Can community outreach reduce men’s use of partner violence?

Findings from the CHANGE Trial in South Africa

How we did the research

The trial tested if the Sonke CHANGE intervention could reduce men’s reports of perpetrating partner violence over two years. A trial means that some areas of Diepsloot were randomly chosen to get the project (called “intervention clusters”), while others did not (“control clusters”). This allowed us to compare behaviors of men living in intervention clusters with men living in control clusters.

Who we spoke to

In 2016, we asked 2,604 men to privately enter information about their lives, relationships, and use of violence. Men were 18 to 40 years old and willing to take part. About half were employed, but less than half finished high school. Most were from elsewhere in South Africa and had moved to find work. On average, men had lived in Diepsloot for 7 years but few saw it as their “home”.

After two years, we traced the same men and found 63% of them. They answered similar questions about their lives, relationships, and violence and we compared their answers over time to see if behaviour changed.

Little is known about how to reduce men’s perpetration of intimate partner violence. Our team, from Sonke Gender Justice and Wits University, led the Sonke CHANGE Trial in Diepsloot, a township near Johannesburg.
Changing men's IPV use

Sonke CHANGE is a multi-level intervention that engages men in confronting harmful aspects of masculinity. It has a larger goal of achieving gender equality and human rights.

Community mobilisers from the local area were trained to lead activities with groups of men and women. Activities included two-day curricularised workshops to help people reflect on violence, alcohol, gender and talk about ways to improve the neighbourhood. Mobilisers, with help from volunteer activists, ran door-to-door campaigns, painted murals, and partnered with other key stakeholders on events and meetings. Mobilisers were also expected to lead local advocacy efforts to shift policy at the community level in order to create an enabling environment for eliminating IPV (Fig 1).

Because Sonke CHANGE focuses on community education and outreach, we call it a “light touch” intervention (vs. therapeutic interventions that work with people many times).

Poverty, mental health, child abuse drive men’s IPV use

Participant life experiences are strongly associated with their IPV use as adults. Poverty, mental health, and a history of physical or sexual childhood abuse increased odds that men used violence in the past year. Troublingly, these life challenges were faced by nearly half of men - and a majority were abused as children.
Lessons about Intervention delivery

While outreach was strong, mobilisation was weaker

The CHANGE intervention was largely delivered as planned. However, while outreach activities met the goal of involving 60% of men, 2-day workshops were only attended by a small number of men (Fig 3).

Action Teams were launched and recruited more than 60 volunteer activists. However, it was challenging to maintain a consistent group and at any one time point there were only a maximum of 18 volunteer activists.

There were challenges in mobilising in a townships setting. Workshop participants lacked money and food, which meant they attended for transport money or lunch rather than for "pure" activism. When people needed to look for work, they stopped taking part in Action Teams. Security made some outreach activities harder than anticipated.

Lessons about Effectiveness

Intervention had no effect

We compared the risk of men using IPV in intervention and control communities. This analysis controlled for key demographics, like age, education, relationship status.

There was a reduction in IPV perpetration over time, but no difference between intervention and control communities (Fig 4). This means that while partner violence improved, the intervention itself did not lead to the change.

Limitations

There are several limitations to keep in mind:

- Chosen measures may not work properly
- People may move in and out of neighbourhoods (contamination).
- We assessed how the entire community changed (not if those actively taking part made changes in their lives).
- Over-reported use of IPV at baseline is a possibility, though this does not change overall study findings.
Through the CHANGE trial, we learned that:

- While men were reached through outreach activities, they were harder to engage in deeper, reflective workshops.
- Local advocacy requires skills building, as it is difficult for untrained staff and local volunteers to conduct it organically.
- The lack of repeat interactions with the same men may have been a shortcoming - this “light touch” outreach intervention was unable to transform entrenched gender attitudes and use of IPV.

**Address root causes of IPV perpetration**

Future projects could consider therapeutic or sustained efforts in settings with high rates of poverty and mental health challenges.

- A What Works project in Zambia, called Common Elements Treatment Approach, reduced men’s partner violence perpetration by assisting them with alcohol use and mental health.
- A What Works project in South Africa, Stepping Stones and Creating Futures, helped young men in townships reduce IPV by working with them intensively around gender beliefs and job readiness.
- Future projects should work with men to lessen harsh parenting and physical abuse of their own children.
- Engaging young people at school (such as in the Pakistani What Works project Right to Play), prior to their first use of IPV, will be key to primary prevention.

We urge the government of South Africa and the City of Johannesburg to partner with stakeholders in Diepsloot to:

**Respond effectively to cases of IPV**

- Fund the network of organisations who are already directly dealing with IPV cases.
- Ensure survivors have access to criminal justice services by funding existing legal aid services in Diepsloot.
- Establish comprehensive post-rape services in the area (as the closest Thuthuzela Care Centre is prohibitively far).
- Start mental health care in the Diepsloot community, since a majority of residents will experience IPV or other trauma.

**Prevent IPV before it starts**

- Increase funding for community development, job creation, and safe social spaces.
- Roll out evidence-based violence prevention interventions, including those that challenge inequitable and violent gender norms.
- Fund a National Strategic Plan for Ending Gender-Based Violence to ensure that actors have clear roles for preventing IPV.

“Light touch” community outreach may not reduce men’s IPV, but other proven What Works interventions hold promise.


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Project Publications:
8. Magni S, Hatcher AM, Wamoyi J, Christofides N. Predictors and patterns of transactional sex with casual partners among adult men living in an informal urban area, South Africa. JIAS. In submission.