



What Works

TO PREVENT VIOLENCE

A Global Programme To Prevent
Violence Against Women and Girls



Associations between Alcohol, Poor Mental Health and Intimate Partner Violence

Evidence Review | NOVEMBER 2019

Leane Ramsoomar, Andrew Gibbs, Mercilene Machisa,
Esnat Chirwa, Jeremy Kane and Rachel Jewkes

INTRODUCTION

Globally, activists and researchers have pointed to the contribution of harmful alcohol and substance use conditions to the occurrence and severity of intimate partner violence (IPV). There has been much debate over the relationship and whether it is truly causal. To date, there has been limited evidence about whether interventions to prevent harmful alcohol use and treat common mental health problems have an impact on IPV outcomes, and whether gender-transformative interventions that seek to prevent IPV can reduce harmful alcohol use and improve mental health. Available evidence on these associations has largely been from the global North. DFID's *What Works to Prevent Violence Against Women and Girls* Global programme (*What Works*) has generated new evidence on these associations from evaluations of IPV prevention interventions in a range of settings in the global South, including peri-urban Zambia, rural Rwanda and Ghana, and urban informal settlements in South Africa, with promising findings for IPV prevention.

Harmful alcohol and substance-use conditions are separate, but closely related to one another. *What Works* research has focused primarily on the former. Moreover, while we recognise that there is a spectrum of mental health manifestations, ranging from wellbeing through different stages of mental health disorders, the interventions described in this brief mainly addressed symptoms of common mental disorders, mostly depression, anxiety and post-traumatic stress disorder (PTSD), and focused on symptoms rather than clinical diagnoses.

What Works research has shown that men's harmful alcohol use and/or substance use is strongly associated with their perpetration of IPV and non-partner rape, and that women's harmful alcohol use and/or substance use is also associated with their experience of IPV and non-partner rape. In addition, there is clear evidence that women who experience violence are significantly more likely to experience symptoms of common mental health problems and that these can be alleviated when violence stops. The research highlights the importance of services for survivors of violence that address the psychosocial and mental health impact of their experiences.

Men: Harmful alcohol use, mental health and IPV

There is substantial evidence, globally, that harmful alcohol use increases the incidence of perpetration of IPV and non-partner sexual violence by men, although many men drink without using violence against women. A systematic review and meta-analysis of population-based studies found that harmful alcohol use was strongly associated with recent perpetration of IPV by men (Machisa et al., in press, Jewkes et al., 2017). Similarly, an analysis in six Asia-Pacific countries revealed that harmful alcohol use was associated with non-partner rape perpetration, with alcohol being a factor in just over a quarter (27%) of cases of non-partner sexual violence, (Jewkes et al., 2017). The analysis also found that drug use was associated with gang rape perpetration (Jewkes et al., 2017).

Across the *What Works* studies, in contexts where the use of alcohol was permissible, men who reported harmful alcohol use were much more likely to report perpetration of physical and/or sexual IPV and non-partner sexual violence (see Table 1).

Summary

Harmful alcohol- and substance-use are intimately tied to violence against women and girls (VAWG); tackling them through a variety of intervention modalities is critical to the prevention of violence.

What Works evaluations demonstrate that:

- Preventing VAWG can contribute to reducing women's experiences of depression and that among children, reducing peer violence is associated with improvements in mental health.
- Couples psychotherapeutic interventions, targeting common mental health problems and harmful alcohol use, can reduce women's experience and men's perpetration of IPV.
- Gender-transformative interventions that help men to transform their masculinities to be less gender inequitable, can reduce men's harmful use of alcohol as well as their IPV perpetration.



Table 1: Descriptive associations between harmful alcohol use and men’s perpetration of violence against women and girls in three *What Works* studies

INTERVENTION	TYPE OF VIOLENCE	Prevalence of harmful alcohol use	VIOLENCE PERPETRATION	
			No harmful alcohol use	Harmful alcohol use
Stepping Stones and Creating Futures, South Africa	Physical and/or sexual IPV past year perpetration	43.4%	46.8%	70.1%
	Non-partner sexual violence perpetration		30.4%	49.7%
Change, South Africa	Physical and/or sexual IPV past year perpetration	39.1%	40.9%	59%
	Non-partner sexual violence perpetration		29.2%	50.4%
Rural Response System (RRS), Ghana	Severe physical and/or sexual IPV past year perpetration	26.3%	18.5%	37.7%
	Non-partner sexual violence perpetration		6.6%	17.3%

Harmful alcohol use leads to diminished psychological functioning and reduces inhibitions. It can lead to more quarrelling, which may fuel the escalation of arguments into violence. When couples drink to a harmful extent together, this escalation may be aggravated. There is also a higher risk that violence will result in injuries and death because alcohol-related violence typically is more severe. This has been shown widely in research but is clearly illustrated by the evidence from femicide studies in the global South which indicate that women victims of fatal injuries often have very high blood alcohol levels (Mathews, et al., 2009; Lerer, 1992). This suggests that intervening with couples on harmful alcohol use and IPV may be an important approach for reducing the frequency and severity of partner violence and alcohol-related homicides.

There is also evidence globally that men’s poor mental health is associated with IPV perpetration. A strong association has been found between post-traumatic stress disorder (PTSD) symptoms and IPV perpetration in a systematic review of population-based studies (Machisa, et al, in press), and in longitudinal studies of US veterans (Bell & Oructt, 2009). The evidence that depression is associated with IPV perpetration is more mixed; a recent systematic review found no association (Machisa et al., in press).

Harmful drinking, substance use and poor mental health among men often co-occur and are closely interrelated. Men often start drinking and using substances at an early age, as a result of experience of childhood neglect and abuse, sometimes by parents with substance use conditions. These both impact their life trajectory, resulting in greater risk of exposure to other traumatic experiences, all of which negatively impacts their mental health and may fuel continued substance use disorders. This cycle may occur

across social settings but is more common in highly impoverished contexts. Research with men also shows that in many settings heavy drinking is part of a cluster of ‘risky’ behaviours that are displayed to demonstrate (conventionally patriarchal) ‘successful’ masculinity, including displays of toughness and strength, such as through heavy drinking, and dominance and control over women (including the use of violence) (Rich et al., 2015; Bourgois, 1995).

All the factors mentioned here have been identified as drivers of VAWG perpetration (Figure 1). Two *What Works* studies (Stepping Stones and Creating Futures and the Change Trial) have shown how poverty and experiences of childhood abuse and neglect increase depressive symptoms and harmful alcohol use, which in turn are associated with greater IPV perpetration (Gibbs et al 2019; Hatcher et al., 2019).

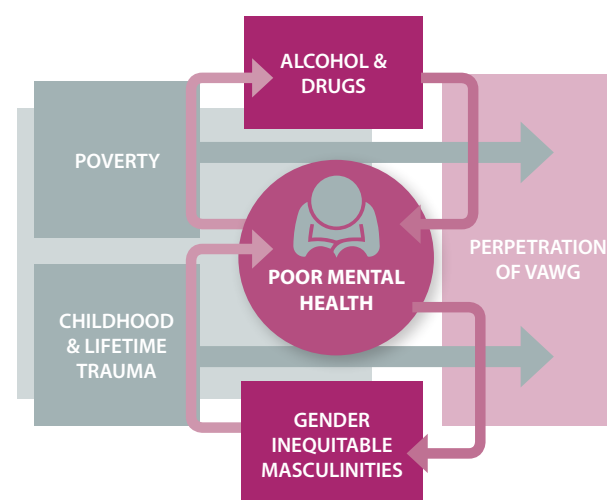


Fig. 1 Pathways between IPV, alcohol and poor mental health among men

Alcohol abuse, mental health, IPV and women

Among women, there is a bi-directional relationship (Figure 2) whereby women who experience violence are more likely to have poor mental health and problems with harmful alcohol and substance use conditions. Poor mental health and alcohol- and substance-use conditions are also likely to increase women's subsequent experiences of violence.

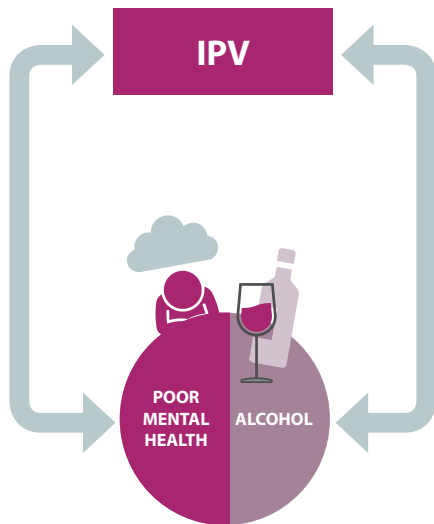


Fig. 2: Association between IPV, poor mental health and alcohol among women

There is evidence that women with alcohol use conditions are more likely to experience IPV. A review of longitudinal studies demonstrated that women who drank alcohol to harmful amounts were more likely to subsequently experience IPV (Devries et al, 2014).

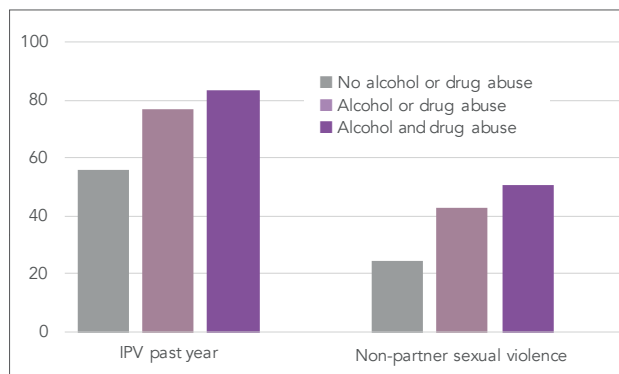


Fig. 3: Women's experiences of violence by alcohol and drug use in South Africa (Creating Futures and Stepping Stones)

In *What Works'* study settings, alcohol and substance use were not as common among women as among men. However, where women reported on alcohol and drug use, harmful alcohol and drug use were associated with women experiencing IPV and may have been a risk factor for IPV as well as a response by women to IPV. Among young women (18-30 years)

in urban informal settlements in South Africa, experience of IPV and non-partner sexual violence showed a dose response: those who reported neither harmful alcohol use nor substance use experienced the least violence; those who reported either harmful alcohol use or substance use the next highest; and, those who used both reported the most violence (Fig 3).

There is also a clear evidence-base that supports the association between women's experience of symptoms of common mental health problems and of IPV. Devries and colleagues (2013) in a systematic review of longitudinal studies, demonstrated that women with depressive symptoms at baseline were more likely to experience IPV during the follow-up period in four studies (all from the global North).

In the global South, evidence from cross-sectional research derived from *What Works* has shown women's experience of IPV to be strongly associated with poorer mental health. In three studies with participants who ranged from young women in informal settlements in South Africa and married women in Afghanistan, to married women in the occupied Palestinian Territories (oPT), those who had experienced recent IPV were much more likely to report clinically relevant symptoms of depression (all studies) and post-traumatic stress symptoms (in the two studies that assessed these) (Fig 4).

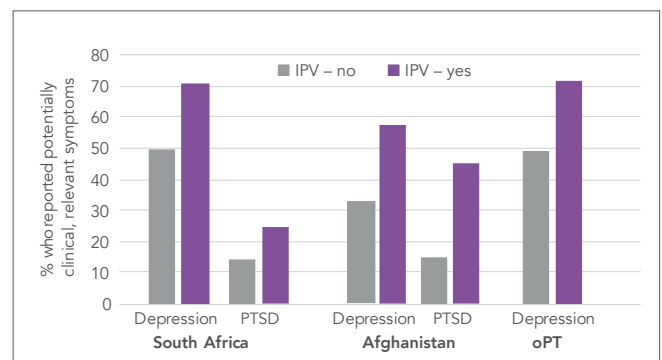


Fig. 4: Prevalence of poor mental health symptoms in three settings among women who do and do not experience IPV

Poor mental health and harmful alcohol use often co-occur in women as well as in men; harmful alcohol use in women may be a response to deal with the negative psychological effects (e.g., low self-esteem or depression) of the violence they have experienced (Campbell, 2002). Machisa and colleagues have shown how abuse in childhood negatively impacts women's mental health, including symptoms of depression and anxiety disorders, and how these are significant risk factors for women's experiences of IPV (Machisa et al, in press).

Research demonstrates that interventions to prevent harmful alcohol and substance use and improve mental health can impact on VAWG. Studies have highlighted the additional benefit of working with couples and/or

families, showing that this can improve harmful alcohol and substance use outcomes during and post-treatment (Copello, Velleman & Templeto, 2005). In South Africa, a substance use intervention called the Women’s Health Co-op was shown to be much more effective when given to couples than when targeting women alone. Among couples, harmful alcohol use and IPV significantly reduced (Wechsberg et al., 2013), whereas among women alone, while drug use reduced, women’s experiences of IPV and alcohol use did not change (Wechsberg et al., 2016; Minnis et al., 2015). An RCT of a brief web-based combined sexual assault risk and alcohol use reduction intervention among women students at a USA college also showed positive results, with reductions in women’s heavy episodic drinking and experiences of sexual assault (Gilmore et al., 2015). Further, it was observed that the gender-transformative intervention, Stepping Stones, designed to impact on IPV through changing masculinities to become more equitable and strengthening relationships, also impacted alcohol use and poor mental health (Jewkes et al 2008). These studies set the scene for the *What Works* research in this area.

What Works intervention impacts on VAWG, harmful use of alcohol and mental health

The Violence and Alcohol Treatment (VATU) intervention – a transdiagnostic intervention among couples in urban Zambia

Context: Urban areas in Lusaka, Zambia characterised by hazardous alcohol use among high-risk families.

Intervention: The Violence and Alcohol Treatment (VATU) intervention in Zambia aims to reduce symptoms of poor mental health (trauma, depression, anxiety), substance use and IPV. It builds on the Common Elements Treatment Approach (CETA) and is delivered to couples (in individual sessions) over 6 to 12 weekly sessions by lay counsellors. Each session runs for 60 to 120 minutes and covers elements that include safety and violence prevention, substance-use reduction, problem-solving, and talking about traumatic memories. Each treatment plan is individualised and decided on by the clinical team (counsellor and supervisor), with clients “completing” once the client’s clinical symptoms have reduced. VATU was evaluated by *What Works* in a two-arm randomised clinical trial (RCT) with 248 couples and had positive outcomes for reducing physical and sexual violence against women.

Implementation team: Serenity Harm Reduction Programme Zambia (SHARPZ)

Research methods: A single-blind, parallel-assignment RCT. Read the full curricula [here](#)

Alcohol, mental health and VAWG-related outcomes: At 12 months, men reported a significant reduction in overall alcohol use, and harmful alcohol use, as well as a significant reduction in men’s perpetration of IPV. Similarly, women reported a significant reduction in their overall alcohol use, harmful alcohol use, and experiences of physical and sexual IPV. In addition, both women and men also reported significantly reduced symptoms of poor mental health, including reductions in depression (18%) and PTSD (22%) among men and a significant (34%) reduction in depression scores and PTSD (30%) among women compared to those in the control group (Murray, et al., 2019).

While only one *What Works* intervention – VATU in Zambia – was explicitly designed to address harmful alcohol use, and poor mental health as a pathway to reducing VAWG, findings from several *What Works* studies also demonstrate impacts on these outcomes.

Significant positive impact on harmful alcohol use and IPV from a psychotherapeutic intervention

What Works research has shown that VATU, a psychotherapeutic intervention with couples who had exceedingly high levels of alcohol use and IPV in their relationships, reduced both alcohol use and IPV. For women and men in the intervention arm, there were significant reductions in their overall use of alcohol (Fig 5). In addition, harmful alcohol use reduced by 62% in men and 52% in women (both significantly different compared to the control arm).

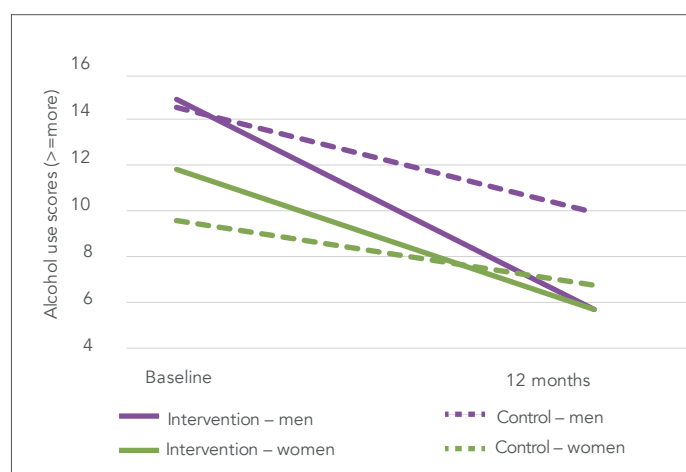


Fig. 5: Alcohol use for women and men in Zambia

In the VATU intervention, there were also significant reductions in men’s perpetration and women’s experiences of IPV. Men’s perpetration of physical IPV in the past year decreased from 80% to 38% (Fig 6) – a significantly bigger decrease than in the control arm. Men’s perpetration of sexual IPV was also significantly lower in the intervention arm at 12 months. A similar pattern of decline was seen among women in the intervention, who experienced significantly less physical IPV and sexual IPV, compared to the control arm (Fig 7). Sexual IPV experience, for instance, decreased from 82% to 36% at 12 months from the baseline.

The study further showed that women’s experiences of depressive symptoms were significantly lower in the intervention arm, compared to the control arm (Fig 7), with the prevalence of depression decreasing from 89% to 50% 12 months post-baseline. And there was an 18% reduction in men’s depression.

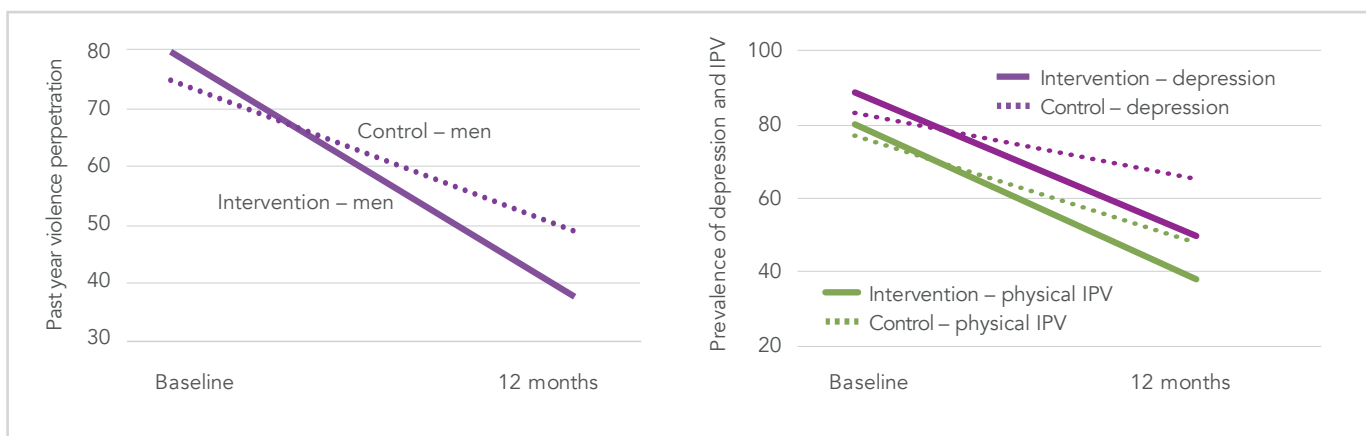


Fig. 6: Prevalence of physical IPV for men in Zambia

Fig. 7: Prevalence of physical IPV and depression for women in Zambia

Reductions in harmful alcohol use from the gender-transformative interventions, Stepping Stones and Creating Futures in South Africa and Zindagii Shoista in Tajikistan

The Stepping Stones and Creating Futures intervention, although not deliberately designed to reduce alcohol use also reported significant declines in alcohol use and IPV perpetration among men. Men’s overall alcohol use was significantly lower at both 12 and 24 months post-baseline in the intervention arm, compared to the control arm (Fig 8). Qualitative data suggests that the participatory nature of the intervention enabled sessions to include discussions on alcohol use.

Men in the Stepping Stones and Creating Futures intervention also reported significantly lower perpetration of IPV, and less non-partner sexual violence perpetration (Gibbs et al., 2019)

The finding in Stepping Stones and Creating Futures of joint alcohol and IPV reduction was similar to that seen in the original Stepping Stones trial in rural South Africa with young school-going men, whereby alcohol use was reduced at 12 months and IPV perpetration was significantly reduced at endline (Jewkes et al., 2008). It may be that Stepping Stones provides a

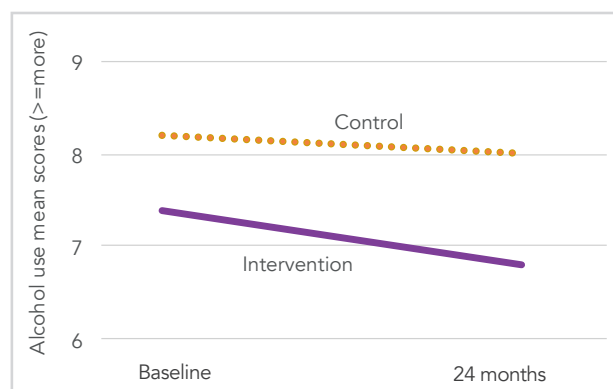


Fig. 8: Men’s alcohol use in Stepping Stones Creating Futures, South Africa at baseline and 24 months

framework for men to think about their masculinities and start to renegotiate these (Jewkes et al., 2008).

For women in the Stepping Stones and Creating Futures trial (not in relationships with the men in the trial) there were no decreases in alcohol use or IPV experience compared to the control arm. At 24 months, harmful alcohol use was 22% in the intervention arm, compared to 26% in the control arm, and IPV was similar by arms, with past year severe IPV 58% in the intervention arm and 60% in the control arm.

The lack of impact of Stepping Stones and Creating Futures on women's use of alcohol and experiences of IPV may be linked to the exceedingly high levels of unresolved trauma women experienced prior to the intervention, making it incredibly hard for them to meaningfully engage in the intervention. It could be that an intervention directly targeting common mental health problems is an important precursor to a wider gender transformative intervention in this population.

Very similar outcomes were seen in the Zindagii Shoista intervention in Tajikistan (Fig 9), with reductions in men's alcohol use and perpetration of IPV. The intervention drew heavily on the Stepping Stones intervention and was focused on transforming gender relationships and masculinities.

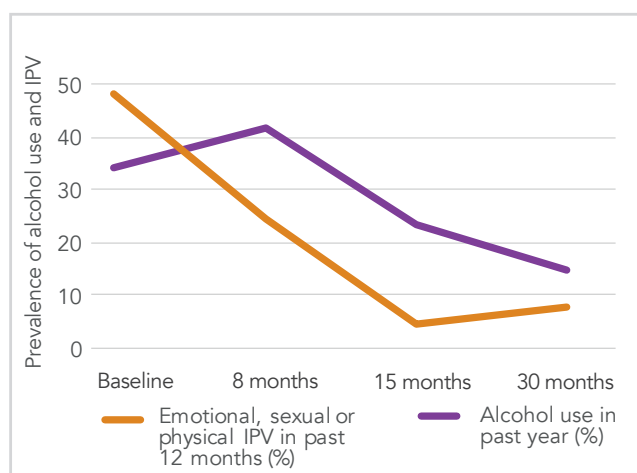


Fig. 9: Men's alcohol use and IPV perpetration in Tajikistan

Women in Zindagii Shoista reported declines in their experiences of IPV. Simultaneously, men's (women's husband's) alcohol use declined from 34% at baseline to 24% at the end of the intervention (15 months) and further reduced to 15% at the final data collection point (30 months). Men's self-reported perpetration of any (emotional, physical and/or sexual) IPV in the past year declined from 48% at baseline to 4.6% at 15 months (at the end of the intervention) and this reduction was sustained at the final data collection point at 30 months (15 months after the intervention was completed). (Fig 9).

These two studies suggest that where men's alcohol use and violence perpetration are linked to their masculine identities, interventions working to transform gender norms and relationships, have the potential to reduce men's alcohol use, as well as their perpetration of IPV.

Interventions that reduced violence against women and children also improved mental health

In four *What Works'* studies where women reported significantly reduced experiences of IPV, they also reported improved mental health. Reductions in

depression were also observed in the study with children in Pakistan evaluating the NGO Right to Play's intervention in schools to reduce peer violence (Asad et al., 2017).

In the Indashyikirwa trial in Rwanda, women participating in the couples' curriculum (a 21-session intervention to couples, focused on gender transformation) reported a 55% reduction in the odds of reporting physical and/or sexual IPV at 24 months compared to those in the control arm, and this was statistically significant. Over the same period, depression reported by women was also significantly reduced in the intervention arm compared to the control arm (Fig 10). Women's depression decreased from 22% to 14% over the study period. There were also reductions in post-traumatic stress and anxiety symptoms; these were significantly less at 24 months for women in the intervention arm, compared to the control arm.

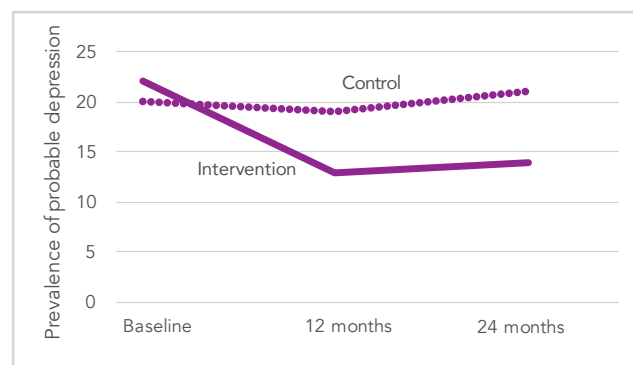


Fig. 10: Depressive symptoms among women in Rwanda

In Ghana, the Rural Response System (RRS) intervention based on community activism led by community-based action teams showed reductions in depressive symptoms and IPV among women. In intervention communities, women's experiences of sexual violence reduced by 55% from 17.1% to 7.7% while the prevalence of physical IPV reduced by 50% from 16.5% to 8.3% (Fig 11). There were similar reductions in women's depressive symptoms, where the average depression score among women in the intervention communities reduced by 20% and was significantly lower than in the control communities.

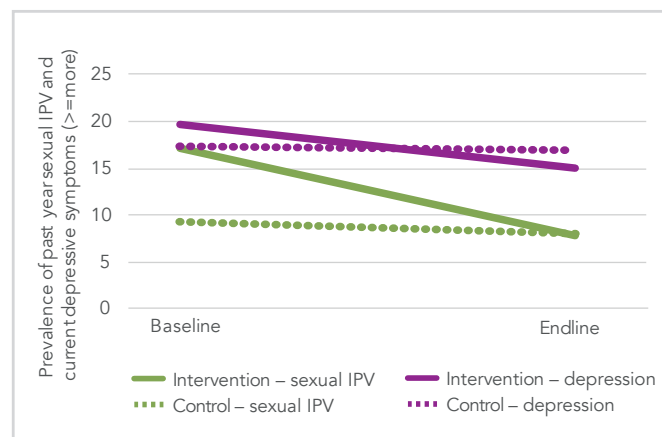


Fig. 11: Women's experience of sexual IPV and depression at baseline and endline in Ghana

Similarly, women in the Zindagii Shoista intervention in Tajikistan, which combined livelihoods strengthening with gender transformative sessions, reported significantly less IPV experience over time, as well as improved mental health (Fig 12). In the study, women's experiences of emotional, physical and/or sexual IPV decreased from 66% at baseline to 33% at 15 months, when the intervention was finished, and this was sustained at 30 months (at 37%). Depressive symptoms were also significantly reduced over this period, in line with the reductions in IPV. In addition, suicidal thoughts reduced from 13% at baseline to almost zero at eight months (during the intervention) and this was sustained throughout.

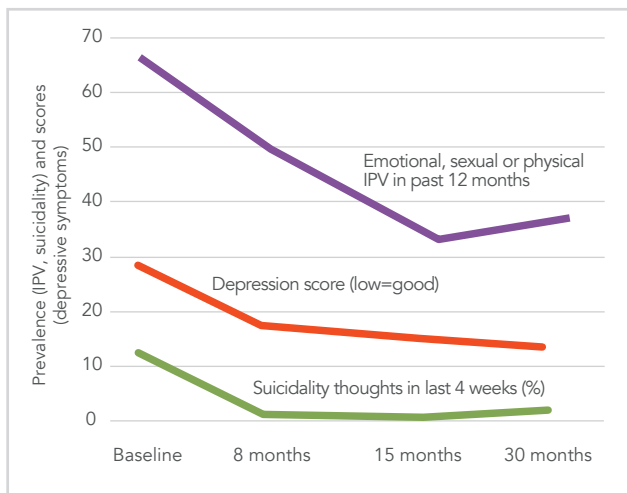


Fig. 12: Women's experiences of IPV, depressive symptoms and suicidal thoughts in Tajikistan

In the psychotherapeutic intervention in Zambia, women's experiences of IPV were significantly reduced by the intervention, as were the prevalence of depressive symptoms (Fig 7, above).

Among children, in the Right to Play intervention in Pakistan there were concurrent reductions in girls' and boys' experiences of peer violence over the 24-month study period in the intervention arm, and girls' and boys' depressive symptoms similarly reduced. For girls in the intervention, the prevalence of peer violence victimisation significantly reduced from 78% at baseline to 50% at 24 months, while their prevalence of depression decreased from 18% at baseline to 5% at endline; these were significantly lower than the control arm. Boys also reported a significant reduction in peer violence victimisation – from 92% at baseline to 84% at endline – and there were also significant reductions in boys' depressive symptoms – from 19% at baseline to 10% at endline – all significantly lower than in the control arm.

Harmful alcohol use, poor mental health and VAWG: implications for our interventions

Harmful alcohol use and substance use are strongly associated with VAWG perpetration

There is a strong connection between harmful alcohol consumption, use of substances and VAWG. Harmful alcohol and substance use is strongly associated with IPV perpetration among men in settings where alcohol consumption levels are generally low, as well as where the general level of consumption is much higher. Men's alcohol and substance use is also associated with rape of women who are not their partners. Men's harmful alcohol and substance use are thus significant drivers of violence and may be key risk factors to address in interventions to prevent VAWG.

Harmful alcohol use and substance use increase women's risk of experiencing VAWG

Women who drink heavily are also at increased risk of IPV, rape and intimate femicide (the killing of a woman by her current or former partner). In Ghana, *What Works* research showed that a woman who used alcohol was more than twice as likely to experience sexual or physical IPV, although women who drink heavily often have partners who do so as well. Similar results were found in the Stepping Stones and Creating Futures trial in eThekweni, South Africa. Research shows that the greatest risk is found when couples drink heavily together. These findings point to the potential added value of couples' interventions focusing on problem drinking and IPV, where both partners drink. Further, in settings such as the informal settlements of eThekweni where many women drink to harmful levels and/or use drugs, it may be important to address women's substance use as a driver of vulnerability to VAWG.

Experience of VAWG negatively affects women's mental health, and preventing VAWG is important for reducing depression and anxiety

What Works research has shown a consistent pattern of increased depression and anxiety symptoms in women who are in relationships characterised by IPV. It has also shown that children's mental health is adversely affected by experiencing peer violence and by witnessing their mother experiencing violence. In Pakistan, girls who were victims of peer violence had much higher depressive symptom scores than those who did not and witnessing abuse of their mothers was associated with a higher depression score for both boys and girls (Asad et al., 2017).

Only one of the *What Works* studies, the VATU study in Zambia, included elements specifically designed

to provide treatment for depression. Yet many of the interventions that reduced violence against women also reduced women's levels of depression. This was seen among women in Tajikistan, couples in Rwanda, women in Ghana and young married women who experienced less physical IPV in Nepal. Further, the intervention in Pakistan reduced both peer violence experienced by boys and girls and reduced their depression scores (Asad, et al., 2017). Substantial reductions in depression were also reported in schools in Afghanistan by boys and girls when there were reductions in peer violence (Corboz et al., 2019).

These findings are important as they demonstrate that in cases of violence-related mental ill-health, reducing exposure to violence and strengthening relationships can greatly improve women's mental health, even without specific mental health treatments. However, general reductions in symptoms may still result in many women having symptom levels that require further treatment, underscoring the need for services for survivors of VAWG that address psychosocial and mental health impacts of violence. These findings applied across all modalities of interventions evaluated in *What Works* and were thus a feature of interventions that reduce VAWG and peer violence, not of couples' interventions alone. The links between reduced VAWG and improved mental health also have important implications for understanding the cost-effectiveness of violence prevention and show the importance of building this health benefit into the calculations of reducing VAWG.

Psychotherapeutic interventions for couples can be effective at reducing harmful alcohol-related IPV

What Works research has shown that it is possible to substantially reduce women's experiences of physical and sexual IPV in couples with complex overlapping problems of IPV, harmful alcohol use and poor mental health through a brief (six to 12 session), psychotherapeutic intervention – VATU – delivered individually to men and women of the affected couples. The impact of the intervention on IPV and alcohol reduction was largely sustained at 24 months after the baseline assessment. These findings show important benefits for this type of intervention for VAWG prevention among couples with very high levels of IPV where substance use is a key driver.

The findings of the VATU intervention were very similar to those achieved in South Africa with a study that was not part of *What Works* (the Couples' Health Co-op intervention), which had a brief psychotherapeutic intervention based on empowerment and feminist theory that emphasised skills-building to reduce harmful substance use and violence (Minnis, et al. 2015). Taken together, these evaluations provide

good evidence for the benefits of psychotherapeutic interventions for the target population (couples with high levels of IPV where substance use is a key driver). The lack of impact of the related Women's Health Co-op (which only worked with women) on IPV and alcohol-use reduction (Wechsberg, et al., 2013), further supports the principle that couples, in particular, may benefit more from these interventions.

Despite the impressive results, the residual levels of violence remained high in the Zambian study (VATU), with about 40% of women still experiencing violence. The problem of high levels of residual violence was found across many of the *What Works* interventions. This suggests that there may be benefit from combining these types of interventions with those that address other drivers of VAWG, and points to the merits of further research in this area.

Interventions to transform masculinities can help to reduce men's harmful use of alcohol as a risk factor for IPV perpetration, even without specific elements addressing harmful alcohol use

What Works research has shown that the Stepping Stones and Creating Futures intervention, which seeks to engage with and change the way men see themselves and act as men, reduced men's use of alcohol. The men in the study were very poor and marginalised. As a group, at the start of the study they were exceptionally violent, and drank heavily, with many using substances. They were in many respects similar to the men in the VATU study in Zambia but were not married, and most were not in long-standing stable relationships. Despite these challenges and even though the intervention did not specifically target reducing alcohol consumption, the intervention had an impact on alcohol use. This finding was very similar to that reported in the earlier evaluation of Stepping Stones in South Africa among men enrolled in schools in the rural Eastern Cape (Jewkes, et al., 2008). Neither intervention had specific sessions on alcohol use, however, because of the open and participatory nature of the intervention, alcohol use and problem drinking were a common thread in discussions, and facilitators included it in their group sessions. The impact was thus likely due to the gender-transformative nature of the intervention which provided men with the ideas and skills to reframe their lives as men, change their relationships, and reduce their use of violence and other practices, including heavy drinking. We also found substantial reductions in reported use of alcohol by men in Tajikistan in the Zindagii Shoista intervention, sustained at 30 months (Mastonshoeva et al, 2019). Again, the intervention had not been deliberately designed to reduce harmful alcohol use.

References

- Asad, N., Karmaliani, R., McFarlane, J., Bhamani, S. S., Somani, Y., Chirwa, E., & Jewkes, R. (2017). The intersection of adolescent depression and peer violence: baseline results from a randomized controlled trial of 1752 youth in Pakistan. *Child and Adolescent Mental Health*, 22(4), 232-241.
- Bell, K. M., & Orcutt, H. K. (2009). Posttraumatic stress disorder and male-perpetrated intimate partner violence. *JAMA*, 302(5), 562-564.
- Bourgois, P. (1995) *In Search of Respect: Selling Crack in El Barrio*. Cambridge University Press.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, 359(9314), 1331-1336.
- Copello, A. G., Velleman, R. D., & Templeton, L. J. (2005). Family interventions in the treatment of alcohol and drug problems. *Drug and alcohol review*, 24(4), 369-385.
- Devries, K. M., Child, J. C., Bacchus, L. J., Mak, J., Falder, G., Graham, K., ... & Heise, L. (2014). Intimate partner violence victimization and alcohol consumption in women: A systematic review and meta-analysis. *Addiction*, 109(3), 379-391.
- Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., ... & Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: a systematic review of longitudinal studies. *PLoS medicine*, 10(5), e1001439.
- Gibbs, A., Hatcher, A., Jewkes, R., Sikweyiya, Y., Washington, L., Dunkle, K., ... & Christofides, N. (2019). Associations Between Lifetime Traumatic Experiences and HIV-Risk Behaviors Among Young Men Living in Informal Settlements in South Africa: A Cross-Sectional Analysis and Structural Equation Model. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 81(2), 193-201.
- Gibbs A, Jewkes R, Willan S, Washington L (2018) Associations between poverty, mental health and substance use, gender power, and intimate partner violence amongst young (18-30) women and men in urban informal settlements in South Africa: A cross-sectional study and structural equation model. *PLoS ONE* 13(10): e0204956. <https://doi.org/10.1371/journal.pone.0204956>
- Gilmore, A. K., Lewis, M. A., & George, W. H. (2015). A randomized controlled trial targeting alcohol use and sexual assault risk among college women at high risk for victimization. *Behaviour Research and Therapy*, 74, 38-49.
- Hatcher, A. M., Stöckl, H., McBride, R. S., Khumalo, M., & Christofides, N. (2019). Pathways from food insecurity to intimate partner violence perpetration among peri-urban men in South Africa. *American journal of preventive medicine*, 56(5), 765-772.
- Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Puren, A., & Duvvury, N. (2008). Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: Cluster randomised controlled trial. *BMJ*, 337, a506.
- Jewkes, R., Fulu, E., Naved, R. T., Chirwa, E., Dunkle, K., Haardörfer, R., & Garcia-Moreno, C. (2017). Women's and men's reports of past-year prevalence of intimate partner violence and rape and women's risk factors for intimate partner violence: A multicountry cross-sectional study in Asia and the Pacific. *PLoS medicine*, 14(9), e1002381.
- Lerer, L. B. (1992). Women, homicide and alcohol in Cape Town, South Africa. *Forensic science international*, 55(1), 93-99.
- Machisa M.T., Hatcher A., Christofides N., Jewkes R. (2019). Systematic review and meta-analysis of the associations between alcohol abuse, depression, or PTSD symptoms and adult male perpetration of intimate partner violence (In Press)
- Mastonshoeva, S.; Shonasimova, S.; Gulyamova, P.; Jewkes, R.; Shai, E.; Chirwa, E. & Myrntinen, H. (2019). Evaluation of Zindagii Shoista (Living with dignity) intervention to prevent violence against women in Tajikistan: impact after 30 months. Report, International Alert. Tajikistan.
- Mathews, S., Abrahams, N., Jewkes, R., Martin, L. J., & Lombard, C. (2009). Alcohol use and its role in female homicides in the Western Cape, South Africa. *Journal of studies on alcohol and drugs*, 70(3), 321-327.

Minnis, A. M., Doherty, I. A., Kline, T. L., Zule, W. A., Myers, B., Carney, T., & Wechsberg, W. M. (2015). Relationship power, communication, and violence among couples: results of a cluster-Randomized HIV prevention study in a South African township. *International Journal of Women's Health*, 7, 517.

Murray, L.K.; Kane, J.; Glass, N.; van Wyk, S.S.; Melendez, Fl. Paul, R.; Danielson, C.K.; Murray, S. et al. (2019) Effectiveness of the Common Elements Treatment Approach (CETA) in reducing intimate partner violence and hazardous alcohol use in Zambia (VATU): a randomised controlled trial, in press, *BMC Medicine*.

Ogum-Alangea, D.; Addo-Lartey, A.; Chirwa, E.D.; Sikweyiya, Y.; Coker-Appiah, D. Jewkes, R. & Adanu, R.M.K. (2019) The Rural Response system Intervention to reduce Intimate Partner Violence in the Central Region of Ghana: Findings from A Cluster-Randomized Controlled Trial Evaluation, in press, *BMC Medicine*

Wechsberg, W. M., Zule, W. A., El-Bassel, N., Doherty, I. A., Minnis, A. M., Novak, S. D., ... & Carney, T. (2016). The male factor: Outcomes from a cluster randomized field experiment with a couples-based HIV prevention intervention in a South African township. *Drug & Alcohol Dependence*, 161, 307-315.

Wechsberg, W. M., Jewkes, R., Novak, S. P., Kline, T., Myers, B., Browne, F. A., ... & Parry, C. (2013). A brief intervention for drug use, sexual risk behaviours and violence prevention with vulnerable women in South Africa: A randomised trial of the Women's Health CoOp. *BMJ Open*, 3(5), e002622.

World Health Organization. *Depression and other common mental disorders: global health estimates*. 2017.

Acknowledgements

This report has been funded by UK aid from the UK government, via the *What Works to Prevent Violence Against Women and Girls?* Global Programme. The funds were managed by the South African Medical Research Council. The views expressed do not necessarily reflect the UK government's official policies.

The authors would like to thank all the participants, research and intervention teams across multiple settings for sharing their time and experiences within these research projects. Finally, we would like to thank Emily Esplen, Jessie Kirk, Victoria Spencer and Dr Mike Mbizvo for comments and feedback on previous versions of the brief.





Email: whatworks@mrc.ac.za



Web: www.whatworks.co.za



Facebook: [WhatWorksVAWG](https://www.facebook.com/WhatWorksVAWG)



Twitter: [@WhatWorksVAWG](https://twitter.com/WhatWorksVAWG)



WhatWorks

TO PREVENT VIOLENCE

A Global Programme To Prevent
Violence Against Women and Girls



WhatWorks

TO PREVENT VIOLENCE

Violence Against Women and Girls
in Conflict and Humanitarian Crises



WhatWorks

TO PREVENT VIOLENCE

Economic and Social Costs of
Violence Against Women and Girls