prompt response from the criminal system through some changes of the Code of Criminal Procedure, the modification of investigative times (shortening of times). How much the new legislation has really affected the control of the phenomenon of domestic violence is not easily assessed. Domestic violence is a great "reservoir of crimes" of which femicide is the one with the greatest social visibility and most easily accessible to official statistics. Numerous other behaviors, mistreatment, abuse,

psychological mistreatment, are easily incorporated into an underground that does not always reach official reports (Tab. I).

### Clinical issues

Violence against women is now widely recognised as a serious human rights abuse, and increasingly as an important public health problem with substantial consequences for women's physical, mental, sexual, and reproductive health <sup>11</sup>. Women exposed to IPV have approximately 5 times higher risk of suicide than non-exposed women <sup>19</sup>. About 41% of women victims of IPV and 14% of men experience physical consequences of the violence. The literature highlights further consequences, such as cardiovascular, gastrointestinal, reproductive, musculoskeletal and nervous system diseases, many of which runs a chronic relapsing course <sup>20</sup>. Literature highlights that the association between IPV and mental health is bidirectional, such that IPV increases the risk of mental health conditions, which themselves increase vulnerability to intimate partner violence. Intimate partner violence is associated with development of anxiety, depression, and suicide attempts, which can predict subsequent intimate partner violence <sup>21</sup>. Psychopathological consequences of IPV include mainly depressive disorders, anxiety disorders, eating disorders and post-traumatic stress disorder (PTSD) <sup>1,22</sup>, as well as risky behaviors such as substance abuse, alcohol, smoking and HIV-risk sexual behaviors <sup>23</sup>. Surveys

**TABLE I. LAW 69/2019. THE "RED CODE" (Codice Rosso). Main introduced measures.**

<b>New crimes</b>	<p><i>Art. 387 bis c.p. (Violation of the measures for removal from the family home and the prohibition on approaching the places frequented by the injured person)</i></p> <p><i>Art. 558 bis c.p. (Compulsion or entrapment to marriage)</i></p> <p><i>Art. 612 ter c.p. (Unlawful dissemination of sexually explicit images or videos)</i></p> <p><i>Art. 583 quinquies c.p. (Deformation of the person's appearance by permanent facial injuries)</i></p>
<b>Aggravation of the existing sanctions</b>	<p><i>Art. 572 c.p. crime of domestic abuse</i></p> <p><i>Art. 612 bis c.p. Crime of harassment (Stalking)</i></p> <p><i>Art. 577 c.p. other aggravating circumstance. life imprisonment</i></p> <p><i>Art. 609 bis c.p. Rape. Sexual abuse</i></p> <p><i>Art. 609 quater c.p. Sexual acts with a minor</i></p> <p><i>Art. 609 octies c.p. Group sexual violence</i></p>
<b>Amendments to the code of criminal procedure</b>	<p><i>Art. 90-ter c.p.p. Reports of evasion and release</i></p> <p><i>Art. 282-ter c.p.p. Prohibition of approaching the places frequented by the offended person</i></p> <p><i>Art. 282 quater c.p.p. Reporting obligations</i></p> <p><i>Art. 299 c.p.p. Withdrawal and replacement of measures</i></p> <p><i>Art. 659 c.p.p. Enforcement of decisions of the supervisory court</i></p>
<b>Investigation time</b>	<p><i>The judicial police immediately communicate, also in oral form, the crime report to the Public Prosecutor</i></p> <p><i>The Public Prosecutor obtains information within 3 days from the registration of the crime</i></p> <p><i>The judicial police must, without delay:</i></p> <ul style="list-style-type: none"> <li><i>– carry out the acts delegated by the Public Prosecutor</i></li> <li><i>– make the documentation available to the Public Prosecutor</i></li> </ul>

based on the general population suggest that 52% of women and 17% of men who are victims of sexual assault, physical violence or stalking by an intimate partner develop PTSD. 73% of women and 36% of men report negative feelings such as fear, anxiety and concern for their safety<sup>24</sup>. There are also indirect consequences on the social costs associated with the use of medical and mental health services for damage resulting from IPV, loss of paid work productivity, absence from school, need for childcare and interventions for minors, in addition to legal costs.

## Objective

The objective of this literature review was to identify programs and interventions of primary prevention strategies focused on violence against women, in particular IPV, and to analyze some critical issues.

## Methods

A literature search (both in English and Italian) was carried out through the main databases: MEDLINE/PubMed, PsycINFO/PsycLIT, Excerpta Medica/EMBASE, Scopus, Web of Science (ISI), Cochrane library and also on the different internet portals. For the collection of national data, the ISTAT website, the Ministry of Health and the The Ministry of Interior and the Institute of Health were checked. The results were classified on International, European and National), and on the basis of the type of prevention intervention (primary, secondary and tertiary prevention). This last distinction was based on the classification proposed by the CDC (Center of Disease Control and Prevention) and applied in the DELTA program (The Domestic Violence Prevention Enhancement and Leadership Through Alliances Impact Program) which defines the development of global prevention strategies through a continuum of activities addressing all levels of social ecology.

## Results

Documents relating to the legal context were not included in the analysis as they are not related to prevention implementation programs, but were examined as they provide information on the regulatory framework for guidelines and prevention programs. At the international level, 7 documents published by the United Nations and a WHO document (from 1979 to 2000) were included. With regard to European legislation, 13 documents published by the European Union (from 1998 to 2000) have been included. With regard to the Italian regulatory context, 13 documents were included (from 1996 to 2019) (Tab. II).

After excluding duplicates and intervention programmes that do not provide primary prevention strategies, our search identified the following International documents: 7 documents published by the United Nations, UN Women (United Nation), World Health Organization (WHO), European Commission, Council of Europe, European Institute for Gender Equality. At the national level, 7 programs were selected issued by the Council of Ministers, Department of Equal Opportunities, Ministry of Education, University and Research, Parliamentary Commission of Inquiry into Femicide, Superior Council of the Judiciary, National Research Council State Police (Tab. III).

## Discussion

The World Health Organization proposes primary prevention programs through documents addressed to the general population that define the different types of violence, describe the effects of IPV on victims and provide education programs for health professionals for victim recognition<sup>19</sup>. In another document, the WHO addresses policy makers, programmers and public health funding bodies and related sectors, with the aim of providing them with recommendations for developing evidence-based programs for the prevention of violence against women. The Council of Europe also provides indications on primary prevention, favouring and promoting strategies for gender equality, in five priority areas including to prevent and combat gender stereotypes and sexism, violence against women and domestic violence, to ensure equal access of women to justice and a balanced participation of men and women in the political life and in public decision-making. The European Commission aims to raise awareness of gender-based violence, through co-financing campaigns conducted by national governments and supports transnational projects managed by non-governmental organizations<sup>25</sup>. In another document (Strategic engagement for gender equality 2016-2019) it indicates the strategies for equality between women and men, giving priority to five key areas of intervention comprising equal economic independence for women and men, equal pay for work, equality in decision making. The European Institute for Gender Equality (EIGE) has developed a way to measure the phenomenon of violence against women<sup>26</sup> as part of its gender equality index. The new measurement framework sheds light on the spectrum of violence against women ranging from harassment to death (femicide). It makes it possible to measure forms of violence, such as human trafficking, intimate partner violence, sexual assaults and rape. This tool can help Member States that have ratified the Istanbul Convention in their obligations to monitor and communicate the phenomenon of IPV. At the national level, the Presidency of the Council of

TABLE II. Regulatory framework.

<b>International</b>	<p>1979, UN. <i>Convention on the Elimination of All Forms of Discrimination against Women</i> New York</p> <p>1993, UN. <i>Declaration on the elimination of violence against women</i></p> <p>1995, UN. <i>Platform for action approved by the Fourth World Conference on Women (Critical Area D – Violence against Women)</i></p> <p>1996, WHO. <i>Resolution of the World Health Assembly “Prevention of violence: a public health priority”</i></p> <p>1998, UN. <i>Resolution of the General Assembly “Crime prevention and criminal justice measures to eliminate violence against women” and “The model strategies and practical measures on the elimination of violence against women”, annexed to the Resolution</i></p> <p>1999, UN. <i>Summary of the Optional Protocol (signed by 72 countries on 31/7/2001) concerning the “Convention for the Elimination of All Forms of Discrimination against Women”</i></p> <p>2000, UN. <i>Resolution of the Special Session of the General Assembly “Women 2000: gender equality, development and peace for the 21st century” (Introduction and critical area D – violence against women)</i></p>
<b>European</b>	<p>1986, EU, <i>Resolution on violence against women</i></p> <p>1991. <i>Recommendation 92/131/EEC of the Commission of 27 November 1991 and Council Declaration of 19 December 1991 on the implementation of the Commission Recommendation on the protection of the dignity of women and men at work, including the Code of Conduct on measures to be taken to combat sexual harassment</i></p> <p>1997. <i>Directive 97/80/EC of the Council of 15 December 1997, concerning the burden of proof in cases of discrimination based on gender</i></p> <p>1997, EU. <i>Group of experts appointed by the Steering Committee for Equality between Women and Men (CDEG) of the Council of Europe: Summary of the “Action Plan to Combat Violence Against Women”</i></p> <p>1997, EU. <i>Resolution on the “Need to organize a campaign at European Union level for total intransigence against violence against women”</i></p> <p>1999, EU. <i>Resolution on violence against women and the “Daphne program”</i></p> <p>2000. <i>Directive 2000/43 / EC of Council of 29 June 2000, which implements the principle of equal treatment between people regardless of race and ethnic origin</i></p> <p>2000, UE. <i>Decision N. 293/2000/CE on a “Community action program on preventive measures intended to combat violence against children, young people and women” (2000-2003)</i></p> <p>2002. <i>European Council. Recommendation (2002) of the Committee of Ministers to member states on the protection of women from violence</i></p> <p>2011. <i>Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence</i></p> <p><i>European Parliament resolution on the 57th session of the United Nations Commission on the Status of Women (CSW): prevention and elimination of all forms of violence against women and girls (2012/2922(RSP))</i></p> <p>2014. <i>European Parliament resolution of 25 February 2014 with recommendations to the Commission on combating violence against women</i></p>
<b>National</b>	<p>1996. <i>Law 15 February 1996, n. 66 “Regulations against sexual violence” (cp artt.609bis-octies)</i></p> <p>1997. <i>President of the Council Directive “Actions to promote the attribution of powers and responsibilities to women, to recognize and guarantee freedom of choice and social quality to women and men”, Official Gazette May 21, 1997</i></p> <p>1998. <i>Law 3 August 1998, n. 269 “Rules against the exploitation of prostitution, pornography, sex tourism to the detriment of minors as new forms of enslavement”</i></p> <p>2001. <i>Law 5 April 2001, n. 154 “Measures against violence in family relationships”</i></p> <p>2006. <i>Law 9 January 2006, n. 7, “Provisions concerning the prevention and prohibition of female genital mutilation practices”, of the Presidential Decree May 30, 2002, n. 115 “Consolidated law on legal expenses”</i></p> <p>2009. <i>L. 23 April 2009, n. 38, Urgent measures regarding public safety and the fight against sexual violence.</i></p> <p>2013. <i>Law 27 June 2013, n. 77, Ratification and execution of the Council of Europe Convention on preventing and combating violence against women and domestic violence, done in Istanbul on 11 May 2011</i></p> <p>2013. <i>The so-called law on femicide (d.l. 14 August 2013, n.93, converted into Law 15 October 2013, n.119, on the fight against gender-based violence)</i></p> <p>2015. <i>Art. 24 of Legislative Decree 15 June 2015, n. 80 “Leave for women victims of gender-based violence”</i></p> <p><i>Law 19 July 2019, n. 69, “Amendments to the Criminal Code, the Criminal Procedure Code and other provisions regarding the protection of victims of domestic and gender-based violence”</i></p>

UN: United Nations; WHO: World Health Organization; EU: European Union; EEC: Economic European Community

**TABLE III. Primary prevention interventions and programmes.**

International	
<b>UNDOC-UN Women</b>	<i>Blue Heart Campaign</i> : raising awareness about the problem of human trafficking and inspiring decision makers to make the change happen
<b>WHO, 2010.</b>	<i>Preventing intimate partner and sexual violence against women. Taking action and generating evidence</i>
<b>WHO, 2013</b>	<i>Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines, 2013. Definition of forms of violence, sequelae and effects on the health (both organic and mental) of victims of violence</i>
<b>European Commission, 2015</b>	<i>Strategic engagement for gender equality ,2016-2019</i>
<b>European Institute for Gender Equality (EIGE), 2017</b>	<i>Gender Equality Index: we cannot be silent about violence</i>
<b>Council of Europe, 2018. Gender Equality Strategy, 2018-2023</b>	<i>Gender equality strategy</i>
<b>European Commission, 2018</b>	<i>Ending gender-based violence. Actions combating gender-based violence, research and campaigns, statistics on gender-based violence</i>
National	
<b>Presidency of the Council of Ministers, 2015</b>	<i>Extraordinary Action Plan Against Sexual and Gender Violence (pursuant to article 5, paragraph 1, of the decree-law of 14 August 2013, n.93, converted, with amendments, into the law of 15 October 2013, no.119)</i>
<b>Department for equal opportunities, Presidency of the Council of Ministers, 2017</b>	<i>Communication and awareness campaigns</i>
<b>Department of equal opportunities in agreement with the Presidency of the Council of Ministers, 2017</b>	<i>Inter-institutional agreements, for the implementation of educational initiatives in the school environment for the implementation of the “Extraordinary action plan against sexual and gender- based violence”</i>
<b>Presidency of the Council of Ministers and State Regions Conference and of the Unified Conference, 2017</b>	<i>National Strategic Plan on Male Violence Against Women, 2017-2020</i>
<b>Parliamentary commission of inquiry into femicide, 2018</b>	<i>Investigations on the dimensions and causes of femicide, understood as the killing of a woman, based on gender and, more generally, of all types of gender-based violence</i>
<b>State Police, 2018</b>	<i>Information and awareness-raising initiatives to combat gender-based violence in the bud</i>
<b>The Institute for Research on Population and Social Policy - National Research Council (IRPPS – CNR), 2019</b>	<i>Treatment Programs for Violence Offenders</i>

Ministers, in the Extraordinary Action Plan Against Sexual and Gender Violence (Article 5, paragraph 1, of Legislative Decree no. 93 of 14 August 2013, converted into Law 119 of 15/10/2013) emphasizes the levels of intervention, including primary prevention through the promotion of a change concerning attitudes, gender roles and stereotypes that make male violence against women acceptable. The Presidency of the Council of Ministers, in agreement with the Department for Equal Opportunities, also promotes communication and awareness campaigns aimed at public opinion to increase their

awareness of the phenomenon of male violence against women, in order to promote correct culture of the man-woman relationship at all ages. The Department for Equal Opportunities in agreement with the Presidency of the Council of Ministers, implements primary prevention programs whose objectives concern: 1. the realization of educational initiatives in the school environment, including education for equality and respect for differences; 2. collaboration with the Ministry of Education, University and Research to combat gender stereotypes; 3. the agreement with the Institute of Advertising Self-

discipline (IAP) which establishes the rules that advertising and commercial communications must respect. In Italy, the State Police has also promoted information and awareness-raising initiatives to combat gender-based violence in its infancy, expressed in education programs in schools and training courses for social workers and health structures to improve the first reception. The Parliamentary Commission of inquiry on femicide, as well as on all forms of gender-based violence (March 5, 2018) reserves a space for the promotion of cultural change as a prevention of gender-based violence, without however providing any guidelines. Greater space for primary prevention is offered in the National Strategic Plan on male violence against women, 2017-2020 of the Presidency of the Council of Ministers and State Regions Conference and of the Unified Conference (December 2017), where a line of intervention is envisaged through educational plans and communication, as well as training for operators in public and private sectors. The only program that explicitly focuses on primary prevention carried out on perpetrators was published by the Institute for Research on Population and Social Policies – National Research Council (IRPPS – CNR), based on the agreement with the Department for equal opportunities for the Presidency of the Council of Ministers. The “Treatment Programs for Violence Offenders” reserve specific resources for the support of prevention programs for violent men to encourage the adoption of non-violent behaviour in interpersonal relationships. The aim is to increase the levels of empathy, responsibility and motivation for a change in the perpetrator.

The first observation resulting from this analysis is that, the majority of primary prevention programs, both internationally and nationally, mostly target victims, i.e. women or children, not including the perpetrators (in this specific case men). This appears to be a significant limitation in the methodology of primary prevention mechanisms. In fact, according to the Istanbul Convention, among the general obligations of prevention are the following: “*The Parties adopt the necessary measures to promote changes in the socio-cultural behavior of women and men, in order to eliminate prejudices, customs, traditions and any other practice based on the idea of the inferiority of women or on stereotyped models of the roles of women and men*” (Art. 12, point 1) and “*The Parties shall take the necessary measures to encourage all members of society, and in especially men and boys, to actively contribute to the prevention of all forms of violence (...)*”(Art. 12, point 4). Primary prevention interventions focused on the offender should therefore provide with an adequate awareness of the male gender on the types of violence (e.g. emotional, psychological, economic), and for direct and rapid access also for men to adequate information on how re-

ceiving support (e.g. listening centres, self-help groups, psychology services). They further must provide men with information on legislative measures, both punitive and for rehabilitation. It would also be appropriate to promote campaigns focused on male attitudes towards prejudices, customs, role stereotypes and traditions that encourage gender-based violence. Such campaigns should include the active contribution of men and the promotion of non-violent solutions for the management of interpersonal conflicts.

A second observation is that included prevention programmes do not put enough emphasis on risk and protection factors on which primary prevention could act. The strategies and approaches included in the recommendations of the DELTA program<sup>27</sup> seem to approach the resolution, at least partially, of this problem. They represent different levels of social ecology, with efforts aimed at changing individual behaviors, relationships, families, schools and communities that influence risk and protective factors for IPV. Although there is less evidence of what works to prevent IPV than in other areas of violence, such as youth violence or child maltreatment, a growing research base shows that the interconnections between different forms of violence suggest multiple opportunities for prevention<sup>28-32</sup>. A comprehensive approach that simultaneously targets multiple risk and protective factors is key to having a broad and lasting impact on interpersonal violence.

In view of the above, our suggestion is that an adequate primary prevention program should focus on reducing some risk factors attributable to the general population and which, according to the current scientific literature, could predispose to IPV. These include individual risk factors, such as attitudes and beliefs that support IPV, isolation, a family history of violence, relational risk factors<sup>33</sup>. There are also community risk factors, the contexts in which social relationships are incorporated; and finally risk factors related to society, macro-factors, such as gender inequality, systems of religious or cultural beliefs, social norms and economic or social policies. In addition to risk factors, some protective factors associated with a lower likelihood of perpetration of violence or victimization have been identified. These include a high level of empathy, good academic performance, high IQ, a positive relationship with one’s mother, and attachment to school<sup>34</sup>. Less is known about protective factors at community and social levels, but research is emerging indicating that environmental factors such as lower alcohol access density<sup>35</sup> and community norms that are intolerant of violence<sup>36</sup> can be protective. Although more research is needed, there is evidence to suggest that greater economic opportunity and housing security may be protective<sup>37-39</sup>. Understanding these factors, at different levels, can help to identify adequate

prevention opportunities, also through the enhancement of protective factors in programs and awareness campaigns targeted on specific issues and aimed at the general population.

## Conclusions

We analysed several programs for the prevention of IPV and highlighted two critical issues at the level of primary prevention. Insufficient involvement of the perpetrators of violent behavior (men) compared to the involvement of women in education/information/awareness cam-

paigns, and insufficient attention to risk and protective factors specific to each different level. In fact, it is essential that there can be an integration in the specificity of the stakeholders, who must include both the victims and the perpetrators, but also the socio-economic cultural context within which the violence occurs. IPV is a public health priority and health policy response must be structural and not emergency-type. It is necessary to promote systematic interventions aimed at the education of the general population in order to recognize the signs of violence in its infancy.

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