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# VAWG STAKEHOLDER SURVEY

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IDENTIFYING GAPS, INFORMING STRATEGIES



**WhatWorks**

TO PREVENT VIOLENCE

A Global Programme to Prevent  
Violence Against Women and Girls

Working Paper

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## EXECUTIVE SUMMARY

This report presents the findings of a global survey of 309 violence against women and girls (VAWG) stakeholders, including practitioners, policymakers, researchers and activists. The anonymous online survey was completed between August-September 2014, with the link sent out through various VAWG networks, listservs and Twitter contacts. The survey aims to help the What Works to Prevent Violence programme learn how best to communicate findings to key stakeholders, by generating information on knowledge and understanding of primary prevention and perceived barriers to evidence-based prevention. These findings will be used to directly inform and advance the What Works to Prevent Violence communications and research uptake strategies.

### KEY FINDINGS

#### Respondent profile:

- **Demographics:** Mostly female, between 30-50 years old, and over half had been involved in work on VAWG for more than five years.
- **Country of residence:** Just under half were based in the 'Global North', with most living in the UK, US or Australia. The majority of Southern respondents lived in Africa or South Asia.
- **Geographical area of experience:** Respondents primarily worked on VAWG in Africa and Asia, with just over half having worked on VAWG in Africa and a quarter in Central and South Asia.
- **Type of current involvement:** typically policymaking (50%), research or technical assistance (48%), managing prevention interventions (45%), and managing services either directly at the frontline (32%) or indirectly (39%). A smaller proportion of respondents were involved as funders or donors (17%).
- **Type of organisation:** Just over half of respondents worked in the NGO sector, either for a national (31%) or international (22%) NGO, and a further 16% worked for a community-based organisation. Smaller proportions of respondents worked in academia, as consultants, government, UN agencies, donors and the private sector.

#### VAWG decision making:

- The key factor influencing decisions on which services or prevention interventions to provide, fund or recommend is **whether the intervention is locally developed or adaptable.**

- **Academic** and private sector respondents were most likely to place highest value on scientific evidence vs. other issues (such as familiarity, local product, recommendation by a respected person).
- **Practical factors** such as ease of delivery and donor-determined were ranked low by most respondents, with the exception of a minority of Southern respondents who ranked them as the highest consideration (notably in Afghanistan, Botswana, and Zimbabwe).

### Understanding of primary prevention and response:

- Respondents primarily understood VAWG prevention as “stopping violence before it occurs by addressing the root causes,” (92% of all respondents). Just under a half thought prevention involved an element of response.

### Knowledge of risk factors / root causes of VAWG

- **Almost all respondents (94%) identified women’s economic dependency on men** as the most significant risk factor / root cause, **followed closely by social norms that encourage boys that they need to defend their or their family’s honour (93%)**.
- Donors placed a high emphasis on root causes to do with masculinity, for example boys hanging out in gangs.
- Most respondents thought a girl saying ‘no’ was not a key root cause / risk factor, with the exception of national NGOs (54% thought a girl saying ‘no’ was a root cause) and government service providers (67%) – a concern that needs to be addressed in our ongoing work.
- Almost half of respondents (47%) thought violence is still a concern mainly in poorer communities – a perception that needs to be carefully unpacked.
- Respondents who were least confident about risk factors and root causes worked in the private sector, donor agencies, and international NGOs.

### Intervention priorities

- The highest ranked priority intervention involved **working through schools** (80%), closely followed by **programmes for women to understand their rights and help them earn money** (75%) and then **public information campaigns about VAWG** (57%).
- Respondents who were the least confident about ‘what works’ came from the private sector and donor agencies.

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## Ecologically based or multi-component versus single component simple interventions?

- Respondents **were most likely to choose ecologically-based or multi-component interventions versus single component simple interventions**, particularly for the more straightforward choice of a revolving loans/saving group with discussion on gender, relationship and violence, which they preferred by a ratio of 9:1 over a single component, simple option of self-defence classes for women and girls.
- However, analysis of choices by different types of respondent shows large differences in understandings of what types of prevention interventions works best. **The more intensive multi-component options were most likely to be chosen by donors, consultants, academics, UN respondents, and government policymakers.**

## Perceptions of VAWG prevention and barriers

- **Almost all respondents either agreed (45%) or strongly agreed (34%) they could get more funds for VAWG prevention if they could show what initiatives work.** However, respondents had mixed opinions about whether funding was the most important barrier to VAWG prevention.
- The majority of respondents disagreed that 'VAWG is not seen as an important problem in my country', although there are clearly some countries where VAWG is not yet taken seriously.
- Most participants disagreed with the two statements that placed emphasis on helping abused women and children, before working on VAWG prevention. However, several respondents observed that it was not an either/or and that a balance should be struck between investing in VAWG prevention and services for survivors. There was some **concern that the emphasis on prevention would squeeze out funding for research on VAWG response.**
- **National NGO respondents were most likely to agree with statements of problems and barriers**, such as lack of funding for VAWG prevention; VAWG not being seen as a problem locally; and not being able to justify investing in preventing VAWG as good value for money.
- Several respondents from NGOs (national and international) and CBOs also highlighted how **lack of funding and experience creates difficulties for smaller organisations in conducting rigorous quantitative or impact evaluations on VAWG.** Some observed that they would like to see a better balance between quantitative and qualitative evidence, with equal value placed on both participatory / qualitative methods and quantitative methods.

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## Research uptake

- Overall, **TV is the media/communication channel with the potential to have the most impact**, although social media may have more impact for donors, government policymakers, CBOs and private sector respondents.
- Respondents placed high value on different types of information from the What Works to Prevent Violence scientific findings – most commonly they wanted to see **detailed and nuanced findings from rigorous impact** evaluations (73% of respondents); findings on scale-up and sustainability (71%); guidance on how to adapt interventions (70%); general information on promising types of programmes (68%); information on root causes (66%); funding and policy recommendations (65%); detailed guidelines (63%); and lastly what does **not** work (56%).
- Although general information on what intervention types do **not** work was the least valued information overall, donors and consultants rated this type of information highest.
- In the comments section, respondents requested that the What Works to Prevent Violence **research findings be easily digestible, and provide practical recommendations for policymakers and practitioners**, including: bullet points where possible; practical and actionable solutions for practitioners and policymakers; and data balanced with narrative information.
- Most respondents **preferred standard communication products for the What Works to Prevent Violence research**, such as: face-to-face trainings, workshops or presentations at conferences (79%), reports (74%), policy briefs (57%), and journal articles (50%). Academics preferred journal articles, while consultants and UN respondents preferred policy briefs.
- There was also a **smaller, but still substantial, appetite for disseminating through the media and the internet**, including (ranked in order of preference): videos/podcasts, news articles, webinars, Facebook, radio, Twitter, and blogging.
- Finally, there were several requests in the comments section for **an online portal where all information can be shared**, not just aimed at the What Works to Prevent Violence priority countries, but available to all to access and contribute documents.

## KEY RECOMMENDATIONS FOR RESEARCH UPTAKE STRATEGY

- Support VAWG stakeholders to attract funding by building their understanding of what initiatives work, and developing their capacity to demonstrate how their programme will be effective.

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- Recognise the importance of providing guidance on how to adapt effective interventions to different settings.
  - Develop strategies that specifically appeal to policymakers and donors.
  - Develop a sensitive targeted approach for national NGOs.
  - Advance and promote a consistent understanding of risk factors across different stakeholders.
  - Maintain a balance between building capacity to conduct rigorous quantitative and qualitative/ participatory research and evaluation.
  - Where possible, attempt to make the connections between research on VAWG prevention and response, and ensure that the importance of VAWG response remains part of the What Works to Prevent Violence programme's communication messages.
  - Use a multi-layered strategy to communicate the complex and nuanced findings in variable but accessible ways.
  - Develop a central online portal/website for sharing findings.

## 1. METHODOLOGY

1.1 This report presents the findings of a global survey of VAWG stakeholders, including practitioners, policymakers, researchers and activists. The survey aims to help the What Works to Prevent Violence programme learn how best to communicate findings to key stakeholders, by generating information on knowledge and understanding of primary prevention and perceived barriers to evidence-based prevention.

1.2 An initial stakeholder mapping was conducted to identify the main organisations and institutions conducting research and policymaking on VAWG. The mapping built on the collective experiences of the consortium partners' networks, personal contacts and knowledge of international and national VAWG stakeholders. It included potential grantees, as well as donors, multilateral agency staff, policymakers and civil society practitioners working in the VAWG field.

1.3 The survey was anonymous and administered using the online survey tool SurveyMonkey, from August 29 – September 12, 2014. The link to the online survey was sent out through various networks, including DFID's VAWG Community of Practice, the What Works to Prevent Violence contacts list, the Sexual Violence Research Initiative (SVRI), Gender and Development network (GADnet), and the VAWG Helpdesk listservs and Twitter contacts.

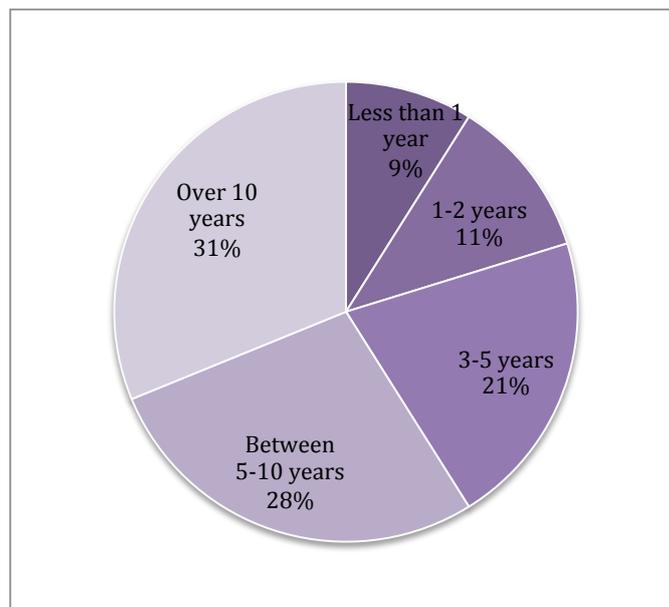
1.4 **In total, 309 stakeholders responded to the survey.** The survey questions were cross-referenced with various aspects of respondents' profiles<sup>1</sup> to see if certain types of respondent were more likely to report certain things. Differences by respondent profile are mentioned in the report where they exist. Respondents were also invited to provide additional comments for several questions and a selection of these are presented throughout the report as direct quotations. These quotations have been taken directly from the completed online surveys and, while representative, do not necessarily reflect the views of all survey respondents.

## 2. PROFILES OF RESPONDENTS

2.1 Respondents were mostly female, between 30-50 years old, and over half had been involved in work on violence against women and girls (VAWG) for more than five years. Key characteristics of respondents included:

- Almost three quarters (72.1%) were female.
- The largest proportion was aged 30-40 years (34%) and 40-49 years (28%). A smaller proportion was aged 20-29 years (16%), 50-59 years (16%), and 60+ (6%).
- Almost a third (31%) of respondents had been involved in work on VAWG for over 10 years, 28% for 5-10 years, and 21% for 3-5 years (see Figure 1). These stakeholders represent a vast body of knowledge and experience in this field.

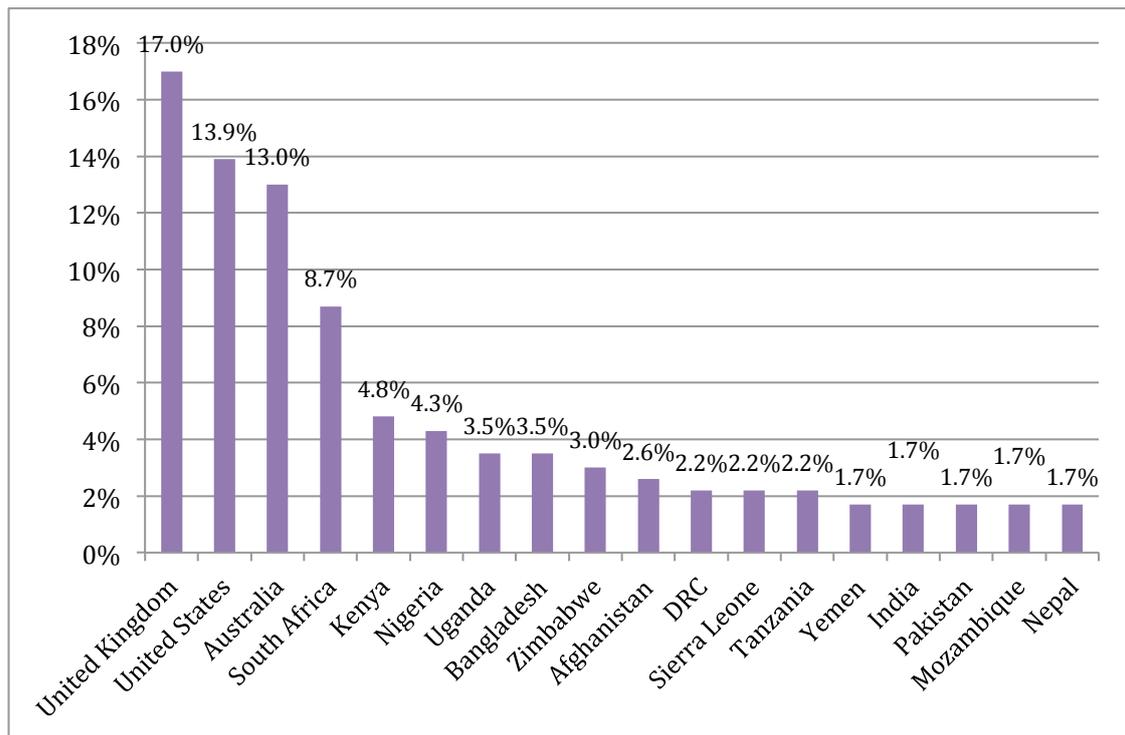
Figure 1: Years involved in work on VAWG



<sup>1</sup> By type of organisation and by country of residence.

2.2 Just under half of respondents (45%) were based in the 'Global North', with most living in the UK (17%), US (14%) or Australia (13%). The majority of southern respondents lived in Africa or South Asia, with a smaller proportion from the Middle East region. There were no respondents from Latin American or Caribbean countries, which is likely because they are not DFID priority countries and were therefore not targeted as stakeholders in the outreach.

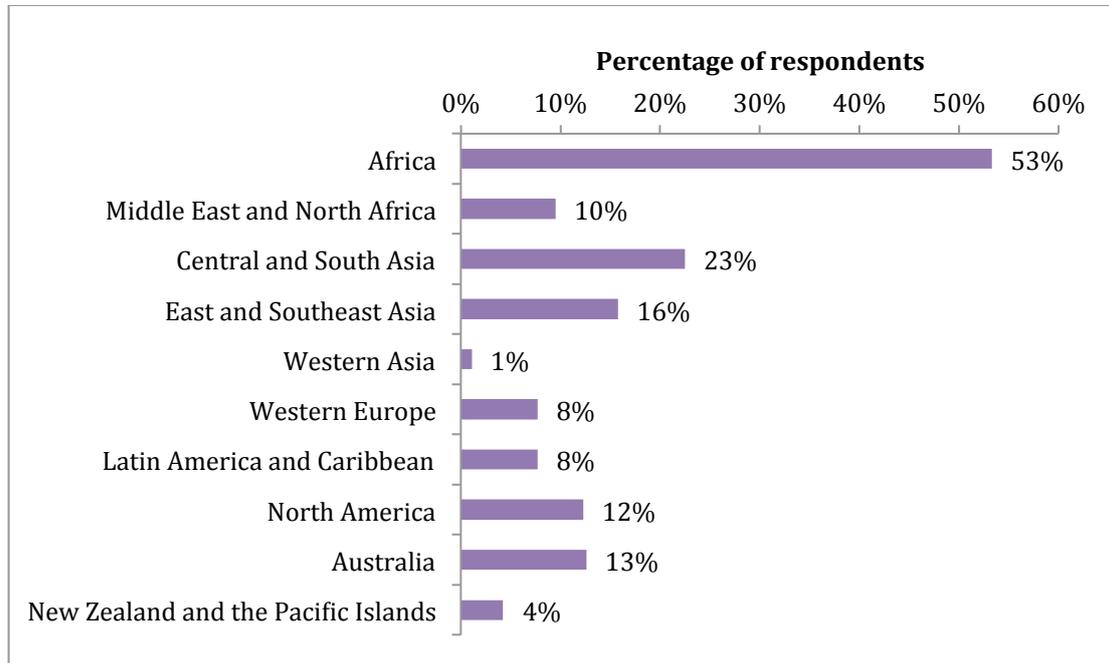
Figure 2: Respondents' country of residence<sup>2</sup>



2.3 **Most respondents had worked on VAWG in the regions of Africa and Asia.** Just over half of respondents (53%) had worked on VAWG in Africa, followed by 23% who had worked in Central and South Asia, and 16% in East and Southeast Asia.

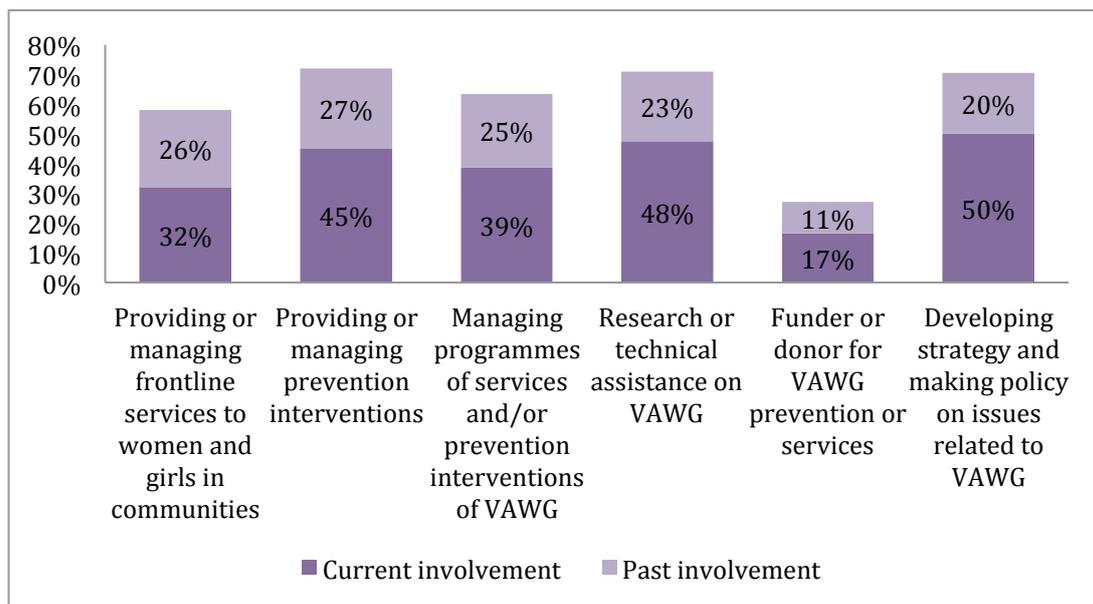
<sup>2</sup> Countries where 4 or more respondents filled out the survey are shown in the graph. Other countries where less than 3 respondents filled out the survey include: Austria, Botswana, Canada, China, Cyprus, Denmark, Germany, Ireland, Israel, Jordan, Malawi, Occupied Palestinian Territories, New Zealand, Rwanda, Sri Lanka, Thailand, Zambia.

Figure 3: Regions where respondents had worked on VAWG



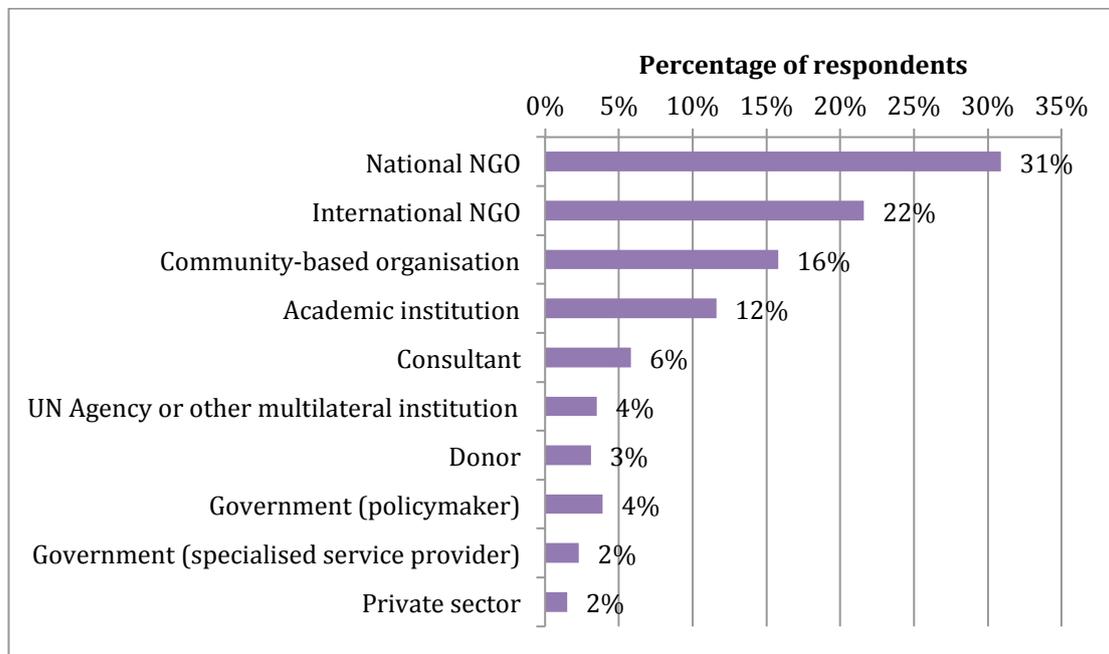
2.4 Respondents work in a wide variety of roles (see Figure 4). **The most common type of current involvement is policymaking (50%), followed closely by research or technical assistance (48%), managing prevention interventions (45%), and managing services either directly at the frontline (32%) or indirectly (39%).** A smaller proportion of respondents are involved as funders or donors (17%).

Figure 4: Respondents' roles in VAWG work



2.5 **Just over half of respondents work in the NGO sector**, either for a national (31%) or international (22%) NGO, and a further 16% work for a community-based organisation. Smaller proportions of respondents work in academia (12%), as consultants (6%), government (4% in policy and 2% in specialised services)<sup>3</sup>, UN agencies (4%), donors (3%) and the private sector (1.5%) (see Figure 5). This suggests that while donors, government and the private sector are some of our key target audiences for research uptake, they are more difficult to reach and engage through standard channels. In the What Works Research Uptake strategy greater attention needs to be made to targeting these specific audiences in ways that suit them.

Figure 5: Type of organisations respondents work for



2.6 Due to the low response rate for certain types of respondent, we have grouped similar types of respondents for analysis in this report: (a) government – policymaker and specialised service providers; (b) private sector and consultants; and (c) donor and UN agencies. Where significant differences exist within each of these groups, these are noted in the report.

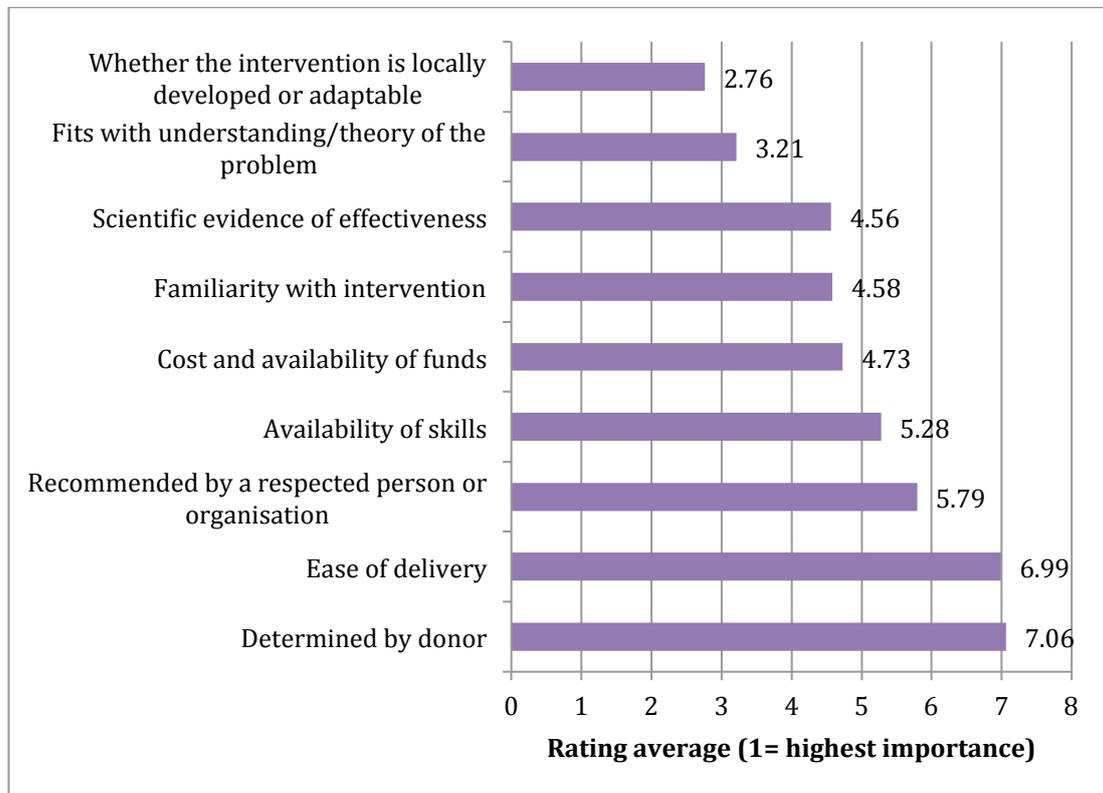
### 3. VAWG DECISION MAKING

3.1 The key factor influencing decisions on which services or prevention interventions to provide, fund or recommend is whether the intervention is locally developed or adaptable.

<sup>3</sup> Respondents working for government agencies were based in the following departments: health (10 respondents), local government (9), international development (3), women and children (3), justice (2), police (2), and social or family services (2).

A third (32%) ranked local product/adaptability as a first concern, followed by whether the intervention fits with understanding/theory of change (23%), and scientific evidence of effectiveness (14%). At the other end of the spectrum, practical considerations such as donor preferences (4%) and ease of delivery (2%) were ranked much lower (see Figure 6). This is positive to see as it is in-line with what the evidence suggests to be important in designing successful interventions. However, that What Works to Prevent Violence agenda of increasing the scientific evidence of effectiveness remains key and the importance of this needs to continue to be communicated to our stakeholders.

**Figure 6: Factors that influence decisions about which services or prevention interventions to provide**



3.2 The value accorded to scientific evidence versus other issues (such as familiarity, local product, recommendation by a respected person, donor determined etc) in decision making varies slightly by type of respondent, with respondents in academia and the private sector ranking scientific evidence the highest (see Table 1 below and Annex 1 for more detailed analysis of average rankings).

**Table 1: Ranking of decision-making criteria, by type of organisation**

<b>Ranked highest</b>	<b>Type of organisation the respondent currently works for</b>
Scientific evidence of effectiveness	Academia Private sector
Locally adaptable	NGOs (national and international) UN agencies Consultants
Fits their understanding / Theory of Change (ToC)	Government respondents (specialised service provider) Government respondents (policymakers)
Both locally adaptable and fits their understanding / ToC (ranked joint first)	Donors Community-based organisations

3.3 Analysis of decision-making choices by country of residence shows little difference between respondents, although a few country respondents ranked the following decisions highest (which were ranked low by most other respondents):

- **'Ease of delivery':** Afghanistan, Botswana, Canada, Cyprus, Israel, New Zealand, Zimbabwe.
- **'Determined by donor':** Ireland, Thailand.
- **'Recommended by respected person':** Rwanda.

However, due to the small number of respondents from different countries, caution needs to be exercised when interpreting the findings by country.

## 4. UNDERSTANDING OF PRIMARY PREVENTION AND RESPONSE

4.1 Respondents generally understood the primary prevention of VAWG as “stopping violence before it occurs by addressing the root causes” (92% of all respondents). Just under half (49%) thought primary prevention involved an element of response (to those who experience or perpetrate it), a third (34%) agreed that primary prevention involved improving criminal justice responses, and a quarter (26%) ticked ‘responding to the long-term consequences of VAWG’ (see Table 2 below). There was no significant variation by different types of respondents. It is positive to see a high level of awareness about primary prevention, however there is still room to improve stakeholders’ understanding in terms of the distinctions between primary, secondary and tertiary prevention.

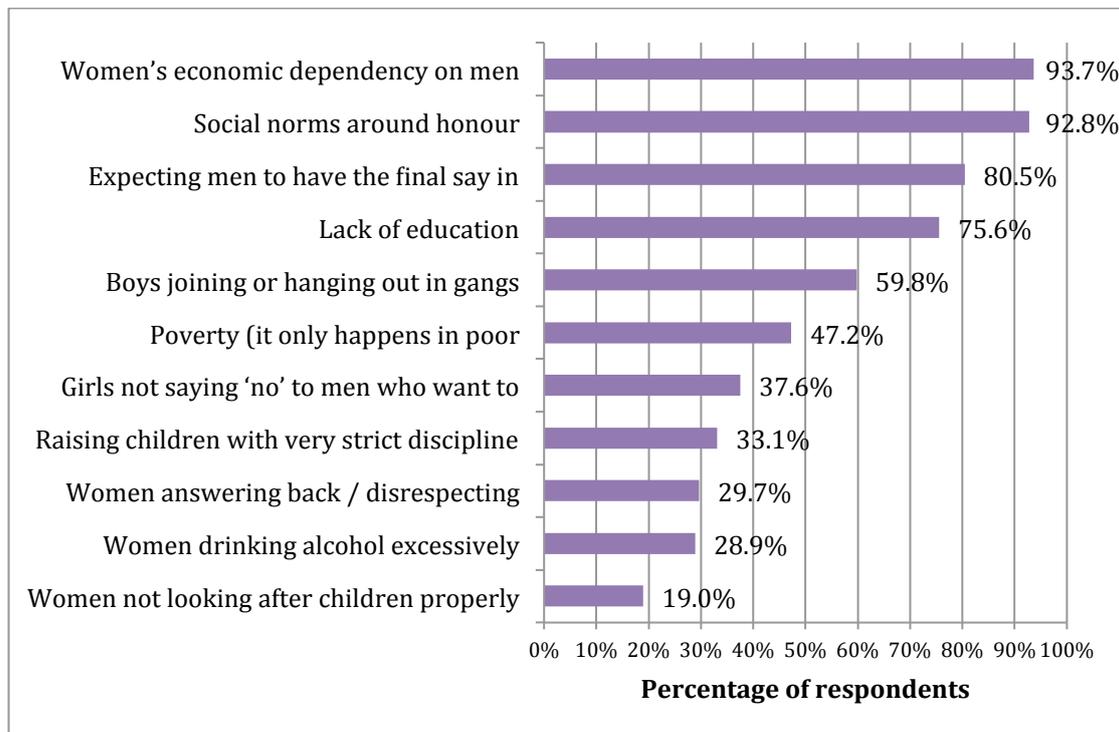
Table 2: Definitions of VAWG prevention, ranked in order from most frequently mentioned

	Average %
Stopping violence before it occurs by addressing the root causes	92%
Stopping new cases of violence against women and girls by responding to those who experience or perpetrate it	49%
Improving criminal justice responses to deter men from using violence against women and girls	34%
Responding to the long term consequences of VAWG	26%

## 5. KNOWLEDGE OF RISK FACTORS / ROOT CAUSES OF VAWG

5.1 **Almost all respondents (94%) identified women’s economic dependency on men as the most significant risk factor / root cause for violence against women and girls,** followed closely by social norms that encourage boys that they need to defend their or their family’s honour (93%), as shown in Figure 7 below.

Figure 7: Risk factors or root causes of VAWG identified by respondents



5.2 Knowledge of risk factor varied by the type of organisation the respondent worked for (see Annex 2 for detailed breakdown by type of respondent), for example:

- **Donor and UN respondents placed a high emphasis on root causes to do with masculinity**, for example boys hanging out in gangs (83% of donor and UN respondents thought this was a root cause compared to 36% of government respondents and 41% of CBOs).<sup>4</sup>
- **Most respondents thought a girl saying 'no' was not a key root cause / risk factor, with the exception of government (service provider) respondents.** Almost half (46%) of government respondents and 67% of service providers said girls saying 'no' was a risk factor, compared to a small minority of academics (16%) and donor and UN respondents (15%).
- **Considerable difference in perceptions of the role of poverty as a root cause**, from a high of 72% for national NGO respondents to 14% for government respondents. However, it should be noted that the wording of this option may have caused confusion, as one respondent noted:

*"I think that poverty is related to the violence that women face in South Africa, but that doesn't mean that I think that it only happens to poor people. I couldn't, therefore, tick that option, but that doesn't mean I don't think that poverty is related to violence"* (Academic, South Africa).

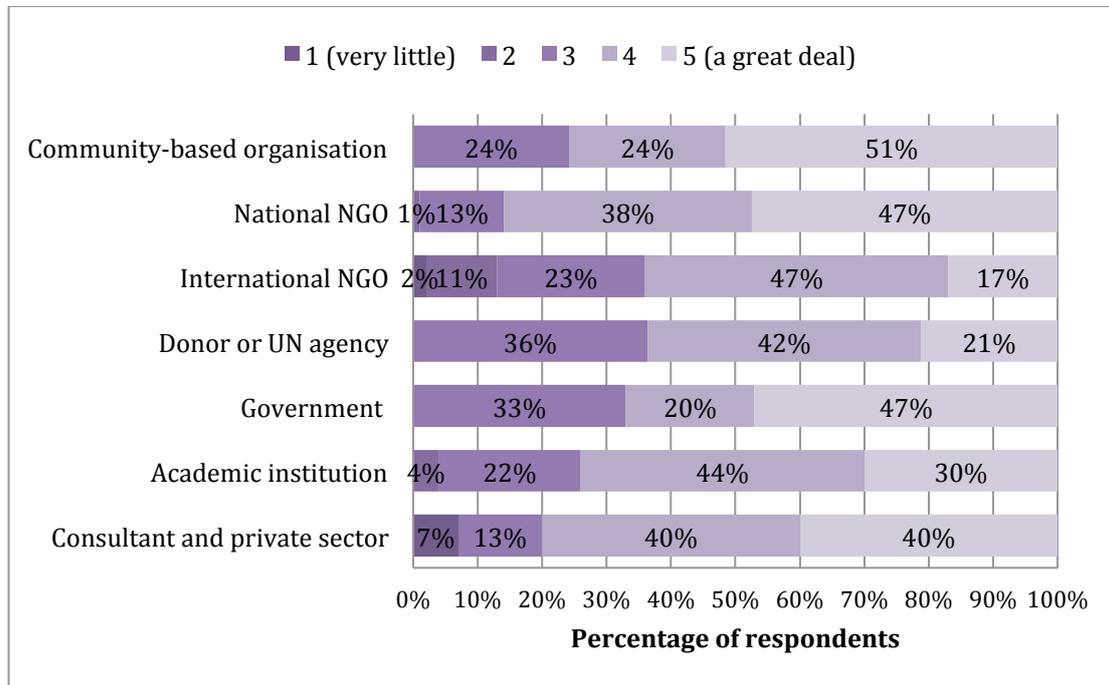
5.3 Overall this indicates that there is still work to do to advance stakeholders' understanding of risk factors, and particularly to promote a consistent understanding across different stakeholders. While the research suggests that economic dependency on men can be a risk factor for violence, it is not necessarily the strongest risk factor across settings. It is interesting to note that raising children with strict discipline was not considered a risk factor by many, however this may have been a problem with the question which did not necessarily convey 'harsh physical discipline' which has been found to be a strong risk factor for perpetration and victimization in the research.

5.4 Respondents who feel most confident that they know 'a great deal' about the risk factors and root causes of VAWG include CBOs (51%), national NGOs (47%) and government (47%) respondents. In contrast, **respondents who were least confident about risk factors and root causes worked in donor and UN agencies, and international NGOs.**

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<sup>4</sup> This data should be treated with some caution due to the low number of donor respondents (8)

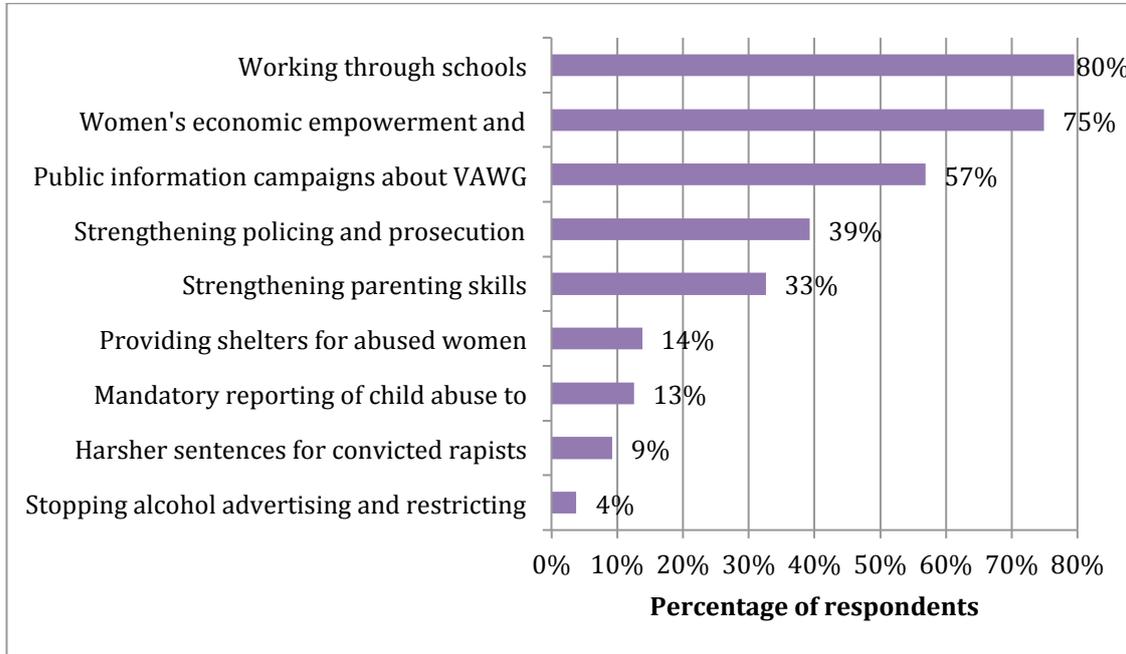
Figure 8: Responses to 'how much do you feel you know about risk factors or root causes of VAWG for your setting?'



## 6. INTERVENTION PRIORITIES

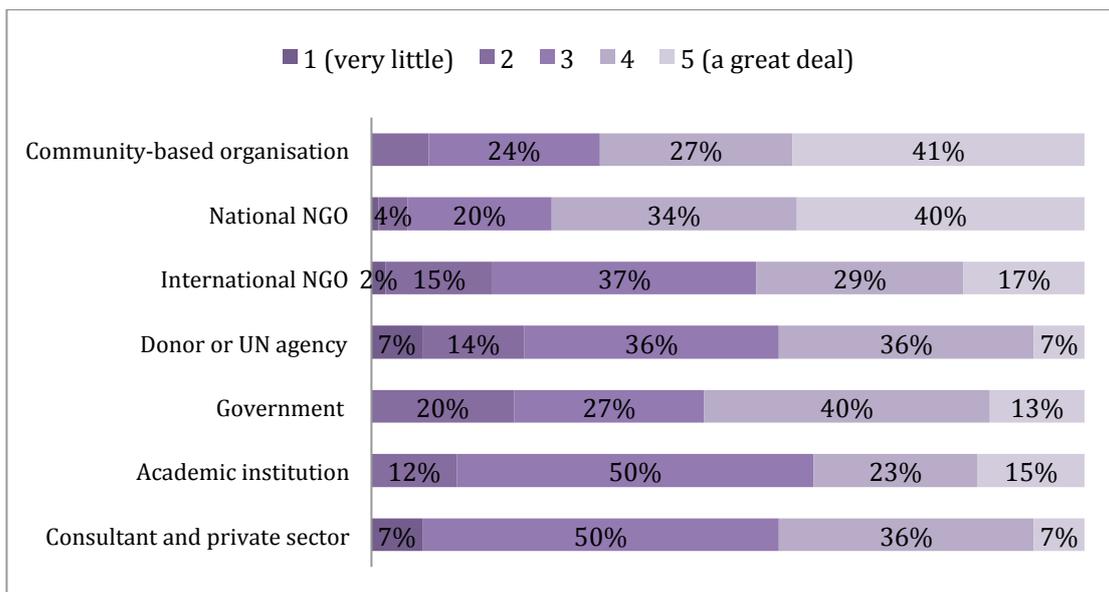
6.1 In order to prevent VAWG in communities, **80 % of respondents prioritised interventions that involved working through schools** to promote gender equity among boy and girl students, stop corporal punishment and enhance human rights. This was closely followed by **programmes for women to understand their rights and help them earn money** (75%) and then **public information campaigns about VAWG** (57%) (see Figure 9). Analysis of responses by type of organisation shows broadly similar priorities for interventions, with working through schools and women's economic empowerment being the top two choices for all types of respondents.

Figure 9: Responses to ‘which three of the following interventions and programmes do you think would make the biggest contribution to the prevention of VAWG in communities?’



6.2 Respondents who felt very confident that they know ‘what works’ to prevent VAWG were most likely to work for CBOs (41% were ‘very confident’) and national NGOs (40%). In contrast, **respondents who were the least confident about ‘what works’ came from donor and UN agencies (21% scored ‘1’ or ‘2’), or government (20%).**

Figure 10: Responses to ‘how confident are you that you know what works to prevent VAWG?’



## 7. PERCEPTIONS OF DIFFERENT TYPES OF INTERVENTIONS

7.1 The survey also looked at perceptions of the effectiveness of different types of prevention interventions. Respondents were asked to choose between two different options of varying intensity and complexity and with different evidence of effectiveness (see Table 3 below). Respondents overwhelmingly favoured by a ratio of 9:1 the multi-component intervention (Option B: revolving loans/saving groups with discussion on gender, relationship and violence) over a single component simple (Option A: self-defence classes), the choice was not so straightforward for the other two questions, with a ratio of 6:4 for questions 1 and 2.

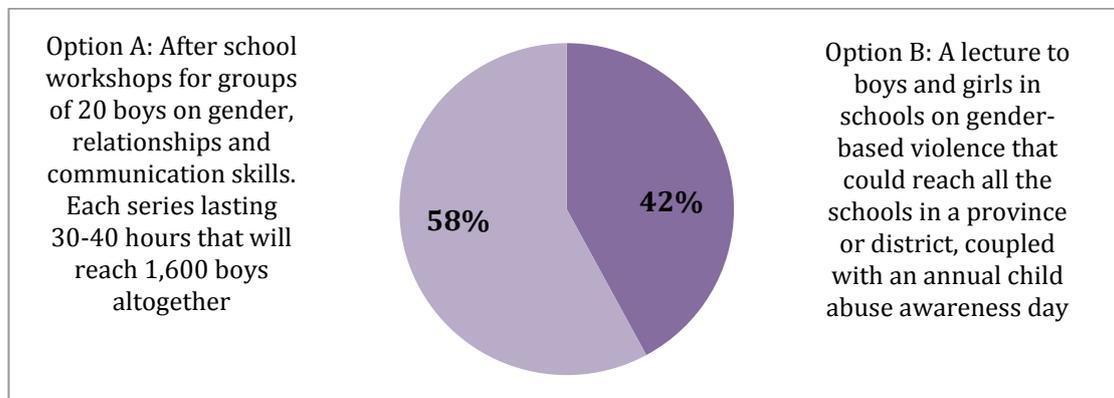
**Table 3: Prioritisation of different intervention options (green = most frequently chosen option)**

Q	Option A	Option B
1	After school workshops for groups of 20 boys on gender, relationships and communication skills. Each series lasting 30-40 hours that will reach 1600 boys altogether (58%)	A lecture to boys and girls in schools on gender-based violence that could reach all the schools in a province or district, coupled with an annual child abuse awareness day (42%)
2	A mass media campaign on VAWG with a 12-episode drama on the radio and posters in public places (60%)	A series of 10 workshops with new parents around child development and positive discipline (40%)
3	Self-defence classes for women and girls (10%)	A revolving loans and savings group for women with a programme of facilitated group discussions on gender, relationships and violence (90%)

#### After school workshops versus lecture/annual awareness day

7.2 For the first choice, a small majority of respondents (58%) favoured the more intensive multi-component Option A of after-school workshops for groups of 20 boys on gender, relationships and communication skills that would reach a smaller number of children (1,600 boys) vs. Option B with a more extensive reach of all schools, but involving a shallower intervention of a one-off lecture on GBV coupled with an annual child abuse awareness day. In fact, existing evidence would suggest that Option A is more likely to be effective because it is more intensive and involves skill-building elements.

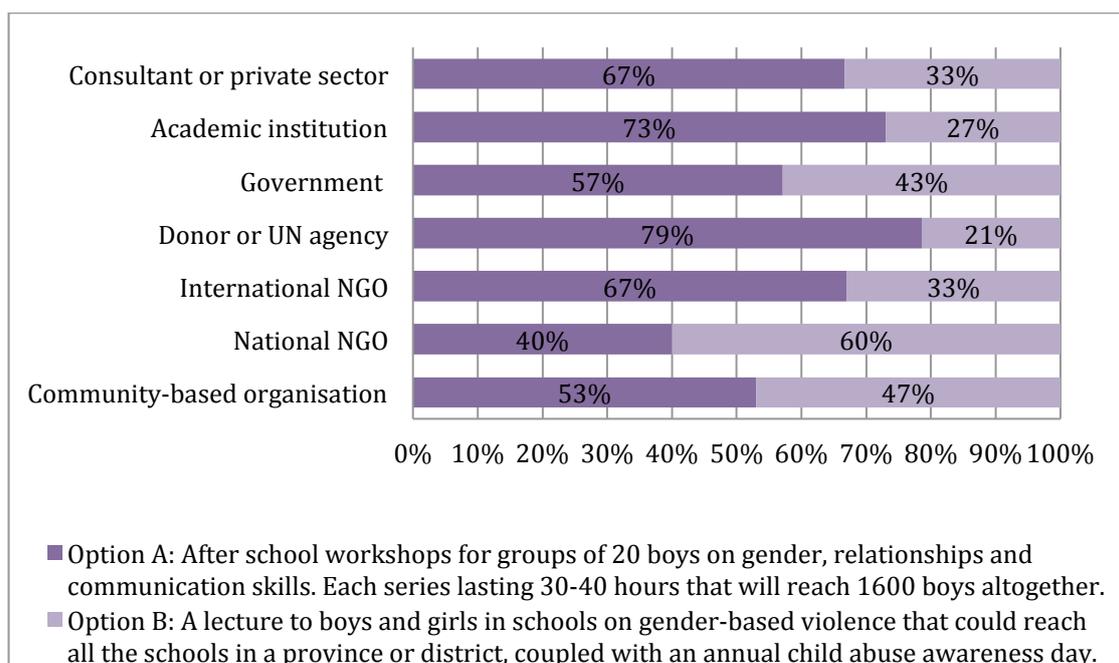
**Figure 11: After school workshops versus lecture/annual awareness day**



7.3 Analysis of choices by different types of respondent shows large differences in understandings of what types of prevention interventions works best (see Figure 12). Respondents who favoured the more intensive multi-component Option A of after-school workshops worked for donors and UN agencies (79%), academics (73%), international NGOs (67%), as consultants or in the private sector (67%), government (57%) and CBOs (53%). In contrast, the majority of respondents working for national NGOs (60%) chose Option B of one-off lectures in all schools. This is an important finding and highlights the need to target extra capacity building about what type of interventions work best to this group.

7.4 Interestingly, A cross-tabulation between respondents' level of confidence that they know what works to prevent VAWG and their choices shows that for this particular intervention decision (workshop vs. lecture) the more confident respondents were most likely to choose the option that does not necessarily reflect the evidence (i.e. Option B – the lecture to all schools). This finding is not reflected in the other choices which show a more ambiguous relationship between confidence and decision making (see Annex 2). However it is an important finding, as it suggests that even where people think they have knowledge about what works, they may be misinformed and our communications will have to address this. It should also be noted that national NGOs were the most confident respondents (47% said they were 'very confident' and 34% 'confident'), but also the group most likely to choose an intervention which is not supported by the evidence, suggesting that national NGOs may require targeted messages.

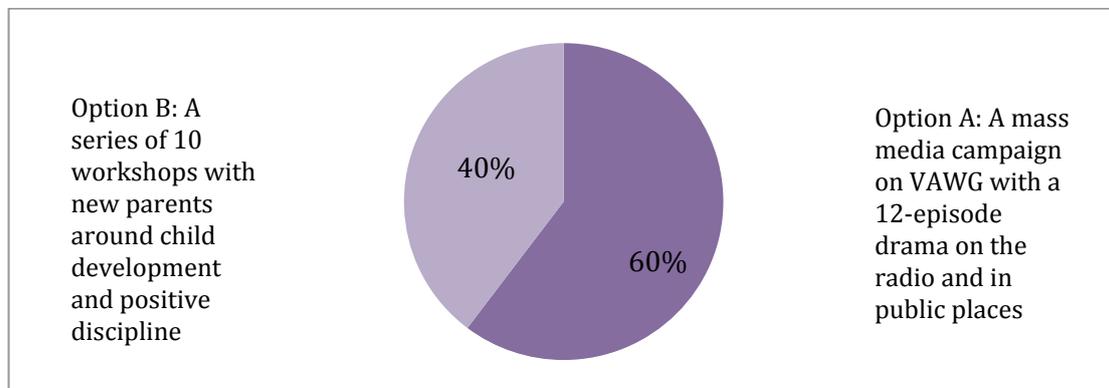
Figure 12: Analysis of Choice 1 by type of respondent



Mass media campaign versus parenting workshops

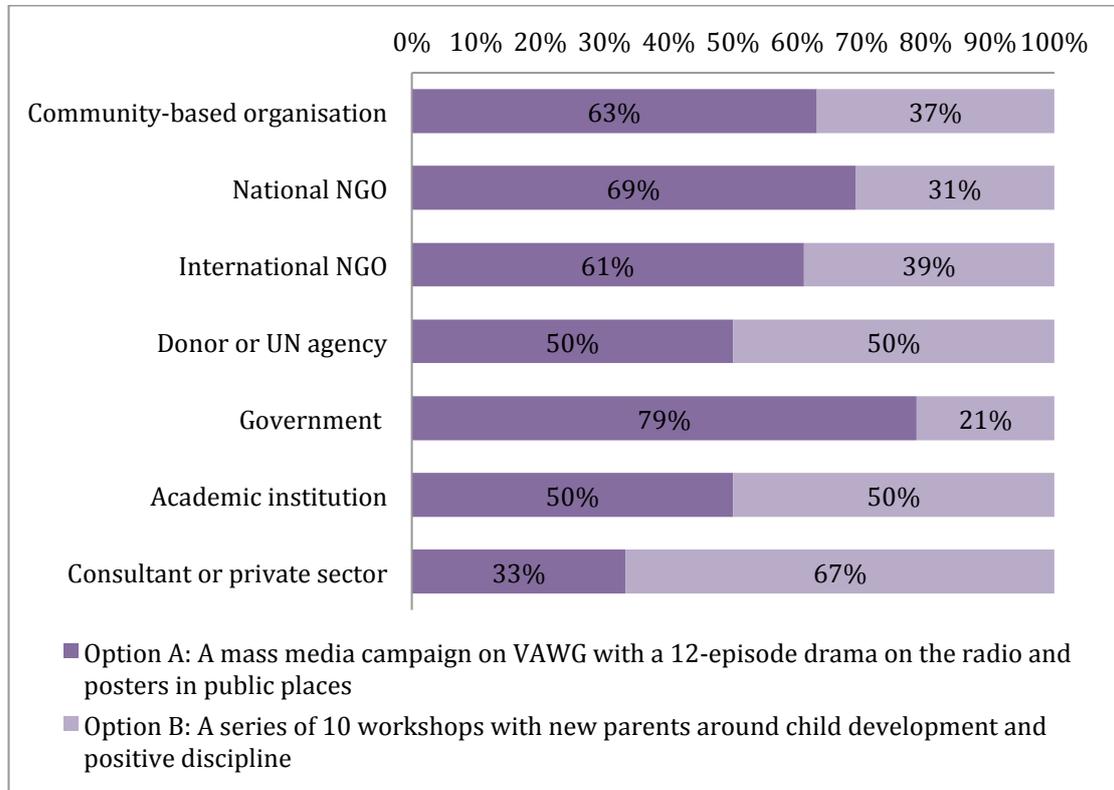
7.5 For the second choice, a small majority of respondents (60%) favoured the mass media campaign on VAWG of Option A involving a 12-episode drama on the radio and in public places vs. Option B's parenting workshops involving a series of 10 workshops with new parents around child development and positive discipline. In fact, the evidence would suggest that parenting interventions (Option B) are likely to be more effective than simple communication campaigns (Option A). Parenting programmes that address harsh parenting practices, addressing the risk factor of childhood trauma are promising. Communication campaigns have some evidence of effectiveness but only when combined with on-the-ground community activities.

Figure 13: After school workshops versus lecture/annual awareness day



7.6 Again, there was a large difference between which option respondents preferred, with the mass media option chosen by more CBO, NGO, and government respondents. A higher proportion of consultants preferred the parenting workshops, while government and academic respondents were split exactly between the two choices. Of the three option-questions, this choice between parenting workshops and mass media campaigns was the most difficult for respondents, suggesting further capacity building in this area is required.

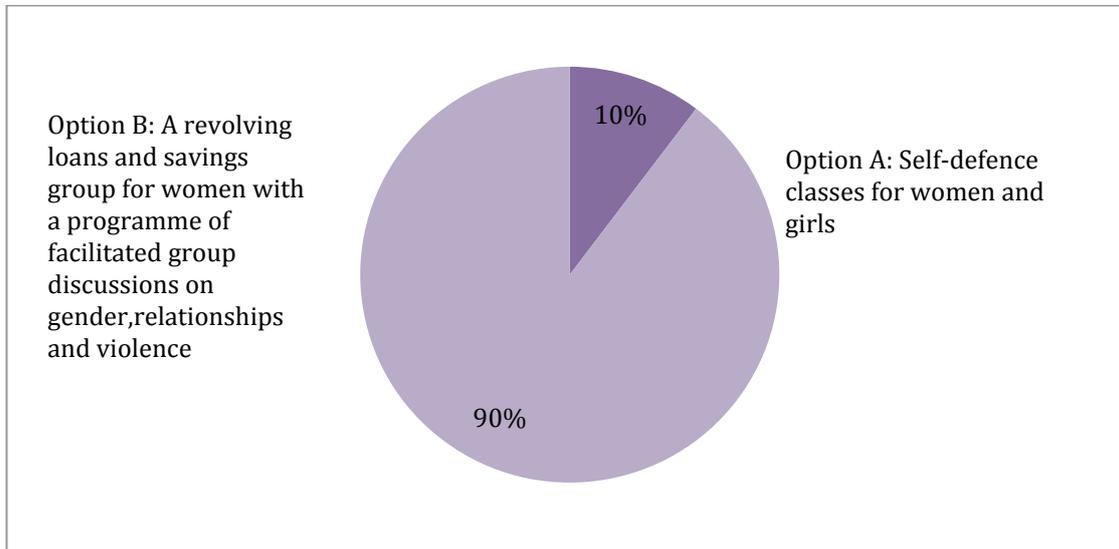
Figure 14: Analysis of choice 2 by type of respondent



### Self-defence classes versus revolving loans/savings groups

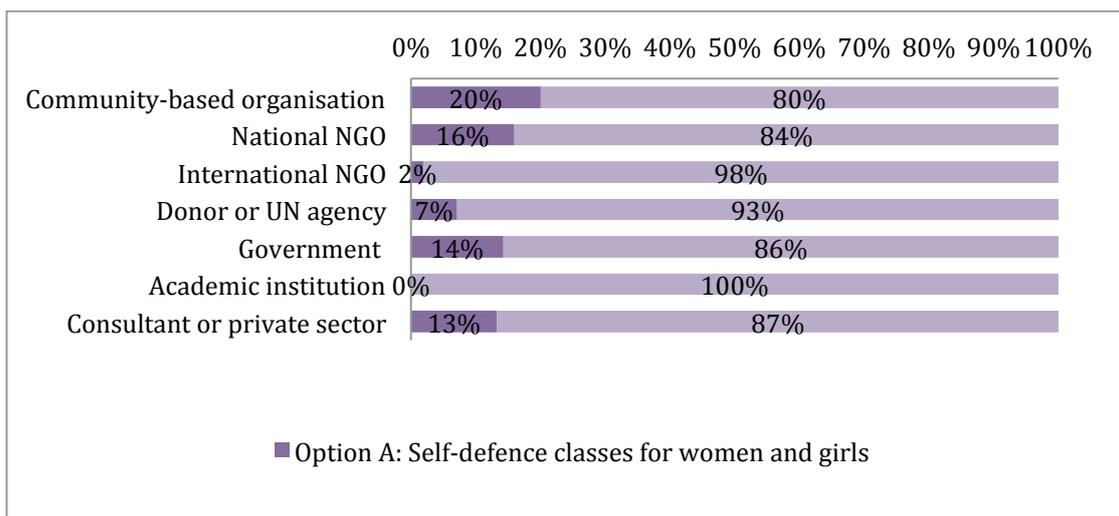
7.7 For the third choice, the overwhelming majority of respondents (90%) favoured the more intensive multi-component Option B of revolving loans/saving groups with discussion on gender, relationship and violence versus a single component simple Option A of self-defence classes for women and girls. This is reflective of the existing evidence which suggests that economic empowerment combined with gender transformative approaches have the potential to reduce rates of violence. While more research is needed on self-defence classes, it appears that on their own they are ineffective and may even increase risk.

Figure 15: Self-defence classes versus revolving loans/savings groups



7.8 Respondents from all different types of organisations chose Option B (revolving loans/saving groups), but particularly academics, INGOs, and donor and UN agencies. The highest proportion of respondents that chose Option A (self-defence classes) came from CBOs (20%) and national NGOs (16%).<sup>5</sup>

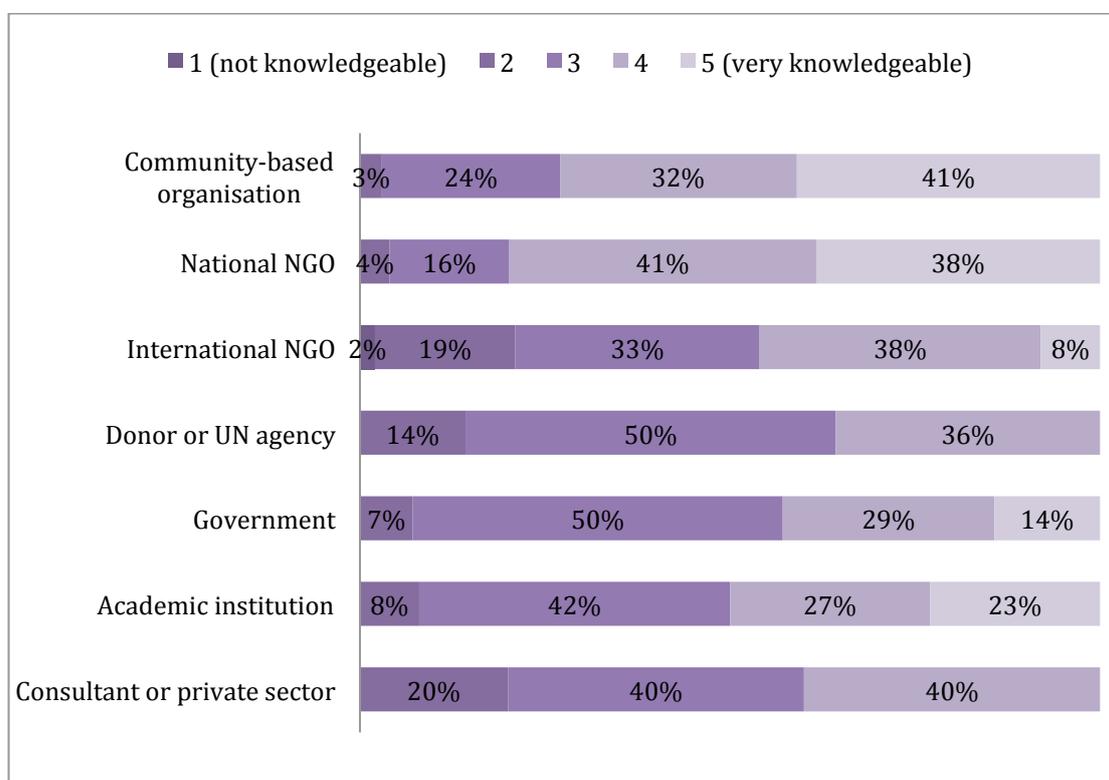
Figure 16: Analysis of Choice 2 by type of respondent



<sup>5</sup> Caution should be exercised in interpretation of this figure due to the small number of private sector respondents (3 people).

7.9 Respondents who feel very knowledgeable that they know how to change behaviour and use prevention science to develop the best interventions for VAWG prevention include CBOs (41% were 'very confident') and national NGOs (38%). In contrast, respondents who feel least knowledgeable about changing behaviour came from international NGOs (21% rated 1 or 2 for 'not confident'), consultants or private sector (20%).

**Figure 17: Responses to 'how knowledgeable are you about how to change behaviour and use prevention science to develop the best interventions for VAWG prevention?'**



## 8. PERCEPTIONS OF VAWG PREVENTION AND BARRIERS

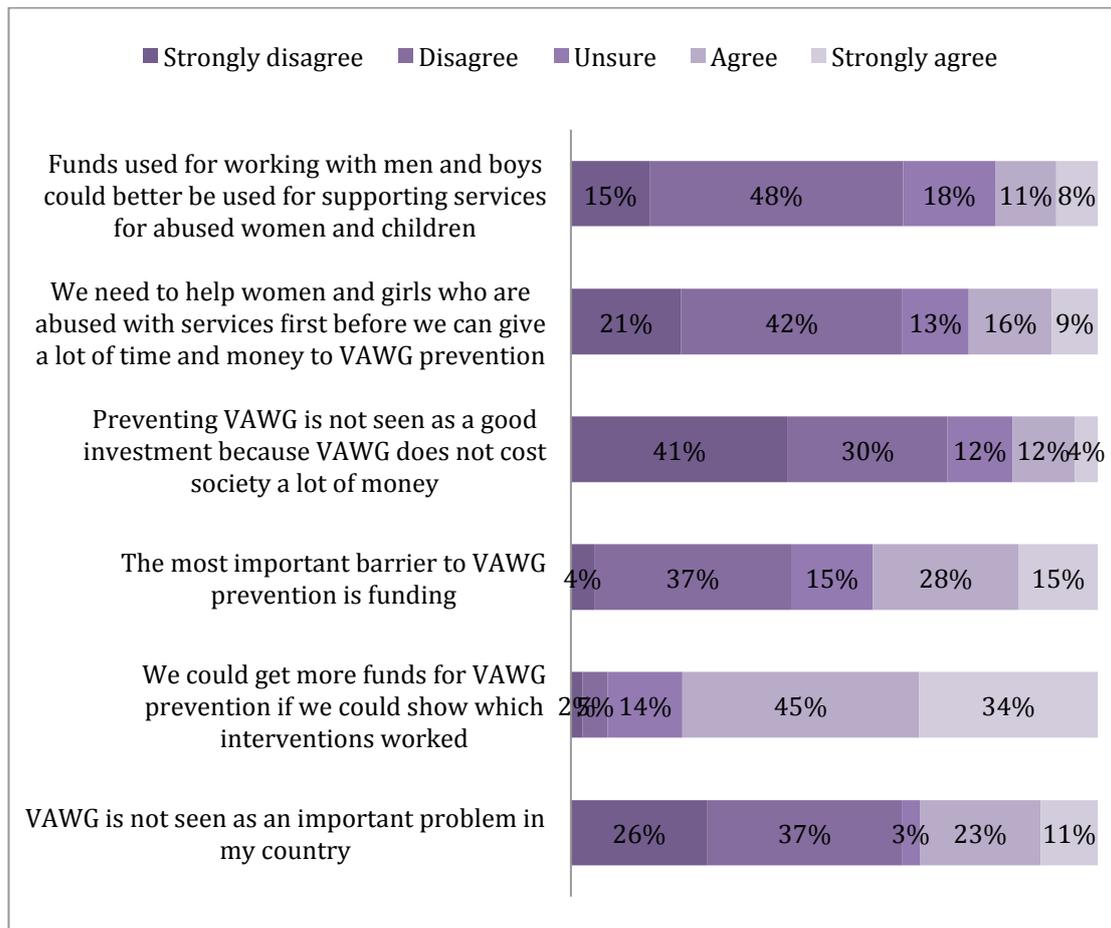
8.1 The survey also listed a set of statements about VAWG prevention and some of the barriers, asking respondents to indicate the extent of their agreement. As can be seen from Figure 18 below, respondents:

- **Strongly agree (34%) or agree (45%) they could get more funds for VAWG prevention if they could show what initiatives work.** This is encouraging as it

highlights the value of the What Works to Prevent Violence programme and the need people have for the knowledge that we will be producing.

- **However, respondents had mixed opinions about whether funding is the most important barrier to VAWG prevention**, with approximately equal numbers agreeing and disagreeing.
- **The majority of respondents disagreed that ‘VAWG is not seen as an important problem in my country’** (26% strongly disagreed and 37% disagreed), although there are clearly some countries where VAWG is not yet taken seriously (see 8.2).
- **Most participants disagreed with the two statements that placed emphasis on helping abused women and children, before working on VAWG prevention, although** there was some tension about this question with several respondents observing that it was not an either/or and that a balance should be struck between investing in VAWG prevention and services for survivors.

Figure 18: Responses to statements about VAWG prevention



8.2 Perceptions of barriers to primary VAWG prevention varied between respondents. National NGOs were most likely to agree with statements of problems and barriers, such as lack of funding for VAWG prevention, VAWG not being seen as a problem locally, and not being able to justify investing in preventing VAWG as good value for money (see Table 4 and Annex 3). Analysis by country of residence shows that countries where VAWG prevention is not yet perceived to be a good investment, either due to lack of funds or a perception that funds could be better spent on response, included Bangladesh, India, Nepal, Pakistan, Israel, Cyprus, Thailand, Yemen, Zambia, Zimbabwe and Rwanda.<sup>6</sup> This finding highlights that more work is needed at the policy and decision making level in these countries to build political will.

**Table 4: Participants most likely to agree with statement**

	<b>By type of organisation</b>	<b>By country of residence</b>
Funds used for working with men and boys could better be used for supporting services for abused women and children (19%)	Private sector and consultants (33%)	Bangladesh, Germany, Israel, Pakistan, Rwanda, Thailand, Zambia
We need to help women and girls who are abused with services first before we can give a lot of time and money to VAWG prevention (25%)	National NGOs (43%)	Bangladesh, India, Nepal, Rwanda, Pakistan, Sierra Leone, Thailand, Yemen, Zimbabwe
Preventing VAWG is not seen as a good investment because VAWG does not cost society a lot of money (16%)	CBOs (24%) National NGOs (19%)	Cyprus, Bangladesh, India, Israel, Nepal, Rwanda, Yemen, Zimbabwe
The most important barrier to VAWG prevention is funding (43%)	Government (57%) National NGOs (58%)	Israel, Nigeria, South Africa, Yemen, Zimbabwe
We could get more funds for VAWG prevention if we could show which interventions worked (79%)	Donor and UN agencies (93%)	All countries agreed, with the exception of India and Thailand
VAWG is not seen as an important problem in my country (34%)	National NGOs (40%) International NGOs (40%)	Cyprus, Israel, Kenya, Nepal, Tanzania, Thailand, Yemen

8.3 In the comments section, respondents described the difficulties accessing funding for VAWG prevention, for example:

<sup>6</sup> Caution should be exercised in interpretation of this figure due to the small number of respondents for some of these countries.

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*"I am so frustrated, the real grassroots women (are) always isolated while distributing resources"* (National NGO, Central and Southern Asia<sup>7</sup>)

*"Everyone is working in silos, so many organizations working on the same issue competing for funding, why not all work together?"* (Government policymaker, Australia)

8.4 Several respondents voiced concerns that the emphasis on prevention would squeeze out funding for research on VAWG response (interestingly, these concerns were mainly expressed by consultants and academics):

*"A big plea: let's avoid creating the impression that primary prevention is more important than working with VAWG survivors. It is just as important, but no more than that"* (Consultant, Germany)

*"There needs to be some discussion and talking about how we can meet prevention without sacrificing the woefully underfunded and under-resourced services for survivors of GBV. How can we learn to trust each other? Can we show with research that we're not robbing Peter to pay Paul?"* (Consultant, Thailand)

*"Although primary prevention should be a main focus, we should not do this at the cost of responses. It would be good to see strong programmes targeting those who work in the health sector and especially the justice sector to changing & improving skills, perceptions, understanding and behaviour to be better able to deliver services to survivors of VAWG."* (Academic, South Africa)

This appears to be a very important message that the What Works to Prevent Violence programme needs to convey and keep at the forefront of our communications.

8.5 Several respondents also highlighted how lack of funding and experience creates difficulties for smaller organisations in conducting rigorous quantitative or impact evaluations on VAWG. Some observed that they would like to see a better balance between quantitative and qualitative evidence, with just as much value placed on participatory / qualitative methods as on quantitative methods:

*"There is an ongoing gap between qualitative and quantitative evaluations which we need to understand better. There is too much weight given to quantitative "objective" evidence and not enough given to participatory and qualitative processes. Small organisations doing great things can't afford to conduct or publish quantitative evaluations so we miss out on learning from them"* (INGO respondent, UK)

*"I would like to see a harmonisation of both the quantitative and qualitative data on VAWG. The tendency has been for presentation of numbers without the stories behind those numbers. Yet there are some non-statistical aspects of VAWG that need to be understood to address it effectively."* (INGO respondent, Kenya)

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<sup>7</sup> Country not provided.

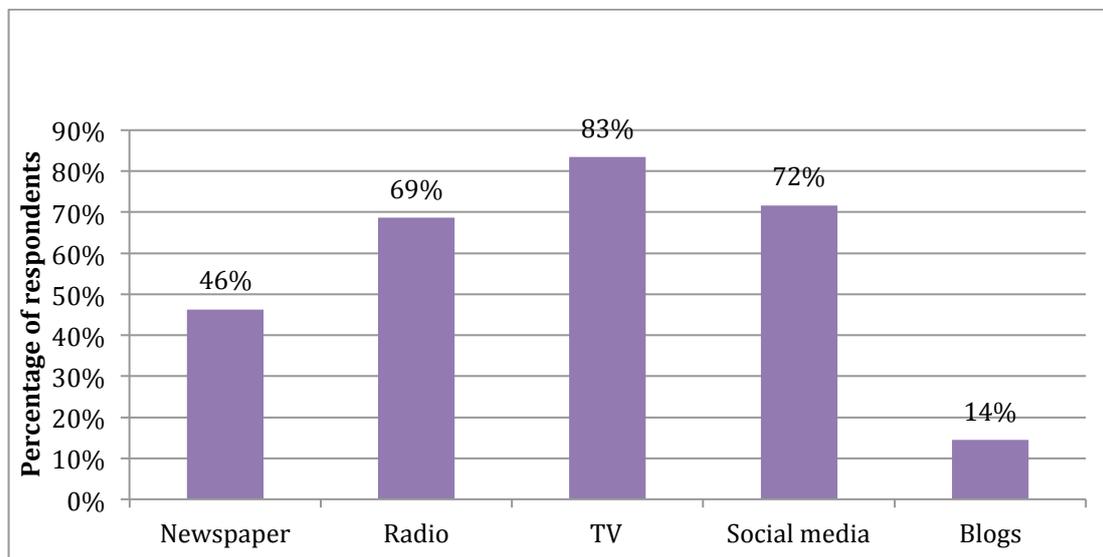
*"How can we diversify understanding of "rigorous" evidence to expand beyond RCTs?"*  
(National NGO respondent, Uganda)

Again, this is an important message for the What Works to Prevent Violence programme to conduct rigorous qualitative research and evaluation where this is the most suitable and communicate the importance of this research alongside more standard quantitative methods.

## 9. RESEARCH UPTAKE

9.1 **Respondents believe that the media/communication channel with the potential to have the most impact is TV (83%), followed by social media (72%), radio (69%), newspapers (46%) and lastly blogs (14%).** Other impactful channels mentioned by respondents included (listed in order by frequency of mention): films (6), community drama (6), advertising and posters (4), community meetings and road shows (4), community radio (3), small group participatory workshop (2), music (2), magazines (2), face-to-face (1), games (1), mosques (1), tribal councils (1), Facebook (1), online news (1), poetry/arts in public spaces (1), sport (1) and creation of VAWG country networks (1).

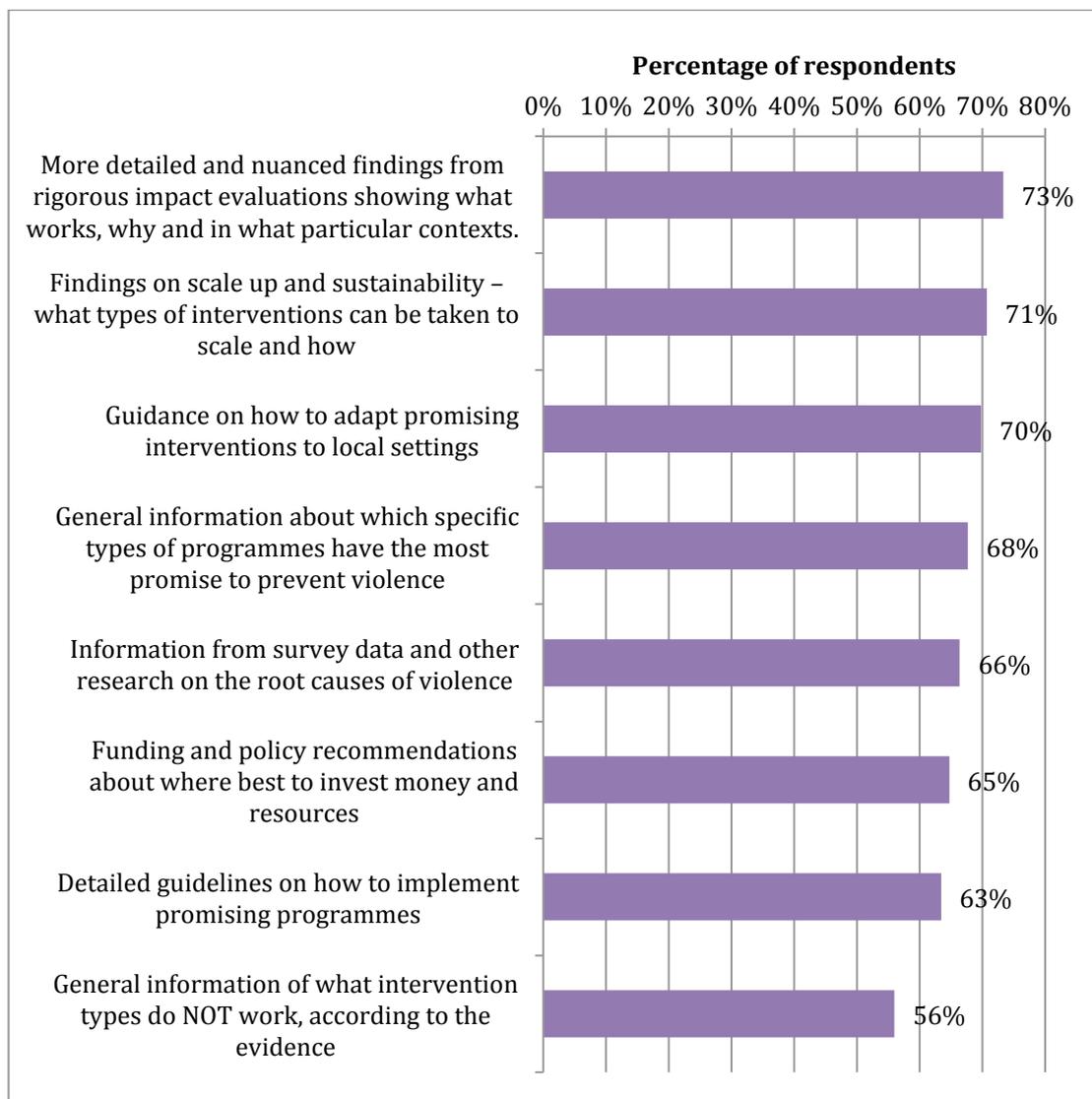
**Figure 19: Types of media and communications channels that are most impactful**



9.2 The potential of media and communication channels varies by type of organisation. **Social media was the most impactful channel for respondents working for CBOs, government, and donors.** There was little significant difference in responses from different countries.

9.3 When asked what specific information they would most like to see distilled from the What Works to Prevent Violence scientific findings, **respondents prioritised detailed and nuanced findings from rigorous impact evaluations (73%** of respondents), closely followed by findings on scale-up and sustainability (71%), guidance on how to adapt interventions (70%), general information on promising types of programmes (68%), information on root causes (66%), funding and policy recommendations (65%), and detailed guidelines (63%) and lastly what does not work (56%). There is only a narrow difference between the scores and all were ticked by at least half of respondents, suggesting that all these different types of information would be of some value should funds permit

**Figure 20: Type of information wanted from the What Works scientific findings**



9.4 Respondents from different organisations valued different types of information (see Table 5). For example, **although general information of what interventions types do not work was the least valued information overall (56% of all respondents), this type of information was rated highest by donors and UN agencies (86%),** and consultants and private sector respondents (67%).

**Table 5: Prioritisation of different types of information, by type of respondent**

(Green = most valued information)<sup>8</sup>

	CBO	National NGO	International NGO	Donor and UN agency	Government	Academics	Consultants and private
More detailed and nuanced findings from rigorous impact evaluations			1		1	1	
Findings on scale up and sustainability	3	1	2				1
Guidance on how to adapt promising interventions to local settings	2	2	3	2			
General information about which specific types of interventions have the most promise	1	2			3	2	1
Information from survey data and other research on root causes of violence						3	1
Funding and policy recommendations about where to invest money and resources		2					
Detailed guidance on how to implement promising programmes		2			2		
General information of what types of intervention do NOT work				1		3	1

<sup>8</sup> For donor and UN agencies, and consultants and the private sector, only the highest ranked types of information are included many of the other options were evenly scored.

9.5 Other types of information respondents said they would like to see distilled from the What Works to Prevent Violence scientific findings included:

- how to access funding and who is willing to invest in VAWG (3 respondents)
- best methods for evaluating programmes (1)
- up-to-date training resources (1)
- working with local organisations on VAWG (1)
- cutting-edge knowledge from different settings on VAWG (1).

9.6 In the comments section, respondents also highlighted the importance of tailoring the What Works to Prevent Violence messages for different audiences and particularly to ensure the research findings are easily digestible and provide practical recommendations for policymakers and practitioners. For example:

*“Shouldn't be wordy ... Bullet points used where possible”* (International NGO respondent, Pakistan).

*“Research should provide practical solutions”* (National NGO respondent, Sierra Leone).

*“Having access to data is great, but it needs to be kept simple enough to be understood by people who are not research specialists. Having data accompanied by narrative information is helpful.”* (International NGO respondent, Cyprus).

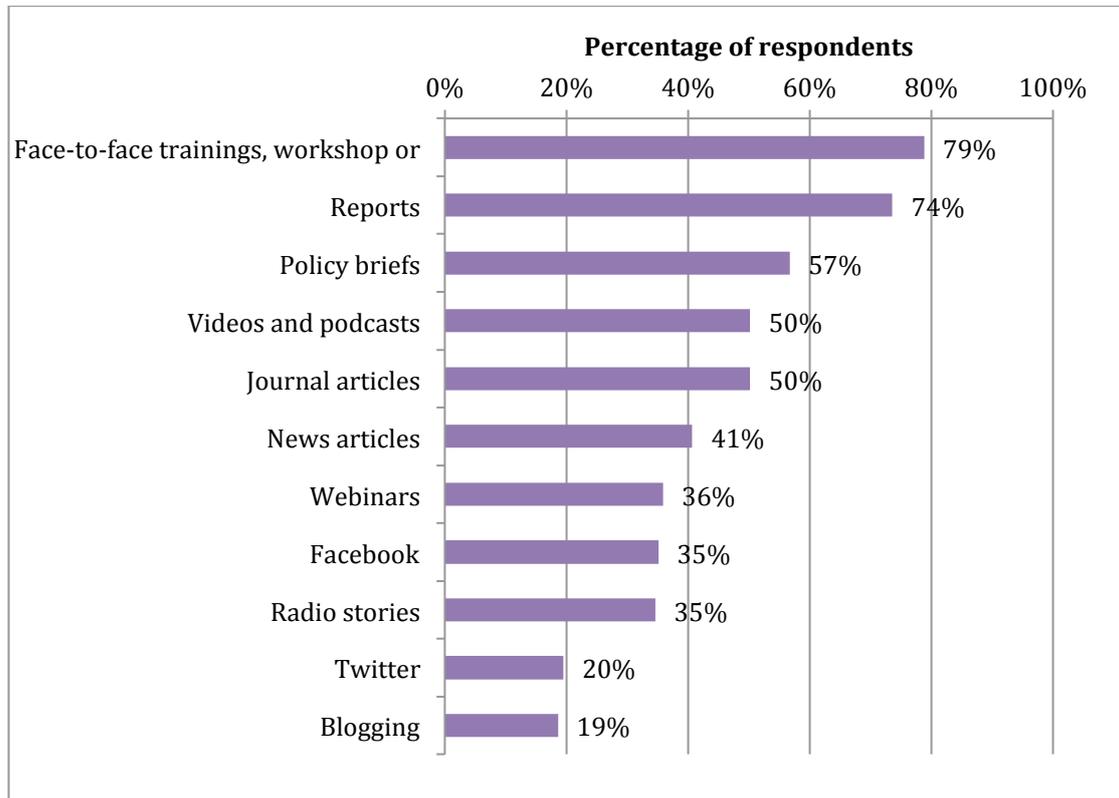
*“Evidence-based interventions are gaining ground in the efforts on preventing VAWG, one challenge is to translate the evidence into easily understood, actionable suggestions for stakeholders in the forefront, e.g. community-based organisations.”* (International NGO respondent, China).

9.7 These findings are extremely important for What Works to Prevent Violence in moving forward. We often assume that we need to simplify messages and stakeholders are only interested in the top level findings. However there is clearly an appetite for the details and nuanced evidence. The What Works to Prevent Violence programme will need to ensure that it balances the different needs of different audiences and find ways to communicate the complex and nuanced findings in accessible ways.

9.8 Respondents preferred standard communication products for the What Works to Prevent Violence research, such as: face-to-face trainings, workshops or presentations at conferences (79%), reports (74%), policy briefs (57%), and journal articles (50%). However, there was also a smaller, but still substantial, appetite for disseminating through the media and the internet, including videos/podcasts (50%), news articles (41%), webinars (36%), Facebook (35%), radio (35%), Twitter (20%), and blogging (19%). Respondents also said they would welcome the following types of communication products: testimonies, success

stories from women and girls, exposure visits, email newsletter, SMS, and posters with VAWG messages.

**Figure 21: Preferred formats of communications products**



9.9 Analysis of differences by type of respondent shows similar preferences for communication products, with the exception of academics who preferred journal articles (83% of academics). Consultants and private sector (73%), and donor and UN respondents (71%) were also particularly keen on policy briefs.

9.10 Several respondents also said they would like to see an online portal where all information can be shared, not just aimed at the What Works to Prevent Violence priority countries, but available to all to access and contribute documents. For example:

*"It would be helpful to have most articles, research and other evidence-based reports about VAWG listed in one database - an online searchable library from which they could be downloaded. Currently many organizations publish research about VAWG prevention, response, programming, good practices, changing social norms, etc., but it is sometimes hard to keep track and find them because every organization publishes them on their own websites and there is no one place where they could all be found."* (National NGO respondent, Nepal)

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*“Although it makes sense why What Works only does studies in DFID-priority countries, it would be great if interventions in other countries that may be promising could also contribute to the global field of knowledge.” (CBO respondent, United States)*

## 10. IMPLICATIONS FOR THE ‘WHAT WORKS’ PROGRAMME STRATEGY

The large number of respondents and the findings themselves demonstrate that there is an immense appetite for, and interest in, the What Works to Prevent Violence mandate. There is a great desire to know what works, however there remains some gaps in the understanding of drivers of violence and what the evidence suggests is effective. The findings of the survey have important implications for the What Works to Prevent Violence programme’s communication and research uptake strategies, and the programme will work to address these conclusions:

**10.1 Support VAWG stakeholders to attract funding by building their understanding of what initiatives work and developing their capacity to demonstrate how their programme will be effective.** VAWG stakeholders expressed a strong demand to understand what initiatives work and recognise that they will be more successful in attracting funding if they can demonstrate that a programme will be effective. Almost all respondents either strongly agree (34%) or agree (45%) they could get more funds for VAWG prevention if they could show what initiatives work.

**10.2 Recognise the importance of providing guidance on how to adapt effective interventions to different settings.** Although the scientific evidence of effectiveness is an important consideration, the key factor influencing decision making on which services of prevention interventions to provide, fund or recommend continues to be local adaptability.

**10.3 Develop a sensitive targeted approach for national NGOs.** Although national NGO respondents are the most confident stakeholder group with the highest proportions who believe they know what works to prevent VAWG, national NGO respondents were also more likely to choose intervention options that were not informed by the latest evidence. This is a key finding, as it suggests that that even where people think they have knowledge about what works, they may be misinformed and our communications will have to address this. National NGOs were also most likely to encounter problems, such as lack of funding for VAWG prevention, VAWG not being seen as a problem locally, and not being able to justify investing in preventing VAWG as good value for money.

**10.4 Develop and implement research uptake strategies to reach out to policymakers and donors in particular.** These were the group that responded least to the survey which was shared through various networks. This may be because they are particularly busy or because they are less inclined to respond to a survey, nevertheless they are vital

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stakeholders and What Works to Prevent Violence must find ways to communicate and engage with them in ways that get results.

**10.5 Advance and promote a consistent understanding of risk factors across different stakeholders.** Almost all respondents (94%) identified women's economic dependency on men as a key risk factor / root cause for violence against women, although the research suggests it is not necessarily the strongest risk factor across settings. More concerning findings included the majority of national NGO respondents and government service providers that agreed a girl saying 'no' is a key root cause of VAWG. Almost half of respondents thought violence is still a concern mainly in poorer communities – another perception that needs to be carefully unpacked (though it may be due to the survey wording).

**10.6 Maintain a balance between building capacity to conduct both rigorous quantitative and qualitative/participatory research and evaluation.** Several respondents highlighted how lack of funding and experience creates difficulties for smaller organisations in conducting rigorous quantitative or impact evaluations on VAWG.

**10.7 Where possible, attempt to make the connections between research on VAWG prevention and response, and ensure that the importance of VAWG response remains part of What Works to Prevent Violence's communication.** While recognising the focus of the What Works to Prevent Violence programme is on VAWG prevention, it is also important to acknowledge that there are some concerns amongst stakeholders that the emphasis on prevention should not be at the expense of services for survivors of VAWG.

**10.8 Use a multi-layered strategy to communicate the complex and nuanced findings in variable but accessible ways. A key finding was that stakeholders are most interested in nuanced findings, rather than generalised messages.** However, the survey findings reveal a multiplicity of needs in terms of communicating those findings – some stakeholders are keen for top-level findings in policy briefs, others want actionable solutions that can be easily understood by practitioners, while others still are interested in the complexity and details of the survey data.

**10.9 Develop a central online portal for sharing findings** – not just for communicating What Works to Prevent Violence programme findings or for DFID focus countries, but a place for all stakeholders interested in VAWG prevention to share their research and interact with each other.

