WhatWorks
TO PREVENT VIOLENCE
A Global Programme To Prevent Violence Against Women and Girls

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Preventing violence against women and girls

Community activism approaches to shift harmful gender attitudes, roles and social norms

EVIDENCE REVIEW

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INTRODUCTION

Violence against women and girls (VAWG) is driven in part by gender attitudes, norms on gender inequality and the acceptability of violence, which are socially reproduced and shared. Women's rights organizations across the global south have dedicated themselves to challenging these. Early evaluations of work they have championed has shown that sufficiently equipped community volunteers, guided in a long-term structured programme, can enable widespread diffusion of new ideas on gender and VAWG and ultimately achieve changes in harmful attitudes and norms across communities.

DFID's What Works to Prevent Violence against Women and Girls Global Programme (*What Works*) has generated new evidence on the effect of these interventions in a range of settings – from rural areas and small towns of the Eastern Democratic Republic of the Congo (DRC), Ghana, Rwanda, Nepal, to urban informal settlements in South Africa. Rigorous evaluations have shown the potential for preventing VAWG through multi-year, intensive change interventions with well-trained and supported community action teams, that purposefully engage both women and men to effect change.

Effective interventions evaluated under *What Works* had multiple avenues for achieving impact, including speaking out about violence and gender inequality, and challenging their legitimacy. Many interventions provided direct training to community members to support non-violence, often in workshops providing communication skills, building empathy and enabling critical reflection. Some engaged directly with women and couples experiencing and using violence and strengthened their access to care and support. They also engaged and equipped religious, traditional and local leaders to better understand and support VAWG survivors and to promote actions to address VAWG, and constructively engaged formal services in the health and justice sectors. They worked over multiple years with large numbers of men and women who were carefully selected from within communities, and trained, supported and retained to lead behaviour change activities.

Gender attitudes, roles and social norms in VAWG prevention

The drivers of VAWG are multifactorial, as classically illustrated in the socioecological model.[1] Among these factors, gender-inequitable attitudes, roles and harmful social norms, which include those pertaining to the use of violence, are some of the most powerful. These factors define behavioural expectations, rules and entitlements to power in communities for men and women of different ages, and interact with other social identities, including class, race, sexuality and disability. Figure 1 illustrates how specific attitudes and practice about gender equality and violence, and their underpinning values and power relations, reflect and reproduce broad social norms on gender and violence in mutually reinforcing ways.

FIGURE 1: Social norms and violence against women and girls

Ideas about gender and power are socially learnt: usually 'taken-for-granted' patterns of thought and behaviour, rather than deliberately followed. Social norms theory defines them as behavioural patterns (what we as individuals do), collective attitudes (what we as a group think and feel about something) and individual beliefs about the behaviours and attitudes of others (what I think others would do and think).[2,3] Each differs slightly from the other and all three influence the behaviours of people, albeit in different ways.

Social norms are not the same as individual attitudes and there is much debate on how they should be measured. In many of the *What Works* studies, questions about 'what my community thinks' – in contrast with 'what I think' – were used as a measure of social norms. In the study in Tajikistan, for example, research participants were asked whether they agreed or disagreed on a four-point scale with a statement: 'In this community many people think that if a wife does something wrong her husband has the right to punish her'. This was contrasted with a statement: 'I think that if a wife in my family does something wrong her husband has the right to punish her'. The two perceptions were clearly connected, with changes seen over time in both.

There are multiple ways of thinking and behaving within a social group; individuals may think and behave differently depending on the group they are with (these are often referred to as *reference groups* in social norms literature). This adds a layer of complexity to our understanding of what people and groups think and do, but also creates possibilities for change.

Ideas may also be undermined by practice. For example, traditional inequitable gender roles may be undermined at a micro-level by a woman who leads decision-making at home, or a husband who respects his wife and shares domestic work. This may not lead to rapid revolutions in thinking about gender norms but, if promoted at a wider scale, may lead to shifts and to the evolution of new, more gender-equitable norms that have the potential to influence the younger generation. Indeed, gendered behaviours can shift before attitudes consciously do, and vice versa.

There is an emerging recognition that norms-based strategies may not be sufficient to reduce violence, because social norms are just a part of the portfolio of drivers of violence in any setting.[4] Social norms change may be more effective when embedded as a VAWG reduction strategy in programmes that address multiple drivers of violence.

Indashyikirwa, Rwanda. *Photo: Peter Caton*

WHAT WORKS INTERVENTIONS TO CHANGE SOCIAL NORMS: EVIDENCE OF EFFECTIVENESS

Prior to *What Works*, there were only three rigorous evaluations of violence prevention programmes seeking to change social norms, due to the difficulties in evaluating such complex interventions. Two interventions in Uganda did provide rigorous evidence that community wide interventions that seek to change harmful social norms can impact women's experiences of VAWG across communities.

The first was the *SASA!* intervention developed by Raising Voices, which works with trained and supported community activists over a three-year period. Evaluation of *SASA!* found a reduction in acceptability of physical IPV among women, greater acceptability of women refusing sex among women and men, and some evidence of a reduction in physical IPV.[5]

The second intervention – the Safe Homes And Respect for Everyone (SHARE) project, also partly developed from *SASA!* – deployed a community-wide intervention with varied community action and work by volunteers, as well as workshop components over three years. Although the evaluation found statistically significant reductions in physical and sexual IPV reported by women (21% and 20%, respectively), there was no change in perpetration disclosed by men.[6] These two interventions highlighted the importance of understanding more about the power and potential of social norms change interventions in other settings.

What Works has built on and considerably advanced the global knowledge base through a further five evaluations of community activism approaches to shift harmful norms across diverse settings. These are summarized on the following pages.

The Rural Response System (RRS) to prevent VAWG in central and coastal regions of Ghana

Context: Two districts in central Ghana: one inland, mostly rural district where participants lived in small villages and towns and were mainly farmers; and, one coastal district with small towns and many households living from fishing.

Intervention: The intervention aimed to reduce VAW by changing community attitudes, norms and behaviours towards gender inequality and VAW.

- A six-person Community Based Action Team (COMBAT) nominated by the community (women and men) trained for three weeks over a three-month period, was deployed per community to facilitate activities around gender, VAWG, the law and provide counselling for couples experiencing strife and violence.
- The team engaged community members through activities such as discussions at funerals or at parent–teacher association meetings to raise awareness about the types and consequences of VAWG, challenge inequitable gender attitudes, inform on inheritance law, provide mediation and counselling for couples, engage leaders and state actors and strengthen linkages to violence response services.
- The intervention was implemented over 18 months with work supported by a manual.

Implementation team: Gender Studies and Human Rights Documentation Centre (Gender Centre)

Research methods

- A two-arm quasi-experimental study with a qualitative component, assessed the impact of the RRS intervention in 40 localities within four districts (two inland and two coastal).
- Data were collected by randomly sampled household surveys conducted at baseline (2000 women and 2126 men) and 24 months later (2198 women and 2328).

For more information see the **intervention brief[a] and curricula**.[b]

Overview of results: Evidence of a statistically significant reduction in sexual IPV, male controlling behaviour, and depression reported by women. Women also reported reductions in physical IPV (not statistically significant). There is some evidence of lower emotional IPV perpetration by men, although changes were not statistically significant. Reports of sexual IPV perpetration increased, although this was non-significant and may be due to increased awareness of this type of violence.

a. What Works. COMBAT – A Rural Response to Preventing Violence Against Women and Girls. Evidence brief. June 2018

b. Gender Rights and Human Rights Documentation Centre. *Violence against Women: A Training Manual*.

Engaging with Faith Groups to Prevent VAWG in Conflict-affected Communities in the Democratic Republic of Congo (DRC)

Context: The intervention was delivered in three health zones of Ituri Province in eastern DRC. Participants came from 14 villages and a small town. Areas were directly affected by conflict in the year prior to the start of the study and subsequent to its end.

Intervention: The intervention aimed to challenge inequitable gender norms, promote positive masculinities and gender equality, and create spaces where survivors of violence are supported by their communities.

- Initially, 75 male and female Christian and Muslim faith leaders were trained to reflect and share messages on gender equality and non-violence and encouraged to incorporate what they had learned into sermons, prayer groups, youth groups, and counselling.
- Fifteen men and fifteen women (including lay leaders of youth, women's or men's groups) were trained through a curriculum over three days as 'Gender Champions' to engage men and women in the wider community through a series of Community Dialogues. These were held for single-sex groups of 8 to 10 participants once a week for two hours over six weeks, following a curriculum. Each gender champion ran 18 groups. The dialogues focused on gender equality and violence and worked through critical reflection and conflict-resolution skills.
- Fifteen community activists were identified and trained per community. They were community leaders who lived in the community and had some resources or networks that could be used to support survivors to access services. After being trained for two days they held sensitization activities at a community level (e.g. in the market or other places where people meet), gave information and offered support to survivors. They ran group discussions with community members around topics in their manual. The intervention was implemented over 29 months.

Implementation team: Tearfund and Heal Africa

Research methods

- Repeated community random-sample household surveys were conducted before and after the intervention (30 months later).
- At baseline the sample comprised 751 respondents (387 women, 364 men) and at endline 1198 respondents (601 women, 597 men).

For more information see the **brief**[c] on key findings, and the **curricula**.[d,e]

Overview of results: There was evidence of a substantial reduction of over 50% in physical and sexual IPV as well as non-partner sexual violence, which reduced more than five-fold. Beliefs justifying wife-beating and men's entitlement to sex also reduced significantly. However, in the absence of a control arm or mixed research methods some caution is needed in attributing the effect to the intervention.

c. Tearfund. Rethinking Relationships. From violence to equality in the DRC: An evidence brief. 2019.

d. Tearfund. *Dialogues Communautaires, Promouvoir des relations respectueuses et des communautés équitables*. 2007.

e. Tearfund. Transformer Les Masculinités – Guide Rapide. 2007.

Change Starts at Home, in Nepal

Context: The intervention was delivered in three rural districts (Nawalparasi, Kapilvastu, and Chitwan). All three districts were more than 80% Hindu and had some of the highest IPV prevalence in Nepal.

Intervention: The intervention aims to address social norms, attitudes and behaviours that perpetuate the low status of women and girls and their risk of IPV. The Change strategy has four core components:

- A 38-week, 30-minute edutainment radio programme involving drama and discussion elements, which was aired across the three districts.
- A 40-week couples' curriculum delivered to 360 married couples via weekly two-hour-long facilitated Listening and Discussion Groups (LDGs).
- Wider community engagement largely through LDG-organized activities, with the last three months of the curriculum focussed on community outreach, whereby each member was asked to do one activity per month for three months.
- Two workshops for religious and community leaders.

Informed by both the radio content and the curriculum, and guided by 72 trained local facilitators, the LDGs provided a safe space for couples to critically reflect on existing harmful gender norms, learn new life skills and renegotiate more mutually respectful relationships.

Implementation team: Equal Access and Vijaya Development Resource Centre

Research methods

- A before-and-after survey was conducted with 360 women members of listening groups.
- A two-arm cluster-randomized control trial with a qualitative component assessed the effectiveness of the intervention over 28 months among 1440 women living in 36 village development communities.
- Qualitative research was conducted with 18 couples in the listeners' groups.

For more information see the links to the **article**[f] on key findings, and the **curricula**.[g]

Overview of results: The evaluation investigated whether it was possible to intensively intervene with a sub-group within the community and detect impact on the broader community through diffusion of new ideas.

Although there were positive changes in some secondary outcomes relating to relationship quality and skills, the nine-month curriculum did not show a reduction in women's exposure to IPV, and there was no evidence of benefit in the community from the diffusion activities. Although the prevalence of past-year physical IPV declined significantly, to a greater extent in the control communities than in intervention communities, this may be a chance finding.

f. Clark, C.J., Ferguson, G., Shrestha, B., Shrestha, P.N., Oakes, J.M., Gupta, J., McGhee, S., Cheong, Y.F. and Yount, K.M., 2018. Social norms and women's risk of intimate partner violence in Nepal. *Social Science & Medicine,* 202, pp.162-169.

g. Equal Access International. *BIG Change Curriculum: A Discussion Guide for Prevention of Intimate Partner Violence*. 2017.

The Sonke Community Health Action for Norms and Gender Equity (CHANGE) trial in South Africa

Context: A peri-urban area on the outskirts of Johannesburg (one third formal housing and two thirds informal housing), with exceedingly high levels of poverty, limited work opportunities and high levels of violence and alcohol use.

Intervention: This intervention aimed to reduce the perpetration of VAW through training and deploying community mobilizers and community action teams.

- Door-to-door mobilization and discussions: two-day and three- to five-hour-long community-based workshops, provoking discussions through community murals and two- to three-hour community dialogues.
- Facilitating activism to challenge local authorities to improve services.
- Workshops: Held for two days, six hours a day. Their content was drawn from a curriculum which outlined six different workshops. There was no expectation that participants would attend all six workshops or that they should stay for the whole of a two-day workshop. The focus was on challenging ideas on gender inequity and the use of violence, with one session covered negotiating skills.
- There were 18 active volunteer community action team members at any one time who received two days of training. They worked with six full-time community mobilizers who led the workshops and had 10 days of training.

Implementation team: Sonke Gender Justice

Research methods

- A two arm cluster randomized controlled trial (RCT) with a qualitative component conducted with a cohort of 1458 men to determine the effectiveness of the intervention to prevent VAW perpetration by men over two years.

For more information, see the **article** on the project protocol.[h]

Overview of results: The evaluation showed no evidence of positive impact on men's use of IPV or non-partner sexual violence overall but may have been more beneficial for men who were less violent at baseline.

A secondary analysis using Latent Class Analysis suggested that among the men living in intervention communities there was a greater reduction in IPV among less violent and more law abiding men than among more highly violent men, although the differences did not reach statistical significance.

h. Christofides, N.J., Hatcher, A.M., Pino, A., Rebombo, D., McBride, R.S., Anderson, A. and Peacock, D., 2018. A cluster randomised controlled trial to determine the effect of community mobilisation and advocacy on men's use of violence in periurban South Africa: study protocol. *BMJ open*, 8(3), p.e017579.

Indashyikirwa: Community activism led by trained couples, opinion leader training and women's safe spaces in rural Rwanda

Context: *Indashyikirwa* was implemented in seven districts in the Eastern, Northern and Western provinces of Rwanda, in predominantly rural, widely dispersed communities.

Intervention: The intervention aimed to shift attitudes, practices and social norms that perpetuate gender inequality and VAW through a community-level violence prevention programme implemented in 14 sectors. Activities included participatory curricula with couples, opinion leader training, community activism activities, and the creation of women's spaces as safe venues whereby community members could interact and obtain support.

- **Community activism** was led by 500 men and women who initially attended a six-month gender transformative couples intervention, and then volunteered for further 10 days of training to equip them to implement community activism activities, in a programme that drew on *SASA!* They were expected to run three to four activities per month over 19 months.
- **Safe-space facilitators** were trained for 10 days. Safe spaces were open three times a week for 22 months and offered income-generating activities and handicraft skills training, as well as raising awareness and supporting women, girls and male survivors (and to some extent male perpetrators) through counselling and facilitating access to services.
- **Opinion leaders** also received 10 days of training and provided support to survivors and raised awareness over 30 months.

Implementation team: CARE International, Rwanda Men's Resource Centre (RWAMREC) and Rwanda Women's Network (RWN)

Research methods:

- A two-arm cluster-randomized control trial with data collected through a pair of community household surveys conducted in 28 clusters (sectors) with 1400 men and 1399 women, conducted 24 months apart.
- A longitudinal qualitative research component including in-depth interviews, focus groups discussions, and observations of programme activities.

For more information see the **article**.[i]

Overview of results: The qualitative research pointed to a positive trajectory of change across the community, with less acceptance of VAW and more support for survivors. The women's safe spaces were very well used and appreciated. However, the RCT results showed no evidence of a reduction in IPV in the community, although a separate RCT conducted to evaluate the impact of the couples' intervention found that women's odds of experiencing physical violence and/or forced sex in marriage were 55% lower among couples who participated in the couples' curriculum compared to those who did not.

i. Stern, E. and Carlson, K., 2019. Indashyikirwa Women's Safe Spaces: Informal Response for Survivors of IPV within a Rwandan Prevention Programme. *Social Sciences*, 8(3), p.76.

Indashyikirwa, Rwanda. *Photo: Peter Caton*

WHAT WORKS AND WHY?
A DISCUSSION OF THE FINDINGS

Intimate partner violence

The *What Works* evaluations have shown that social norm change interventions can achieve significant reductions in IPV of up to, or more than, 50%, within programmatic timelines. However, these are highly complex behavioural change interventions, and not all of them demonstrated an impact on reducing VAWG. Some projects positively affected precursors to violence (e.g. through reduced acceptability of IPV and more responsive and supportive community responses to survivors reported in Rwanda), but had not translated into reduced violence within the timeframe of the evaluation. In some settings the intervention (or its intensity) may have been insufficient.

Eastern DRC

In eastern DRC, a substantially lower prevalence of physical and sexual IPV was reported in the past year (Figure 2). Men's reports of physical IPV perpetration were two-thirds lower than at baseline and the percentage of women experiencing IPV halved. This intervention was delivered over an extended period of time and there was a very high intensity of activity. About 1 in 16 (6%) of the adults in the villages attended the six-session workshop. In addition to this, 75 faith leaders worked through their activities and 225 community action team members were deployed supporting survivors and publicly opening discussions. The community at baseline had high levels of violence and stigmatization of survivors and the intervention's different elements challenged the victim-blaming and ostracization of women survivors through directly assisting them and sending a strong message that VAW matters.

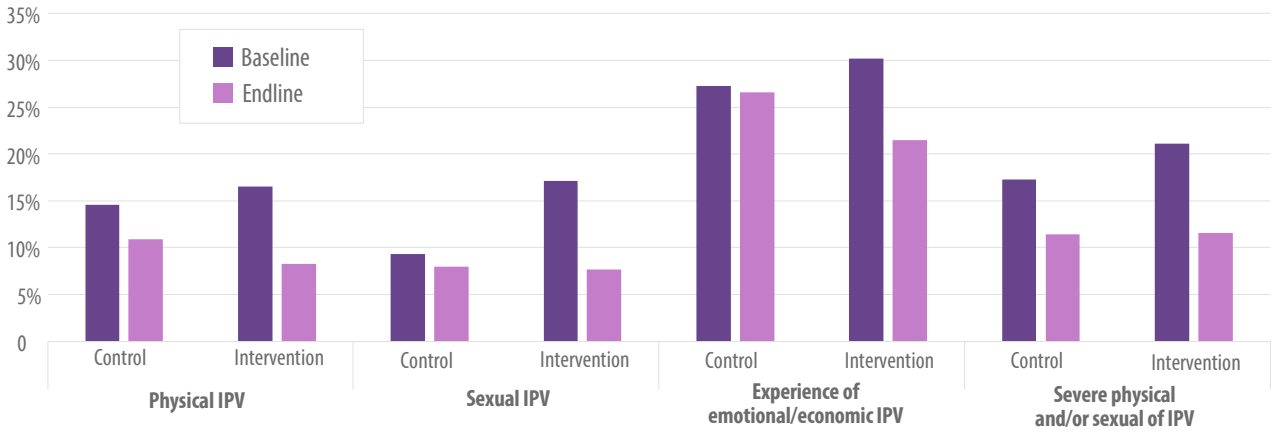

FIGURE 2: Prevalence of past year perpetration and experience of VAW among men and women interviewed in the community in eastern DRC

Ghana

In Ghana, there was a statistically significant reduction in sexual IPV experienced by women and less reports of men's controlling behaviour (Figure 3). There was a non-significant change in the direction of impact for all other measures of IPV reported by men and by women. The intervention was also very intensive, with more than 1 in 10 women in the random cross-sectional sample of the community receiving a home visit. The 120 community action team members were very actively engaged in challenging norms on gender inequality and violence and communicating information on provisions of the law, especially on inheritance where there is no will and on not beating children. They actively engaged in supporting women and couples experiencing VAW and sought to mediate and enable conversation around these issues. They also engaged traditional and faith leadership and State actors to deepen their understanding of VAW survivors and how they could assist them. This effectively broke the silence around VAW and gender issues and challenged the social acceptance of violence. This helped survivors while also actively demonstrating the value of non-violence.

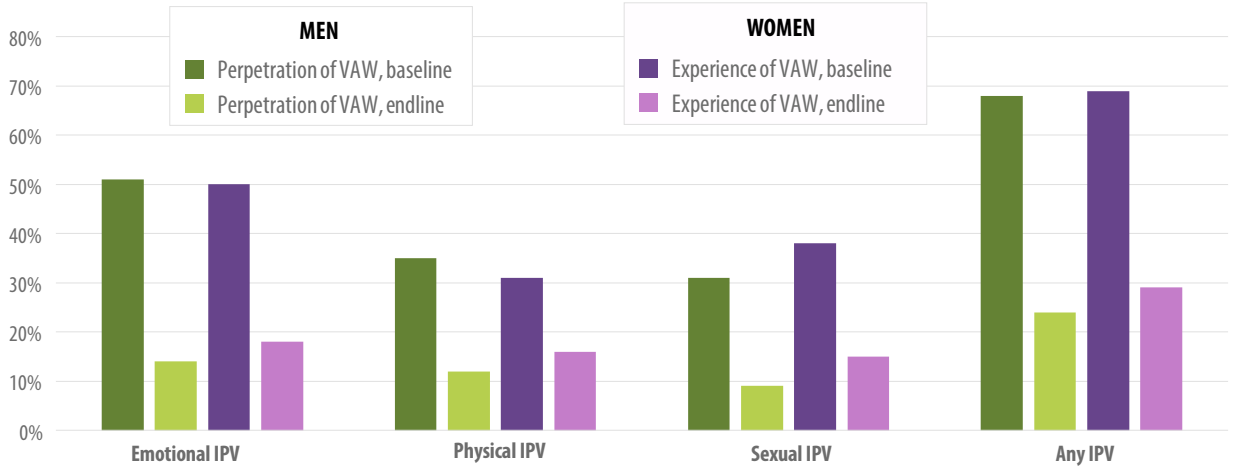

FIGURE 3: Past year experience of VAW among women interviewed in the community in Ghana

South Africa

In South Africa, the Sonke CHANGE trial, implemented in a large informal settlement in Johannesburg, had limited effect in reducing men's perpetration of IPV. Analysis of data shows that while the intervention may have had more impact on less violent men, exposure to the programme may have resulted in increased violence among the most violent men. This suggests that social norms change interventions may be less effective for the most violent men, whose behaviour may not be influenced by mainstream norms.

The intervention was also notably less intensive than some of the other social norms interventions with workshops that lacked critical elements shown elsewhere to be effective, including having a cohort of participants complete the programme, building communication skills, and using critical reflection extensively in the sessions. It was also observed that the very high levels of poverty, inequality, hunger, crime and violence challenged the intervention delivery, as the priority for men in the community was to earn money to provide for their home, which reduced their engagement. It is important to consider whether interventions delivered in such a context benefit from being demonstrably relevant to participants' most pressing daily needs when seeking to engage on issues of gender inequality and violence, for example, by including elements of economic empowerment.

Rwanda

The *Indashyikirwa* intervention in Rwanda significantly reduced men's perpetration and women's experience of IPV in couples who completed the couples' curriculum. There was a statistically significant reduction of 55% in experience of IPV among women, and a reduction of 47% in perpetration of IPV among men in couples who participated in the training 24 months after the baseline, compared to those in the control group. However, the community level survey did not indicate any significant change in IPV among the broader communities as a result of the activism efforts, despite these being very intensive. This may be due to significant delays in the roll out of certain aspects of the activism activities, especially those emphasizing and seeking to support behaviour change.

It is possible that the activism component was not as well suited to the very formal nature of Rwandan society, and this may have curtailed opportunities for informal engagement, which impacted diffusion, and limited extended reach in the communities. This type of engagement was a key element in SASA! and also the Ghana and DRC interventions. There were only 19 months for the full set of Indashyikirwa activism activities, and all materials were only available for three months, yet the SASA! fidelity brief suggests having at least three years for activism activities to sufficiently cover all phases of change – START, AWARENESS, SUPPORT, ACTION. Evidence suggests that the process of behaviour change may have been starting, but there was not time to support the intervention over a longer period to see an optimal effect.

Nepal

In Nepal, the Listening Discussion Group (LDG) members, who were followed over the course of the study through in-depth interviews, reported positive changes in their relationships as a result of the intervention. Changes included increased communication between couples around sex and financial decision-making, reduction in alcohol consumption, less quarrelling and fewer extramarital relations among men, and a more equitable distribution of roles in the household between husbands and wives. There was also good concurrence between husbands and wives in terms of reported changes in their relationships.

However, changes in these precursors to violence did not translate into a statistically significant reduction in IPV among LDG members. At nine months long, the intervention may have been too long to optimize its delivery. Its length impacted training as it was iteratively developed and had not all been written when delivery started. Further, the facilitators had not experienced it themselves, had not all previously facilitated and did not get a chance to do practice sessions prior to the study. There was also no evidence of reduced IPV among the community members who were potentially exposed through diffusion activities, although intensity was very low, with only 108 activities across the communities, and the period of formal diffusion was very short (three months). This confirms the importance of time and intensity of exposure to achieve population-level reductions in violence.

Change Starts at Home, Nepal. *Photo: Equal Access*

Impact on gender attitudes, roles and social norms

Eastern DRC

In eastern DRC, men and women showed significantly less patriarchal gender attitudes, less adherence to rape myths and less rape stigma at endline than at baseline. There was notable patterning of gender attitudes by engagement in their faith, with those who were most active having the most gender-equitable attitudes (Figure 4). For example, between baseline and endline the proportion of faith-active men and women agreeing that 'A woman should tolerate violence to keep her family together' halved (from 65.6% to 33.6%), compared to a one-third reduction among those attending religious services and a 20% reduction among those without a religion. This speaks to the importance of working with faith leaders and institutions, especially in highly religious communities, to shift harmful social norms and gender attitudes. By endline, a much greater proportion of men recognized a woman's right to refuse sex and rejected most justifications for physical violence. At baseline, 51% of men and 43% of women agreed that there are times when a woman deserves to be beaten and this had almost halved to 28% and 24% respectively at endline (P<0.001). Overall, men more often justified wife-beating and expressed sexual entitlement at baseline than women, but they changed more than women by endline, such that in many cases, fewer men than women supported justifications for wife-beating and male sexual entitlement at endline.

There were changes in survivor stigma over the study. By endline, many more IPV survivors (40%) had talked to or sought assistance from faith leaders, which changed from 2% at baseline. However, there were indications that more work was to be done; at endline, 72% of men disagreed with a statement that a man should reject his wife if she is raped, and this had changed from 53%. The promise shown by these early results suggested that more could have been achieved with longer term intervention.

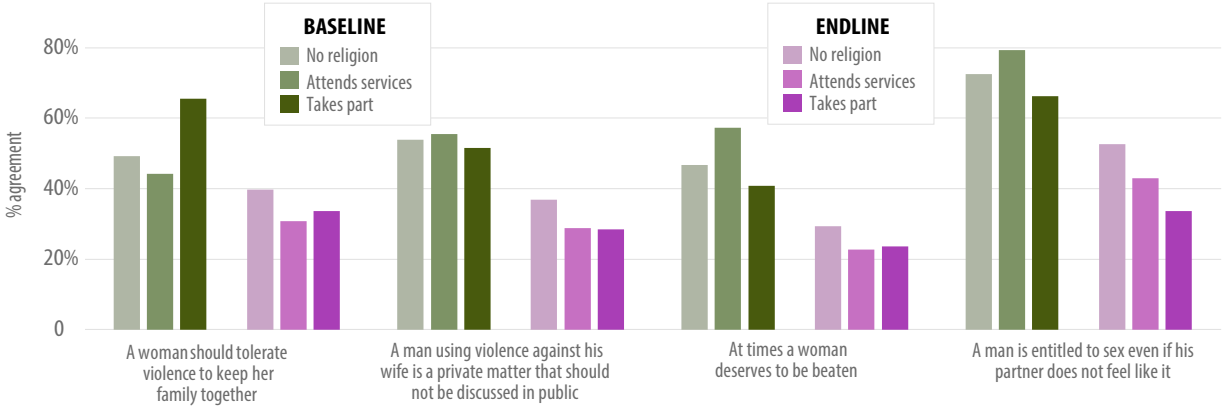

FIGURE 4: Gender attitudes by degree of faith engagement at baseline and endline in eastern DRC

Rwanda

In Rwanda, qualitative research suggests greater community-wide acceptance by endline of more equitable gender roles among men and women, such as men supporting care and domestic duties, and women taking on leadership and provider roles. Yet the qualitative research also suggested that behaviour change related to gender norms and roles may precede attitude change, related to the strong legal and policy environment promoting women's empowerment, such as men involving their spouses in property decisions even if they did not agree with this.[7] This does not align with the phased programming of activism that was implemented, which starts with attitude change and moves to behaviours. It highlights the need to consider multiple processes and theories of behaviour change to impact social norms and gender attitudes, and what is most appropriate for a particular context.

For the intervention in Rwanda, it would have been helpful to follow the phases of change less sequentially, as the activism efforts got 'stuck' in the attitude-change and awareness-raising phases because of lack of consensus on readiness to move on to materials emphasizing behaviour changes, and the difficulties of shifting rigid attitudes around gender norms, especially with certain groups.

Ghana

In Ghana, there was evidence of a positive intervention effect for both men and women impacting two different measures of gender attitudes, as well as perceived social norms on gender as reported by women. These trends were apparent across all these measures, but differences were not statistically significant.

The secondary effects: Impact on experience of controlling behaviours, use of alcohol and women's mental health

In addition to impacts on IPV, some of the interventions showed significant reductions in men's controlling behaviours and improvements in women's mental health. These were not measured in all settings.

In Ghana, women reported a significant reduction in their experiences of controlling behaviours from their partner and a reduction in depression that was statistically significant. The intervention did not include a direct component impacting depression, so this finding could be understood as another indicator that the intervention had reduced stress in women's lives in the community.

In Rwanda, women and men participating in the couples' curriculum also reported improvements in their mental health, with significant reductions in depressive symptoms compared to the control group. This suggests that by removing an important risk factor for mental ill-health, violence reduction can effectively reduce depressive symptoms, which is likely to have far reaching impacts on women and their family's health and wellbeing. In some settings, depression and/or post-traumatic stress disorder (PTSD) are drivers of violence and may need to be formally treated.

In three of the studies, alcohol use was measured as a secondary outcome. In Rwanda, many of the male community activists qualitatively reported reducing their drinking, which was supported through the couples' curriculum. Male and female activists and women's safe-space facilitators reported hosting activism activities that raised awareness of alcohol abuse as a key trigger of IPV and the benefits of reduced alcohol use, although they identified this as a difficult area to shift, and change was not reported in the community survey. Several male activists shared the value of community members witnessing them having reduced their drinking, and the associated benefits, which speaks to the importance of activists enacting the behaviours they endorse. There is a risk with community activism interventions if activists do not enact these behaviours.

In Johannesburg, the intervention did not manage to impact on men's controlling behaviours, build more equitable gender attitudes, or reduce depression or problem drinking. In Nepal, the intervention also had no impact on women's reports of the frequency of their husbands being drunk.

Rethinking Relationships, DRC. *Photo: Tearfund*

FACTORS THAT INFLUENCED EFFECTIVENESS

***What Works* research has shown that norm change interventions can achieve significant reductions in violence within a programmatic cycle – up to or over 50%. These are highly complex behavioural change interventions; they require considerable intensity and time and not all of them demonstrated a significant impact on reducing VAWG. For some projects, the intervention design, intensity and duration of implementation were insufficient to achieve an impact on VAWG.**

1. Context is critical

Interventions that were effective were contextually appropriate, and relevant to the ways in which gender norms change, and activism and diffusion play out differently in different settings. For instance, in South Africa there were difficulties training and retaining community action team members and delivering workshops in the community because of the overwhelming preoccupation with earning for survival in very poor communities.

In Ghana, the COMBATs were able to turn up at community events ranging from weddings to funerals and PTA meetings in schools and talk informally. This type of engagement, supported by COMBAT manuals and materials, was locally appropriate and important for deep diffusion of ideas. However, in Rwanda, where social engagement is very structured, such informality was found to be difficult, especially at the beginning of the programme. The activists took time to adjust to the way of working. The implementers in Rwanda drew on qualitative research and local knowledge to formally adapt *SASA!* materials to the context, including the images and content of the communication materials, and incorporating laws and traditional proverbs, but this took time and did not circumvent the difficulty of informal delivery. The findings suggest that this type of intervention could work in Rwanda, but more time would be needed.

2. Ensure a robust theoretical approach to intervention design

The interventions that were successful followed a social empowerment approach to behaviour change, and viewed it as a social process in which behaviour might change before attitudes, or vice versa. They had a strong theory of change and follow-through from its aspects into the elements of the intervention. Although in some respects all the interventions discussed here acknowledged this, there were some notable tensions with other theoretical models. Thus, a weakness in the intervention in Rwanda was the assumption that attitude change should be achieved before behaviour change and this influenced the deployment of the community activists after their initial training without all the materials they needed to be properly effective in engaging to support change in reducing violent behaviours. Interestingly, the DRC and Ghana studies both found much more significant shifts in behaviours than attitudes. This implies the need not to assume a linear direction of attitude to behaviour change and ensure a diversity of messages and approaches to simultaneously encourage attitude and behaviour changes.

In South Africa, the intervention was partly designed around the idea of promoting community activism to demand accountability of state actors, but the model had been taken from a different context (HIV-treatment activism); what this might practically mean for VAW prevention had not been fully thought through. This piece was thus not implemented.

A further challenge was that the intervention was developed to focus on holding men accountable for their use of violence, but this did not take into account the fact that the community activism was often led by women. What women might want and need from a VAW prevention intervention had been not been fully considered; notably, survivor support was not offered.

In Nepal, the logistics of delivering a very long intervention for couples had not been thoroughly envisioned, especially with regard to the impact this might have on staff preparedness to deliver it. The idea of community activism by the couples was potentially viable but there was not sufficient support for this component to be delivered at the intensity required for it to be effective.

3. Ensure sufficient duration and coverage

What Works findings highlight: a) the importance of allowing sufficient time for social norm change approaches to achieve change (18-36 months was the range at which changes in VAW were first evident) and b) having programmes at sufficient intensity. Light-touch interventions and short programmes were not effective.

The intervention time required is much longer with social norm change interventions than, for example, with exclusively workshop-based ones, because the theory of change requires ideas to be disseminated through communities, usually driven by volunteers as key change agents. The work of the volunteer activists in 'organized diffusion' of ideas through the community clearly has the potential for effective social norms change, but ensuring wide enough reach to shift harmful social norms requires meaningfully engaging large numbers of people and social groups in a setting where an intervention is delivered.[8]

The number of people attending community events is not always the best marker of engagement; the depth of engagement with women and couples experiencing IPV and working through a programme with groups from the community seemed to be very intense but effective strategies. For example, the intervention in Ghana did manage to show positive impacts after just 18 months of programming; we assume this was because of the major focus on engaging couples affected by violence. In Ghana, more than one in ten women in the random cross-sectional sample of the community had received a home visit. In the eastern DRC, the level of engagement was also very high, with 70.7% of male respondents and 66.7% of women having attended public talks, discussions or counselling.

This takes time and needs to be intentionally programmed. In Rwanda, evidence suggested that community activism had just begun to start reaping benefits when the programme ended. Experience from other settings suggests that the programme would have had to continue for at least another 18 to 24 months to have had a reasonable chance of detecting a shift in behaviour around violence at the population level.

4. Build in 'essential elements' of effective norm change interventions

Although their approaches varied, there were common elements across the effective interventions. In particular, they combined behaviour change communication activities (such as use of radio or public talks), which are not generally effective on their own, with opportunities for interpersonal communication, skills-building, and changes in thinking through structured participatory approaches and critical reflection. The workshops or trainings were based on theories of gender and power and used effective learning methods, including those that developed critical reflection skills, communication, empathy and leadership in VAWG prevention.

Indashyikirwa, Rwanda. *Photo: Peter Caton*

5. Integrate support for IPV survivors alongside primary prevention

There was evidence that interventions are more effective when there is support provided for survivors of violence. This may have helped in three ways: by directly demonstrating care for survivors and assistance in seeking redress, the programmes showed that VAWG has a major impact on survivors and is disapproved of by the community activists and their networks. This directly challenges any possible complacency about 'what others think about VAW in the community' and so is important for social norms change. Further, direct engagement with couples – especially in Ghana, Rwanda and DRC where the activists had basic counselling skills to enable conversations between husbands and wives – would have taken this view on violence into the heart of affected families and may have also assisted longer term conflict resolution. Several of the projects assisted with access to health care and justice (notably Ghana, DRC and Rwanda), and worked with state actors to seek to strengthen their performance and influence their attitudes towards work with survivors.

6. Engage community leadership structures

Effective interventions sought to constructively engage with community leadership structures – both religious leadership and traditional leadership – as well as police, health and social services, where available. They built service providers' understanding of VAW and of appropriate responses. For example, in Ghana they reinforced the need to deal with criminal matters, such as rape and assault, in formal courts and not in traditional justice courts. Leaders were influential in social norms change efforts in rural areas where it was necessary to engage them to ensure safety and access for activists.

7. Carefully select, train and supervise a cadre of facilitators or community activists

Interventions with community action teams were delivered by highly trained community activists and facilitators. Effective interventions had community activists who were known in their community to be respected, gender equitable and non-violent. This did not happen in projects where all volunteers were accepted, as in South Africa. Community activists were usually trained in a staggered fashion, which better accommodated the fact that they had other occupations. Their training needed to be sufficiently long to impart information, as well as to strengthen their own attitudes and provide critical skills for public engagement and often counselling.

Effective community activists were given materials with which to work in the community. For example, there were manuals in Ghana, Rwanda and for the gender champions in DRC. This was critical to equip activists to model the behaviours and norms they endorse, and harness trust from community members. When deployed, community activists needed considerable support and encouragement in their work, as well as active monitoring to ensure they stayed on script. It also required considerable staffing from the programming organization.

CONCLUSION

Much has been learned through *What Works* about interventions to change social norms. The challenge that lies before partners active in the field is to leverage this new learning for more innovation, to reach more people and those who are hardest to reach. Most importantly, we have shown that collectively we can end violence against women and girls.

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Cover image: Change starts at home, Nepal. Equal Access.

ABOUT WHAT WORKS

The *What Works to Prevent Violence against Women and Girls Programme* is a flagship programme from the UK Department for International Development, which is investing an unprecedented £25 million over five years to the prevention of violence against women and girls. It supports primary prevention efforts across Africa and Asia that seek to understand and address the underlying causes of violence, and to stop it from occurring. Through three complementary components, the programme focuses on generating evidence from rigorous primary research and evaluations of existing interventions to understanding what works to prevent violence against women and girls generally, and in fragile and conflict areas. Additionally the programme estimates social and economic costs of violence against women and girls, developing the economic case for investing in prevention.

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