Appendix 2 - Primary prevention theory of change



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Public Health Scotland

ZERO TOLERANCE
CAMPAIGNING FOR 30 YEARS

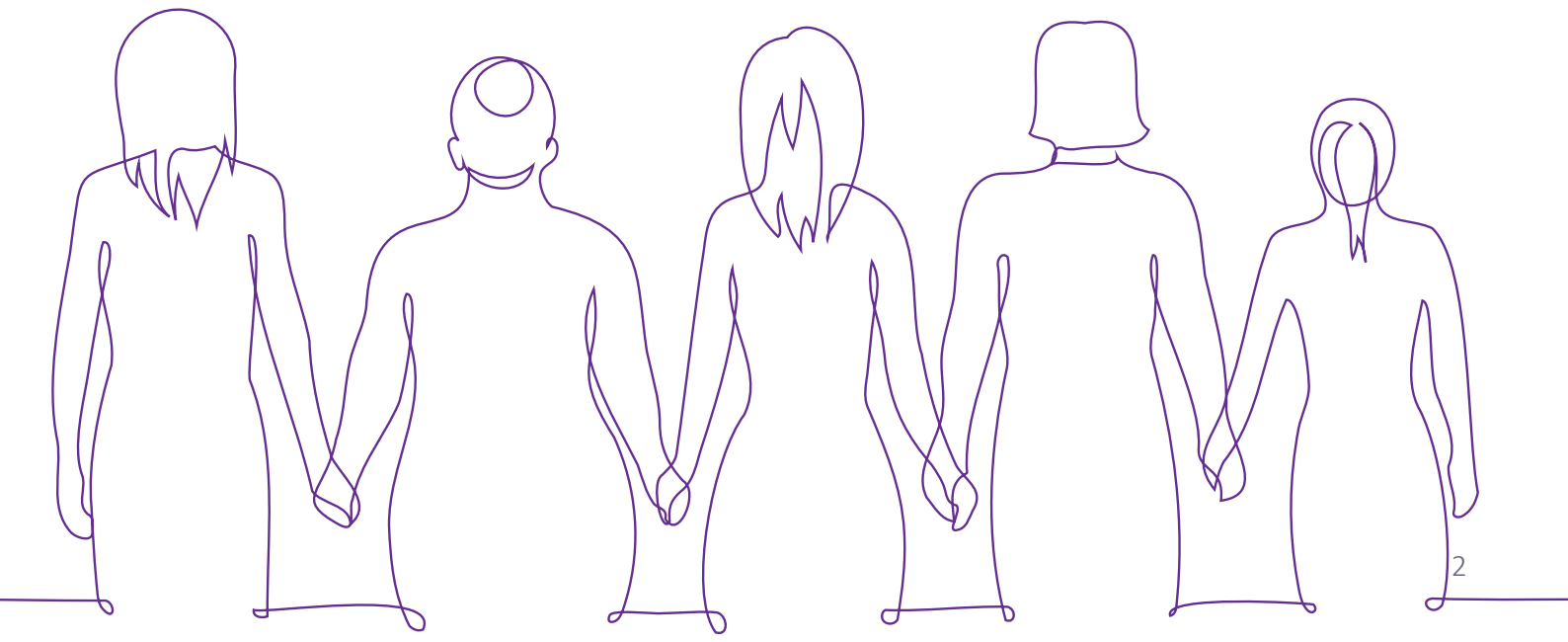
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Problem statement

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Violence against women and girls (VAWG) is a major public health and human rights issue that causes serious and lasting harm to women and children, as well as to Scotland's population as a whole. VAWG is rooted in gender inequality, as both a cause and a consequence.

A public health approach to prevention must understand the scale, nature and causes of VAWG, and learn from evidence about what works to prevent it. This means taking action early and addressing the social norms, attitudes and structures that sustain gender inequality and increase the risk of VAWG. By tackling these root causes, primary prevention can contribute to a Scotland where women and girls live free from violence, abuse and exploitation- and the attitudes that help perpetuate it.



Overall Theory of Change



The Theory of Change Diagram

The Theory of Change diagram shows the connection between activities, outputs and outcomes. Specifically, in line with the public health approach, it outlines the key activities and interventions that the evidence-base suggests are most likely to prevent VAWG, the outputs that will be produced as a result of delivering these activities and interventions and the outcomes that this work will support in the short, medium and long term that contribute to the ultimate aim of preventing VAWG by tacking its root cause - gender inequality.

1. Activities/Intervention

- Provide a shared framework and principles for primary prevention of violence against women and girls.
- Support the design, implementation and evaluation of primary prevention programmes through a public-health approach that identifies and addresses risk and protective factors and their underlying causes.
- Support cross-sector and local partnership working on primary prevention activities.
- Strengthen data, evidence and learning that address gaps in knowledge and representation on primary prevention work.

2. Outputs

- Shared principles and practical guidance for primary prevention of VAWG are developed and implemented.
- Practitioners and policymakers have access to tools and evidence and to deliver primary prevention programming.
- Primary prevention programmes are developed using a public-health and intersectional approach across services and settings.
- Monitoring, evaluation and learning systems are strengthened, including representation of diverse and marginalised communities.
- Learning from primary prevention programming is used to inform policy and practise.

3. Short-Term Outcomes

- Practitioners and policymakers have a shared understanding of a public-health approach to the primary prevention of VAWG.
- Practitioners and policymakers have increased knowledge and capacity to deliver targeted and adaptable primary prevention programming through a public health approach.
- Primary prevention work is increasingly coordinated across sectors and settings through effective partnerships.
- Partners are equipped to use evidence, evaluation and learning to strengthen and adapt their practice.
- Women and girls have meaningful opportunities to influence the development of primary prevention.
- Women and girls lived experiences increasingly inform primary prevention policy and practise.



4. Medium-Term Outcomes

- Provide a shared framework and principles for primary prevention of violence against women and girls.
- Support the design, implementation and evaluation of primary prevention programmes through a public-health approach that identifies and addresses risk and protective factors and their underlying causes.
- Support cross-sector and local partnership working on primary prevention activities.
- Strengthen data, evidence and learning that address gaps in knowledge and representation on primary prevention work.



5. Long-term Outcomes

- Preventing VAWG is an embedded and sustained priority of government and public services, demonstrated by effective policies, investment and accountability frameworks.
- Gender equality is embedded across policy, planning and resource allocation across Scotland.
- Structural and institutional inequalities that contribute to VAWG are reduced.
- Women and girls have more meaningful participation and influence in political decision-making at local and national levels.
- Women and girls have more equal access to economic resources and opportunities.

Drivers of change:

- Strong national and local commitment across sectors and departments
- Skilled and resourced partners.
- Cross-sector partnership.
- Long-term, sustainable investment in primary prevention.
- Intersectional, feminist and evidence-informed approaches.
- Monitoring, evaluation and learning mechanisms.
- Meaningful participation of diverse communities and groups, including women and girls with lived experience.
- Shared understanding of violence prevention.

Barriers to implementation:

- **Structural inequalities** - these will contribute to the conditions that increase and sustain VAWG, including unequal political, social and economic access.
- **Limited capacity and funding** - short-term or insufficient funding and competition priorities will limit the effectiveness of primary prevention approaches.
- **Inconsistent political commitments** - changes in political priorities or wider geopolitical events can affect long-term primary prevention. Primary prevention must be embedded institutionally with long-term commitments across political cycles and at both the national and local level.
- **Gaps in services** - unequal access to mainstream and specialist services will limit opportunities to prevent violence and respond to the unique and intersecting needs of women and girls.
- **Failure to embed primary prevention across departments** - a joined-up approach is essential to coordinate across the varying sectors that collectively prevent VAWG.
- **Resistance to gender equality work** - public bodies must be confident and prepared to respond to resistance.
- **Data collection and analysis capacity is limited or inconsistent** - this will make it hard to build an evidence base and understand what works for primary prevention in practise.
- **Understanding of primary prevention** - Stakeholders may interpret primary prevention as earlier intervention, rather than working to prevent violence before it occurs and address its root causes.

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