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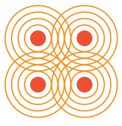

STRIVE
Tackling the structural drivers of HIV

# WHAT WORKS TO PREVENT PARTNER VIOLENCE?

An evidence overview

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**About STRIVE**
**A six-year research consortium, STRIVE generates rigorous evidence on the social and economic forces that create vulnerability to HIV and hinder the effectiveness of well-proven forms of prevention and treatment.**

Despite substantial progress, thirty years into the epidemic, the number of people newly HIV-infected continues to outstrip the number entering treatment. Although the importance of addressing the structural drivers of HIV is increasingly recognised, there is limited evidence on how best to intervene.

STRIVE research focuses on these key upstream determinants:

- gender inequality and violence,
- poor livelihood options,
- alcohol availability and drinking norms, and
- stigma and criminalisation.

The consortium seeks to understand how these forces drive the epidemic; what programmes are effective in tackling them; how such interventions can, affordably, be taken to scale; and how best to translate this research into policy and practice. Underpinning STRIVE's work are methodological rigour and innovation, with a commitment to supporting collaborative, multi-disciplinary research to inform change.

Led from the London School of Hygiene and Tropical Medicine, STRIVE is a collaboration between six partners: the International Center for Research on Women (Asia Regional Office, India and Washington, DC, USA), the Karnataka Health Promotion Trust (Bangalore, India), Tanzania's National Institute for Medical Research and the Mwanza Intervention Trials Unit (Mwanza, Tanzania), and the Wits Reproductive Health and HIV Institute (Johannesburg, South Africa).

STRIVE affiliates include the HIV/AIDS Group of the United Nations Development Programme (New York, USA), the Millenium Villages Project (80 villages in 10 African countries, led from The Earth Institute, Columbia University, New York); IMAGE (Intervention with Micro-finance for Aids and Gender Equity, Limpopo, South Africa); and The Soul City Institute for Health & Development Communication (South Africa).

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# Contents

**Executive summary**........................................................ *v*
**Acknowledgements**........................................................ *xvi*

**1. Scope and aim of the review** ........................................................ 1
1.1 Why focus on partner violence, versus other forms of violence against women and girls?
1.2 Why focus on prevention versus response?
1.3 What "causes" partner violence?
1.4 Organization of the study
1.5 Methodology
1.5.1 Collection of evidence
1.5.2 Review and evaluation criteria

**2. Changing social norms and behaviour** ........................................................ 12
2.1 What are the linkages between social norms and partner violence?
2.2 What do we know about the effectiveness of programmes aimed at shifting norms and behaviour around partner violence?
2.2.1 Awareness campaigns
2.2.2 Peer trainings and community workshops
2.2.3 "Gender transformative" programming
2.2.4 Social norms marketing and "edutainment" efforts
2.4.5 School-based programmes
2.3 What has worked in related fields?
2.3.1 Abandoning female genital cutting

**3. Exposure to violence in childhood** ........................................................ 30
3.1 What do we know about the impact of early childhood exposure to violence and the risk of partner violence in adulthood?
3.2 The prevalence of children's exposure to violence
3.2.1 Harsh physical punishment
3.2.2 Children witnessing their parents' violence
3.2.3 Maltreatment and neglect
3.3 What do we know about intervening in childhood to prevent future relationship aggression?
3.3.1 Parenting programmes
3.3.2 Programmes to reduce corporal punishment
3.3.3 Legal and policy reform

**4. Harmful alcohol use and partner violence** ........................................................ 46

4.1 What do we know about the relationship between alcohol use and partner violence?

4.2 What do we know about intervening to reduce harmful alcohol use?

4.2.1 Brief interventions
4.2.2 Structural interventions
4.2.3 Community interventions
4.2.4 Treatment and self-help support for alcoholics

**5. Violence and women's economic empowerment** ........................................................ 56

5.1 What do we know about girls and women's economic empowerment and risk of IPV?

5.2 What does research suggest about how income or employment affects women's risk of violence?

5.3 What is known about the impact of property ownership on women's risk of domestic violence?

5.4 What is known about the impacts of economic empowerment programmes on women's risk?

5.4.1 Microfinance programmes
5.4.2 Conditional cash transfer programmes

5.5 What do we know about the impact of microfinance programmes on risk of partner violence?

5.6 What do we know about the impact of cash transfer programmes on women's empowerment and risk of violence?

**6. Legal and justice system interventions** ........................................................ 70

6.1 History of legal and justice system reform

6.2 What do we know about the effectiveness of strategies to improve access to justice for victims of partner violence?

6.2.1 Law reform
6.2.2 Civil law remedies
6.2.3 Police practice
6.2.4 Coordinated community response
6.2.5 Informal justice and rights-based responses

**7. Improving the violence evidence base** ........................................................ 82

7.1 Generating better data on programme impact

7.2 Specific recommendations for research sponsors

7.3 Improving our understanding of the causes of partner violence

7.4 Looking back, looking forward

**Appendixes** ........................................................ 86

A. Literature reviews consulted
B. Experts consulted
C. Promising programmes not yet evaluated

**References** ........................................................ 91

## List of tables, figures, and boxes

Table ES.1 Summary of findings, Chapters 2 through 6

Table 2.1 Multiple regression results for physical and sexual violence, Programme H/Yaari Dosti (India)

Table 2.2 Small group interventions with some evidence of effectiveness against violence

Table 3.1 Estimated number of children annually who witness violence at home

Table 5.1 Summary of studies examining impact of microfinance programmes on partner violence

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

Figure 1.2 Revised ecological framework for partner violence

Figure 1.3 Multi-level ecological model (European Commission online interactive version)

Figure 2.1 Changes in partner violence—Programme H/Yaari Dosti (India)

Figure 3.1 Global prohibition of corporal punishment in schools, as of June 2011

Figure 3.1 Developmental paths to perpetration by men

Figure 3.2 Path model associated with severe corporal punishment

Figure 3.3 Changing attitude towards corporal punishment

Figure 4.1 Drinking and severity of intimate partner violence in 13 countries

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

Figure A.1 Programme structure — One Man Can campaign

Box 1.1 Existing reviews of the evidence

Box 2.1 Examples of social and cultural norms that promote violence against women

Box 2.2 Examples of single-sex projects that evolved to engage both sexes

Box 2.3 Norm change in Oxfam's "We Can" Campaign

Box 2.4 Elements of successful programmes that encourage abandoning of harmful practices

Box 3.1 Finding your ACE score

Box 3.2 Adults' and children's' competing narratives on corporal punishment

Box 3.3 Introducing power analysis into the discussion of women's and children's rights (Raising Voices, Uganda)

Box 4.1 Multifaceted community-based interventions to reduce harmful alcohol use, RISHTA

Box 6.1 Examples of government actions outlined in law or policy in seven Latin American countries

Box 6.3 Evaluation lessons from police training programmes on child rights and street children

# Executive summary

## 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 DFID 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.

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. 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 men and women bring to their relationships, as well as the context and situational 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 designed to reduce violence and harsh physical punishment of children; programmes to support parents to socialize their children along gender-equitable lines; studies to evaluate the impact of economic empowerment programmes on women's risk of violence over time in different settings; and community 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. 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 "bread-winner" 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 — microfinance 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 studies[1] 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

[1] 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.

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 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.

**Multi-pronged community interventions**

The evidence is weakest — indeed, entirely absent — for what might be achieved through programming that seeks to address multiple drivers within a single coherent programme. Interventions that design and test multi-component interventions may be the next frontier in a science-based strategy for preventing partner violence. 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.

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**

| Theoretical foundation/plausibility | Evidence of link / Effectiveness of interventions |
| --- | --- |
| **Gender-related norms and beliefs (Chapter 2)** | |
| ***Theoretical foundation/plausibility*** | ***Evidence of link*** |
| 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. | 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.<br><br>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.<br><br>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*** | ***Evidence of link*** |
| 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 [28]. | 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.<br><br>Witnessing violence in childhood appears to have as strong an impact on later risk of perpetration as actually experiencing abuse.<br><br>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.<br><br>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).<br><br>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.

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## 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 low-cost, community-based interventions suitable for developing-country settings.

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## Women’s economic empowerment (Chapter 5)

***Theoretical foundation/plausibility***

Various economic and sociological theories differ in their predictions about the short-term outcome of women’s entering the labour force, owning 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.

***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?***

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

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**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.

## Strengthening the evidence base

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.

# Acknowledgements

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Comments by external reviews made this paper immeasurably better. Reviewers included Nandita Bhatla, Judith Bruce, Nata Duvvury, Claudia Garcia Moreno, Lori Michau, Dipak Naker, Miguel Contreras, Shireen Jejeebhoy, Veronica Mager, and the UK Gender and Development Network.

I also wish to acknowledge my colleagues at the Centre for Gender Violence and Health at the London School of Hygiene and Tropical Medicine, especially Heidi Stoekel and Joelle Mak for assistance in collecting information.

The research and evaluation literature on partner violence is vast. A review of this breadth – which we have attempted to summarise here as a whole – necessarily leaves out or does insufficient justice to hundreds or thousands of worthwhile contributions that "could have" be cited. There are many reasons why valuable research was left out, including unforgiving space limitations among others. Non-inclusion is by no means a reflection of the importance or quality of particular work.

Interpretation of the evidence and the views expressed in the text are entirely those of the author. They do not reflect official DFID policy, or views of the London School of Hygiene or Tropical Medicine. Any errors or omissions are entirely the responsibility of the author.

Every effort has been made to obtain permissions for figures and tables from external sources. If protected material has inadvertently been used without permission or altered or, please contact RMNH-evidencefeedback@dfid.gov.uk.

The findings published here focus on the results of evaluation studies. This review will be followed by an analysis of the implications of these findings for policies and programmes, to be published by the Centre for Gender, Violence and Health at LSHTM. Comments, feedback, and differing interpretations of the evidence are welcome and greatly appreciated. Please write to lori.heise@lshtm.ac.uk.

# Chapter 1
# Scope and aim of the review

## 1.1 Why focus on partner violence, versus other forms of violence against women and girls?

It is tragic that violence against women and girls is such a vast and wide-ranging topic. In addition to violence in intimate relationships—the subject of the present review—there are many other forms of violence that routinely undermine the well being of women and girls. In some settings, the risk of violence begins prior to birth, with selective abortion of female foetuses and carries forward through childhood where girls and boys are at risk of harsh physical punishment, child maltreatment, and sexual abuse, often at the hands of the very adults charged with their care. There is also a long list of abuses grounded in particular settings or situations—rape as an instrument of war; acid throwing, honour killings, sexual trafficking of women, female genital cutting (FGC), and forced marriage. With the exception of rape in war, the most common perpetrator of all of these violations is a person known to the victim, often a family member or a well-known acquaintance.

Those who approach violence from a human rights or gender perspective tend to use the terms "violence against women and girls" (VAWG) or "gender-based violence" (GBV) to refer to this full universe of abuses. The use of the umbrella terms tends to underscore what each of the abuses has in common, namely its grounding in the fundamental devaluation of women and girls. Yet it is also true that each type of gender-based violence has its unique characteristics and a set of factors that increase or decrease the likelihood that a particular woman or girl will be victimized. The constellation of factors that combine to increase the chances that a girl will be molested by a male stranger is far different from the confluence of forces that increase her risk of abuse by a family member. Similarly, what drives a parent to sexually molest a child is generally quite different than what might propel a parent to harshly punish a child for disobedience or to sell a young daughter into prostitution.

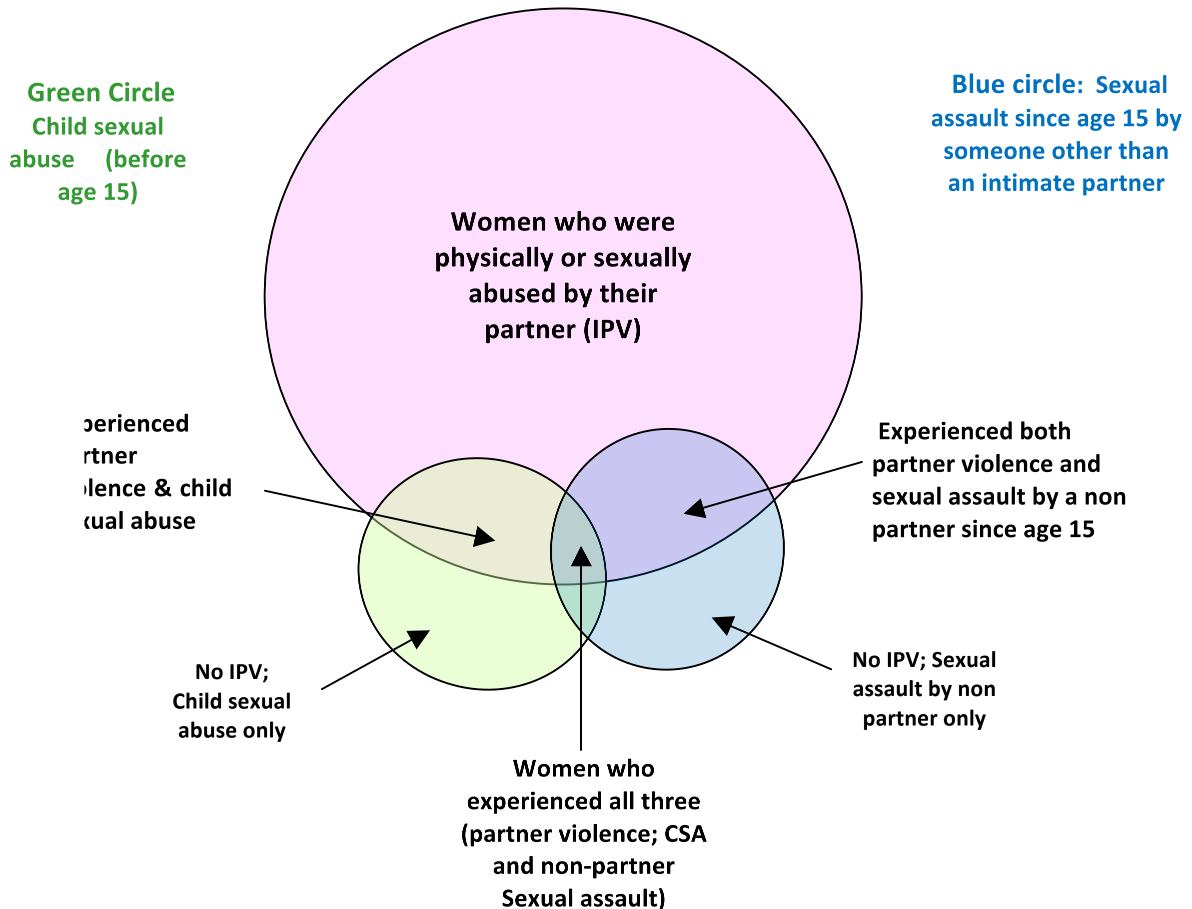
This need for distinctions in an excessively-broad field is the starting point for this study. It is generally more productive to consider particular types of violence individually rather than address the full range of abuse commonly captured under the umbrella acronym VAWG. As a result, this review focuses on a single form of violence—that which is perpetrated by intimate male partners. We have chosen partner violence as the focus of this review for four inter-related reasons.

**Reason 1: Partner violence is the most common form of violence that women experience globally. Physical and sexual abuse by male partners greatly exceeds the prevalence of all other forms of violence in most 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 [29]. 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 [30].

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.

**Reason 2: While still inadequate, the available research on partner violence greatly exceeds that available on other forms of abuse making it both timelier and more possible to synthesize the evidence base on partner violence**

The present review focuses explicitly on evidence generated through research, giving preference to those studies that specifically measure reductions in either the proximate determinants of abuse (factors strongly linked theoretically and empirically with future violence perpetration) and/or that compare the incidence of perpetration or victimization before and after an intervention, using a comparison group as a control. As a result, it must restrict itself to types of violence where this type of evidence is currently available. For many types of violations, such as honour killings, rape in conflict situations, or human trafficking, this sort of research is not yet available [31], even though there is an array of innovative strategies being explored and piloted.

**Reason 3: A focus on violence by partners is a strategic point of entry for efforts to reduce violence more broadly because the family is where the habits and behaviours of successive generations are formed.**

As described in Chapter 3, there is increasingly strong evidence that exposure to violence in childhood, either as a witness to violence against one's mother or as a victim of physical or sexual abuse oneself, pre-disposes children to be at higher risk of repeating the pattern themselves in adolescence or adulthood. Thus the family is a strategic point of entry for addressing problems such as violence, which require multi-generational shifts in values, behaviour and beliefs.

**Reason 4: 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. Therefore an initial focus on preventing partner violence builds a foundation for addressing other types of abuse.**

Although individual and situational factors that combine to increase the likelihood of abuse vary between types of violence, when one considers higher order factors—such as the power distribution between men and women in societies or the failure of major social institutions to take violence against women seriously—there is likely more overlap between different types. Thus interventions focused on improving women's access to justice, educating them about their rights and challenging norms that justify abuse, are likely to help reduce multiple types of gender-based violence.

## 1.2 Why focus on prevention versus response?

This report focuses explicitly on review of the efforts to *prevent future* partner violence rather than on programmes to meet the needs of today's victims. While services are an essential element of any well-rounded portfolio designed to address partner violence, the long term vision of most advocates—of a world substantially free of violence against women, or at least greatly reduced in frequency and severity—demands an emphasis on reducing partner violence before it starts. This is an aspect of programming that has received less attention from existing programmes and in the evaluation literature.

As detailed in Box 1.1, most existing reviews reflect the expert opinions of practitioners, many of whom work with victims or advocate for more progressive laws and policies. Although such "best practice reviews" contain important programmatic learning, they seldom include data on programme impact (i.e., did the intervention actually work to reduce violence or mitigate its long term impact?). To the extent that existing reviews do address impact, they draw heavily, if not exclusively, on the experience of programmes in high income countries such as Australia, Canada, the US, and the UK. Both of these emphases reflect the state of current research, which is under-developed in the area of impact evaluation and heavily focused on high income settings.

A review of programmes to *prevent* rather than *respond to* partner violence, therefore, complements rather than duplicates existing evidence-based reviews. Moreover, we believe that future programming will need to expand in this area if donors, advocates and governments are to realize their shared goal of reducing violence against women and girls. Although programmes to help individual women to escape violent relationships and seek justice can reduce violence, they do so one woman and perpetrator at a time. To reduce the overall level of partner violence in a population, such efforts must be complemented by initiatives to create a generation of men, women, children, religious leaders, and other social institutions that view violence in the family as unacceptable and are willing to take action to stop it.

In the language of public health, this approach is known as "primary prevention," because it aims to lower the rate of partner violence at a community level and stop violence before it starts. This is contrasted with secondary prevention which is focused on reducing the rate of repeat violence among women already abused. Programmes designed to screen women for partner violence in health care settings (and thereby identify victims early so they can be referred to support services) are an example of secondary prevention. The final category—tertiary prevention—refers to efforts to mitigate the negative impacts of violence that has already occurred. Programmes in low and middle income countries to expand access for rape victims to emergency contraception, STD treatment, and post-exposure prophylaxis to prevent HIV would qualify as tertiary prevention because they are designed to minimize further negative consequences of the rape.

In choosing to focus on primary prevention, we build off of the work undertaken by WHO to summarize the emerging evidence related to the primary prevention of youth violence and of physical and sexual assault of women and men.[2] The review especially builds off of the assessments that WHO has done of interventions to change social norms and to reduce exposure to violence in childhood—both factors that WHO considers strongly related to the likelihood of violence perpetration. Where possible, we update the WHO findings with new research and programmatic examples, including evidence derived from the economics and the development literature.

**Box 1.1 Existing reviews of the evidence**

Over the last 5 to 7 years, a number of individuals and institutions have attempted to summarize "what works" to address partner violence based on the experiential learning of practitioners. This has generated a number of "best practices" reviews, including guidelines for legal and human rights reforms to address domestic violence and sexual assault[2], best practices for legal reform [6]; reviews of overall antiviolence programming, including the UN General Secretary's Global Report on Violence against Women [10], and various best practices reviews commissioned by donors or international institutions, such as the government of the state of Victoria, Australia [13], AusAID [15], and the World Bank [18].

In addition to these reviews based largely on the expert opinions of practitioners, a number of institutions have completed scientific reviews of what is known about the effectiveness of various interventions. The World Health Organization, for example, has published a series of literature reviews summarizing the information available from public health on preventing and responding to partner violence and sexual assault of women [20]. The Queen Mary's School of Medicine and Dentistry undertook a systematic review of controlled evaluations of interventions relevant to the potential health system response to violence, including efforts to prevent violence and to mitigate its consequences [22]. An article in the Journal of the American Medical Association reviews evidence from the United States on interventions designed to address partner violence [24] and several systematic reviews have been published on the effectiveness of screening for partner violence in health care settings [25]. The US Institute of Medicine's Global Forum on Violence Prevention is currently hosting a series of international workshops to review and summarize strategies and evidence on preventing violence against women and children [26].

## 1.3 What "causes" partner violence?

Any effort to prevent partner violence is based on an implicit theory of what leads particular men to abuse their partners. Thus research and theory on what increases risk of partner violence is highly relevant to the design and evaluation of programmes aimed at reducing partner violence.

In the 1970s and 1980s, understanding of partner violence was informed primarily by theory and research emanating from isolated academic disciplines: criminology, sociology, psychology, and feminist theory. Each examined the phenomenon through the isolated lens of its own discipline. Patriarchy, social and economic disadvantage, social learning modelled on parents' behaviour, and psychopathology were all proposed as the "real" or primary cause of partner violence. Not surprisingly, acrimonious debates ensued over whether particular factors—such as heavy alcohol use, patriarchal gender norms or poverty—were causally linked to violence against women.

By the mid 1990s, several theorists began to argue for moving beyond single-factor theories to recognise the complex nature of abuse. They maintained that abuse must be conceptualized as a

[2] The author of this report has contributed to various efforts undertaken by WHO to review the literature on determinants of partner violence as well as to summarize the effectiveness of various different interventions.

multifaceted phenomenon grounded in the interplay among personal, situational and socio-cultural factors. No one factor “causes” violence; rather, violence is more or less likely to occur as factors interact at different levels of the social ecology [32]. The resulting paradigm became known as the “ecological framework.”

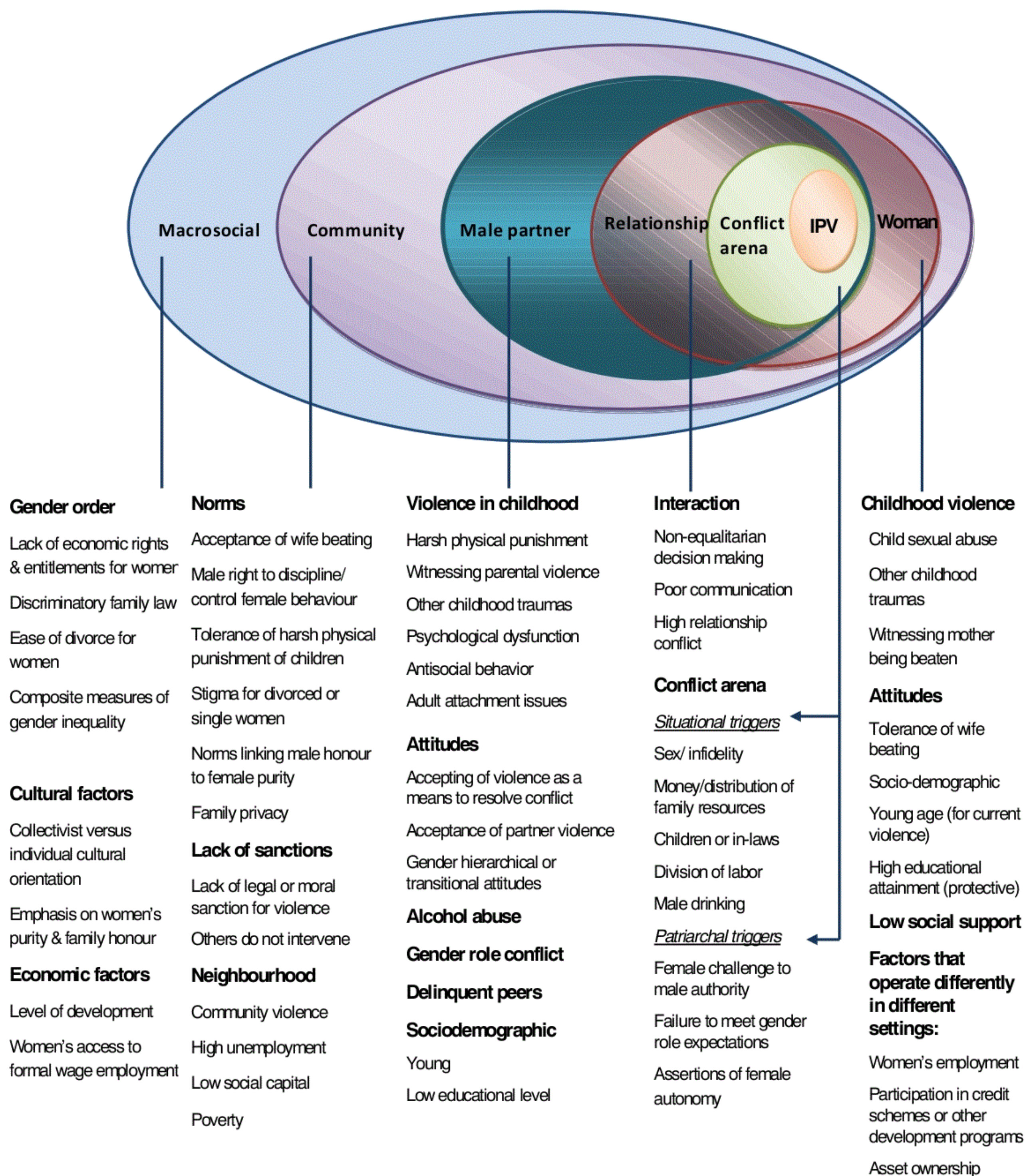
As applied to partner violence, the ecological framework has been conceptualized in a variety of ways, although they all share the notion of embedded pathways of causality. Women bring to their relationships a genetic endowment, certain personality traits and a host of experiences from their childhood 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 [33]. 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 [34]. 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**

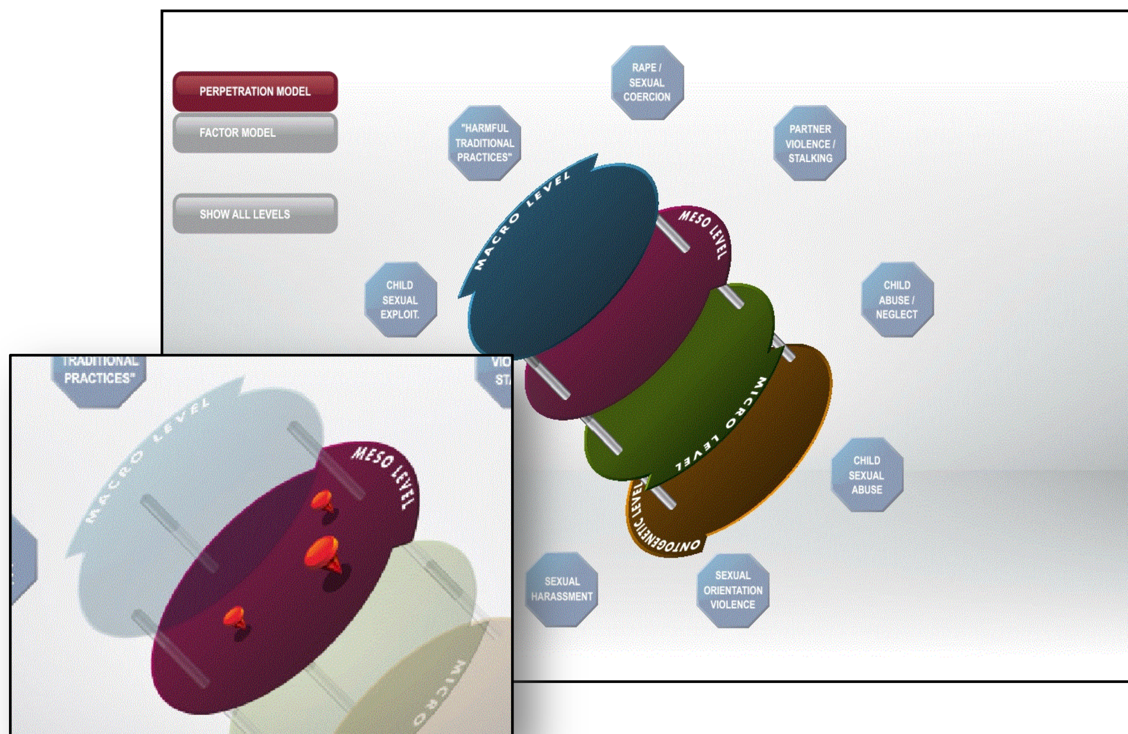



Factors in the far right-hand column (relating to the woman), have been consistently shown across studies and settings to increase a women's risk of victimization. The remaining columns represent factors that have been shown to increase the likelihood of men's perpetrating partner violence. Many related 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.

The colour coding in this diagram is impressionistic, based on the author's expert assessment of the strength of evidence that that factor contributes to partner violence. This should not be confused with the power of the effect that particular factors have on the risk of violence. Epidemiologists and social scientists refer to this latter concept as "effect size". Factors can have greater or less effects on the risk of violence, an important nuance that is generally not well captured in graphic representations of the ecological model.

One exception is an interactive online model recently developed for the European Commission. Figure 1.3 shows the model from the perspective of violence perpetration (a second part of the model shows relationships among factors). Four levels of contributory factors are shown (i.e. macro, meso, micro, and ontogenetic). These can be associated with nine forms of abuse (i.e., the surrounding octagons representing child sexual exploitation, "harmful traditional practices", rape and sexual coercion, partner violence and stalking, child abuse and neglect, child sexual abuse, sexual orientation violence, sexual harassment, and trafficking). Clicking on an octagon reveals orange "pins" estimating the effect size of particular risk factors as "weak", "moderate", or "strong."

**Figure 1.3 Multi-level ecological model (European Commission online interactive version)**




***Source:*** European Commission.

See: http://ec.europa.eu/justice/funding/daphne3/multi-level_interactive_model/understanding_perpetration_start_uinix.html for further discussion and explanation of the methodology .

The authors' ranking of the power of each factor is based on either expert judgement or a composite estimate of the "effect size" of that factor derived from existing studies. Child abuse is the only form of abuse for which the existing evidence base is sufficient to allow a numeric ranking of the risk factors using statistical techniques. For all the other types, including partner violence, the research base is either too sparse or too varied to calculate a numeric effect size. In other words, these authors have had to make qualitative judgments based on their expert reading of the literature.

When considering the ecological model it is important to recognize that certain factors that figure prominently in international discourse are not represented in Figure 1.2, because existing studies have not shown a consistent association between these factors and the likelihood of partner violence. This should not be interpreted to mean that the factor is *not* related to partner violence—merely that current research provides no data to substantiate that it is.

This disjuncture between "reality" and graphic representations is particularly true with respect to several macro-social and community factors that are commonly posited as related to rates of partner violence. To confirm such hypotheses empirically requires conducting comparative studies across a wide range of settings. For example, there is a common belief that there is a link between militarization and violence against women, but our review found no well designed study that either confirms or refutes this hypothesis. Likewise, common sense suggests that rates of partner violence would be higher during periods of conflict, war or displacement, but again we could find only one cross-sectional study from Palestine that empirically evaluated this premise. This study suggests that rates of partner violence are 90% to 120% higher among men directly exposed to political violence compared to those who are not (OR 1·89; 95% CI 1·29—2·76 for physical and OR 2·23; 95% CI 1·49--3·35 for sexual partner violence). The validity of this study is weak however, because it relies on cross-sectional data and adjusts for only a limited number of potential confounders.

There is similarly little empirical research available to evaluate whether rates of partner violence are higher in fragile versus well-functioning states. A recent book by Harvard psychologist Stephen Pinker entitled *The Better Angels of Our Nature* uses an exhaustive array of data to make the case that rates of all types of violence, including partner violence, genocide, homicide and war, have been in long-term decline since Palaeolithic times. Pinker's thesis is that violence has declined in part due to the rise of functioning states that have the power to quell civil unrest, protect citizens from one another, and exert a civilizing influence on human behaviour. He likewise cites the rise of trade, the emergence of "human rights" culture, the move away from ideologies of manly honour as key to the violence transition. With respect to the decline in rates of rape and domestic violence evidenced in statistics in the US and Europe, Pinker credits the feminization of culture and the role that women's movements have played in promoting gender equitable norms and equalizing power between men and women [35].

Pinker's analysis and the historical record he recounts suggest that partner violence would increase where the legitimacy and functioning of the state is undermined. Statistical analyses run specifically for this report do confirm a strong correlation between state fragility and the average level of current partner violence in urban areas across 35 different countries and sub-regions (rho=0.69; $p<.0001$). This analysis compares the State Fragility Index (World Bank), a composite measure that assesses state legitimacy, functioning, armed conflict, governance and economic effectiveness with the average level of current partner violence in different countries. The index uses data from the WHO multi-country study and various demographic and health surveys.

## 1.4 Organization of the study

The remainder of this report consists of six substantive chapters each that examines the evidence base of a different topic potentially important to the prevention of partner violence. The first three chapters – examining gender-related norms, including ideas around masculinity and male authority over women (Chapter 2); exposure to violence in childhood (Chapter 3), and problematic alcohol use by men, especially binge drinking (Chapter 4) – were chosen because there is relatively strong evidence that these factors are contributing causes of partner violence. Of all the factors listed in Figure 1.1, the current empirical evidence base for the role of these factors is stronger than for the other factors listed. The second two topics — women's economic status, including employment, ownership of assets, and access to credit (Chapter 5); and legal and justice system reforms (Chapter

6)— are reviewed because donors and advocates have long considered such interventions important strategies for reducing rates of abuse. The final chapter consider steps back to briefly reconsider the evidence base, briefly forward toward what we don't know, as well as looking backward at what we do.

## 1.5 Methodology

### 1.5.1 Collection of evidence

Given our team's limited human resources and the broad scope of this endeavour, we sought to build upon previous efforts to organize and review interventions focused on partner violence. We began by collecting all known "best practice" reviews in the field of domestic violence and all syntheses of evaluation studies from both the scientific and the grey literature. We were aware of many such documents from prior work in this field, but also identified some new reviews through searches and conversations with colleagues. A list of literature reviews consulted is attached in Appendix A.

Next we conducted data-base searches of the formal literature related to each of the topics prioritized for this review, including changing gender-related social norms, exposure to violence in childhood, alcohol use and partner violence, women's economic empowerment and risk of violence, as well as efforts to reform legal and justice system responses to partner violence. For each domain we searched a relevant sub-set of data bases, relying heavily on Web of Science (covering science, social science, arts and humanities); Articles First (a meta-search engine); Cochrane Review; Campbell Review; PsychInfo; Sociological Abstracts; PubMed (general medicine); and EMBASE, and PopLine. For the justice system chapter, a colleague searched Lexis Nexis to access law review and other relevant articles. For each topic, we developed specialized search strategy based on the type of information we were seeking to find. Overall the search strategy was relatively comprehensive, but not systematic. Websites and institutions that we consulted include:

Eldis—Gateway to development literature
UN Women
DFID Research 4 Development Portal
PEPFAR
African GBV Prevention Network
UNICEF Innocenti Research Centre
World Bank
InterAgency Gender Working Group
United Nations Trust Fund on Violence Against Women
European Commission Daphne Project
Population Council
International Center for Research on Women
Sexual Violence Research Initiative (South Africa)
World Health Organization
Canadian Department of Justice
Siyanda—Mainstreaming gender equality
BRIDGE—Development and Gender
Australian Institute of Criminology
Pan American Health Organization
Centers for Disease Control and Prevention
EndViolence Against Women UK
Knowledge for Health
WomenKind Worldwide
Oak Foundation
UN Women
Family Violence Prevention Fund
Bristol University, Centre for Gender and Violence Research
UNFPA
UNDP
OECD
Australian Domestic and Family Violence Clearinghouse
US Department of Justice

Finally, we interviewed or corresponded by email with 15 experts in the field, both to gather additional examples of evaluated interventions and to seek their opinion on key strategic questions facing the field of violence prevention. Individuals contacted are listed in Appendix C.

### 1.5.2 Review and evaluation criteria

In reviewing the evidence, we prioritized studies that evaluated the impact of an intervention on the incidence of physical or sexual partner violence or on other variables hypothesized to be "proximate determinants of abuse." We looked especially for randomized controlled trials, but included as well pre- and post-test designs that measured changes in attitudes, norms, intentions or behaviours, giving greater weight to those that included control groups or comparison communities. Where we cite intervention studies that did not randomize or use controls, we note the limitations of the study in the text, highlighting the possibility of selection- or other sources of bias.

In the area of gender and changing social norms, where there is decades of "practice-based" learning, we also draw on the accumulated knowledge of the experts consulted and various other "best practice" reviews. In the absence of strong empirical evidence, we highlight insights based on this experiential learning, especially as it relates to how best to organize programmes.

Before concluding that a certain factor is a possible "contributing cause" of partner violence rather than a correlate, we assessed the full body of evidence. Many factors are associated with partner violence—meaning that they vary in tandem with the prevalence or risk of partner violence. But this does not mean necessarily that they help explain the distribution of risk or are on the causal pathway to abuse. This can only be established through a preponderance of evidence that demonstrates that: 1) the factor is consistently associated with the risk of abuse in a wide range of settings; 2) the factor precedes and leads to partner violence rather than the other way around; 3) there is a clear "dose-response" relationship between the factor and the risk of violence (e.g. as acceptance of wife beating goes up, so too does the risk of wife abuse); and finally 4) that removing the factor reduces the incidence or prevalence of the outcome—in this case partner violence.

# Chapter 2
# Changing social norms and behaviour

## 2.1 What are the linkages between social norms and partner violence?

Both qualitative and quantitative data suggest that a variety of social norms and beliefs related to gender and family privacy contribute to physical and sexual violence. Social norms are shared expectations of specific individuals or groups regarding how people should behave [36]. Norms act as powerful motivators either for or against individual attitudes and behaviours, largely because individuals who deviate from group expectations are subject to shaming, sanctions or disapproval by others who are important to them.

Box 2.1 points to the kinds of the social and cultural norms that support violence against women in low- and middle-income settings, especially within the family. Particularly salient are norms related to gender.

In addition to gender-related norms, norms around family privacy, youth sexuality, male honour, the acceptability of divorce and expectations of child obedience all influence behaviours related to physical and sexual abuse. If it is considered socially unacceptable for a woman to get a divorce or live alone, for example, this can serve as a powerful deterrent to her leaving an abusive relationship, even if she has the legal right to do so.

**Box 2.1 Examples of social and cultural norms that promote violence against women**

- A man has a right to assert power over a woman and is considered socially superior –e.g. India;[1] Nigeria; [5] and Ghana [8].
- A man has a right to physically discipline a woman for "incorrect" behaviour – e.g. India; [9] Nigeria; [11] and China [14].
- Physical violence is an acceptable way to resolve conflict in a relationship – e.g. the United States [16].
- Intimate partner violence is a "taboo" subject – e.g. South Africa [19].
- Divorce is shameful – e.g. Pakistan [21].
- Sex is a man's right in marriage – e.g. Pakistan [21].
- Sexual activity (including rape) is a marker of masculinity – e.g. South Africa [23].
- Girls are responsible for controlling a man's sexual urges – e.g. South Africa [23].

*Source:* WHO, Preventing intimate partner and sexual violence against women [20]

- ***There is evidence to suggest that efforts to the change rules or expectations governing behaviour can have a positive effect on reducing levels of physical and sexual violence.***

Data from a wide range of countries demonstrate that wife beating is normative in many settings, with women as well as men expressing support for partner violence under certain circumstances.

Implicit support for violence is frequently couched in terms of men's need to "discipline" women for various infractions, generally related to gendered expectations regarding female behaviour or deference to male authority.

Women and men appear to make finely grained distinctions as to what "justifies" wife beating, with individuals accepting some but rejecting other reasons among a list of possible circumstances where abuse might be justified. The acceptability of violence appears strongly linked to both the nature of the perceived transgression and the severity of abuse. Violence that is viewed as "without just cause" or is perceived as excessive is more likely to be condemned by women themselves and by others. This opens the possibility of intervening at multiple levels—to challenge the underlying beliefs that define the range of acceptable male and female behaviour; to build a new social consensus that all violence, regardless of severity, is unacceptable in families; and to foster informal sanctions against men who abuse their wives.

Over 35 population-based studies from Asia, Africa, Latin America, and the Middle East have demonstrated that attitudes condoning partner violence on the part of both women and men are highly predictive of rates of perpetration [37] [38] [39] [40] [41]. In the WHO multi-country study, for example, women who had attitudes supportive of wife beating had increased odds of experiencing partner violence in 13 out of 15 sites (8 significant) [42].

Evidence suggests, however, that men's attitudes may be more strongly predictive of partner violence than those of women. In a 2008 review of 10 recent Demographic and Health surveys (DHS), if a man agreed that wife beating was justified in one or more situations, it was a strong predictor of his wife being beaten in Bangladesh, Bolivia, Malawi, Rwanda and Zimbabwe; but there was little change in the odds ratios when women's attitudes about spousal violence were added to the model [43]. Methodologically, this finding suggests that women and men's attitudes toward wife abuse work independently to influence a woman's risk of abuse.

Recent methodological work suggests that women's responses to questions on the acceptability of wife beating may reflect their perceptions of local norms rather than their attitudes of what's right or wrong. Using cognitive interviewing techniques, researchers found that many women in Bangladesh responded by describing what men would do (a descriptive norm) or what society condoned (an injunctive norm), rather than what they thought was justified. As the authors note, "the DHS may overestimate the extent to which women condone the violence that affects them and other women in their communities". By contrast, responses among men reflected less disjuncture between personal attitudes and perception of group norms [44].

When aggregated across individuals, attitudinal measures can serve as a reasonable proxy for the norms that prevail in a setting. Researchers have used this technique with data from the WHO multi-country study and the DHS to explore the extent to which norms related to male authority and/or the acceptability of wife beating may influence the levels of partner violence in different settings. Two of the strongest and most consistent factors that predict differences in the prevalence of partner violence across sites and countries are the degree to which wife beating is perceived as acceptable and the degree to which culture grants men the authority to control female behaviour [45]. Recent research in Brazil and Peru confirms that similar dynamics operate to shape the distribution of partner violence at the level of communities and neighbourhoods. As in other settings, the level of partner violence in Brazil and Peru differed dramatically among neighbourhoods, even within the same city. Ecological analysis showed that among the primary factors predicting different levels across settings were the acceptability of wife beating, norms granting men authority over female behaviour, and the proportion of women who had completed secondary education [46].

## 2.2 What do we know about the effectiveness of programmes aimed at shifting norms and behaviour around partner violence?

Social norms theorists agree that programmes to change behaviour are generally more effective when they target what is known as "injunctive" rather than "descriptive" norms [36]. Descriptive norms identify group perceptions about what people actually do and believe. In other words, they capture what people believe is "normative" in their setting. Injunctive norms identify group perceptions about how people *"ought"* to behave or be. So for example, a descriptive norm might be that men believe that other men in their friendship network commonly hit their wives if they disobey. An injunctive norm might be that "a good Christian woman should respect her husband's authority." Injunctive norms ban or discourage behaviour, whereas descriptive norms set an expectation that encourages others to follow.

Given the importance of norms in shaping the contours of acceptable behaviour, it is surprising that more effort has not been expended to change the norms that reinforce men's violence. With some notable exceptions (described below), sophisticated work to challenge the social and cultural norms that perpetuate the abuse of women and girls is surprisingly rare. Although women's organizations have been at the forefront of articulating how norms that govern gender roles, sexuality and male authority in society relate to the abuse of women, they have seldom had the funding, theoretical grounding or technical capacity to mount effective campaigns aimed at changing those norms.

The primary approaches to changing norms to date have generally entailed one of three strategies: 1) awareness-raising campaigns; 2) small group workshops, often accompanied by community engagement activities (e.g. street theatre, posters); 3) behaviour change and communication strategies, including "edutainment" programmes. We explore each of these strategies in turn, noting insights from practice-based learning and citing research studies that have evaluated impact.

### 2.2.1 Awareness campaigns

One of the most common strategies funded to combat violence in low- and middle-income countries are awareness and advocacy campaigns. Various organizations have mounted a range of well-publicized campaigns, often with the support and funding of the United Nations and private donors. These have most often taken the form of loosely aligned coalitions of individuals and organizations that are encouraged to take action to raise awareness of violence or protest abuse under the banner of a common campaign logo or identity. They frequently distribute content and technical resources and recruit allies through the Internet and via local partner organizations.

The UNiTE to End Violence Campaign, for example, is orchestrated by UN Women and the office of the Secretary General. Its goals are to raise public awareness and to increase political will and resources for preventing and responding to violence against women and girls. Campaign materials and slogans are adapted locally, although most promote simple didactic messages like "Say NO to Violence against Women!" Amnesty International's campaign encouraged local groups to invite opinion leaders and others to join hands against violence, by dipping their hands in paint and making quilts and murals of the handprints. Oxfam International sponsors a campaign called "We can", short for "We Can End All Violence against Women," which encourages individuals to become "change makers" in their communities to challenge violence. The 16 Days of Activism against Gender Violence is an annual platform for local groups to sponsor events and engage the media. Spanning the 16 days between International Day against Violence against Women (November 25th) and World Human Rights Day (December 10th), this campaign attracts the attention and support of literally thousands of organizations and communities worldwide.

According to the experts consulted, such campaigns are generally ill-suited to the complex task of shifting social norms. They do help "break the silence" and provide an important platform for local advocacy initiatives; but they are seldom intensive enough or sufficiently theory-driven to transform norms or change actual behaviours.

There is emerging evidence that campaigns like Oxfam's "We Can" Campaign that pair communication strategies with the cultivation of local change agents, may hold more promise for catalyzing normative change (see Box 2.2). The "We Can" Campaign encourages individuals to sign a pledge and make small, incremental changes in their own attitudes and behaviours toward violence and gender equity and then to carry the campaign message to 10 others. A recent mixed methods impact evaluation of the "We Can" campaign, implemented in 21 sites over 5 countries, demonstrated significant gains in reducing acceptance of violence against women among Change Makers and people in their circle of influence [301].

**Box 2.2 Impact Evaluation of Oxfam's "We Can" end all violence campaign**

The overarching goal of the "We Can" Campaign is to reduce the social acceptance of violence against women. It is premised on the belief that people *can* change and that "people change people."

The Campaign works through local Alliance partners who adapt and implement campaign activities (workshops, street theater, exchange visits, mobile vans, distribution of campaign booklets and other materials) and encourage individual men and women to reflect on violence and gender inequality. Individuals can become Change Makers by signing a public pledge to take action against violence and to carry the campaign message to 10 other individuals. The Campaign urges individuals to reflect on their own attitudes and beliefs and to reject all forms of violence against women.

The Campaign was launched in late 2004 in Bangladesh, India, and Sri Lanka and in 2005 in Pakistan. In 2010, Oxfam GB commissioned an in depth, mixed method evaluation of phase II of the Campaign—an effort launched in 2007 to "re-engage and deepen change" among original Change Makers.

The evaluation involved a random sample of 560 Change Makers who had re-engaged with the program and 1196 structured interviews with people in their circles of influence.

The Campaign identified 4 outcomes and a set of indicators against which to evaluate the level and degree of change observed, including: 1) rejection/reduced tolerance of violence against women by community members and Change Makers; 2) greater acceptance of women who speak out against domestic violence; 3) increased awareness of the benefits of violence-free relationships for women, men and families; 4) Increased evidence that Change Makers and other community members are taking responsibility to strengthen violence-free relationships.

Overall, the evaluation concluded that the campaign is playing an important role in reducing tolerance of violence against women amongst Change Makers and those in their circle. The Campaign's strategies to "re-engage" early Change Makers has been successful with 79% of respondents interviewed demonstrating either "significant deepening of change" or "some degree of deepened change" according to a set of criteria developed inductively through reading of the narratives.

On average, each Change Maker reached out to 5 people in their environment. 79% of Change Makers provided concrete and specific examples of taking action to prevent violence. 84.8% of Change Makers and 81% of people in the circle of influence endorsed the view that violence against women is not acceptable. Twelve percent of those "most changed" nonetheless considered domestic violence warranted in some circumstances, a value rising to 22.7% among Change Makers ranked as experiencing "no change" since joining the Campaign.

Together the qualitative and quantitative data confirm that awareness of gender equity and rejection of violence has moved well beyond individual Change Makers to permeate groups within their environment. The specificity of the narratives suggests that "We Can" is having a significant impact, but without comparison communities it is impossible to say what proportion of the observed change is due explicitly to "We Can" [300] [301].

### 2.2.2 Peer trainings and community workshops

The second most common strategy is small group workshops and trainings aimed at changing norms and behaviour around violence against women and girls. The mode of delivery, the populations targeted and the length of engagement vary greatly among different group-based strategies. A key implementation challenge has been how to recruit and sustain the engagement of participants over time, especially among men and boys [47]. Programmes that build on existing platforms where men and/or women meet—such as microfinance meetings or sports clubs—seem to have an easier time maintaining participation.

At their best, such workshops and trainings are based on sound formative research, informed by theory and embedded in a broader programme of sustained intervention and engagement. At their worst, they consist of one-off workshops, with little follow up or support, implemented by poorly trained peer educators or staff. Regrettably, the recent influx of HIV-related funding into the violence field has led to a rapid expansion of programming aimed at changing norms, implemented by organizations with little experience in gender or violence. The result, according to some of the experts consulted, has been a proliferation of one-off, poorly implemented events, especially in Africa.

## 2.3 "Gender transformative" programming

Below we review the evidence available on the effectiveness of efforts to shift norms, attitudes and behaviours using "rights based" or "gender transformative" strategies. According to the USAID Interagency Gender Working Group (IGWG):

> Gender transformative approaches encourage critical awareness among men and women of gender roles and norms, promote the position of women, challenge the distribution of resources and allocation of duties between men and women; and/or address the power relationships between women and others in the community, such as service providers or traditional leaders [48].

Organizations pursuing such strategies have traditionally worked either with girls and women or with men and boys. Only a few have set out deliberately to work with both sexes in the same community. Yet over time, many of the groups that began with a single-sex focus have ended up working with both sexes more broadly (see Box 2.3). Often this shift evolved from the specific demands of participants that the programme engage also with the opposite sex, or from a dawning recognition on the part of implementing agencies that changing gender norms, of necessity, requires working with both parties in the gender equation.

**Box 2.3 Examples of single-sex projects that evolved to engage both sexes**

**ReproSalud,** a 10-year partnership between USAID and Manuela Ramos, a Peruvian women's organization, aimed to improve women's sexual and reproductive health in 8 departments in Peru. The project worked to create demand for better health services by improving women's knowledge about health, educating them about their rights, and promoting gender equitable relations in the family. ReproSalud originally worked only with women using a participatory empowerment methodology based on critical reflection, small group work and collective action. The grassroots women participants in the project, however, requested that the project also begin work with their partners and other male leaders in the community. Eventually, ReproSalud added workshops with men on masculinity, relationships, health and violence, trained networks of male community promoters, and launched a *radio-novela* that reinforced programme messages through its weekly broadcast [4].

**The Ishraq programme** (meaning enlightenment) is an intervention designed to meet the needs of out of school adolescent girls in Upper Egypt. Targeting girls aged 13 to 15, this programme was designed to promote literacy, impart life skills, build social networks, and foster girls leadership and agency. It is one among a series of projects launched by the Population Council in New York to pilot holistic approaches to build girls assets and improve their physical safety. Ishraq and its sister programmes begin by creating a safe space for girls, where they participate in on-going trainings and work with an older mentor. Girls conduct safety audits to identify where and why they feel unsafe or insecure in certain settings. The projects use insights from these audits to identify which boys and men are the most "problematic" for project participants, and the project targets these groups first for engagement. Sometimes it is brothers who discourage or limit their sister's participation in new opportunities, or it may be older males who act in a sexually predatory way toward younger girls. The project then meets with these boys and men to address violence issues as well as HIV and reproductive health more generally. Key to the Population Council approach is "working with men and boys on girl's terms"[12].

**The Program H** (for *homens/hombres,* or "men" in Portuguese/Spanish) began its life as a programme focused specifically on boys and young men (see description below).. Over time however, the sponsoring NGOs realised that since gender is a "relational construct" it was important to attack both sides of the gender equation. So in 2003 they developed Program M (for *mulhere/mujeres*), an educational curriculum for young women 15 to 24 that engages them in questioning rigid and non-equitable stereotypes of masculinity. The curriculum also includes activities on sexual and reproductive health, violence against women, motherhood and care-giving, HIV/AIDS and other topics. The Program H and Program M partners have trained youth, health services staff, teachers and community outreach workers to use these methodologies in more than 30 countries [17].

Recently, there has been a general call that all projects aimed at changing gender norms and beliefs move toward "gender synchronised" approaches that address men, women, boys and girls under the same programmatic umbrella, or in coordination with other organizations [49]. This recommendation derives from the practice-based experience of multiple organizations that have had to broaden their focus in response to field-based realities and learning. The work with men and women (or girls and boys) can be simultaneous or sequential, but in either case the goal is to expand programming over time to engage a wider range of actors of both sexes. Deconstructing hierarchical gender norms requires constructing new concepts of masculinity and femininity as well as re-negotiating power in relationships. Especially in the area of violence prevention, it seems wise to move toward multilayered programming that engages both women and men. Questions remain,

however, about how best to order programming—for example, the relative investment in programmes that start with women versus men.[3]

Below we review in depth data from the handful of programmes that have partnered with researchers to gather evaluation data on impact. Most use standard curriculums and participatory techniques delivered by trained staff or peer educators. The number of sessions varies greatly, and there is yet no consensus on how many sessions may be necessary to effect change.

In addition to the programmes cited, there are many others that appear promising but do not yet have data on impact. Appendix C highlights a number of such initiatives. It emphasizes programmes currently being evaluated that may soon yield additional insights on what works to shift gender norms.

**Stepping Stones**

Stepping Stones is one of the few programmes that sought from the beginning to involve women and men of multiple ages. Stepping Stones is small group intervention designed to improve sexual health by applying participatory learning techniques and stimulating critical reflection. Its primary emphasis is on building knowledge, risk awareness and communication skills around gender, HIV, violence and relationships. Originally grounded in the popular education techniques of Paulo Friere, the Stepping Stones workshops address a wide range of issues[4] and have now been adapted and used in over 40 different countries. Most versions involve at least 50 hours of intervention over 10 to 12 weeks, delivered in 15 sessions. Ideally, sessions are delivered to four groups divided by sex and age, which are brought together from time to time for full community dialogues [50].

The methodology has been subjected to a number of qualitative and quantitative evaluations including a community randomized trial in South Africa and a large quasi-experimental study in India. Generally, these evaluations demonstrate that Stepping Stones, when properly implemented, can increase knowledge and have a positive impact on a range of attitudes and beliefs. Qualitative interviews often suggest significant shifts in male–female dynamics, although these findings are largely based on self-reported evidence [51, 52].

***Stepping Stones (South Africa).*** A more rigorous evaluation of Stepping Stones was conducted in 2006 to 2008 using a cluster randomized trial in the Eastern Cape province of South Africa. The trial evaluated a South African adaptation of the curriculum delivered to two, single-sex peer groups in each of 70 clusters, including 35 intervention villages or townships and 35 control communities. Each group was composed of approximately 20 young women or 20 young men, aged 15 to 26 who received either the full 50-hour Stepping Stones curriculum over 6 to 8 weeks, or a three hour workshop on HIV and safer sex in control communities. As such, the tested adaptation was a pared-down version of the intervention, which included fewer groups per village and not the intergenerational dialogues or community discussions from the complete Stepping Stones model.

[3] Recent donor interest in "working with men" has been sceptically by many women's groups questioning whether this will empower women. They argue that targeting of men should be informed by theory, evidence and consultation with women. A recent review of 63 programmes working on gender and HIV noted that two thirds of programmes made no effort to prioritize efforts with men and boys based on needs expressed by women or girls [50].

[4] The Stepping Stones curriculum covers a broad spectrum of issues, including gender inequalities and violence, violence against youth, life-cycles of violence, love, stigma, STI and HIV reduction, care and support, unwanted pregnancy, homophobia and diversity, fertility protection, condom use, hopes and fears, self-esteem and self-efficacy, substance abuse, traditions, sharing of household expenditures and tasks, acting assertively, trust and honesty, preparing for death, coping with grief, and special community requests.

This evaluation found the following:

- Young men participating in the intervention were significantly less likely than men in the control communities to report perpetrating intimate partner violence (IPV).[5] At 12 months, this reduction was 27% and was only marginally significant. At 24 months, the reduction increased to 38% and became statistically significant. The intervention also achieved significant reductions in male participants' engagement in transactional sex and problem drinking at 12 months. These results are promising, although they rely on self reported behaviour change, a measure that could be influenced by participant's desire to "give the right answer" to questions addressed by the workshop curriculum. Best practice in violence research is to confirm reductions in self-reported violence by interviewing a man's partner.
- Female Stepping Stones participants did not report lower average rates of partner violence or forced sex than did young women receiving the 3-hour control workshop. This suggests that as a standalone intervention, Stepping Stones was not sufficient to enable young women to avoid violence or to shift the balance of power in their relationships. It must be remembered that the Stepping Stones curriculum covers a wide range of topics and skills, with an emphasis on HIV and sexual health; it could be that different content or a more sustained empowerment-focused intervention could have had a more promising outcome. In the future, creating single-sex peer groups among existing couples might increase the potential of Stepping Stones to influence power dynamics in relationships.
- The Stepping Stone intervention did reduce acquisition of new cases of herpes (HSV-2) among male participants by one third (risk ratio 0.67; 95% CI 0.46-0.97), but had no demonstrable effect on HIV acquisition at either 12 months or 2 years.
- No evidence was found of any desired behaviour change in wome*n.* In fact, women participating in the Stepping Stones arm reported more transactional sex with a casual partner at 12 months and a trend toward more unwanted pregnancies at 24 months. Although the negative impact of the intervention on transactional sex had resolved by 24 months, the authors recommend that particular care be given to discussing transactional sex among groups of young women, noting that "group discussions might have inadvertently encouraged transactional sex by reflecting it as at least common, if not standard, and an effective way of acquiring desired items" [50].

This latter observation speaks to an important but often overlooked aspect of norm theory as applied to efforts to change entrenched behaviours. Discussion groups and awareness campaigns can have perverse effects if they reinforce a "descriptive norm" (trading sex for school fees is common) rather than invoking an injunctive norm that undermines the legitimacy of the behaviour. Many studies confirm that social-influence techniques are most powerful when they are delivered face to face [53]. But incorporating face to face discussions as part of social norm change efforts can backfire if not done correctly.

Recent studies that have demonstrated that discussion groups can either positively boost social influence or undercut the messages of the programme, depending on what is said in the group. Positive change can be undercut if discussion concentrates too much on current behaviour or if one or more members speaks out against the new norm being introduced [55]. Likewise, awareness campaigns can reinforce the idea that a particular behaviour is going on everywhere ("everyone is doing it"), having precisely the opposite effect as intended. Social psychologist Elizabeth Paluck and her colleague, for example, point out that while awareness raising campaigns are appealing because of their potential to reduce feelings of isolation among victims, they can be a double-edged sword.

[5] IPV was defined as more than one act of physical or sexual violence towards an intimate partner

They frequently communicate the descriptive norm that "violence is prevalent" rather than mobilise an injunctive norm against gender-based abuse [36].

***Stepping Stones (India).*** A mixed methods, quasi experimental study was used to evaluate an Indian adaptation of the Stepping Stones curriculum [54]. Between 2001 and 2006, the Karnataka Health Promotion Trust (KHPT) implemented Stepping Stones in 202 villages in northern Karnataka as part of a larger set of HIV intervention activities. The goal of the study was to evaluate the impact of Stepping Stones on individual knowledge, attitudes and behaviour, as well as to assess whether the information in the curriculum had diffused to the participants' close friends and whether there had been any diffusion of ideas to the wider community in which the training had taken place. The researchers used in-depth interviews with past trainees and their close contacts. Polling booth surveys[6] were also conducted with past trainees and general population members in their villages, as well as in other villages that had not received the Stepping Stones training.

Overall, the study found that interviewed respondents reported significant changes in their relationships after training. Many were able to recall specific sessions and passionately describe their personal journeys, even though the training sessions had occurred 2 to 3 years earlier. Although the study found significant changes in knowledge and behaviour of both participants and their close contacts, attitudes around male-female roles were more resistant to change. Moreover, the evaluation revealed that diffusion of the information into the wider community was limited. The authors note that while Stepping Stones consistently yields extremely positive results for those who participate, it appears to have less ability than its designers intended to affect social norms and the broader community environment. Significantly, the programme does not encourage continued engagement or collective action after the completion of the curriculum. Considerable evidence suggests that catalyzing community-level change, and hence changing social norms, requires multiple interventions, with an emphasis on participation, mobilisation and ownership by existing actors such as women's groups and community development officers.

**Programme H (Yaari Dosti)**

Programme H is a community-education approach originally developed in Brazil to promote gender-equitable attitudes and action among young men. The programme has since been expanded to India, Tanzania, Croatia, Vietnam and countries in Central America [17].

Using a small-group format and a no-words cartoon video called "Once Upon a Boy", Programme M encourages boys and young men to question traditional views on what it means to be a man. Trained facilitators serve as pro-social mentors and take participants through a participatory curriculum. Group education is implemented through regular (often weekly) sessions over four to six months.

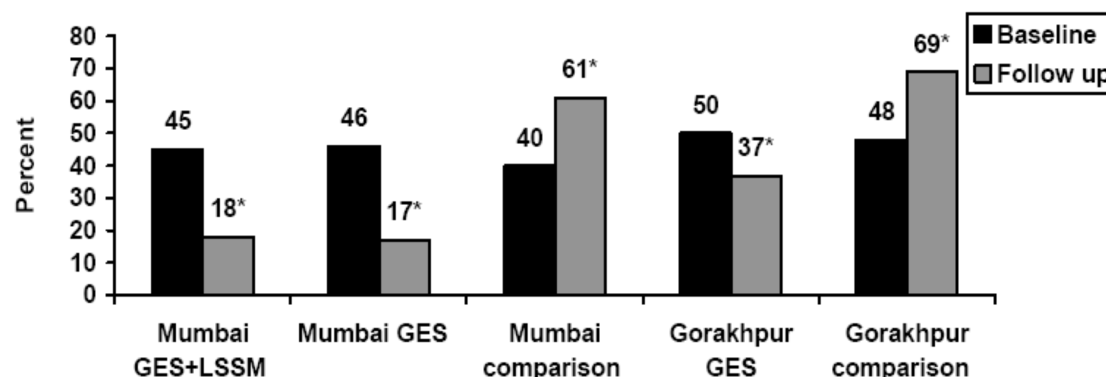
Over time the Programme H approach has evolved from one exclusively focusing on workshops and community mobilisation to a more sophisticated, multipronged strategy combining participatory training with advocacy and lifestyle social marketing aimed at changing community norms. As described in Box 2.4, the programme also includes in some settings a parallel programme aimed at young women called Programme M (for *mulhers* or *mujeres*).

Impact evaluations of Programme H have demonstrated that after participating in Programme H activities, young men report greater acceptance of domestic work as men's responsibility, improved relationships with their friends and intimate partners, higher rates of condom use and lower rates of

[6] In a polling booth survey, randomly selected participants are interviewed as a group behind a "polling booth screen". Facilitators read out the questions in the local language. Participants then mark and insert their answers into private voting boxes.

self-reported sexual harassment and violence against women [55-57]. For example, in the Indian version of the programme known as Yaari-Dosti, the proportion of men in the urban intervention sites (two slums in Mumbai) who reported violence against a partner (either sexual or non-sexual/romantic) in the last three months declined more than two fold to less than 20% (p< 0.05) at follow up. The number of men reporting recent partner violence in the project's rural intervention site (Gorakhpur) also declined from 50% to 37%. By contrast, reported rates of partner violence actually increased significantly in both the urban and rural comparison sites (see Figure 2.1).

**Figure 2.1 Changes in partner violence—Programme H/Yaari Dosti (India)**




Mumbai GES+LSSM: Baseline n = 129, Follow up n = 100; Mumbai GES: Baseline n = 109, Follow up n = 81; Mumbai comparison: Baseline n = 71, Follow up n = 103; Gorakhpur GES: Baseline n = 211, Follow up n = 203; Gorakhpur comparison: Baseline n = 203, Follow up n = 173
*p < 0.05

GES = Group educational sessions; LSSM = Lifestyle social marketing

As shown in Table 2.1, logistic regression analysis controlling for education, age, occupation and marital status showed that young men exposed to the intervention in Mumbai and Gorakhpur were about five times and two times less likely, respectively, to report partner violence than men in comparison communities (p<.001). Likewise, young men who expressed more gender-equitable attitudes on a locally adapted version of the GEM Scale[7] were less likely to be violent with their partners in both Mumbai and Gorakhpur.

[7] The GEM (Gender Equitable Male) scale is an instrument originally developed and validated in Brazil. It has been adopted for use in various settings, including India and Ethiopia. The scale measures attitudes thought to reflect internalized norms related to male/female gender roles.

**Table 2.1 Multiple logistic regression results for physical and sexual violence, Programme H/Yaari Dosti (India)**

| Characteristics | Mumbai (urban) n = 284 | | Gorakhpur (rural) n = 376 | |
|---|---|---|---|---|
| | Odds Ratio | p-value | Odds Ratio | p-value |
| **Partner communication** | | | | |
| No | — | — | — | — |
| Yes | 0.699 | 0.269 | 0.315 | 0.001 |
| **GEM Scale category (based on score)** | | | | |
| Low equity | — | — | — | — |
| Moderate equity | 0.785 | 0.071 | 0.725 | 0.025 |
| High equity | 0.691 | 0.032 | 0.445 | 0.004 |
| **Study arm** | | | | |
| Comparison | — | — | — | — |
| Intervention | 0.176 | 0.001 | 0.502 | 0.001 |

§Controlling for education, age, occupation, and marital status

Data from the qualitative research support these findings. As one male participant noted:

> When we joined the programme we never realised that a lot of our acts were violent acts toward our women…Touching their bodies, pressing the breasts, beating a girlfriend or wife are all normal ways to behave with girls and women … However, after the sessions we realised that these are form of violence while we were treating them as customary acts.

Somewhat unexpectedly, the Indian study found that a community-wide lifestyle social marketing (LSSM) campaign on top of group educational sessions (GES) did not increase the programme's impact on norms and behaviour (Table 2.2, see below). This is in contrast with many studies suggesting that multi-component interventions are more effective than single-focus efforts [47].

A similar study evaluating the Brazilian version of Programme H, for example, did show greater impact of the combined intervention (LSSM + GES) compared to GES alone on some indicators, especially those related to HIV risk behaviour [58]. By contrast, the campaign in India involved street theatre, posters, comic strips, T-shirts and community-based discussions, but did not include radio or other forms of mass media. In Brazil, programme staff worked with "peer promoters" to craft a campaign emphasizing how "cool and hip" it was to be a more "gender-equitable man". The resulting campaign used radio spots, billboards, postcards and dances to promote condom use and respectful relationships as part of a lifestyles campaign known as "Hora H" referring to the need to think clearly in "The Heat of the Moment"[58].

**Ethiopia Male Norms Initiative**

An evaluation of a similar intervention among men in Ethiopia likewise demonstrated declines in reported rates of partner violence, although it documented little movement in specific attitudes related to domestic violence [57]. The percentage of young men who reported that they perpetrated violence toward their primary partners decreased in both intervention groups, a change that was not seen among the comparison group (see Table 2.2). In the GE+CE arm (group education [GE] plus community engagement [CE]), the percentage of young men perpetrating any violence (physical or psychological) toward a primary partner over the past six months decreased from 53% to 38%, and the percentage who were physically violent decreased from 36% to 16% ($p<0.05$). Similarly, the

percentage in the CE-only arm perpetrating any violence toward a primary partner over the past six months decreased from 60% to 37% (p<0.05), and the percentage who were physically violent decreased from 36% to 18% (p<0.05). Violent behaviours remained unchanged or increased in the comparison arm.

**Table 2.2 Small group interventions with some evidence of effectiveness against violence**

| Example | Description | Study type | Sample | Outcome measures | Key findings |
|---|---|---|---|---|---|
| **Stepping Stones**<br><br>**South Africa**<br>[50, 59] | Stepping Stones, a 50 hour programme, aims to improve sexual health by using participatory learning approaches to build knowledge, risk awareness, and communication skills and to stimulate critical reflection. | Cluster randomized controlled trial | 1360 male 1416 female sub-Saharan Africans mostly attending school | ***Primary outcome***<br>HIV incidence<br><br>***Secondary outcomes***<br>HSV-2 incidence<br>Sexual risk behaviours (various)<br>Intimate partner violence<br>Rape<br>Unwanted pregnancy<br>Depression<br>Substance abuse | Stepping Stones significantly improved a number of reported HIV risk behaviours in men, with a lower proportion of men reporting perpetration of intimate partner violence across two years of follow-up and less transactional sex and problem drinking at 12 months<br><br>In women desired behaviour changes were not reported and those in the Stepping Stones programme reported more transactional sex at 12 months.<br><br>The programme reduced the incidence of HSV-2 (herpes) by about 33% (0.67, 0.46 to 0.97; P=0.036)-that is, Stepping Stones reduced the number of new HSV-2 infections over a two year period by 34.9 (1.6 to 68.2) per 1000 people exposed.<br><br>There was no evidence that Stepping Stones lowered the incidence of HIV (adjusted incidence rate ratio 0.95, 95% confidence interval 0.67 to 1.35). |
| **Yaari Dosti**<br><br>**India**<br>[55] | Interactive peer-led group educational sessions and a lifestyle social marketing campaign adapted and field tested in the urban setting for the Indian context | Longitudinal pre- and post intervention evaluation with three intervention sites (two urban, one rural) and two comparison sites (one urban, one rural) using systematic sampling. | Young men (ages 18 to 29)<br><br>Baseline: 1,015<br>Endline: 1,138<br><br>Intervention lasted roughly 6 months;<br><br>End line occurred roughly 6 months after baseline | Gender Equitable Norms (using GEM Scale)<br>Reported STI symptoms<br>Condom use at last sex,<br>Partner communication<br>Partner violence<br>Sexual health problems<br>Attitudes toward PLHA | Males in both intervention groups reported significant positive changes in gender attitudes, condom use at last sex, partner communication, sexual health problems, STI symptoms, and partner violence<br><br>***Limitations***<br>Robustness of the findings are limited by the potential of bias due to self selection and social desirability bias in self-reported answers to questions on violence. It is unclear how long the reported changes could be maintained post intervention |
| **Ethiopian Male Norms Initiative** | Group education and community engagement intervention designed to reduce violence and HIV risk, modelled after Program H and Engender Health's Men as Partner's Programme from South Africa<br><br>CE activities included community workshops, music, skits, monthly newsletter and leaflets, and condom distribution | Longitudinal pre-post intervention evaluation in 3 Ethiopian sub-cities.<br><br>Study compared three arms (GE + CE); (CE-only); and delayed intervention comparison community | Young men 15 to 24 years who were members of youth groups<br><br>Baseline: 729<br>Endline 645<br><br>Endline occurred 6 months after baseline<br><br>: | Qualitative in depth interviews with a subsample of intervention participants and their primary romantic partner were conducted at end line only (convenience sample of those willing to participate. | Young men in the intervention groups (but not the comparison group) expressed more equitable gender norms at end line compared to baseline.<br><br>In addition, participants from both intervention groups (GE+CE) and (CE alone) reported less violence at end line, a change that was not found among the comparison group.<br><br>Overall, when results of all 24 items were combined into the full GEM scale, participants in the GE+CE arm but not those in the CE-only arm showed significant positive change.<br><br>***Limitations***<br>Relies on men's reports of violence reduction<br>Possible selection bias |

Further multivariate analysis using GEE logistic regression and an interaction term[8] for time by intervention group, suggests that the odds of violent behaviour declined more as time went on in the intervention groups. Young men from the CE-only arm were 65% less likely to exhibit violence toward their partners over time whereas participants from the GE+CE arm were 55% less likely to exhibit violence over time. Lack of positive movement in many of the attitudes and norms sustaining male violence, however, suggests that change in deeply entrenched beliefs and norms around violence and gender require more sustained engagement and attention to the rewards and sanctions that discourage men from rejecting the common behaviour of their peers.

### 2.2.4 Social norms marketing and "edutainment" efforts

An increasingly popular approach to changing norms and behaviours is the creative use of media and/or entertainment culture together with strategies to encourage dialogue and reinforce social change messages at a community level. Among the most innovative groups doing this work are Soul City Institute for Health and Development in South Africa (now working regionally); Breakthrough, an NGO in India; and *Puntos de Encuentro* in Nicaragua. What all of these organizations have in common is a demonstrated capacity to develop and deliver sophisticated television and radio programming combined with community mobilisation strategies aimed at changing gender-related norms and behaviours. All have also tried to evaluate the impact of their efforts on changing norms and behaviours, albeit with imperfect measures and evaluation designs. Nonetheless, these organizations and others like them are well positioned to implement state of the art programming designed to reduce violence against women. Below we briefly describe each of these programmes in turn.

**Soul City (South Africa)**

The Social City Institute for Health and Development sponsors on-going "edutainment programme" targeting gender norms through a weekly television drama that portrays characters confronting violence, HIV, alcohol abuse and other social problems. Edutainment is the "art of integrating social messages into popular and high-quality entertainment media based on a thorough research process"[60]. Drama is a powerful means to shift norms and influence behaviour because it can draw large audiences and move people emotionally by fostering identification with the characters. Drama is also well suited to address complex issues because the format portrays characters in context, confronting complex choices [61].

Soul City has now run for 10 seasons and the Institute is working regionally with partner groups in other countries to build their capacity to deliver social change TV programming. A typical one-year Soul City series includes 13 one-hour episodes of a prime-time television series, 45 fifteen-minute radio drama episodes, three booklets distributed at the community level, and an "advertising/publicity" campaign on a related topic.

Series 4 specifically focused on partner violence featuring a story line about Matlakala, who is the wife of an abusive husband, Thabang. The show promoted new injunctive norms against abuse by portraying neighbours disapproving of the violence and modelled a new behavioural response by depicting neighbours banging on pots and pans to communicate their disapproval and disrupt the violence.

Series 4 was evaluated using multiple methods, including a national survey conducted before the series ran and 9 months after baseline. The baseline and follow up survey each included two separate sets of 2,000 randomly selected respondents (i.e. individuals were not followed over time).

[8] An interaction term allows researchers to assess whether the impact of the group varies by length of time in the program.

Soul City also followed certain "sentinel sites" over time, interviewing a sample of 500 people at baseline, during the programming, and after the series conclusion. Additionally, Soul City conducted: 1) a qualitative impact assessment using 32 in depth interviews and 29 focus groups; 2) an analysis of media coverage of the issue based on national media tracking; 3) an assessment of helpline calls; 4) an evaluation of the project's partnership with the National Network on Violence Against Women to promote implementation of the domestic violence law; and 5) an assessment of project costs per participant reached.

The evaluation found a consistent association between exposure to Soul City and both support-seeking (e.g. calling the helpline or writing down the number) and support-giving (e.g. did something concrete to stop domestic violence during the evaluation period). Eight months after being established, 41 percent of respondents nationally had heard of the helpline. Media coverage increased. Anecdotal reports indicated that at least some communities adopted the pot-banging strategy modelled in the series. Positive shifts were documented in knowledge, while impact on norms and attitudes related to domestic violence were mixed. People who listened to Series 4 were more likely to perceive an injunctive norm that abused women should not tolerate abuse and the descriptive norm that their community agrees that violence is a serious problem and that domestic violence should not be a private matter. Exposure to the series appeared not to influence injunctive norms regarding the appropriateness of sexual harassment or the norm that violence is culturally acceptable in the respondent's community.

**Sexto Sentido/Puntos de Encuentro (Nicaragua)**

From 2002 to 2005 *Puntos de Encuentro*, a feminist NGO in Nicaragua, implemented a Multifaceted effort to change attitudes, norms and behaviours of young people around gender, violence, and HIV. Known as *Somos Diferentes, Somos Iguales* (SDSI), the programme used the slogan "We need to be able to talk" to encourage teens to raise and discuss taboo topics such as sexual abuse, violence, HIV, homosexuality and condom use. Project activities were designed to mutually reinforce each other and included: a national "social soap" television series; a nightly youth talk call-in radio show; development and distribution of materials for use by local groups; and various community-based activities such as training workshops for young people involved in communications work, youth leadership camp, and coordination with local nonprofits and health and social service providers. The weekly television drama *Sexto Sentido* was the strategy's largest component, broadcast not only in Nicaragua but also in Costa Rica, Guatemala, Honduras, Mexico and the United States.

In both longitudinal and cross-sectional analysis, "greater exposure" to SDSI was significantly associated with changes in a series of indicators related to the campaign. For example, participants with greater exposure to SDSI demonstrated a 62% greater probability of having talked with someone in the last six months about domestic violence, HIV, homosexuality, or the rights of young people; 33% greater probability of knowing a centre that provides attention for cases of domestic violence; and 42% greater probability of consistently using a condom with casual partners in the last six months [62].

The evaluation included a quantitative, longitudinal panel survey in three urban research sites, repeated over three years. The sites were chosen to reflect "differing levels of community HIV initiatives and varying institutional capacity of the local organizations", as well as "differing intensity of SDSI implementation of non-mass media activities, such as workshops (p. 4)"[62].

Strengths of the evaluation include that it followed the same individuals over time, linked shifts in attitudes and behaviour to the level of exposure to programme activity, and triangulated quantitative findings with qualitative data. Nonetheless, self-reports of exposure to media are often unreliable [63] and there may be important difference between listeners and non-listeners that could influence the outcome measures. As Paluck and Ball note, "Data from other research has

demonstrated that audiences who already agree with the message in an edutainment programme are more likely to listen and report behaviour consistent with the programme (p. 29)" [36]. An independent analysis of the "predisposition issue" confirmed that those who were more exposed and named *Sexto Sentido* as one of their favourite locally produced shows did have higher values at baseline on some but not all of the various measures related to stigma, discrimination and equity.[9] Moreover, the results demonstrated significant changes even among the more regular viewers, reinforcing the suggestion of impact.

In short, *Sexto Sentido* is a highly creative endeavour that likely had positive impacts on a variety of entrenched attitudes and norms. The difficulty of attributing the changes with certainty to the programme is a challenge shared by many communication programmes, because it is difficult to isolate a community *not* exposed to the intervention and to find ways to measure exposure that do not rely on self reports. Paluck and Ball provide important recommendations for how to improve future evaluations of such efforts [36].

**Breakthrough (India)**

Breakthrough is an Indian women's rights organization that was established in 1999 to raise awareness about human rights using popular culture and community mobilisation. In 2008, it initiated the "Bell Bajao" campaign—a multifaceted effort that uses the twin strategy of multimedia (television, print, radio, Internet and a video van) with grassroots community mobilisation (trainings and workshops) to shift norms and behaviours around domestic violence and women living with HIV. The mass media component includes multiple television spots designed to model creative ways to "interrupt" incidents of abuse without having to directly confront the abuser.

Bell Bajao means "ring the bell" in Hindi. The spots depict people from all walks of life adopting strategies to interrupt abuse and subtly communicate peoples' disapproval of violence behind closed doors. A group of boys overhear violence and ring the bell saying their ball went into the owners back patio; a neighbour rings the bell to deliver a letter that was supposedly misdirected to his mailbox; a woman rings the bell to ask for a cup of milk.

Breakthrough also trains young people to serve as right advocates who educate communities on women's rights, sexuality and HIV. Together, the advocates and staff travel in Breakthrough's mobile video van to take the Bell Bajao message directly to Indian villages.

Breakthrough hired external consultants to evaluate the campaign using a pre- and post-test design, with no control communities. The study compared knowledge, attitudes and practices among a random sample of women and men ages 15 to 49 in 4 districts of Karnataka and Uttar Pradesh (baseline n=1204; endline n=1590). In addition, the evaluation compared results in the districts that received only the media element of the campaign (video van, radio and TV spots) versus those that also benefited from community mobilization activities, such as workshops and advocates. Comparison districts were matched on media coverage and other key variables.

Overall 45% of respondents reported seeing the Bell Bijao spots on TV and 20 percent saw the campaign through the video van. On most measures, individuals from the communities that received both components of the campaign (media and community mobilization) registered significantly more change in knowledge, attitudes and practices than those living in the media only communities, although there were some differences in education and type of employment between baseline and endline participants that were not adjusted for in the analysis.

[9] Carried out by Brian Linneker and Sarah Bradshaw, Senior Lecturer in Development Studies, Middlesex University, England.

The most common learning taken from the TV spots was: 'one can stop domestic violence without saying anything to the aggressor' and 'one should make efforts to stop domestic violence.,' According to the evaluation report, the concept of interrupting domestic violence by giving any trivial excuse was "an eye opener" for many and "very well received by the audience."

The surveys suggested moderate changes in knowledge and attitudes between base line and endline related to several targeted themes. Knowledge of the Protection of Women from Domestic Violence Act (PWDV 2005) went from 3.3% at baseline to 14.8% at endline with significantly higher recognition among individuals from communities that received both campaign components (21.2% media + mobilization; 8.3% media only). Endline respondents could also describe much more about women's rights under the law, including women's right to remain in her home if she takes legal action (25% baseline; 60% endline).

Impact on attitudinal measures was mixed, although there was a notable decline in individuals who felt that an abused wife should remain silent (15.8% baseline; 5.7% endline), that a wife taking legal action brings shame to the family (40.9% baseline; 17.3% endline) and that domestic violence is nobody's business (19.2% vs. 8.9%)[64].

## 2.3 What has worked in related fields?

Because work to transform norms related to gender violence is relatively new and underdeveloped, we also examined what is known about shifting norms and behaviours in other areas. Evidence from allied fields suggests that it is possible to modestly change norms and behaviours using existing tools and methodologies. For example there is strong evidence from high income countries that social norms marketing campaigns have effectively changed behaviour among young people and adults related to tobacco use, physical activity, breastfeeding and sexual health [65-67].

A recent review of the impact of social norms marketing observes:

> The consensus of published reviews is that social marketing campaigns can change health behaviours and behavioural mediators, but the effects are often small (Evans et al. 2007, Evans 2009). Reviewers of social marketing effectiveness point out that while most campaigns achieve only modest effect sizes, small or modest changes can have a substantial effect at a population level (Evans et al. 2007) [68].

A potentially more relevant example of effectively changing norms and behaviour comes from programmes designed to discourage female genital cutting (FGC). Like wife beating, genital cutting is a deeply entrenched behaviour that is perpetuated by strong social norms grounded in culture, religious interpretation and notions of acceptable womanhood.

### 2.3.1 Abandoning female genital cutting

Despite its ancient roots, genital cutting has significantly declined in key regions in response to thoughtful and sustained programming to discourage the practice [7]. A fascinating report issued by UNICEF's Innocenti Research Centre in Florence summarises the results of a multiyear research project designed to systematise what has been learned from two decades of effort to discourage the practice in Ethiopia, Egypt, Kenya, Senegal and Sudan. The researchers spent time with different local efforts, studied evaluation data from individual programmes and analyzed data from DHS surveys over time to determine whether norms related to FGC are changing, whether fewer girls are being cut and whether reductions in FGC can be attributed to the interventions. All of the findings suggest substantial reductions in FGC and accompanying shifts in the norms that undergird the

practice. In Ethiopia, for example, young mothers are nearly five times less likely to have a daughter cut than older mothers [7].

Intriguingly, early efforts that focused largely on criminalizing the practice, educating about health risks and introducing “alternative rites of passage” were largely unsuccessful. They merely drove the practice underground, shifted the practice from informal providers to doctors or encouraged earlier cutting. Programmes began to succeed when they started focusing on the social dynamics of abandonment and adopted strategies consistent with social norms theory and local ownership of the change process. Programmes built on the universal concern of all parents for the well-being of one’s children (a moral norm) while recognizing that collective injunctive norms about what makes young girls “pure”, “marriageable” or “socially acceptable” strongly influence what is perceived as in a child’s best interest.

The most successful programmes engaged respected community members, including religious and local leaders, to provide information to help reframe views of the practice. To reduce the social costs of behaviour change (in terms of future prospects for marriage), they encouraged communities and marriage networks to abandon the practice en masse, and supported those families willing to make early public commitments to not cut their daughters. Most importantly, the Innocenti study found that successful programmes cultivated critical reflection and deliberation through linking human rights and social justice principles to local values, using familiar language and images. Box 2.3 summarises briefly the common elements of success.

**Box 2.3 Elements of successful programmes that encourage abandoning of harmful practices**

- Programmes must encourage community deliberation, collective reflection and changes in social attitudes and norms. Efforts that focus only on “at risk” girls—such as alternative rites of passage or shelters—have had limited impact. The social stigma of being uncut remained, as did the pressure for girls to be cut.
- Either by design or intuition, successful programmes have built on insights from social convention and norm theory.
- Appeals for change must be “value centred”. All successful programmes have involved some process of consciousness raising and deliberation on values, rights and gender-based discrimination. Successful approaches have built on local traditions, songs and values and have introduced rights-based concepts, without necessarily using human rights language.
- Programmes must address the downside of non-compliance with social norms and find ways, such as collective abandonment pledges, to limit the costs to individual families.
- Successful programmes engage locally respected leaders to challenge associated beliefs that sustain the practice. These interconnected beliefs must be individually and holistically rethought. First the vision of an alternative must be cultivated (girls remain uncut in other communities); next, false beliefs need to be challenged (e.g. Islam requires genital cutting).

Interestingly, there is evidence that programmes designed to discourage genital cutting also have had positive impacts on associated behaviours such as child marriage and partner violence. Many of the evaluations of anti-FGC programmes reviewed in the Innocenti report cites these collateral benefits [7, 69]. A quasi-experimental study of the Tostan programme in Senegal, for example, conducted by the Population Council in 2004, found that not only did the programme reduce cutting among daughters in the intervention community compared to the comparison community, but women reported a decrease in partner violence over the last 12 months and a significant increase in knowledge of contraceptive methods by both men and women [70]. Research is currently underway to further evaluate the claim that the Tostan approach reduces partner violence.

# Chapter 3
# Exposure to violence in childhood

## 3.1 What do we know about the impact of early childhood exposure to violence and the risk of partner violence in adulthood?

- ***There is compelling evidence that exposure to violence in childhood predisposes individuals to perpetrate partner violence in adulthood.***

Studies from a wide range of industrial and developing country settings have found that children who witness violence between their parents or who are physically abused themselves are more likely to use violence in their relationships as adults [71-78]. This association persists in well controlled multivariate studies and has been consistent in settings as diverse as Nicaragua, the United States and Vietnam [79-81].

In a survey of male municipal workers in Cape Town (South Africa), for example, Abrahams found that boys who witnessed their mother being beaten increased a range of violent behaviours as adults. These included physical violence in the workplace, the community, against their partners and arrests for possession of illegal firearms. This relationship persisted after controlling for socio-demographic variables, and experiencing frequent physical punishment as a child. In the adjusted model, the OR for using physical violence against one's partner was 2.69; (95% CI 2.00, 3.62) and the population attributable fraction was 27% [77]. Likewise, the WHO multi-country study found that male partners who witnessed their mother being beaten were at significantly higher risk of perpetrating abuse in 10 of the 15 sites studied. Even where the numbers did not reach significance, the effect (adjusted for confounders) was toward increased risk in all sites with the exception of urban Thailand [42].

These cross-sectional studies have been supplemented by a range of longitudinal studies in high-income countries that have followed children and their families forward in time. Consistently, these studies have confirmed a strong relationship between exposure to violence in childhood and subsequent risk of perpetrating dating violence as well as partner violence in adulthood [82-86]. Other studies have demonstrated that the associations with various negative health and behavioural sequelae remain even after controlling for family dysfunctions such as growing up with an alcoholic parent [87].

- ***Exposure to violence in childhood also appears to increase women's risk of being a victim of partner violence, although the link is less consistent.***

In a review of multiple DHS surveys, Kishor reports that after controlling for other variables, women whose mothers were beaten were still found to be much more likely to experience violence in their adult relationships than women whose mothers were not beaten. The odds ratios for ever experiencing partner violence ranged from AOR 1.61 in Nicaragua to AOR 2.26 in Cambodia [76]. The WHO multi-country study yielded similar results, with the association between experiencing partner violence and seeing your mother abused ranging from AOR 1.4 in urban Thailand to AOR 3.4 in urban Bangladesh. The association was positive in all 15 sites and significant in 10 of 15 sites [42].[10]

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

[10] Lack of statistical significance in these cases may have been due to small sample size. The study was not powered to allow detailed investigation of multiple risk factors.

Current thinking is that early exposure to violence affects later risk of partner violence through multiple, reinforcing mechanisms [88-90]. 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 [91]. 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 brain[11] by interfering with normal neurodevelopment [28, 92, 93]. 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 [94].

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 [83-85, 95-98]. 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 [82] [83-86]. 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 [86] 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 (including witnessing), receiving harsh physical discipline, and physical maltreatment all significantly increased the risk of later violence in adult intimate relationships.

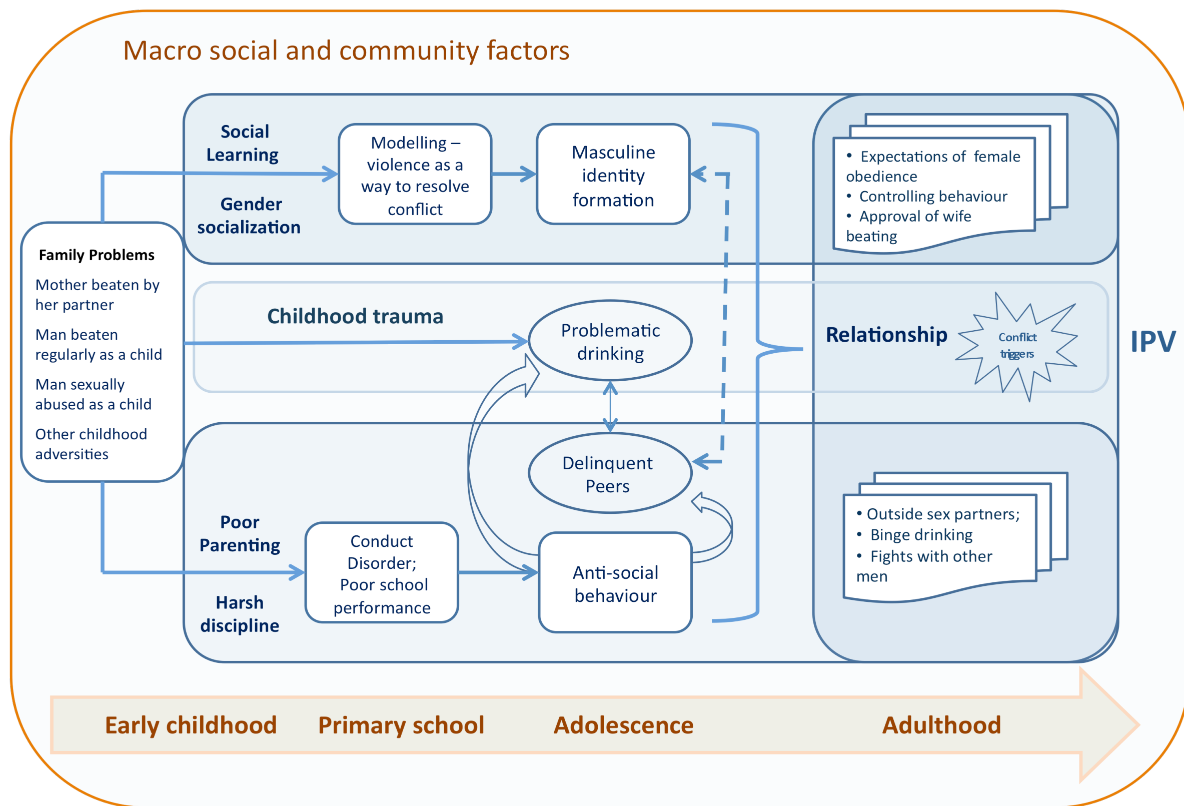
- ***It remains to be established whether this developmental pathway also drives the occurrence of partner violence in low and middle-income countries.***

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.

[11] 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.

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 [46]

- ***Types of violence and adversity in families frequently overlap. This means that researchers must understand family environments that put children at risk rather than studying one type of violence at a time.***

Children who grow up in violent homes are at substantially greater risk of being physically and sexually abused themselves [90, 99-101]. For example, in their study of a birth cohort from Dunedin (New Zealand), Moffitt and Caspi (2003) found that the risk for abuse among children in homes where parents physically fought was 3 to 9 times higher than for other children.{Moffitt, 2003 #236 This makes it difficult to sort out the unique contribution of one type of violence from another (say,

being beaten as a child versus witnessing your mother being beaten), or to determine whether it is the violence per se that leads to negative consequences or the fact of "merely" growing up in a generally dysfunctional home with many social and economic stressors.

To begin to disentangle these relationships, researchers need data on different types of abuse as well as the contextual factors that may give rise to them—for example, poor parenting, parental depression or alcohol abuse, norms regarding men's right to control and discipline female and child behaviour. Innovations such as the Adverse Childhood Experiences (ACE) instrument and the Child Trauma Questionnaire (CTQ) are particularly useful because they inquire about a broader range of experiences rather than a single type of abuse or exposure to violence. For example, the abbreviated ACE questionnaire used in the United States asks about 10 common childhood adversities (Box 3.1, opposite page). WHO is presently piloting adaptations for use in low-income countries.

Studies using the ACE in high-income settings have found a strongly graded relationship between the number of adverse events a person experiences in childhood and an array of negative outcomes such as partner violence, alcoholism, illicit drug use, early intercourse, promiscuity (>30 partners), multiple somatic symptoms, and various mental and physical health problems [28, 80]. Thus, the effect of early traumas and adversity appear to be cumulative. One study of 8,629 men and women attending a California health maintenance organization (HMO) found, for example, that physical/sexual abuse in childhood and growing up with an abused mother each increased the risk of perpetration and victimisation of partner violence roughly two fold [80]. Experiencing four or more adverse experiences, regardless of type, increased the odds of perpetrating IPV by more than 5 fold (AOR=5.5; 95% CI: 3.8, 7.8) [28].

- ***Poor parenting and gender socialization helps reproduce negative child outcomes across generations.***

Harsh dysfunctional parenting appears to cycle across generations, probably through its links to child abuse, conduct disorder and social learning. A multigenerational longitudinal study by Capaldi, for example, documented that children who were raised harshly were more likely to be physically aggressive in childhood, engage in antisocial behaviour in adolescence, engage in partner violence as adults, and then repeat the same pattern of abusive parenting with their own children [82, 83, 102].

**Box 3.1 Finding your ACE score**

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often or very often**
   Swear at you, insult you, put you down, or humiliate you?
   **or**
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 ________

2. Did a parent or other adult in the household **often or very often**
   Push, grab, slap, or throw something at you?
   **or**
   **Ever** hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 ________

3. Did an adult or person at least 5 years older than you **ever**
   Touch or fondle you or have you touch their body in a sexual way?
   **or**
   Attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes No If yes enter 1 ________

4. Did you **often or very often** feel that
   No one in your family loved you or thought you were important or special?
   **or**
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 ________

5. Did you **often or very often** feel that
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   **or**
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 ________

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 ________

7. Was your mother or stepmother:
   **Often or very often** pushed, grabbed, slapped, or had something thrown at her?
   **or**
   **Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?
   **or**
   **Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 ________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 ________

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes No If yes enter 1 ________

10. Did a household member go to prison?
    Yes No If yes enter 1 _______

**Now add up your Yes answers:** _______ **This is your ACE Score.**

Although no similar longitudinal study has been conducted in the developing world, a cross-sectional study from Peru suggests that a similar pattern may be at play. About 42% of Peruvian mothers report using beating to discipline their children [103]. Controlling for a range of individual and household factors, multivariate analysis revealed a strong association between a woman herself being beaten as child and a mother's use of harsh physical punishment against her own children.

## 3.2 The prevalence of children's exposure to violence

One reason that children's exposure to violence is so important to the issue of adult partner violence is that so many children are exposed. If the prevalence of adult partner violence is partially defined by the levels of violence in childhood—as evidence suggests—then getting a handle on how many children are affected is critical to addressing both social problems.

Researchers frequently divide children's exposure to family violence into three broad categories—harsh parental punishment, children witnessing marital violence, and maltreatment and neglect of children. This latter category is further divided into physical and sexual abuse, child abandonment, emotional maltreatment, and physical and emotional neglect. Below we explore the prevalence of each of the three main types of violence exposure in childhood.

### 3.2.1 Harsh physical punishment

A number of research initiatives have recently increased the data available on physical punishment of children in low- and middle-income countries. UNICEF has added a specialized module on child discipline to its Multiple Indicator Cluster Surveys (MICS), and a handful of governments have implemented the module within DHS surveys.

Data from 35 countries implementing the module in 2005-06 show that 76% of children 2 to 14 years old experienced physical punishment and/or psychological aggression by a parent or caretaker within the previous month. Two out of three children were physically punished, and some of this physical punishment was severe [104]. According to mothers' reports, 16% of children 2 to 14 years old were hit or slapped on the face head or ears; 20% were hit or slapped on the hands, arms or legs; and 4% were beaten (hit over and over as hard as one could) in the past month.[12]

Collectively, these studies also reveal the following:

- Harsh violent discipline (as defined above) ranged from a low of less than 1% in Kazakhstan to a high of 44% in Yemen. Rates of severe physical punishment exceeded 16% in roughly half the countries. These figures likely underestimate severe acts because they rely on reports from parents themselves.
- Severe acts always co-occurred with psychological aggression as well as lesser forms of corporal punishment.
- Across the board, children were more likely to experience violent discipline when their mothers or primary caretaker believed that physical punishment was necessary to discipline children. Yet only one in four mothers ascribed to this belief herself. Even where mothers did not approve, physical punishment was nonetheless widespread. This suggests that fathers may have been the perpetrators in many instances, or that circumstance can overwhelm intentions when it comes to child discipline.

WorldSafe, a multi-country multi-site household survey that interviewed mothers in Brazil, Chile Egypt, India, the Philippines and the United States, documented similarly high rates of harsh physical punishment. The authors compared two definitions of harsh physical punishment (their proxy measure of child abuse). The first definition included beating up, choking, burning, smothering and kicking children of any age, and violent shaking of children less than 2 years old. The second more expansive definition also included hitting children with objects such as sticks.

[12] Percentages based on 33 countries. Egypt and Mongolia were omitted because they used slightly different wording of questions.

Applying the first definition, 16.5% of children in the median community experienced harsh physical abuse during the past year. That rate climbed to 39% when hitting children with objects was included. Rates varied widely among communities. Only 0.1% of mothers in a non-slum community in New Delhi reported that their children are beaten, compared to 24% in El-Sheik-Zayad (Egypt) and 29% in an urban slum of Bhopal (India). In India, the rate varied more than 10-fold among the 14 communities that were sampled [105].

### 3.2.2 Children witnessing their parents' violence

Given the global ubiquity of partner violence, it is not surprising that the most common form of childhood exposure to violence is children witnessing marital violence in their homes. Extrapolating from prevalence numbers in the DHS and other population-based surveys, the UN Secretary General's Study on Violence against Children estimates that 133 to 275 million children annually witness partner violence on a *frequent* basis, usually violent fights between parents or between their mother and her partner (See Table 3.1 for a regional breakdown).

**Table 3.1 Estimated number of children annually who witness violence at home**

| Region* | Children witnessing violence (millions) |
|---|---|
| South Asia | 40.7–88 |
| Western Asia | 7.2–15.9 |
| Sub-Saharan Africa | 34.9–38.2 |
| South-eastern Asia | NA |
| Northern Africa | 0.55–0.66 |
| Latin America and Caribbean | NA |
| Eastern Asia | 11.3–25.5 |
| Commonwealth of Independent States | 19.8–61.4 |
| Developed countries | 0.9 – 11.3 |
| Global estimate | 133–275 |

*Geographic regions as defined for MDG reporting

*Source:* UN Secretary General, Study on Violence against Children. Estimates are based on UN Population Division Data for Global Population under 18 Years, 2000; various domestic violence studies, 1987–2005; analysis by Secretariat of the UN Secretary General's Study on Violence against Children.

When these fights "spill over", children are put at direct risk of harm, especially when maturing boys attempt to protect their mothers. Yet even when not directly involved physically, the evidence is clear and compelling that witnessing marital violence over an extended period can severely affect a child's development, their sense of well being, and their social interactions both in childhood and adulthood.

Studies from both the industrial and developing worlds demonstrate that children who witness partner violence experience many of the same psychological and social consequences as children who themselves are physically or sexually abused [106, 107]. Consequences include both the immediate impact on a child's behaviour and personality, as well as damage that carries forward into later childhood, adolescence and adult life. Data from the WHO multi-country study, for example, confirm that children living in households where the mother reported physical abuse from her partner are more likely to wet their beds, have nightmares, and exhibit excessively aggressive or

timid behaviour. The negative effects were similar in settings as culturally diverse as Ethiopia, Japan, Thailand and Peru.

The UN Secretary General's report on Children calls such behaviours "warning signs of early damage", noting that such symptoms portend even greater consequences where the pattern of violence continues. Children exposed to violence—either as victims or as witnesses—frequently experience feelings of fear, trauma, insecurity and rejection. As a result, they may fail in learning to trust and empathize, building attachments in the family, and consolidating self-esteem [108]. These deficits in turn translate into behavioural problems in school and difficulties in building and maintaining healthy relationships.

### 3.2.3 Maltreatment and neglect

Only recently has data on abusive practices begun to be collected directly from children. In 2007, a study of child abuse in India interviewed 12, 447 children between the ages of 5 and 18 years; 69% of children reported physical abuse (slapped, kicked, beaten with staves or sticks, pushed and shaken. Most studies rely on self reports by parents and other caregivers [109].

In 2006, WHO reported that 25% to 50% of children (under 18 years) report having suffered physical abuse. About 20% of females and 5% to 10% of males report having experienced sexual abuse in childhood [110]. In a recent meta-analysis of child sexual abuse globally, the highest prevalence rates were found in Africa (34.4%; 95% CI: 21.1, 50.7) whereas the lowest rates were reported in Europe (9.2%; 95% CI: 6.8, 12.3) [111].

## 3.4 What do we know about intervening in childhood to prevent future relationship aggression?

As with so many other complex social interventions, there is far less evidence as to what prevents childhood exposure to violence—and ultimately future partner violence—than we might wish. The literature, such as it is, is highly dominated by intervention evaluations from the United States and a handful of other high-income settings.

Moreover, few of the programmes that target precursors, such as conduct disorder in children and harsh abusive parenting, have collected data on partner violence or been linked programmatically to the issue. Indeed, the community that studies and works with children exposed to violence is almost completely separate from the community that works to prevent and respond to partner violence. Obvious synergies can be realised by tackling violence against children and violence against women within the same programmes.

Among both adults and children, interventions should begin by targeting intermediary outcomes that have been shown to be linked to the perpetuation of violence. This means targeting, first, harsh and dysfunctional parenting; second, corporal punishment and child maltreatment; and third, exposure to domestic violence.

Additionally, it is theoretically possible to build protective assets among children already exposed to family dysfunction. Life skills programming can be designed to help children identify and manage their emotions, build healthy relationships, and resist peer pressure. In settings where gender-related norms grant brothers dominion over their sisters, primary prevention of partner violence might also involve encouraging parents toward more equitable patterns of gender socialization in the family.

Finally, in many developing countries, the same logic of "discipline" that is used to justify the beating of children is also used to explain and justify the beating of wives. There are many under-exploited

opportunities to work on these issues together—at the level of the family, the school and the wider community. We explore this idea further in the discussion below.

### 3.4.1 Parenting programmes

A substantial literature describes and evaluates parenting interventions in high-income countries [112] [113] [114], but far fewer rigorous studies exist in developing countries [115, 116]. Parenting programmes have been designed around multiple goals: improving child health and development, reducing child maltreatment, preventing conduct disorder in childhood and antisocial behaviour and violence in adolescence. Although no parenting intervention has yet been evaluated for its long term impact on the likelihood that the children will go on to engage in partner violence as adults, theory suggests that improved parenting should reduce this possibility.

- ***There is strong evidence 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 [117-119]. Likewise, studies from the industrial world have demonstrated that good parenting can buffer and mediate the effects of otherwise harmful genetic, family and community factors on children's development, particularly the development of physical aggression and violence among boy [120-122]. In a meta-analytic review of components associated with parenting intervention effectiveness, Wyatt-Kamininski, Valle, Filene and Boyle (2008) found that programme components associated with the greatest changes in parental behaviour included increasing positive parent–child interaction, encouraging parents to practice new skills, teaching parents to use "time outs", and the importance of parenting consistency [123].

- ***Evidence is emerging in high-income countries that parenting programmes can actually prevent child abuse.***

In a systematic review of reviews published in *The Bulletin of The World Health Organization*, parenting education was ranked among four interventions showing promise for the prevention of child maltreatment [114]. The review examined 26 review articles that collectively summarised 298 separate outcome evaluation studies of the effectiveness of programmes to prevent child maltreatment. Eighty-two percent of the interventions were from the United States.

Most of the 46 parenting programmes covered by the reviews aimed to prevent child maltreatment by improving parents' child-rearing skills, increasing parents' knowledge of normal child development (e.g. behaviour normal at each age, or when reasonable to expect a child to refrain from such-and-such behaviour), and helping parents discipline and manage conduct problems constructively. Two of the meta-analyses reported small and medium effect sizes for parent education programmes on direct measures of child abuse. Several others demonstrated significant impact on dysfunctional parenting linked to maltreatment and conduct problems in children [114].

In 2009, the Positive Parenting Programme (Triple P), described in Box 3.1 below), was shown to significantly reduce substantiated cases of child abuse in a large-scale community randomized trial in the American state of Georgia [124]. It thus became the first intervention shown through randomized community trials to prevent child abuse before it occurs at the population level. More typically, interventions have tried to reduce repeat victimisation in families where abuse has already occurred (secondary prevention).

- ***There is strong evidence that various parenting-only interventions and multi-component interventions (including parenting education) are effective at reducing conduct disorder and later antisocial behaviour among children, both of which strongly predict future partner violence.***

A meta-analysis conducted by the Campbell Collaboration, for example, concludes that "Early family/parent training is an effective intervention for reducing child behaviour problems including antisocial behaviour and delinquency". It further notes that the effect appears robust across context, time period and outcome [125].

Two new randomized controlled trials lend further strength to this evidence base [126, 127]. Interestingly, a ten year RCT evaluation of Fast Track (a multi-component, US intervention aimed at children, parents and schools)[13] found a reduction in conduct disorder of about half among children screened most at risk in early childhood [127]. This suggests that interventions to reduce aggression and violence might successfully be targeted to only the highest risk families [125].

- ***It is not fully clear the extent to which findings from the United States and Europe are relevant to the realities of low and middle-income countries.***

While much can be learned from the studies from high-income countries, the greater extremes of poverty and inequality, as well as dramatically different cultural contexts, limits the direct transferability of findings from these settings to the developing world.

To fill this gap, the Sexual Violence Research Initiative (SVRI), with funding from the Oak Foundation, recently commissioned a systematic review of studies on the effectiveness of parenting programmes in low and middle-income countries in reducing harsh or abusive parenting, increasing positive parenting practices and improving parent-child relationships. SVRI was interested in identifying programme models that could be adapted more widely and tested in other settings.

The review identified 12 randomized or otherwise controlled studies evaluating interventions from Chile, South Africa, China and Ethiopia among others. Six of the studies included intervention delivered to individuals through home visiting; two were delivered to parents in groups, either in the community or at the workplace; and two combined home visits with group-based delivery. All of the studies reported results favouring the intervention on outcomes measured one month to six years post intervention, including reduction in harsh or abusive parenting and improved parent-child relationship.

Most of the studies were found to contain design or reporting flaws that undermined their internal validity [116]. One exception, however, was a large, well-designed trial of Learning through Play, a Pakistani adaptation of a Canadian intervention for pregnant women [128]. A second exception was a South African intervention implemented with women in late-stage pregnancy living in poor shack communities [129]. Both of these trials demonstrated modest improvements in mother child interaction using interventions that were delivered by local lay persons or paraprofessionals, standardized through manuals and delivered along with routine post-natal home visits. The authors conclude, "While limited conclusions can be drawn overall from this review due to methodological deficiencies in the included studies … the two largest, high-quality trials suggest that parent training is feasible and effective in improving parent child interaction and parental knowledge and attitudes in relation to parent child development in low and middle-income countries"[abstract] [116].

The authors take note of an almost stunning lack of content in parenting curricula on either gender socialization or the benefits of promoting less rigid and more equitable roles between boys and girls within families. Evidence is now pervasive in many developing countries that abuse of women and children is deeply embedded in gender hierarchies that privilege boys and men and legitimize the physical chastisement of women. Not integrating such themes into parenting education programmes represents a missed opportunity as well as a glaring oversight. The omission speaks to why the next generation of projects for southern countries must go beyond merely adapting curricula and

[13] Fast Track was tested in four demographically diverse sites in the United States—Durham, North Carolina; Seattle, Washington; rural central Pennsylvania; and Nashville, Tennessee.

approaches developed in the US or Canada. Instead, interventions need to be designed based on formative research that address some of the other drivers of partner violence in Africa, Asia and parts of Latin America. A recent meeting sponsored by UN Women and Institute for Development Studies (IDS) highlighted programmes from developing countries designed to combat gender stereotyping and noted that such efforts are currently vastly underfunded (Hazel Reeves, personal communication, 2011).

### 3.4.2 Programmes to reduce corporal punishment

The line between "punishment" and frank child abuse has long been contested among individuals and across cultural settings. Nonetheless, longitudinal studies have shown that parents with inconsistent and harsh parenting styles are at heightened risk of abusing their children, and their children are at heightened risk of becoming violent themselves in later life [82, 84].

Hitting children in the name of discipline is generally a function of one of three dynamics: the belief that physical punishment is essential to moral development, inability to envision or implement nonviolent alternatives, or overwhelmed parents lashing out in anger. The first two dynamics are especially strong in countries with deeply entrenched traditions of physical chastisement. Qualitative research from Africa, Asia and rural Latin America confirms that many parents consider it the duty of parents to deliver harsh physical punishment as a form of correction and moral guidance. Beatings only qualify as mistreatment or violence if they are excessive by local norms or are administered without "just cause" [130].

A study recently completed by Raising Voices, a Ugandan NGO, highlights the degree to which corporal punishment is frequently a belief-driven practice born of adults' convictions that there are no effective alternatives for ensuring obedient behaviour and proper guidance of children. Approximately 1,400 children and 1,100 adults were interviewed. Data on corporal punishment were collected through approximately 1,000 questionnaires, 70 focus group discussions and narrative role playing.

The Uganda study documented the extent to which adults consistently underestimated or underreported how often they punished their children physically. Most of these parents do not think of beatings as violence. In their view, violence is not defined by a particular act, such as beating a child (or wife), but whether the act is excessive or unjustified by local (or personal) standards.

The study illustrated the contradictory nature and complexity of views on corporal punishment—not just difference in attitude between adults and children (illustrated in Box 3.2), but attitudes within the same adult. While 87.9% insisted that they punish children to guide them, only 32.6% firmly believed that these punishments actually change children's behaviour. Many proponents of "moderate beating" acknowledged that they simply react to their children reflexively, rather than engaging with or guiding them. They persisted with physical punishment, they said, because they could see no alternatives. 'If not beating, then what?' was the common refrain.

As learned from successful efforts that have effectively discouraged female genital cutting, even deeply entrenched beliefs can be uprooted by appealing to shared moral values—working from the starting point that parents basically want what is best for their children. While one set beliefs can be used to justify corporal punishment in the name of good parenting, a different set—not necessarily less strong within the same communities, families or individuals—can serve as entrée points to catalyze discussion and promote more positive childrearing strategies. Change agents need not rely on studies and "expert opinion" to make the case. As illustrated in Box 3.2, children can articulate an alternative competing narrative by helping to verbalize the consequences constant corporal punishment. Moreover, adults can be called upon to reflect upon and assess what they "learned" from being beaten as they grew up.

**Box 3.2 Adults' and children's competing narratives on corporal punishment (Raising Voices, Uganda)**

**Adults say . . .**

*If the child feels no pain, he will just laugh and learn nothing.*

– Male community leader, Kasese

*I punish for many reasons. Sometimes it is to guide the child, sometimes because he is getting in my head, sometimes because I am angry and sometimes because I don't know what else to do. Sometimes I do it because there is no one else to blame.*

– Female parent, Kasese

*Every child needs punishment to grow. Yes, I beat. The harder you beat, the better he will learn what you are teaching.*

– Female teacher, Nakapiripirit

*Culturally, we watch the girls and punish them most keenly. If we do not punish her then we ruin the whole nation.*

– Female community leader, Iganga

**Children say . . .**

*Violence against children is when big people make you feel bad by doing bad things to you.*

– 13 year old girl, Wakiso

*I was beaten severely by my stepmother for wetting the bed.*

– 12 year old girl, Iganga

*Teachers should guide students and show them their mistakes without beating.*

– 8 year old girl, Iganga

*When children grow up they keep what was done to them in mind and in the end they also do the same to those younger than them.*

– 14 year old boy, Wakiso

*My father tied me up and locked me up for two days without food because I ate a piece of fish that was supposed to be his.*

– 13 year old boy, Kasese

There is considerable unexplored potential in joining efforts on behalf of children with challenges to the legitimacy of violence against women. 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 transgressions against authority—men's authority in the case of women and parents' authority in the case of children. Intervention programmes can begin to unpack this logic by starting with the least controversial claim—that children should not be beaten or sexually abused in school. Programmes can move on to examine the presumed need of parents to use physical punishment to guide their own children, and then draw an analogy between the harm violence causes children to the harm it causes women.

Eventually, programmes need to take on the received wisdom that the power of men over women and parents over children is naturally ordained and immutable. Often these hierarchies are justified by appeals to religious texts; challenging them thus requires faith leaders willing to champion alternative religious interpretations that promote nonviolence. Programmes against violence could also borrow an idea from female genital cutting (FGC) programmes, the use of pubic pledges against hitting in the family and creating opportunities for families to visit and see for themselves that nonviolent families can raise well-disciplined children. Together with small-scale media, such efforts can expand social permission for parents to go against the prevailing norm with respect to child punishment.

Presently, many programmes start with discussions of women's or children's rights and attempt to encourage more constructive behaviour based on a human rights paradigm. Yet as points of entre, this approach can evoke defensiveness and lead both men and women to retreat into appeals to culture and tradition. Indeed, there is growing evidence in Africa of a backlash against the discourse of children and women's rights, which is closing off discussion and debate [131]. Of course, programmes should not always give in to resistance, but considerable experience reinforces the wisdom of starting where people are, rather than with the message the implementers want to

impart. Programmes that follow this tact have generally been more successful in moving communities toward a rights-based consensus, even without the specific language. The Ugandan NGO Raising Voices, for example, has shifted from using women's rights as a point of departure to catalyzing discussions in terms of power (see Box 3.3).

**Box 3.3 Introducing power analysis into the discussion of women's and children's rights (Raising Voices, Uganda)**

The Raising Voices programme in Uganda has successfully used discussions on the use of power to encourage communities and individuals to question their assumptions around wife beating and child beating. Change agents introduce the four types of power:

- Power ***over*** (control over; domination)
- Power ***to*** (ability, knowledge, competence)

versus

- Power ***within*** (sense of self worth; confidence)
- Power ***with*** (group power).

Men and women are asked to give examples of how these different types of power are (or are not) present in their lives, first in single-sex groups and then in mixed groups. This builds empathy and helps individuals understand the concept of abusive power. Groups are then encouraged to analyze the gendered nature of power and how adults demand total obedience from children. These dialogues create a foundation for discussing alternatives to violence and opportunities to build more equitable relationships between men and women and more respect for children.

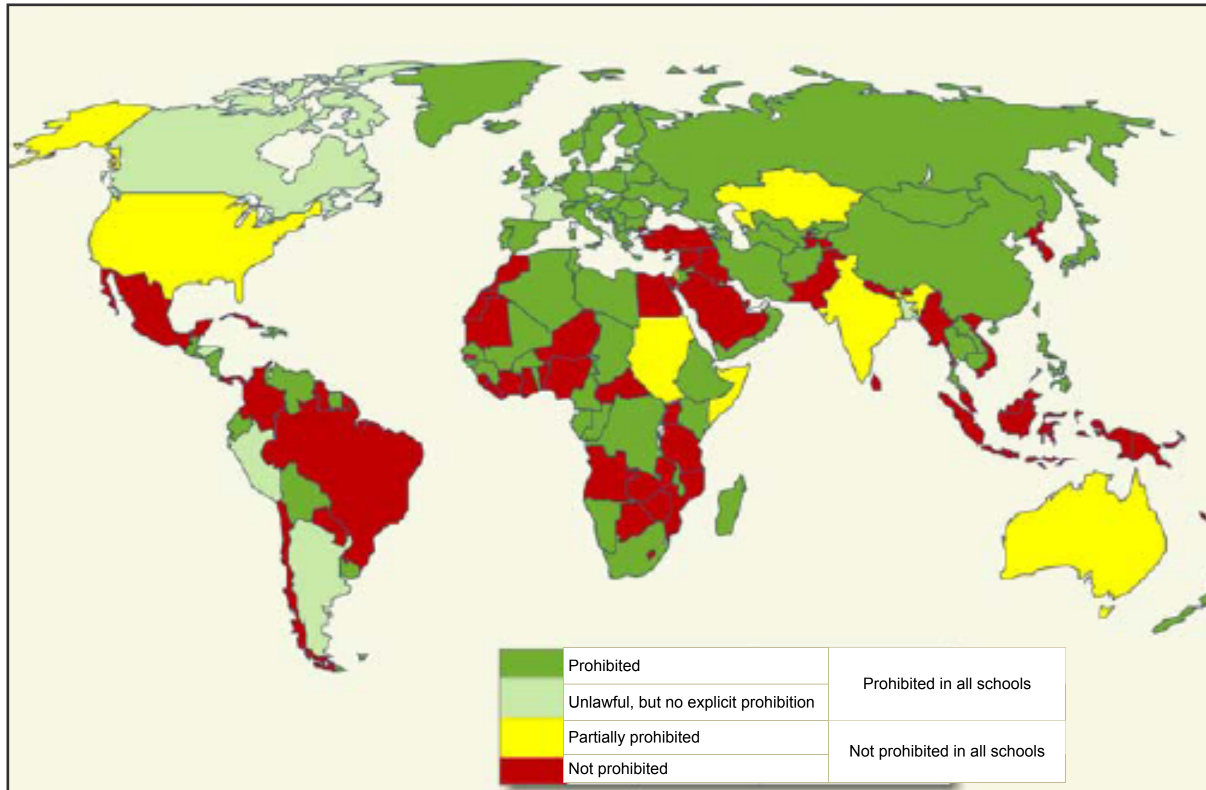
### 3.4.3 Legal and policy reform

Violence against children remains legal throughout much of the world, although some countries have moved to ban or limit violence in the home and at school. As of June 2011, 29 countries had prohibited corporal punishment in all settings, and 117 states had outlawed the use of violence in schools (Figure3.1). South Asia lags considerably behind the rest, with only a quarter of states having banned the use corporal punishment in schools compared with 43% of states in Africa, 52% in East Asia and the Pacific, 96% in Europe and Central Asia, 46% in the Americas and the Caribbean, and 57% in the Middle East [132].

Since 2001, the Global Initiative to End All Corporal Punishment of Children has worked with national and regional partners—for example, the African Child Policy Forum and the Southern African Network to End Corporal and Humiliating Punishment of Children — to encourage legal prohibition of corporal punishment. As the Initiative's campaign manual observes:

> Legal reform to prohibit corporal punishment in all settings is vital, but it will not achieve real change for children unless change is also achieved in the prevailing attitudes which condone and support its continued use and in the conditions which deter or impede change.

**Figure 3.1 Global prohibition of corporal punishment in schools, as of June 2011**

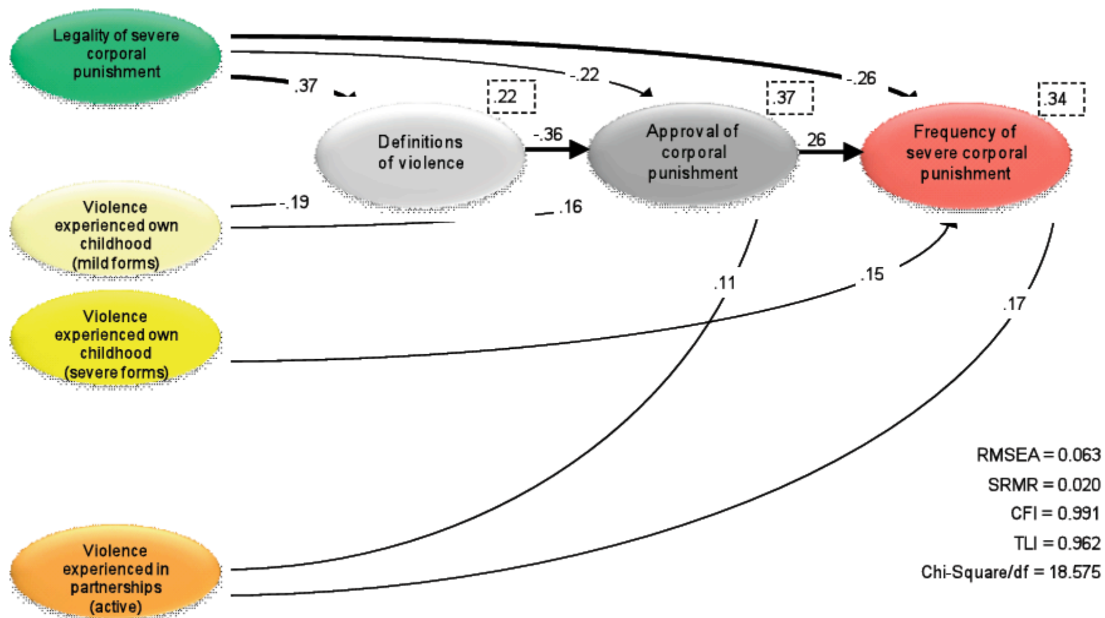



Source: [132]

Towards this end, the Global Initiative has created an excellent set of resources for working with the faith community to challenge religious justifications for corporal punishment [133] and to press for reform using human rights law and machinery, including the African Charter on the Rights and Welfare of the Child and the UN Convention on the Rights of the Child [134, 135].

A recent comparative study of the effects of banning corporal punishment in five European countries seems to affirm the manual's observation: Prohibiting corporal punishment does appear to facilitate reduced violence, but only where the reforms are accompanied by intensive and ongoing efforts to publicize the law and to introduce and reinforce positive forms of discipline. This study surveyed 1,000 adults in five countries, each with a distinct history of legal prohibition and information campaigns to promote nonviolent parenting. The researchers used multivariate and path analysis to explore how beliefs about what is legally permissible, experience of violence in childhood, attitudes toward corporal punishment, perceptions of what constitutes violence and maltreatment, and experience of partner violence combine to influence the likelihood that parents would use severe corporal punishment [136]. (Figure 3.2)

**Figure 3.2 Path model associated with *severe* corporal punishment**

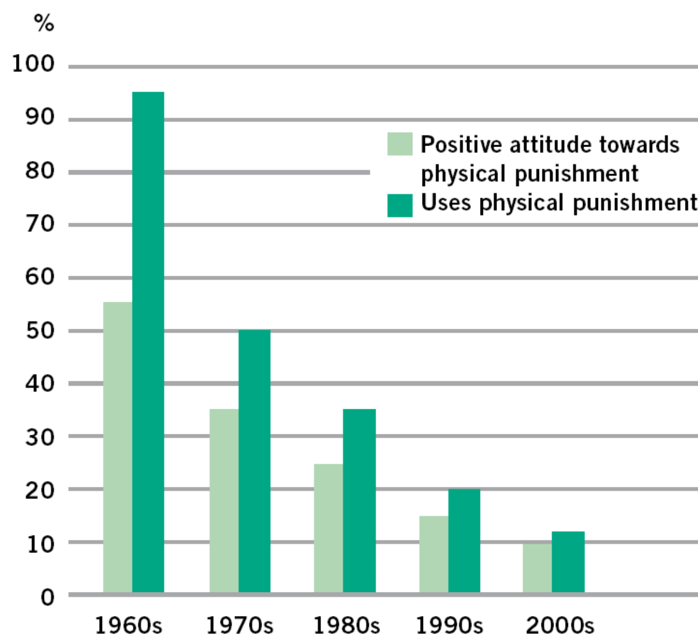



Beliefs about what is legal appear to influence violence directly as well as indirectly by shifting what people define as violence and their corresponding attitudes. Experiencing severe corporal punishment during one's own childhood and engaging in partner violence also had a direct effect on the parent's use of harsh punishment.

Longitudinal studies from Germany and Sweden have likewise shown that both perceptions of what is legal and acceptance of physical forms of punishment have shifted radically over time. (Figure 3.3) In Germany, approval of "a mild slap on the face" has dropped more than two thirds and "a slap on the bottom" by more than one half since 2003, although the rates of physical abuse are still higher than in Sweden (16.8% of German parent spanked children on their bottom compared to 4.1% of Swedish parents). Corporal punishment was formally banned in Sweden in 1979 and the legislation was followed by an intensive media campaigns and mass distribution of pamphlets that promoted alternative child discipline. After one year, 90% of the population knew of the law. Efforts to promote nonviolent parenting have continued over time and the rate of corporal punishment has declined in step [137]. By contrast, corporal punishment was not formally banned in Germany until 2000 and efforts to publicize the law were less intense. Interestingly, neither country imposes actual sanctions on parents who break the ban unless their behaviour rises to the level of criminal assault [136].

**Figure 3.3 Changing attitudes corporal punishment (Sweden and Germany)**

*Source:* (Bussman, 2011)[136]



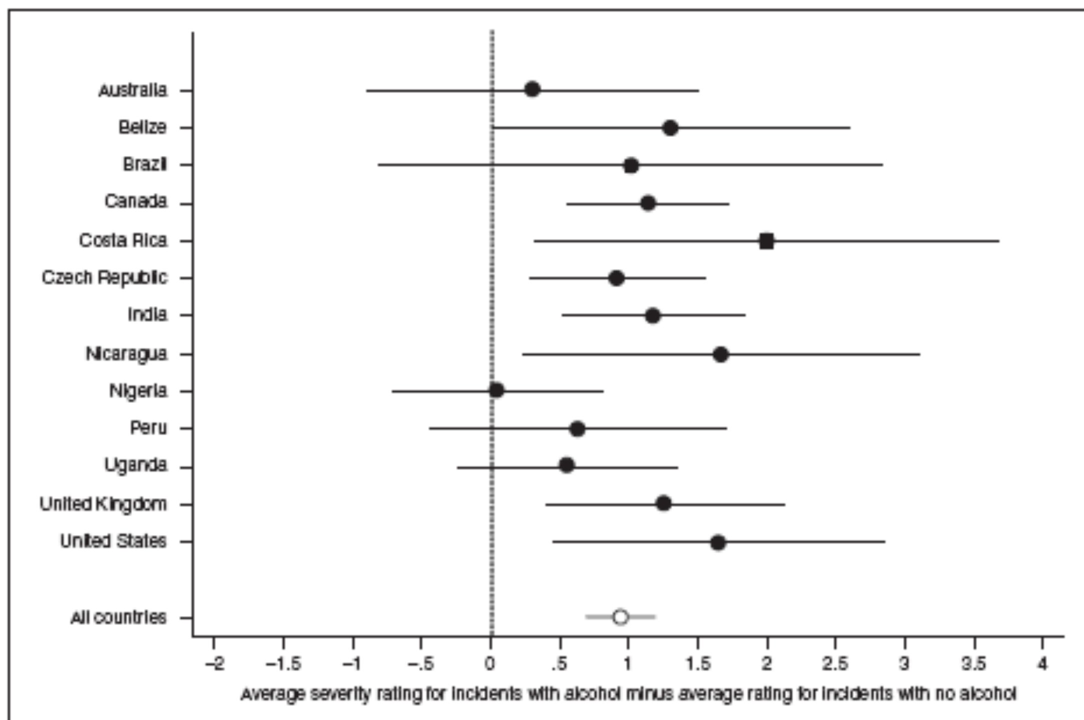
# Chapter 4
# Harmful alcohol use and partner violence

## 4.1 What do we know about the relationship between alcohol use and partner violence?

- ***Drinking—especially binge drinking by men—appears to increase both the frequency and severity of partner abuse.***
  - Scores of studies from low and middle-income countries show a strong and consistent association between men's use of alcohol and women's risk of experiencing domestic violence [42, 43, 74, 138-140]. One systematic review pooled the results of 11 studies and found that harmful use of alcohol was associated with a 4.6 fold increased risk of exposure to IPV compared to mild or no alcohol use [141].
  - Evidence also suggests that a substantial share of partner violence occurs after drinking [142]. Studies of particular incidents of abuse confirm that violence is much more likely to occur on days of drinking and shortly after intoxication than on non-drinking days [143, 144].
  - Risk of partner violence appears especially linked to heavy episodic drinking. A 10-country study on alcohol use and partner violence in Latin America, for example, found that violence toward female partners was especially associated with binge drinking, suggesting that the quantity of alcohol consumed per occasion—not just whether her partner drinks—accounts for the relationship between drinking and partner violence [145]. Moreover, the amount per occasion is more predictive than drinking frequency.
  - Heavy drinking leads to more severe episodes of violence. A range of studies from the United States, Canada and Great Britain have demonstrated that violence toward female partners is more severe and injury more likely when a man has been drinking [142, 146, 147]. A recent study examining 13 diverse countries confirmed the association between the severity of partner violence and alcohol use at the time of the aggression [148]. Women in all 13 countries consistently ranked IPV incidents more severe where one or both partners had been drinking (although the effect in Nigeria was small). See Figure 4.1., following page.
- ***Women and men strongly associate marital violence with men's drinking, making alcohol abuse a natural point of entry for discussing marital relations, forced sex, HIV risk and other related issues.***

Almost without exception, men's drinking becomes a focus of attention, when women and men are asked to discuss domestic violence in interviews or focus groups [79, 149-151]. Narratives linking violence and alcohol are particularly common in the developing world [152-154]. In one study of marital relations and sexual and reproductive health in a low-income fringe community in Mumbai,

**Figure 4.1 Drinking and severity of intimate partner violence in 13 countries**




*Average difference in severity ratings by female victims for aggression involving alcohol versus no-alcohol (lines show 95% confidence intervals).

*Source:* K. Graham et al. 2011, p. 1513.

married women viewed alcohol as strongly contributing to forced sex and physical abuse of women and children. They linked drinking to their own mental and physical health problems, citing their husbands' extramarital affairs and arguments over the diversion of family resources to alcohol as particular sources of stress. Men similarly described how their drinking contributed to family difficulties, undermined their reputation in the community and lead to beatings [3]. Both women and men articulated how alcohol and violence combined to increase risk of coerced sex and STDs.

Many similar narratives have been documented in African settings [155-157]. The wide resonance of the alcohol/violence nexus reinforces the notion that discussion of alcohol's effects on families and relationships can serve as a natural point of entry for addressing a wider range of sexual and reproductive health issues.

- ***Some studies also associate women's drinking with partner violence, though lack of prospective studies makes it difficult to determine the direction of this effect.***
    - Some cross-sectional studies have shown an association between women's drinking and victimisation, while others have not [42, 158]. Prospective studies from industrial countries suggest that female drinking may indeed increase a woman's risk of being beaten in some settings [159]. Other studies, however, demonstrate that prior victimisation, especially sexual abuse in childhood, increases the likelihood that women will turn to alcohol as a form of self-medication [160].
    - The relationship between victimisation and alcohol among women probably works both ways: Women who are abused are more likely to drink excessively, and women who are heavy drinkers are more likely to be victims (partly because women who drink are also more likely to have partners who drink). Prospective studies, especially from the developing world, are

needed to tease out the relative role of violence as a risk factor for later alcohol abuse versus alcohol as a risk factor for later victimisation [161].

- Regardless of what research may eventually conclude regarding female drinking and risk of victimisation, curbing heavy drinking among men will be the most effective way to reduce partner violence at a population level in low and middle income countries, because drinking by men is far more common than drinking by women.

➢ ***Several inter-related pathways are likely to be at work in how violence operates to increase risk of partner violence.***

A number of theories have been advanced to explain why alcohol increases both the likelihood and severity of partner violence. Studies demonstrate that alcohol's effects on cognitive abilities and problem solving, makes it harder to resolve conflicts peacefully [162]. Alcohol also lowers inhibitions and makes it more likely that people will misinterpret verbal and nonverbal cues [161]. Similarly, alcohol increases willingness to take risks, making individuals less aware of or concerned by the consequences of their behaviour [161, 163]. Steele and Joseph proposed the term "alcohol myopia" to refer to the tendency of drinkers to discount future consequences [164].

Some evidence also suggests that the impact of alcohol on violent behaviour may be partially mediated by culturally and socially defined expectations of what happens when someone drinks [165]. Peer groups and cultures may share "cultural scripts" about how alcohol affects behaviour. To the extent that such scripts anticipate that men who drink become aggressive, these expectancies may potentiate the pharmacologic effect of intoxication [166].

Part of the association may also be that men's drinking becomes a source of arguments in relationships. Analysis of overlapping individual, relationship and community-level risk factors for partner violence in Brazil and Peru demonstrate that the association between men's drinking and violence is partially mediated through couple conflict, suggesting that alcohol affects risk in part through conflicts over drinking [46].

➢ ***Despite uncertainty about pathways, evidence strongly suggests that heavy drinking is a contributing cause of partner violence. This implies that intervening to reduce harmful alcohol use could reduce the frequency and severity of partner violence.***

The role of alcohol in the aetiology of partner violence has long been a source of controversy among scientists and activists [20, 167]. Women's groups in particular have resisted the notion that alcohol is linked to partner violence for fear that drinking would be used as an excuse to deflect men's responsibility. Scepticism is further born by the fact that not all men who drink beat their wives, and not all men who beat their wives drink. Still today, Internet "fact sheets" on domestic violence commonly reiterate the belief that women's groups must help to eradicate the "myth" that "alcohol is a cause of violence."

The claim that alcohol plays a contributing role in the occurrence and severity of abuse, however, does not imply that it is necessarily the sole, or even primary determinant of whether violence will occur in a particular situation. Alcohol is neither a necessary nor sufficient cause of violence, and its role is not uniform. Indeed, research has now shown definitely that no single factor "causes" violence—rather violence is a probabilistic event. Different individual, relationship and community-level factors combine to determine the likelihood of abuse [168]. In this conceptualization, the data now support the view that heavy alcohol use is a contributing cause of partner violence [169].

Four strands of evidence converge to support a causal interpretation. First, the consistent and robust association between heavy alcohol use and partner violence across widely divergent settings persists even after controlling for a large range of potential confounders, such as hostility, normative views of aggression, antisocial behaviour, marital satisfaction, and relationship discord [170]. Second, drinking patterns and subsequent violence have been linked prospectively over time in longitudinal

studies as well as through event-based analyses [143]. Third, strong theoretical plausibility for the link is supported by laboratory findings as well as field-based studies. Finally, there is evidence that treating alcohol-related problems significantly reduces the likelihood and severity of future partner violence (see below). Proof that removing the putative risk factor reduces the outcome of interest is a classic element of establishing a causal claim [171].

Of course, the possibility remains that some as yet unmeasured factor might actually be responsible for the observed association between heavy drinking and increased risk of perpetrating partner violence. Various confounders have been proposed, including masculinity norms that promote heavy drinking and male violence against women [167, 172] as well as personality or genetic factors that predispose certain men toward impulsivity, sensation-seeking or rule-breaking [167]. Yet even if one or more of these hypotheses were to prove true, the association between alcohol and violence would not be fully explained. Recent analysis of data from Brazil and Peru, for example, found that the classic association between problematic alcohol use and partner violence persists even after controlling for community-level norms justifying male control of female behaviour [46]. Likewise, the deep-seated personality features that figure in trait-based theories represent factors that are seldom modifiable. By contrast, the presence or absence of alcohol as a contributory factor can serve to either reinforce or impede these underlying tendencies. Together with many other factors, the availability of alcohol, local drinking norms, cultural expectations regarding the meaning and impact of drinking, and the availability of treatment options are all open to social intervention.

➢ ***There is evidence from high-income countries that effective treatment for alcohol problems reduces the frequency and severity of abuse. This suggests that efforts through other means to reduce harmful drinking may also help reduce levels of partner violence.***

A recent review of existing studies of the impact of alcohol treatment on the frequency and severity of partner violence concluded, "Studies to date clearly indicate that effective treatment for substance use problems is associated with meaningful reductions in partner abusive behaviour". The review examined findings from both naturalistic studies (i.e. uncontrolled studies that use statistical techniques to compare rates of partner violence before and after treatment) and controlled trials of treatment outcomes. On average, the prevalence of partner violence was two to three times higher before alcohol treatment, and the relative risk after treatment was two to three times higher among those men who relapsed compared to those who remained abstinent [171].

## 4.2 What do we know about intervening to reduce harmful alcohol use?

Alcohol interventions generally fall into four categories:

- **Brief interventions** that detect and intervene with problem drinkers before problems escalate.
- **Structural interventions** that focus on laws and policies to make alcohol more expensive and less available. This includes restricting access for groups such as young people and regulation of delivery and promotion (e.g. laws that regulate servers or restrict advertising).
- **Community-based interventions** that attempt to re-shape the drinking environment through social norm campaigns, education in schools, and public dialogues on the costs and benefits of alcohol.
- **Treatment and self-help support** systems such as Alcoholics Anonymous.

To date, most of the programmes based on these strategies have been conducted and evaluated in high-income settings. The degree is unclear to which they may be suitable or effective in low-income settings with entirely different drinking regimes. A handful of interventions have been evaluated in Asia, Africa and other developing country settings, including brief interventions with at-risk drinkers

[173-176], efforts to modify the drinking culture in beer halls in Africa [177], and multi-component initiatives to change drinking norms in slum communities in India [3]. We briefly review these interventions below and suggest several others that may be adaptable within multi-component strategies to prevent violence against women and girls.

### 4.2.1 Brief interventions

- ***There is extensive evidence from a range of countries that spotting problems early on coupled with relatively simple advice from health care workers can reduce the harmful effects of drinking among those who are not severely dependent.***

A recent review article in *The Lancet* notes:

> Extensive evidence from systematic reviews and meta-analyses from a range of health care settings in different countries has shown the effectiveness of early identification and brief advice for people with hazardous and harmful alcohol use but who are not severely dependent. Furthermore, evidence suggests that more intensive interventions are not more effective than are less intensive interventions [178].

Such interventions generally involve screening in primary care settings using a brief intake questionnaire or a simple verbal query during history taking. Structured responses include simple feedback on alcohol use and its harms, with a recommendation to drink less; identification of high-risk situations; motivation strategies and in some cases development of personal plans to reduce drinking.

In the Cochrane systematic review cited above, interventions ranged from one-off sessions lasting on from 7.5 minutes to 50 minutes on average, to extended interventions involving multiple sessions with motivational counselling and follow-up phone calls. A meta-analysis of 22 controlled trials showed that a brief intervention in a primary setting reduced men's alcohol consumption by an average of six standard drinks per week at one year post-intervention [179].

The goal of such interventions is to reduce alcohol heavy drinking before problems evolve into true dependence. The studies discussed above were all carried out in high-income settings, though the approach is now being tested elsewhere. To date, brief interventions have focused on the health consequences of excessive drinking, and thus have not been evaluated for their impact on partner violence. But given their success in reducing hazardous drinking, including binge drinking, similar strategies should be evaluated for potential impact on partner violence.

In addition, it may be possible to broaden the field of trained individuals who can help others to assess their drinking and provide structured information on how and why to cut back. Faith leaders, pharmacists or nurses could theoretically replace doctors as respected authority figures who provide guidance on alcohol consumption.

A pilot programme implemented in a Mumbai slum community, for example, evaluated the impact of a brief provider-led intervention focused on alcohol, sexuality and STDs. Comparisons were made between interventions implemented by trained public allopathic doctors (who practice Western medicine in the public health system), and private practitioners (who practice non-Western healing), versus untrained providers. Preliminary results at the 6-month follow-up indicated that men who attended sessions with trained providers reported significantly less alcohol use and extramarital sex, fewer visits to sex workers, and significantly better STD knowledge than men seeking help from untrained providers (Verma 2011, personal communication). This intervention suggests again the feasibility and possible advantages of addressing harmful alcohol use in the context of marital relations, partner violence and sexual health.

The Phaphama Programme in South Africa trained nurses conducting voluntary counselling and testing for HIV to screen as well for hazardous alcohol use and integrate a brief alcohol intervention among those who test HIV negative [175, 180]. This pilot project in 13 public health clinics was shown to be effective in reducing reported alcohol use at followup. It is now being scaled up to nearly 300 clinics in Mpumalanga province [181].

### 4.2.2 Structural interventions

- **Compelling evidence from a wide range of settings confirms that reducing alcohol supply or increasing the cost of alcohol reduces its harmful consequences. Evaluations that measure partner violence as an outcome, however, are still rare.**

A variety of policy interventions have been shown to impact the short- and long-term health consequences of alcohol use, including raising alcohol prices, regulating the times that alcohol can be sold, and passing and enforcing a minimum age for drinking. Data linking these strategies specifically to reductions in violence against women and girls are still rare, because such studies have only recently been considered. But public health strategies that are effective at lowering drinking at the population level hold promise as part of a coordinated strategy to reduce violence against women and girls.

**Increasing alcohol prices**

A wide range of studies have demonstrated that increasing the price of alcohol is effective in reducing alcohol-related harms, including violence [182]. Imposing a tax on alcohol production and sales is particularly attractive as a strategy because it generates government revenues at the same time that it reduces overall consumption [183].

A recent analysis of 112 studies on the effects of alcohol tax increases confirmed that when taxes go up, drinking goes down, including drinking among problem drinkers as well as youth [184]. Studies have also demonstrated that higher alcohol taxes can reduce incidents of violent crime [185], including homicide, assault and rape. Two studies have linked taxes on beer to the level of violence toward children [186, 187].

The only available study to specifically explore the impact of alcohol price differences on domestic violence was an econometric analysis conducted in the United States during the mid 1980s. A 1% increase in the price of an ounce of pure alcohol was found to decrease the probability of intimate partner violence by 5% [188].

**Reducing alcohol availability**

As with taxes, policies that otherwise reduce the easy availability of alcohol also appear to reduce the amount of alcohol consumed by both social and hard-core drinkers. These include passing and enforcing laws restricting the sale and purchase of alcohol to adults, bans or coupon programmes in communities isolated from other easy sources of alcohol, and regulating the day and times of sale [178].

In Greenland, a programme that implemented a coupon-based system to limit adults to the equivalent of 72 beers per month achieved a 58% reduction in the number of police calls for incidents related to domestic violence [189].

Such strategies are just now being applied and tested in developing countries, although almost none have been evaluated narrowly for impact on family violence. An additional challenge in many low-income settings is the ready availability of illegal forms of home-made alcohol. This so-called “unrecorded” alcohol production must be brought under effective community or state control if

strategies to reduce alcohol availability are to have full effect. Several African and Asian nations are developing and testing strategies to address unrecorded alcohol production [190].

**Limiting outlet density**

Another strategy for restricting availability is to limit the density of outlets in specific areas. A recent systematic review found that the density of outlets is positively associated with alcohol consumption and related harms, including alcohol-related medical problems, injuries, crime and violence. The review included studies that directly evaluated outlet density or changes in density. It further included studies of natural experiments that influenced outlet density, such as bans on alcohol sales and the removal of bans, privatisation and re-monopolisation of alcohol sales by the government [191].

Several recent studies from the United States and Australia have found a clear link between density of alcohol outlets and domestic violence, even after controlling for various other individual, couple and community level factors [192-194].

- An analysis to determine whether the association was a function of alcohol availability versus co-occurring social disorganization and economic disadvantage found that the relationship with density persisted in multilevel modelling even after taking into account neighbourhood social disadvantage [193]. The study also suggested that the effect of outlet density was stronger for couples who reported binge drinking.
- A 2011 study confirmed that in Melbourne, Australia, the density of liquor licenses is positively associated with rates of domestic violence police calls over time. This longitudinal study indicated that the effects were particularly large for packaged liquor outlets, suggesting that these may contribute differentially to drinking in the home [195].
- An ecological study of the association between outlet density and IPV in Sacramento, California, found that each additional "off premise" alcohol outlet (a place where you can purchase alcohol but not drink on site) increased IPV-related calls to the police by 4% and increased IPV-related crime reports by 3%. In this study, bars and restaurants were not associated with either outcome [194].
- These longitudinal findings provide stronger evidence that the relationship between outlets and partner violence may be causal rather than related to other underlying factors not controlled for in cross-sectional studies. Similar multi-level longitudinal studies should be conducted in other jurisdictions, preferably using woman's reports of violence rather than just police calls.

These studies are consistent with many cross-sectional and longitudinal studies from the United States that have linked outlet density with other types of assault and violent crime [196-198].

### 4.2.3 Community interventions

- ***Only a handful of community-based programmes in developing countries have specifically aimed to reduce harmful alcohol use, but interest is growing to integrate alcohol reduction into HIV and sexual and reproductive health programming.***

Community-led movements to address harmful alcohol use have a long and storied history in places like India, where women have often spontaneously organized to try to stamp out illegal alcohol production and to regulate local liquor shops. Only more recently have those interested in reducing the harmful effects of alcohol use and HIV begun to consciously construct community-level interventions to catalyze change.

**RISHTA project**

RISHTA, which means *relationship* in Hindi and Urdu, began working explicitly to integrate programming related to harmful alcohol use into their ongoing work on men's sexual and reproductive health (see Box 4.1). The RISHTA project, which has been operating in various poor communities on the outskirts of Mumbai since 2001, is built upon an ecological model of HIV prevention, which recognizes that men's extramarital risk behaviour is an outcome of a range of factors including gender norms, marital relationships, sexual health concerns, social networks and self perceptions. Through a combination of improved services, community drama and group reflection, RISHTA seeks to affect a wide range of sexual health outcomes.

**Box 4.1 Multifaceted community-based interventions to reduce harmful alcohol use, RISHTA**

The original RISHTA project focused on men's sexual health concerns, but alcohol use emerged as an unanticipated theme when formative research highlighted the degree to which alcohol was associated with men's involvement in extramarital sex and marital conflict. The project includes sexual and reproductive health services for men and a host of community mobilisation efforts to encourage community dialogue, shift social norms, and encourage men to seek treatment and support for sexual health problems [3].

A key component, built off the findings of the formative research, was the use of street dramas and follow-up community meetings to collect reactions from men who attended and to identify their questions related to sexual health. A second meeting the following week provided opportunity to answer the questions and engage in further discussion. The participatory drama sessions were supplemented by videos, banners, posters and direct conversations. RISHTA staff regularly engaged men at tea stalls, bars and other community gathering places.

The project conducted a two-stage systematic random baseline survey of married men ages 21 to 40 in 2003 and a similar end line survey of 2,722 men in 2006. A subset of 403 men and their partners were followed prospectively over time. The survey assessed men's alcohol consumption, including the type, frequency and context of their drinking, as well as partner violence and a range of HIV-related risk indicators. The end line survey demonstrated that the intervention activities reached a substantial share of community members (56% reported seeing a street play) and that the most frequently identified theme was regarding the negative effects of alcohol.

In addition, the evaluation demonstrated:

- A significant drop in overall alcohol use in the study communities (there was no comparison community; however, there were no other programmes dealing with alcohol in these study areas during these 3 years).
- Men in the panel study who were drinkers at baseline but not at end line reported a reduction in risky activities with friends, more gender equitable attitudes and reduced extramarital sex, even after controlling for key determinants of sexual risk such as age, education and income.

  The men who reduced their alcohol intake were more likely to be older, less educated, living with their wives, more likely to perpetrate violence and to exhibit less gender equitable attitudes, and more likely to engage in extramarital sex and risky activities with their male friends. In other words, they were precisely the men that such an intervention would most want to influence [3].

**The Phuza Wize Campaign**

In March 2010, the Soul City Health and Development Institute (South Africa) launched a 5-year campaign to reduce alcohol-related violence by reducing alcohol use and creating safe drinking spaces and alcohol free zones. The campaign also works to ensure that South Africans understand the role of alcohol in new HIV infections. As the majority of perpetrators and victims of violence in South Africa are men, the campaign primarily targets young men aged 15 to 35. As part of the mass media component, the campaign has been incorporated into the existing Soul City television series, the Soul Buddyz series, and the Soul City radio series. It will also use community radio stations and newspapers, as well as materials such as booklets and fact sheets. A one campaign slogan is, "Beat booze, not your wife (see: www.phuzawize.org.za).

Phuza Wize also hopes to facilitate greater ownership of the alcohol environment by communities. The goal is for community members to become much more involved in making decisions around the terms on which alcohol is sold in their community. The hope is that communities can devise strategies to limit fallout—for example, not selling alcohol on the days that social grants are paid out, and reducing the hours or number of outlets from which alcohol can be sold. This is being supplemented by efforts to create a positive enabling environment at the government level—for example, imposing a 1% levy on profit from major alcohol manufacturers to support an Alcohol Health Promotion Foundation [199].

### 4.2.4 Treatment and self-help support for alcoholics

As noted previously, evidence from the industrial world suggests that treating already addicted alcoholics can help reduce future wife abuse. But quality programmes to treat substance abuse are exceedingly rare in the developing world. The few that exist tend to follow the Western model of inpatient detoxification at residential facilities, a costly model that is unlikely to become widely available in low-resource settings.

There are alternatives, however, that can and should be explored to assist individuals to stop or significantly reduce their consumption. These include the brief interventions review earlier as well as new lower-cost medical approaches to manage addiction. WHO, for example, is promoting a new package of care for alcohol abuse in low and middle-income countries that includes community-based treatment camps to help support alcoholics through detoxification and then various interventions to help maintain sobriety, including self-help support groups and use of drugs shown to help prevent relapse [200].

There is also much scope for expansion of programmes such as Alcoholics Anonymous (AA) and support programmes organized through religious organizations. In Latin America, the rise of evangelical Protestantism has had a significant effect on drinking in some settings, because Pentecostal churches often demand that converts give up alcohol. Elsewhere, Alcoholics Anonymous and Al-Anon provide a simple low-cost way for individuals with drinking problems and their family members to support each other. Alcoholics Anonymous works particularly well in cultures with strong religious traditions that appreciate ritual and find the spiritual dimensions of AA appealing.

Alcoholics Anonymous has transformed many lives and clearly "works" for many individuals. The evidence that AA works at a population level, however, is mixed. Observational studies from high-income countries have consistently found a strong dose-response relationship between AA meeting attendance and abstinence, but the handful of randomized trials that have been conducted have failed to find a significant difference in rates of abstention between individuals randomized to attend meetings versus those receiving either no treatment or some other form of support. Observational studies have been criticised because they do not account for the fact that people who choose to go to AA may differ from those who don't, and hence the studies may have a "selection bias". The results of randomized control trials for Alcoholics Anonymous, however, have also been questioned

because it is impossible to forbid people from attending a voluntary group, so there is likely substantial "overlap" between treatment conditions (i.e. people randomized to no treatment may nonetheless attend meetings). A recent study that used "propensity score matching" to compensate for possible selection bias confirmed the overall "robustness of AA effectiveness" because the rate of successful abstinence remained significantly higher even after adjusting for possible selection bias [201].

Given its low cost and considerable potential, it behoves violence prevention programmes to explore opportunities to catalyze the creation of AA or AA-like support groups for individuals with drinking problems. The creation of parallel Al-anon meetings for family members provides another ready platform for programmes seeking to help women organize around domestic violence.

# Chapter 5
# Violence and women's economic empowerment

## 5.1 What do we know about girls and women's economic empowerment and risk of IPV?

Economic empowerment has long been a mainstay of programmes to reduce gender disparities and improve the position of women and girls. As a recent view of empowerment strategies for adolescent girls observes, "If money is power, then potentially the most effective way to empower adolescent girls and women is to improve their economic earning potential."[202]

The logic of making economic strengthening a core strategy for women's empowerment is widely embraced. What is less clear, however, is how economic empowerment strategies affect a woman's risk of violence in either the short or the long term. Before exploring the empirical evidence available to address this question, we first examine how these two issues might be related according to feminist and economic theory.

- ***Different theories suggest different answers regarding how economic empowerment strategies might affect women's risk of physical and sexual abuse.***

**Feminist and sociological theory**

These offer two ways to understand how economic resources—in the form of assets, income and employment—might affect women's risk of violence. First, feminist theory and the theories of gender stratification, social exchange and marital dependency (from sociology) predict that as women gain access to jobs, education and other forms of social and economic power, they will gradually become less vulnerable to abuse, more valued in the household and more able to leave partnerships that put them at risk [203, 204]. This interpretation suggests that interventions that empower women economically should also help to reduce violence against them, at least in the long run.

However, sociological and feminist theories also predict violence against women might perversely increase in the short run when women individually or collectively start to challenge the reigning distribution of power in the household or in society [205]. Women who "go against the grain" by challenging male authority, accepting nontraditional jobs or breaking other social taboos may experience greater risk of violence until a new, more egalitarian gender regime consolidates. Violence may also increase when men are unable to fulfil their culturally prescribed role as economic provider. Many qualitative studies have documented the increased relationship tensions and violence that accompany the humiliation and frustration that men experience when gender roles are shifting and they lose the ability to provide economically for their families [206].

**Economic theory**

Feminist economists conceptualise the household as a site of "cooperative conflict." Men and women cooperate in joint projects such as child-rearing, and they "bargain" to pursue their own independent interests on behalf of themselves or, in the case of many women, on behalf of themselves and their children [207]. The relative power that a woman has vis-à-vis her husband is a function both of the resources she can control and of the gender ideologies, norms and stereotypes that either empower or constrain her ability to use these resources to advance her aspirations and well-being [208]. To the extent that social norms, for example, legitimise male control of assets, undervalue women or limit women's ability to engage economically, socially or politically outside of the home, these norms serve to reinforce the gender division of labour and male power [209]. Men

also retain the threat of violence as an additional "resource" they can deploy to strengthen their "bargaining position" in marriage [210].

A woman's power in the household also depends on the strength of her "fallback position." In other words, a woman's ability to bargain successfully for access and control of resources or to exert influence on the direction of joint family projects depends in part on the viability of her alternatives. Can she survive economically and socially outside of her relationship if she chooses to leave? Does society grant her the legal right to leave violent or otherwise unsuccessful relationships without sacrificing custody of her children or her claim to a share of family assets? Economists rather coldly label this as a woman's "threat point". To the extent that she can credibly threaten to leave, she strengthens her bargaining position in the household [210].

Applied to domestic violence, economic bargaining theory suggests that interventions to increase women's access to financial resources, skills or income should help reduce her risk of violence because they reinforce her bargaining position and strengthen her fallback position. Unlike traditional economic theory, which puts all its emphasis on control of resources, feminist economic theory argues that gender convention and social norms also shape the degree to which resources translate into bargaining power for women within relationships.

## 5.2 What does research suggest about how income or employment affects women's risk of violence?

- ***In cross-sectional studies, the effect of economic variables—including employment and access to independent income—is inconsistent with respect to women's risk of partner violence.***
    - A systematic review of 22 studies conducted in low- and middle-income countries between 1992 and 2005 found that women's access to cash employment was protective against violence in some studies and settings but increased women's risk of violence in others [211].
    - Research in rural and urban settings in India and Bangladesh, for example, has generally found that women's participation in employment, both before and after marriage, is associated with greater reporting of domestic violence [76, 212-215]. By contrast, a study in the southern state of Kerala found that women who had regular wage employment were less likely to be beaten than unemployed women [216].
    - A recent study of a national sample of over 30,000 women in Mexico suggests that the negative impact of employment on women's risk of violence may be an artefact of male control. Controlling men are more likely to actively prevent their partners from working as well as to harm them physically. In epidemiological terms, male control is said to confound the relationship between employment and partner violence. When researchers used statistical techniques that take into account the extent to which unmeasured and unobserved characteristics of the woman's partner simultaneously affect their likelihood of being employed and their risk of partner violence, they found that employed women had a *lower* risk of partner violence—the opposite of what was suggested by the simpler model [217].
- ***Few prospective or impact studies are available (in either high-income or developing countries) to help clarify how changing economic circumstances affects the risk of partner violence.***
    - The only prospective study available from the developing world on the impact of female and male employment status on partner violence is from a slum community in Bangalore. This study found that women who were unemployed at the outset and became employed during the study period faced 80% higher odds of violence than women whose employment status remained unchanged [218].

- Equally important to women's risk of violence in the Bangalore study was their husband's employment stability. Women whose husbands were gainfully employed at the beginning of the study and then lost their job or faced job-related difficulties were 1.7 times more likely to be physically abused during the study than women whose husbands' employment status remained stable [218].
- A recent controlled trial in rural Ethiopia demonstrated that women's risk of physical partner violence increased 13 percent and their risk of emotional partner violence increased 34 percent, after women became employed in the export flower industry (rates of partner violence were measured 5 to 7 months after employment started). Five flower farms that received far more applicants than they could accommodate agreed to randomly assign qualified applicants to either receive a job offer or not. In further analysis, the authors found limited support for theories that posit that violence is used as a tool to gain control over household resources. Rather, they conclude: "It appears emotionally costly to men when household roles deviate from those prescribed by gender norms, and that violence is seen as a way to restore a traditional order [303]."

➢ ***The effect of economic variables on women's risk of violence may depend in part on the relative economic position of her partner as well as cultural expectations regarding male and female gender roles.***

- A study from Canada found that the effect of employment on women's risk of violence is conditioned by the employment status of her partner. A woman's participation in the labour force lowers the risks of domestic violence when her male partner is also employed but substantially increases the risks of violence when he is not employed [205].
- In the WHO multi-country study, women who worked for cash when their partners did not were at increased risk of violence in 6 of 14 settings. Couples in which only the man worked appeared to be at slightly lower risk of partner violence than couples in which both partners worked in 8 of 14 sites (the finding reached statistical significance, however, in only 2 sites probably due to small sample size) [42].
- A study of partner violence in the United States found that when husbands held traditional gender ideologies, women who earned more than their partners were at increased risk of violence, whereas relative earnings had no effect on the likelihood of violence within couples where the man had more egalitarian gender expectations [219]. The authors suggest that when men accept an ideology that defines masculinity in terms of being the breadwinner, and their wives earn a significant portion of household income, violence might be used to compensate for the symbolic loss of male authority [219].
- Qualitative studies from a range of developing countries likewise suggest that when circumstances do not provide men with the expected opportunity to validate their masculine identity, violence may serve as an alternative way of doing so [206, 214, 220].
- Higher women's contribution to the household was associated with significantly higher past-year physical violence in one study in Bangladesh [221], but no significant association was found in two other Bangladeshi sites [222, 223] or with having ever experienced physical violence in the Philippines [224].

## 5.3 What is known about the impact of property ownership on women's risk of domestic violence?

Academics and "gender and development" practitioners have repeatedly emphasized how discriminatory inheritance laws, unequal access to land and unfair ownership regimes perpetuate women's subordinate status [225-227]. Increasing women's access to assets, therefore, is frequently proposed as a key strategy to empower women and potentially reduce their vulnerability to violence.

As argued in a report on property ownership by the International Center for Research on Women (ICRW), "Women's ownership of property extends their capabilities, expands their negotiating power, and enhances their ability to address vulnerability, therefore serving as a critical factor of social protection for them against domestic violence."[227] Moreover, unlike shock-specific safety nets (such as public employment schemes or disaster aid), getting long-term assets into women's hands potentially enhances their power and status in the family as well as influencing social and cultural norms around gender roles.

- ***Owning non-moveable assets such as land or a home appears protective against partner violence in some but not all studies. Owning a home appears to provide an escape route from violence for some women.***
  - A household survey in the Indian state of Kerala found that ownership of property had a strong deterrent effect on women's lifetime and current risk of experiencing physical or psychological violence by their partner, even after controlling for other well-known correlates of abuse (e.g. women's education, per capita income, level of social support, husband's alcohol use and childhood history of witnessing her father hit her mother). Physically abused women with property were far more likely to leave home than non-propertied women (70.6% vs. 19.1%) [216].
  - Owning property also served as a protective factor against dowry-related harassment in Kerala. Whereas a substantial proportion of all women faced dowry demands (both those with and without property), only 3% of the propertied women faced dowry-related beatings compared with 44% of women without property [216].
  - Similar studies in West Bengal India and Sri Lanka showed mixed results. Property ownership was a statistically significant protective factor against physical and sexual partner violence in multivariate analysis in West Bengal but was not associated with partner violence in Sri Lanka [220, 227].
- ***The effect of property on a women's risk of partner violence appears mediated by other critical factors that define the ultimate impact of property ownership on women's risk of violence.***
  - In-depth qualitative studies in the above three settings, together with additional quantitative analysis, suggest that the *interplay* of multiple factors, not merely whether or not she owns property, impacts a woman's situation and the overall association between property ownership and domestic violence. Several factors appeared to define the ultimate impact of property in these settings. These include, first, the nature of the property owned (i.e. land, house or both) and whether it came into her possession before, during or after marriage; second, a woman's access to and control over the property; third, the role of the property in making the household economically secure; fourth, the degree to which a woman receives support from her natal family; and finally, her partner's employment status and whether he has problems with alcohol.

- ***Research from Brazil and Peru likewise suggests that other factors interact to define how economic factors—such as owning assets or contributing to family income—affect a woman's risk of violence.***
    - A study analysing severe partner abuse in Brazil, for example, found that women who own assets in their own name—such as land, a house or a business—are twice as likely to experience severe, systematic violence as women who own no assets or women who own assets together with their husband or someone else. Owning assets independently may be a marker for greater independence or a willingness to go against dominant gender expectations. This relationship persists even after controlling for many other factors known to affect the rate of partner violence [46].
    - In Peru, owning assets (land, house or business) together with one's partner or someone else provides statistically significant protection against severe abuse in Lima and the province of Cuzco. The relationship is not significant if the woman owns assets independently [46].
    - Likewise, in both Brazil and Peru, if a woman contributes more financially than her partner to family income, she is at increased risk of severe partner violence. If she contributes less or the same, she is not at increased risk of abuse, adjusting for other individual, relationship and community-level factors [46].

## 5.4 What is known about the impacts of economic empowerment programmes on women's risk?

Women's economic empowerment has become a central feature of development programming aimed at equalizing power and opportunity between men and women. Empowerment programmes have included a range of strategies from financial literacy, vocational training and savings groups, to microfinance programmes, business development training and conditional cash transfers programmes. Of these, microfinance and cash transfers are the most widely deployed and studied interventions. We examine these two dominant strategies more closely below.

### 5.4.1 Microfinance programmes

Group-based lending has emerged globally as a popular antipoverty intervention. Microfinance programmes now have vast client-bases in Africa, South and Southeast Asia and Latin America.[228] The premise underlying such programmes is that access to small amounts of affordable credit can help families cope with events such as illness and weddings without going into debt and can help to unleash entrepreneurial talent and initiative among the poor [229].

Some microfinance programmes also provide training in basic numeracy and business skills. Others use group loan meetings to implement participatory empowerment exercises intended to expand women's aspirations and encourage collective action. These social objectives are in contrast to commercially oriented "minimalist" programmes that prioritize cost recovery, financial sustainability and repayment rates and view women more narrowly as banking clients [230].

A growing evaluation literature assesses the impact of microfinance programmes on individual and family well-being from both the economic and social perspectives. Evidence is fairly consistent that microfinance can help reduce household vulnerability by regularizing income flows and increasing the basic consumption of basic foods and services. Whether microfinance programmes also help poor people "grow" out of poverty and graduate to mainstream financial institutions is less clear [231, 232]. Moreover, research has underscored that merely providing resources to women does not mean they will control them, let alone be in a position to make decisions about their lives, relationships, security and sexuality [233].

Evidence on the impact of microfinance programmes on women's status and power within the household and wider community is also mixed [231]. Some evaluations have found that specific programmes have increased women's negotiating power in the family, expanded their social network and encouraged greater civic participation [234]. Others have found that programmes have had little impact on women's lives, noting that women have lacked meaningful control over microcredit loans [235].

### 5.4.2 Conditional cash transfer programmes

Cash transfer programmes seek to reduce poverty and achieve other development goals through the direct provision of grants to individuals or families—most often to the female head of the household. Often framed as part of a country's "social protection" net, these transfers have also been used to encourage pro-social behaviours such as keeping girls in school and encouraging childhood immunization. Transfer programmes are typically conditioned on compliance with behavioural objectives and are thus known as conditional cash transfers (CCTs). They aim to build human capital, enhance food security and interrupt the intergenerational transmission of poverty. Such programmes now operate in more than 40 developing countries [236].

The largest and now longest-standing CCT programmes began in Latin America in the late 1990s. Programmes such as Oportunidades in Mexico, Bolsa Familia in Brazil and Red de Proteccion Social in Nicaragua, pioneered with small cash grants to mothers in return for bringing children for regular health checks and attending workshops on health and nutrition. Robust evidence from several countries confirms that cash transfers generally do reduce child stunting, increase school enrolment, particularly for girls, and improve the uptake of preventive health services and health monitoring for pregnant women and children. However, transfers have had less success in actually improving health and educational outcomes, often because of limitations related to the quality of received services [237] [238].

## 5.5 What do we know about the impact of microfinance programmes on risk of partner violence?

The issue of whether microfinance programmes "empower women" is subject to considerable debate in the development and economics literature [231, 239]. There are only a limited number of studies available to assess this question (most of which are from Bangladesh), and even fewer that specifically address whether microfinance or credit programmes affect women's risk of partner violence (see Table5.1).

**Table 5.1 Summary of studies examining impact of microfinance programmes on partner vio**

| Study | Country | Microfinance programme | Sample | Methods/analysis | Findings |
|---|---|---|---|---|---|
| **Ahmed 2005**<br><br>[223] | Bangladesh | | | Logistic regression comparing:<br><br>Eligible non members of credit group<br>Active member of credit group<br>Skilled member of credit group | <br><br>1.0<br>1.47 (0.93-2.33) IPV past 4 months<br>0.64 (0.25-1.66) IPV past 4 months |
| **Bates, 2004**<br><br>[221] | Bangladesh | Not stated | 6 villages in 3 districts | In depth interviews with 76 women and community surveys of 1211 women<50. Logistic regression analysis | Member of credit group v. not: aOR 0.75 (95% CI: 0.56-1.00)<br><br>Contributes economically to HH: aOR 1.79 (1.26-2.54 |
| **Kabeer 2000**<br><br>[240] | Bangladesh | Small Enterprise Development Programme | | Interviews with loan recipients | Enhanced worth as economic actors |
| **Hashemi, 1996**<br><br>[241] | Bangladesh | Grameen & BRAC | Representative community survey of 1300 women & ethnographic research in 6 villages | | Loan holders had lower levels of IPV th control group (9-13% v. 21-27 %) |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Schuler 1996** [222] | Bangladesh | Grameen BRAC | Interviews, ethnographic research and multi-stage cluster survey conducted in 1994 | *Eligible women in non-credit village (ref)* Grameen member BRAC member Nonmember in village with credit group | Past Year IPV AOR (95% CI) 1.00 0.30 (0.18, 0.51) past year 0.44 (0.28, 0.70) past year 0.66 (0.45, 0.96) past year | Re-negotiation of gender roles can lead to initial escalation of violence before it goes down. Levels of violence were highest in village where it was most apparent that transformations in gender roles were underway. Bank staff are not prepared to deal with violence and avoid intervening. Did not control for self selection into MF. |
| **Sanyal, 2009** [229] | West Bengal | Sisterhood & Self Reliance | 390 women participating in small group loan programs | In depth interviews | One third of groups undertook collective actions against domestic violence, illegal alcohol trade, men's extramarital affairs, and underage marriage; research explicitly linked actions to group participation | |
| **Kim, 2009** [242] | South Africa | Small Enterprise Foundation | | Community Randomized Trial comparing MF + participatory gender training (IMAGE) to control; then randomly selected matched communities receiving MF only. | Microfinance alone had no effect on past year IPV compared to control; IMAGE reduced past year IPV by 51% | |
| **Koenig, 2003** [243] | | Any credit or savings program | | *Non-member of credit group (ref)* member of credit group<2 years Member of credit group>2 years | Past year IPV increases 26% for women in conservative village who has been a member of credit group for less than 2 years; membership has no effect on women in less conservative village | Every unit increase in the index of women's autonomy increases odds of violence by 60% in conservative village but decreases odds by 12% in less conservative village Does not control for self selection |
| **Naved & Persson, 2005** Naved, 2005 #96} | Bangladesh | Any credit or savings program | Population based survey of 2,702 women aged 15-49 & 28 in depth interviews | Multivariable analysis Member of credit group Non-member of credit group | AOR for participation in credit group is 1.83 for urban women and 1.08 for rural women | Does not control for self selection into MF. |

A number of methodological challenges complicate efforts to evaluate microfinance initiatives. First, microfinance programmes vary greatly in terms of their goals, philosophical orientation and implementing structure. Some programmes create loan groups that promote solidarity and provide a platform for collective action, whereas others focus on individuals; some provide only financial services whereas others integrate training, business development, health information and other empowerment components. These realities make it virtually impossible—as well as largely inappropriate—to attempt a blanket response to this query.

Most evaluations, with the exception of those that are randomized at either an individual or community level, are also subject to potential selection bias. Is there something about the women who sign up for loan programmes that makes them particularly likely to succeed? Perhaps women who participate in group lending programmes are more ambitious or empowered in the first place. Finally, notions of "empowerment" and control over decision-making are particularly difficult concepts to measure. Frequently, the studies best designed in terms of controlling bias are the least revealing in terms of empowerment processes or explanations of how and why the programme had the effect that it did.

The IMAGE study is an exception. IMAGE grafted a 10-session participatory training on understanding gender, HIV, domestic violence and sexuality onto an existing group lending and savings scheme implemented in South Africa's Limpopo province by the Small Enterprise Foundation (SEF), a development NGO that nurtures self-employment. Women participated in the one-hour learning and action training, known as Sisters for Life, when they attended fortnightly SEF loan meetings. Women deemed "natural leaders" by their peers were then elected by loan centres to receive additional training to help mobilise the wider community around issues of common concern [244].

➢ ***Research on IMAGE demonstrated that after two years the combined microcredit and empowerment initiative halved the rate of physical and sexual partner violence experienced among programme participants.***

Compared to women in the control group, partnered women in the IMAGE intervention group reported 55% less partner violence [A0R=0.45; 95% CI=0.23, 0.91] in the previous year and improvements on nine indicators of women's empowerment and several indicators of financial well-being, including:

- Increased autonomy in decision-making
- Greater self confidence and financial confidence
- More progressive attitudes toward gender norms
- Improved relationships with their partners
- Greater appreciation by their partners of their financial contribution to the household
- Greater participation in collective action

Qualitative data suggest that a variety of mechanisms combined to help reduce women's risk of violence. As the study authors note, the programme appeared "to enable women to challenge the acceptability of violence, expect and receive better treatment from partners, leave violent relationships, give material and moral support to those experiencing abuse, mobilise new and existing community groups, and raise public awareness about the need to address both gender-based violence and HIV infection"(p.5) [244].

➢ ***Further research suggests that the positive impact of IMAGE on empowerment and violence was more a function of the Sisters for Life training than of the microcredit programme per se.***

Follow-up research to the original IMAGE study attempted to tease out how much of the observed effect of the programme was due to the microfinance component and how much to the training programme. To do so, the IMAGE team compared data from villages participating in IMAGE with matched villages receiving only the SEF microfinance intervention and a control group. Researchers conducted a survey of SEF participants in villages that received only the microfinance component of the intervention 24 months after the intervention was introduced. Data were collected from all individuals who had joined the programme, including those who dropped out during the two years.

After two years, both the microfinance-only group and the IMAGE group showed economic improvements relative to the control group. However, only the IMAGE participants showed consistent gains across all measures of women's empowerment, partner violence and HIV-risk behaviour. The authors conclude, "The addition of a training component to group-based microfinance programmes may be critical for achieving broader health benefits (p.824) [242]".

An adapted version of the IMAGE study is currently being fielded in Tanzania. This 3 arm, community randomized trial will compare communities receiving the IMAGE intervention (microfinance and women's empowerment sessions); participatory gender training for women and their partners; and wait-list comparison communities.

- ***A second randomised experiment in Burundi of a village savings and loan association combined with discussion groups for couples, resulted in increased decision-making for women but no appreciable decrease in domestic violence.***

In contrast with the IMAGE programme, the project in Burundi did not focus on gender issues explicitly, because the implementers feared backlash in the home and community if women's empowerment were to be seen as the focus of the intervention. Instead the programme encouraged husbands and wives to discuss how household decisions are made and encouraged respect for women's contributions and opinions. The theory was that by improving women's authority over household decisions, the discussion groups would challenge the gender norms and thus violence would decline [245].

The experiment tested the impact of adding a discussion group onto a pre-existing village savings and loan scheme (where individuals self-selected into the scheme). The experiment randomised half of village savings and loan participants to attend a 6-session discussion group on household decision-making together with their partners. Half continued only with the savings scheme. Among the study's findings were the following:

- Overall, 26% more women attending discussion groups reported an increase in spending of their own earnings.
- There was no substantial change in decisions regarding how men's income was spent. However, women's decision-making authority over major household decisions increased by nearly 14%.
- The programme had a positive and statistically significant impact on the reduction of tolerance of violence in 2 of the 6 areas that were measured. The impact was stronger than the time trend observed in the control community.
- Focus group discussions suggested that violence was generally framed as "reasonable" (with just cause) or not, rather than present or not.
- There were only marginal and often insignificant changes in exposure of women to domestic violence in the treatment group.

When comparing IMAGE and the Burundi trials, the researchers involved in the Burundi study observed that targeted programmes tend to impact the areas at which they are targeted; thus the

IMAGE programme had more influence on gender norms and violence, while the Burundi programme had more influence on decision-making authority [245].

- ***Findings from other studies suggest that microfinance programmes may have either a positive or negative effect on women's risk of partner violence.***

As demonstrated in Table 5.1, the results of other studies are mixed. Some studies suggest declines in partner violence with membership in microfinance programmes and some document increases in domestic violence. The vast difference in the programmes and contexts makes it impossible to draw conclusions about the impact of microcredit schemes on risks of violence. Likewise, the vast majority of existing studies are cross sectional and come exclusively from Bangladesh.

- ***Some research suggests that violence may initially worsen for some women even in settings where the long-term impact is positive.***

The finding that violence may increase when women first get access to resources emerges in a range of studies [222, 235] [223, 246, 247]. Current thinking is that the same economic empowerment that may help protect women over the long term may put them at risk in the short term by dislocating reigning gender relations. The likelihood that a woman will suffer more harassment or abuse after taking a job or joining a credit group may be higher under certain circumstances. For example, when a woman is among the first of her peers to enter employment, her husband may feel especially pressured to challenge this assertion of independence.

The impact of microcredit programmes may also vary by how long the programme has been operating locally and by how long a woman has been engaged with the programme. Several cross-sectional studies have found that levels of violence decline over time. As Ahmed notes of a programme in Bangladesh:

> It may be that husbands become habituated to the economic role of women and that initial resentment gives way to acceptance, or even appreciation. The greater visibility of women in the public domain relating to participation in [microcredit] activities and changing familial and societal attitude vis à vis their activities may make it less possible for husbands to get away with abuse without incurring social scorn [223].

Similarly, Koenig found that the impact of participating in credit schemes was highly dependent on context. In more "culturally conservative" settings, higher levels of individual autonomy and short-term participation in a credit scheme were associated with an elevated risk of domestic violence. In less conservative settings, this was not the case. In fact, each unit increase in women's autonomy in the conservative village increased the odds of violence by 60%, but decreased the odds of violence by 12% in the less conservative village. As Koenig observes, "It is only after women's individual and collective empowerment and autonomy gain acceptance and become commonplace—a threshold that women [in the more conservative] village had not appeared to attain at the time of this study—that reductions in the risk of domestic violence are likely to be observed (p.285) [243]".

## 5.6 What do we know about the impact of cash transfer programmes on women's empowerment and risk of violence?

The impact of conditional cash transfers (CCTs) on women's empowerment is similarly a matter of some debate in the literature. Some argue that by transferring money to women, conditional cash transfers increase women's bargaining position in the family and hence their autonomy and power. Others question whether receiving stipends necessarily translates into increased power and control and whether resources alone can reasonably be extrapolated to "empowerment". Critics point out that conditionality means that women alone are responsible for these programmes and thus reinforces their traditional roles as caretakers and mothers [236]. It is the women, not men, who

must comply with programme requirements and travel to receive benefits, or be penalized if not. This has led some to question whether CCTs work for women—or whether it is the women who work for CCTs [248].

A recent ODI global review of social protection programmes found that only two (in Bangladesh and Mexico) included an explicit focus on women's empowerment. In other cases (Ethiopia, Ghana, India and Vietnam), the sole consideration of gender was the inclusion of women as a targeted group [249]. By contrast, Bangladesh's programme includes intensive income- generation training for women and makes an explicit effort to liaise with men to encourage their acceptance of women's participation.

Nonetheless, there is evidence of some programme's positive impact on women's economic opportunities and self esteem, even where they have not explicitly challenged power relations in the family. Brazil's Bolsa Familia, for example, had a major impact on women's labour market participation. The participation rate of women in beneficiary households is 16% greater than for women in similar non-participating households. The programme has also reduced the probability of employed women leaving their jobs by 8% [250]. By linking to services for pre-schools and day-care, encouraging girls to continue their education and otherwise easing the time burdens placed on women, the programme offers women more opportunity to seek and continue employment [251].

To date, only a handful of evaluations have examined the impact of conditional cash transfers on women's risk of partner violence. Economists have hypothesized that conditional cash transfers would reduce domestic violence by strengthening women's bargaining position in marriage. A number of studies have evaluated this hypothesis as it relates to the PROGRESO/Oportunidades programme in Mexico.

- Bobonis found that in the short term, women in beneficiary households were 33% less likely to suffer physical partner violence than non-beneficiary women, but were 60% more likely to receive threats of violence and to be victims of emotional abuse from their husbands [252].
- A qualitative study of the Mexican programme conducted by the International Food Policy Research Institute (IFPRI) found largely no impact on domestic abuse. A few women reported increased violence but these women were in violent relationships before entering the programme [253].
- Following up on his original study, Bobonis found that five to nine years after the start of the Oportunidades programme, physical and emotional abuse rates no longer differed significantly among beneficiary and non-beneficiary couples, suggesting no long-term benefits from the programme on women's risk of violence [254].

➢ ***Other studies suggest that the impact of the Mexican conditional cash transfer programme on domestic violence may depend on the characteristics of a woman's male partner.***

Mexico's Oportunidades programme, which dispenses cash providing that women attend health and nutrition classes, send their children to school and ensure they receive periodic health check-ups, was originally offered in a random set of villages. This has allowed researchers to study the impact of programme on a range of outcomes variables.

- The benefit package increased the average women's monthly income by US$20 (a 13-fold increase). Since the transfer is handed to women, women's share of household income increased from 3% to 38% and the share of the average husband decreased by 35 percentage points [255]. Gendered resource theory[14] suggests that this shift in income shares could lead

[14] Gendered resource theory predicts that the effect of resources on women's risk of violence depends on the gender-related beliefs of her male partner.

to an increase in violence against women, especially among men with more traditional gender attitudes [219].

- Alcohol abuse was 4.2 percentage points (or 15% lower) in treatment compared to control villages, implying that the Oportunidades programme reduced harmful alcohol use.
- The programme's effect on alcohol-induced violence[15] appeared to differ for different men depending on the amount of money their wives received and the men's level of education. Small transfers decreased violence by 37% for 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 transfer is large, it almost equalizes the income 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.
- The above interpretation is consistent with interviews conducted with groups of husbands in eligible villages prior to the initiation of the programme. This study suggested that significant income increases to women may threaten men's status as primary breadwinner, causing husbands with more traditional gender views to reassert control through violence [256].

➢ ***There is much untapped potential to integrate efforts to transform gender roles and reduce domestic violence into social protection programmes.***

According to the ODI's programme review, Peru's Juntos programme was the only social protection programme among those studied that demonstrated progress in changing gender relations—not because of the cash transfers per se, but because of how the transfers are linked to other programmes and services [249]. Juntos facilitators, for example, explicitly address domestic violence in meetings, particularly if men object to their wives' participation. One man interviewed as part of the ODI evaluation described how public discussion and fear of being confronted by facilitators emerged as a mechanism for social control of violence.

> Before it was different, there were no training sessions. We didn't know, so when we argued with our wives we even kicked them or punched them. But with Juntos they always tell us we must live in harmony. Before, women were not aware of their rights, even men weren't, which is why there was violence. . . Now it has diminished, we talk more. (Male FGD, Motoy, Peru) [249].

The Juntos programme also strengthens women's leadership and participation at the community level through the election of women as liaisons between the programme and its beneficiaries.

➢ ***Given the above findings, research must shift away from studying single-factor associations to identifying how different factors interact to influence whether economic change serves to increase, decrease or have no effect on women's risk of violence.***

Regardless of discipline, most theories suggest that increasing women's access to economic resources will increase their power in a relationship over time. But this may only be true under certain circumstances and at particular historical moments. It is highly possible that women gaining greater economic independence will have an entirely different meaning and impact in settings where women routinely go to work, own assets and share responsibility for maintaining the household compared to settings where rigid divisions of labour remain entrenched.

[15] The outcome variable alcohol-induced violence is based on data collected six months after the beginning of the programme. The question enquires who in the household drinks and if they become violently aggressive after they drink. Very few households reported multiple drinkers. About 15% of drinkers in control villages behave aggressively after drinking, primarily towards their wives, but also towards other relatives.

Research from high-income countries, for example, suggests that women's employment has little impact on the risk of violence except in relationships where the man is unemployed or holds highly traditional gender expectations. Perhaps the settings where women's employment is associated with higher risk of violence represent those where more men are unemployed or where most people still adhere to traditional gender norms.

The next generation of learning, therefore, will require more focused, mixed-methods studies that explore how factors combine to determine the short- and long-term impact of changing economic circumstances of women.

# Chapter 6
# Legal and justice system interventions

## 6.1 History of legal and justice system reform

Legal and justice system reform has been part of the larger feminist project of expanding women's access to justice, holding the state accountable for protecting women's human rights and ending the "culture of impunity" around gender-based violence. Implicit in the dominant feminist analysis is the principle that the state should treat violence in the private sphere as it does violence in the public sphere—that is, as a crime. To do less excuses domestic abuse, devalues women's lives and compromises justice.

Getting the police and justice system to respond "appropriately" (i.e. as is expected for other "crimes") is seen as serving four purposes:

- Arrest expands women's immediate safety by interrupting incidents of abuse.
- Prosecution communicates to the wider community that domestic abuse is unacceptable.
- Demanding enforcement holds the state accountable to their obligations under international law to recognize, promote and defend women's human rights.
- State sanctioning of partner violence helps to prevent recidivism and deter abuse.

The assumption underlying most feminist-informed programming is that the goal of intervention is to facilitate women's leave taking from abusive partnerships and to hold perpetrators accountable for their actions through legal proceedings, including incarceration.

The above analysis has led many women's organizations and donors to invest substantial time, energy and resources into reforming the justice system's response to physical and sexual violence. These efforts have accounted for a substantial share of total resources available for antiviolence programming.

The focus on legal and justice system reform has yielded many important successes over the past 15 years. Many Latin American countries, for example, have implemented a wide range of programmes, policies and laws to counter violence against women. Others have passed important legislative reforms related to rape and domestic violence. Many countries now have inter-institutional commissions that have designed national plans against domestic violence; they have developed policies and protocols to guide the response of the health and judicial sectors; and they have launched specialized services to deal with cases of violence, including special courts.

Several Asian countries have followed suit with a strong regional emphasis on criminalizing domestic violence, outlawing dowry, advancing new legal definitions of rape and challenging discriminatory aspects of family law. Efforts in Africa have been less justice-system-focused, though the continent is dotted with projects aimed at sensitizing the police and the judiciary.

More recently, some segments of the antiviolence movement and a variety of academics have questioned the centrality of the justice system as a primary means to enhance women's safety, reduce rates of abuse and ensure women's "access to justice" [257-261]. Exportation of the so-called "US model" of reform, which concentrates on criminalizing domestic violence and seeking accountability and jailing of perpetrators, is receiving particular scrutiny.

Even within the United States, disillusionment is growing with the results of strategies pursued over the past three decades. As criminal justice researcher Richard Peterson observes, “The [US] criminal justice system has generally [been] ineffective at deterring IPV recidivism [262]”. Writing in a special edition of the *Journal of Criminology and Public Policy* on evaluating justice system interventions for partner violence, he argues:

> It is time to correct the imbalance between the criminal justice response and other responses to IPV. We need more time, effort, and resources for programmes that empower battered women, promote informal social control, and, most importantly, prevent individuals from committing acts of IPV. To reduce IPV, we need to move beyond responding to victims toward investing more in the prevention of IPV from happening in the first place [262].

The growing unease with justice-led strategies evolves from three related concerns. First, there is compelling evidence from surveys and experience that many women simply do not *want* their abusive partners jailed; they typically prefer dispute resolution locally to the formal criminal justice system. Similarly, many women in low-income countries typically do not trust their justice systems, much less the police [263]. Second, formal evaluations of existing programmes have demonstrated that despite sustained effort, it is difficult to make these bureaucratic and often corrupt systems sensitive to the needs of abused women. Qualitative evaluations have illustrated that most systems mirror and reinforce the same victim-blaming biases prevailing in societies at large [263]. As a result, many women emerge feeling further battered by the very systems charged with protecting them. Finally, as Peterson argues above, evidence is equivocal at best that arrest and punishment deters perpetrators.

Clearly, efforts to transform aspects of criminal, civil and customary law that discriminate against women or fail to recognize their right to bodily integrity are vitally important. Any notion of a well-rounded strategy to protect women and girls must incorporate these elements. Similarly, women want and need access to services — including legal and justice services, especially when lives are in danger. Yet donors and implementing agencies must examine their investment strategies in light of several questions: What justice system interventions will most likely be effective in particular settings given current realities? Who is best positioned to implement such strategies? In what roles are NGOs and other civil society groups most effective in moving the agenda forward (e.g. providing police training, or advocating for the government to do so)? What can reasonably be achieved in, say, three, five or ten years? What is the most appropriate balance between investments in justice and police interventions, and other types of responses?

Our observation is that too many programmes have unrealistic expectations about the extent to which relatively small, short-term training interventions can change deeply dysfunctional systems whose staffs reflect not only vested interests but prevailing gender biases. Police and justice systems are routinely unable to deliver justice at all, much less sensitive treatment to rape and domestic violence victims. If women’s groups, donors and their antiviolence allies are not realistic in their expectations, they risk getting mired in an endless cycle of trainings, diverting scarce resources from other efforts with greater potential for impact.[16]

## 6.2 What do we know about the effectiveness of strategies to improve access to justice for victims of partner violence?

[16] This is especially true when one realizes that only a very small proportion of women ever seek the assistance of formal services, turning instead to family and community sources of support. In the WHO multi-country study, between 55% to 95% of physically abused women had never sought help from formal services or from individuals in authority (e.g. village or religious leaders). Only in the capitals of Brazil, Namibia and Peru did more than 15% of abused women report seeking help from the police.

Programming to improve women's access to justice has taken many forms, from projects to develop feminist jurisprudence and programmes to train police to court reform and mandatory perpetrator intervention programmes. In this section, we review evidence on the impact of various justice system efforts, including 1) Law reform; 2) civil law remedies such as protection orders; 3) police practice; 4) coordinated community response networks; and 5) informal justice and rights-based responses. We conclude with some observations on the recent rise in the "restorative justice movement" and other alternative forms of justice.

### 6.2.1 Law reform

As previously described, women's movements have been remarkably successful in transforming legal frameworks that apply to rape, domestic violence and sexual harassment [2, 263-267]. As of April 2011, 125 countries had passed legislation on domestic violence, including nearly all of Latin America and the Caribbean. Two-thirds of all countries have also taken steps to make workplaces and public places safer for women through laws prohibiting sexual harassment. By the end of 2011, 18 countries in Asia had passed specific domestic violence laws, up from zero of 37 countries in 1994 when Malaysia became the first to pass a domestic violence bill. Sub-Saharan Africa follows with 21 of 48 countries having enacted domestic violence bills as of 2010 [263].

These laws vary in breath and emphasis, but most focus explicitly on how the justice system and police should handle victims and perpetrators. Many have moved beyond criminalizing physical violence by husbands to include psychological, financial and sexual abuse by a wider range of perpetrators. A subset of countries, including many in Latin America, have used their domestic violence legislation to advance a broader reform agenda mandating expansion of government services, developing protocols and norms for the health sector, and requiring ministries to develop national action plans. Box 6.1, on the following page, summarizes of various elements related to domestic violence legislation and policy in seven Latin American countries.

Political scientists have studied this wave of reform. They attribute success largely to the combined activism of domestic women's movements and transnational feminist networks, which pressed for reform in the wake of the 1993 Vienna Human Rights Conference and the Beijing Women's Conference in 1995 [2, 264]. Especially helpful was the passage of the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and the regional antiviolence treaty known as the Convention Belem do Para.[17] These treaties allowed activists to pressure states to bring their domestic laws into compliance with international human rights norms [264, 265, 268]. The passage of CEDAW and the desire of states to qualify for EU membership also created top down and bottom up pressure for reform in Europe, which went from having only a handful of laws addressing domestic violence prior to 2000, to having 43 states with specific legislation by the end of the decade [263, 268]. In a modelling exercise to analyze political, social and economic factors related to the passage of domestic violence legislation, political scientists Laurel Weldon and Mata Htun found the strength of a country's autonomous women's movement to be the single best predictor of success in legislative reform [264].

Recent laws have experimented with a number of potentially innovative mechanisms to enhance women's access to justice [6]. Specialized domestic violence courts were introduced in Brazil, Nepal, Spain, the United Kingdom, several American (US) states, Uruguay and Venezuela [263]. India has introduced "protection officers" at the district level who serve as intermediaries between victims, social services and the courts [269]. In countries that revised their civil codes, some have also

[17] Formally known as the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, this treaty was adopted by the Organization of American States (OAS) in 1994 and ratified in the region by 29 countries.

introduced new family courts to help administer the reforms. Morocco, for example, created family sections in2004 within its 68 district courts, each with a female social worker to help administer the new family code passed in 2004 [263]. Some settings have even introduced mobile van courts to try to make justice more accessible to rural women and women living in conflict situations [270].

**Box 6.1 Examples of government actions outlined in law or policy in seven Latin American countries**

**Prevention**

- Prevention activities in schools, communities and hospitals
- Creating special funds for community initiatives
- Permanent training programmes for government agencies
- Designing and implementing protocols for attention to and prevention of domestic violence
- Publishing educational materials on domestic violence
- Designing manuals of procedures for police and justice administration

**Treatment**

Providing services in areas such as health, police, justice administration, social services, shelters, employment and housing

**Intersectoral cooperation / collaboration**

- Creating intersectoral networks and commissions to design national policies
- Monitoring and evaluation activities
- Performance research in areas such as epidemiology, surveillance, national statistics on domestic violence and database creation
- Creating national registration systems

**Awareness raising**

- Training and sensitization of institutions and personnel (e.g. security, judiciary and health)
- Community awareness (e.g. media campaigns, memorials, creating a 'Violence against Women Year')
- Public announcements and action plans
- Press conferences

**Institutional capacity building**

- Inter-institutional agreements on services, training and special activities
- Declarations of special dates to raise awareness of violence against women
- Promoting research in universities and research institutions

*Source.* Luciano, Esim et al. 2003 [271]

➢ ***There are still no studies directly assessing the impact of legal reforms on overall rates of partner violence, arrest, prosecution or conviction.***

We were unable to locate any quantitative studies from low- and middle-income countries that attempt to estimate the potential deterrent effect of the law on perpetrator recidivism or on the level of partner violence in the overall population. A number of NGOs and civil society coalitions, however, have begun issuing monitoring reports to assess how well their governments are meeting their obligations under respective domestic violence laws. Evaluation reports by the Lawyers Collective in India well illustrate this type of accountability mechanism. Each year the collective examines a different aspect of the domestic violence law that took effect in India in 2005 [269], highlighting issues in need of attention. A similar project in Latin America analyzed government expenditures with respect to activities mandated in various violence against women laws. As of 2003, none of seven countries had earmarked specific budgetary appropriations to implement their laws. Most activities were funded through international donors, discretionary funding or user fees.

The project recommended that NGOs lobby for a specific budgetary line in ministerial budgets for implementation of the law and that donors and technical agencies help build capacity among stakeholders who lobbied for the law's passage, to audit and track budget allocations [271].

Most monitoring reports have emphasized the difficulty of translating legal reforms into concrete changes in justice system practice [263]. Reviews cite discriminatory attitudes toward female victims, failure to adequately fund or publicize the law, lack of training of key functionaries and lack of capacity or corruption in the system [272].

Box 6.2 highlights challenges that Indian women still face when negotiating the justice system even after significant legal reform has been achieved. Nevertheless, case studies of past law reform efforts routinely highlight the strategic value of the reform process itself. Campaigns to pass domestic violence legislation provide an important platform for public discussion and have served to strengthen networks among civil society groups, government officials and parliamentarians [273].

Some qualitative data support the view that legislation that outlaws domestic violence, even without full enforcement, sends an important message about the non-acceptability of the behaviour (especially if complementary efforts also publicize the law). Migrant workers in the United States, for example, have been quoted saying that they must watch themselves when across the border because it is illegal to beat your wife in the United States. Even if a system is limited in its ability to protect specific victims or to hold violent men accountable, the fact of a law may help to redefine the boundaries of acceptable behaviour.

### 6.2.2 Civil law remedies

Civil law remedies such as protection orders (also known as restraining orders) are injunctions issued under civil law that are designed to provide immediate relief to women threatened by violence. As a civil rather than criminal law remedy, protection orders offer women several advantages, including a lower standard of proof. Also, because women must petition to initiate the process, they (rather than the police or justice system) keep the decision of whether to seek redress in their hands. Depending on the authorizing legislation, protection orders can be crafted to the specific situation, including barring perpetrators from the home, establishing temporary custody arrangements for children, and confiscating weapons. If a man violates a protection order, he can be arrested or held in contempt.

Some countries and jurisdictions grant administrative bodies the power to issue temporary protection orders before matters reaches the court. In the Philippines, for example, barangay (community) officials in Panang have the power to grant "barangay protection orders". These remain in effect for 15 days, providing escape or travel time if women need to seek a court order. Likewise, the Indonesia law grants police the right to issue temporary restraining orders directly [269].

- ***Research from the United States suggests that protective orders do reduce repeat violence for some victims some of the time.***

Rates of re-abuse vary widely. Studies suggest that between 23% to 70% of women victims report repeat incidents of violence despite the issuance of a civil protection order [274-277]. In a 2002 review of 32 studies, Spitzberg estimates that on average about 40% of protective orders are violated [278]. A more recent study that followed 698 women in multiple jurisdictions found that 60% experienced violations within 12 months of the order. The majority of these women – even those who experienced a violation – reported feeling "safer" with the order, with three-fourths saying that the order was either "extremely" (51%) or "fairly" (27%) effective at addressing the abuse.

Several studies suggest that men who stalk their partners are at higher risk of re-offending than other men. Women who remain in a relationship with their partner during the period of the order are also re-assaulted more often than women who leave the relationship [277]. Because these studies lacked control groups of women without restraining orders, it is impossible to tease out fully what proportion of the observed effect may have been due to factors other than the order (for example, particular characteristics of these women or their partners).

- ***No evaluations are available from low-income countries that assess whether and to what extent protection orders help reduce women's risk of future violence.***

Evaluations are urgently needed on the effectiveness of protection orders in non-Western countries, where the symbolic meaning of "official orders" may be entirely different than in high-income settings. Also, there is considerable evidence from high-income countries that a substantial percentage of men who are prosecuted or subject to protection orders are "all-around repeat offenders", meaning that they are generally antisocial and have multiple arrests for non-domestic crimes as well. Another set are repeat domestic violence offenders. Studies have shown that justice system interventions and mandated treatment programmes tend to be less effective at influencing the behaviour of chronic offenders [279]. It is not clear that this pattern would be duplicated in low-income settings where a large share of domestic abuse is driven by normative gender inequality and implicitly accepted behaviour that is not otherwise illegal or socially stigmatized. It is essential that researchers begin to understand more about the characteristics and motivations of men in developing countries who have orders issued against them and the nature of sanctioned/unsanctioned violence both within and outside the home.

### 6.2.3 Police practice

Efforts to make the police more responsive to victim needs have traditionally followed victim support services as the most common form of intervention against domestic violence. What has been learned about the effectiveness of these kinds of interventions?

**Police training**

- ***The effectiveness of programmes to train the police is highly dependent on the status and perceived legitimacy of trainers – in other words, the degree to which senior police officials accept the training and endorse new behaviour.***

Around the world, many NGOs have become involved in police training related to child rights, violence against women, trafficking and street children. Too often these have limited effect because they are indifferently supported, "one-off" efforts that cannot be sustained. Likewise, the advocates who become involved in these trainings rarely understand the inside workings of police culture, thus they are more likely to be temporarily tolerated and indulged rather than treated as legitimate agents of long-term change.

Programmes of this sort are most likely to be successful when participation and the use of new protocols is mandated and supported from the top, and when training sessions are taught (or co-taught) by fellow law enforcement personnel. Especially in developing countries, police staff tend to rotate positions and offices frequently, so training and retraining become on-going tasks. The most successful programmes are those that integrate new material and norms into all facets of police training, including at the police academy, in-service trainings and refresher courses.

Box 6.3 summarizes findings from a research project on what has worked in low-income countries for training police on child rights and the handling of street children. These lessons run strongly parallel to experiences with police training around partner violence [280].

**Box 6.3 Evaluation lessons from police training programmes on child rights and street children**

In 2004-05, the Consortium for Street Children conducted an evaluation of training programmes on child rights for police in developing countries. Sources included a desk review, an international questionnaire circulated to 67 countries and participatory evaluations of police trainings in Ethiopia and Bangladesh. The following lessons have now been incorporated into a manual for groups considering police training programmes.

- Ownership of training within the police at a senior level and within particular stations is absolutely essential and cannot be stated enough.
- It is essential for police to train police – not only because of their practical experience (including understanding of practical difficulties from the police point of view) but also because training by peers gains more respect and will be taken more seriously.
- A combination of police with NGO, social welfare and child rights trainers is ideal, as these complement each others' knowledge and skills.
- Train the decision-makers as well as police on the beat.
- Do not underestimate the respect for hierarchy within the police service. If possible, get a very senior police officer to briefly endorse the training—either in writing, which can read out at the beginning of the training and/or included in handouts for the participants, or invite him/her to attend the opening session and say a few words in support of the training. If possible, issue certificates to participants at the end of training which have been officially stamped by someone in authority.
- Widespread, consistent, long-term and sustainable change will only be possible when child rights and child protection is formally recognised and included in official curricula, manuals and collaborative agreements.

**Proactive arrest policies**

➢ ***Arrest may have a modest effect on recidivism for some men, especially first-time domestic violence offenders with no other history of criminal conduct.***

Advocates in high-income countries learned early on the limitations of training for reforming police behaviour. So in the late 1980s, they turned to mandatory or pro-arrest laws in an effort to boost arrest rates of domestic violence perpetrators.

Support for arrest as a means of reducing domestic violence was reinforced in 1984 by a research experiment in Minneapolis (Minnesota) that suggested that arrest for misdemeanour domestic assault halved the risk of future assaults over six months, compared with the strategies of separating couples or advising them to seek help [281]. These results were widely publicized and led to a dramatic shift in police policies toward domestic violence in the United States.

Efforts to duplicate the Minneapolis findings in five other areas of the United States, however, failed to confirm the deterrent value of arrest. New studies found that, on average, arrest was no more effective in reducing violence than other police responses such as issuing warnings or citations, providing counselling to the couples or separating them [282, 283].

Detailed analysis of these studies produced other interesting findings. When the perpetrator of the violence was married, employed or both, arrest reduced repeat assaults; but for unemployed and unattached men, arrest actually led to increased abuse in some cities. The impact of arrest also varied by community. Men living in communities with low unemployment were deterred by arrest regardless of their individual employment status. Suspects living in areas of high unemployment, however, were more violent following an arrest than they were after simply receiving a warning [284]. Researchers theorized that arrest might only deter individuals who have "a stake in conformity [285, 286]". Researchers documented a similar interaction between the effectiveness of sanctions and the men's social position among men prosecuted for domestic violence [287] and ordered by the court to attend treatment programmes [288].

In 2001, researchers attempted to clarify mixed findings on arrest by pooling data across all of the replication sites, using consistent definitions of eligible cases and a consistent set of outcome measures of reoffending. In this reanalysis, arrest appeared to reduce the likelihood of reoffending by roughly 30% when measured by victim reports[18] and by a far smaller (and non-statistically significant) amount when measured by official police records.

Regardless of whether they were arrested, more than half of the men did not re-assault their partner during the follow-up period. A minority of men, however, continued to commit violence against their partner whether they were arrested or not. A history of arrests for other crimes was a strong predictor of re-offending, with a very small subset of men committing a highly disproportionate share of abuse. A mere 8% of women accounted for more than 82% of the 9,000 separate incidents of domestic violence that were recorded over 6 months [289].

**Women's police stations**

Women's police stations are specialized services to facilitate women's access to justice when faced with physical or sexual violence. In most countries, special units are set up within the overall structure of the police force. In some settings, such as Ecuador, they are administrative units of the justice system itself. The first women's police station opened in Sao Paulo, Brazil, in 1985. The idea spread quickly in Latin America and some parts of Asia. Brazil alone had 475 specialized police units for women by 2010 [290].

- ***Studies show that women's experience with women's police stations has been mixed.***

Special police units are among the most popular government responses to domestic violence. The presence of such units has helped raise awareness of gender violence in the public eye. However, women frequently arrive at women's police stations seeking immediate shelter, guidance, support and legal advice. The stations to which they arrive are seldom set up to handle these needs. Frequently, women are required to register complaints as a mandatory step in obtaining a protection order. They are not necessarily seeking to have their partner arrested or sent to jail; and one way or another, they generally must return home.

Women's police stations serve as an official point of entry into the justice system. The stations receive complaints, open and investigate cases, refer women to other institutions in order to complete investigations (for example, a medical-legal report); and transfer completed case files to relevant agencies such as the prosecutor's office. In Brazil and Nicaragua, procedures for requesting

[18] "Offenses" were defined as threatened or actual assaults to the woman or her property, as reported by the woman in an interview.

a protection order can also be initiated at the women's police station, though the case itself must be sent to the corresponding court.

On the other hand, women typically arrive at the stations as a last resort when violence has worsened and they have exhausted all options for informal support from family and friends. They seek protection, information and leverage to make their partners change. Many see the stations as a way to make a "public denunciation", though not necessarily a formal prosecution. This "disconnect" frequently leads to tensions with the female police staff, who become frustrated when abused women do not carry forward following their initial complaint.

A book-length evaluation of women's police stations in Brazil, Ecuador, Nicaragua and Peru highlights the divergence between the formal responsibilities of the units and often-expressed women's needs [290]. In all four of the evaluation sites, researchers found that the kinds of legal and psychosocial support that many women wanted were actually available; however, the abused women were generally not aware of them, and the women's police station seldom made the referrals [290]. While the functioning of these stations appears to have improved considerably since their earliest days, but the evaluation notes that training for staff is still largely inadequate or altogether absent in Latin America. Services are similarly not in place to help the women police staff to deal with the frustration and stress of this difficult job. The report sums it up well in observing:

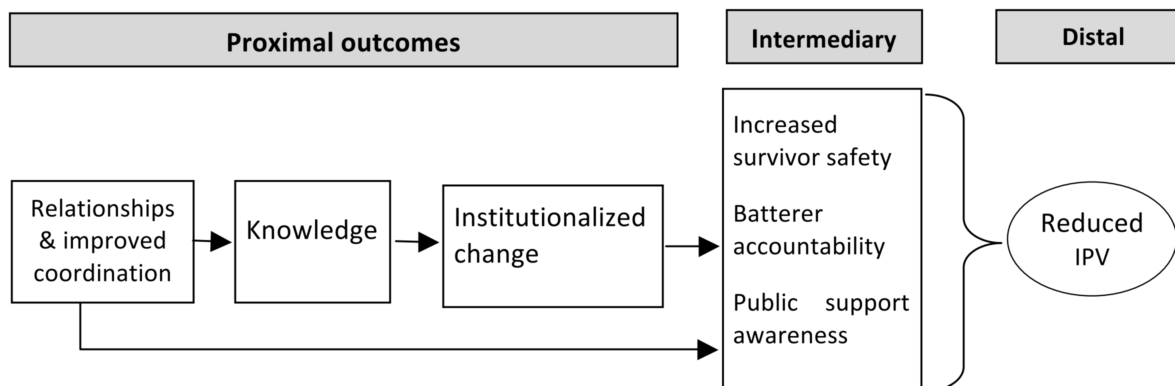
> Women's police stations have contributed to making the problem of violence against women visible as a public, collective, and punishable matter; furthermore they offer women new opportunities to defend their rights, but they do not necessarily contribute to eliminating or reducing violence, or guaranteeing access to justice for women (p. 70) [290].

### 6.2.4 Coordinated community response

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 [291, 292].

- ***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 [291] 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 [291, 293].

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 [293].

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 [294]. 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 [294]".

### 6.2.5 Informal justice and rights-based responses

An increasing number of communities are exploring non-formal ways to sanction male behaviour and to empower women by educating them about their rights.

In Nepal, for example, UNICEF (with DFID support) is working to scale up the operation of Paralegal Committees (PLCs)—groups of trained local women who provide frontline support for victims, educate them about the law and their rights, and challenge the culture of silence about emotional and physical abuse of both women and children [295]. Similar efforts are underway globally under the rubric of "human rights education" (see http://www.hrea.org/ —the Human Rights Education Network).

Elsewhere, communities have explored techniques such as public shaming, picketing an abuser's home or workplace and requiring community service as a punishment for abusive behaviour [168]. Activists in India frequently stage *dharna,* a form of public shaming and protest, in front of the homes of abusive men [1].

Another area of active experimentation is the "restorative" or "alternative" justice movement. This evolves from more traditional community-based systems of conflict management that seek, where possible and appropriate, less adversarial approaches to resolving disputes. In regard to partner violence, the movement also responds to the reality that many women prefer forms of "justice" such as public acknowledgement of wrongdoing, restitution or changes in behaviour, rather than punishment or jail for the offender.

Victim-led mediation and other restorative justice approaches have been applied to domestic violence in Canada, New Zealand and Australia [296], Europe [297], as well as India and Africa [298]. Feminist organizations and some academics have been wary of these alternatives, citing the power imbalances between women and men and concerns that such mechanisms might easily prioritize family unity over women's access to justice [299]. However, early qualitative evaluations of such

interventions suggest that such problems can be minimized with proper oversight and training of facilitators. A recent evaluation of South Africa's victim-offender mediation programme found "a high level of satisfaction with the process among the female victims of domestic violence".

> For most of the women, it [restorative justice] afforded a unique opportunity to make their voices heard, to tell their story, and to insist on changes in their partners' behaviour… Of those who had been assaulted or physically abused by their partner, all reported that there had been no further assaults since the mediation. It was also reported that the offender was no longer abusing the child of the relationship [295].

# Chapter 7
# Improving the violence evidence base

## 7.1 Generating better data on programme impact

This review has documented the field's general lack of rigorous data available to guide programming. Although there has been increasing effort to document impact, the skills, funding and expertise available to those attempting this work has seldom been sufficient to generate clear and compelling evidence. The studies that do exist frequently suffer from methodological limitations that earn them a ranking of poor or fair against the quality factors normally used to evaluate strength of evidence. This reflects both the newness of this field of investigation and the fact that many of the groups pursuing cutting-edge programming are not evaluation experts or researchers. At the same time, it is important to put the current state of evidence in perspective. The field of gender violence has a long and well-synthesized history of experiential knowledge that forms an important foundation for future evaluation work. Also, the field is poised for substantial progress if given sufficient support to take evaluation efforts to the next level. With this in mind we offer the following recommendations for strengthening the evidence based on programme impact.

- ***Greater effort should be made to expand the evidence based on programme effectiveness in low and middle income countries.***

The existing evidence base is highly screwed toward research from high-income countries, especially the United States. This is especially true with respect to programmes specifically aimed at preventing and responding to partner violence and sexual assault. The most developed evidence base from low income settings is on programmes designed to discourage female genital cutting. This same level of effort must be extended to programmes aimed at preventing and responding to other forms of abuse, including sexual coercion, rape, honour killings, family violence, child sexual abuse and other forms of child maltreatment.

- ***Especially lacking are studies that address the specific context of fragile states.***

Almost no research is available evaluating the impact of state fragility on gender-based violence. To what extent does conflict or state fragility affect the overall level and types of violence experienced by women and girls? Do different forms of fragility (e.g. corruption, lack of legitimacy, authoritarianism) affect the levels of violence differently, or do they imply the need for different types of response?

- ***Researchers should prioritize establishing the added value (in terms of violence reduction) of macro level policies aimed at improving women's status or reducing inequalities between women and men.***

A fundamental premise of most antiviolence programmes is that gender-based violence is a manifestation of unequal power between men and women. The corollary is that policies and programmes that improve the status of women, facilitate their participation at all levels of development, and promote equality between the sexes will reduce violence against women. This is compelling and reasonable theory, but we have only limited empirical data to support it. Much could be done to establish an evidence base for how different macro-level factors (such as women's entry into the labour force, strength of a region's autonomous women's movement, women's increasing participation in public life, the reform of discriminatory family laws, female completion rates for secondary school) influences the distribution of violence across settings and over time. Which of

these factors appear to have the greatest influence on levels of gender-based violence and the emergence of more gender equitable norms? Such research could potentially strengthen the case that macro-level policies and laws that empower women would help reduce overall levels of partner violence (and likely other forms of gender-based violence as well).

## 7.2 Specific recommendations for research sponsors

- ***Sponsors should tailor their expectations regarding programme evaluation to the size of the project and the technical expertise of the implementing agency.***

Experts interviewed for this report noted increasing pressure from donors to prove that their interventions are "effective," and that they work to reduce violence. They recommended that rather than ratchet up expectations for evidence of impact across the board, donors should selectively invest in key "proof of concept" studies that evaluate promising interventions or programmes, drawing in the expertise of research organizations. While all programmes should be held to certain quality standards — including programme monitoring — many projects are ill suited to short term evaluation. In other cases, the sponsoring organization is not well positioned to generate compelling data on impact.

- ***Research sponsors should consider supporting consortiums of researchers and antiviolence practitioners to study the relative effectiveness of different strategies, using common methodologies and measures.***

There often appears to be too much experimentation – and too little — to generate reliable insights on what works 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.

A series of "learning laboratory" sites are needed. Researchers and practitioners could work together in these sites. Over time, they could design and assess a series of programmatic variations on strategies to influence the effectiveness of alternative approaches to addressing violence.

Such an initiative would be especially helpful in helping to refine strategies for changing gender-based norms and beliefs. Strategies could be implemented in communities with similar background conditions, cultural histories and economic realities. What would vary would be a range of program design features. These could include the underlying theory upon which the program is based, the mix of methods employed, the initial focus of the program (e.g. norms around discipline, gender roles in the family, masculinity norms), the intensity of programming, and other key variations. To test the generalizability of findings, similar learning labs would be linked across three or more country contexts. All groups would interact through a network. They would develop and refine common measures so that results could be compared across settings.

- ***Researchers and programmes should spend more time and resources up front optimizing interventions before they are subjected to rigorous evaluation.***

formative research, pilot materials, assess whether people have understood programme messages, and provide real-time feedback on how well the programmes are doing. As a result, there are often small tweaks that can and should be made prior to embarking on a major impact evaluations. Building in a 6-9 month planning process for evaluation studies would allow staff to optimize both the intervention and the evaluation design. This represents good social science as well as greater fairness to the programs that are being evaluated. Large sums of money should not be invested in order to detect non-representative "failures" that do not reflect fairly on the quality of the concept under implementation that needs to be understood.

- ***DFID and other donors should consider sponsoring a series of post-doctoral fellowships as well as PhD studentships to pair full-time researchers with cutting-edge programs working in gender-based violence.***

The field of violence prevention is still in its infancy and programmes should be encouraged to experiment and learn as they go along. Given this, there is need to support innovation and to capture and synthesize experiential learning — both to generate insights for the wider field and to help programmes refine their strategies and make mid-course corrections in real time.

The above initiative would create a cadre of "embedded researchers" who, like embedded journalists during wartime, would become schooled on the realities of violence and would lend their time and energy to help programmes hone their strategies and evaluate their efforts. Such an initiative would also help create a new generation of researchers positioned to strengthen the future evidence base.

## 7.3 Improving our understanding of the causes of partner violence

As described in Chapter 1, the field now agrees that no one factor "causes" violence, but we need greater clarity about how factors interact in different settings to increase the risk of violence. Likewise, as demonstrated in the ecological model, many factors are associated with violence, but not all of these are necessarily "contributing causes". Recall that two variables can be associated (i.e. they move together in tandem, either up or down), but that does not mean they explain the phenomenon. Sorting out which factors from the ecological model are on the causal pathway to violent behaviour from those that are not is key to improving the future evidence base. It is also key to designing and implementing better programmes.

- ***Future research should focus on teasing out causal pathways using prospective cohort studies.***

Almost all information available on partner violence in low-income setting comes from cross-sectional studies that provide a "snapshot" of violence at just one moment in time. Such studies do not permit researchers to tease out the temporal ordering of events – for example, does heavy drinking by women increase their risk of being beaten by their partners, or are women beaten by their partners more likely to drink as a means to cope with the abuse that they suffer? Alternatively, is the woman's drinking irrelevant to whether she gets beaten or not? That is, could the association be caused by some third factor -- for example, women who drink are more likely to have partners who drink, and it is the man's drinking that really matters? Sorting out complex relationships such as these requires collecting information from individuals and couples at multiple points in time.

Investigators should consider mounting a handful of longer-term studies to track young women and men from adolescence through the early years of marriage and parenting. An even more ambitious project would be to mount a long-term longitudinal study that follows children (and their parents/caretakers) from early childhood through to their early adulthood and marriage/partnering. It is this type of "developmental" cohort study that has yielded such invaluable information in high income countries on how violent behaviour develops over time. Such studies collect data on a range of topics related to child development, parenting, the impact of early adversity and abuse, peer influences during adolescence, violent and anti-social behaviour in adolescence, and relationship dynamics and power, including partner violence. Most existing longitudinal studies in high income studies have been designed mostly to study delinquency or child development, examining partner violence largely as an afterthought. Designing a study from scratch that seeks to understand the relative contributions of behavioural modelling, childhood exposure to violence, gender socialization, masculine identity issues, peer influence and the like on the risk of later partner violence, would be an extraordinary contribution to the larger field of violence prevention.

There is also much untapped potential for collaboration with research groups that are otherwise planning to conduct multiple survey rounds or to follow individuals over time as part of studies on related topics. Where it is not feasible to launch independent studies, investigators should partner with each other so that questions on violence and violence-related risk factors are integrated into questionnaires that may have been designed for other purposes.

- ***Catalyze greater cross fertilization among different communities that currently work in silos***

One of the greatest challenges to developing and evaluating programmes that are effective at reducing partner violence is the lack of cross fertilization between key communities, including domestic violence researchers and practitioners; academics working from different disciplinary perspectives; and individuals working on other forms of violence as different as child maltreatment, partner violence, youth violence and delinquency, and harmful traditional practices such as female genital cutting. Much could be learned by catalyzing exchanges among these diverse though related research communities.

Especially productive would be exchange between academics with deep knowledge of social norm theory, diffusion theory and other theories of social change, and those who are working to design and implement programs on the front lines. The rewards of greater exchange between academic change-theorists and practitioners have been well demonstrated through successes in campaigns to end female genital cutting. As real-world programs incorporated insights from social norm theory, their interventions became more effective. Similarly, field-based knowledge and expertise can help test and refine existing theories. Exchanges of this sort could be fostered through a series of meetings linked to refining specific project proposals, or through an ongoing network that seeks to rethink from the bottom up today's approaches on promoting gender-equitable, less-violent relationships.

## 7.4 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 we 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.

# Appendixes

## A. Literature reviews consulted

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Alessandra Guedes, Senior Advisor for Gender Violence, PAHO

Claudia Garcia Moreno, Department of Reproductive Health and Research, WHO

Rachel Jewkes, Gender and Health Research Unit, Medical Research Council, South Africa

Dipak Naker, Expert on violence against children, Uganda

Sonali Khan, Country Director, Breakthrough, India

Lori Michau, Director, Raising Voices, Uganda

Shireen Jeejebhoy, Senior Associate, Population Council India

Dean Peacock, President, Sonke Gender Justice, and co-chair MenEngage

UN Violence Against Women Trust Fund

Monique Widyono, USAID Gender Violence Advisor

Judith Bruce, Senior Associate Poverty, Gender and Youth Program, Population Council

Veronica Magar, consultant, formerly head of gender violence programming for CARE in Asia

Jennifer Chase, Gender Based Violence Team Leader, Sudan, UNFPA

Michaela Raab, consultant on gender based violence, Berlin

DFID Nepal, Gender Director

## C. Interventions to change norms that are currently being evaluated

Several programmes targeting gender norms and violence are currently being evaluated. These may yield additional evidence to guide programming. The programmes are at different stages of implementation and evaluation, but all hold promise for generating new knowledge on transforming gender relations.

**RHANI Wives**

Implemented by a collaboration of US academics, Indian NGOs, and the Indian government, the RHANI Wives programme is an adaptation of a US HIV intervention, HIV-IP, a group intervention that documented significant HIV risk reduction among low-income urban Hispanic-American women in steady relationships.{Raj, 2002 #380} Similar to HIV-IP, RHANI Wives focuses on gender empowerment (including economic empowerment), HIV/STI risk reduction, and healthy relationships and relationship communication. It is being adapted to the Indian context on the basis of formative research and local input and developed as a 6-week multilevel intervention which includes:

- Four individual sessions for wives focused on individual risk in the marital relationship and family, gendered counselling and problem solving to reduce this risk, and support for local linkage to care to address issues of marital violence, husband's alcohol use and HIV/STI;
- Two group sessions to build social support among local women contending with facing similar marital risks (i.e. HIV/STI, husband's alcohol use, IPV) and to build skills both in marital communication and for accessing local support services;
- Linkage to local bank services for 6 weeks of financial education and, for those who meet the criteria, microfinance opportunities.

Currently, the RHANI Wives intervention is being tested via a cluster randomized controlled trial with 300 women recruited from the Bhandup area of Mumbai, India. Clusters (n=12) chosen for this study are those with close proximity to red-light areas (i.e. sex-worker venues) and those that have high STI/HIV rates but no HIV programme for at-risk wives. Intervention participants will be compared with control participants via survey assessments at baseline, post-test (6 weeks post baseline), and 3-month follow-up (4.5 months post-baseline), as well as STI tests at baseline and 3-month follow-up. The evaluation is designed to assess intervention impact on sexual communication in marriage, intimate partner violence and perceptions of safety within the relationship, marital condom use, and incident STI.

**SASA! Project / Raising Voices (Uganda)**

SASA! is a community-mobilisation project designed to transform gender relations and power dynamics as a way to address the dual epidemics of HIV and violence against women.

Implemented by the women's NGO, Raising Voices, SASA! works simultaneously across multiple levels of influence and incorporates the "stages of change" model scaled up to the level of the community. Rather than focusing on individual level change, SASA! encourages participants and communities to reflect on gender and power through exploring different dimensions of power. SASA!, which means "now" in Kiswahili, is also an acronym that stands for:

***S****tart* – begin by cultivating knowledge and awareness of the idea of "power *within*"; This corresponds to the "pre-contemplation" phase of the stages of change before a person or community has come to recognise that there may be a problem with the current situation.

***A****wareness* – relates to the "contemplation" stage of change; it extends knowledge and works to transform attitudes by critically evaluating how men's "power over" women and the community's silence about it drives VAW and HIV risk;

***S****upport* – is the stage of "preparing for action"; it encourages community members to join their "power *with*" others by reaching out to women affected by VAW and HIV, women and men trying to balance power in their relationships, and activists speaking out against VAW;

***A****ction* – focuses on the "action" and the "maintenance" stage; it focuses on the on the "power *to"* take action against violence and enact new policies and practices to sustain positive change.

Activities reach out in the community—to women, men, cultural and religious leaders, local officials, police, health-care providers—to bring about changes in social norms through local activism, media, use of communication materials and training, and advocacy. All phases support NGOs to assess progress and evaluate impact in longer-term prevention with simple programme monitoring tools.

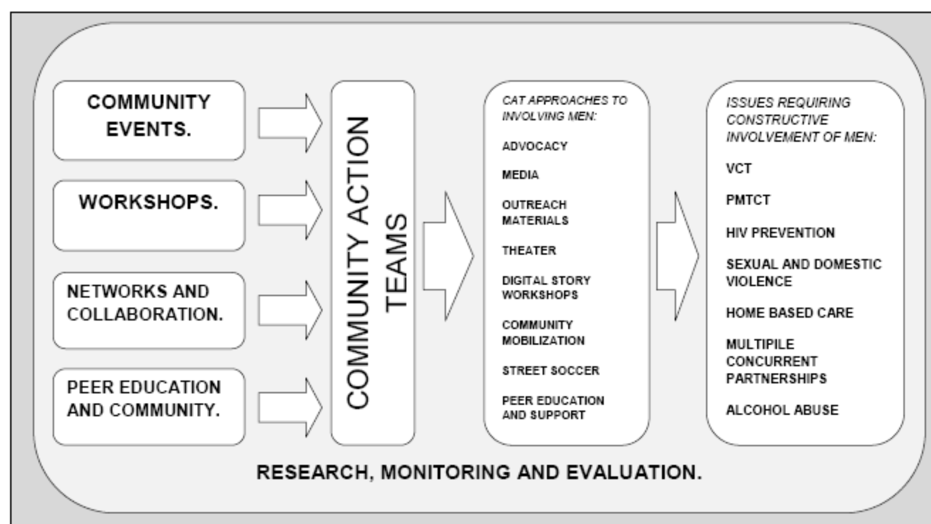
SASA! is currently being evaluated by the London School of Hygiene and Tropical Medicine using a community randomized trial, with four intervention and four control communities. The primary outcome to be assessed will be experience in the past year of physical and/or sexual violence by an intimate partner among ever-partnered women. Results are expected in 2012.

**One Man Can campaign, Sonke Gender Justice (South Africa)**

One Man Can (OMC) goes beyond a reliance on small groups to promote change both at the individual community level through a coordinated programme of social mobilisation. The OMC campaign's major goal is to support men to advocate for gender equality, including taking active stands against domestic and sexual violence and promoting and sustaining change in their personal

lives to protect themselves and their partners from HIV/AIDS. Figure A.1 graphically depicts the overall programme design of the One Man Can campaign strategy.

**Figure A.1 Programme structure —One Man Can campaign**




Programme staff provide sequenced training over twelve months to representatives from carefully selected civil society groups on the implementation of the One Man Can campaign leading to the formation of community action teams that carry out a range of activities to engage men in gender transformation. These men engage with key community leaders, including local government, religious and traditional leaders. The programme uses media including digital stories, photovoice, cell phones, community radio and print media; community-awareness events ranging from street soccer to murals; and strategic advocacy and activism to hold public officials accountable. All activities are participatory and encourage men to both reflect on their own experiences and take action in their lives and communities. Typical OMC workshops take place over 4 to 5 days.

**AIDS prevention focused on the choice-disabled: a randomized controlled trial in southern Africa**

CIET, a global network of epidemiologist who empower communities to conduct research, is conducting a randomised controlled trial to evaluate the impact of focusing local AIDS prevention on the "choice-disabled" (i.e. those with fewest options), especially victims of gender violence, in Botswana, Namibia and Swaziland. The idea is that reducing gender-based violence and openly questioning the culture of gender violence will reduce HIV transmission directly and indirectly. The study allocated 79 nationally representative clusters in Botswana, Namibia and Swaziland to test three interventions, alone and in combination:

1. Promotion of partnerships in existing local AIDS prevention activities (health centres, schools, religious leaders, youth groups) in favour of the choice-disabled (those with the least options), looking to increase their relevance without additional investment.

2. Sexual violence education through schools, youth groups, granny groups, church groups and local radio, geared to generate solutions to reduce sexual violence from within each community. This second intervention makes use of an updated version of CIET's Beyond Victims and Villains educational series.

3. Empowerment of the choice-disabled through a structural intervention that increases resources and problem solving of young women aged 15-24 years.

All clusters (100-120 households) will continue existing AIDS prevention programmes and all will have the same measurement activities. The main outcome measure is HIV infection (in the 15 to 29 year age group). The study will also measure protective knowledge, attitudes, subjective norms (the relative weight people give to the norms of those close to them), intention to change, agency (can people act as they would wish to?), discussion of prevention within people's social networks, and practices related to sexual violence. Likely side effects of the intervention include reduced criminal delinquency and IPV. All effects will be measured in the trial's fourth year.

The trial is funded by Canada's International Development Research Centre (IDRC) and is registered as ISRCTN28557578 http://www.controlled-trials.com/ISRCTN28557578

Andersson N, Cockcroft A. Choice disability and HIV status: evidence from a cross-sectional study in Botswana, Namibia and Swaziland. *AIDS and Behaviour* 2011 DOI 10.1007/s10461-011-9912-3

**Rebuilding from resilience: a community-owned randomised controlled trial run by Aboriginal women's shelters in Canada**

This randomized controlled cluster trial of community-led prevention of family violence in Aboriginal communities uses a stepped wedge design. The partner shelters are in Aboriginal communities across Canada, on and off reserve. The steering committee of 12 shelter directors guides the project and ensures cultural safety. Shelters randomized themselves for two waves of intervention, half the shelters receiving the resources for the first wave. A baseline study on IPV and prevailing attitudes towards gender violence provided evidence for action planning and then implementation interventions designed in each community. These included school-based programmes, cultural initiatives, structural interventions and edutainment programs focussed on different subgroups – designed and implemented in the individual community.

A repeat survey after two years (2012) will measure the difference between first wave and second wave, after which the resources will shift to the second wave. The main outcome is domestic violence. Secondary outcomes include partial outcomes in a modified model of planned behaviour change, summarised in the acronym CASCADA: conscious knowledge, attitudes, positive deviation from negative subjective norm, intention to change, agency to change, discussion /socialisation, and action. To date, two Aboriginal gender violence researchers have completed their doctoral studies in the project.

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## About STRIVE

A six-year research consortium, STRIVE generates rigorous evidence on the social and economic forces that create vulnerability to HIV and hinder the effectiveness of well-proven forms of prevention and treatment.

Despite substantial progress, thirty years into the epidemic, the number of people newly HIV-infected continues to outstrip the number entering treatment. Although the importance of addressing the structural drivers of HIV is increasingly recognised, there is limited evidence on how best to intervene.

STRIVE research focuses on these key upstream determinants:

- gender inequality and violence,
- poor livelihood options,
- alcohol availability and drinking norms, and
- stigma and criminalisation.

The consortium seeks to understand how these forces drive the epidemic; what programmes are effective in tackling them; how such interventions can, affordably, be taken to scale; and how best to translate this research into policy and practice. Underpinning STRIVE's work are methodological rigour and innovation, with a commitment to supporting collaborative, multi-disciplinary research to inform change.

Led from the London School of Hygiene & Tropical Medicine, STRIVE is a collaboration between six partners: the International Center for Research on Women (Asia Regional Office, India and Washington, DC, USA), the Karnataka Health Promotion Trust (Bangalore, India), Tanzania's National Institute for Medical Research and the Mwanza Intervention Trials Unit (Mwanza, Tanzania), and the Wits Reproductive Health and HIV Institute (Johannesburg, South Africa).

STRIVE affiliates include the HIV/AIDS Group of the United Nations Development Programme (New York, USA), the Millenium Villages Project (80 villages in 10 African countries, led from The Earth Institute, Columbia University, New York); IMAGE (Intervention with Micro-finance for Aids and Gender Equity, Limpopo, South Africa); and The Soul City Institute for Health & Development Communication (South Africa).

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