

VIOLENCE AGAINST WOMEN IS PREVENTABLE

“Rigorous evidence exists to show that violence against women is preventable. Several different types of prevention programmes have contributed to significant reductions in levels of VAW within a few years.”

Over the last two decades, a range of strategies to prevent violence against women (VAW) have been developed and tested. While there is no one programme that has ended VAW completely, various interventions have proven effective in reducing violence - measured both by women’s decreased experience of VAW and men’s decreased perpetration of VAW.

There are a number of different ways to categorise VAW prevention programmes depending on the types of violence they address, who they target and how they work. In this brief, we group programmes into several categories of interventions currently used in the VAW prevention field, with our main focus on programmes that seek to prevent intimate partner violence (IPV), the intersections of violence against women and children (VAW-VAC) in the home and non-partner sexual violence (NPSV).

Many of these programmes combine interventions to address underlying gender inequalities as the core driver of violence as well as risk factors and triggers across the socio-ecological model (see brief 2). The figure below summarises the main programming approaches which have shown promise in terms of reducing VAW and indicates at which levels of the socio-ecological model they seek to influence change.

ABOUT THIS BRIEF

This brief aims to inform practitioners about programming approaches which have been shown to be effective in preventing VAW in different regions globally.

It is the third of a series of briefs designed to support practitioners to develop prevention programmes and initiatives to prevent violence against women (VAW) using a feminist-inspired approach.

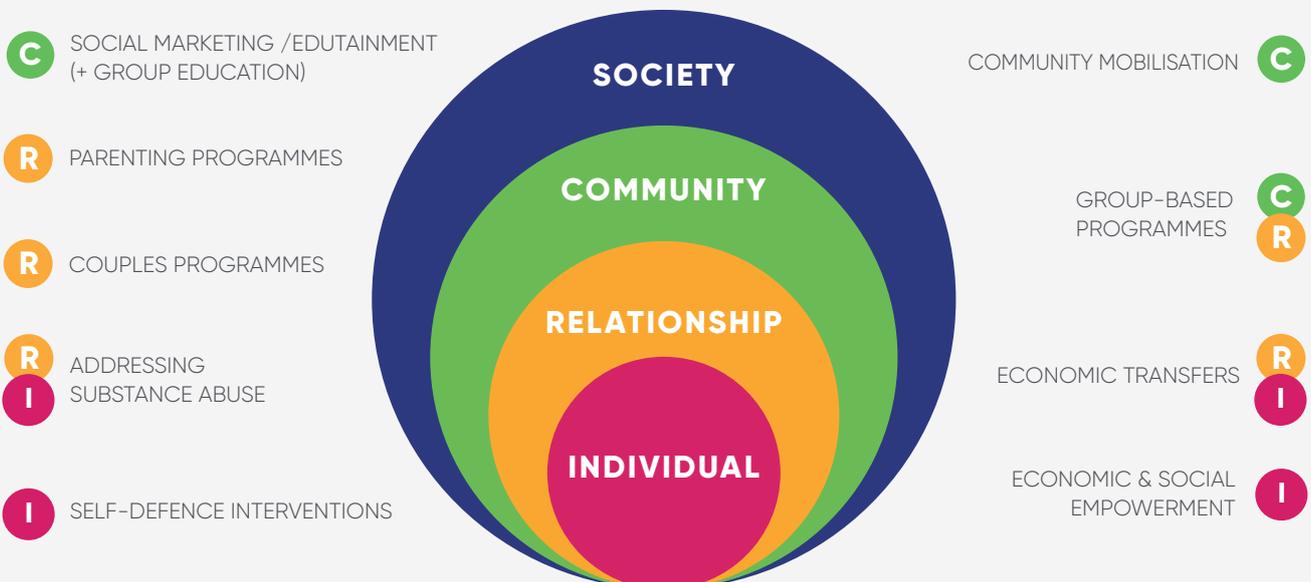
BRIEF 1: What is prevention?

BRIEF 2: Understanding the causes of VAW

BRIEF 3: Roadmap of VAW prevention programmes

BRIEF 4: Designing a prevention programme

ROADMAP OF VAW PREVENTION PROGRAMMING ACROSS THE SOCIO-ECOLOGICAL MODEL



ECONOMIC AND SOCIAL EMPOWERMENT

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These programmes combine economic interventions (e.g. microfinance, Village Savings and Loans Associations (VSLAs), vocational training) with group-based social empowerment interventions (e.g. gender transformative workshops). They are most commonly targeted at women or adolescent girls, but many programmes also target men and boys as intimate partners or peers. These programmes are focused on reducing intimate partner violence (IPV) between co-habiting couples and dating violence.

OVERVIEW

- The economic empowerment components are designed to: (i) reduce household poverty and stress in relationships and; (ii) promote women's economic independence and bargaining power (e.g. so they can leave abusive relationships, reduce transactional sex).
- The social empowerment components are designed to support women (and men) to reflect critically on gender norms and violence, improve communication in relationships and transform inequitable power dynamics.

EVIDENCE AND LEARNINGⁱⁱ

- A number of individual studies and evidence reviews conclude that these programmes are promising or effective in reducing women's experiences of IPV as well as some of the risk factors for IPV.
- Interventions seem to be most effective when underpinned by theories of gender and power.
- The most effective programmes comprised at least 12 months of interventions and at least 10 social empowerment sessions.
- Programmes that engage men and boys in the gender transformative interventions can support IPV reduction and prevent backlash against women and girls.

CASE STUDY: IMAGE SOUTH AFRICA

- The intervention was designed to address the interaction between microfinance, gender inequalities and HIV risk.
- Microfinance: delivered in partnership with the Small Enterprise Foundation, which administers loans exclusively to the poorest women in rural villages to develop income-generating activities.
- A 10-session participatory gender and HIV training curriculum 'Sisters for Life' was delivered alongside microfinance services.
- After 2 years, there was a 55% reduction in physical IPV among participating women (Pronyk et al., 2006).
- Link: <http://www.image-sa.co.za/>

ECONOMIC TRANSFERS

RI

These programmes involve giving cash, food transfers or food vouchers to poor households. They are often delivered as part of large-scale social protection programmes implemented by governments. They are also used as short-term interventions in situations of humanitarian crisis. While not designed specifically to address violence, some programmes have been shown to reduce violence in the home, especially intimate partner violence (IPV).

OVERVIEW

- Households may qualify for "conditional" cash transfers which require them to comply with certain programme demands to receive the benefit (e.g. they take their children for vaccinations). Or they may receive "unconditional" transfers that do not impose additional requirements to receive the benefit.
- Hybrid models have soft conditions or incentives
- 'Cash Plus' interventions include complementary activities (e.g. to build social capital, knowledge, skills or self-efficacy).
- Impacts are primarily achieved through three pathways: a) increased economic security and emotional wellbeing; b) reduced intra-household conflict; and c) increases in women's empowerment.

EVIDENCE AND LEARNINGⁱⁱⁱ

- Multiple rigorous studies show that cash transfers to poor households can reduce IPV (in addition to positive impacts on food security and poverty reduction).
- Reductions are strongest for physical and/or sexual IPV. The evidence is less clear for emotional IPV and controlling behaviours.
- Even small reductions in IPV may be meaningful, given the widespread coverage, scalability and cost-effectiveness of cash transfers.
- Programme design issues are important - for example, whether to provide cash directly to women, whether messaging around the transfer directly challenges gender norms, and whether the programme includes complementary activities (e.g. cash plus).

CASE STUDY: WFP CASH TRANSFER PROGRAMME, ECUADOR

- The transfer programme was designed to support the integration of Colombian refugees living in Ecuador.
- It provided one transfer of cash, food or food vouchers per month (value approximately \$40 USD) for 6 months. This was worth about 11% of household consumption costs.
- The transfer was conditional on households attending monthly nutrition training sessions.
- After the 6 months, in households receiving the intervention, there was a 30% reduction in physical and/or sexual IPV (Hidrobo et al., 2016).

COUPLES PROGRAMMES**R**

These programmes work with both members of co-habiting intimate partners to promote healthy relationships and reduce intimate partner violence (IPV). Some also integrate a focus on reducing alcohol abuse and improving mental health. They are based on a curriculum of workshops focused on critical reflection about gender roles and norms and building knowledge and skills for healthy, non-violent relationships.

OVERVIEW

- Couples programmes recognise that women's risk of IPV is higher when power relations are inequitable and violence is used by men to assert their dominance, there is high relationship conflict and poor communication.
- They usually follow an intensive curriculum of 10-20 participatory sessions delivered by trained facilitators.
- They are either delivered to men and women together or to single-sex groups or a mix of both.
- Curricula often include experiential learning techniques to foster critical reflection on gender roles and norms; deepen understanding of causes and triggers of conflict and IPV; and build communication and relationship skills.

EVIDENCE AND LEARNING

- A number of studies show that participatory curriculum-based (heterosexual) couples programmes can be effective in transforming gender relations and reducing experience and perpetration of IPV.
- Programmes need to be well-designed and implemented, include at least 10 sessions and focus on skills-building as well as knowledge and critical reflection.
- The skills of the facilitators are critical to success; therefore training and mentoring should be a priority.
- Couples programming seems to be especially effective when combined with economic empowerment.

CASE STUDY: INDASHYIKIRWA, RWANDA

- Heterosexual couples were voluntarily recruited from Village Savings and Loans Associations (VSLA) and enrolled in a 21-session (3 hours each) curriculum over 5 months.
- In each group, a male and a female facilitator worked together to deliver the curriculum to 15 couples.
- The curriculum used a framework focused on exploring positive and negative uses of power, gender relations and skills building. It included sessions on addressing key triggers of IPV including alcohol abuse, jealousy and disagreements over money. Some couples were also trained to be community activists and engage other community members in dialogue and activities around power, gender and VAW.
- Among participating couples, there was a 55% reduction in the odds of women reporting experience of physical and/or sexual IPV and a 47% reduction in the odds of men reporting perpetration of physical and/or sexual IPV (Dunkle et al., 2019).

PARENTING PROGRAMMES**R**

Parenting programmes work with parents to create healthy family relationships, non-violent forms of conflict resolution, positive parenting approaches and healthy and safe home environments. Traditionally focused on reducing child maltreatment and violence against children (VAC), there have recently been efforts to integrate a focus on transforming gender relations and preventing IPV within these programmes.

OVERVIEW

- These programmes recognise that: (i) men who are violent towards their intimate partners are more likely to be violent against their children; (ii) women who experience IPV are more likely to use harsh parenting and violent discipline against their children; (iii) children who witness or experience violence in childhood are more likely to experience (girls) or perpetrate (boys) violence later in life.
- Most programmes are curriculum-based with 10-15 participatory sessions to critically reflect on gender norms and violence and build relationship and parenting skills.

EVIDENCE AND LEARNING

- Some studies show that parenting programmes that integrate specific content on gender relations can be effective in reducing both VAC and IPV – as well as improving other parenting and health outcomes.
- Successful programmes promote critical reflection on gender inequality, gender socialisation, power imbalances and family wellbeing.
- It is important to build parents' skills to manage a child's behaviour through positive reinforcement and to foster positive communication in the family.
- Flexible approaches may be needed to reach fathers in times and places that work with their schedules.

CASE STUDY: BANDEBEREHO, RWANDA

- The Bandebereho ('role model' in Kinyarwanda) programme was adapted from Program P (<https://promundoglobal.org/programs/program-p/>). It aimed to promote positive fatherhood and gender equality amongst expectant and current fathers (of children under 5 years) and their partners, in order to shift gender-power imbalances and reduce IPV.
- It comprised a 15-session curriculum of small group participatory workshops (all with men, eight with their female partners) covering gender and power, fatherhood, couples communication, joint decision making, IPV, caregiving, and male engagement in maternal, newborn and child health.
- Among participating parents, there were lower levels of physical and sexual IPV reported by women as well as lower levels of child physical punishment and other increases in gender equality e.g. related to decision-making (Doyle et al., 2018).

GROUP-BASED PROGRAMMES

Group-based interventions are frequently a component of the other programmes described here (e.g. social and economic empowerment), but some programmes specifically combine group-based workshops with men and women, or adolescent boys and girls. These are often termed ‘gender synchronised’ approaches and may combine single and mixed sex sessions. They have been implemented in the community as well as in schools and workplaces.

OVERVIEW

- These participatory workshops engage participants in critical reflection around gender roles and behaviour and support skills development in order to increase gender equity in relationships and reduce VAW.
- They have mostly focused on reducing IPV, but also dating violence and sexual harassment in public spaces and the workplace.

EVIDENCE AND LEARNING

- Several studies conclude that there is good evidence that well-designed ‘gender synchronised’ group-based approaches can reduce IPV and risk factors for IPV.
- There is limited evidence about impacts on other forms of VAW, such as non-partner sexual violence (NPSV).
- In terms of interventions that work exclusively with men and boys, the evidence is conflicting.
- Interventions that work solely with men and boys often lack accountability to women and exclude women and girls who are the main survivors of IPV.

CASE STUDY: STEPPING STONES

- Stepping Stones is a gender-transformative, small group and community-based initiative designed to respond to multiple sexual and reproductive health challenges and reduce both HIV and IPV.
- It takes small groups (single sex, organised by age) through 18 facilitated participatory learning sessions (3 hours each). Sessions focus on group cooperation, HIV and safer sex, understanding behaviour and behaviour change and forward planning.
- There are also bigger workshop meetings, which provide opportunities for peer-to-peer learning, and community meetings.
- Stepping Stones has been adapted and implemented in multiple countries around the world.
- Most evaluations find evidence of positive impacts including on some measures of IPV and risk factors for HIV transmission and IPV – although these results are not always statistically significant or sustained.
- Link: <https://steppingstonesfeedback.org>

COMMUNITY MOBILISATION

Community-based mobilisation or activism programmes use multiple interventions at community level to shift harmful attitudes, behaviours and norms that underpin gender inequality and violence against women. They aim to achieve sustained reduction in VAW at a population level (rather than just direct beneficiaries).

OVERVIEW

- These programmes usually work through carefully selected, trained and mentored community activists.
- These (volunteer) activists work in teams and use a range of materials to engage in structured discussions and activities with men and women in the community around power, gender and VAW.
- The activists often work with local community leaders (religious, traditional, elected, etc.) and state actors to influence their work, refer and improve response services for survivors.

EVIDENCE AND LEARNING

- There is good evidence from a range of studies that show how well-designed and implemented community mobilisation interventions can reduce VAW.
- To achieve community-level impact requires extensive engagement over at least 2 years and specific mechanisms for diffusing programme ideas to ensure a high proportion (critical mass) of community members are meaningfully exposed to the intervention.
- Community activists need intensive gender transformative training, skills building and mentoring.

CASE STUDY: SASA! UGANDA

- SASA! is a community-mobilisation project designed by Raising Voices to transform gender relations and power dynamics as a way to prevent HIV and violence against women (VAW).
- It works through trained community activists based on a “stages of change” (Start, Awareness, Support, Action) model over a minimum 30-month period.
- The SASA! Activist Kit includes different strategies and activities which encourage participants and communities to explore different dimensions of power, analyse and transform inequitable gender norms, and prevent VAW.
- Community members are also supported to take action to prevent and also better respond to IPV survivors.
- A study on SASA! in Uganda found that SASA! was associated with reductions in past year experience of physical and sexual IPV among women in SASA! communities and lower acceptance of IPV among both women and men (Abramsky et al., 2014).
- SASA! has now been adapted and implemented in 20+ countries worldwide and in 2020, Raising Voices launched a revised version called SASA! Together.
- Link: <http://raisingvoices.org/sasa/>

SOCIAL MARKETING / EDUTAINMENT (+ GROUP EDUCATION)

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Social marketing or 'edutainment' programmes use mass communication (e.g. TV, radio, social media, billboards and printed publications) to communicate messages to large numbers of people at relatively low cost. They usually aim to raise awareness about VAW, relevant laws and services and challenge the acceptability of gender inequalities and VAW in order to increase public discussion and change harmful attitudes and behaviours towards women and girls.

OVERVIEW

- Social marketing campaigns vary from simple messaging via one channel (E.G. Radio, TV) to longer-term programmes using multiple channels.
- 'Edutainment' programmes integrate gender equality and anti-violence messages and examples in entertainment media such as radio and TV dramas.
- Recent programmes have added face-to-face group education components (e.g. radio listener groups) to support critical reflection and skills building.
- These communications often promote positive social norms and values and discourage harmful ones.

EVIDENCE AND LEARNING

- There is a lack of evidence that social marketing or edutainment programmes alone reduce the experience or perpetration of VAW – one challenge has been that many studies have not measured behaviour change.
- Programmes which combine these interventions with face-to-face group education appear to show more promise, but more rigorous research is needed.
- These combined programmes may be an important way to impact beyond direct beneficiaries to achieve reach and scale.

CASE STUDY: SOMOS DIFERENTES, SOMOS IGUALES (SDSI), NICARAGUA

- Puntos de Encuentro, a feminist organisation, designed and implemented a multi-faceted media campaign between 2002-2005 called Somos Diferentes, Somos Iguales (SDSI)- "We are Different, We are Equal".
- Its aim was to address sexism, racism, homophobia and classicism and alter social norms surrounding sexual abuse of children and dating violence among adolescents.
- It included an 'edutainment' television show (El Sexto Sentido), a related radio show, a nightly youth call-in radio show, and a billboard campaign in 17 cities in Nicaragua.
- Although the programme did not measure the impact on violence, participants with greater exposure to SDSI demonstrated a 62% greater probability of having talked with someone in the last six months about domestic violence, HIV, homosexuality, or young people's rights; and 42% greater probability of consistently using a condom with casual partners in the last six months.
- Link: <http://www.puntosdeencuentro.org>

ADDRESSING SUBSTANCE ABUSE

I R

There are a range of programmes that seek to reduce harmful alcohol and/or drug use including those that aim to reduce the accessibility of alcohol (e.g. taxation, location and opening hours), those that aim to shift the social environment around drinking and those that are aimed at individuals or couples and include self-help groups and therapeutic approaches. This summary focuses on the latter programming approaches.

OVERVIEW

- These programmes are based on global evidence that the harmful use of alcohol and drugs are risk factors both for IPV perpetration and experience.
- Men who perpetrate IPV have often engaged in harmful alcohol use preceding the event and harmful alcohol use is associated with increasing frequency and severity of IPV.
- Harmful use of alcohol by women increases their risk of experiencing IPV due to decreased physical capacity and compromised decision-making ability.

EVIDENCE AND LEARNING

- A number of reviews and studies show that there is good evidence (mainly from high-income countries) that therapeutic interventions to reduce alcohol abuse can reduce VAW.
- Interventions that work with both partners in a couple seem particularly promising.

CASE STUDY: VIOLENCE AND ALCOHOL TREATMENT (VATU), ZAMBIA

- This intervention built off the Common Elements Treatment Approach (CETA) and aimed to reduce poor mental health symptoms (trauma, anxiety, depression), substance abuse and IPV.
- It was delivered by trained lay counsellors to couples who were known to be experiencing IPV as a series of 6-12 weekly individual sessions (1-2 hours) for male and female partners separately.
- The sessions were based on an individualised treatment plan determined by the clinical team and covered safety and violence prevention, substance use reduction, problem-solving and talking about past trauma.
- An evaluation found positive outcomes in terms of reductions in both physical and sexual IPV as well as reductions in hazardous alcohol use among both men and women (Murray et al., 2019).

SELF-DEFENCE INTERVENTIONS

1

These programmes are focused on reducing sexual assault and rape by partners and non-partners by providing self-defence or sexual assault resistance training for women and girls. They are often delivered to adolescent girls and young women in primary and secondary schools, colleges and universities as extra-curricular activities.

OVERVIEW

- Self-defence training usually includes a strong emphasis on consent and pressure, assessing risk and using a range of non-physical and physical strategies to deter attack and fight off assailants.
- Training sessions range from short one-off sessions to 10+ sessions per course over a number of weeks.
- Some programmes have also implemented parallel interventions with boys focused on rape prevention.

EVIDENCE AND LEARNING^{vi}

- A recent evidence review concluded that there was promising evidence (mostly from high-income settings) that the more rigorous college-based self-defence interventions can reduce women's experience of sexual assault.
- There is more mixed evidence on interventions for school-age girls and more testing is needed.

CASE STUDY: IMPOWER, MALAWI

- The IMPower programme is a 12-hour self-defence training programme implemented with primary (average age 15) and secondary-school (average age 19) girls in rural Malawi.
- An evaluation of the programme showed significant reduction of the incident rate of sexual assault reported in intervention schools (Decker et al., 2018). However, a recent study of IMPower implemented among young girls in urban Kenya did not find conclusive evidence of positive impact.

WHAT ARE THE COMMON ELEMENTS OF SUCCESSFUL PREVENTION PROGRAMMES?

TRANSFORMATIVE! Use critical reflection to address power & gender inequality	MULTI-PRONGED! Combine strategies at multiple levels	ASPIRATIONAL! Help create a positive vision for the future
INTENTIONAL! Draw on theory, evidence & practice-based learning	DIFFUSE! Find ways to spread new ideas	INTENSIVE! High engagement and ongoing support
INCLUSIVE! Engage diverse groups of women and men	RESPONSIVE! Integrate support for survivors	ACCOUNTABLE! Invite inputs and feedback from women

WHAT'S NEXT?

Brief 4 will provide the reader with information and guidance on the main steps towards the development of effective and sustainable VAW prevention programmes.

i See different overlapping categorisations in: WHO (2019) RESPECT Framework, Kerr-Wilson et al. (2019) A rigorous global evidence review of interventions to prevent VAWG; Ellsberg et al (2015) Prevention of violence against women and girls: what does the evidence say? The Lancet; Arango et al. (2014) Interventions to prevent or reduce VAWG: A systematic review of reviews. The World Bank; Raising Voices (2019) Preventing VAW: A Primer for African Women's Organizations.

ii Unless otherwise stated, these summaries are based on: Kerr-Wilson et al. (2019); WHO (2019); Ellsberg et al. (2015); and Arango et al. (2014).

iii See The Prevention Collaborative (2019) "Cash Transfers and Intimate Partner Violence: Findings from a Review of Quantitative and Qualitative Studies in Low and Middle Income Countries." <https://prevention-collaborative.org/resource/evidence-brief-cash-transfers-and-intimate-partner-violence/>

iv See The Prevention Collaborative (2019) "Parenting and Caregiver Support Programmes to Prevent and Respond to Violence in the Home." <https://prevention-collaborative.org/resource/parenting-and-caregiver-support-programmes-to-prevent-and-respond-to-vaw-in-the-home/>

v Heise, L. (2011) "What Works to Prevent Partner Violence?". London School of Hygiene and Tropical Medicine, London.

vi See Kerr-Wilson et al (2020) "What Works to Prevent Violence Against Women and Girls: A rigorous global evidence review of interventions to prevent violence against women and girls".