



BRIEF 3: EVIDENCE-BASED PROGRAMMES TO PREVENT VIOLENCE AGAINST WOMEN

Over the last two decades, a range of strategies to prevent violence against women (VAW) have been developed and tested. While no single programme has prevented VAW entirely, various interventions have proven effective at reducing violence — measured by decreases in VAW reported by women (experience) and men (perpetration).

Different organisations and frameworks, such as the [RESPECT](#) framework developed by the World Health Organization and UN Women, use different ways to categorise VAW prevention programmes depending on the types of violence they address, who they engage, and how they work^{1,2,3,4,5}.

In this brief, we group programmes into several prevention strategy categories currently used in the VAW prevention field, with a focus on strategies that seek to prevent intimate partner violence (IPV) and to address the intersections of violence against women and children ([VAW/C](#)) in the home. This categorisation is not exhaustive and continues to grow as more evidence and learning emerges on what works to prevent violence.

Many programmes combine these strategies to address underlying gender inequality, a powerful driver of VAW, as well as multiple, interrelated risk factors and situational triggers of violence. (See Brief 2.) We mapped these effective prevention strategies onto the socio-ecological model to show the primary level(s) each uses as an entry point to reduce violence. Since risk factors and situational triggers interact at different levels, many of these programmes have an impact across multiple levels (See model next page).

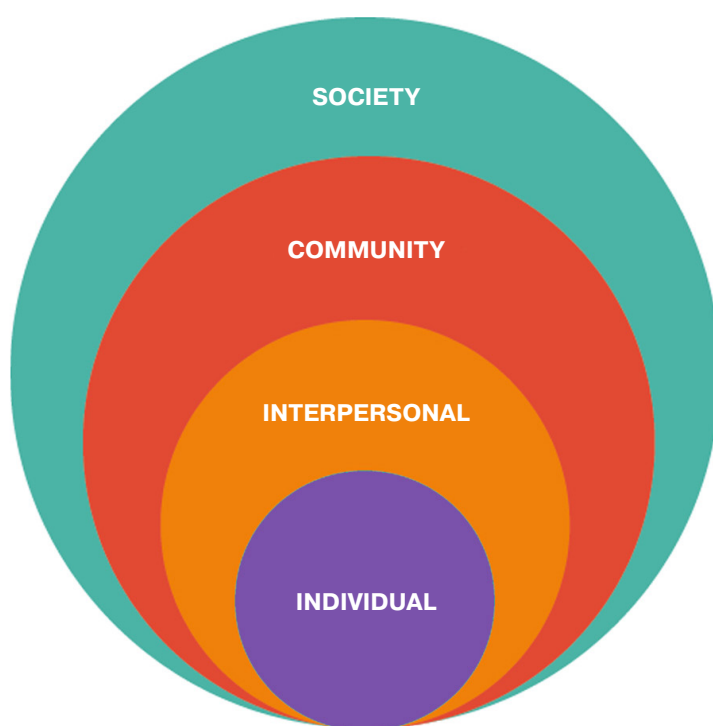
ABOUT THIS BRIEF

This brief introduces prevention strategies that have been effective in preventing VAW in different regions globally. It is one of a series of briefs designed to support practitioners, activists, and policy makers to develop prevention programmes and initiatives to prevent VAW using a feminist-inspired approach.

VIOLENCE AGAINST WOMEN IS PREVENTABLE

Evidence shows that VAW is preventable. Several different types of prevention programmes have contributed to significant reductions in levels of VAW within a few years.

IPV AND VAW/C PREVENTION PROGRAMMING ACROSS THE SOCIO-ECOLOGICAL MODEL



WOMEN'S
ECONOMIC & SOCIAL
EMPOWERMENT



PARENTING
PROGRAMMES



COMMUNITY
MOBILISATION



ECONOMIC
TRANSFERS



ADDRESSING
POOR MENTAL
HEALTH



EDUTAINMENT



COUPLES
PROGRAMMES



ADDRESSING HARMFUL
SUBSTANCE USE



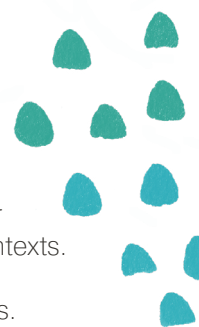
This type of programme combines economic interventions (e.g. microfinance, Village Savings and Loans Associations [VSLAs], vocational training) with group-based social empowerment interventions (e.g. gender-transformative workshops). They most commonly target women or adolescent girls, but many programmes also target men and boys as intimate partners or peers. These programmes focus on reducing IPV between co-habiting couples and between adolescents and their intimate partners.

OVERVIEW

- ▶ The economic empowerment components are designed to: (a) reduce household poverty and stress in relationships and (b) promote women's and adolescent girls' economic independence and bargaining power (e.g. so they can be less reliant on transactional sex).
- ▶ The social empowerment components are designed to support women (and men) to reflect critically on gender norms and violence, improve communication in relationships, and transform inequitable power dynamics.

EVIDENCE AND LEARNING⁶

- ▶ There is evidence from multiple randomised controlled trials that interventions that combine economic empowerment and social/gender empowerment can reduce women's experience of IPV, when well implemented.
- ▶ Interventions seem to be most effective when clearly underpinned by theories of gender and power.
- ▶ The most effective programmes include at least 10 to 12 social empowerment sessions and encourage and support additional activities by participants after the empowerment sessions.
- ▶ Shorter term programmes work best with older women (ages 30 and up) who live in stable contexts. Evidence suggests that longer, more intensive interventions are necessary for adolescent girls.
- ▶ Programmes that also engage men and boys in the gender-transformative interventions can support IPV reduction and prevent backlash against women and girls.
- ▶ Evidence suggests that economic strengthening alone (without any other component) is ineffective in reducing violence in the household in the short term.
- ▶ The relationship between women's economic empowerment and risk of IPV varies by setting, context, partnership, and timeframe



CASE STUDY MAISHA, TANZANIA^{7,8}

- ▶ This intervention was designed to support women to build healthy, violence-free relationships with their intimate partners.
- ▶ A 10-session participatory social empowerment training curriculum Wanawake Na Maisha ('women and life' in Kiswahili) was delivered to women in established microfinance loan groups (who received small loans and participated in weekly microfinance loan activities) and later to women in newly-formed neighbourhood groups.
- ▶ Over a two-year period, there was a 32% reduction in past-year experience of physical IPV among women in established microfinance loan groups who participated in MAISHA compared to those who only participated in the microfinance loan groups.
- ▶ By contrast, MAISHA did not appear to have an impact on physical or sexual IPV when delivered to groups of women recruited from the neighbourhood rather than from established loan groups (although they were much less likely to express attitudes accepting of IPV, express beliefs that IPV is a private matter, or that a woman should tolerate IPV in order to keep her family together). The difference could reflect the benefits of the loan groups themselves or the underlying risk profile of the women involved. Women recruited from the neighborhood were younger, poorer, less educated, and experienced more IPV at baseline than woman recruited from the loan groups.
- ▶ Link: <http://strive.lshtm.ac.uk/resources/maisha-life>



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

OVERVIEW

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

EVIDENCE AND LEARNING⁹

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



CASE STUDY WORLD FOOD PROGRAMME (WFP) CASH TRANSFER PROGRAMME, ECUADOR¹⁰

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



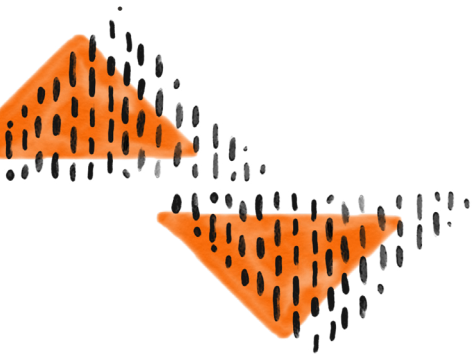
These programmes work with both members of co-habiting intimate partners to promote healthy relationships and reduce IPV. Some also integrate a focus on reducing harmful alcohol use and improving mental health. They are based on a curriculum of workshops focused on critical reflection about gender roles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

OVERVIEW

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

EVIDENCE AND LEARNING¹¹

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



CASE STUDY INDASHYIKIRWA, RWANDA¹²

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



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

OVERVIEW

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

EVIDENCE AND LEARNING¹³

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

CASE STUDY BANDEBEREHO, RWANDA^{14,15}

- ▶ The Bandebereho ('role model' in Kinyarwanda) programme was adapted from **Program P**. It promoted positive fatherhood and gender equality amongst expectant and current fathers (of children under 5 years) and their partners, in order to shift gender-power imbalances and reduce IPV.
- ▶ It comprised a 15-session curriculum of small group participatory workshops (all with men, eight with their female partners) covering gender and power, fatherhood, couples communication, joint decision making, IPV, caregiving, and male engagement in maternal, newborn, and child health.
- ▶ Among participating parents, there were lower levels of physical and sexual IPV reported by women as well as lower levels of child physical punishment and other increases in gender equality (e.g. related to decision-making).
- ▶ Follow up studies demonstrated that five years later, couples who had participated in Bandebereho fared better during COVID, suffering less frustration with children and partners, less alcohol consumption, better communication, and more sharing of care work than couples who had not participated.



Poor mental health is recognised as a risk factor for and consequence of violence against VAW. Interventions to address poor mental health interventions show striking potential to strengthen violence prevention.

OVERVIEW

- ▶ Men's poor mental health—including depression and post-traumatic stress disorder (PTSD)—is associated with perpetration of VAW.
- ▶ For women, symptoms of common mental health problems—including depression, anxiety, PTSD, suicidal ideation and behaviour, eating disorders, and postpartum depression—are associated with experiences of violence.
- ▶ Children's exposure to violence in childhood—either as a victim of abuse or as a witness to their mother being abused—places them at increased risk of becoming a perpetrator or a victim of violence in adolescence or adulthood. Nurturing care by a loving adult and a stable environment can greatly decrease this likelihood¹⁶.

EVIDENCE AND LEARNING¹⁷

- ▶ Violence prevention efforts can have positive impacts on women and children's mental health as empathy, self-esteem, emotional regulation, resilience, and stress management are critical protective factors to prevent VAW.
- ▶ Brief interventions by lay providers in low- and middle-income countries have been found to successfully reduce depression, anxiety, and trauma-related symptoms¹⁸.
- ▶ Even when VAW prevention reduces mental health problems, women may still require further treatment, underscoring the need for services to address the psychosocial and mental health impacts of violence.



CASE STUDY CETA, ZAMBIA^{19,20}

- ▶ The Common Elements Treatment Approach (CETA) is designed to concurrently treat depression, anxiety, harmful substance use, trauma, and stress-related disorders.
- ▶ CETA is highly accessible, including for low-resource settings, as it can be provided by trained and supervised lay providers, such as community health workers.
- ▶ An evaluation of CETA in Zambia found significantly reduced physical and sexual violence against participating women, reduced harmful alcohol use by men and women, and addressed other mental health issues including depression and trauma.
- ▶ CETA addresses several mental health issues at the same time, enabling the potential for scale-up and sustainability.
- ▶ Link: https://prevention-collaborative.org/wp-content/uploads/2021/08/CETA_ZambiaPolicyBrief_long.pdf

For more on the substance abuse component of CETA, see the Addressing Harmful Substance Abuse case study.



Community-based mobilisation or activism programmes use multiple interventions at the community level to shift harmful attitudes, behaviours, and norms that underpin gender inequality and VAW. They aim to achieve sustained reduction in VAW, including IPV, at a population level rather than just among direct participants.

OVERVIEW

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

EVIDENCE AND LEARNING²¹

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



CASE STUDY SASA! UGANDA²²

- ▶ SASA! is a community-mobilisation project designed by Raising Voices to transform gender relations and power dynamics as a way to prevent HIV and VAW, including IPV.
- ▶ It works through trained community activists to implement a series of activities in four phases (Start, Awareness, Support, Action) over a minimum 30-month period.
- ▶ The SASA! Activist Kit includes different strategies and activities that encourage participants and communities to explore different dimensions of power, analyse and transform inequitable gender norms, and prevent VAW.
- ▶ Community members are also supported to take action to prevent and also better respond to IPV survivors.
- ▶ A study on SASA! in Uganda found that the programme was associated with reductions in past-year experience of physical and sexual IPV among women in SASA! communities and lower acceptance of IPV among both women and men²³.
- ▶ SASA! has now been adapted and implemented in 20+ countries worldwide. In 2020, Raising Voices launched a revised version called SASA! Together that built on learning gleaned from implementing the original SASA! programme.
- ▶ Link: <http://raisingvoices.org/sasa/>



Media or 'edutainment' programmes use mass communication (e.g. TV, radio, social media, billboards, and printed publications) to communicate messages to large numbers of people at relatively low cost. They usually aim to increase public discussion and change harmful attitudes and behaviours by both raising awareness about VAW and relevant laws and services, and by challenging the acceptability of gender inequalities and violence.

OVERVIEW

- ▶ Media campaigns vary from simple messaging via one channel (e.g. radio, TV) to longer-term programmes using multiple channels.
- ▶ 'Edutainment' programmes seek to promote new behaviours and norms by using the power of entertainment to engage listeners and viewers. A common format is to use multiple episodes of a TV or radio drama to emotionally engage viewers in the lives of compelling characters.
- ▶ Some programmes have added face-to-face group education components (e.g. radio listener groups) to support critical reflection and skills building.
- ▶ These communications often promote positive social norms and values and discourage harmful ones.

EVIDENCE AND LEARNING²⁴

- ▶ There is evidence from allied fields (e.g. family planning, anti-smoking) that mass media and 'edutainment' programmes can change behaviour and shift harmful norms.
- ▶ Several 'edutainment' dramas have been shown to improve knowledge about IPV, shift attitudes, and in some cases, reduce self-reported perpetration and experience of IPV.
- ▶ Well-planned, longer-term programmes that combine media dramas with community mobilisation or face-to-face group education appear to show the most promise.
- ▶ Adding large-scale media or 'edutainment' dramas on top of more-intensive group or community-based activities may be a way to broaden the reach and scale of anti-violence efforts.

CASE STUDY MTV SHUGA, NIGERIA²⁵

- ▶ MTV Shuga, an 'edutainment' TV drama, combines sexual health messaging with engaging storylines to raise awareness about HIV and sexual and reproductive health among African youth.
- ▶ The third season of MTV Shuga, filmed in Nigeria and broadcast in more than 150 TV stations across sub-Saharan Africa, included a IPV subplot about a young married couple. The season consisted of eight episodes with a run time of 22 minutes each.
- ▶ Community screening events where young people ages 18 to 25 watched either MTV Shuga or a 'placebo' TV drama were organised in seven towns in South West Nigeria. Participants attended two screenings, featuring four episodes each, one week apart.
- ▶ Eight months after participating in MTV Shuga screening events, male participants were less likely to report perpetrating sexual violence and less likely to justify forced sex or wife beating compared to the control group. Female participants were less likely to report experiencing sexual and physical violence compared to the control group, but there was no effect on their attitudes about IPV.
- ▶ Link: <https://www.mtvstayingalive.org/content-creation/>



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

OVERVIEW

- ▶ These programmes are based on global evidence that the harmful use of alcohol and drugs are risk factors for both experiencing and perpetrating IPV.
- ▶ Men who perpetrate IPV have often engaged in harmful alcohol use preceding the episode, and harmful alcohol use is associated with increasing frequency and severity of IPV.
- ▶ Harmful use of alcohol by women increases their risk of experiencing IPV.

EVIDENCE AND LEARNING²⁶

Interventions that work to reduce harmful alcohol use include:

- ▶ Brief counselling interventions delivered by trained lay providers
- ▶ Treatment and self-help groups
- ▶ Community-based interventions to reshape the drinking environment
- ▶ Policy-level interventions, such as reducing the density of alcohol retail locations, changing permitted alcohol sales times, increasing alcohol prices, and banning alcohol advertising.



CASE STUDY VIOLENCE AND ALCOHOL TREATMENT (VATU), ZAMBIA^{27,28}

- ▶ This intervention built off the Common Elements Treatment Approach (CETA) and aimed to reduce poor mental health symptoms (trauma, anxiety, depression), harmful substance use, and IPV.
- ▶ It was delivered by trained lay counsellors to couples who were known to be experiencing IPV as a series of 6–12 weekly individual sessions (1–2 hours) for male and female partners separately.
- ▶ The sessions were based on an individualised treatment plan determined by the clinical team and covered safety and violence prevention, substance use reduction, problem-solving, and talking about past trauma.
- ▶ An evaluation found positive outcomes in terms of reductions in physical and sexual IPV and hazardous alcohol use among both men and women. These impacts were maintained two years after the baseline¹³.

For more on the mental health component of CETA, see https://prevention-collaborative.org/wp-content/uploads/2021/08/CETA_Overview_PolicyBrief.pdf

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**PREVENTION
COLLABORATIVE**

The Prevention Collaborative works to strengthen the ability of key actors to deliver cutting edge violence prevention interventions informed by research-based evidence, practice-based learning and feminist principles. For more information go to www.prevention-collaborative.org

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