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R E S P E C T

W O M E N

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S T R A T E G Y  
S U M M A R Y

**Transformed attitudes,  
beliefs and norms**

# Definitions

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**Belief** = a person's assumption about the world  
(e.g. women naturally need to be guided by men)

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**Value** = what qualities a person feels are important – often timeless and globally recognised (e.g. equality, honesty, loyalty)

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**Attitude** = the way a person communicates or expresses their beliefs and values in words (e.g. I think it is fine to make decisions for my wife)

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**Stereotype** = a widely held expectation about a group's values, attitudes and behaviour (e.g. women are less capable than men)

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**Behaviour** = what a person actually does, which often aligns with their beliefs and values but not always (e.g. a man hitting his wife because she speaks back to him)

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**Norm** = shared belief about what is typical and appropriate within a cultural or social group (e.g. a man can discipline his wife)

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## STRATEGY SUMMARY

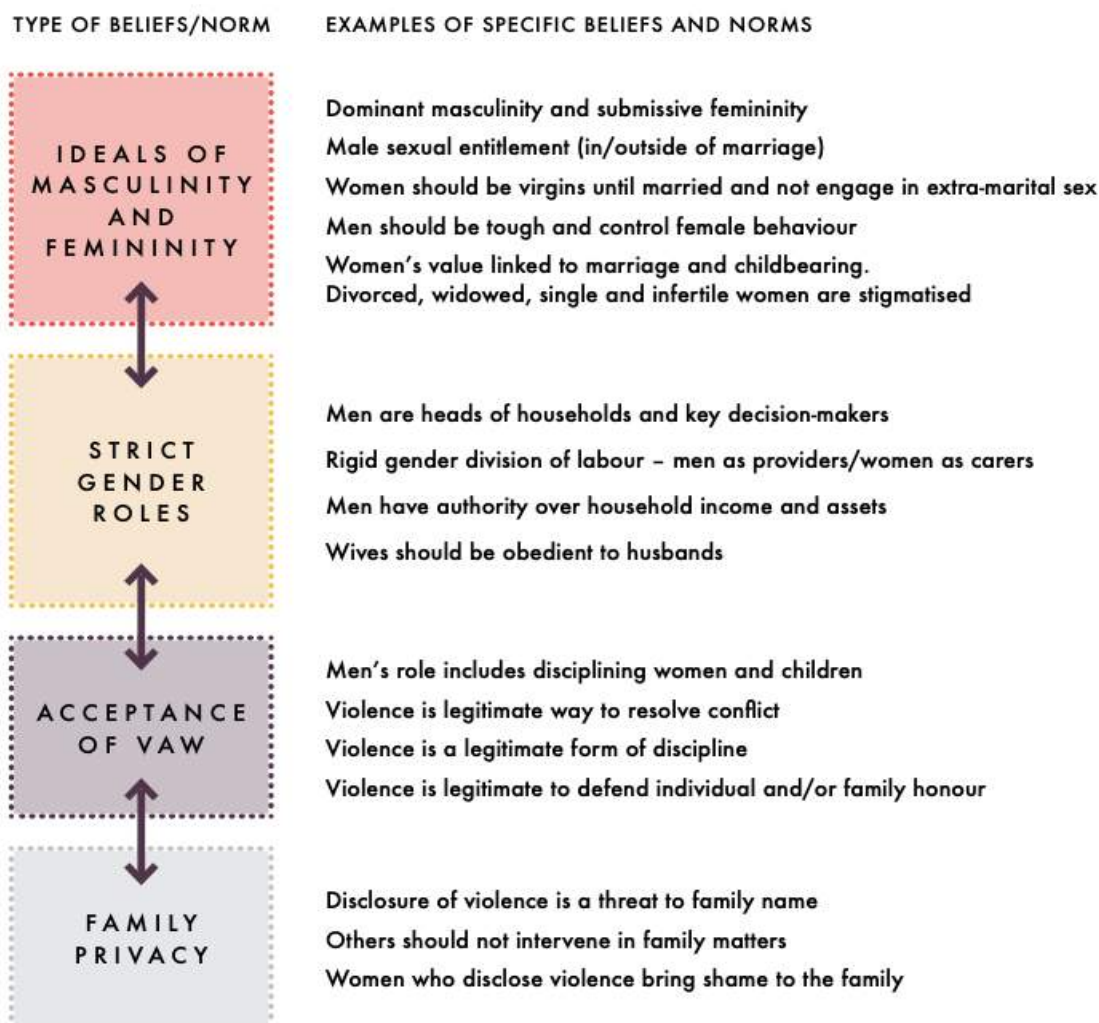
# Transformed attitudes, beliefs and norms

**OBJECTIVE OF STRATEGY:** Promote positive attitudes, beliefs, and norms that promote gender equality; challenge male power and privilege, discrimination and female subordination; and condemn violence against women (VAW).

## Rationale

Gender-inequitable attitudes, values, beliefs and norms are powerful drivers of VAW. These include individual beliefs and norms around what it means to be a man or woman, unequal gender roles in the home, community and broader public life, and attitudes condoning violence and dictating that it is a family matter (see figure 1). It can also include attitudes, beliefs and norms as they relate to other forms of discrimination, including racism, homophobia and classism. Efforts to promote positive attitudes, beliefs and norms around gender are therefore an essential part of achieving long-term and sustained reductions in VAW, achieving gender equality and creating happy, healthier, safer communities.

**Figure 1: Individual beliefs and social norms that justify and sustain VAW**



## STRATEGY SUMMARY

### Which risk and protective factors does the strategy address?

This strategy aims to address the following risk factors and promote the following protective factors:

| Level                | Risk factors   | Protective factors  |
|----------------------|--|---|
| <b>Individual</b>    | <p>Attitudes and practices condoning or justifying violence as normal or acceptable (women and men)</p> <p>Lack of awareness of VAW including of laws, policies and reporting procedures (women and men)</p> | <p>Gender-equitable attitudes and practices (women and men)</p> <p>Awareness of and skills to act to prevent VAW (women and men)</p>  |
| <b>Interpersonal</b> | <p>Poor communication, ineffective conflict resolution and problem-solving skills</p> <p>High levels of inequality in intimate partner and in-law relationships</p>  | <p>Relationship skills to mitigate triggers of violence (e.g. conflict resolution, communication)</p> <p>Intimate and family relationships characterised by gender equality, including in shared decision-making and household responsibilities</p> |
| <b>Community</b>     | <p>Harmful gender norms that uphold male privilege and limit women's autonomy</p>  | <p>Norms that support non-violence, respect for diversity and gender equality, and promote women's empowerment</p>  |

### Box 1: What are social norms and how do they drive VAW?

**Social norms are shared beliefs about what is typical and appropriate** behaviour within a given 'reference group' (informal or organised social and cultural groups or networks whose expectations matter to an individual).

**Social norms do not necessarily correspond with individual attitudes and beliefs**, and the social expectations they create can be a powerful driver of individual behaviour. This explains why improvements in individual knowledge and attitudes on VAW do not necessarily result in changed behaviour and reductions in violence perpetration. Individuals' behaviours can also change before their attitudes do. Whilst ideally both attitudes and behaviour should change for the good, the process of change is not linear.

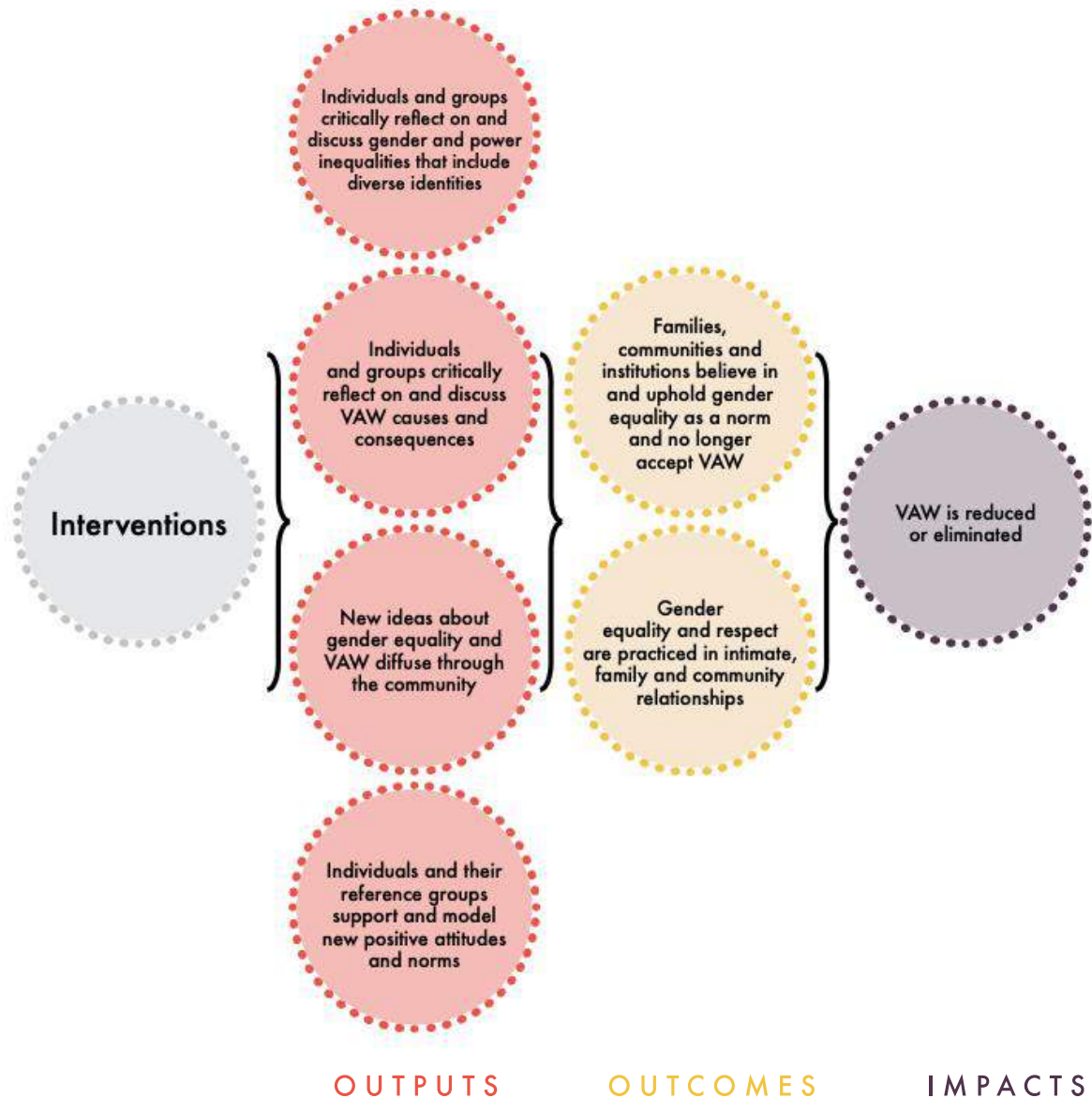
**Social norms are dynamic and changeable**; if enough people are influenced to behave differently, a 'tipping point' may be reached which shifts what is seen as normal and typical behaviour. Myth-busting and demonstrating that one's perception is not the reality also helps.

## STRATEGY SUMMARY

### Theory of change

The following diagram provides a simplified theory of change for evidence-based interventions which seek to transform attitudes, beliefs and norms around gender equality and VAW. This would need further development and adaptation for specific programmes.

### T: Transformed attitudes, beliefs and norms



## Types of interventions

A number of different interventions have been implemented in different country contexts to transform attitudes, beliefs and norms around VAW. Some of these require intensive work with women and men to shift individual beliefs, attitudes and behaviours with respect to dominant social norms around gender, power and VAW. The following table outlines the key types of interventions featured in the RESPECT framework and provides a brief overview of the current evidence<sup>1</sup> base and example programmes. Programme examples from low- and middle-income countries (LMICs) have been prioritised, where these are available.

**LEGEND**

- **promising**, >1 evaluations show significant reductions in violence outcomes
- **more evidence needed**, > 1 evaluations show improvements in intermediate outcomes related to violence
- ◆ **conflicting**, evaluations show conflicting results in reducing violence
- **no evidence**, intervention not yet rigorously evaluated
- ▼ **ineffective**, >1 evaluations show no reductions in violence outcomes
- H World Bank High Income Countries (HIC)
- L World Bank Low and Middle Income Countries (LMIC)

| Intervention type                                 | Description   | Evidence of effectiveness   | Example programmes  |
|---|---|---|---|
| <b>Community activism/mobilisation approaches</b> | The most effective approaches under this strategy include community activism/mobilisation approaches. This approach engages volunteer ‘community activists’ who live and/or work in these communities who are trained and supported to engage with men and women in the community through informal activities to challenge harmful norms and attitudes towards VAW. These approaches also work with key opinion leaders such as religious and traditional leaders, the police, health and social services, to influence norms and strengthen local-level response services for survivors. | <div style="display: flex; flex-direction: column; gap: 10px;"> <div style="display: flex; align-items: center;"> <div style="border: 2px solid green; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">L</div> <p>There is <b>promising</b> evidence from LMICs that well-designed and implemented multi-year interventions of this kind can lead to community-level reductions in physical and sexual intimate partner violence within programmatic timeframes.<sup>2</sup></p> </div> <div style="display: flex; align-items: center;"> <div style="border: 2px solid black; padding: 2px; margin-right: 5px;">H</div> <p>Evidence suggests that community activism/mobilisation approaches work best when they involve a high-intensity delivery, engage a cross section of the community and involve informal activities that provoke critical reflection and discussion.<sup>3</sup></p> <p>There is <b>no evidence</b> from HICs as these interventions have not yet been rigorously evaluated.</p> </div> </div> | <p><a href="#"><u>SASA!</u></a> (25+ countries)</p> <p><a href="#"><u>SHARE</u></a> (Uganda)</p> <p><a href="#"><u>COMBAT</u></a> (Ghana)</p> |

| Intervention type   | Description  | Evidence of effectiveness  | Example programmes   |
|---|--|--|--|
| <b>Group-based workshops with men and women to promote changes in attitudes and norms</b> | This approach includes small peer-group workshops with men, women, boys and girls to improve beliefs, attitudes and behaviours. They typically include participatory group education approaches which critically engage participants in discussions around gender, power and VAW. These approaches can also equip a small group of people with the skills and confidence to influence wider community change. <sup>4</sup> | <p><b>L</b></p> <p><b>Promising</b> evidence from LMICs that intensive group-based workshops with men and women can improve <i>individual</i> attitudes and behaviours of those targeted, including reducing VAW prevalence. <b>More evidence is needed</b> from HICs.</p> <p><b>H</b></p> <p>Evidence suggests that these approaches work best when they combine work with men, women, boys and girls, either as couples or in coordinated peer-group education activities which typically work separately and then come together (see also the <b>Relationships Skills Strengthened RESPECT Strategy Summary</b>).</p> | <p><a href="#">Stepping Stones</a></p> <p><a href="#">The Indashyikirwa programme</a> (couples component) (Rwanda)</p> <p><a href="#">Transforming Masculinities</a> (DRC)</p> |
| <b>Group-education with men and boys to change attitudes and norms</b>                    | This approach works intensively with men and boys alone (i.e. does not engage women or girls), to promote gender-equitable attitudes, norms, and behaviours to reduce men's perpetration of VAW. Typically, draws on participatory group education approaches, addressing concepts of masculinity and inequitable gender attitudes and behaviours, as well as discussions about the use of violence.                       | <p><b>L</b></p> <p>Evidence from LMICs indicates that work with men and boys alone is <b>ineffective</b> in reducing violence outcomes. <b>More evidence is needed</b> from HICs.</p> <p><b>H</b></p> <p>Evidence suggests that interventions working with men and women (and boys and girls) are more effective at reducing violence than single-sex interventions.<sup>5</sup></p>   | <p><a href="#">Yaari Dosti</a> (India)</p> <p><a href="#">Ethiopian male norms initiative</a> (Ethiopia)</p>   |

| Intervention type   | Description  | Evidence of effectiveness  | Example programmes   |
|---|--|--|--|
| <b>Social marketing campaigns or 'edutainment' approaches and group education</b> | This approach combines messages integrated into popular entertainment media (such as television or radio) plus face-to-face group-based education to reduce VAW.   | <p><b>H</b> <b>More evidence is needed</b> from LMICs and HICs for the effectiveness of social marketing campaigns or edutainment-plus-group education alone to reduce levels of VAW.<sup>6</sup></p> <p><b>L</b> However, well designed campaigns and approaches delivered over a long time period (2 years +) may play an important role in combination with community activism/mobilisation or group-based workshops to improve knowledge, sparking debate around the acceptability of VAW and changing individual attitudes, especially in combination with work at the community level.<sup>7</sup></p> | <p><a href="#">Bell Bajao</a> (India)</p> <p><a href="#">Soul City</a> (South Africa)</p> <p><a href="#">Sexto Sentido</a> (Nicaragua)</p> |
| <b>Standalone awareness raising campaigns</b>                                     | This approach aims to raise awareness around VAW through mass communications (such as television, radio, billboards, the internet). However, unlike the above approaches, they do not include any more intensive work with individuals or communities. | <p><b>L</b> Evidence from LMICs and HICs suggest that standalone awareness raising campaigns, which typically employ mass communications to raise awareness of VAW, whilst appealing in terms of potential reach and scale, are <b>ineffective</b> at reducing VAW by themselves.<sup>8</sup></p> <p><b>H</b></p>  | Annual one off national 16 Days of Activism Against GBV campaigns (those ones which only focus on awareness raising)                       |



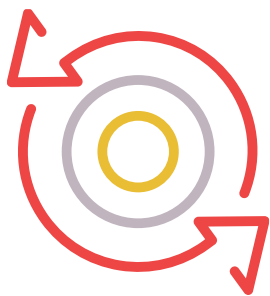
### Example programmes

The following table summarises three different programmes which have been evaluated and shown to be effective in transforming attitudes, beliefs and norms and reducing VAW within programmatic timeframes. The table should be reviewed alongside the **design and implementation checklist** on page 11, as well as the **guiding principles of effective programming** provided in the RESPECT framework when adapting any of these methodologies. More detailed information on each programme is provided in the **programme summaries**.

| Programme and location | Description   | Location                          | Target population   | Core activities   | Duration | Evaluation and Impact   |
|------------------------|---|-----------------------------------|---|---|----------|---|
| <b><u>SASA!</u></b>    | A community mobilisation approach for community-led change in social norms and behaviours that perpetuate gender inequality, VAW and increase women’s vulnerability to HIV. | Over 25 countries in every region | Community activists made up of women and men interested in issues of violence, power and rights.<br><br>Community leaders including local governmental and cultural leaders, institutional leaders, professionals as well as other community members. | Staff are trained and given time to internalise the approach and enabled to roll it out. Local activists undergo intensive training and ongoing mentoring to conduct informal activities at the community level.<br><br>Multiple strategies are used to reach a diverse range of people within the community, including local activism, media and advocacy and communication materials.<br><br>The <b><u>SASA! Activist Kit</u></b> <sup>9</sup> is organised around four phases designed so that local organisations can effectively and systematically facilitate a process of change at the community level. | 3+ years | <b>Evaluation type:</b> Randomised Control Trial (RCT) <sup>10</sup><br><br><b>Impact:</b> The intervention led to significant reductions in attitudes accepting intimate partner violence (IPV), and significant reductions in women’s experiences of IPV. |

| Programme and location  | Description   | Location      | Target population  | Core activities  | Duration        | Evaluation and Impact  |
|---|---|---------------|--|--|-----------------|--|
| <p><b>Community-based rural response strategy (RRS) through Community-Based Action Teams (COMBAT)</b></p> | <p>A community mobilisation approach to reduce the incidence of VAWG in Ghana and protect women's rights through state and community-based structures</p> | <p>Ghana</p>  | <p>Community-Based Action Teams (COMBATs), made up of both local men and women.</p> <p>Community stakeholders including traditional and religious leaders, government agencies involved in VAW response and other community members.</p> | <p>COMBATs are carefully selected and trained to sensitise the wider community and provide much needed counselling, support and referrals for survivors.</p> <p>COMBATs use participatory methods including role plays, drama and dialogue, to educate and sensitise community members through community gatherings, other social groupings.</p>   | <p>2+ years</p> | <p><b>Evaluation type:</b> Quasi experimental</p> <p><b>Impact:</b> A reduction in women's experience of sexual and physical IPV. Statistically significant reductions in male partner controlling behaviour and depression among women; improved gender attitudes among men and women.<sup>11</sup></p> |
| <p><b>The Safe Homes and Respect for Everyone (SHARE) intervention</b></p>                                | <p>Community-based mobilisation integrated into routine HIV prevention and treatment services</p>   | <p>Uganda</p> | <p>40 community volunteers – local men and women.</p> <p>12 volunteer community counselling aides (CCAs)</p>   | <p>Combined community-based mobilisation to shift attitudes and norms that contribute to IPV and HIV risk, with screening and an intervention to reduce HIV disclosure-related violence and risks for women seeking HIV counselling and testing.</p> <p>SHARE was modelled on the SASA! and Stepping Stones approaches, integrating high-quality, culturally appropriate violence prevention activities into a pre-existing health and social support structure.</p> | <p>5 years</p>  | <p><b>Evaluation type:</b> Cluster RCT</p> <p><b>Impact:</b> Reduced prevalence of women reporting past year physical and sexual IPV. Reduction in HIV prevalence and HIV disclosure rates among both women and men.<sup>12</sup></p>  |

| Programme and location   | Description                                      | Location | Target population  | Core activities   | Duration | Evaluation and Impact  |
|--|--|----------|--|---|----------|--|
| <b>Gender Roles, Equality and Transformation (GREAT) programme</b> | Adolescent-focused, social norm change programme | Uganda   | <p><b>Very Young Adolescents:</b> boys and girls 10-14 years old, attending school</p> <p><b>Older Adolescents:</b> boys and girls 15-19 years old, unmarried and without children</p> <p><b>Newly Married or Parenting Adolescents:</b> boys and girls 15-19 years old, married/cohabitating, with or without children</p> <p>The programme also engaged <b>community members</b> to support adolescents' individual change and to achieve community-wide change.</p> | <p>GREAT developed and tested four interventions:</p> <ul style="list-style-type: none"> <li>• The Community Action Cycle (CAC) engages community leaders (clan leaders, religious leaders and elected village leaders) in a process of collective dialogue and action</li> <li>• A Serial Radio Drama, <i>Oteka</i> + face-to-face discussions-</li> <li>• Village Health Team (VHT) Service Linkages</li> <li>• The GREAT toolkit - participatory and interactive approaches developed specifically for adolescents to discuss and reflect upon their own gender norms and SRH</li> </ul> | 5 years  | <p><b>Evaluation type:</b> Mixed methods quasi-experimental</p> <p><b>Impact:</b> Adolescents reported:</p> <ul style="list-style-type: none"> <li>• Improved attitudes &amp; behaviours regarding family planning.</li> <li>• Increased likelihood to seek health services &amp; feeling more comfortable seeking services from VHTs.</li> <li>• Improved partner communication &amp; shared decision-making.</li> <li>• Less acceptance of men's violence against women.</li> <li>• Decreased rates of newly married/ parenting young women and men reporting that they react violently to their partner when they are angry.</li> </ul> |



## Design and Implementation Checklist

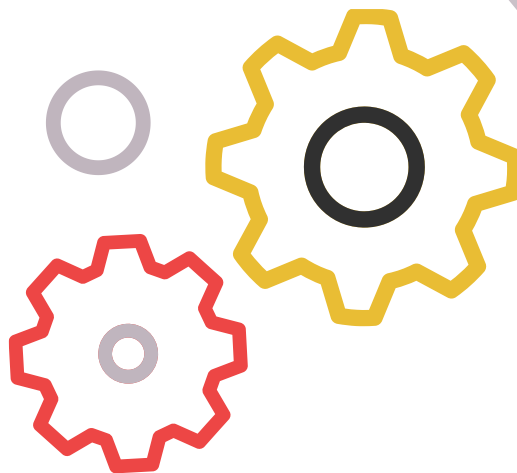
**Common elements and principles of effective approaches** to tackle harmful and/or promote positive attitudes, beliefs and norms include:<sup>13</sup>

### Programme design and adaptation

- 1. Undertake high-quality formative contextual analysis and research to identify the specific norms and attitudes driving VAW in any given context.** Successful interventions take on a gender power analysis of the root cause of VAW, are specific about the behaviour they want to promote or change, have a good understanding of the norms and attitudes which influence these behaviours in the local context, and the social rewards and sanctions that keep norms in place. There are now several tried and tested qualitative approaches which can be used for diagnosing social norms and how they operate in specific contexts. This includes the use of open-ended questions in a group setting to explore whether a behaviour is perceived as typical and appropriate under different circumstances, and using hypothetical vignettes accompanied by structured questions to deepen understanding of the dynamics surrounding specific norms.<sup>14</sup> When adapting existing programmes, it is strongly recommended to involve the originators to ensure fidelity to the core principles and learn from experiences of adaptation elsewhere.<sup>15</sup>
- 2. Ensure strong organisational buy in for the intervention.** Not all types of organisations are well suited to engage in gender-transformative and social norms programming at a community level. Successful interventions have been delivered by values-driven organisations which are willing to take time to support their own staff, including their leaders, to reflect on violence, discrimination, power and relationships within their own lives as well as within the organisation.<sup>16</sup>
- 3. Focus on promoting context-specific positive norms and behaviours.** It is usually more effective to promote positive new norms, attitudes and behaviours across multiple platforms over time i.e. 'what can be', rather than
- highlighting harmful norms and behaviours i.e. 'the problem' which may inadvertently communicate that this behaviour is normal.<sup>17</sup> For example, aspirational messages such as 'working together for household development' or 'men's role as fathers', may resonate with target populations as well as help to avoid potential backlash.<sup>18</sup> However, it is important not to ignore deep-seated inequitable beliefs and power dynamics in the household, which may be harder and take more time to shift.
- 4. Design to catalyse broader societal change rather than focus on individuals and small target groups.** Initiatives to shift social norms differ. Often small group reflection-based programmes (e.g. REAL and GREAT) also use media (radio drama, community billboards) to spark community-wide reflection. Community mobilisation approaches differ from many other strategies, as they attempt to influence change at a population level, rather than just the individual and group level. In order to reach a tipping point or critical mass of individuals supportive of change, interventions must aim to reach a high proportion of the community or institution through an organised process or strategy. For example, working with influential community members to role model positive behaviours in public settings, and pairing communication strategies to amplify key messages and enhance the impact of face-to-face interactions.<sup>19</sup>
- 5. Avoid standalone awareness raising activities.** Although these have been one of the most common approaches to tackling VAW to date, evidence shows they are not intensive enough, rely more on messaging or information giving than sparking critical thinking, or are not sufficiently theory-driven to transform deeply entrenched norms or reduce VAW on their own.

## Implementation and scale-up

6. **Carefully select, train and supervise all programme staff, including community volunteers or facilitators.** Successful approaches rely on the engagement of community volunteers or activists rooted within the community, who at the start of the intervention will share many of the same norms and attitudes regarding VAW, which the programme aims to shift. These individuals need to have the credibility within the community or institution to influence discussions around gender, power and VAW, be sufficiently motivated, and receive sufficient training and support throughout the intervention<sup>20</sup> to model gender-responsive behaviours, skilfully facilitate discussions and motivate communities and institutions to prevent VAW.<sup>21</sup> Change starts from within – time for reflection and training is needed first among project staff.<sup>22</sup>
7. **Engage both women and men, and boys and girls.**<sup>23</sup> Social norms around VAW are adhered to by both men and women, and boys and girls, as such it is critical to involve both sexes in interventions.<sup>24</sup> However, these efforts can often benefit from holding some separate sessions and dialogues with same sex groups to help participants feel comfortable talking and exploring ideas.
8. **Do not enforce change from the top down.** Approaches should be people-led and engage multiple stakeholders (community members, religious and traditional leaders, state agencies and donors) in preventive efforts, and reinforce messages through multiple pathways and exposures. It is important to carefully plan for, monitor and mitigate unexpected negative consequences, such as backlash.<sup>25</sup>
9. **Create safe spaces for sustained, critical reflection through meaningful personal engagement.** Successful approaches go beyond one-off trainings and events, to facilitate a process of change, encouraging people to explore and challenge their ideas and



assumptions, and practice alternative positive behaviours through structured participatory approaches in safe spaces. This approach requires a carefully designed pedagogy which is appropriate to the socio-cultural setting and engages with local terms, images, representations and concepts.

10. **Sufficient duration and intensity (3–5 years).** Approaches which aim to shift deep-seated social norms require complex social change processes which cannot be achieved through 'light touch' interventions and short timeframes. Shifting deeply entrenched social norms at scale can take many years and requires multi-component interventions including sufficient time for design and adaptation.
11. **Strengthen community-based care and support for survivors of VAW.** For example, community volunteers can serve as an important bridge between community members and state agencies and other non-governmental service providers to ensure that survivors have access to physical and mental health, security, social welfare and legal services, as well as helping women to access justice where relevant (see **Services Ensured RESPECT Strategy Summary** for further information)

## Entry points

Approaches to shift harmful norms, attitudes and beliefs can be integrated into multiple settings and sectors to maximise impact. The following table highlights some key potential entry points for work to shift harmful norms, attitudes and beliefs, including programme examples.

| Entry point   | Rationale   |
|---|---|
| <b>Existing community meetings and structures</b>   | <p>It is important to work with women's rights organisations in the community and get the buy in of the local community leadership to give you support in identifying the trusted individuals and groups to work with. Programmes involving intensive work and training with groups of individuals can build on existing platforms where men and/or women, boys and girls meet—such as microfinance programme meetings, sports clubs, parents' meetings or religious gatherings. This can not only help to promote higher rates of participation and engagement, but also enhance impact on intermediate outcomes such as increased empowerment of women.<sup>26</sup></p> <p>For example, the <a href="#">Indashyikirwa programme</a> which combined couples counselling with community activism, capitalised on existing formalised groups in Rwanda to facilitate engagement with communities including parents evening forums and village savings and loans (VSLA) meetings.<sup>27</sup></p> |
| <b>Schools and education facilities</b>   | <p>Integrating approaches to improve individual attitudes, beliefs and norms within school settings (through whole-of-school approaches, including curricula) has the potential to reach large numbers of children and young people, at a critical age when attitudes and norms are more likely to be in the process of forming and therefore more adaptable to change. These initiatives address gender norms, dating violence and sexual abuse among young people.</p> <p>For example, in India, key aspects of a school-based approach called <a href="#">Gender Equity Movement in Schools (GEMS)</a>, which fosters more gender-equitable norms among high school students (age 12-14), were integrated by the Maharashtra government into the school curricula of nearly 25,000 schools.<sup>28</sup></p>   |
| <b>Health services including sexual and reproductive health, and HIV counselling, testing and treatment</b> | <p>The health sector can provide an important entry point to engage in social norms programming. Key messages can be integrated into educational materials and resources available in waiting rooms, examination rooms, and counselling spaces, and delivered individually to female and male clients/patients.</p> <p>Health services such as family planning counselling and HIV, counselling and testing, can play a key role in primary prevention. For example, in Tanzania, the <a href="#">Stepping Stones with Children</a> programme ran workshops with children (aged 5-14) affected by HIV and their caregivers, where they learnt about HIV, sexual health and skills to improve their resilience. The programme reduced violence against children and increased the CD4 count and body weights of child participants living with HIV compared with a control group, among other outcomes.<sup>29</sup></p>   |

# Key Resources

## Understanding norms theory

[Violence prevention: the evidence. Changing cultural and social norms that support violence.](#) Geneva: World Health Organisation; 2009. *Briefing for advocates, programme designers and implementers describing existing knowledge on interventions to address the influence of norms on violence.*

[Shifting social norms to tackle VAWG:](#) A DFID Guidance Note. London: DFID 2016

*This guidance note is intended to support advisors and programme managers with evidence, relevant examples and practical guidance on how to address harmful social norms in the context of programming to prevent VAWG.*

[Addressing Social Norms at the VAW/VAC Intersection.](#) London: London School of Hygiene & Tropical Medicine; 2019

*A short summary on social norms and the intersection between violence against women (VAW) and violence against children (VAC), based on a two-day meeting of the Learning Group on Social Norms and Gender-related Harmful Practices.*

[Social norms, gender norms and adolescent girls: a brief guide.](#) London: Overseas Development Institute; 2015.

*Provides an overview of social norms relevant to gender inequalities that affect adolescent girls. Drawing on fieldwork in Ethiopia, Nepal, Vietnam and Uganda, it considers the relationship between poverty and discriminatory gender norms.*

[Piecing together the evidence on social norms and VAW.](#) Melbourne, Equality Institute; 2017

*An easily digestible booklet which provides an overview on the current state of evidence on the drivers and contributing factors of VAW, focusing on the role of social norms.*

## Social norms approaches to VAW prevention

[Community-based norms focused interventions: definition and attributes.](#) The Learning Collaborative to Advance Normative Change; 2018

*This brief highlights key attributes of effective community-based approaches to shifting gender-related norms, including those designed to promote adolescent and young people's reproductive health.*

## Research methodologies for assessing norms

[Measuring gender-related social norms,](#) Learning Report 1. London: Learning Group on Social Norms and Gender-related Harmful Practices of the London School of Hygiene & Tropical Medicine; Cislighi B, Heise L. 2017

*Describes evolving techniques for norms measurement with experience from programmes to address violence against women and girls.*

[Applying theory to practice: CARE's journey piloting social norms measures for gender programming.](#) Cooperative for Assistance and Relief Everywhere, Inc (CARE); 2017

*Focuses on CARE's work to apply social norm theory to its development practice.*

## Scale-up of norms interventions

[On the CUSP: the politics and prospects of scaling social norms change programming.](#) Goldman, L., Lundgren, R., Gillespie, D., Bajenja, E., Muyhango, L. and Michau, L., *Sexual and Reproductive Health Matters*; 2019

*Article summarising the lessons and implications on scaling social norms change initiatives for gender equality to prevent VAW and improve sexual and reproductive health and rights (SRHR), from the Community for Understanding Scale Up (CUSP). See also [CUSP](#) for more case studies, materials and resources on scaling-up norms interventions*

[Guidance Note on Scaling Up Social Norm Change.](#) K4D Emerging Issues Report. Brighton, UK: Institute of Development Studies. 2019

*Provides guidance on how DFID can support the scale-up of inclusive approaches to complex social change for marginalised and vulnerable groups. It includes four companion briefs on: concepts and resources; types of scale-up, resourcing and value for money of scale-up; and risk management and monitoring.*

[USAID. Scaling-up interventions to prevent and respond to gender-based violence: an analytical report.](#) Washington DC: USAID; 2015

*Describes experience of scaling up GBV programmes and features case studies of INSPIRE programmes, Yaari Dosti, IMAGE, Stepping Stones, and Soul City*

# Endnotes

- <sup>1</sup> Evidence ratings are largely derived from systematic reviews of more than 1 evaluation of interventions that mostly use experimental designs including randomized, cluster randomized and quasi-experimental methods. It is recognized that for some strategies such as justice sector interventions, alternative evaluation methods may be more appropriate including time series, observational and cross-sectional designs despite being typically considered lower quality. This is an emerging field and hence, there is a great deal of variation in rigor of study design and evaluation. The sources for these reviews and studies are provided as part of references.
- <sup>2</sup> Kerr-Wilson, Gibbs, Fraser et al., (2020) *What Works Evidence Review*
- <sup>3</sup> Jewkes, R., Willan, S., Heise, L., Washington, L., Shai, N., Kerr-Wilson, A., Christofides, N. (2020) [Effective design and implementation elements in interventions to prevent violence against women and girls. What Works To Prevent VAWG?](#) Global Programme Synthesis Product Series. Pretoria: South African Medical Research Council.
- <sup>4</sup> Fulu, E. Kerr-Wilson, A. and Lang, J. (2014). *What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls.*
- <sup>5</sup> Ibid.; Jewkes, Flood and Lang (2014) [From work with men and boys to changes of social norms and reduction of inequities in gender relations: a conceptual shift in prevention of violence against women and girls.](#) Bangkok: UNDP, Bangkok
- <sup>6</sup> Ellsberg et al, (2015) [Prevention of violence against women and girls: what does the evidence say?](#) *Lancet*, 18;385(9977):1555-66
- <sup>7</sup> Kerr-Wilson et al (2020) *Ibid.*
- <sup>8</sup> Ellsberg et al (2015) *Ibid.*; Jewkes, R., Willan, S., Heise, L., et al. (2020). [Effective design and implementation elements in interventions to prevent violence against women and girls.](#) What Works to Prevent VAWG? Global Programme Synthesis Product Series. South African Medical Research Council, Pretoria.
- <sup>9</sup> The original SASA! Activist Kit has been revised based on both research and practice-based knowledge. SASA Together! includes new strategies that reach across all layers of a community (local activism, community leaders, institutional strengthening) and was launched in February 2020 [www.raisingvoices.org/sasatogether](http://www.raisingvoices.org/sasatogether) .
- <sup>10</sup> Abramsky, T., Devries, K., Kiss, L. et al.(2014) [Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda.](#) *BMC Med* 12, 122 (2014).
- <sup>11</sup> Adolphina A. Addo-Lartey, Deda Ogum Alangea, Yandisa Sikweyiya, Esnat D. Chirwa, Dorcas Coker-Appiah, Rachel Jewkes & Richard M. K. Adanu (2019) [Rural response system to prevent violence against women: methodology for a community randomised controlled trial in the central region of Ghana.](#) *Global Health Action*, 12:1,
- <sup>12</sup> The Prevention Collaborative (2019a) [Study Summary: Integrating IPV and HIV Prevention: Impacts of the SHARE Intervention in Uganda](#)
- <sup>13</sup> Informed by combined experiences of practitioners including the Community for Understanding Scale Up (CUSP)—a group of nine organisations with robust experience in scaling social norms approaches in various contexts.
- <sup>14</sup> See for example Cislighi, B and Heise, L (2017) [Measuring social norms.](#) Technical Brief July 2017. STRIVE.
- <sup>15</sup> The [Community for Understanding Scale-up \(CUSP\)](#) have produced guidance on how to adapt and scale different initiatives effectively and ethically.
- <sup>16</sup> Michau, L. Letiyo, E. Musuya, T. Goldmann, L. (2019) [Social norms change at scale: insights from SASA!](#) Community for understanding scale up (CUSP), July 2018.
- <sup>17</sup> McLean, Lyndsay, Heise, Lori L and Stern, Erin A (2019) [Shifting and transforming gender-inequitable beliefs, behaviours and norms in intimate partnerships: the Indashyikirwa couples programme in Rwanda.](#) *Culture, Health and Sexuality.* ISSN 1369-1058; Cislighi, B & Heise, L (2018) [Theory and practice of social norms interventions: eight common pitfalls.](#) *Globalisation and Health*, 8(83).
- <sup>18</sup> McLean et al (2019) *Ibid.*
- <sup>19</sup> Heise, L. (2011). [What works to prevent partner violence? An evidence overview.](#) London: STRIVE Research Consortium; Alexander-Scott, M., Bell, E. and Holden, J. (2016). [Shifting social norms to tackle violence against women and girls.](#) London: VAWG Helpdesk.
- <sup>20</sup> Attention also needs to be paid to fund and support trainers to build networks, membership, and standards etc.
- <sup>21</sup> Bartel, D (2018) [Training and Mentoring Community Facilitators to Lead Critical Reflection Groups for Preventing Violence Against Women.](#) The Prevention Collaborative.
- <sup>22</sup> CUSP (2018) [Social Norms Change at Scale: CUSP's Collective Insights](#)
- <sup>23</sup> As promoted in the original Stepping Stones structure and principles, involving intermittent sessions when the 4 peer groups come together to share and compare and build mutual respect, collaboration, empathy and trust across the genders and generations. See [Guidelines for Adapting Stepping Stones](#) and Salamandar Trust (2019) [Stepping Stones and Stepping Stones Plus.](#)
- <sup>24</sup> Fulu, Kerr-Wilson and Lang (2014) *Ibid.* ; Jewkes, Flood and Lang (2014) *Ibid.*
- <sup>25</sup> CUSP (2018) *Ibid.*; Cislighi, B & Heise, L (2018) *Ibid.*
- <sup>26</sup> Alexander-Scott et al (2016) *Ibid.*
- <sup>27</sup> The Prevention Collaborative (2019b) [Programme Summary: The Indashyikirwa programme, Rwanda.](#)
- <sup>28</sup> <https://www.icrw.org/research-programs/gender-equity-movement-in-schools-gems/>
- <sup>29</sup> Holden, S., Gordon-Dseagu, V., Gordon, G., Chiziza, N., Kiwira, P., Magesa, D., Manyama, W. and Welbourn, A. (2018) [Building resilience to adverse childhood experiences: An assessment of the effects of the Stepping Stones with Children training programme on Tanzanian children affected by HIV and their caregivers.](#) *Health Education Journal.* <https://doi.org/10.1177/0017896918787217>

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