



Letter

Tackling gender-based violence also requires focus on the perpetrators

Katrina Nash^a, Joht Singh Chandan^{b,*}^a College of Medical and Dental Sciences, University of Birmingham, B15 2TT, United Kingdom^b Institute of Applied Health Research, University of Birmingham, B15 2TT, United Kingdom

ARTICLE INFO

Article History:

Received 21 April 2021

Revised 26 April 2021

Accepted 30 April 2021

The recent piece by Mamun and colleagues highlighting gender-based violence (GBV), specifically sexual violence, in Bangladesh is particularly timely due to rising rates of GBV globally secondary to the pandemic [1,2]. Recommendations highlighted by Mamun and colleagues rightly include methods to improve the detection of GBV in victims/survivors as well as reduce its secondary negative consequences [3]. However, we wish to also highlight that a strong public health approach to managing GBV (consisting of 1) improving surveillance, 2) understanding risk/protective factors, 3) adopting and evaluating interventions and 4) implementing tangible policy actions), [2] must also focus on population based primary/secondary preventative approaches targeted towards both perpetrators and victims.

The current state of data accuracy on victims/survivors in administrative records indicate substantial under-recording when compared to national surveys; unfortunately, perpetrator data recording is even more scarce [3,4]. Improving capture of this information would provide more intervention opportunities for our public sector services, in addition to implementation of targeted preventative reform measures. Therefore, improving surveillance of perpetrators should occur alongside evidence-based interventions targeted at

children and young people who may go onto to become perpetrators. Although contemporary evidence summaries demonstrate a scarcity of effective interventions in this area, evidence does exist supporting the development of life skills, improving knowledge of abuse, challenging social norms in young people as well as modifying unsafe education environments [5]. We advocate that policy actions taken should consider preventing perpetration as well as risk of victimisation, in addition to the need for further data reporting and evaluative research in this area.

Declaration of Competing Interest

None.

References

- [1] al Mamun F, Hosen I, Mamun MA. Sexual violence and rapes' increment during the COVID-19 pandemic in Bangladesh. *EClinicalMedicine* 2021;34. doi: [10.1016/j.eclinm.2021.100817](https://doi.org/10.1016/j.eclinm.2021.100817).
- [2] Chandan JS, Taylor J, Bradbury-Jones C, Nirantharakumar K, Kane E, Bandyopadhyay S. COVID-19: a public health approach to manage domestic violence is needed. *Lancet Public Heal* 2020;5:e309.
- [3] Chandan JS. Improving global surveillance of gender-based violence. *Lancet* 2020;396:1562.
- [4] Chandan JS, Gokhale KM, Bradbury-Jones C, Nirantharakumar K, Bandyopadhyay S, Taylor J. Exploration of trends in the incidence and prevalence of childhood maltreatment and domestic abuse recording in UK primary care: a retrospective cohort study using 'the health improvement network' database. *BMJ Open* 2020;10:36949.
- [5] R. Miller What works to prevent violence against women and girls: a summary of the evidence. 2020.

DOI of original article: <http://dx.doi.org/10.1016/j.eclinm.2021.100817>.

* Corresponding author.

E-mail address: joht.chandan@nhs.net (J.S. Chandan).<https://doi.org/10.1016/j.eclinm.2021.100912>2589-5370/© 2021 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)