EGM/PVAWG/EP.6 September 2012 ENGLISH ONLY

UN Women In cooperation with ESCAP, UNDP, UNFPA, UNICEF and WHO Expert Group Meeting Prevention of violence against women and girls

Bangkok, Thailand 17-20 September 2012

What Works to Prevent Partner Violence An Evidence Overview¹

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^{*} The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations

¹ This document represents the executive summary of a review of evidence on partner violence supported by the Department for International Development, United Kingdom. This report represents solely the view point of the author, and does not necessarily represent the views or policy of DFID. The full report is available for down load at: <u>http://strive.lshtm.ac.uk/resources/what-works-prevent-partner-violence-evidence-overview</u>. Appendix 4 outlines an approach to prevention programming and low and middle income countries that is part of a paper being prepared by the author for the Centre for Gender Violence and Health at the London School of Hygiene and Tropical Medicine.

Scope and objectives

This document reviews the empirical evidence of what works in low- and middle-income countries to prevent violence against women by their husbands and other male partners. The purpose of the report is to help inform the future direction of programming on violence against women with an eye towards maximizing its impact and ensuring the best use of scarce resources.

Several key decisions are embedded in the decision to focus here on partner violence, which is only one of the many forms of violence and abuse that women and girls experience globally.

First, partner violence is the most common form of violence. At the population level, it greatly exceeds the prevalence of all other forms of physical and sexual abuse in women's lives (see Appendix 1).

Second, more research is available on partner violence than on other forms of gender-based violence, making the topic more mature for review and synthesis.

Third, partner violence is a strategic entry point for efforts to reduce violence more broadly – because the family, where the vast majority of violent acts occur, is also where habits and behaviours are formed for successive generations.

Fourth, partner violence shares a range of determinants or contributing causes with other types of gender-based violence, especially at the level of norms and institutional responses. Focusing on partner violence also builds a strong and necessary foundation for preventing other forms of abuse.

The review focuses on efforts to *prevent* partner violence, rather than evaluating services that are available for victims. In focusing on prevention rather than mitigation or response, the review concentrates on interventions designed to reduce the overall level of violence in the medium to long term, rather than on interventions to meet the immediate needs of victims. This shifts the focus of inquiry away from interventions designed to improve services towards programmes and policies designed to influence the underlying determinants of partner violence. Further discussion of the rationale for this decision is provided in body of the report.

Finally, the review prioritizes programmes that have been evaluated using rigorous scientific designs, emphasizing formal impact evaluation. Practitioners and advocates have generated considerable insight into "what works" through decades of experience in the field piloting, refining, and studying particular programmes. These findings have been systematized in a number of "best practices" publications.

While we strongly endorse the validity and importance of practice-based insights, our goal here is to supplement this information with what can be learned from the research-based literature. As such, the review concentrates on summarizing, first, evidence that establishes the link between key factors and risk of partner violence, and second, what is known about the effectiveness of interventions to either reduce partner violence directly or indirectly by influencing these factors. There are many on-going projects and programme that are worthy of continued support because they educate women about their rights and provide badly needed services and support; however, those efforts are not the subject of the present study.

Conceptual foundation and organization

The report is grounded in a conceptual understanding of violence known as the ecological model of abuse (see Appendix 2). The ecological model posits that there is no single factor that "causes" partner violence; rather, the likelihood that a specific man will become abusive or that one community will have a higher rate of violence than another, is a function of many factors that interact at different levels of the "social ecology." The social ecology includes the life histories, traumatic scars, and personality factors that impinge on their day-to-day lives. The ecology also includes messages and norms that friends, family members and social institutions reinforce as appropriate behaviour for men and women, including the acceptability of violence within different context. These norms and expectations are in turn shaped by structural factors — such as religious institutions and ideology, and the distribution of economic power between men and women — that work to define beliefs and norms about violence and structure women's options for escaping violent relationships.

Chapter 1 summarizes the factors that have emerged from the scientific literature as associated with either perpetration or the experience of violence in intimate relationships. The chapter briefly describes the range of strategies being pursued globally to counter partner violence, and it assesses the degree to which current priorities are consistent with the needs of long-term prevention. The chapter concludes with a brief explanation of the methods that were used to gather and assess the research summarized herein.

The bulk of the report consists of six substantive thematic chapters. The first three topics — gender-related norms, including notions of masculinity and female subordination (Chapter 2); exposure to violence during childhood (Chapter 3); and male alcohol abuse (Chapter 4) — were chosen because there is relatively strong evidence that these factors are contributing causes of partner violence. The practical implication is that interventions that successfully reduce these factors among individuals or in communities will also reduce the prevalence and severity of women's experience with partner violence.

The second two topics — women's economic empowerment (Chapter 5) and legal and justice systems (Chapter 6) — are reviewed here because donors and advocates have long considered such interventions critical to violence reduction and have invested considerable resources accordingly.

Each of the six substantive chapters reviews the theoretical and empirical evidence linking the particular factor to partner violence and summarizes what is known about the effectiveness of interventions at either the individual or the population level. We cite available studies that specifically evaluate the impact of interventions on the rates of violence, and where that evidence is not available, the impact on proximate determinants of abuse (for example, acceptance of wife beating as a norm, or widespread childhood exposure to partner violence). We similarly summarise what is known about the effectiveness of means to reduce the risk factor (for example, problematic drinking) even where available studies do not necessarily specify partner violence as an outcome.

Chapter 7 assesses the evidence base itself. How adequate are current studies for making judgements about future investments? What limitations prevent us from being able to draw firm conclusions about effectiveness? What evaluation gaps should be prioritized in the next generation of research?

The report concludes with a series of reflections on the way forward.

Overview of the state of evidence

In terms of evaluation, the field of partner-violence intervention is still in its infancy, especially in low- and middle-income countries. The field benefits from several decades of practice based learning that has been systematized into various "best practice" documents; however, rigorous evaluations are largely lacking on how effective these programmes have been in actually reducing violence. As with other social issues where causation is complex and multi-pronged approaches are required, it is difficult to conceptualize and implement such interventions as well as to evaluate their impact. Rigour requires either in-depth comparative case analysis or quantitative studies that rely on randomization or comparison groups to control possible bias. It is especially difficult to demonstrate impact in the two to three year time frames typical of most funding cycles.

The field is nonetheless well positioned to strengthen its evidence base. Many innovative interventions are underway, and a growing cadre of skilled researchers are dedicating their careers to this issue. In regard to the current evidence base, the following observations can be made:

The evidence base that currently assesses the effectiveness of programmes is highly skewed toward high-income countries, especially the United States. The extent to which these findings are relevant to other economic and cultural settings is uncertain.

Greater priority must be extended to evaluate programmes in low- in middle-income settings, especially those that serve the most disenfranchised women and children in poor countries. Even those evaluations that do exist in Africa, Asia and Latin America tend to be concentrated among the handful of countries with strong research capacity — India and Bangladesh, South Africa, Brazil and a number of other Latin American countries. Priority areas for evaluation include the impact of civil protection orders on rates of violence and women's perceived safety; evaluation of programmes designed to shift community norms around masculinity, gender roles and the acceptability of violence; parenting and other programmes to support parents to socialize their children along gender-equitable lines; studies to evaluate the impact of economic empowerment programmes designed to reduce hazardous drinking.

Understanding is currently lacking of the multiple causes of gender-based violence and how this varies by type of violence and context. To inform future programming, more research is needed on the developmental and situational pathways that lead to perpetration and victimization.

As noted above, partner violence is multi-causal, and different factors combine to increase the likelihood of different types of violence. We need to know more about which factors are particularly relevant to which types of abuse, and how this interacts with context. A frenzy of rape during war, for example, shares some but not all of the factors that explain honour killings of young girls; while gang rape of young women in Papua (New Guinea) may have very different explanatory factors than date rape in the United States. It is important that we tease out these distinctions and explore how norms and beliefs, opportunity, social structures, biological predispositions, and peer pressure combine to facilitate different types of violence. Also important is greater attention to how context may affect the impact of different programme strategies. For example, there is currently little information on how fragile-state conditions may be related to prevalence or severity of partner violence, or to programme outcomes.

> Many topics not covered in this review deserve similar consideration.

Because this review focuses specifically on partner violence, many important topics are left unexplored. For example, there is a wealth of programming addressing sexual violence, especially in areas of conflict and in refugee settings. These are not covered by our review, nor are initiatives to end the trafficking of young girls into prostitution, or child marriage. A report to systematically review the evidence of programme impact in these areas would be a highly useful contribution to the field.

Findings related to reductions in partner violence

Changing gender norms (Chapter 2)

Strong evidence exists that norms related to male authority, acceptance of wife beating and female obedience affect the overall level of abuse in different settings. When internalized by men and enforced through friendship networks and other social institutions, these norms increase the likelihood that individual men will engage in violence. A range of additional norms related to family privacy, men's role as provider, sexual activity as a marker of masculinity, and the shamefulness of divorce likely play enabling roles as well, though hard evidence linking them to levels of partner violence is not yet available.

Among strategies to shift norms, attitudes and beliefs related to gender, the two that have been most rigorously evaluated are: 1) small group, participatory workshops designed to challenge existing beliefs, build pro-social skills, promote reflection and debate, and encourage collective action; and 2) larger-scale "edutainment" or campaign efforts coupled with efforts to reinforce media messages through street theatre, discussion groups, cultivation of "change agents" and print materials. Both these strategies have demonstrated modest changes in reported attitudes and beliefs – and in some cases, reductions in reported rates of partner violence.

Two programmes in South Africa (Stepping Stones and Sisters for Life) and one programme in Burundi have been evaluated using community randomized trials, the "gold standard" of research design. The Sisters for Life curriculum grafted onto an existing microfinance programme, reduced partner violence by 51% over two years. Several additional programmes measured knowledge, attitudes and practices before and after the intervention, using a comparison community. Overall, programmes that work with men have tended to rely on men's self reports of reduced violence when evaluating programme impact. These could be strengthened by interviewing the man's partner to confirm the reductions.

Childhood exposure to violence (Chapter 3)

Exposure to violence in childhood also emerges as a contributing cause of later partner violence. Boys who are subjected to harsh physical punishment, who are physically abused themselves, or who witness their mothers being beaten are more likely to abuse their partners later in life. The pattern is not inevitable, however, and a key question for future research is what genetic, situational, socio-cultural, and life course factors distinguish those who later become violent from those who go on to form healthy relationships.

While the link is well established, far less is known about the mechanisms through which early exposure to violence operates to increase risk of future perpetration. Research from high-income studies has demonstrated that early exposure to violence can leave emotional and developmental scars that predispose a child to later behavioural problems, including poor school performance, bullying, and anti-social behaviour in adolescence. Left unchecked, this developmental pathway is highly predictive of later engagement in partner violence (see Appendix 3). There is even evidence that early trauma can affect the developing brain, interfering with a child's ability to learn to trust and develop empathy, and heightening the tendency to perceive benign overtures as threats. Children who grow up in violent homes also internalize the idea that violence is an effective tool to exert dominance and get what you want. If no negative consequences accompany violence, then children, especially boys, readily incorporate aggression into their behaviour. There is an urgent need to establish whether the developmental pathway that exists in high-income countries — early violence leading to antisocial behaviour in adolescence leading to partner violence in adulthood — is similarly operative in low-income countries, and whether and how it interacts with norm-driven violence.

Strong evidence is available from high-income countries that parenting programmes can improve parent-child interactions and reduce abusive punishment. Numerous programmes in the United States and Australia, for example, have been deemed effective in controlled trials at reducing harsh parenting and improving parent-child bonding and interactions. Likewise, a systematic "review of reviews" in the *Bulletin of the World Health Organization* ranked parenting education among four interventions showing promise for the prevention of child maltreatment. It is not fully clear the extent to which these findings from North America, Australia and Europe will generalize to the realities elsewhere. A recent review of 12 randomized or otherwise controlled studies evaluating parenting interventions in low- and middle-income countries found parenting training and support programmes promising. The authors also noted an almost stunning lack of content in parenting curricula on the benefits of promoting less rigid and more equitable roles between boys and girls.

Less data are available on the effectiveness of programmes in low-income countries to reduce corporal punishment in schools and at home. In many settings, the same logic that justifies the beating of children is applied to the beating of adult women. Both are framed as physical "correction" for transgression against authority — men's authority in the case of women and parent's authority in the case of children. Much progress has been made globally toward outlawing corporal punishment in schools, with 43% of states in Africa and 52% in East Asia and the Pacific now outlawing violent discipline in schools. However, attitudes are much more ambivalent about interfering with a "parents' right" to discipline their children. A comparative study of the effects of banning corporal punishment in five European countries suggests that prohibiting corporal punishment *does* facilitate reductions in the use of violence, but only where reforms are accompanied by intensive ongoing efforts to publicize the law and to introduce and reinforce positive forms of discipline.

Excessive alcohol use (Chapter 4)

The review establishes excessive alcohol use, especially binge drinking, as a key factor that increases the frequency and severity of partner violence. Excessive drinking by men has been strongly associated with partner violence in nearly every setting that has been studied. While alcohol use is neither necessary nor sufficient for abuse to occur, data suggest that lowering the rates of binge drinking could reduce the overall level and severity of partner violence.

Various strategies have been demonstrated effective in reducing the harmful consequences of drinking. These include brief counselling interventions implemented by health workers; self-help support groups such as Alcoholics Anonymous; and reducing the general availability of alcohol by increasing taxation, passing and enforcing laws restricting sale and purchase, and

regulating the density of outlets where alcohol can be obtained. Studies have demonstrated a reduction in domestic violence after the implementation of strategies to reduce alcohol availability in the United States, Greenland, and Australia, as well as reduction of violence after abusers have been treated for alcohol abuse. Replication of the "brief counselling" intervention by health workers has shown promise in South Africa and India; however, evaluated programmes, especially those that specify partner violence as an outcome, are rare in the developing world.

Women's economic empowerment (Chapter 5)

Compared to alcohol abuse (where the association with partner violence is consistent), the role of economic factors on women's risk of violence appears to be complex, context-specific and contingent on other factors (such as partner's employment or education). Current research suggests that economic empowerment of women in some situations can perversely increase the incidence of partner violence, at least in the short term. This seems especially common in situations where a man is unable to fulfil his gender-ascribed role as "breadwinner" and a woman is beginning to contribute relatively more to family maintenance, or where a woman takes a job that defies prevailing social convention.

The report examines the impact on partner violence of two primary economic strategies — micro-finance programmes and conditional cash transfers. Findings suggest that microfinance schemes can have either a positive or negative effect on a woman's risk of partner violence, depending on other aspects of her situation. However, most currently available studies come from one country, Bangladesh, so the broader relevance to other settings is not clear.

Only a handful of evaluations have examined the impact of conditional cash transfers on women's risk of partner violence. These evaluations have focused almost exclusively on the Mexico's *Oportunidades* programme, which targets poor households and dispenses cash to women provided that they attend health and nutrition classes, send their children to school and receive periodic health checkups. One study that looked back 5 to 9 years post-enrolment demonstrated no effects on partner violence from the programme. A second study found that the cash transfers decreased alcohol-related violence by 37% across all *Oportunidades* households. However, violence increased in households where men had low levels of education (and presumably more traditional gender expectations) and the wife was entitled to large transfers. The authors suggest that when the income transfer is large, it almost equalizes the contribution from husband and wife. In this situation the "disutility" men perceive through loss of status and control exceeds the benefits they perceive from increased income. Thus, the risk of violence increases.

Indeed, the effect that any one economic variable may have on women's risk of violence — women's entry into employment, her ownership of property, access to income through transfers of microfinance schemes — all appear to be defined by variables extending beyond the mere economic implications of the shift: To what extent do women's resources improve the household's economic security, and does the husband see this as an asset or a threat? Do community and family norms support a woman taking on new economic roles? How does the change affect the existing gendered division of labour?

Future research on the short term impacts of economic empowerment must explore this wider field of questions. Programmes must also recognize that the short and long term effects of economic empowerment strategies may differ. Economic and feminist theory strongly

suggest that increasing a woman's access to and control over resources over the long term will reduce her risk of partner violence. Moreover, historical studies and ecological studies² confirm that gender roles tend to become more equitable as more women enter the formal wage economy and attain higher status jobs.

Law and justice system reform (Chapter 6)

Coalitions of women's organizations and human rights groups have been remarkably successful in campaigns to reform regressive criminal and civil laws related to domestic violence and rape. They have ushered in a wave of reform that has swept the globe, lagging somewhat in Africa and the Middle East. These laws have often broadened the legal definition of partner violence to include psychological and financial abuse of a partner as well as physical and sexual violence. The effectiveness of legal reform as a mechanism to redefine the boundaries of acceptable behaviour is theoretically strong, but studies documenting its impact in this regard are largely absent. Additional work by political scientists and legal scholars to evaluate the contribution of law to the reshaping of norms, attitudes and beliefs around partner violence and other forms of abuse could help strengthen the evidence base.

Similarly, while impunity is frequently cited as a risk factor for abuse, there are few empirical studies that validate this theory. Absence of evidence, however, is not evidence of absence; and research may yet confirm this relationship. Particularly useful would be studies of the effectiveness of informal social controls as a way to sanction abusive behaviour. Do strategies that shame perpetrators or punish them in some way reduce repeat violence, and do these same strategies generalize to shift attitudes and norms among men and women in the general population? Does informal sanctioning or intervention by the police and justice system reduce violence most effectively? Which do women prefer, and why?

The situation with police and justice systems interventions is even more complex. A substantial body of research exists on the effectiveness of justice system interventions, largely from the United States, UK and Australia. The United States in particular – which adopted a decidedly "criminal justice system" approach to domestic violence – has generated little convincing evidence that pro-arrest policies, pro-prosecution policies, domestic violence courts and court-referred perpetrator treatment programmes (whether considered individually or taken together) have worked to substantially reduce rates of recidivism or make women feel safer. Many of these interventions are now being implemented in various developing countries. Evaluating interventions that are embedded in complex systems — such as the justice system — is notoriously difficult, and methodological challenges may have complicated efforts to register an effect. Similarly, failure to demonstrate efficacy of programmes such as perpetrator treatment programmes may be a function of limitations in the specific treatment models popular in the United States, not clear proof that intervening with perpetrators cannot work.

Women's police stations are the only justice system strategy that has been widely evaluated in developing country settings. Designed to facilitate women's access to justice, women's police stations have received mixed reviews in terms of effectiveness. Women frequently arrive at these stations seeking emergency shelter, guidance, support and legal advice; and most stations are not set up to meet these needs. Often, women must register complaints in order to obtain protection orders, not because they necessarily want to initiate legal action or

² Ecological studies examine the relationship between macro level factors, such as the share of women engaged in the formal wage economy, and the average prevalence of partner violence, at the level of countries, states, districts or communities.

send their partners to jail. A book-length evaluation of women's police stations in Brazil, Ecuador, Nicaragua and Peru concludes: "The [stations] have contributed to making the problem of violence against women visible as a public, collective, and punishable matter; furthermore, they offer women new opportunities to defend their rights. But they do not necessarily contribute to eliminating violence or guaranteeing access to justice for women."

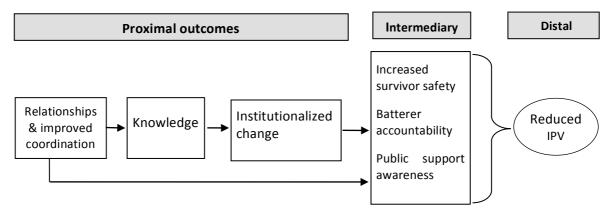
A wide range of other innovative strategies are underway in developing countries that have yet to be evaluated, including experiments with "restorative justice," use of protection orders, and non-formal approaches to public shaming and community sanctioning. Priority should be given to evaluating the impact of these strategies on repeat violence and on changing community norms.

Coordinated Community (Service) Interventions

One of the earliest interventions to prevent and control domestic abuse has come to be known as coordinated community response (CCR). CCRs are based on the premise that partner violence can be more effectively managed or prevented through local organizing to coordinate services for victims, improve the police and justice systems' response to partner violence, and confront community attitudes and beliefs that perpetuate partner violence. Since its inception in Duluth (Minnesota) in the 1980s, the CCR model has proliferated in United States — added by grants from the US Department of Justice and the Centers for Disease Control and Prevention (CDC).

In the 1990s, the CCR model spread to Latin America, areas of Asia, and more recently several European countries. Design and implementation has varied by setting, but all approaches share the notion that a broadening of relationships and knowledge among stakeholders translates into increased greater victim safety, less impunity for perpetrators, and more supportive attitudes within the community; moreover, that changes of this sort can be institutionalized through new protocols and policies, and this leads to reductions in recidivism and overall abuse over time. The theory guiding CCR interventions in illustrated graphically in Figure 6.1.

Figure 6.1 Theory of change guiding coordinated community response (CCR) interventions



CCRs generally begin by forming a coordinating council that meets regularly to review and reform institutional policy and practice, identify weaknesses in the system's response, track the flow and disposition of cases, and plan wider initiatives such as public information campaigns and trainings for stakeholders. Although some coordinated community response communities actively engage the health sector and other community agencies, most focus on the police, courts, shelters and crisis services [1, 2].

Research from the US suggests that CCRs may improve coordination of services and improve perpetrator accountability, but they do not increase women's uptake of services or reduce overall levels of partner violence. Their impact on reducing risk of reoffending appears mixed.

Impact and process evaluations have been conducted for a number of the CCR projects with support from the US Department of Justice and Centers for Disease Control.

Post and colleagues [1] used hierarchical linear modelling to test the impact of 10 CCR interventions on reducing community rates of partner violence and on modifying knowledge and attitudes. The authors compared data derived from a stratified random-digit telephone survey (n=12,039) in 10 CCR communities with that from 10 nearby comparison communities, matched on size, racial composition, rates of IPV and socioeconomic status. They collected information for IPV in the past year and for the year since violence began in each relationship. From this, they computed the number of new cases of IPV during the years prior to the CCR intervention and constructed a time-series to compare the incidence of IPV in the CCR and the comparison communities.

The authors concluded that the CCRs did not affect knowledge, beliefs or attitudes toward IPV; knowledge and use of available IPV services; or risk of exposure to IPV after controlling for age, gender, ethnicity, income and education. Post-hoc analysis within each site and for female respondents also failed to demonstrate a clear treatment effect at either three or six years. Comparing women in the CCR communities with those in the control communities, only one test produced a significant difference: Women in communities with six-year CCRs were less likely to report any aggression against them in the past year (b=-0.03, p=.02). Given that more than 60 comparisons were tested, even these comparisons could have appeared by chance [1, 3].

In parallel analyses, the research team used data from the three-year midterm evaluation and qualitative and process data to explore whether any aspect of functioning or implementation of the CCRs was associated with a woman's past-year experience of IPV or her contact with services. The analysis examined both how the CCR carried out its work and the range of activities it sponsored, including for example whether the district attorney's office had a special IPV unit, the number of policy changes achieved, and whether it had sponsored media messages on helping victims.

Overall, the CCRs had no significant impact on past year IPV rates in any of the 10 sites after adjusting for age, marital status, income and education. However, rates of contact with services were correlated with a handful of variables (three out of 16 dimensions) in some sites. Coalition qualities that appeared to improve contact with services were: selecting priorities based on a community assessment, level of effort to coordinate services, and disseminating information on the frequency of IPV in the community. On the other hand, implementing an intervention in the schools and the number of new programmes initiated was associated with lower rates of contact with IPV services in CCR communities compared to control communities, suggesting that the investment needed to launch these programmes may have detracted from the time available to promote and coordinate victim services [3].

The Department of Justice found similarly mixed results when assessing the impact of the three CCR demonstration projects it had funded to reduce partner violence and enhance perpetrator accountability [4]. In comparison to the Centers for Disease Control projects, the Department of Justice projects aimed to establish a stronger leadership role for judges and the courts in addition to improving coordination of victim services. The CCRs emphasized strong

and proactive arrest policies, intensive court-based supervision of perpetrators, coordination of court and community agencies, specialized prosecution and court procedures, specialized probation and perpetrator intervention services, and enhanced services for victims, including victim advocates and individualized "safety planning". These shifts in practice were intended to deter repeat partner violence by increasing perceptions of the risk of arrest and penalties for subsequent offenses.

Detailed analysis of three CCR communities compared to matched controls confirmed that the Department of Justice initiative did indeed produce substantial changes in the overall response to domestic violence in all three sites, including enhanced collaboration between justice system agencies, law enforcement and victim services. These improvements included specialized domestic violence probation officers, increased supervision, more outreach to victims, more aggressive prosecution, and more severe sentences for perpetrators. CCR offenders were significantly more likely to be convicted and sentenced than comparison offenders (82% compared with 69%), and offenders on probation were more likely to be required to attend a perpetrator intervention programme (80% vs. 42%) and to attend more sessions. Despite increases in perpetrator accountability, however, female victims did not report feeling safer in CCR communities compared to control communities. Likewise the impact of the intervention on repeat violence varied among communities, two showing small reductions in re-assault and the others not. The authors conclude: "The DOJ model had much smaller effects on offenders (and victims) than the developers envisioned. None of the theories of change that underlie the DOJ model were supported [4]".

Multi-pronged community interventions focused on prevention

The evidence is weakest — indeed, entirely absent — for what might be achieved through programming that seeks to address multiple drivers of partner violence (as opposed to services) within a single coherent programme. The report strongly recommends that researchers and practitioners collaborate on designing and implementing pilot projects that implement and evaluate overlapping strategies that integrate the following: shifting norms around the acceptability of beatings as a form of "discipline", challenging gender roles that grant men authority over women, reducing harmful drinking and working with both men and women as well as girls and boys to encourage new models of relationships and more flexible gender roles

Appendix 4 lays out one approach to this challenge. It seeks to design and implement a programme that addresses multiple drivers in a strategic and staged manner. Rather than promote a specific intervention, it suggests a process for developing and implementing such a programme, coupled with ongoing process in evaluation to provide real time feedback to programme planners. At this stage, the field of violence prevention is too immature to curtail experimentation or to scale-up specific interventions. Rather, we must apply the best of our learning about the determinants of partner violence to design and test creative approaches to reduce these risk factors at a population level.

Summary of the Evidence

Table ES.1, which follows, summarizes the plausibility of a link between partner violence and each of the five main chapter themes, what we have learned from research in regard to that link, and the effectiveness of the kinds of interventions that have been most frequently evaluated.

 Table ES1.
 Summary of theoretical foundations, evidence of link between purported risk factor and partner violence, and the effectiveness of evaluated interventions

Gender-related norms and beliefs (Chapter 2)

Theoretical foundation/plausibility

Various theories — including norm theory, feminist theory, and social constructionist theory argue that partner violence is in part a function of social norms, as well as structures that grant men the right to control female behaviour and limit women's power in both public and private life.

Evidence of link

Qualitative and quantitative studies from the developing world consistently document a high level of social acceptance of wife beating, a practice that is justified as a form of discipline for wives who challenge male authority or fail to adequately fulfil their role as wife and mother.

Ecological studies demonstrate a strong link between the level of partner violence and various gender-related norms at the country level, even after adjusting for the country's level of socio-economic development (as indicated by GDP per capita) and the age-structure of the population. Both the level of acceptance of wife beating under certain circumstances and the level of male control over female behaviour are predictive of a country's overall level of partner violence.

Effectiveness of interventions?

Evidence from programmes to stop female genital cutting demonstrate that culturally entrenched behaviours can be changed given time and the right strategy.

Existing evidence on the effectiveness of programmes to shift gender-related norms and beliefs is promising, though many evaluation studies are still methodologically weak. There are many innovative violence prevention programmes that should be rigorously evaluated and assisted to better integrate social norms theory into their programming.

Childhood exposure to violence (Chapter 3)

Theoretical foundation/plausibility

A strong basis exists in social learning theory, gender socialization and norm theory; strong and consistent predictions emerge from developmental and social psychology; and biomedical evidence is emerging about the long term impacts of cumulative stress and trauma on increasing risk of violence perpetration [5].

Evidence of link

Strong empirical evidence from prospective studies in high-income countries establishes childhood exposure to violence as a causal factor in at least some types of partner violence.

Witnessing violence in childhood appears to have as strong an impact on later risk of perpetration as actually experiencing abuse.

Longitudinal studies in low- and middle-income countries have yet to be completed. Well-controlled cross-sectional studies find a strong and consistent association between partner violence perpetration by men and a range of childhood exposures, including being physically abused, experiencing harsh physical punishment and witnessing parental violence. In high-income countries, men who abuse women are usually found to be violent in other ways. Anti-social behaviour in adolescence is among the strongest predictors of future partner violence.

Effective interventions?

Good evidence from high-income settings shows that parenting programmes can reduce child aggression, conduct disorder, and antisocial behaviour (all known to be precursors for at least some forms of partner violence).

Emerging evidence shows that parenting programmes in lower- and middle-income countries can improve parent-child relations and reduce harsh punishment. More research is needed into expanded models addressing gender socialization, positive child discipline, and child health and development.

Harmful alcohol use (Chapter 4)

Theoretical foundation/plausibility

Experimental data confirms that intoxication impairs problem solving, lowers inhibitions and makes it more likely that people will misinterpret verbal and nonverbal cues. Intoxication similarly reduces cognitive abilities and makes individuals less concerned with the consequences of their behaviour. The biological impacts of alcohol interact with cultural expectations around drinking and dominant forms of masculinity.

Evidence of link

Multiple lines of evidence suggest that heavy drinking is a contributing cause of partner violence. Binge drinking by men appears linked to both the frequency and severity of partner violence.

Effective interventions?

Evidence from high-income countries indicates that treating alcohol abuse can reduce the frequency and severity of partner violence.

Good evidence exists from high-income countries that levels of harmful alcohol abuse can be reduced through early identification and counselling of problem drinkers and various policy interventions that reduce the ready availability of alcohol. Only a handful of studies have evaluated these interventions explicitly with respect to partner violence.

More research is needed to develop and evaluate lowcost, community-based interventions suitable for developing-country settings.

Women's economic empowerment (Chapter 5)

Theoretical foundation/plausibility Various economic and

various economic and sociological theories differ in their predictions about the shortterm outcome of women's entering the labour force, owning

Evidence of link

Existing evidence is mixed with respect to the short term impact of employment, property ownership and/or participation in cash transfer or microenterprise/credit schemes on the risk of experiencing partner violence.

Effectiveness of interventions?

assets, and participating in income-related development schemes.

Both feminist and economic theory suggest that, over the long term, women's economic empowerment will strengthen women's bargaining position within marriage as well as their ability to leave abusive partnerships. Some women appear to benefit from economic empowerment (i.e. rates of violence go down), but others place themselves more at risk when they take a job, participate in a credit programme, or acquire their own assets, at least in the short term.

Existing evidence suggests that microfinance programmes alone are unlikely to reduce partner violence without accompanying efforts to empower women and address gender norms.

Evaluating the long term impact of economic empowerment should be prioritized. Theory and emerging evidence suggest it may reduce violence, even in settings where the shorter term impact was the opposite.

Additional prospective studies are necessary to understand how economic factors affect the risk of violence in the short and long term, both at an individual level and at a population level

Legal and justice system reform (Chapter 6)

Theoretical foundation/plausibility

Existing programs are based on the theory that arrest and prosecution of perpetrators enhances victim safety and reduces both recidivism and overall rates of violence

Additionally, investment in justice system reform reflects a fundamental commitment to ensuring women's equal access to justice

Evidence of link

Evidence actually linking partner violence to impunity or punishment of offenders is currently weak, although theory would predict that rates of violence would go down as perceptions of costs of the behaviour go up. In some settings, it may be easier to increase "costs" of the behaviour through informal rather than formal sanctions.

Effectiveness of Interventions?

Women's movements have successfully used international treaties such as CEDAW and political pressure to pass new domestic violence legislation. However, implementation of these laws has been woefully inadequate to date.

Evaluations of coordinated community response interventions (CCRs) in the United States suggest that they improve coordination of services and increase prosecution; however their impact on recidivism and reducing levels of violence appears to be limited.

Few studies exist from low income countries that evaluate justice system interventions.

The report recommends a number of strategies to strengthen the existing evidence base. Among these recommendations are the following:

> The creation of various "learning laboratories" where researchers, practitioners, and governments can work together over 6 to 10 years to refine, pilot and evaluate various intervention strategies.

Presently, there is too much experimentation — as well as too little — to generate reliable insights into what approaches might work best to address partner violence and other forms of gender-based abuse. Vastly differing strategies, each with their own methods and measures, are being used to evaluate a vast array of programs. As a consequence, it is difficult to derive meaningful insights on the relative effectiveness of strategies. Even when evaluation data are available, they may not be comparable.

What is needed is a series of learning laboratories where researchers, practitioners, and donors work together to develop, implement, evaluate and refine a set of strategies for addressing violence in the family. The goal here would not be pristine impact studies, but learning and course corrections in real time, deriving lessons on impact and process along the way. Learning sites could be linked through a knowledge-sharing network. Common measures and methodologies could be adapted to make findings comparable across settings.

> Greater cross fertilization among communities that currently work in isolated "silos".

One of the greatest challenges to developing and evaluating programmes that effectively reduce partner violence is the lack of cross fertilization between key communities. This includes domestic violence researchers and practitioners, academics from different disciplinary perspectives, and individuals working in related areas (e.g. child maltreatment, partner violence, youth violence and delinquency, and harmful traditional practices such as female genital cutting). Much could be learned by catalyzing exchange among these various communities.

Looking back, looking forward

By its very nature, an evidence review is an exercise that looks "backwards." It does so in order to learn what has and has not worked in the past (and why), so that we can build toward a more effective future. In so doing, however, the danger is that our vision becomes defined by what has come before — by what others have tried previously or even more narrowly, by what has been evaluated.

In a field as complex and "new" as violence prevention, it is vital that the field continue to encourage innovation and remember that many worthy strategies may lack evidence not because they don't work, but because they have not been evaluated. Some of the most "effective" strategies may remain to be discovered.

At the same time, we must not allow ourselves to become complacent in our assumptions. This review raises some important questions for policy makers, donors and advocates to consider. To what degree do our current theories of change conform to emerging evidence about what affects levels of partner violence and the risk to individual women? Do our current investment priorities align strategically with our commitment to both supporting victims and ending violence in the lives of women and girls?

The Centre for Gender Violence and Health at the London School of Hygiene and Tropical Medicine will be producing a follow on report that addresses some of these strategic questions and makes recommendations for future gender violence programming and policy (see Appendix 4 for one approach to prevention programming).

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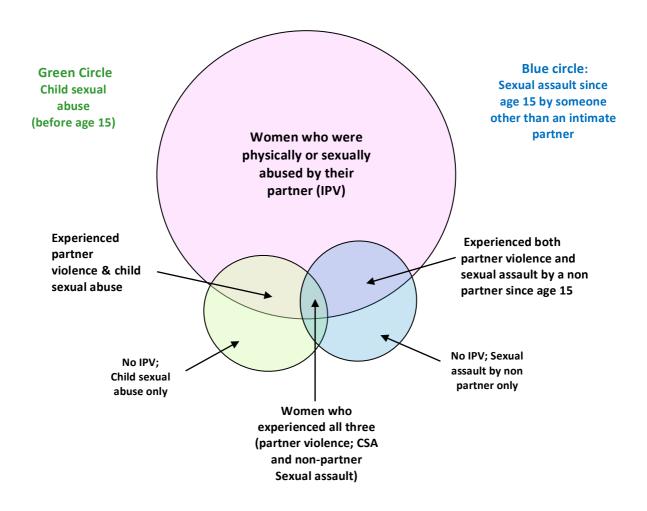
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Appendix 1: Relative role of partner violence in women's lives

Although all types of violence and violation are unacceptable and worthy of redress, it is nonetheless important for the purposes of programming and evaluating impact to consider the relative scope of different problems. From this perspective, an initial focus on partner violence makes sense given the pervasiveness of physical and sexual violence by intimate partners and the number of women affected globally.

The degree to which partner violence dominates women's lived experience of violence is vividly illustrated in Figure 1.1.

Figure 1.1. Proportional Venn diagram of experiences of violence among 24,000+ women in 15 global sites



Number of women reporting one of the three forms of violence = 12,011

Source: WHO Multi-country Study of Domestic Violence and Women's Health (2005)

The figure displays a proportional Venn diagram depicting the relative proportion of women in the WHO Multi-country Study of Domestic Violence and Women's Health (hereafter WHO Study) who have experienced different types of violence, including sexual assault by someone other than a boyfriend or partner since the age of 15; sexual abuse by anyone prior to the age of 15; and physical or sexual abuse by an intimate partner. The WHO Study teams interviewed a representative sample of over 24,000 women in 15 global sites, including the capital or other large city and in some countries, an economically or culturally important province or department. Major efforts were undertaken to protect women's safety, maximize disclosure and ensure comparability of methods across settings. The study did not require women to acknowledge or frame their experiences as abuse, but instead asked them to report whether or not they had ever experienced a range of specific acts, covering a wide range of abusive behaviours. In addition the study included special strategies to encourage anonymous reporting of especially sensitive experiences such as sexual abuse in childhood.

The relative size of the circles reflects the proportion of women experiencing any violence who reported different types of abuse: partner violence in pink, child sexual abuse in green and sexual assault by someone other than a partner in blue. The areas where the circles overlap represent the proportion of women who experienced either both or all three types of violence in their lives. The dominance of partner violence is illustrated by the enormous size of the pink circle relative to the others. Even if we doubled the size of the child sexual abuse circle to compensate for likely under-reporting, partner violence would still dwarf these other types of violence.

The intent here is not to underplay the significance of these other forms or violence or the need for the global community to address them; rather it is to underscore that a focus on partner violence is consistent with the relative size and potential of this particular type of violence to cause substantial long term harm to women, children, and family well-being.

Indeed, research from low and middle income countries suggests that even among victims of other egregious forms of abuse, there is a substantial backdrop of violence by partners and family members that often goes unnoticed and unaddressed. For example, among women living in communities embroiled in recent paramilitary conflicts in Cote d'Ivoire, a survey of violence against women found that even in the context of conflict, the most common form of violence women experienced was from partners and family members [6]. Similarly, when interviewing female sex workers in Karnataka about their experiences of violence, a programme focused on addressing rape, beatings and harassment by clients, the police and "rowdies" [street hoodlums], found that violence by regular partners and husbands was an even more common problem for these women [7].

It is likely, therefore, that efforts to address violence within the private sphere of relationships and the family will have positive "spill-over" effects for a range of different types of gender-based violence.

Appendix 2: Factors associated to risk of partner violence in the research literature

As applied to partner violence, the ecological framework has been conceptualized in a variety of ways, although they all share the notion of embedded pathways of causality. Women bring to their relationships a genetic endowment, certain personality traits and a host of experiences from their childhood and adolescence. They partner with men who likewise bring personal histories and in-born proclivities to their union. The couple is in a relationship that has its own dynamics, some of which may increase or decrease the risk of abuse and the relationship is embedded in a household and neighbourhood context that affects the potential for violence. In many low income settings this includes the influence of extended family members who interact with the couple in ways that may either increase or lessen the chances of abuse. In turn, both partners engage with various different "communities" including those related to work, friendship networks, faith communities, and governance structures. In the original ecological model proposed by the developmental psychologist Brofenbrenner, this is known as the *mesosystem*. Finally, the entire system is embedded in a macro-system which refers to the cultural, economic and political systems that inform and structure the organisation of behaviour at lower levels of the social ecology.

Ecological thinking represented a significant step forward for the field of violence studies because it conceptualized the causes of violence as *probabilistic* rather than deterministic. In other words, factors operating at different levels combine to establish the likelihood of abuse occurring. No single factor is sufficient, or even necessary, for partner violence to occur. There are likely to be different constellations of factors and pathways that may converge to cause abuse under different circumstances. Likewise the same set of genetic, personal history and situational factors (such as abuse in childhood, a proclivity toward impulsiveness, and having too many drinks) may be sufficient to push a particular man toward partner violence in one socio-cultural and community setting, but not in another. One can imagine that a man's response to "perceived" provocation may be quite different based on what his expectations are regarding male/female relations; whether his friends, neighbours and local authorities are likely to find his behaviour "acceptable" or shameful; and whether his partner has the social permission and economic means to leave him if he crosses the line.

Several authors have attempted to summarize what is known about factors that appear salient for partner violence at different levels in the ecological model. The first such effort, published by Heise in 1998, was forced to rely primarily on risk factor studies emanating from high income countries [8]. This was supplemented with suggestive evidence from ethnographic case studies of partner violence in low income countries and several quantitative studies that excerpted and codified variables from ethnographic accounts of small scale societies archived in the Yale Human Area Relations Files [9]. Many renditions of the "ecological model" still reproduce factors noted in this early article, even though the research based has substantially improved since then.

Figure 1.2 presents a revised ecological framework that summarizes the evidence base as it exists today. Each of the factors listed has been shown empirically to be linked to the risk of partner violence in low and middle income countries. Factors are colour-coded to communicate the strength of the evidence base linking that particular factor to the experience of partner violence. Factors coloured blue have the strongest evidence base, green have

medium evidence, and pink have the weakest or fewest number of studies supporting their role in partner violence.

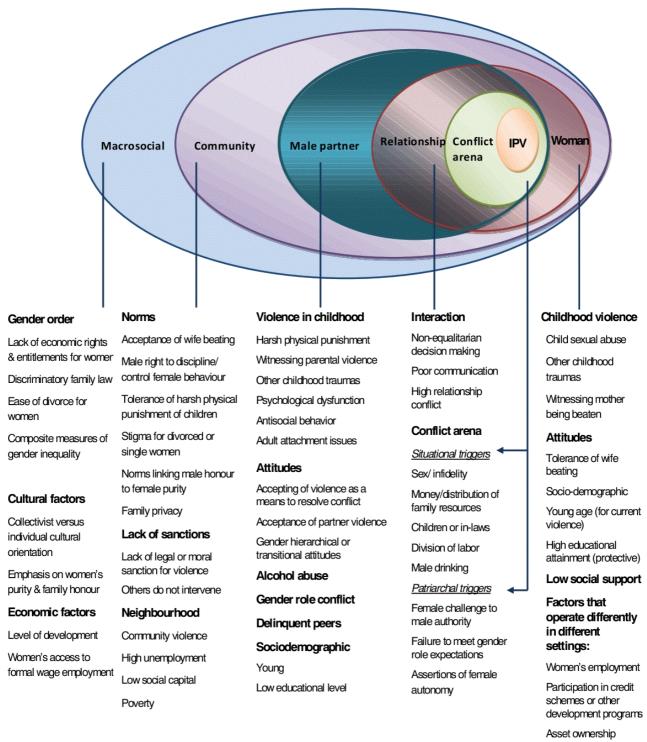


Figure 1.2 Revised Conceptual Framework for Partner Violence

Factors in the far right-hand column (relating to the woman), have been consistently shown across studies and settings to increase a women's risk of victimization. The remaining columns represent factors that have been shown to increase the likelihood of men's perpetrating partner violence. Many related to the male partner show up repeatedly in multivariate analysis of cross sectional surveys from low and middle income countries. This evidence is reinforced in many instances by longitudinal cohort and intervention studies.

Significantly, however, many of these more sophisticated studies come exclusively from high-income settings.

Appendix 3: Developmental pathways from childhood exposure toward adult perpetration of partner violence

> Multiple mechanisms likely combine to translate childhood exposure to violence into increased risk of intimate partner violence.

Current thinking is that early exposure to violence affects later risk of partner violence through multiple, reinforcing mechanisms [10-12]. Drawing on social learning theory, some researchers have emphasized the role that behavioural modelling plays. A violent home "teaches" children that violence is an effective way to get what you want, to exert authority and to settle disputes [13]. If violence accrues no negative consequences, then children easily incorporate it into their behavioural repertoire.

Early exposure to violence, however, can also leave emotional and developmental scars that predispose a child to a host of later behavioural problems, including violent behaviour. Research suggests that early trauma can actually alter the developing brain³ by interfering with normal neurodevelopment [5, 14, 15]. The resulting deficits predispose the child to anxiety and depression, and can compromise their ability to empathize, to trust and to build healthy relationships. Likewise, children who receive inadequate, abusive or neglectful care have fewer opportunities to learn nonviolent forms of coping. Their sensitivities to perceived threats are heightened, and they have fewer opportunities to develop competencies to solve life's problems and cultivate supportive peer relationships [16].

Longitudinal studies from Australia, Canada, Great Britain, Iceland, New Zealand and the United States have yielded clues about how early experiences of violence combine with biological predispositions and environmental factors to put a child at risk. Exposure to violence appears to set in motion a series of adjustment and behavioural problems that can evolve into antisocial behaviour and eventually partner violence, especially if other factors hone this trajectory over time [17-23]. Most of this work evolves from the fields of developmental psychology and delinquency studies. A model has emerged that links exposure to violence in childhood to increased behavioural problems in primary school followed by increased risk of violent and aggressive behaviour in adolescence and adulthood.

In high-income countries, behaviour problems in childhood and antisocial behaviour in adolescence have routinely been linked to adult physical partner violence in prospective studies that follow children over time [24] [19, 22, 23, 25]. Among boys, early problems frequently take the form of lying, disruptive behaviour, getting in trouble in school, and acting out—a constellation that is termed "conduct disorder" in the literature. In her 20-year study of a community sample of children in upstate New York, Ehrensaft and colleagues [25] found conduct disorder to be among the most robust predictors of partner violence for both perpetrators and victims. She demonstrated that exposure to violence between parents

³ Exposure to violence activates a set of threat responses in the child's developing brain; and in turn, excess activation of the neural systems involved in the threat responses can alter the developing brain. These alterations may manifest as functional changes in emotional, behavioural and cognitive functioning. The roots of violence-related problems, therefore, can be found in the adaptive responses to threat that are present during the violent experiences.

(including witnessing), receiving harsh physical discipline, and physical maltreatment all significantly increased the risk of later violence in adult intimate relationships.

> It remains to be established whether this developmental pathway also drives the occurrence of partner violence in low and middle-income countries.

Given the emerging evidence of how early violence disrupts normal development and causes permanent changes in the body's neural processing, it is likely that this pathway plays at least some role in the problem of partner violence in the developing as well as the industrialized world. It is equally true, however, that in settings where women have little power, where partner violence is normative and where men are granted social authority over female behaviour, these social realities also help define the prevailing level of partner violence.

It may be that in high-income countries such as Canada, the United Kingdom, Australia and the United States—where the 12-month prevalence of partner violence is generally between 2% and 4%—emotional damage from early abuse and poor parenting may be a primary driver of later partner violence. However, in low-income countries—where the 12-month prevalence of partner violence is typically on the order of 20% to 40% or more—additional factors must be contributing to the phenomenon. One hypothesis is that a developmental trajectory leading children toward partner violence is supplemented in developing countries by other powerful social and economic forces that encourage males to control female behaviour, trap women in abusive relationships and condone violence as a form of discipline. Together with widespread acceptance of wife beating as a norm, these forces greatly amplify and extend the emotional and developmental harm that has otherwise been carried over from childhood. The overall trajectory is hypothesized to look something like that depicted in Figure 3. The relative contribution of norms and social learning versus early trauma and developmental dysfunction may vary greatly from setting to setting.

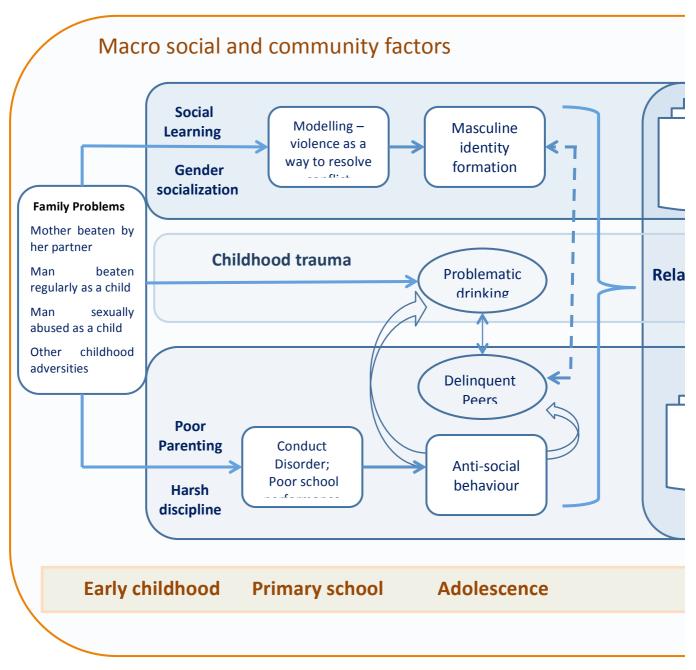


Figure: 3.1 Developmental paths to perpetration by men

Source: Heise, 2011 [26]

Appendix 4: Violence prevention programming in low-income countries

Current interest among a handful of donors and foundations (DFID, PEPFAR, VAW Trust Fund, Oak Foundation, UNWomen, Wellspring Foundation, OSI) in investing substantial

sums of money in prevention and response to partner violence presents an unprecedented opportunity to try a new, evidence-informed approach to programming.

Given our current state of knowledge, such a programme would include the following elements:

- 1. A focus on reducing the population prevalence of the three known risk factors for partner violence in developing countries:
 - a. Norms, attitudes and beliefs that encourage partner violence
 - b. Binge drinking
 - c. Childhood exposure to violence
- 2. An effort to change how family and friends—the "first responders" to abuse—react to both victims and perpetrators. The goal is to encourage more supportive attitudes towards victims and a more critical stance toward perpetrators, as well as to model how to respond constructively. This strategy could help lay a foundation for a more community-led approach to sheltering and supporting victims and sanctioning perpetrators that does not rely on formal services and systems.
- 3. Safe spaces for facilitated discussion, reflection and debate around key norms and beliefs regarding topics of relevance to the chosen point of entré. Frequently, this will include discussions about power, gender norms and violence and its impact on women and children, as well as other strategic topics. These groups also become a vehicle for empowerment and leadership development and a launch pad for collective action.
- 4. A theory-informed communications effort designed around specific, staged goals linked to the objectives 1 and 2 above. Such an effort might variously employ street theater, roving vans, leaflets and other small-scale media, or radio and television programming aimed at modeling new behaviours and sparking community reflection and debate. These communication efforts can also be used to publicize changes in relevant laws such as those related to domestic violence, family law or divorce.
- 5. A parallel effort to enact laws and policies that might reduce the population prevalence of different risk factors, such as laws to restrict the availability of alcohol or to increase the age of marriage.

Toward an integrated programme of violence prevention

Imagine you are the programme officer in charge of implementing a major donor-led effort to reduce violence against women in several districts in Tanzania. Where would you start?

We suggest that an evidence informed approach would include the following 9 steps.

1. Asset mapping and formative research

Any potentially effective, scalable and sustainable programme must begin by mapping the assets already existing in that setting. This would include programmes that specifically focus on violence against women or children, but would extend to any other programme with trusted entré to the community. The goal of this effort is to identify what government or NGO programmes exist that could be built upon. Are there community health workers or community paralegals that routinely interact with households? Do the government and

UNICEF already run an early childhood development program? Are there NGOS that run women's empowerment programmes or have specific expertise in communications for social change? Is there a political opening for more regulation of the alcohol industry? Does the Ministry of Youth have funding for sports or after-school programmes that could form the foundation for an intervention?

The second part of this preparatory phase would include formative research with community members around violence against women and children and the key risk factors linked to partner violence. How do men, women and other community members understand domestic violence and child discipline? Do they generally support the use of physical violence as a form of punishment? Does this apply equally to women and children? What would happen, in the minds of key informants, if children and women were not beaten? What justifications are given for the practice? What are the community's views of women who leave a violent partner? What are their views about women who work outside the home? Do both women and men drink? What are the perceived upsides and downsides of drinking? Is drunken behaviour tolerated or frowned upon? Are people willing to intervene if they hear a woman being beaten?

The goal of both of these efforts is to generate knowledge to inform programming.

2. Select a strategic point of entry

In settings where violence and gender inequality are deeply entrenched, programmes to prevent partner violence may require changing deeply held beliefs about the "natural order" of things—that women should obey men or that physical punishment is the only way to raise a "moral" child. In some settings this may take decades. Where practices are largely belief driven, however, there are examples of fairly rapid change. NGOs report that in societies where men are socialized to believe it is their "duty" to discipline their wives, some men have abandoned wife-beating after being exposed to alternative narratives that challenge this belief.

In most instances, however, successful prevention programming will be built over time, with new components added as initial efforts take hold. The key is to have explicit goals for each stage and an overall roadmap for the steps that much be achieved.

The question of where to begin should be determined by an assessment of two factors: 1) Where does the main implementing agency have a comparative advantage, either in terms of expertise or access to a key population? and 2) Are there settings where men, women, parents or children regularly congregate or ways to sustain engagement over time?

Both are designed to build the programme from a "position of strength". Changing norms and attitudes generally requires sustained participation and at least some small-group work. Due to the press of other obligations, this type of engagement is hard to sustain unless programmes offer another, more immediate benefit. Thus programmes to reach youth around HIV prevention and gender equity have successfully been built on soccer and sports programmes, and efforts to reach women with similar information have been incorporated into the regular loan meetings required by microcredit schemes.

Other potential points of entré include pre- and post-natal visits for women or parenting classes for couples. Women routinely have to visit or be visited by health providers for prenatal care and child immunization visits. Not only do such visits provide an opportunity to screen women for violence and depression, but they also provide an opportunity to introduce information on child development, positive parenting, domestic violence and children and women's rights. Community health centers serving low income, immigrant women in the United States have had success with a new model of care called "centering" where pregnant and recently delivered women meet regularly as a group to learn about pregnancy, child birth, parenting and child development. They are empowered to take their own blood pressure, test their urine for glucose and measure each other's bellies. Since the women spend so much time together, they build enough trust to tackle sensitive subjects such as family tension and to exert positive peer pressure (Michelle Norris 2011).

An additional option is to start a public discussion about corporal punishment and sexual violence in schools, forms of child abuse that are generally less threatening to tackle in the first instance than violence by parents. As communities begin to understand the harmful consequences of beatings and sexual abuse on children, it becomes easier to shift the discussion to violence in the home. Programmes can then take on the more loaded issue of "parental rights" and introduce alternative forms of discipline. Discussions of the harm that violence causes children provide a natural segue to violence against women.

3. Create safe spaces for group and community reflection and debate

Almost all programmes that aim to change deeply held beliefs and behaviours have included some form of group reflection or interpersonal outreach by peers. The group format serves multiple purposes: it is a vehicle for consciousness-raising; a forum for imparting new information; and a means for building solidarity, trust and support.

Many existing anti-violence NGOs hold group sessions directed either at men or at women, but few strive for "synchronized programming" where sessions for boys or men are paired with efforts to engage and empower the important women in their lives. As described in the full report, many single-sex programmes have been forced over-time to expand their programming to engage the opposite sex or to build common cause with other organizations that do.

One impressive exception has been a series of interventions designed by the Population Council that use groups or young adolescent girls as their strategic point of entré (recognizing their vulnerability to abuse as well as the fact that they are the community's future wives and mothers). They begin by creating safe spaces for young girls to meet and to embark on a process of self-discovery and community change. This begins with an exercise known as "Safe-Scaping" where girls analyze their typical day by place, time and where and when they feel totally safe, somewhat safe, somewhat unsafe and very unsafe. This helps identify the sources of fear, violence and harassment in young girl's lives. The project then moves on to start to engage with the specific men, boys or structural problems (e.g. unsafe latrines) that girls identify as their first priority.

As this programme demonstrates, it is fine to begin engagement with a single-sex group, but it is essential that programmes ensure that both sides of the gender equation are eventually addressed, as well as the beliefs and norms that permeate the community at large. It is especially important that programmes attempt to seek synergies between the programmes aimed at women or girls and those aimed at men and boys. They should target overlapping families or intervene directly to address the specific attitudes and behaviours of the boys and men who are a threat to women and girls' safety. Even where anti-violence efforts aim to work with both sexes in a community, too often these efforts are disarticulated and reach out to totally unrelated individuals. This misses the important opportunity to reinforce behaviour and normative change by introducing new skills and ideas through multiple channels that affect the relevant male/female dyad.

4. Encourage collective action to address identified problems

Small-group work is an excellent launch pad for more public action on controversial issues. Often "natural leaders" emerge from such groups, and their energy if supported and channeled can lead to organizing efforts to solve common problems, demands for better services or greater accountability, and public protest over issues such as domestic violence or sexual harassment and abuse of girls by teachers. Centuries of development and movementbuilding experience has shown collective action to be both an effective vehicle for social change and a mechanism for self-empowerment. These types of public action are one vital way for taking private issues into the public sphere.

5. Where necessary, mobilize informal options for providing support and temporary shelter for victims of violence

Even interventions focused on prevention, must find means to assist victims, especially with temporary shelter. Absent formal services, some communities and projects have been incredibly resourceful in finding local means to support victims in times of need. Some have negotiated with a local church or temple to provide temporary sanctuary to women who fear for their safety. Others have created a "safe house" network by identifying local families who agree to house a woman and her children temporarily if her partner comes home drunk and violent. At times, it is a matter of providing help with transport, so that a woman may reach a formal crisis center in the city or travel home to seek support from her family. The Box below provides an excellent example of how a pair of Indonesian NGOs, with help from UNFPA, found a unique local solution for providing sanctuary to abused Muslim women living in remote areas.

Box 7.1 A faith-based intervention in Indonesia

A community-level initiative, based in Islamic girls' boarding schools, combined shelter and support for abused women with prevention in a highly successful pilot in Indonesia.

The first steps did not look hopeful. In a context of rising conservatism, with a majority religious population and a culture of silence on gender-based violence, project partners withdrew and funding failed. But an unusual government–NGO–donor collaboration persevered, its government-led Interagency Task Force supported by UNFPA, drawing on Indonesian women's organizations and recruiting respected religious figures to lead the way. A Muslim women's organization headed the initiative; the then first lady of the country contributed guidance and credibility; Islamic girls' boarding schools, *pesantren*, provided the location and heart of the initiative; progressive religious leaders took the stage in public dialogues and each *pesantren* leader and his wife modelled progressive and tolerant attitudes toward abused women. In addition to providing physical sanctuary to women in need, the programme integrated lessons about gender, violence and other themes into the curriculum for both young women and young men.

Source: Programming to Address Violence against Women—Eight Case Studies, UNFPA 2009

6. Develop theory-based and research-informed communications plans organized around specific, staged objectives

Small scale media—including community radio, street theater, and community murals—are an excellent way to advance a project's objectives, but only if strongly and clearly linked to changing specific norms, beliefs and practices. Many communications efforts are too general and diffuse to catalyze the kind of shifts that would support behavior change. Rather than "Just say no" slogans, plan a communications effort that is geared toward the specific ideas you want to challenge, or behaviors you would like to promote. Stage your messages over time, and link them closely to the ideas being discussed in small group work so that both interventions reinforce each other. When possible, have your media or theater work model how family members and others can constructively respond. Don't forget, they are the "first responders."

7. Seek out and build common cause with religious and other community leaders

Often, issues such as physical punishment of children, male authority in the household and gender roles and norms are justified and reinforced by appeals to religion and cultural tradition. The ability to forge a new social consensus is often contingent on challenging these sources of legitimacy and promoting alternative narratives and interpretations. Efforts to eradicate female genital cutting, for example, gained considerable momentum when a handful of religious leaders began to speak out against the practice (UNICEF 2010). Even when parents or husbands and wives may be open to change, they often need "social permission" before being willing to act on their evolving beliefs. Religious leaders can at times serve as "bastions of culture" so it is important to engage them in a similar process of reflection and debate. Often, converting or finding even one leader willing to challenge dominant justifications of harmful practices like violence can help pave the way for wider societal change.

8. Slowly expand to address other risk factors for abuse

As programmes evolve, they can begin to build community assets to address other risk factors for abuse. If a programme is working specifically around partner violence, it can expand to deal more explicitly with child discipline and/or initiate public discussions about the benefits and costs of the community's current drinking culture. With skills honed through earlier group work and collective action, leaders on these issues may emerge organically from the community. Alternatively, the implementing organization can seek to engage new government or civil society partners to help take on issues outside their expertise.

9. Work simultaneously to build national or district coalitions for policy and legal reform

Programmes at a community level should be accompanied by parallel investment in enacting or reforming policies and laws that address the population prevalence of key risk factors for abuse. This might include supporting NGO coalitions pressing for reform of domestic violence, sexual harassment and rape laws. But it could also include support to build social pressure to reform family law, raise the minimum age of marriage, eliminate barriers to women's entry into the labor force or increase the excise tax on alcohol or ban alcohol advertising.

As described in the section on legal and justice system reform, support to transnational networks to pursue public interest or human rights law suits to challenge discriminatory national laws or to force implementation of laws on the books, can be a cost effective strategy to propel reform. Equally important is support to feminist networks, such as Women Living

under Muslim Laws, which seek to reinterpret religious texts from a feminist perspective and to empower local activists by highlighting the vast differences in the laws and policies of countries all purporting to follow Sharia Law.

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