



**CO-DEVELOPMENT OF ONLINE VIOLENCE AGAINST WOMEN AND GIRLS  
PREVENTION INTERVENTIONS WITH SCHOOL-GOING ADOLESCENTS**

**JANE NDUNGU**

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**CO-DEVELOPMENT OF ONLINE VIOLENCE AGAINST WOMEN AND GIRLS  
PREVENTION INTERVENTIONS WITH SCHOOL-GOING ADOLESCENTS**

By

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## Declaration

I, Jane Ndungu, s212367005, hereby declare that the thesis for Doctor of Philosophy in Psychology is my own work and that it has not previously been submitted for assessment or completion of any postgraduate qualification to another University or for another qualification.

JN

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Jane Ndungu

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### **List of Abbreviations**

6SQuID	6 Essential Steps for Quality Intervention Development
HICS	High Income Countries
IPV	Intimate Sexual Violence
LMICS	Low- and Middle-Income Countries
NPSV	Non-Partner Sexual Violence
PEP	Post-Exposure Prophylaxis
PTSD	Posttraumatic Stress Disorder
SDG	Sustainable Developmental Goals
STI	Sexually Transmitted Infections
SSA	Sub-Saharan Africa
TDV	Teen Dating Violence
VAWG	Violence Against Women and Girls
WHO	The World Health Organisation

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*Thank you, God, for everything that I am, and everything that I am not. For everything that you have given me, for everything that you didn’t allow and for everything that you have delayed. For in your perfect timing, it all*

*Becomes.*

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## Summary

**Background:** Violence against women and girls (VAWG) amongst adolescents remains a global public health problem. Globally, an estimated 24 per cent of girls aged 15-19 are reported to have experienced VAWG before the age of 20. Experience of VAWG has far reaching health and educational consequences. Thus, the prevention of VAWG needs to be a priority. In recent years, there has been an increase in web-based or online violence prevention interventions. However, these interventions are either secondary prevention interventions, or primary prevention interventions, focused on emergency or protective solutions. Current evidence indicates that group-based participatory violence prevention interventions are an important approach to the primary prevention of VAWG but there remains a gap in understanding if these interventions can be delivered online. Further, it remains unclear if co-development of group-based participatory violence prevention interventions with young people – which has been proposed to enhance contextualisation of interventions – can occur online.

**Goal and specific objectives:** This study aimed to explore and understand the feasibility of co-developing an online group-based participatory VAWG prevention intervention for adolescents. The specific objectives of this study were (i) from the perspective of experts understand the feasibility, acceptability and challenges of a group-based participatory VAWG prevention intervention developed and delivered online, (ii) from the perspective of adolescents, understand the feasibility, acceptability and challenges of a group-based participatory VAWG prevention intervention developed and delivered online and (iii) Undertake an online co-development process of an online group-based participatory VAWG prevention intervention with adolescents.

**Methods:** This qualitative study was conducted in Gqeberha (formerly known as Port Elizabeth), in the Nelson Mandela Bay municipality, Eastern Cape Province of South Africa. The study was guided by the intervention development framework: 6 Essential Steps for Quality Intervention Development (6SQuID). Data were collected online using in-depth semi-structured interviews, with 20 experts sampled through convenience and snowball strategies and 18 purposively sampled adolescents, to achieve objectives one and two. This was then followed by a co-development process with high school-going adolescents (ages 18-19 years) to achieve objective three. In the co-development process, the candidate worked with a small group of adolescents (four adolescents) for five sessions online, over a period of two weeks. In these sessions, the co-development team engaged in discussions on sexual violence, which resulted in creation of a problem tree and populated a theory of change table. Data were transcribed in English, verbatim and analysed using thematic network analyses.

**Findings:** Findings for the first objective about understanding *from the perspective of experts the feasibility, acceptability and challenges of a group-based participatory VAWG prevention intervention developed and delivered online*, showed experts identified several opportunities for these. Specifically, experts identified the potential of bringing these interventions to scale, which has been a challenge for in-person interventions, as well as accessing hard to reach groups, such as people in conflict settings, those on the move and people with limited mobility. However, experts felt there were many complex questions in the development of an online VAWG prevention intervention that needed resolving. Some of the challenges raised by experts included concerns of achieving privacy, trust, and safety online, which are central to achieving transformative communication. Experts also struggled to grapple with how a sense of community could be achieved online. There were also concerns amongst experts about material challenges such as access to devices, access to data and poor connectivity.



Interestingly, younger experts were more open to online participatory interventions than the more experienced experts.

Findings for objective two “*from the perspective of adolescents, understand the feasibility, acceptability and challenges of a group-based participatory VAWG prevention intervention developed and delivered online*”, young people reported they were keen and open to the idea of online group-based participatory VAWG prevention interventions. They discussed how they enjoyed engaging in online groups and often experienced a sense of belonging in these groups. Yet, like the experts, school-going adolescents were concerned about safety, privacy, and trust in online groups. These concerns shaped adolescents’ willingness to disclose sensitive information online and ability to engage in open dialogue. Concern over privacy, trust and safety online also influenced adolescents’ choices over which apps to engage with, and with whom. Young people were active in thinking through and addressing how they dealt with safety, privacy and trust issues online.

The third objective was “*to undertake an online co-development process of an online group-based participatory VAWG prevention intervention with adolescents*”, which was done over two weeks. A range of positive outcomes were identified. Firstly, young people enjoyed the level of autonomy and their depth of involvement in the process. They had come into the process anticipating being lectured to and were pleasantly surprised to find that their role was central, and they would drive the process. Secondly, adolescents were eager to be involved and appreciated being ‘heard’. This allowed for a more extensive exploration of their understanding on the topic, and development of the intervention activities that emerged. Thirdly, young people found it easy to build rapport online, both amongst each other, and with the facilitator, which made communication in the group easier. Importantly, this group of adolescents had their own laptops, or cell phones to use, and the project provided data for the young people to participate. However, there were also challenges to the process of co-

development. The central challenge was that young people and facilitator often slipped into a form of teacher-learner communication, driven by their prior histories of didactic education, which led the adolescents to ‘fearing’ to give ‘wrong’ responses. The facilitator also struggled on how to maintain adolescents’ autonomy of thought, while also incorporating ‘scientific evidence’ in the emerging intervention activities. Furthermore, the more talkative school-going adolescents took the centre stage in the discussions, with the quieter ones remaining quiet.

**Conclusions:** The findings of this study showed that the feasibility of taking group-based participatory interventions online are possible, but this is shaped by a complex set of factors, that impact on the possibilities for transformative communication, and on the creation of safe social spaces – such as trust, privacy, safety. The central question is whether the theoretical constructs of transformative communication and safe social spaces are achievable online. A significant step in moving towards enabling transformative communication online will be addressing the issues of privacy, safety and trust. Careful training of facilitators around skills to facilitate group-based participatory VAWG prevention interventions online is also recommended. The complexities of delivering online participatory interventions require careful consideration, and this needs to be developed and thought about in conjunction with school-going adolescents (the target group), to ensure that interventions resonate with their needs and requirements. Future directions in this research field are provided.

Key Words: Adolescents; Co-development; Prevention; Transformative communication; VAWG

This PhD thesis is dedicated to my grandfather Wang'ombe,  
who nudged me to ask; *to remain curious*.

## Chapter 1

### Introduction

Violence against women and girls (VAWG) is a global public health concern, with 26% of ever partnered women aged 15 and older, and 6% of women aged 15 and older, having experienced intimate partner violence (IPV) and non-partner sexual violence (NPSV), respectively, in their lifetime (World Health Organisation, 2021). Emerging evidence shows that VAWG is highly prevalent amongst adolescents and young people (Stark et al., 2021; Stöckl et al., 2014), and has far reaching health impacts for those who experience it. Specifically, consequences of VAWG include increased risk for poor mental health (Devries et al., 2013; Karsberg & Elklit, 2012; Potter et al., 2021), increased likelihood of substance (mis)use (Devries et al., 2014; Ramsoomar et al., 2021; Ullman & Sigurvinsdottir, 2015), and poor sexual reproductive health outcomes (Gámez et al., 2009; Krolikowski & Koyfman, 2012; Reed et al., 2014). Further, amongst adolescents, experience of VAWG has negative impacts on educational attainments (Bhana, 2013; Burton & Leoschut, 2013). Consequently, efforts to eliminate VAWG forms one of the United Nations' Sustainable Development Goals (SDG 5.2).

Interventions to prevent VAWG amongst adolescents are common (De Koker et al., 2014; Hosek & Pettifor, 2019; Mathews et al., 2016; McNaughton Reyes et al., 2021), with the majority being delivered face-to-face. Evidence also suggests that group-based participatory interventions are an important approach to the primary prevention of VAWG (Jewkes et al., 2020; Kerr-Wilson et al., 2020). But there remain concerns about developing and delivering participatory violence prevention interventions online (Dartnall & Jewkes, 2013).

There is growing recognition that for participatory violence prevention interventions to be effective in preventing VAWG, participatory small group discussions are crucial (Jewkes et

al., 2021; Kerr-Wilson et al., 2020). These small group discussions create the opportunity for transformative communication (Campbell & Macphail, 2002), which is crucial for the emergence of behaviour change. Transformative communication involves open dialogue and discussion; reflection and critical thinking; and practicing of new behaviours. There is evidence to suggest that successful transformative communication can only occur in safe social spaces (Vaughan, 2013). However, these safe social spaces are supported or undermined by wider social contexts (Campbell & Cornish, 2012; Gibbs et al., 2015a). Thus, participatory violence prevention interventions rely on three things: transformative communication, safe social spaces, and supportive social contexts. It is not yet clear how these key components of participatory interventions can be achieved online.

In the last decade there has been a proliferation of web-based or online VAWG prevention interventions. These online VAWG prevention interventions have been in the form of apps (Glass et al., 2015; Wirtz et al., 2013), social media messages, such as on Instagram (Carlyle et al., 2019; Kim et al., 2021), and websites (Salazar et al., 2014).

The increased interest in delivery of VAWG prevention interventions online has been driven by the opportunities online spaces provide for bringing interventions to scale, and the flexibility, and convenience that online interventions provide (Bailey et al., 2015; Murray et al., 2016; Tarzia et al., 2017). Moreover, the online space is seen as a means to reach young people as they are often interacting online (Masanet & Buckingham, 2015; Pang, 2018; Xie & Kang, 2015).

Evidence on the opportunities and challenges of online interventions to prevent VAWG has been primarily limited to apps and mainly focused on emergency or protective solutions (Eisenhut et al., 2020; Maxwell et al., 2019). A recent review of online interventions found that online VAWG interventions have mainly focused on supporting women experiencing

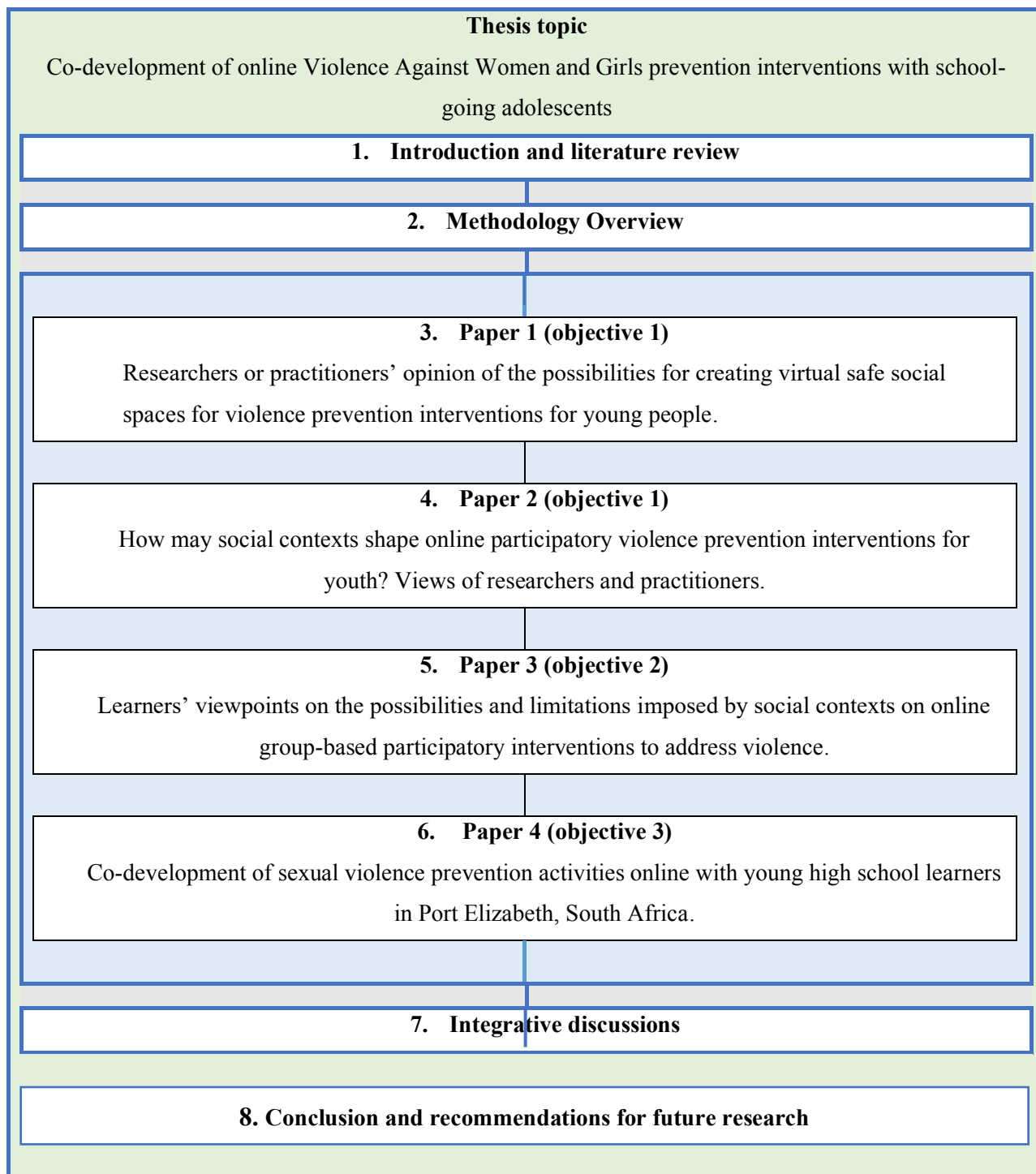
VAWG to leave an abusive relationship (secondary prevention), as opposed to the primary prevention of VAWG (Rempel et al., 2019).

There remains a dearth of evidence on online interventions aimed at primary prevention of VAWG, such as participatory interventions (Hall et al., 2014). Primary prevention focuses on addressing the root causes of VAWG perpetration and/or experience (Loots et al., 2011) to deter initial occurrence. Current online primary prevention approaches are educational (Salazar et al., 2014) and while important, they are quite different to the approaches that current evidence suggests supports the emergence of behaviour change - group-based participatory interventions (Jewkes et al., 2020; Kerr-Wilson et al., 2020).

Another significant shift in intervention development preventing VAWG has been the inclusion of beneficiaries of interventions in their intervention design, implementation, and evaluation – often referred to as co-development (Brooks et al., 2021; Heaton et al., 2016; Ortiz, 2003). Co-development refers to a collaborative process between intervention developers and beneficiaries, in which the two groups work together to co-develop an intervention (Gagliardi et al., 2016; Majid et al., 2018). An argument has been made that without such a collaborative process in intervention design, interventions might fail to achieve their outcomes (Mannell et al., 2019). However, there remains a gap in understanding how co-development processes of participatory interventions can occur online, and the associated strengths and limitations of such a process.

Thus, this study had multiple foci. First, the study explored the potential opportunities and challenges of online participatory VAWG primary prevention interventions, and secondly attempted to co-develop participatory intervention components with adolescents online. The study used qualitative methods and was guided by steps one to four in quality programme development (6SQuID) (Wight et al., 2015). This framework provides clear steps for the co-development of interventions that fit within the delivery context (Wight et al.,

2015), and places importance on both modifiable and contextual factors (Card et al., 2011). It also allows for engagement of the community in the co-development of the intervention, which was the intention of this study.

**Figure 1.1***Thesis structure*

The thesis is presented in eight chapters as illustrated in Figure 1.1. The background literature is presented in Chapter 1, followed by an overview of the methodology in Chapter



2. The findings of this study are then presented in article form in chapters 3, 4, 5 and 6. In Chapter 7, an integrative discussion is presented, and this thesis is concluded in Chapter 8, providing future research needs. Each chapter has been presented with its own reference list, to make it easier for the reader to refer to cited literature.

### **Overview of Violence Against Women and Girls**

This study utilises the United Nation's definition of violence against women and girls:

*“any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Violence against women and girls encompasses, but is not limited to, physical, sexual and psychological violence occurring in the family or within the general community, and perpetrated or condoned by the State”* (UN Women, n.d).

### ***Types of Violence Against Women and Girls***

There are different types of VAWG, and these occur in different contexts and by different perpetrators. This study focused on the two most common forms of VAWG experienced by women globally: IPV and NPSV (World Health Organisation, 2021). Forced sex occurring within an intimate relationship is referred to as IPV, and among young people it is also sometimes referred to as teen dating violence (TDV). When rape/sexual assault and other forms of sexual coercion are perpetrated by someone other than an intimate partner, this is referred to as NPSV. Figure 1.2 presents some forms of VAWG and their working definitions to provide an understanding of VAWG sexual violence in the context of this study.

**Figure 1.2***Definitions of Different Types of VAWG****Intimate partner violence (IPV)***

A behaviour within an intimate relationship that causes sexual harm to those in the relationship. These include forced intercourse and other forms of sexual coercion, controlling behaviours (e.g. isolating someone from their family and friends, monitoring their movements, and restricting their access to information or assistance) (Krug et al., 2002).

***Teen dating violence (TDV)***

A behaviour amongst teenagers that occurs within an intimate relationship and includes physical violence (e.g. hitting, pushing, kicking or using any type of physical force), sexual violence (e.g. sexual coercion, sexting someone without their consent or sharing someone's sexual pictures without their consent), psychological aggression (use of verbal and non-verbal communication with the intent to harm a partner mentally or emotionally and/or exert control over a partner) or stalking (a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim) (Prevention, 2021).

***Non-partner sexual violence (NPSV)***

A behaviour that causes sexual harm outside of an intimate relationship. This harm is caused by someone that is not intimately involved with the aggressed. Examples include religious leaders, relatives, strangers, teachers or any other acquaintance (Abrahams et al., 2014). The acts of harm forced intercourse, other forms of sexual coercion, controlling behaviours (e.g. isolating someone from their family and friends, monitoring their movements, and restricting their access to information or assistance) and harm caused to sex workers by clients.

Violence against adolescents is common (Stark et al., 2021; Ward et al., 2018), and includes TDV or IPV from people they are in intimate relationships with, as well as NPSV (Prevention, 2021; Prinsloo, 2006). Evidence suggests that adolescents experience NPSV and TDV/IPV in a variety of settings, including at school, or on their way to or from school (Burton & Leoschut, 2013; Moosa, 2010), and at home or in other spaces. In schools, violence against adolescents is perpetrated mostly by school-going adolescents, and to a lesser extent by teachers and school staff members (Burton & Leoschut, 2013), while outside of school, it is perpetrated by people in the community, including family members (Ward et al., 2018) and intimate partners.

### ***Prevalence of Violence Against Women and Girls***

The World Health Organisation (WHO) reported that as of 2018, in its seven regions, 26% of ever partnered women, aged 15 and older, had experienced IPV in their lifetime, while 10% had experienced IPV in the past 12 months (World Health Organisation, 2021). Moreover, 27% and 13% of ever partnered women aged 15-49 had experienced IPV in their lifetime and in the past 12-months, respectively (Sardinha et al., 2022; World Health Organisation, 2021). Analysis by age showed 24% and 16%, lifetime and past 12-month prevalence of IPV, respectively, amongst women aged 15 - 19 years (Sardinha et al., 2022; World Health Organisation, 2021).

Analysis of ever-partnered women, aged 15-49, by region showed that Africa and South-East Asia had the highest burden of IPV, with a lifetime prevalence of 33% each. The three regions with the highest past 12-month IPV experience were Africa (20%), followed by Eastern Mediterranean and South Asia, which had a prevalence of 17% each (World Health Organisation, 2021). Table 1.1 presents the prevalence rates of IPV amongst ever-partnered women, aged 15-49, in all regions.

**Table 1.1**

*Global Lifetime Prevalence of Physical and/or Sexual Intimate Partner Violence among Ever-Partnered Women aged 15-49 Years by World Health Organisation Region, 2018*

WHO region	Prevalence	
	Lifetime estimate (%)	Past 12-month estimate (%)
World	27	13
Low- and middle-income regions:		
Africa	33	20
Americas	25	8
Eastern Mediterranean	31	17
Europe	22	8
South-East Asia	33	17
Western Pacific	20	8
High income	22	6

The global prevalence of NPSV is high, with 1 in 20 women (6%) of women aged 15 years and older reporting a lifetime experience of NPSV. By region, Oceania (16%) and the American regions (13%) reported the highest rates of lifetime NPSV as shown in Table 1.2 (World Health Organisation, 2021). Disaggregated estimates of global NPSV prevalence by age groups, and past 12 months, were not included in the report (World Health Organisation, 2021).

**Table 1.2**

*Global and Regional Prevalence Estimates of Lifetime Non-Partner Sexual Violence (NPSV) among Women Aged 15–49 Years, 2018*

WHO region	Lifetime estimate (%)
World	6
Low- and middle-income regions:	
Africa	6
Americas	11
Eastern Mediterranean	3
Europe	5
South-East Asia	2
Western Pacific	6
High income	10

### **Prevalence of Violence Against Women and Girls in South Africa**

Violence against women and girls is common in South Africa (Machisa et al., 2011; Van der Bijl, 2006; Vetten, 2014; Vetten et al., 2008) and although it is experienced by both sexes, women bear a disproportionate burden of experiencing violence with men being the primary perpetrators (Whitaker et al., 2008).

Nationally, 53 293 sexual offences were reported between 1<sup>st</sup> April 2019 and 31<sup>st</sup> March 2020, which was a 1.75% increase from the April 2018/19 reporting year (52 420) (South African Police, 2021). These statistics are however not an exact reflection of VAWG pandemic in South Africa, as many violence cases go unreported (Machisa et al., 2011; Sable et al., 2006). For example, in a household cross-sectional survey in Gauteng Province in 2009, Gender Links reported that only one in 13 women raped by a non-partner and one in 25 women raped by their partners reported the case to the police (Machisa et al., 2011). This

underreporting is caused and maintained by patriarchal gender norms, rape stigma, self-blame, discriminatory police attitude and fear associated with secondary victimisation often reported from the assessment services (e.g. obtaining rape kit) (Artz & Smythe, 2007; Smythe, 2015). Rape survivors also often fail to report for fear of not being believed (Jewkes & Abrahams, 2002).

The 2016 Demographic and Health Survey (DHS) in South Africa reported that 26% of ever-partnered women over 18 had experienced physical, sexual or emotional TDV/IPV in their lifetime, while 13% of this cohort had experienced TDV/IPV in the preceding 12 months (National Department of Health et al., 2019). The same study found that 6% of ever-partnered women over 18 had experienced sexual violence from their partner in their lifetime, with 2% reporting having experienced sexual violence from their partner in the past 12 months (National Department of Health et al., 2019).

Another South African population-based study conducted in 2012 found that amongst women aged 15 and older, 8.5% had experienced, and 3.5% had perpetrated, any form of TDV/IPV in the preceding 12 months. In addition, 5.0% men aged 15 and older had experienced, and 4.4% had perpetrated, any form of TDV/IPV in the preceding 12 months. In 2016, the Eastern Cape Province was reported to have had the highest rates of IPV (38%) in South Africa (National Department of Health et al., 2019).

### **Prevalence of Violence Against Women and Girls amongst Adolescents**

Globally, there is evidence to suggest that one out of two children experience any form of violence each year (Hillis et al., 2016), and 120 million girls are estimated to have experienced sexual violence before the age of 20 (UNICEF, 2014). The global prevalence of physical and sexual TDV/IPV is estimated to be 20% and 9% respectively (Wincentak et al., 2017). Further evidence from 24 mostly high- and middle-income countries shows that

approximately 8% to 31% of girls, and 3% to 17% of boys have experienced sexual violence before the age of 18 (Ligiero et al., 2019). Another cross-sectional global study from disadvantaged neighbourhoods reported that past-year physical or sexual TDV/IPV perpetration by boys aged 15-19 years ranged from 9% in Shanghai to 40% in Johannesburg (Peitzmeier et al., 2016). The WHO Multi-country population based survey on Women's Health and Domestic Violence Against Women that was conducted in ten countries between 2000 and 2004 revealed that IPV was experienced by 19-66% of women aged between 15-24 (Stöckl et al., 2014).

In sub-Saharan Africa (SSA), a national household survey of young people aged 13-24 in four countries (Malawi, Nigeria, Uganda and Zambia) found that between 29.5% and 51.5% of males, and 15.3% to 28.4% of females had perpetrated physical or sexual violence in their lifetime; and 31.2% to 47.8% of adolescents (male and female) had experienced sexual violence in childhood (before the age of 18) (Swedo et al., 2019).

### ***Prevalence of Violence Against Women and Girls amongst Adolescents in South Africa***

There is a consensus that VAWG amongst adolescents is high in South Africa (Prinsloo, 2006; Shorey et al., 2011). In 2016, the Demographic Household survey in South Africa reported that 0.3% of ever-partnered women over 18 reported had experienced TDV/IPV by the age of 15 (National Department of Health et al., 2019). This is however likely to be an underestimate, as more VAWG focused survey have found a much higher prevalence of TDV/IPV. For instance, a more recent nationally representative cross-sectional study amongst adolescents aged 15-17 reported a sexual violence experience prevalence of 9.99% and 14.61%, amongst boys and girls, respectively (Ward et al., 2018). Although Ward et al. (2018) do not differentiate IPV and NPSV in their analysis, they provide insight into the

types of sexual violence experienced by young adolescents. They found that the most common form of sexual abuse for boys is exposure abuse (non-contact), such as exposure to pornography; while girls' most prevalent sexual violence experience is attempts of sexual coercion by a known adult, emotional abuse or other non-consensual acts with an adult (Ward et al., 2018).

Other surveys in South Africa among slightly older populations of adolescents similarly find high rates of sexual violence. A South African national population based survey found that amongst women aged 15-24 years, 1.4% had experienced sexual violence and 0.7% had perpetrated sexual violence, while amongst men 1.1% and 1.2% had experienced and perpetrated sexual violence respectively (Peltzer et al., 2017). Moreover, in a random population based sample of nine higher education institutions in South Africa, Machisa et al. (2021) found that 20% of females aged 18-30 had experienced past-year sexual violence, with 17% having experienced partner sexual violence and 7.5% non-partner rape.

In the Eastern Cape Province of South Africa, a similarly high prevalence of sexual violence has been reported. Specifically, in a self-selecting sample of girls in Grade 10 (ages 15-26 years) participating in an intervention trial, 26.6% reported to have experienced more than one episode of physical or sexual IPV in their lifetime, while 5.9% had experienced NPSV in their lifetime (Jewkes et al., 2006b). In the same study, one third (31.8%) of boys in Grades 9–10 had perpetrated physical and or sexual IPV, and 16.3% had raped a non-partner or participated in gang rape (Dunkle et al., 2006; Jewkes et al., 2006a). A more recent cross-sectional study in a tertiary institutions in the Eastern Cape Province found that 37.9% and 25.3% of females aged 17-24 years had experienced sexual violence in their lifetime and in the past year respectively (Ajayi & Ezegbe, 2020).



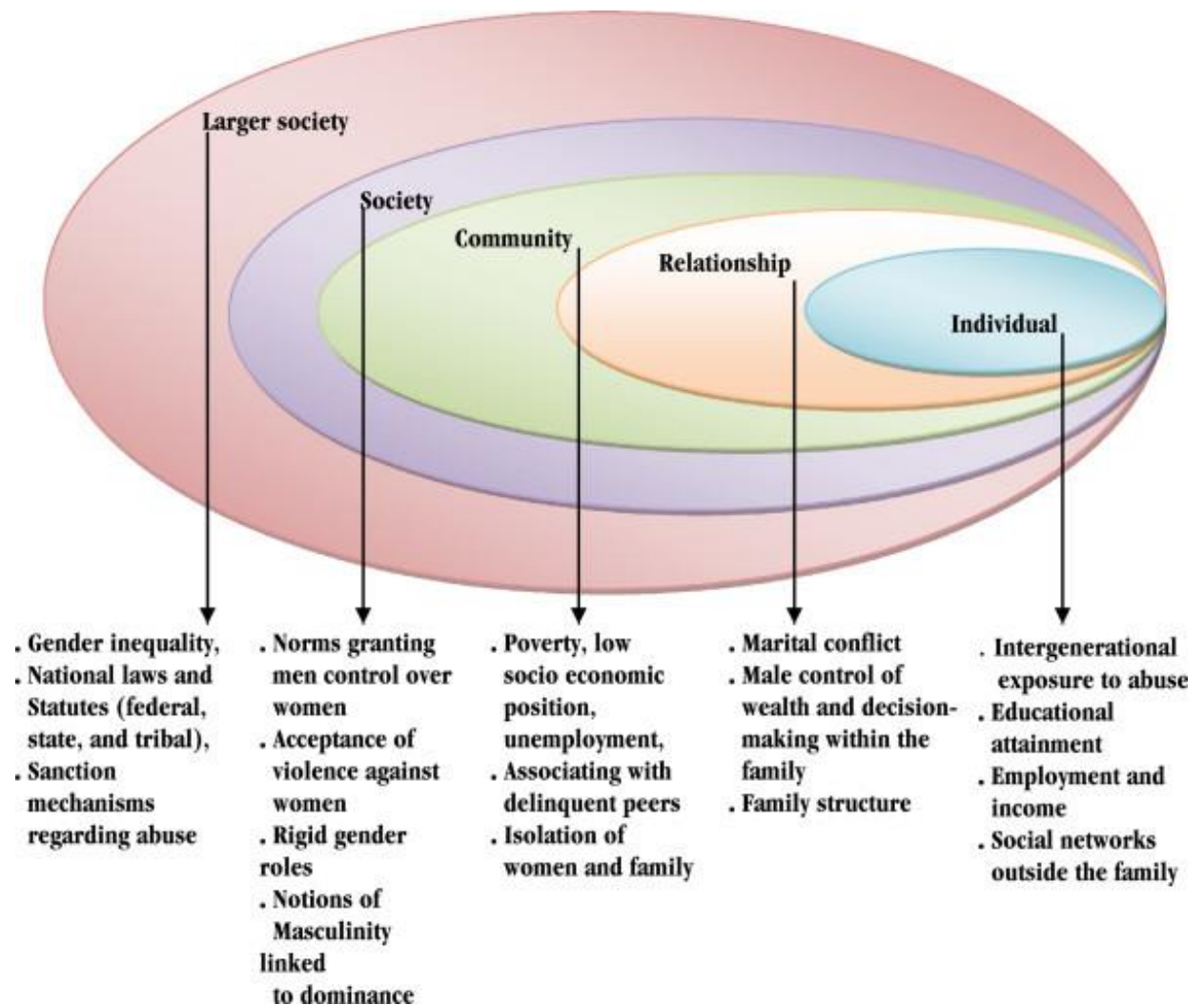
### ***Drivers of Violence Against Women and Girls***

Beginning in the mid-1990's, theorists began to acknowledge the complexity of the drivers of violence (Heise, 1998) and there was a shift in thinking towards an interdisciplinary approach, which paved the way for an ecological understanding of the drivers of VAWG. Theorists started conceptualising violence as a multifaceted phenomenon resulting from interaction between personal, situational and socio-cultural factors (Heise, 1998).

Drawing from previous iterations of the ecological model (Belsky, 1993; Bronfenbrenner, 1977), Heise argues that VAWG is multi-causal, hence a variety of factors increase/decrease the likelihood that someone will, at one or multiple points in their lives, experience or perpetrate VAWG (Heise, 1998, 2011). These factors are neither static nor linear, rather they are complex and interrelated (Krug et al., 2002). In her ecological framework, Heise (1998) grouped these factors into five categories, namely: individual, relationship, community, society and larger society factors (Figure 1.3).

**Figure 1.3**

*An Ecological Illustration of VAWG Risks (Heise, 1998)*



*Note.* This model shows the drivers of VAWG, categorised by ecological levels. From “Violence Against Women. An Integrated Framework,” by L. Heise, 1998, *Violence Against Women*, 4(3), p.262-90. Copyright 1998 by SAGE. Reprinted with permission.

### **Individual Factors**

The first level of the ecological model that increases an individual’s chances of experiencing or perpetrating VAWG is focused on biological and intrapersonal risk factors inherent in a person (Krug et al., 2002). Factors such as exposure to IPV as a child (Kimber et al., 2018), alcohol and drug misuse (Jessell et al., 2017; Ramsoomar et al., 2021), poor mental health (e.g. posttraumatic stress disorder (PTSD) and depression) (Fulu et al., 2013;

Rubenstein et al., 2017) and unemployment (Jewkes et al., 2017; Mojahed et al., 2020) are among the key intrapersonal drivers of VAWG.

Alcohol and drug misuse have been reported to increase the risk of experiencing VAWG (Testa & Livingston, 2018). It is estimated that 10.5%-65% of IPV incidents involve alcohol as a contributing factor (World Health Organisation, 2006). There are several reasons for this association. Firstly, studies have found alcohol and drugs could increase disinhibition, thus facilitating unwanted sex and conflict (Basile & Smith, 2011; Beynon et al., 2008). Secondly, when under the influence of drugs and alcohol, women may lose ability to read risky situations and thus become targeted by men for unwanted sexual advances (Davis et al., 2009; Graham et al., 2014). Thirdly, alcohol intoxication has been reported to cause one to lose the ability to deter unwanted intercourse (Testa & Livingston, 2009). Further studies have reported that women may trade sex for drugs/alcohol (Basile & Smith, 2011; Decker et al., 2013). However, women may also use drugs and alcohol to deal with unresolved trauma (Bacchus et al., 2018; Devries et al., 2013).

Drug use has also been linked to men's VAWG perpetration (Stephens-Lewis et al., 2019; Tomlinson et al., 2016). One South African study found that 24% of rape incidents could potentially have been eliminated if drug use, amongst men, was not present (Jewkes et al., 2012). Increased disinhibition, which is often caused by drug use, has been linked to increased likelihood that a person will commit a sexual offence (Seto, 2010). There are two reasons that could explain this link. First, there is evidence to suggest that men with gender inequitable attitudes are more likely to perpetrate VAWG when intoxicated than when they are not intoxicated (Tomlinson et al., 2016), which could be an attempt to assert their dominance (Gibbs et al., 2020b). Secondly, a study on adolescent boys found that boys who had higher levels of impulsivity were more likely to endorse traditional masculinity than those with less impulsivity (Neres, 2019) and this may be because boys with higher levels of

impulsivity see it as part of their masculine identity (Chapple & Johnson, 2007) – such as being decisive and ready to act, lack of fear other behaviour that helps avoid what may be seen as feminine heedfulness (David & Brannon, 1976). Impulsivity has been linked to drug misuse (Stevens et al., 2014) including amongst adolescents (Stautz & Cooper, 2013). Thus, men with impulsivity are more likely to misuse drugs and perpetrate VAWG.

Men's engagement in risky sexual behaviour has also been reported to be a driver of IPV perpetration. For example, studies suggest that men who have multiple partners (Chirwa et al., 2018), and engage in transactional sex are more likely to perpetrate VAWG (Fleming et al., 2015). This may be linked to a specific masculinity that these men construct that includes violence and sexual domination of women – sexually entitled masculinity (Fleming et al., 2015; Fulu et al., 2013; Jewkes et al., 2011).

The association between depression and VAWG is complex, longitudinal evidence shows a bi-directional relationship (Bacchus et al., 2018). Indeed, while some studies suggest that experience of IPV leads to depressive symptomology (Beydoun et al., 2012; Brown et al., 2020), others show that depression precedes first incident of IPV (Lehrer et al., 2006).

In terms of depression driving VAWG experience, Devries et al. (2013) argue that it may be that depressive symptoms influence a person's selection of a partner, in that people with depressive symptomology are “more accepting of partners with poor impulse control, conduct disorders, or other factors that predispose partners to use violence”. Other studies have suggested that depression symptomology may reduce the ability to consent to sexual activities or deter unwanted sexual activities (Dunkle et al., 2018).

Evidence suggests a bi-directional relationship between PTSD and VAWG perpetration and experience. For example, men with higher PTSD symptoms are 3 times more likely to report IPV perpetration (Breet et al., 2016). Several explanations have been offered to explain this. Firstly, PTSD's symptom of increased hyper-arousal could be associated with

dysfunctional responses, which may cause conflict in relationships and consequently IPV perpetration (Bell & Orcutt, 2009). Secondly, it may also be that anxiety, which is common in people exhibiting PTSD symptoms, drives violence perpetration (McClure & Parmenter, 2017). Thirdly, longitudinal evidence suggests that re-experiencing, a symptom of PTSD, is a predictor of subsequent NPSV experience (Cogle et al., 2009). However, other longitudinal studies have shown that experience of VAWG drives PTSD symptomology (Brown et al., 2020; Chmielowska & Fuhr, 2017; Lagdon et al., 2014).

Adverse childhood events, which include harsh physical punishment, child abuse, child sexual abuse and witnessing violence, have been linked to subsequent IPV experience and perpetration (Bacchus et al., 2018; Fulu et al., 2017; Guedes et al., 2016). There are several reasons why this may be the case and Guedes et al. (2016) review offered five possible explanations for this association. First, violence against children (VAC) and VAWG share many risk factors (e.g. poverty). Secondly, social norms that support VAWG often support VAC and discourage help-seeking. Thirdly, VAC and VAWG often co-occur within the same household. Fourthly, both VAC and VAWG can produce intergenerational effects and finally, many forms of VAC and VAWG have common and compounding consequences across the lifespan.

A child's experience of their parents' IPV might later predispose them to experience or perpetrate VAWG (Gibbs et al., 2018b; Jewkes, 2012; Kimber et al., 2018). Men who witnessed their mother being physically abused by the father/boyfriend when they were a child are reported to be more likely to have attitudes that endorse VAWG, hence increased likelihood to perpetrate IPV in their adulthood (Chirwa et al., 2018; Gibbs et al., 2018b). Similarly, women who grew up in a household where the mother was physically abused by the father/boyfriend, are more likely to be accepting of VAWG as a normal occurrence

(Messersmith et al., 2017), hence they become more vulnerable to IPV experience (Fulu et al., 2017).

Low household socio-economic status has been associated with VAWG perpetration and experience (Buller et al., 2016; Gibbs et al., 2018c; Vyas & Watts, 2009). For example, a nationally representative study in England found that women from low income households were twice as likely to experience IPV, compared to the general population (Khalifeh et al., 2012) and similar trends have been reported in SSA (Shamu et al., 2011). In South Africa, a longitudinal study in a peri-urban settlement found food insecurity had an independent association with men's perpetration of IPV (Hatcher et al., 2022). There are a number of reasons why this occurs. Firstly, poverty in the household may increase conflict and stress owing to reduced resources, thus leading to violence. Secondly, poverty in the household may reduce a woman's bargaining power within the household, leaving her dependent on a man which may leave her vulnerable to violence (Buller et al., 2016; Gibbs et al., 2020b; Gibbs et al., 2018c).

However, in contrast, other evidence suggests that where women acquire more resources, or means to resources, than her partner, it may increase her risk of experiencing IPV if their partner feels threatened and resorts to using violence to reassert his authority in the relationship (Eswaran & Malhotra, 2011). Indeed, several studies have found increased risk for IPV experience amongst women whose means to resources, or actual resources, have increased (Bulte & Lensink, 2019; Eswaran & Malhotra, 2011; Green et al., 2015), especially in cases where the partner's education level is lower than the woman's (Hidrobo & Fernald, 2013).

### **Relationship Factors**

This second level of the ecological model focuses on how social relationships with a ‘significant other’ e.g. peers, intimate partners, siblings and parents, increase the likelihood of perpetrating or experiencing violence (Krug et al., 2002). Factors such as poor communication, high relationship conflict, non-equalitarian decision making, infidelity, male drinking, children discipline, in-laws, female challenge to male authority, assertions of female autonomy and failure to meet gender role expectations increase the likelihood of experience and/or perpetration of violence (Heise, 2011).

VAWG may be driven by learnt behaviour. Behaviour that is rewarded or approved of in a proximal relationship is likely to be adopted or repeated (Franklin et al., 2012). When a conflict is resolved by violence (e.g. a woman agrees to do something she had objected to) the man is likely to repeat the perpetration in future to resolve another conflict. Similarly, if a role model (e.g. a parent) demonstrates violence as the instrument for conflict resolution, the child who witnessed this could adopt the strategy in their life, as they have learnt the reward of the strategy (e.g. getting things done) (Bandura, 1977; Bell & Naugle, 2008; Gibbs et al., 2020b).

Studies suggest that people are more likely to engage in behaviour that is reinforced and endorsed in the group (Franklin et al., 2012). Groups often generate their own norms regarding attitudes and acceptable behaviours (Smith & Louis, 2008) which influences their behaviour (Stok et al., 2014). This may partly explain the high rates of VAWG perpetration by adolescents who belong to gangs (Jewkes et al., 2011), and the association between fraternities and NPSV (Franklin et al., 2012). Moreover, in such groups, VAWG could also be used by men to demonstrate their masculinity (Gibbs et al., 2014b).

### **Community Factors**

The community an individual operates within may increase or decrease the risk of perpetration or experience of violence. The term ‘community’ refers to spaces such as schools, church, neighbourhood and workplaces (Krug et al., 2002). Community issues, such as community violence, high unemployment, low social capital and poverty, have been associated with experiencing or perpetrating violence (Heise, 2011). Specifically, studies have found that low social capital, in terms of perceptions of neighbourhood problems, may reflect environments that have difficulty in promoting health and regulating disorder, thus creating stressors that may drive VAWG (Kirst et al., 2015). Other studies have found that concentrated poverty at area-level may drive VAWG (Bonomi et al., 2014; Vyas & Heise, 2016), which may be in line with social disorganisation theory which contends that collective disadvantage could impair communication among residents, thus weakening community attachments and trust, and consequently impeding a community’s ability to sanction criminal behaviour (Shaw & McKay, 1942).

Gender inequitable attitudes at a community level may drive VAWG (Morrell et al., 2012). For instance, in communities where men have a right to discipline women and children, VAWG may be accepted as a norm and in such communities, VAWG may be high (Nadeem & Malik, 2019). Further, stigma associated with divorced or single women in some communities may exacerbate experience of violence, by deterring women from leaving abusive relationships (Gharaibeh & Oweis, 2009).

### **Macrosocial/Societal Factors**

At a larger societal level, Krug et al. (2002) describe macro-social factors as “those that create an acceptable climate for violence, those that reduce inhibitions against violence, and those that create and sustain gaps between different segments of society – or tensions



between different groups or countries” (p.13). For example, gender inequitable norms and attitudes are social expectations for appropriate behaviour of men and women (Armstrong et al., 2018; Pulerwitz & Barker, 2008; Pulerwitz et al., 2015), with the latter being systematically disadvantaged. Specifically, some expectations such as a woman’s submission to her husband may lead to increased relationship control for men and reduced decision power for women in relationships, which could lead to violence if challenged by the woman.

Other factors at the macro-economic level include economic issues such as low level of development and poor women’s access to formal wage employment. Additionally, inequitable education policies and lack of economic rights and entitlements for women, all maintain woman’s economic disadvantage (Fulu et al., 2013; Gibbs et al., 2018a; Heise, 2011).

This section has highlighted the drivers of VAWG that operate at different ecological levels, with most being inter-dependent and influencing one another. For instance, acceptability of VAWG at a community level may shape an individual’s gender attitudes. This makes it hard to disentangle these connections. Furthermore, many are of the risk factors are also bi-directional (e.g. depression and alcohol misuse). Thus, multifaceted strategies, that target different risks at different levels simultaneously are crucial (Michau et al., 2015; Namy et al., 2017).

### **Risk Factors amongst Adolescents**

Many risky health behaviours, including risky sexual behaviour, emerge during adolescence (Balocchini et al., 2013; Terzian et al., 2011). Studies have found that adolescents are more susceptible to substance misuse, risky sexual behaviour, engaging in violent and other criminal behaviour, and having fatal or serious accidents than adults

(Balocchini et al., 2013). There are multiple reasons for this increased risk amongst adolescents.

Evidence suggests that increased vulnerability amongst adolescents may be driven by the rapid developmental changes and physical growth that occur during adolescence (Taylor et al., 2013). This development includes the brain structural changes often known as “brain plasticity” (Lebel & Beaulieu, 2011). Brain plasticity increases adolescents’ vulnerability to making unhealthy decisions because their brain circuitry is still being formed: re-wiring, neuron proliferation and pruning, thus making it difficult to think critically before making choices (Balocchini et al., 2013). Specifically, adolescents are reported to utilise the limbic system ‘emotional brain’ (which is more impulsive) when responding to situations, rather than the prefrontal cortex which is involved in logical thinking (Cohen Kadosh et al., 2013).

The rapid changes occurring during adolescence increase adolescents’ susceptibility to issues such as binge drinking, having casual sex partners, and engaging in violent and other criminal behaviour (Balocchini et al., 2013). When these issues are then compounded by other issues occurring at other socioecological levels, adolescents’ vulnerability to VAWG is heightened.

Studies have also shown that perpetration and/or experience of VAWG against adolescents is driven by risk factors such as adolescents’ substance misuse, poor mental health (e.g. PTSD, depression, anxiety), having a form of functional limitation (disability) and school enrolment which operate at different ecological levels.

At an individual level, adolescents’ misuse of substances has been reported to drive perpetration (Dunkle et al., 2006) or experience (Parker & Bradshaw, 2015) of TDV. There are multiple explanations for this. This association may be driven by the lifestyle theory which suggests that adolescents who misuse substances may have higher likelihood of associating with deviant peers, creating opportunities for victimisation (Hindelang et al.,

1978). It may also be that adolescents use substances to cope with previous victimisation (Exner-Cortens et al., 2013).

Poor mental health amongst adolescents has also been associated with TDV. Studies suggest that traumatic stress may be linked to TDV perpetration (Goncy et al., 2017), while TDV experience has been reported to increase risk of experiencing depression or suicidal ideation (Exner-Cortens et al., 2013).

Exposure to violent pornography has been reported to be associated with TDV experience and perpetration. For instance, results from a baseline survey revealed that male adolescents who had been exposed to violent pornography were 2-3 times more likely to experience sexual TDV perpetration and victimisation, and female adolescents who had been exposed to violent pornography were over 1.5 times more likely to perpetrate TDV compared to their non-exposed counterparts (Rostad et al., 2019).

At a relational level, evidence suggests that witnessing family violence is a significant predictor of TDV experience (Karlsson et al., 2015) or perpetration (Temple et al., 2013). Moreover, experience of child maltreatment has been linked to TDV perpetration (Cohen et al., 2018). Studies also suggest that female (but not male) caregivers' poor knowledge of the child's whereabouts, friends, and activities may be a predictor of TVD experience or perpetration (Ward et al., 2018).

At the community level, gun violence has been reported to be a risk factor for TDV, including homicide (Adhia et al., 2019; Bender et al., 2021). Specifically, studies on school violence have shown how weapons at school have driven TDV perpetration and experience amongst adolescents (Vivolo-Kantor et al., 2016). There is also evidence to suggest that rural dwelling and having a flush toilet are associated with TDV occurrence (Mestry, 2015; Ward et al., 2018).

These drivers should however be considered as interwoven, and they do not necessarily operate at one level. For example, gun violence may operate at individual, relationship, or community level, or more than one of these levels concurrently.

### ***Consequences of Violence Against Women and Girls***

#### **Health Consequences**

VAWG experience has short-term (e.g. physical injury) and long-term health consequences (e.g. poor reproductive health), which may manifest in the short or long-run (Gómez et al., 2009; Krolkowski & Koyfman, 2012; Krug et al., 2002). For instance, VAWG experience has been linked to poor mental health outcomes, such as increasing risk for trauma experience and PTSD (Jewkes et al., 2019; Karsberg & Elklit, 2012; Ullman et al., 2007), creating risk for suicidal ideation (Devries et al., 2013; Potter et al., 2021) and triggering depressive symptoms (Devries et al., 2013; Gibbs et al., 2018c).

There is also evidence to suggest that VAWG survivors may use alcohol and drugs as a means of coping with their unresolved trauma (Bacchus et al., 2018; Berg et al., 2017; Devries et al., 2014; Ramsoomar et al., 2021; Ullman & Sigurvinsdottir, 2015). These long-term effects persist even after the experience of the abuse has stopped (Reed et al., 2015).

#### **Economic Consequences**

VAWG poses significant economic impacts and has been associated with both direct and indirect costs to the survivors. Studies suggest that IPV alone costs the world \$4.4 trillion annually, approximately 5.2% of global GDP (Hoeffler, 2017). In terms of direct costs, women who experience VAWG are more likely to miss work after an episode of violence, and are more likely, than women who do not experience violence, to lose their jobs and work days, which reduces their wages (Loya, 2015). Furthermore, the medical and mental

health care associated with treating sexual violence survivors, plus any property damage, puts a strain on an individual (Yang et al., 2014).

Studies have also found that other direct costs, such as accessing victim services, being involved in investigations, adjudication, and sanctioning processes, can have direct cost impacts on survivors. In terms of judicial costs, the costs associated with court proceedings (e.g. court appointed lawyers, temporary child custody, evidence processing, expert witnesses and court time) and incarceration have an economic impact, mainly because the cases tend to drag out (Post et al., 2002).

Indirect costs, such as reduced quality of life and poor productivity at work, as a result of mental health issues resulting from VAWG experience, have also been reported (Krug et al., 2002; Yang et al., 2014). Such poor productivity at work impacts negatively on the workforce output, which in turn reduces quality and quantity of output of the workplace.

### **Social Marginalisation**

Women who experience sexual violence are sometimes blamed for the occurrence, which leads to experiencing stigmatisation (McCleary-Sills et al., 2016; Verelst et al., 2014). This often leads to other negative outcomes, such as self-blame (Maddox et al., 2011), fear of reporting sexual assault (Smythe, 2015; Weiss, 2010), non-adherence to post exposure prophylaxis (PEP) (Abrahams & Jewkes, 2010) and poor mental health (Verelst et al., 2014). Stigmatisation can also lead to women experiencing shame, which limits their participation in community activities and their socialisation (Bhuptani et al., 2019).

### **Negative Educational Consequences**

The impacts of VAWG leads to worse education outcomes (Bhana, 2012, 2013; Burton & Leoschut, 2013), which has other consequences, such as involvement in crime (Gillian &

Lezanne, 2016). VAWG may lead to school-going adolescents dropping out, due to fearing the violent environment (Burton & Leoschut, 2013). The mental health impact of VAWG, such as depression and/or stress, further hinders learning, as has been reported in the Eastern Cape Province of South Africa (Hendricks, 2019).

### **Prevention of Violence Against Women and Girls**

The prevention of VAWG has, in recent decades, gained greater political traction and visibility, and become enshrined in Sustainable Developmental Goals (SDG 5.2). Thus, scientists have turned to prevention science to aid in intervention design. Prevention science aims to mitigate (through enhancing protective factors) or arrest (through reducing risk factors) human dysfunction (Coie et al., 1993; Hawkins et al., 2002). According to prevention science, there exists empirically verifiable factors that predict negative health outcomes/behaviours, and they can be prevented (Hawkins et al., 2002). The goal of prevention is therefore threefold: health promotion, prevention and treatment (Catalano et al., 2012). VAWG prevention goals are achieved on three different levels: primary, secondary, and tertiary prevention. These different ‘prevention approaches’ are also sometimes implemented together in interventions.

Primary prevention focuses on addressing the root causes of VAWG perpetration and/or experience (Loots et al., 2011), such as social norms that legitimise the occurrence of VAWG. Secondary prevention focuses on strategies that assist survivors immediately after the experiencing the violence (Loots et al., 2011), and these strategies include strengthening services and emergency response, and supporting survivors after the incident. Examples of these strategies include emergency examination and procurement of post-exposure prophylaxis (PEP) treatment, and crisis intervention and counselling. Tertiary prevention focuses on reducing the harm already caused (Loots et al., 2011), and includes services such as victim

rehabilitation (e.g. batterer interventions for men) and programmes that address vicarious trauma. This thesis focuses on primary prevention.

Intervention approaches are also defined in terms of the target groups. There are three types of intervention strategies, the first being *universal strategies*, where an entire population is targeted, regardless of its vulnerability. *Selective strategies* are where a population with a heightened risk of becoming a victim or perpetrator of VAWG is targeted, while *indicated strategy* is designed for individuals who are already victims or perpetrators (Lee et al., 2007).

### ***Violence Against Women and Girls Primary Prevention Interventions***

Over the years, VAWG primary prevention interventions have evolved from information provision, such as creating awareness and educational violence prevention programmes (Lee et al., 2007), to ones rooted in theoretically derived approaches, such as gender transformative violence prevention interventions (Ellsberg et al., 2015).

In the recent past, a wide range of VAWG primary prevention approaches have been developed. These interventions target different risk factors that have been identified in line with the ecological model. Examples of these interventions include: economic interventions, which aim to empower women and give them bargaining power, plus improve household socioeconomic status and reduce poverty related stressors (Buller et al., 2016; Gibbs et al., 2017b; Gupta et al., 2013; Pronyk et al., 2006), family-level VAWG prevention interventions which aim to strengthen relationships within the family (Rizo et al., 2011), IPV prevention interventions which work with boys and men to reduce entitled masculinities (Gibbs et al., 2020a; Stephens-Lewis et al., 2019), and school based IPV prevention interventions which work to transform gender relationships amongst adolescents and facilitate safe environment within schools. However, evaluation of these interventions shows that not all approaches have proven to be effective in VAWG prevention.

There is an emerging evidence-base of well-evaluated interventions focused on the primary prevention of VAWG. A recent review of interventions to prevent VAWG, including IPV, found that as of 2019, 95 separate interventions had been rigorously evaluated for their impact on VAWG, and of these, two-thirds were in low- and middle-income countries (LMICS) (Kerr-Wilson et al., 2020). Nine of these intervention approaches were effective in reducing the risk of IPV or non-partner rape experience amongst women or girls but some of the other evaluations did not find a reduction in IPV prevalence (Kerr-Wilson et al., 2020). Evidence also showed that when well designed and executed, school-based interventions to prevent dating or VAWG are effective (Kerr-Wilson et al., 2020).

Studies have expanded our understanding of what effective primary prevention interventions to address VAWG should include. In their recent reflections on interventions, Jewkes et al. (2021) provide guidance on considerations that should be given in the design and implementation of interventions, to improve their chances of preventing VAWG. The reflections were obtained through a careful interrogation of the intervention design and implementation details, by reviewing their curricula and engaging in discussions with intervention implementers. They report ten key elements of the design and implementation of interventions that are especially effective in reducing VAWG, as shown in in Figure 1.4.



## Figure 1.4

*Ten Elements of the Design and Implementation of What Works Interventions Found to Effectively Reduce VAWG Jewkes et al. (2021)*

### Essential features of design

1. Rigorously planned interventions with a robust theory of change, rooted in knowledge of the local context.
2. Focused on multiple drivers of VAWG, such as gender inequity and poor communication.
3. Integrated support for survivors of violence.
4. Worked with women and men, and where relevant families.

### Essential features of implementation

5. Optimal intensity: duration and frequency of sessions and overall programme length that enabled time for reflection and experiential learning.
6. Implementation by staff and volunteers, selected for their gender equitable attitudes and non-violent behaviour, who are thoroughly trained, supervised and supported.

### Elements of intervention design that are necessary where relevant to the approach

7. Gender and social empowerment with group activities and fostering positive interpersonal relations.
8. Used group-based participatory learning methods, whether for adults or children, that emphasised empowerment, critical reflection, communication and conflict resolution skills building.
9. Carefully designed user-friendly manuals and materials supporting all intervention components to accomplish their goals.
10. Age-appropriate design for children with a longer time for learning and an engaging pedagogy such as sport and play.

*Note.* The figure shows ten elements of design and implementation that have been found to effectively reduce VAWG. From “Elements of the Design and Implementation of Interventions to Prevent Violence against Women and Girls Associated with Success: Reflections from the What Works to Prevent Violence against Women and Girls? Global Programme,” by R. Jewkes et. al., 2021, *International Journal of Environmental and Public Health*, 18(22), p. 12129. CC-BY 4.0

## **Violence Against Women and Girls Interventions for Adolescents**

Preventing VAWG during adolescence is crucial, as many of the risky behaviours involved in VAWG experience, and the attitudes underlying perpetration, emerge during this period (Jewkes et al., 2011; Terzian et al., 2011). Thus, strategies aimed at addressing these risk factors should be delivered in as early as pre-adolescence and adolescence stages.

Schools are particularly important spaces for interventions targeting adolescents because many children of this age are in school (Sood et al., 2021). There are multiple reasons for this. Firstly, school-delivered interventions are cost effective – due to reasons such as existing infrastructure geared towards group meetings – thus they hold great potential for taking VAWG prevention interventions to scale because they provide a platform to reach many students, teachers and parents in a teaching–learning environment (Kerr-Wilson et al., 2020). Secondly, because schools provide prolonged engagement with adolescents, they offer crucial spaces for school-going adolescents to practice skills acquired in interventions, such as positive relationship and gender relations skills. However, this can only occur if the school itself provides a safe space for this (see section 1.2.2.2 on safe social spaces).

Interventions delivered to adolescents through schools include those preventing TDV, NPSV, peer violence and/or corporal punishment. These interventions are either delivered in class by teachers or facilitators, or after school, usually by facilitators (Kerr-Wilson et al., 2020).

Those interventions that target prevention of peer violence and/or corporal punishment rather than VAWG directly, may have implications for VAWG prevention. This is because there is an association between boys' use of peer violence at school and perpetration of VAWG in intimate relationships (Ozer et al., 2004), and corporal punishment may lead to children accepting the use of violence in social relationships (Kerr-Wilson et al., 2020).

There has been a growth in well evaluated interventions addressing VAWG in schools. A recent review of adolescent violence prevention evaluations found 52 trials (McNaughton Reyes et al., 2021), of which 26 (50%) interventions showed positive effect on at least one outcome for TDV. However, most of these interventions (32 out of 52) were implemented in high income countries (HICs). Other important aspects found included that most of these interventions (39 out of 52) were delivered in schools and used a universal prevention approach (Lee et al., 2007; McNaughton Reyes et al., 2021). Moreover, interventions delivered in HICs were more likely to assess the effects on victimisation and perpetration of violence, rather than to only victimisation, than those in LMICs. Interventions in HICs were also more likely to include boys and girls, as opposed to just a single sex (McNaughton Reyes et al., 2021).

There is emerging evidence on what works well in adolescent interventions. In a recent review, school-based interventions to prevent dating or VAWG were reported to have good evidence on effectiveness if well designed and implemented, and the more effective approaches were longer, and focused on transforming gender relationships (Kerr-Wilson et al., 2020). Another review found that interventions aimed at reducing perpetration showed less positive effect when compared to those aimed at reducing victimisation (McNaughton Reyes et al., 2021). Moreover, the same review found, similarly to Kerr-Wilson et al. (2020), a trend in that interventions that exposed adolescents longer to the intervention were more likely to have a positive effect (McNaughton Reyes et al., 2021).

However, there are problems with delivering interventions through schools (Chandra-Mouli et al., 2015). Although there is little published material on the challenges of delivering VAWG prevention interventions in schools, there is evidence from research focused on the delivery of sexuality education in schools (Chandra-Mouli et al., 2015; UNESCO and UNFPA, 2012).

Evidence suggests that implementing sexuality education in schools has been problematic. School-going adolescents are dissatisfied with the sexuality education they receive in schools, and report that they do not learn enough of what they are curious about (Allen, 2005, 2008; Shrestha et al., 2013). There are multiple reasons why adolescents are not learning what they feel is vital in their lives. Firstly, while very young adolescents report that they are faced with complex decisions regarding dating and sex, they are often considered to be sexually naïve by adults (Shefer & Ngabaza, 2015; Tolla et al., 2018). Secondly, teachers have reported that they are uncomfortable discussing issues of sexuality (Pokharel et al., 2006). Thirdly, teachers are not properly trained on sexuality education facilitation skills (Francis, 2011; Monzon et al., 2017; Ogolla & Ondia, 2019). In addition, most curricula do not focus enough on empowering young people or building their agency (Gallant & Maticka-Tyndale, 2004; UNESCO and UNFPA, 2012). Specifically, the curricula do not provide the adolescents with an opportunity, autonomy of thought, and empowerment to critically think about their sexual lives, which has been suggested to be crucial (Cook-Sather, 2007). Thus, adolescents' voices are left out of discussions regarding their sexuality because they are not properly capacitated, or given the platform, to engage.

Studies suggest that one of the biggest challenges in sexuality education is how it is facilitated (Ngabaza & Shefer, 2019; Parker et al., 2009). The school learning culture, and teachers' experience of education, is instructive (Campbell & Macphail, 2002). Furthermore, the curricula assessment is designed in a way that creates a notion of 'right' and 'wrong' answer, because there needs to be a criteria that allows for grading. In many ways, this impedes autonomy of thought, as school-going adolescents are more taken with being 'right' and getting good grades. The notion of 'right' and 'wrong' is also detrimental to group discussions, as it undermines equitability and promotes competitiveness. Ultimately, this form of facilitation sabotages young people's ability to engage in healthy discussions and

develop understandings about themselves and their circumstances, and eventually act in ways that support improving their circumstances (Gibbs et al., 2015d).

### **Online Violence Against Women and Girls Intervention Programmes**

The online space has become synonymous with young people, so much so that most industries, including the health industry, have identified the internet as a useful strategy with which to reach young people. This increased interest in utilising the online space to reach young people has driven the emergence of mHealth (Grist et al., 2017; Hall et al., 2014; Wallis et al., 2017). mHealth refers to the provision of medical prevention and treatment strategies online (Hall et al., 2014; Wallis et al., 2017), and it has gained popularity in the past decade, especially in cases where stigma or socio-economic status may limit people from accessing health services in person (Grist et al., 2017; Smit et al., 2011). Examples of mHealth strategies include online counselling (Dowling & Rickwood, 2013; Hanley & Wyatt, 2021), HIV treatment adherence (Horvath et al., 2013; Page et al., 2012), post-natal care (Jones et al., 2013; O'Mahen et al., 2015) and diagnosis of medical conditions (Manyati & Mutsau, 2021).

IPV prevention interventions are increasingly being delivered online. A growing number of interventions are being implemented online through delivery platforms such as apps (Glass et al., 2015; Wirtz et al., 2013), websites (Salazar et al., 2014) and social media messages (Carlyle et al., 2019; Kim et al., 2021). Online IPV prevention interventions are attractive as they offer opportunities, such as bringing interventions to scale and can be undertaken at a time convenient to the participants (Bailey et al., 2015; Murray et al., 2016; Westbrook, 2008). Studies supporting online IPV prevention interventions have also suggested that these interventions are important for young people as they enjoy engaging online (Masanet & Buckingham, 2015; Pang, 2018; Xie & Kang, 2015), are establishing

relationships online (Scott et al., 2020) and are comfortable seeking support online (Ali et al., 2015; Grist et al., 2017; Ybarra et al., 2015).

Although, there is evidence to suggest the acceptability of online IPV prevention interventions in the form of apps (Eisenhut et al., 2020; Vu et al., 2016; Wirtz et al., 2013), the efficacy of these interventions in bringing about behaviour change has been modest (Badawy & Kuhns, 2017). Indeed, recent reviews on mHealth IPV prevention interventions found no evidence of beneficial effect of these interventions, and evidence on the long-term effects of these intervention is lacking (Hall et al., 2014; Jewkes et al., 2020; Linde et al., 2020). Specifically, digital technologies for VAWG prevention have not been found to be effective in supporting behaviour change (Jewkes et al., 2020).

Current online IPV prevention interventions geared towards primary prevention are either focused on protection (such as emergency apps) (Eisenhut et al., 2020; Maxwell et al., 2019), or educational aimed at raising awareness of issues and influencing attitudes and decision-making (Jewkes et al., 2020; Salazar et al., 2014). Other digital interventions target secondary prevention, and are aimed at assisting women to leave abusive relationships (Rempel et al., 2019).

Yet, current evidence points to group-based participatory interventions as having potential to support behaviour change (Jewkes et al., 2020; Kerr-Wilson et al., 2020). Essentially, the majority of digital interventions are not aimed at behaviour change (Hall et al., 2014).

### ***Theory of Participatory Violence Prevention Interventions***

There is strong evidence that IPV prevention interventions are more likely to succeed if they are based on group-based participatory theories of behaviour change (Jewkes et al., 2021; Kerr-Wilson et al., 2020). Such interventions are inspired by Freire's work on critical

pedagogy (Freire, 1993), which social psychologists have utilised to understand behaviour change. Participatory interventions involve working in small groups and using techniques of participation, such as drama and discussion, which enable people to critically think and reflect about their lives, and start to practise new behaviours (Campbell, 2000; Michau et al., 2015).

Freire's theory of behaviour change draws on ideas of *critical consciousness*, which refers to gaining an understanding of how social conditions create situations of disadvantage (Campbell & Macphail, 2002). As people develop critical consciousness, they move from '*intransitive thought*', where they are unaware of how their actions can create certain conditions of disadvantage, to '*critical transitivity*' where they start to critically think about their situation, which promotes *critical reflection* (Freire, 1993). This transition from *intransitive thought* to *critical transitivity* involves an "active, dialogical educational programme" (Freire, 1993, p. 19). These programmes are often referred to as *participatory interventions* (Campbell & Macphail, 2002).

Social psychological understandings of participatory interventions draw on three concepts to understand how group-based interventions can generate behaviour change. These are: transformative communication, safe social spaces, and social contexts, which will be explored further (Campbell, 2003; Campbell & Cornish, 2012; Gibbs et al., 2015b; Vaughan, 2013).

### **Transformative Communication**

Transformative communication – sometimes referred to as dialogical communication by social psychologists – (Freire, 1993; Mezirow, 1996), refers to a series of elements that when combined, lead to behaviour change. These three elements are: 1) open dialogue and discussion; 2) reflection and critical thinking; and 3) practicing of new behaviours.

This contrasts with what Freire referred to as didactic communication (Freire, 1993). Didactic approaches refer to forms of communication where the facilitator decides on the necessary topics, ‘lectures’ the group on what is accurate in these topics, then solicits responses from the group, while categorising these responses into ‘right’ and ‘wrong’; finally providing reinforcement for ‘correct’ responses, and constructive feedback for the ‘wrong’ responses (Austin, 2013). Evidence suggests that didactic approaches undermine transformative communication (Campbell, 2003; Mezirow, 1996).

Dialogue and discussion are central to transformative communication. Dialogue is often generated through participatory activities, such as dramas (Bermúdez Parsai et al., 2011), storytelling, or taking photos of their surroundings and discussing them in the group (Clarke et al., 2019; Singhal et al., 2007). Through these participatory activities, people can share knowledge of their contexts and engage in open dialogue about issues that are important to them.

Another key component of transformative communication is reflection. Transformative communication relies on people critically reflecting about their circumstances and identifying the context and drivers of their behaviour, thereby allowing them to start analysing their social worlds critically (Freire, 1993; Mezirow, 1996). Through reflection, people come to understand their behaviour, and possibly ways in which they can change it (Sandoval et al., 2012). Reflections occur in multiple ways, such as diary keeping, one-on-one reflection sessions with facilitators, reflecting in a group and through “prompts and questions” offered by the facilitator (Gibbs et al., 2015d; Taliep et al., 2020).

The final aspect of transformative communication is for participants to practise different ways of being/acting. Transformative communication enables participants to ‘create’ and try out new behaviours/skills, before they try them out in the wider society



(Vaughan, 2013). They are then encouraged to translate these behaviours into their everyday lives.

A key challenge for promoting transformative communication are facilitators. Facilitators (who often ‘guide’ sessions) should ideally “prompt and question” the participants in the intervention group, as opposed to a didactic mode of instruction (Freire, 1993; Gibbs et al., 2015c; Hatcher et al., 2011). This prompting and questioning supports participants to critically think and reflect on the circumstances that are creating disadvantage in their lives, which is necessary in supporting participants to identify alternative ways of being (Campbell & Macphail, 2002). However, evidence shows that this is not always easy in real life contexts, with facilitators often reverting to didactic methods and assuming a position of power (Campbell & Macphail, 2002; Gibbs et al., 2015d; Hatcher et al., 2011).

### **Safe Social Spaces**

For transformative communication to occur, a safe social space needs to be created. Safe social space is a concept operationalised by social psychologists, based on Freire’s approach (Campbell & Cornish, 2010). A safe social space refers to a non-judgemental space, where people feel unthreatened, and safe in their communications. When people perceive a space to be safe, they are able to disclose intimate information, which in turn reveals similarities – or differences – in a group, and ultimately supports group cohesion (Miño-Puigcercós et al., 2019). Thus, safe social spaces enable a sense of community to emerge, where trusted peers form a forum and a bond with a common goal (Kesby, 2005).

There are key pre-requisites that create a sense of safety. First, there needs to be informational privacy, which refers to participants feeling that their private information is protected (Kokolakis, 2017). Difficulties in achieving informational privacy can undermine disclosure in groups. Specifically, for people to freely share information in intervention group

discussions, they need to trust that whatever sensitive information they reveal is kept private by other group members and the facilitators.

Secondly, in safe social spaces there should be feelings of trust, which refers to having confidence in another person to do (or not do) something. Trust is essential in creating privacy in group discussions, and this is through group cohesion. Specifically, beyond the ability to keep things private is the choice to do so (Lowry et al., 2015). The fact that a group member chooses to protect the information disclosed by the other participants not only depends on, but also promotes, group cohesion.

Thirdly, in a safe social space, people need to feel heard (Lewis et al., 2015). Essentially, people need to feel significant in the group, that their issues matter, and that their views are respected. This can be achieved, in part, by cultivating a sense of community in the group. Ultimately, privacy, trust and feeling heard in a group promotes disclosure in the group discussions, which is key in transformative communication.

Finally, safe social spaces should be non-judgemental, and should be platforms where people feel unthreatened to communicate their thoughts. In safe social spaces, people should feel confident and safe enough to disclose private intimate issues, without the information they disclose being held against them. When people do not feel judged, they freely disclose issues, even beyond the formal sessions (Vaughan, 2013).

Studies have not only shown how safe social spaces can be created, but also how they can be compromised by the wider social contexts (Campbell, 2003; Vaughan, 2013). Moreover, there is a consensus amongst social psychologists that in situations where safe social spaces cannot be developed or maintained, transformative communication cannot emerge; and in such cases, the ability of interventions to support behaviour change is threatened (Campbell & Cornish, 2012; Hatcher et al., 2011).

## **Wider Social Contexts**

The final aspect for effective participatory behaviour change interventions is the wider social context. There are three types of social contexts that operate in spaces where interventions are delivered. These are: the material-political social context; the relational social context; and the symbolic social context (Campbell & Cornish, 2012).

The impact of the wider social contexts on intervention outcomes/small group processes has been widely investigated (Campbell, 2000; Campbell & Cornish, 2012; Gibbs et al., 2015a). Evidence shows how the wider social contexts can impact on participatory intervention outcomes by demonstrating how these social contexts can enable or undermine the emergence of safe social spaces and transformative communication (Gibbs et al., 2015a; Gibbs et al., 2017a; Siu et al., 2014). Social contexts also have an impact on how people translate new behaviours into their everyday worlds (Hatcher et al., 2011; Vaughan, 2013).

### ***Material-Political Social Contexts***

Material-political social contexts refer to how resource-based and experience-based influences of contexts impact on intervention outcomes. In terms of *resource-based influences*, researchers are interested in understanding people's access to resources they can utilise in their daily lives (Campbell & Cornish, 2012). In violence prevention interventions, resource-based aspects are discussed in terms of how access to resources may enable or undermine people's access to interventions. For example, some studies have shown how poverty may undermine participants involvement in interventions, as other competing demands, such as search for work, comes into play (Gibbs et al., 2014a; Vaughan, 2013). Moreover, lack of privacy, due to not being able to have a private room in a specific context, may undermine peoples' ability and willingness to rehearse learnt behaviours.

*Experience-based influences* refers to the availability of opportunities for people to put their skills into practice, and how this shapes intervention implementation and outcomes (Campbell & Cornish, 2012). For instance, where the participants' partner is not involved in the violence prevention intervention, the participant may experience challenges putting the skills they learnt in the intervention into practice in the real world, the relationship. Similarly, where, after taking part in economic violence prevention interventions participants are left looking for work in a context where there is scarcity of resources, the intervention's outcome may not be realised.

### ***Relational Social Contexts***

Relational social contexts refer to the way social relationships transpire and impact on intervention delivery and outcomes. Relational contexts are characterised by social relationships between peers, families, and interactions with external actors (Campbell & Cornish, 2012; Gibbs et al., 2017a). Relational contexts may determine how the participant interprets the intervention elements beyond the confines of the intervention, or even the significance the participant places on taking part in the intervention. For example, if a partner, friend or family member disparages a participants' participation in an intervention, the participant may ultimately drop out of the intervention.

### ***Symbolic Social Contexts***

The *symbolic social context* relates to how ideas and representations in the social world impact on the possibilities for change (Campbell & Cornish, 2012). It refers to how the meanings, ideologies and worldviews shape how people understand themselves, and other aspects of their lives (Valsiner, 2007), and influences the ways in which different groups/people are valued and respected (Campbell & Cornish, 2012). For example, the way

masculinities are symbolically constructed determines what identities are easily accessible for men to utilise in their attempts to understand themselves or to make sense of the world around them (Campbell & Cornish, 2012; Gibbs et al., 2017a).

### **Access to Technology amongst Young People**

The current generation teenagers have grown up in the era of digital technology (Orben, 2020). They are engaging in complex transactions on various high tech devices on a daily basis, such as chatting, posting on social media, and playing video games on cell phones, tablets, and laptops, all of which have become increasingly accessible (Ahmedani et al., 2011). Specifically, access to cellphones has become much easier with approximately five billion people having mobile phone subscriptions and 84% of the global population having access to mobile broadband networks (3G and above) (International Telecommunication Union, 2016).

In SSA, it was estimated that by the end of 2008, Africa had 246 million mobile phone users, and this number had risen to 500 million by mid 2010 (Porter, 2012). Although current statistics are not clear, global reports show that SSA has the fastest growth of cellphone ownership (International Telecommunication Union, 2016). This pattern is also noted in young people, with studies reporting expanded phone ownership of mobile phones amongst young people across the socio-economic status (Porter et al., 2016).

In South Africa, in 2007, a national survey reported that 72% of youth owned a mobile phone and 59% reported using them daily (Young, 2007). This number is now likely to be higher, as evidence shows rapid growth in phone ownership in SSA after 2010 (International Telecommunication Union, 2016). The exact statistics of cellphone ownership in the Eastern Cape Province is not fully known, but a study conducted in 2013/14 reported 51% cellphone ownership amongst young people aged 9-18 years (Porter et al., 2020).

## **Co-development of Participatory Interventions with Adolescents**

Despite the growing number of studies on participatory interventions (Gibbs et al., 2017b; Kapiga et al., 2019; Pronyk et al., 2006), there remains limited evidence on effective interventions for adolescents, and a key reason may be the lack of involvement of young people in the design of interventions intended for them. There is evidence to suggest that interventions to prevent VAWG amongst adolescents are often designed without their input (Mannell et al., 2019), despite the high risk of VAWG adolescents and young adults face (Stark et al., 2021; Stöckl et al., 2014).

Adolescents are often viewed as naïve, and either victims or deviants, as risky or at risk, and as vulnerable or resilient (Bay-Cheng, 2003; Ngabaza & Shefer, 2019; Shefer & Ngabaza, 2015). Furthermore, the majority of adults disregard adolescents sexual desire and pleasure in their lives (Allen, 2012). Thus, adolescents are often left out of conversations regarding their sexuality, which denies them agency to critically think about their sexual lives (Albury, 2015; Coll et al., 2018; Renold & Ringrose, 2008), and as a result, the majority of work focusing on young people's sexual lives fails to capture the manner in which issues of sex-gender-sexuality pervade their lives (Youdell, 2005).

There has been an increased realisation that adolescents should be brought on board in designing their interventions (Coll et al., 2018; Mannell et al., 2019). Involvement of young people in intervention development processes has many advantages. Firstly, acknowledging adolescents' sexual knowledge gives intervention developers a better sense of how young people live their lives, which allows for the inclusion of relevant content in interventions, thereby generating interventions that are useful for young people (Allen, 2001, 2005, 2011, 2012). Secondly, evidence suggests that adolescents are aware of, and can readily critique, prevailing debates of sexual health that currently dominate their experiences (Coll et al., 2018).

Beyond simply involving adolescents in intervention design, Allen goes on to propose that an important step in enhancing interventions would be to support adolescents to take charge in re-imagining and designing interventions, and assessing their value, as opposed to simply telling them what effective interventions mean and include (Allen, 2005). If adolescents are given an opportunity to take the lead in designing interventions intended for them, it would not only help in achieving relevant interventions, but such a process would also empower young people to critically think about their circumstances, and position them as active agents driving change in their own lives.

Co-development is the new concept that encompasses the collaborative processes, between adolescents and adults described above. In recent years, co-development has been increasingly recommended as generating important interventions that reflect the realities of the beneficiaries (Mannell et al., 2019). Co-development refers to a process whereby intervention developers and beneficiaries work together, equitably, to enhance the relevance and acceptability of interventions (Gagliardi et al., 2016; Majid et al., 2018). Through co-development, the intervention developers benefit from understanding the contexts and by working towards achievable goals reflective of the participants' lived realities, and the participants achieve empowerment by having a 'voice' in their health interventions.

In an empowering intervention co-development process, listening to adolescents' perspectives should be taken seriously, with the intent to change practice, based on the adolescents' input (Cook-Sather, 2007). Specifically, an authentic co-development process should provide adolescents with a space that allows for their equitable, dialogic, and democratic input (Fielding, 2011). Young people should be fully involved in the entire intervention process – the design, implementation, and evaluation of the interventions – through activities such as data production using participatory methods, and giving young

people an opportunity to give feedback and input on interventions, in an effort to achieve contextually relevant interventions (Mannell et al., 2019).

Young people, however, are not always involved in the co-development of interventions. Studies have shown how there is sometimes an absence of authentic co-development, and externally designed interventions are implemented in a top-down fashion and passed off as co-developed interventions (Cook, 2012; Cornwall & Brock, 2005; Guiding, 1997). In such cases, participants may be invited to co-develop participatory interventions, yet they sign-off on a study that has been fully designed by academics, which is referred to as tokenism (Brear et al., 2018; Draper et al., 2010). There are multiple reasons as to why this may be the case when working with adolescents. Firstly, adults may feel uneasy about listening to what adolescents have to say, or are reluctant to respond to what they hear (Rudduck, 2007). Secondly, adolescents spend a lot of time in school, thus working with them may take longer than preferred. Thirdly, there is a notion that voice can be given to adolescents simply by telling them that they have it (Coll et al., 2018).

A key concern within co-development processes is the issue of power, representation, participation and transformation (Cook-Sather, 2007; Fielding, 2011). For example, the power dynamics between adolescents and facilitators may enhance or undermine adolescents' contribution. Specifically, equitability between the facilitator and adolescents may promote dialogical processes, while hierarchical power may undermine participants' contribution to the process, as they fear giving 'wrong' responses. Moreover, power struggles amongst adolescents themselves could easily be reinforced in a co-development process, if the facilitator does not strive for equitable participation. Co-development processes may also unintentionally reinforce existing inequalities (Brear & Tsotetsi, 2021; Chilisa, 2017) driven by issues, outside of the group dynamics, such as differences in education and poverty.



There are also material challenges to the co-development of research and interventions. Recent evidence has shown how difficult it is to achieve true co-development processes, as participants do not enter the research relationship anticipating to put in work (Brear, 2018). Moreover, structural barriers, such as fear of giving a wrong response, may undermine participation in co-development processes (Brear, 2020). Efforts driven by a focus of achieving set goals and attaining outcomes, at the risk of de-legitimising the principles of co-development processes, are also common (Pamment, 2016). For example, researchers have discussed how, while intending to undertake empowering co-development, their efforts were thwarted by challenges such as participants lack of resources (e.g. formal training and time) and time constraints imposed by funders (Brear et al., 2020).

### **Problem Statement**

VAWG amongst adolescents remains a global public health concern (Stark et al., 2021; Stöckl et al., 2014), and its eradication forms part of the United Nations' Sustainable Developmental Goals (SDG 5.2). Evidence suggests that group-based participatory violence prevention interventions delivered to adolescents in schools are effective, when designed and implemented well (Kerr-Wilson et al., 2020). There has been a growth in interest in delivering similar interventions 'online'. Online group-based participatory violence prevention interventions may create opportunities for bringing interventions to scale, but there remains limited understanding on how to do this.

At the heart of group-based participatory violence prevention interventions is the concept of transformative communication, which can only occur when safe social spaces are established. However, it is not clear how these concepts – transformative communication and safe social spaces - may translate into the online space and how these should be fostered and

supported. Furthermore, the impact of the broader social contexts on online transformative communication, and safe social spaces needs to be investigated.

Co-development of interventions is an important approach to achieving relevant, contextualised interventions. School-going adolescents, however, are often excluded from intervention development (Keogh et al., 2018; Meinck et al., 2019) because they are seen as naïve, and vulnerable (Bay-Cheng, 2003; Shefer & Ngabaza, 2015). Yet, studies suggest that adolescents are aware of debates of their sexual health and experiences, and can readily critique them (Coll et al., 2018). Thus, adolescents should be involved in the design, implementation, and evaluation of interventions targeting them (Meinck et al., 2019). In a co-development process, there should be equitable, dialogic, and democratic input from adolescents (Fielding, 2011).

This study investigated the acceptability and feasibility of co-developing a group-based participatory VAWG prevention intervention online, from the perspective of adolescents, researchers, and practitioners. Specifically, the study sought to understand if transformative communication and safe social spaces, key components of group-based participatory VAWG prevention interventions, can be created/established online, and the potential challenges that may impact this.

### **Central Research Questions**

- a) From the perspective of experts, what is the feasibility, acceptability, and challenges of a group-based participatory VAWG prevention intervention, that are developed and delivered online?
- b) From the perspective of adolescents, what is the feasibility, acceptability, and challenges of a group-based participatory VAWG prevention intervention, that are developed and delivered online?

- c) What would the co-development of an online VAWG prevention intervention with adolescents, on an online platform, entail?

### **Aim and Objectives of the Study**

#### ***Aim***

To explore and understand the feasibility of co-developing an online VAWG prevention programme for adolescents.

#### ***Objectives***

1. From the perspective of experts understand the feasibility, acceptability and challenges of a group-based participatory VAWG prevention intervention developed and delivered online.
2. From the perspective of adolescents, understand the feasibility, acceptability and challenges of a group-based participatory VAWG prevention intervention developed and delivered online.
3. Undertake an online co-development process of an online group-based participatory VAWG prevention intervention with adolescents.

### **Significance of the study**

Understanding how transformative communication may occur online, and the possibilities of creating safe social spaces online, will have implications on the possible design of online participatory violence prevention interventions, in multiple ways. Firstly, the findings of this study will help researchers and practitioners to think about these concepts as theoretical issues in the online space and understand them more deeply. This will also initiate discourse on different platforms and spheres, on how the identified challenges may be addressed.

Secondly, if the challenges identified on achieving transformative communication and safe social spaces can be mitigated, and online interventions are acceptable, this would make group-based participatory interventions feasible online. This has two implications. First, online group-based participatory interventions may be possible. Second, this may enable strengthening of existing in-person group-based participatory interventions, through adding online components into the main intervention.

Thirdly, the findings of this study will build on the growing evidence about the use of group-based interventions, in both face-to-face and online contexts, and how we understand them. Importantly it raises questions about how we define dialogue in transformative communication. Furthermore, the discussions on social context issues identified in this study extends those identified in in-person interventions and makes us think about social contexts in new ways. As such, addressing these questions in the online space forces us to extend the understanding we have already generated from in-person interventions.

Overall, this study was exploratory and has initiated a process of thinking how, and if, group-based participatory VAWG prevention interventions are feasible online. The findings emerging from this study will pave way for further research, by either creating opportunities for additional studies that will address the identified challenges, or by highlighting other gaps in knowledge, in the field. For example, the challenges identified in achieving privacy, trust and safety online safe social spaces require further research.

### **Thesis by Publication Structure**

The results of this study are presented in article format. In total, four publications were extracted from the study as part of the fulfilment requirements for the degree. These articles are presented as individual chapters (Chapters 3,4,5 and 6). All articles appear as they did in the accepted versions of the articles, or those submitted and under review, except for Table

and Figure numbers which have been restructured for thesis purposes. The authors' contributions are highlighted in each article.

The first three articles present the results from in-depth interviews with experts and school-going adolescents, in line with step three and four of the 6SQuID approach. Articles one and two were written to respond to objective one - *from the perspective of experts understand the feasibility, acceptability and challenges of a group-based participatory VAWG prevention intervention developed and delivered online.*

Article three was in response to objective two - *from the perspective of adolescents, understand the feasibility, acceptability and challenges of a group-based participatory VAWG prevention intervention developed and delivered online.*

The fourth paper presents the findings of the co-development process, and the findings reported here are geared towards meeting objective three of the study (steps 1,2,3 and 4 of 6SQuID), that being *to undertake an online co-development process of an online group-based participatory VAWG prevention intervention with adolescents.*

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## Chapter 2

### Methodology Overview

#### Introduction

This chapter provides an overview of the research design and methods used to meet the objectives of this study, beyond what is provided in the individual articles. The chapter begins with a description of the study setting. The research design and research methods followed are then described, followed by the research framework and data analysis strategy. The chapter concludes with an explanation of the ethical considerations.

#### Study Site

This study was conducted in the city of Gqeberha (formerly known as Port Elizabeth), which is in the Nelson Mandela Bay municipality, Eastern Cape Province of South Africa, as shown in Figure 2.1 (Sibanda et al., 2016). The Eastern Cape remains the poorest province in South Africa in terms of resources and has the highest levels of unemployment (Statistics South Africa, 2016).

As of 2016, the Eastern Cape Province had a population of almost seven million people, where 11.3% (n=789 607) were aged between 15 -19 years, and 12.0% (n=841 555) of the population attended high school (Statistics South Africa, 2016).

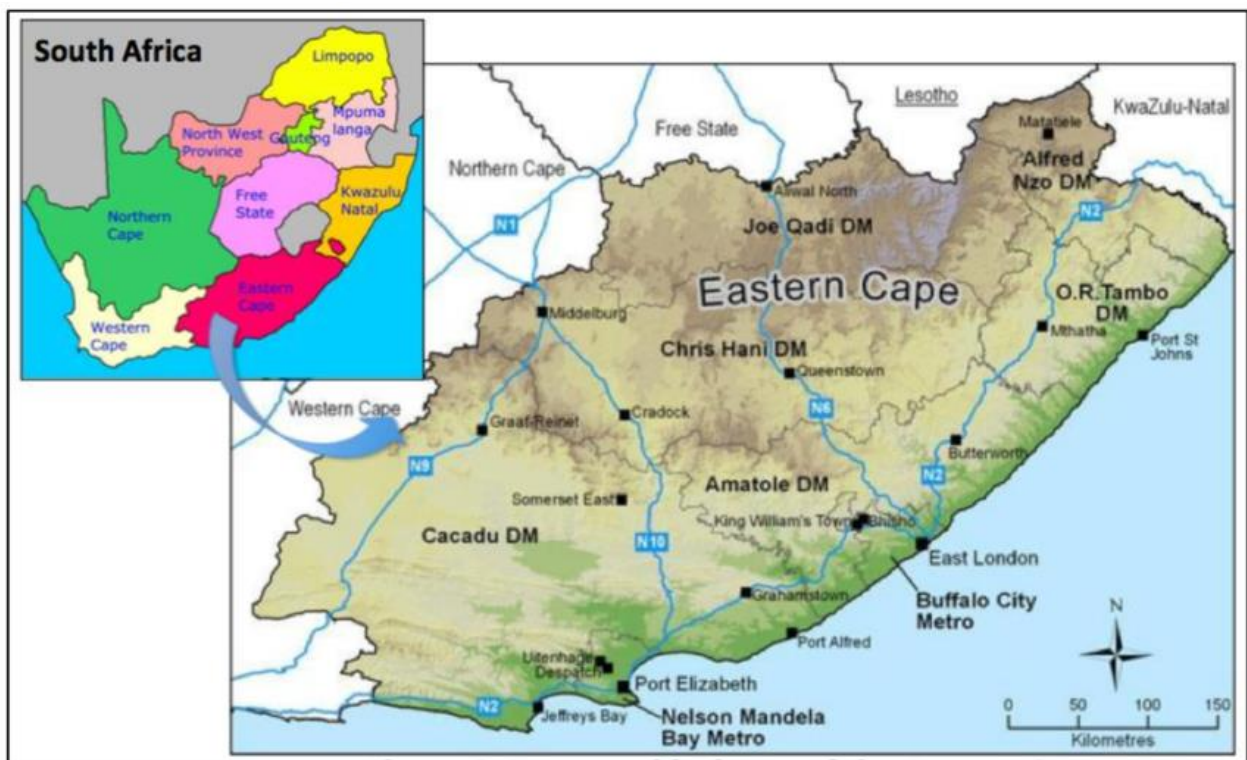
The Nelson Mandela Bay Municipality, is located in the Eastern Cape Province, and as of 2016 had a population of 1.2 million, where 7.6% (n=95 403) were aged 15-19 years, and 8.1% (n=101 864) of the population attended high school (Statistics South Africa, 2016).

The schools recruited for this study were from the city of Gqeberha, which is in the Nelson Mandela Bay Municipality. Gqeberha, fondly known as '*the friendly city*', is a major seaport. In 2011 Gqeberha had a population of 312,392 (38% White, 31% Black, 27%

Coloured, 3% Indian or Asian and 1.4% other) (Statistics South Africa, 2011)<sup>1</sup>. Gqeberha has a total of 175 schools, where 53 are high schools (Schools4Sa, 2021).

**Figure 2.1**

*Port Elizabeth and Nelson Mandela Bay Municipality in the Eastern Cape Province of South Africa*



*Note.* The figure shows the map of South Africa, with the municipality of Nelson Mandela Bay and the City of Port Elizabeth illustrated. From “An evaluation on the profitability of growing improved maize open pollinated varieties in the Eastern Cape Province, South Africa,” by Sibanda et.al, 2016, *Journal of Development and agricultural Economics*, 8(1), p. 1-13. CC-BY 4.0

<sup>1</sup> There are four major ethnic groups in South Africa: Black, Coloured, Indian, and White Glaser, D. (2010). Class as a normative category: Egalitarian reasons to take it seriously (with a South African case study). *Politics & Society*, 38(3), 287-309. <https://doi.org/10.1177/0032329210373068> , Statistics South Africa. (2016). *Community Survey 2016*.

## **Research Design and Method**

This study was guided by social constructionism paradigm, which contends that personality is socially constructed (Raskin, 2002). Personhood results from the social practices one engages in (Gergen, 1991) and as such, differs across contexts. Contexts result from social constructs, which are created in groups rather than individually (Leeds-Hurwitz, 2009), and are not necessarily guided by empirical evidence, but by the subjective connotations placed on an element by a society or group (Campbell & Macphail, 2002). This means that personality is not static, it is amendable and highly influenced by the society an individual operates in. Social constructionism then considers learning as an active process, which means that group dialogue and meaning construction is important in the learning process and change.

People come to view issues as important and internalise them through debate with liked and trusted peers, which means that in line with social constructionism, dialogue is important. According to Campbell and Macphail (2002), the norms that are seen in such a group are a result of the collective negotiation in the group, making group settings ideal for creating the dialogue necessary for change. In such settings, peers weigh up pros and cons of issues and develop narratives of alternative behavioural norms in their own terms, as per their own priorities (Campbell, 2000).

This study utilised an exploratory research design. Exploratory research designs are used when the phenomenon being investigated is relatively new, and as such qualitative research methods were chosen for their strength in providing an in-depth understanding of an issue (Babbie, 2001). Qualitative research is naturalistic, and is conducted in the participants' natural setting with the aim of understanding their experiences (Cresswell, 1998). Qualitative research focuses on the 'why' and is fully dependent on understanding human beings as active agents in making meanings in their everyday lives, which it seeks to understand

(Eisner, 1998). Qualitative research generates non-numeric data and is used in instances where the researcher is trying to understand people's beliefs, behaviour, attitudes, experiences and interactions (Pathak et al., 2013).

In this study, in-depth semi-structured interviews were utilised to understand participants' perspectives on online participatory violence prevention interventions, their opportunities, and challenges. Interviews promote a high response rate and allow for extensive use of probes (Neuman, 2003). Field notes (in form of voice recording and written notes) were also taken during the co-development stage. Field notes are important for facilitating reflection (Maharaj, 2016).

### ***Scientific Rigour***

In this study, *Confirmability* was applied, which refers to the extent to which data is based on the research aim and not altered due to researcher bias (Lincoln & Guba, 1985). Because the researcher brings in a unique perspective to the study, confirmability requires that the researcher account for any biases by using techniques such as, using an audit trail, where an independent reviewer is used to review the research process and data (Lincoln & Guba, 1985). In this study, the research supervisors were involved throughout the data analysis process. Moreover, in some cases, the researcher selected a few participants to review the findings of the study to ensure consistency with the participants perceptions.

*Transferability* is the extent to which results from one study can be transferred to other contexts (Lincoln & Guba, 1985). To promote transferability of this study, the researcher ensured that the sampled participants were members of the community related to the study (in our case adolescents in high school, and experts in the field of VAWG prevention), and the research questions were answered appropriately. Transferability was also established through “thick description.” The candidate collected and provided detailed descriptions of data. This includes field notes and a rich mix of participants’ quotations.

Finally, *authenticity* of data was checked. *Validity* was ensured by confirming that the research tools accurately described the phenomenon that they were intended to describe (Briggs et al., 2012), and *reliability* was ensured by using consistent measures (Neuman, 2003).

### **Researcher Positionality and Bias**

Qualitative research is subjective. It is therefore important for qualitative researchers to introspect on the biases they might be bringing to the study, the impact of such bias and strive to strike a balance between the personal and the universal (Berger, 2013). It would be naïve for the candidate to present the results of this study as fully objective, and without any form of bias, albeit inadvertent. The candidate presents this section, in first person perspective, on her positionality in relation to the study and possible personal experiences, and circumstances, that may have in any way caused tension in the analysis of the data in this study.

In the course of this study, I have constantly had my thinking and current knowledge challenged, from engaging with experts from various parts of the world, and then by a younger generation (almost two decades younger). Thus, throughout this project, before

every interview, I reminded myself to remain open to new learnings, as I had my ontological and epistemological assumptions challenged.

My work experience, prior to my doctoral study, had been in conducting and teaching research in an academic institution. Yet, in the first objective, I was interviewing experts who had been in the field of intervention design, implementation and/or evaluation for decades. My mastery of the field could never match theirs. In addition, in the year I was collecting data, I had spent a considerable amount of time in meetings online, due to the onset of the COVID-19 pandemic and the resulting suspension of contact with other humans. I was essentially living online – having coffee with my family and friends online, facilitating sessions online, shopping online and working online. This might have clouded my thinking and I came into the project naïvely expecting a “plug and play scenario”. I had envisioned interviews where we would, with the experts and school-going adolescents, reimagine participatory interventions online. I had not anticipated the number of challenges that were raised, with regards to online participatory interventions. This challenged my thinking on how easily ideas and practices ‘in the real world’ could translate into the virtual world. No amount of reading of academic literature could have provided me with the information I gathered, partly because little has been written on the topics of co-development processes, and partly because the idea of online participatory interventions is still that, an idea.

Another reason I had anticipated a “plug and play” scenario might have been because I was hopeful that this would be possible. My initial plan had been to do a similar process face-to-face in schools, but with the COVID-19 pandemic, I had to quickly shift to doing this work online. However, a deeper, more personal reason was how online research and intervention offered accessibility. Personally, living with a physical disability, I often grapple with taking part in some activities outside of my flat, mostly weighing up their significance before putting on my shoes to leave. Yet, when activities are delivered online, and I can



participate from the house, I am keen to attend. Thus, I had hoped that online participatory interventions had potential, beyond simply being a knee-jerk response to the global pandemic. However, I say this with the caveats that I have access to uncapped internet and devices to utilise in taking part in online activities, which is not the reality for everyone, particularly those living with physical disabilities. Furthermore, the interviews with experts and school-going adolescents have expanded my understanding of the other structural issues that could impact on the potential for online interventions.

Recognising my biases and the tensions in the research process that I brought, I had a second party transcribe the interviews, and I often reflected on the process with my supervisors, trying to position my analysis both within myself and within those (school-going adolescents) who this work is intended for. I also paid attention to how I framed the issues and challenges while writing up the findings, to avoid perpetuating my own narrative in the process.

### ***Research Framework***

There are several frameworks that guide the design and evaluation of complex interventions (Bleijenberg et al., 2018; Card et al., 2011; Craig et al., 2008). Complex interventions are characterised by multiple interacting components that “impact the length and complexity of the causal chain”, from the intervention implementation stage to the outcome stage, and are shaped by the influence of the local context features (Craig et al., 2008).

This study draws on the intervention development framework: 6 Essential Steps for Quality Intervention Development (6SQuID) (Wight et al., 2015). It was chosen because it emphasises the development of interventions that have a strong evidence and theoretical base, and interventions that fit within the delivery context (Wight et al., 2015), while also placing

importance on both modifiable and contextual factors (Card et al., 2011). Table 2.1 presents the six steps of the 6SQuID, and the research activities that were undertaken in this study to achieve these steps.

**Step 1: Define and understand the problem and its cause.** This step involves taking existing evidence to the intervention stakeholders and clarifying the problem with them. This allows for a clear definition of the problem to avoid ambiguity. It is also essential to establish how the ‘problem’ is understood in the target community and how widespread the ‘problem’ is, either through qualitative or quantitative research. It is also important to clarify the proximal and distal drivers of the ‘problem’ (Wight et al., 2015).

**Step 2: Clarify causal or contextual factors that are malleable and have greatest scope for change.** At this stage, the co-development team also assess which changes would have the most effect, and in what system the intervention would be operating in, how the specific system would interact with the intervention and finally, whether there is a need to, and the possibility of, modifying this system (Wight et al., 2015).

**Step 3: Identify how to bring about change: the change mechanism.** Interventions utilise theories to understand how the intended change will be achieved (Funnell & Rogers, 2011). At the core of this theory is the change mechanism, “the critical process that triggers change for individuals, groups or communities” (Wight et al., 2015). Intervention theories of change are numerous, but can include cognitive behavioural therapy, transformative communication.

**Step 4: Identify how to deliver the change mechanism.** This includes identifying the availability and suitability of the delivery team, the delivery activities, and/or even the delivery contexts (Wight et al., 2015). This step also involves identifying and mitigating potential harm that could emerge in the intervention delivery, such as psychological harm, equity and opportunity (Lorenc & Oliver, 2014).

**Table 2.1***6 Essential Steps for Quality Intervention Development (6SQuID)*

6SQuID step	6SQuID step description	Research activity
1	Define and understand the problem and its causes.	Co-development process with young school-going adolescents
2	Clarify which causal or contextual factors are malleable, and have greatest scope for change.	Co-development process with young school-going adolescents
3	Identify how to bring about change: the change mechanism.	In-depth interviews with school-going adolescents, and researchers and practitioners; Co-development process with young school-going adolescents
4	Identify how to deliver the change mechanism.	In-depth interviews with school-going adolescents, and researchers and practitioners; Co-development process with young school-going adolescents
5	Test and refine on small scale.	Steps not undertaken
6	Collect sufficient evidence of effectiveness to justify rigorous evaluation/implementation.	

**Step 5: Test and refine on a small scale.** This step involves testing the intervention to investigate its feasibility and acceptability. Through testing and refining on a small scale,

intervention modifications can occur, and changes can happen that allow for the intervention to be strengthened.

**Step 6: Collect sufficient evidence of effectiveness to justify rigorous evaluation/implementation.** This step provides evidence, such as if the intervention is working as envisioned, or whether it is causing harm (Moore et al., 2015). The proposed way to collect evidence in this stage with limited resources, is through pre-tests and post-tests, and if possible, utilising a control group (Wight et al., 2015). The evidence gathered in this stage is crucial, as it informs practitioners if further investment should be made into the intervention and whether it should be brought to scale.

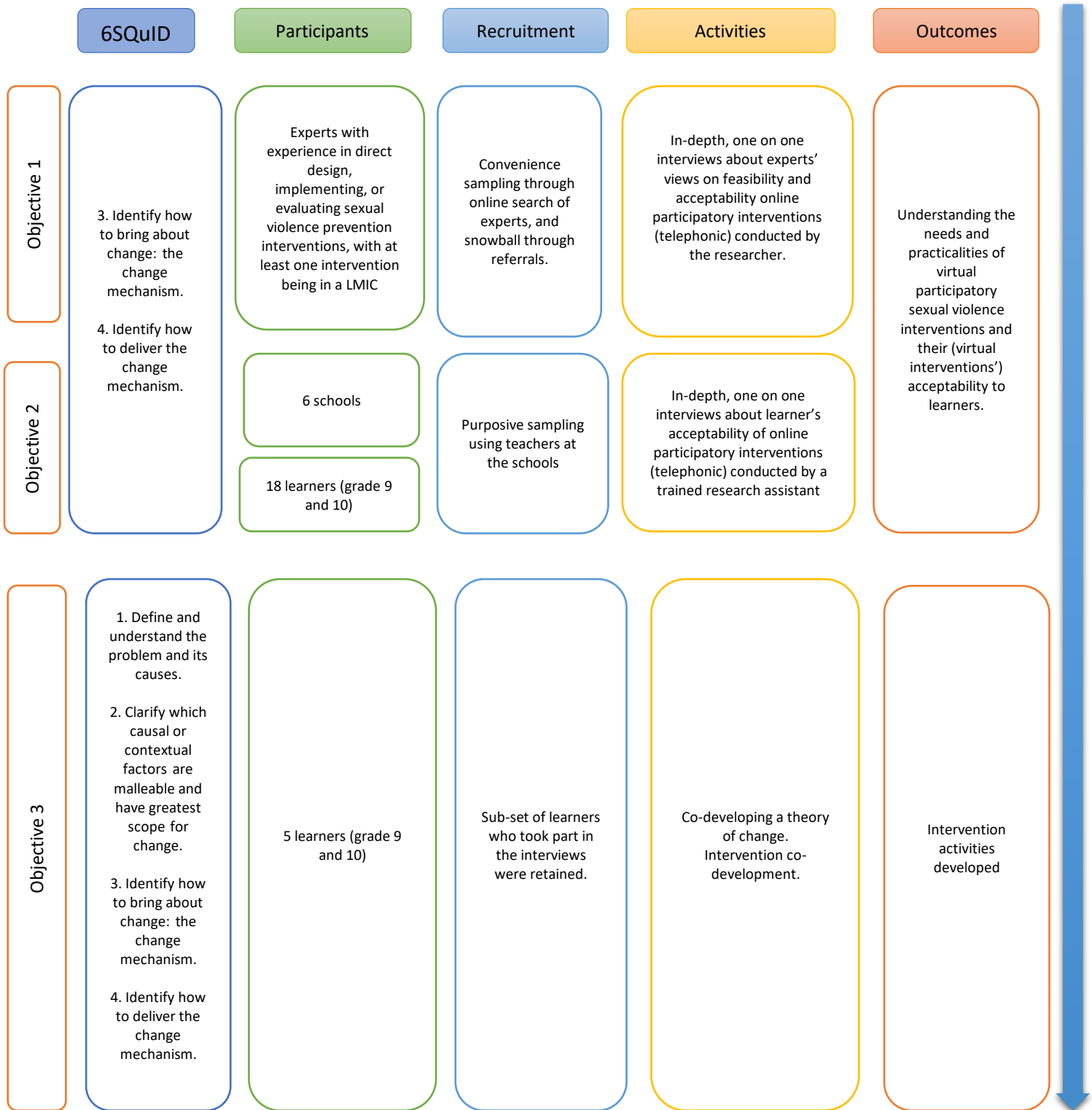
There are multiple methodologies that could be used to complete these six steps, from qualitative (with interviews, focus groups, ethnographic reports as tools) to quantitative, or a combination of both. Furthermore, the framework is implemented with different involvement of ‘stakeholders’ and participants, depending on the intended intervention’s needs.

### **Procedure Used in the Study**

In this study, qualitative methodology was used to answer the 6SQuID questions one to four. This also involved a ‘co-development’ approach for steps two, three and four (Wight et al., 2015).

**Figure 2.2**

*Outline of the Study Procedure*



Although the procedure is presented under headings of the 6SQuID, it is ordered in terms of the three study objectives – from objective one through to objective 3, as indicated in figure 2.2.

### ***Step 3 and 4***

In 6SQuID, *steps 3 and 4* involve identifying how to bring about change, the change mechanism, and identifying how to deliver the change mechanism, which was completed by conducting in-depth interviews with experts (objective 1) and school-going adolescents (objective 2). The goal of this step was to understand the feasibility and acceptability of online interventions, and to support contextualisation of the emerging programme components.

### **Objective One: Interviews with Experts**

To achieve objective one, experts were recruited locally, nationally, and internationally, while the researcher was based in South Africa. Although this study was based in South Africa, a significant amount of prevention intervention work undertaken in sub-Saharan Africa, including South Africa, is led by experts located in other countries. Moreover, the candidate was interested in understanding the feasibility of online interventions not just in South Africa, but globally, and as such comparing different contexts was useful. These experts were sampled via convenience and snowball sampling (Babbie, 2001). The eligibility criteria for participants included (1) having experience in direct design, conducting, or evaluating IPV prevention interventions, with at least one intervention being in a low-income country and (2) the ability to give informed consent.

To begin with, we reached out to participants who we knew were in discussions on the possibility of delivering IPV prevention interventions online. This information was obtained

through examining literature, speaking to collaborators' networks, and following workshop/conference proceedings. Experts were emailed an information letter and invited to take part in the interview. Those who indicated interest were sent an informed consent form and invited to an online interview. In-depth qualitative interviews (lasting between 24 to 67 minutes) were then conducted online, by the researcher, on either video or voice calls. The interview guide (appendix 9.10) focused on the challenges and potential for online interventions. The interview guide was developed by the candidate, in consultation with the supervisors. After each interview, experts were requested to suggest other possible interviewees in the field. Participants were recruited until data saturation were obtained. More details on the methods used to achieve this objective are presented in chapters three and four.

### **Objective Two: Interviews with School-going adolescents**

To achieve objective two, six schools from Gqeberha, South Africa were recruited to take part in the study. Two of these schools were in quintile 5 (privileged), two were in quintile 3 (average income), one was in quintile 1 (low-income), and one does not have a quintile provided. All schools involved in the study were in an urban area. The inclusion criteria for the chosen school were: (1) a high school (2) where school-going adolescents communicate in English, and (3) a school that has access to other prevention programmes offered by NGOs, hence the school-going adolescents were exposed to VAWG prevention interventions. All schools that agreed to take part were included in the study. Participants were recruited through purposive and snowball sampling until data saturation was obtained. Inclusion criteria for participants were: being in Grade 10-12 (typically ages 16-18) in a high school in Eastern Cape, South Africa; able to communicate in English – to provide all school-going adolescents an equal chance to participate in the consequent co-development groups

regardless of their home language; having access to a suitable electronic device; and willing to provide informed consent (for those over 18), or assent and secure parent consent. The exclusion criterion was lack of access to a suitable electronic device. The demographics of the sample obtained included mainly African adolescents, with a smaller number of white and coloured adolescents. Detailed information on sampling is provided in chapters five and six.

Data were collected through in-depth semi-structure interviews virtually. First, a research assistant was trained on how to conduct interviews. The training was brief, as the identified interviewer (i) was a Psychology graduate, (ii) had received training in a previous project on how to conduct interviews in the field of VAWG, and (iii) was currently conducting interviews on the topic of VAWG with school-going adolescents in another project. Thus, the training provided by the researcher focused on highlighting the key issues in this study and confirming the research assistants' understanding of the ethical issues involved.

The interviews were conducted by the trained research assistant and lasted approximately 50 minutes (range 45 – 70 minutes). The interview guide (appendix 9.9), developed by the candidate, in consultation with the supervisors, sought to understand adolescents' access to devices and internet; interactions on social media and online; issues of trust, privacy and safety online; and their interest in taking part in online interventions. In-depth interviews were recorded on a voice recorder, to avoid relying on third party privacy of recordings saved online. More details on the methods used to achieve this objective are provided in chapter five.



### ***Steps 1, 2, 3, 4***

*Steps one, two, three and four* involved defining and understanding the problem and its causes, clarifying which causal or contextual factors are malleable and had the greatest scope for change, identifying how to bring about change: the change mechanism, and how to deliver the change mechanism. This was done through a co-development process with school-going adolescents, and focused on co-developing a theory of change, which are casual networks/diagrams that help to map the steps required during intervention co-development process, so as to identify the short- and medium-term objectives of the intervention required to achieve the long-term goal (Breuer et al., 2016; De Silva et al., 2014).

### **Objective 3: Co-development Process**

To achieve objective three, a sub-sample of school-going adolescents involved in the interviews in objective two were recruited. These school-going adolescents were invited to take part in an online process of co-developing VAWG prevention intervention activities, together with the researcher. Eligibility inclusion criteria for participants were: being a high school learner in either grade 10, 11 or 12; able to communicate in English; having access to a phone or laptop that could access the online platform; having capacity to provide informed assent to take part in the study; and securing informed consent from a parent.

The school-going adolescents had access to Zoom and knew how to navigate it as they had been using it for school purposes. Zoom allowed the researcher to illustrate things on video, and for the participants to see the researcher. Data were provided for all sessions to school-going adolescents to enable them to participate.

Study objectives were achieved through the co-development of a problem tree and identification of intervention components, and delivery mechanisms with the school-going adolescents. This process was carried out over a period of five sessions with school-going

adolescents, with each session lasting approximately two hours. The entire process was conducted online, in a private forum. Field notes, reflection notes and audio recording of sessions were used to collect data on the co-development process. The candidate collected notes such as on participants' interactions, and non-verbal cues. This process is explained fully in chapter six.

### **Data Analysis**

Data analysis is the structured ordering of data (text, words, images) through the use of analytical and logical reasoning, to interpret the data gathered and determine patterns, relationships or trends (Coghlan & Brydon-Miller, 2014). Thematic network analysis (Attride-Stirling, 2001) was utilised to analyse the data to derive relevant information.

All the interviews were conducted in English and all the data were transcribed verbatim, in English, by the trained research assistant. The candidate (researcher) then undertook the data analysis. The candidate started the data analysis process by reading through all the transcripts to get a sense of the data. In the interviews with experts, the candidate, in addition to reading through the transcripts, also listened to the interview recordings.

The candidate then devised an analytical coding framework. The coding framework was derived from interrogating literature on the topic (e.g., availability of technological devices, costs of data and safety online etc.) (Gale et al., 2013). Data were then manually dissected into text segments using the pre-defined coding framework, from which abstract themes emerged. In the dissecting process, if new categories emerged, they were added to the initial coding framework.

As proposed by Attride-Stirling (2001), the emerging abstract themes were first grouped into basic themes, which are derived directly from the textual data. These basic

themes were then grouped into organising themes, which organise basic themes into clusters of similar issues. Finally, the organising themes were grouped into the global themes, which encompass the principal metaphors in the data as a whole (Attride-Stirling, 2001). These themes were presented in a web-like fashion, illustrating the thematic networks (Attride-Stirling, 2001).

The entire transcripts from the interviews and co-development process were utilised in the analysis. After initial coding, the candidate looked over the data with the research supervisors, which further helped the researcher to make sense of the data. In some cases, the candidate selected a few participants to review the findings, to check that their perspectives were accurately captured.

### **Ethical Considerations**

Ethical clearance for this study was obtained from the research ethics committee (Human) (REC-H) at Nelson Mandela University. Permission to conduct the study was received from Eastern Cape Department of Education, and school principals. Only after the study had been approved did the research begin. The candidate took responsibility for the ethical conduct during the study, including obtaining and storage of the consent and assent forms, and data.

Ethical considerations were guided by provisions made in literature (Department of Health, 2007, 2015; South African Medical Research, 2017; The National Commission for the Protection of Human Subjects of Biomedical and Behavioral, 1978). Study procedures were carried out by a trained registered counsellor (the candidate) and a lay counsellor (the research assistant). This includes data collection and intervention development facilitation. All participants were informed about the nature, goals, and possible advantages, and risks, of

this research. Participants had the freedom to choose not to participate in the study, and they were informed that they can withdraw from the research at any point without repercussions.

All participants provided informed consent, and where appropriate, informed assent. Experts provided written and verbal informed consent (appendix 9.6). School-going adolescents over the age of 18 provided written or verbal informed consent (appendix 9.6), while those under 18 provided informed written or verbal assent (appendix 9.1, 9.2), and their parents/guardians provided informed consent (appendix 9.5). Informed assent and consent were sought on a rolling basis throughout the interviews with school-going adolescents and in the co-development sessions, including on the recording of the sessions.

All the material and data were treated as confidential. No interview data were stored in third party locations, in the case of Zoom, and the only recording available is on the personal recording device. Consent forms were stored separately from the data, and linking of these documents was only by an anonymous participant code. All electronic data were stored in a password protected file, for data analysis.

Participants' confidentiality and privacy were upheld. All the necessary measures were put in place to ensure that participants remained anonymous. Pseudonyms were used by adolescents throughout the process to enhance confidentiality, and these were thereafter changed to promote anonymity. In the online co-development process, participants were informed at the beginning of the first session that although everyone was encouraged to keep what they heard in the group confidential, confidentiality in groups cannot be assured, and thus they should share cautiously.

To enhance privacy, the online platform utilised for co-development was a closed group and only invited participants with a code could join. The same group of school-going adolescents were involved in the entire co-development process, to promote adherence to group norms.

While no personal and intrusive questions were asked, in the ethical clearance certificate, the risk assessment classification was 'high risk'. Thus, plans were put in place in case participants experienced distress during the study, or after the study had ended. Specifically, plans were put in place to provide counselling for these participants (Department of Health, 2006, 2007, 2015). The identified facilities were nearest to participants and were ran by trained professionals with experience in working with adolescents in trauma counselling. The contact details of these facilities were included in the information letters that school-going adolescents kept as part of the consent/assent process. At finalisation of this thesis, we had not heard any reports of any participants having experienced psychological distress as a result of participating in the study.

### ***COVID-19 Considerations***

This study was conducted during the COVID-19 pandemic. Initially, all aspects of the study were supposed to be conducted in-person. However, after the pandemic hit, it became apparent that COVID-19 protocols, such as physical distancing and school closures, would be in place for longer. As such, the candidate sought an ethics amendment for the study, and reverted to conducting the study online.

The shift to conducting the intervention online also meant a change in the focus of the project. Thus, the entire study was conducted remotely, and evidence on feasibility of such a process was gathered. All those involved had access to data and technology required to participate in the study. Data for all the school-going adolescents was provided by the researcher. Communication on meeting times for sessions and reaching participants was done via telephone calls or WhatsApp messages, and the co-development process was conducted over Zoom.

## **Conclusion**

This chapter has presented the overview of the methodology followed. The study was conducted in the Eastern Cape Province, South Africa and followed an exploratory research design, and qualitative methods. Following four of the 6SQuID steps, the study utilised in-depth semi-structured questionnaires and co-development group meetings, to achieve the three objectives. The ethical considerations observed in the study have also been highlighted. The findings emerging from the analyses will now be presented in the form of articles – four articles in total. The articles are arranged in the order of study objectives. Thereafter, an integrative discussion will be presented, followed by the conclusion.

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### Chapter 3

## **Researchers or Practitioners' Opinion of the Possibilities for Creating Virtual Safe Social Spaces for Intimate Partner Violence Prevention Interventions for Young People**

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**Abstract**

Intimate partner violence is a global concern. Interventions designed to prevent intimate partner violence are often participatory in nature, implemented in face-to-face settings, and seek to create 'safe social spaces'. We however do not fully understand how safe social spaces can be created in online spaces. Our study sought to understand the possibility of creating safe social spaces online, supportive of participatory interventions, from the perspective of those developing and implementing intimate partner violence prevention interventions. We conducted in-depth interviews with a global sample of 20 researchers and practitioners. Interviews were transcribed and analysed using thematic network analysis. We found mixed results about the possibility of creating safe social spaces online. Researchers and practitioners raised issues such as sharing of devices, the difficulties of developing trust and a sense of community online, challenges in having privacy and confidentiality online and difficulty in reading non-verbal cues as some of the key considerations when creating online safe social spaces. Younger researchers and practitioners were more optimistic about creating safe social spaces online. Our results show creation of safe social spaces online is complex and requires further investigation.

Key words: LMICs; Participatory interventions; Safe social spaces; Intimate Partner Violence; Virtual interventions

## Introduction

Intimate partner violence (IPV) is a global public health concern, and globally an estimated 30% of women have experienced IPV in their lifetime (Devries et al., 2013b). IPV is defined as ‘experience of one or more acts of physical and/or sexual violence by a current or former partner’ (World Health Organisation, 2013). IPV has been linked to a range of adverse health outcomes including increased substance use (Devries et al., 2014; Ndungu et al., 2020), poorer mental health (Devries et al., 2013a; Gibbs et al., 2018), poorer sexual health (Katz et al., 2015; Moya et al., 2014), and increased mortality (Stöckl et al., 2013). Therefore, a concerted effort to prevent IPV is needed, as seen in the United Nations’ Sustainable Development Goal 5.2.

There is emerging evidence of what effective approaches to prevent IPV look like. Specifically, one dominant approach is group-based participatory interventions (often referred to as safe social spaces), focused on the transformation of gender norms, have been shown to generate change. Examples of this approach include IMAGE and Stepping Stones (Gibbs et al., 2017b; Jewkes et al., 2021; Kerr-Wilson et al., 2020; Pronyk et al., 2006). There is also evidence to suggest that these interventions should work to empower children to think critically about their lives, must be age appropriate, are participatory in nature; and strive to build gender equity and work to enhance relationship and positive communication skills through fostering positive interpersonal relations (Jewkes et al., 2020).

In recent years there has been an increased interest in the potential for violence prevention interventions to be delivered online. This push has been driven by multiple, overlapping dynamics, such as increasing accessibility to and scalability of interventions (Salazar et al., 2014) and in the past two years navigating COVID-19 prevention protocols which have limited face-to-face intervention delivery (Emezue, 2020). Examples of this shift to online intervention delivery include practitioners working in humanitarian contexts have

harnessed the potential of technology to reach survivors in otherwise hard to reach areas – and the development of online tools has increased during COVID-19 (Gender-based violence AoR, 2022). Additionally, interventions such as IMPACT, I-DECIDE, and myPLAN have also been implemented online, even prior to COVID-19 and generated key evidence needed to shape online interventions further (Drabkin et al., 2019; Glass et al., 2015; Hegarty et al., 2019).

Research on the opportunities and challenges of online intervention delivery for IPV prevention have highlighted a range of challenges, such as cultural appropriateness, participants' safety, equitability in intervention participation and structural barriers such as lack of internet connectivity and gender in-equitability in access to technological devices (Choi et al., 2017; El Morr & Layal, 2020; Gibbs et al., 2021; LeFevre et al., 2020). However, participants of online interventions have also identified advantages such as easy accessibility, increased privacy, higher autonomy, non-judgmental spaces, and feeling supported in online interventions (Ford-Gilboe et al., 2020; Hegarty et al., 2019; Lindsay et al., 2013; Tarzia et al., 2017).

While the growth of learning around online IPV intervention approaches has been important, a recent review showed that the majority of current online approaches are educational (Salazar et al., 2014) or focused on 'protection', focusing on emergency or protective solutions. Protection approaches focus on protecting people from experiencing violence in cases of threat, as opposed to longer term prevention approaches which seek to address the root causes of IPV (Eisenhut et al., 2020; Maxwell et al., 2019). Although these online interventions are important, they are quite different to the approaches to IPV prevention which have focused on group-based participatory interventions.

### ***Participatory Interventions***

Participatory IPV prevention approaches, often inspired by Freire's work on critical pedagogy (Freire, 1993), are premised on the assumption that through group discussions, people renegotiate ideas about themselves and start to practise new behaviours (Campbell, 2000). This process of behaviour change involves *transformative communication* (Campbell & Cornish, 2012; Fulu et al., 2015). Transformative communication is the iterative process of dialogue, reflection and practicing different ways of acting, which leads to sustained behaviour change. Dialogue in groups is often generated through participatory activities including dramas and group mapping, which support participants to reflect on their behaviour and circumstances, identify opportunities for change and try out new behaviours in a safe arena (Vaughan, 2013). Transformative communication, require groups to create what is termed 'safe social spaces' (Campbell & Cornish, 2012; Hatcher et al., 2011). Ultimately, safe social spaces should (i) support open dialogue (ii) support the building of participants' confidence and skills in self-reflection and communication, which facilitates dialogue (Gibbs et al., 2015b) (iii) nurture feelings of trust and confidentiality, as well as a sense safety.

A major focus of research around participatory small group interventions has been on their internal dynamics (Gibbs et al., 2017b; Kapiga et al., 2019; Pronyk et al., 2006). Ideally, participatory interventions should be delivered to groups of similar people, who can understand and appreciate each other's circumstances (Borek & Abraham, 2018; Cartwright & Zander, 1968; Tarrant et al., 2016). Indeed, studies have highlighted how identifying with other members of a group can enhance group cohesion (Borek & Abraham, 2018; Cartwright & Zander, 1968; Tarrant et al., 2016). Further, group sessions are preferably facilitated by liked and trusted peers (Gibbs et al., 2015c; Hatcher et al., 2011). Research has emphasised the role of facilitators for intervention outcomes (Borek et al., 2019), in particular interventions being delivered by a liked facilitator who "prompts and questions", as opposed

to didactic approaches (Freire, 1993; Gibbs et al., 2015c; Hatcher et al., 2011). However, evidence suggests that this is not always easy in real life contexts with facilitators often adopting didactic methods (Campbell & Macphail, 2002; Hatcher et al., 2011), particularly if they see themselves (or are) in a position of power.

Other research has focused on how wider social contexts impact on intervention outcomes and small group processes. Wider social contexts refer to the material-political, relational and symbolic contexts that operate in spaces where interventions are delivered (Campbell & Cornish, 2012). These wider social contexts can impact on participatory intervention outcomes (Gibbs et al., 2015a; Gibbs et al., 2017a; Siu et al., 2014). For example studies highlight how poverty (Gibbs et al., 2014; Gibbs et al., 2017a; Vaughan, 2013) and negative attitudes from peers (Siu et al., 2014) undermine the emergence of safe social spaces.

There remains limited understanding of how participatory small group interventions, and the concept of safe social spaces and transformative communication may transfer to online interventions to prevent violence. While we recognise there are broader social contexts (e.g. data and access to devices) that could undermine online interventions, this paper focuses on the possibilities of whether key aspects of safe social spaces, such as discussion, dialogue, reflection and trust, can be achieved online. The aim of this paper is to understand the potential and challenges of virtual safe social spaces, necessary for delivery of participatory IPV primary prevention interventions to young high learners, from the perspective of researchers and practitioners. Perspectives from learners are published elsewhere, in another paper.

## **Methods**

### ***Study Site and Research Design***

Participants were recruited globally, via purposive and snowball sampling. We first recruited participants who we knew were in discussions on the possibility of delivering IPV prevention interventions online. We sought referrals from them onto other potential interviewees. Recruitment of participants was conducted until data saturation was obtained. Participant eligibility criteria included having experience in direct development, conducting, or evaluating IPV prevention interventions, with at least one intervention being in a low-income country, and ability to give informed consent.

Data were collected using in-depth qualitative interviews conducted online by the first author, on video or voice calls. Interviews lasted on average 50 minutes (range 24 to 67 minutes). The interview guide focused on the challenges and potential for online interventions including changes that may need to be made to existing interventions, challenges that may be found in design and implementation of online interventions and experience researchers and practitioners have had in working on online interventions. All interviews were conducted in English, recorded electronically and then transcribed verbatim.

### ***Ethical Considerations***

Ethical approval for this study was obtained from Nelson Mandela University Research Ethics Committee (Human). All participants provided informed consent, either written or verbal, prior to study participation. Participants' names and project names have been anonymised.



### ***Data Analysis***

Data for this study were analysed using thematic network analysis. In this approach, emerging themes are presented in a web-like map (Attride-Stirling, 2001). The emerging themes are grouped into 3 levels: (i) Basic themes - which are derived from the textual data (ii) Organising themes which organises basic themes into clusters of similar issues and (iii) Global themes which encompass the principal metaphors in the data as a whole (Attride-Stirling, 2001) (Attride-Stirling, 2001). This approach allows for theoretical integration of the data as well as descriptive presentation.

### **Findings**

Twenty participants took part in the study. The researchers and practitioners had experience ranging from two to 25 years in their respective fields, with the majority (17) having over 10 years of experience. Seven were from non-governmental organisations, six from international research organisations and the remaining seven were from academic institutions. Twelve of the participants had experience working with learners. More information on the participants is presented in Table 3.1.

We present our findings in two global themes (1) building relationships online and (2) replicating features of participatory interventions online; each with relevant organising and basic themes. Together, the themes presented below report on key understanding, from the researchers and practitioners' perspective, of the potential and challenges of creating safe social spaces online (Figure 3.1).

**Table 3.1***Participants' Demographics*

Expert N°	Male	Female	Academic	Intervention expert	Africa	Europe	North America	South America
1		✗		✗	✗			
2		✗	✗	✗	✗			
3		✗		✗	✗			
4		✗		✗	✗		✗	✗
5		✗	✗	✗	✗			
6		✗		✗	✗			
7		✗	✗	✗	✗			
8		✗		✗	✗			
9		✗	✗	✗	✗	✗		
10	✗			✗	✗		✗	✗
11		✗		✗	✗		✗	
12		✗	✗	✗	✗	✗		
13		✗		✗	✗			✗
14		✗		✗	✗			
15		✗		✗	✗			
16		✗	✗	✗	✗		✗	
17		✗		✗	✗			
18		✗	✗	✗	✗	✗		
19		✗	✗	✗	✗	✗		✗
20		✗	✗		✗			

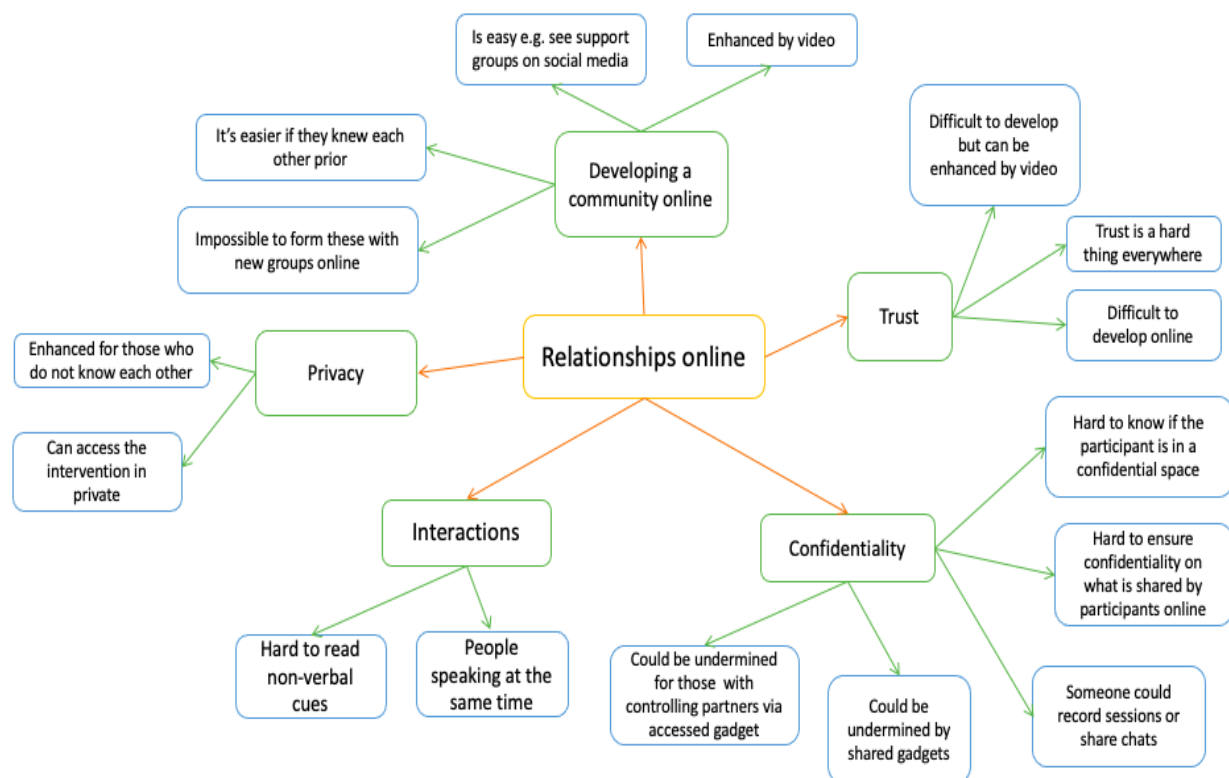
*Building Relationships Online*

There was a general concern over whether relationships could be developed and maintained in an online setting. Specifically, there were five broad organising themes (Figure 3.1) about the ways in which relationships could potentially be undermined online: (i) *privacy and confidentiality*, (ii) *trust*, (iii) *developing a community* and finally (iv)

*interactions* in online spaces. These organising themes have been discussed more in-depth in the following sections.

**Figure 3.1**

*Showing Themes on Relationships in Online Spaces*



### **Privacy and Confidentiality**

Privacy and confidentiality online were discussed interchangeably by researchers and practitioners. Lack of privacy was identified as a threat to honest, open discussions, as participants may be afraid to openly discuss issues if privacy could not be assured:

*“How do you ensure communication and safe interactions and confidentiality online when you know that, particularly with adolescents, in many cases, like they're not alone when they talk to you in a room, they're not comfortable speaking because somebody's in the room.” (Expert 014)*

Researchers and practitioners also felt that participant privacy could be undermined by the sharing of laptops or phones. Specifically, there was concern that people close to participants such as siblings or parents may gain access to an intervention platform on a shared device and become privy to shared material such as a reflective journal or shared messages: *“we don't know who else is using that device, and often you know people that we will be interviewing would be generally sharing those devices, and that's a difficult thing”* (Expert 001).

There was also concern that those delivering interventions may not know who is in the group online, or if participants are in a private space where they cannot be overheard: *“we don't know who we are talking to, what situations they [participants] are in, what's the space they're in”* (Expert 001).

Another concern raised by interviewees was whether discussions in an online group could remain confidential. This went beyond the normal challenges of group confidentiality: *“we would never allow people face to face to, for example, record a session. Whereas if you did do something on the internet, you couldn't be absolutely sure that the session wasn't being recorded”* (Expert 005). This uncertainty about confidentiality was felt to undermine perceived and actual safety of participants involved in online interventions.

Another issue interviewees raised was about the potential for conflictual communication to emerge online: *“there's an increased cyber violence and bullying that is emerging, you know that's happening 'cause we've all moved online”* (Expert 001).

Researchers and practitioners felt that there was greater potential for conflictual communication in online discussions as opposed to face-to-face discussions, undermining the sense of safety required to promote communication between participants: *“it's so much easier to diss somebody via WhatsApp or on the chat space, or when they're not there in front of, you know, physical contact often does mediate our rudeness with one another”* (Expert 003).

Other researchers and practitioners however felt that this would be easy to address, “*Oh, cyber bullying! oh, but that's easy to address. You can have moderation*” (Expert 009).

### **Trust**

A key aspect of effective participatory interventions is the establishment of trust among a group. There was general consensus among researchers and practitioners that trust was central for people to be able have open conversations, but trust might not be easily established online: “*one of the challenges is to build these relationships of trust that are required to address very personal and intimate and sometimes difficult topics around gender and power and violence*” (Expert 014). While almost all researchers and practitioners felt building trust in an online group would be challenging, many felt it could be possible:

*“So, they sort of build a sense of trust in the intervention and trust in the new ideas being received. And I think it would be quite difficult to replicate that online. It might not be impossible, but I do think it would be more challenging.”* (Expert 005)

### **Developing a Sense of Community**

Many researchers and practitioners also discussed whether it would be possible to build a sense of community among online intervention participants, which they often tied to building trust among intervention participants:

*“Well, I think the main practical considerations would be around whether you could actually generate a social sense of groups online, and whether you could get people to develop trust and a feeling that they were operating in a sort of group norms situation, which is what you want for participatory interventions.”* (Expert 005)

Researchers and practitioners recognised that developing a sense of community online could be challenging but possible, especially with people who knew each other prior to the

intervention. There were suggestions that the use of videos, especially prolonged video communication online may help trust develop online, yet recognised that this may not always be an option due to issues such as poor connectivity:

*“I think it's possible [to build trust]. I think it's easier if you're working with people who already have established some contact and have established a rapport and trust. I am involved in an initiative and at first it felt quite strange, but we've been together online for hours, and much of that has been done by a video link. And I think that we are beginning to develop a kind of relationship..... And I think that that connection is facilitated by the video link..... So, I think that the video thing for building communities is quite important.”* (Expert 003)

It was clear the researchers and practitioners' feelings on developing a sense of community online differed by age, with younger people being more optimistic about this: *“Yeah, I do [think it's possible to build community online]. Especially for young people. I do”* (Expert 008). Similarly, another participant cautioned that the idea it was not possible to create trust online may be driven by older generations and may not necessarily be true for young people:

*“Although, you know, I say that with the caveat that I'm older, and old school. And I think youth have found, and feel, much more comfortable with a whole variety of online only connections [in general] with other people, and they feel that, and are fine with it to a level that I'm not.”* (Expert 004)

Others commented how it was much more normal for younger people to share information on social media and build community online:

*Interviewer: Do you find that people in those groups have that sense of community like you would have in a face-to-face setting?*

*Expert 009: Yes, absolutely! I do. It's a huge community of people, but people share on there when they need help. Like, yesterday someone posted and said,*

*“I'm going for my job interview” and like, “here I am”, and they posted their picture, “and wish me luck.” It's very supportive, a very sincere community and people really wanting to help each other. Um, and so sometimes people even post like “I don't have food,” or they need something and then someone on the group will reach out and help them.*

### **Interactions Online**

There was a general sense among the researchers and practitioners that engagement in online spaces differed from those in face-to-face settings. Researchers and practitioners raised issues of whether conversation could ‘flow’ online, the significance of video feeds, the practicality of having activities involving body movement online, the challenges of being able to read non-verbal cues online and the role anonymity could play in the intervention. Some researchers and practitioners felt online discussions in general were much more complex when compared to face-to-face interactions:

*“I think there's a barrier. It's like a barrier to entry in the conversation 'cause you feel much more awkward sort of speaking up in an online platform, because you might interrupt somebody. So I think that like voice, which is what your primary mode of communication is in a room, is not necessarily the best primary mode online.”*

(Expert 008)

Yet others indicated that when using video feeds it was possible to have meaningful discussions about sensitive issues online: *“I think all of us during lockdown spent much more time online and using Zoom than we would do before. And in fact, generally we can have quite good discussions with anyone, using Zoom”* (Expert 005).

Participatory interventions often use drama and role plays to promote discussion and reflection in groups. Some researchers and practitioners felt these could be conducted online,

as one expert noted: *“So, we do online yoga”* (Expert 001). In contrast, other researchers and practitioners felt activities involving physical body movement were not feasible online:

*“Often in participatory exercises we try and get people to use their bodies a bit like sort of acting things out and that obviously is more of a challenge on Zoom; in fact I think you find it great challenge.”* (Expert 005)

A consistent concern from researchers and practitioners was that it would be very hard, if not impossible, for facilitators to read participants’ non-verbal cues online, *“So, the virtual element interferes with your ability as a facilitator to observe your participants, to be able to study their mannerisms and their degrees of comfort with the space where other kids are involved”* (Expert 002). Being unable to read body language, and non-verbal cues would be particularly problematic when dealing with potentially sensitive issues such as sex:

*“I may be able to tell whether you believe what I'm saying, or not [by looking at people’s responses]. You miss watching of the body language, which is extremely critical in knowing whether what you're saying [is being accepted or rejected] because, like, for example, if you're talking about sex. Very many people, I don't know how it is in South Africa, but here in Uganda, people shy away from that topic.”* (Expert 016)

The need to read non-verbal cues underscores the significance of video communication in online interventions, as the visual aspect could enable a facilitator to see people’s reactions during the intervention.

Some researchers and practitioners felt that the anonymity offered by online interventions could be especially important for youth who otherwise feel misunderstood by adults: *“For some, especially those that feel misunderstood or have been through really hard times in school or in their homes, sometimes the anonymity would actually be a draw for them”* (Expert 004). Another expert suggested that such anonymity could boost participants’ confidence levels to engage in the discussions and activities, *“They may even feel they get*



*some greater degree of like anonymity and maybe it makes them feel more confident” (Expert 005). Others similarly agreed that online discussions could even be more intimate due to the anonymity of being online:*

*“I think you might reach young people who you otherwise don’t reach because they wouldn’t participate in something like that. I think sometimes they will be more open to tell you things or talk about things that they otherwise wouldn’t because there is some more anonymity around it.” (Expert 013)*

## **Discussion**

Our study sought to understand researchers and practitioners’ perceptions of the possibility of creating safe social spaces online and therefore transformative communication with a focus on IPV prevention interventions. Current research on IPV prevention interventions online have been focused on protection, mostly in the form of apps or education approaches (Eisenhut et al., 2020; Salazar et al., 2014). The results of our study indicate that creating safe social spaces online would be complex, with researchers and practitioners reporting mixed feelings about the possibilities of achieving this. Transformative communication, which is the hallmark of participatory interventions, cannot transpire without the safety found in safe social spaces. Safe social spaces are thus key in understanding the possibility of online participatory interventions.

Ensuring confidentiality of online discussions was a key theme and it was seen as more complex than in face-to-face interventions, with additional risks including remote recording of sessions, not fully knowing who is online and whether others can overhear what is being discussed. Confidentiality promotes honest dialogue and if compromised, dialogue could become jeopardised. Yet online interventions could promote confidentiality through providing anonymity of participants such as use of avatars. According to research, people are more likely to share intimate problems and concerns online when there is complete

anonymity, which they may not feel comfortable discussing with people who know them (Scott et al., 2011). It remains unclear how trust and group identity, and cohesion, can be built when participants are anonymous.

Another important theme related to issues of confidentiality was that young people may have to share devices, which could undermine their privacy, sense of safety online and even limit participation in an intervention. A systematic review of mental health mobile apps for adolescents, found privacy was a key element in promoting young people's participation (Grist et al., 2017). For example, young people reported not wanting to participate in an intervention because the app title would be easily seen on the device (Matthews & Doherty, 2011). Yet, when adolescents have private cell phones, they describe online activities, such as diary keeping as affording greater privacy than paper and pencil diaries (Matthews et al., 2008). Thus, implementing participatory interventions online should consider providing adolescents with a personal password protected gadget, to enhance privacy.

Researchers and practitioners felt that it was possible to develop a sense of community online and this could be easier for younger people, as has been found elsewhere (Ali et al., 2015; Burns et al., 2010). What remained unclear was whether the strong sense of community and trust required for effective participatory interventions could be developed online.

Research on developing trust in online groups has proposed that group norms and a sense of virtual community - members' feelings of identity, belonging, and attachment - are instrumental in developing group trust online (Blanchard et al., 2011). More recent work has similarly found that developing a powerful system of peer-based coercive control and normative influence in which group members internalise group norms and act in accordance with them to be key in developing a sense of community online (Gibbs et al., 2016).

Developing strategies of building these forms of identity and belonging would be critical for online participatory interventions.

If online interventions fail to build a sense of community and trust the anonymity provided could foster conflictual communication, which has parallels with cyber violence. Harsh and unpleasant communication online is a real perceived threat by adolescents (Kenny et al., 2014) and creates a sense of unsafety in online spaces. Researchers and practitioners felt it was much easier for harsh communication to occur online, as compared to in face-to-face interventions. Given the sensitive nature of IPV topic discussions, conflictual communication would undermine the safe social space. Facilitators of online interventions should be carefully trained in how to moderate online discussions and limit conflictual engagement. It may also be important that people use pseudonyms and facilitators are able to block people. Elements of cyber-safety such as deleting anonymous texts or changing passwords, education programmes or school-based cyber-bullying prevention programmes (Slonje et al., 2013) may also be incorporated in online participatory interventions as a means of curtailing cyber violence.

Researchers and practitioners also indicated that online interactions differed from face-to-face ones and were concerned about how uninterrupted conversation could be achieved, particularly as the usual prompts in the form of non-verbal cues may be missing. The value of non-verbal cues in communication has been described previously as they extend verbal communication and promote trust (Brown et al., 2011; Kelly et al., 2019). Being able to read non-verbal cues is also important when discussing sensitive topics. Other researchers and practitioners felt video feeds were crucial as they promote trust, but they also recognised this may be challenging when bandwidth was limited. Developing strategies for supporting communication and dialogue online remains an important task of these interventions.

We also found that younger researchers and practitioners (in the twenties and early thirties) seemed to be more supportive of the possibilities of online participatory interventions, as compared to somewhat older researchers and practitioners. One reason may

be that the older researchers and practitioners, who have a rich experience in face-to-face participatory intervention design and implementation may not have a lot of experience with new technologies, while the younger researchers and practitioners may feel more comfortable online and have previous experience of building community and trust online in non-intervention settings. Indeed, young people use the internet to connect with other young people (Burns et al., 2010), including in support groups (Ali et al., 2015) more often than older counterparts. Some studies have suggested that young people's relationships online are equivalent to those they establish face-to-face, moving beyond the relationships of support groups. Thus online spaces may provide alternative means of social support for young people with reduced interactions (Cole et al., 2017). This might have implications for young people who would otherwise not benefit from in-person interventions, such as those living with reduced mobility.

There are several limitations to this analysis. First, we did not include the voices of young learners, who are central to understanding what they perceive as safe spaces and their perceptions of trust, safety and privacy online. Our work is looking at this in another paper. Second, we recruited practitioners that we knew and used snowball sampling. This limited our pool of participants to practitioners that we knew and who are supportive of participatory interventions. Further, out of the twenty participants, only seven were from NGOs, thus we had less reflections from direct implementer which may have created some bias. Third, while we were focused on young learners, people spoke more generally about IPV prevention online, and some of the specific young learner issues may not have come up. Fourth, an important critique of participatory interventions, that they do not challenge power inequalities remains unquestioned. Those we spoke to were all committed to participatory approaches, and therefore saw them as liberatory and having the potential for transformation. Further

work on the delivery of such interventions could critically assess whether they can substantially transform relationships of power.

## **Conclusion**

Researchers and practitioners had mixed feelings about the possibility of transferring safe social spaces and the processes that create these into the online space. Focusing on how small group processes may be shaped online, our study found a range of issues including access to devices, challenges creating community online, and development of trust, were all considered to potentially undermine safe social spaces. Yet, there remained hope, particularly among younger researchers and practitioners, there was recognition of the benefits of online interventions, with creative thinking and additional opportunities for processes to create safe social spaces online.

Overall, safe social spaces to support participatory intervention work online are complex and require further investigation. Decades of years' work has gone into refining face-to-face participatory interventions. Given the shifts driven by the expansion of the internet, and COVID-19, towards increasingly online mediated interactions, future research in participatory interventions should consider beginning a process of designing and piloting online participatory interventions to evaluate their feasibility.

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**Contributors**

JN designed the original study and wrote the protocol. JN developed the analysis plan for this paper. JN undertook the analysis and wrote the first draft of the manuscript. AG and MN supervised the analysis. All authors reviewed the manuscript and provided critical insight into the paper. All authors have approved the final manuscript.

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## Chapter 4

### How Social Contexts May Shape Online Participatory Violence Prevention

#### Interventions? Views of Researchers and Practitioners

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**Abstract**

There is increasing interest on the possibility of delivering violence prevention interventions online. This interest has been intensified by the ‘stay at home’ mandates brought about by COVID-19, which has pushed violence prevention practitioners to find innovative ways to deliver violence prevention during the pandemic. Our study sought to understand the ways in which social contexts may enhance or impede participatory interventions for youth online. We conducted 20 in-depth interviews with researchers and practitioners based in various parts of the world. Data were analysed using thematic network analysis. Results indicate that online participatory violence prevention interventions may on the one hand be undermined by material factors such as access to devices, familiarity with technology, internet infrastructure and recruitment strategies. On the other hand, young people’s preference for online engagement, ability to reach those less inclined to take part in in-person interventions and potential for continued engagement in cases of participants on the move was raised. Online group-based participatory violence interventions are crucial for when in-person meeting may not be possible. We present initial thoughts on show how social contexts could impact the occurrence of these interventions online. More evidence is needed to help us understand the how social contexts would shape online participatory violence prevention interventions’ outcomes.

Key words: Violence against Women and Girls; online; participatory interventions; social contexts; young people

## Introduction

Preventing violence against women and girls (VAWG) is identified by the United Nations as one of the Sustainable Development Goals (Goal 5.2), and a key goal of global public health. Consequently, an increasing body of research has focused on designing and evaluating interventions aimed at preventing VAWG through addressing its root causes - primary prevention (Heise, 2011; Jewkes et al., 2020). Evidence suggests that effective VAWG primary prevention interventions are often rooted in participatory approaches, which use strategies such as discussions, reflective activities and role plays (Jewkes et al., 2020). These primary participatory interventions are often delivered in in-person settings.

There is a growing research and interest in online violence prevention interventions. These interventions are often in the form of apps (Glass et al., 2015; Wirtz et al., 2013), social media messages on sites such as Instagram (Carlyle et al., 2019; Kim et al., 2021), and websites (Salazar et al., 2014). Notably these online violence prevention interventions are often geared towards emergency or protective solutions (Eisenhut et al., 2020; Maxwell et al., 2019) or secondary prevention focusing on supporting women experiencing violence to leave an abusive relationship (secondary prevention), as opposed to the primary prevention of violence (Rempel et al., 2019). Yet, evidence suggests that violence prevention interventions that support behaviour change, group-based participatory interventions (Jewkes et al., 2020; Kerr-Wilson et al., 2020), are more likely to prevent VAWG.

There has been increasing interest in the potential to deliver group-based participatory violence primary prevention interventions online. This has been driven by the increased accessibility of the online world because of improved internet connectivity, and in the past two years the impact of COVID-19 (Emezue, 2020; Jewkes & Dartnall, 2019). There are potential benefits to the delivery of group-based participatory violence prevention interventions online. These include the possibility of bringing violence prevention

interventions to scale due to their wider reach, with reduced human resources requirements and greater accessibility as it is convenient for everyone to join from a location of their choice (Bailey et al., 2015; Murray et al., 2016). But the delivery of online participatory violence prevention interventions also raises unique challenges, especially in low-income settings. Broader social contextual factors such as limited access to technological devices (e.g. phones), inability to afford data, poor infrastructure including lack of electricity to charge devices, or no cellular connectivity in some areas (Eisenhut et al., 2020; Emezue, 2020; Organisation, 2015; Wallis et al., 2017) could impact on violence prevention intervention accessibility and outcomes.

There is limited evidence on the possibilities of delivering participatory small group VAWG prevention interventions online (Jewkes & Dartnall, 2019). Further, the majority of online violence prevention interventions (in the form of apps, social media and websites) have been implemented in Asia, Europe and North America, with far less being implemented in sub-Saharan Africa (Eisenhut et al., 2020). The aim of our study was to understand how social contexts may impact on the delivery of participatory violence prevention interventions to young people online, in South Africa. To achieve this, we interviewed a group of researchers and practitioners who have experience in designing and implementing participatory interventions to young people. Findings on interviews conducted with adolescents are reported elsewhere.

### ***Theoretical Framework***

Participatory VAWG prevention interventions are often framed around the concept of safe social spaces, and much research has focused on the establishment and effectiveness of safe social spaces (Hatcher et al., 2011; Vaughan, 2010, 2013). These safe social spaces enable *transformative communication* to occur (Campbell & Cornish, 2012). Transformative

communication (Campbell & Cornish, 2012), is achieved via a range of activities, such as role plays and community mapping, that support critical reflection enabling the emergence of *critical consciousness* – gaining an understanding of how social conditions create situations of disadvantage (Campbell & Macphail, 2002) – and in turn, leading to behaviour change.

Evidence suggests that the social contexts in which interventions take place could undermine or support intervention outcomes (Vaughan, 2013) and the delivery of interventions (Gibbs et al., 2014). Campbell and Cornish's prior work provides us with a framework for understanding how social contexts may impact intervention delivery and outcomes (2012). This framework proposes that social contexts that interventions operate in could be conceptualised in three inter-linked spheres: material-political, relational and symbolic contexts.

The *material-political* context focuses on how (i) *resource-based aspects of agency* (the extent to which people have access to resources), and (ii) *experience-based aspects* (opportunities for people to put their skills into practice) shape intervention implementation and outcomes (Campbell & Cornish, 2012). For example, in communities with low employment rates (resource-based agency) people may struggle to attend intervention sessions as they prioritise job seeking.

The *relational context* refers to the way in which social relationships manifest and impact on intervention delivery and outcomes. The relational context is primarily characterised in terms of social relationships between peers, families, and interactions with external actors (Campbell & Cornish, 2012).

The *symbolic context* refers to how ideas and representations in the social world determine opportunities for change (Campbell & Cornish, 2012). It is the meanings, ideologies and worldviews through which people understand themselves, and other aspects of their lives (Valsiner, 2007) and it frames the ways in which different groups/people are



valued and respected (Campbell & Cornish, 2012). In interventions, representations (symbols) could provide opportunities for new subject positions to emerge.

## **Methods**

### ***Study Site and Research Design***

The first author was based in South Africa, but experts (referred to as researchers and practitioners in this study) could come from anywhere in the world. Participants were recruited through purposive and snowballing sampling. Our inclusion criteria were (a) having experience in developing, conducting or evaluating group-based violence prevention interventions (b) having conducted at least one intervention in a low-income country; and (c) being able to give informed consent.

We collected data through in-depth qualitative interviews, online, either on video or voice calls. The approximate duration of the interviews was 50 minutes (range 24 - 67 minutes). The interview questions were around the challenges and potential for online participatory violence prevention interventions, e.g., “what do you think are the possibilities of online participatory violence prevention interventions in the field of violence prevention?” or what challenges do you think one would encounter when delivering participatory interventions online?” All interviews were conducted by the first author in English, recorded electronically and then transcribed verbatim.

### ***Ethical Considerations***

The Nelson Mandela University Research Ethics Committee (Human) provided ethical approval for this study (H19-HEA-PSY-012). Informed consent, either written or verbal, was obtained from all participants prior to taking part in the study. We have anonymised all participants' names and project names.

### ***Data analysis***

All interviews were conducted in English and all data were transcribed verbatim by a trained research assistant. The entire transcripts from the interviews were utilised in the analysis. The first author first read through all the transcripts and listened to the interview recordings a second time to get a sense of the data. The first author then devised an analytical coding framework which was derived from interrogating literature on the topic (e.g., availability of technological devices, access to internet etc.) (Gale et al., 2013). Data were then dissected into text segments using the pre-defined coding framework. Abstract themes emerged from these text segments. In the dissecting process, if new categories emerged, they were added to the initial coding framework.

Then, as proposed by Attride-Stirling (2001), the emerging abstract themes were grouped into basic themes, which are derived directly from the textual data. These basic themes were then grouped into organising themes, where basic themes are grouped into clusters of similar issues. Finally, the organising themes were grouped into the global themes, which encompass the principal metaphors in the data as a whole (Attride-Stirling, 2001). These themes were presented in a web-like fashion, illustrating the thematic networks (Attride-Stirling, 2001). The whole process was supported by the other authors through ongoing discussions.

### **Findings**

In total, twenty participants, (eight from South Africa, one from ‘the rest of Africa’, five from Europe, five from North America, and one from South America) took part in this study. Participants had a wide range of experience from two years to 25 years in their respective fields (Table 4.1).

**Table 4.1***Showing descriptions of the experts*

Expert N°	Male	Female	Academic	Intervention expert	Africa	Europe	North America	South America
1		✗		✗	✗			
2		✗	✗	✗	✗			
3		✗		✗	✗			
4		✗		✗	✗		✗	✗
5		✗	✗	✗	✗			
6		✗		✗	✗			
7		✗	✗	✗	✗			
8		✗		✗	✗			
9		✗	✗	✗	✗	✗		
10	✗			✗	✗		✗	✗
11		✗		✗	✗		✗	
12		✗	✗	✗	✗	✗		
13		✗		✗	✗			✗
14		✗		✗	✗			
15		✗		✗	✗			
16		✗	✗	✗	✗		✗	
17		✗		✗	✗			
18		✗	✗	✗	✗	✗		
19		✗	✗	✗	✗	✗		✗
20		✗	✗		✗			

We present our findings under three global themes (1) the material–political context, (2) the relational context and (3) the symbolic context and reflect on their implications for participatory online violence prevention interventions (Table 4.2). To the best of our knowledge experts were speaking about their perceptions, rather than direct experiences of online participatory violence prevention interventions. Thus, they were reflecting on how their

experiences of face-to-face group-based violence interventions, may translate to the virtual sphere.

**Table 4.2**

*Presenting findings on how social contexts may impact delivery of violence prevention interventions*

Global theme.	Organising theme
Material-Political context (Experience-based agency)	a) Familiarity with technology
Material-Political context (Resource-based agency)	a) Access to devices b) Power c) Internet connectivity and infrastructure d) Video access
Relational context	a) Recruitment of participants b) Mobile relationships
Symbolic context	a) Navigating stigma associated with violence prevention interventions b) Young people online

***Material-political Context (Experience-based agency)***

**Familiarity with Technology**

One challenge raised by many researchers and practitioners was participants' levels of familiarity with technology. Although access to, and familiarity with, technological devices has improved over the last few years, some researchers and practitioners felt that online

participatory violence prevention interventions might be challenging for those who are less familiar with the technology:

*“So, we're working with indigenous populations in [name of the place] and the rates of illiteracy, especially among women, is huge. Most women have not gone to school. And so, you have this population that might be using phones, but they're using them in a totally different way than like the texting. So, it's a little bit about thinking about how we can adapt the ways in which we're using technology as well to allow people to interact on their own terms. And still get their perspective out there.”* (Expert 020)

Others felt unfamiliarity with technology could impact on participants' ability to engage in discussions online and suggested testing these interventions with learners and getting their perspective on this:

*“What I'm less sure about is whether people who would be much less familiar with the technology would feel as free about doing that [having discussions online], and I think that is certainly something that you would need to find out through testing it and trying to get feedback from learners about how they feel and whether it makes them feel a bit stranger, self-conscious or whether they can relax.”* (Expert 005)

Furthermore, researchers and practitioners were worried that there may be recruitment bias, as those who were not as familiar with technology, or those who were not active often online might be left out of interventions:

*“There's going to be people who are more active in that [online] space. And those are easy people to recruit. It's a little bit of that, then sort of sets you up for recruitment bias, and so there might be many, many people who have really interesting perspectives that are not included in that recruitment profile. And so, who are you missing out?”*  
(Expert 020)

### **Levels of Literacy**

Researchers and practitioners were also concerned that low levels of literacy may impact on people's ability to engage in online discussions if text messages/writing was needed. This revolved around two issues, one people's ability to properly express themselves in written form, and two, people's ability to read and interpret messages correctly:

*"It's difficult to learn from each other online [in the intervention]. Because much of this requires one to read and, in our schools, and depending on which school you go into, the level to which people's handwriting and ability to spell out exactly what they mean, also gets curbed if they're going to type things up. Having to type anything, any medium that comes in the way of how one expresses themselves is the issue. They may be conscious that other people are going to worry about, you know, raise issues about their spelling mistakes etc. Or I can't read this, you know how children can be. For them I mean, they're still in identity formation stage even then, so self-confidence can also be impacted."* (Expert 002)

Other researchers and practitioners felt that literacy would not be such an issue in online participatory interventions. For example, one expert who has worked on online participatory violence prevention interventions with a variety of groups thought that with a little bit of creativity, there were ways to generate discussion among groups with different levels of literacy:

*"Journaling may or may not work for you [depending on level of literacy]. It may, for some. In other places and more oral cultures, finding ways for people to just audio record, like do a one-minute story or like you know do a stream of consciousness to answer this question and then share those with the small group. You know, or real time breakout sessions on some platform that people can discuss. I think there's plenty of*

*opportunities for reflection and discussion, both in written and oral if we can figure out how to use the platforms well.” (Expert 004)*

### ***Material-Political Context (Resource-based Agency)***

#### **Access to Devices**

A recurring issue raised by all the researchers and practitioners was that smart phones or laptops may not be available to all young people, limiting people’s ability to participate in online participatory violence prevention interventions:

*“I would say the key thing that comes to mind for me, is really around consistent and equitable access to participating in the intervention and that could either come in the form of access to phones or computers. So really ensuring that access is not a hindrance, will be a main challenge, as well as considering how that access might vary based on different social dimensions or otherwise, to ensure that they are still equitably accessed across your programme participants.” (Expert 012)*

Further, where smartphones or laptops were available, the functionality of the device might make it hard for a person to become involved in an online participatory violence prevention intervention:

*“So, for your low income, we are finding that although people might have access to a smart phone, it might be a hand me down or a very low entry level kind of smartphone. And they aren't necessarily using these online platforms, like a person from a higher income socioeconomic status.” (Expert 009)*

#### **Power Dynamics in a Household**

Researchers and practitioners felt that where smartphones or laptops were not easily accessible, especially for children, people’s access to devices, and consequently the

intervention, may be mediated by more powerful actors in the household: *“Uneven access to these sorts of devices. You know, by socioeconomic status etc. Just thinking of like, there might be a family where the parent has a mobile phone and then the teenager might have access to it sometimes and other times not. And then the kind of power dynamics attached to that”* (Expert 019). Researchers and practitioners also cautioned that providing participants with personal phones as a way to enable them access to an intervention may be risky, especially in highly patriarchal societies where women are disempowered:

*“What [the phone] you're giving in a very vulnerable community that's highly patriarchal. With social norms that don't empower women in any way whatsoever one of the most expensive things that anybody in that household may have ever seen to a woman? So that created tension in the households the women had the phone taken from them.”* (Expert 001)

### **Internet Connectivity and Infrastructure**

The researchers and practitioners were also concerned about how the high costs of data and broader internet structure may limit young people’s ability to access an online participatory violence prevention intervention: *“I think the data is a bigger issue [than access to devices]. In the sense that data is expensive”* (Expert 021). High data costs would potentially mean uneven access to the intervention, unless interventions provided data:

*“We also find that it's the, there is a belief that researching violence against women using mobile technology will reduce some of the inequities, but actually can increase your bias inequities because people don't have data.”* (Expert 001)

Poor infrastructure including limited bandwidth and erratic electricity were also raised as a factor that could potentially exclude participants:



*“There’s either been electricity failures, no electricity, or there’s just no network. It just isn’t there that day, and then when she manages to get online, she hardly hears anything, and we don’t hear her. So, I think a lot must be done with the cell phone companies to ensure an adequate connection. We’re still depending on a national infrastructure that isn’t there yet.”* (Expert 003)

Other researchers and practitioners however felt that the issue of connectivity was improving *“The one good thing that has come out of COVID is that there is a lot more connectivity all round than what there was before”* (Expert 021). Furthermore, they also suggested that there may be ways around challenges related to electricity:

*“There are ways around that. You know, we’ve proven that in deep, deep rural areas, where we’ve put it up, solar charging stations, etc. And the most remote of remote areas, you can only reach it with a 4X4. That is how bad the road surfaces are, and there you will have solar charging stations, sitting on top of a mountain and charging devices.”* (Expert 021)

The impact of poor connectivity and electricity outages were concerning because it could impact on intervention delivery, leading to very different dynamics in group sessions, as compared to face-to-face discussions: *“It’s very different from when you could see and you interacting with people directly, right? The conversation breaks at times. They [the facilitator and participants] have to be OK with, you know shifting and being flexible and adaptable to the circumstances”* (Expert 007). Such breaks in discussions caused by poor connectivity could interfere with the natural flow of conversation:

*“You know how on the line you have these breaks of, you know, your internet connection for somebody isn’t great. They’re speaking and then you can’t hear exactly what they’re saying. The laughter is delayed.”* (Expert 002)

Such disruptions in communication could slow down the building of relationships online, leave some people out of a discussion, and disrupt participants' sense of being in the 'same space' as others, which are all important aspects of participatory interventions.

### **Video Access**

An important strategy in building trust among participants in an online group intervention was having people use their videos so people could see one another:

*"We always jokingly say; "OK, switch on your video you know, so that I can see your face and know that I'm not talking to robot or whatever". Now, I mean that's a very elementary way, but that that could be one way, at least, of establishing that rapport albeit a slightly different rapport, but having at least video interaction so that you are not deceived by the person that you are speaking to. Because you speaking to a faceless individual."* (Expert 021)

Videos could help build a sense of community online *"I think that that connection is facilitated by the video link. I think that the video thing for building communities is quite important. Especially when you're working at a more like emotional and personal level"* (Expert 003).

Researchers and practitioners also clearly recognised having videos on wasn't always an option for most intervention delivery: *"but videos on is a real impossibility for a lot of locations to make it doable"* (Expert 004). An IT specialist however felt that there are possibilities of video communication, even in areas with low bandwidth if the correct platform is used:

*"And we have found, well we're using different technology to you know, it's not the (names of online platforms) and those things. So, we've been using something that uses low bandwidth and is light on data. So, I think it depends on the platform that you use."*

*So, I think if one looks at the particular platform that is low on bandwidth and low on data, that could also work." (Expert 021)*

### ***The Relational Context***

Researchers and practitioners explained how the processes of recruiting online for an intervention may change who gets recruited and this may impact the emergence and nature of relationships within an online participatory violence prevention intervention group.

Researchers and practitioners also discussed how online interventions could potentially reach otherwise hard to reach groups such as those on the move, or those with functional limitations (disabilities).

### **Recruitment of Participants**

There were conflicting views about how recruitment of participants for an online participatory violence prevention intervention would differ from face-to-face recruitment and how this may change the composition and group dynamics. Some researchers and practitioners raised concern about how online recruitment may lead to participants who had vastly different lives being in the same group: *"But then you know those people might look quite different from you know, a cross section of people in a physical community"* (Expert 019). Such differences in the intervention group make up could impact on group dynamics, as it undermines a key aspect of participatory approaches that people are similar and likeminded. Others, however, felt that if participants were self-selecting into the intervention, then some similarity may be achieved: *"If students are self-selecting into it, it's that they have some sort of openness or readiness to engage with the content for some reason. I mean the students that will self-select are students that are already switched on"* (Expert 004).

Some interviewees felt that recruitment via online platforms could allow for new types of groups to be reached, *"I suppose the virtual sphere opens you up to connecting like a*

*young person in Mpumalanga with a young person in the Northern Cape and with a young person even further afield”* (Expert 003). The implications for this were unclear, it could enable people from very different settings to see how challenges in their lives were not ‘their fault’ but driven by larger social processes, or it could make it difficult for them to relate to one another.

### **Increased Accessibility and New Relationships**

Several researchers and practitioners felt that online participatory violence prevention interventions could enable relationships to form in contexts where these may not normally be easy to establish or maintain in the long run. Three specific ‘groups’ were identified by researchers and practitioners: those in humanitarian settings, people living with disabilities, and women in abusive relationships. While having very different contexts, they all may struggle to access ‘face-to-face’ participatory interventions over long periods of times.

The two respondents who worked primarily in humanitarian contexts felt online participatory violence prevention interventions had the potential to enable refugees who were on the move to remain in an intervention: *“How the project (an online intervention that is being implemented in humanitarian settings) initially came about was that we were thinking about acute crises. How do you deliver a 16 week or 8 week in-person intervention when people, when there are refugees, who are like on the move? You know, they're, they're fleeing a conflict”* (Expert 015). The other humanitarian practitioner also felt that online participatory violence prevention interventions would provide continued interaction with the intervention, even when contexts made in-person engagement impossible:

*“In humanitarian studies, what excites me about technology is you can continue to work with adolescents or your target group even if they're on the move and so they're not restricted to one physical location but you can provide some form of continuity, of*

*engagement regardless of where somebody is and I think that can be quite important especially again for those adolescents who are on the move or potentially fleeing different types of conflict re-displacement but just having that on-going opportunity for engagement is promising.” (Expert 012)*

The continuity offered by online access to an intervention means that once a group for a participatory intervention was established, the engagement could continue regardless of their location.

There were also discussions on how accessible online participatory violence prevention interventions would be for people living with disabilities. An expert working with computer technology felt that adapting communication to reach people with different forms of disability simultaneously is possible:

*“They developed a sign language app that allows you to type, and it signs at the same time. But OK, if your person is deaf, then they would be able to read text on the screen. So, one could put subtitles on, on that [that communication], but then you have to also look at using for example, for people who are visually impaired. You should be able to read out the subtitles and make use of the technology to do that. So that is a possibility. I mean that is not very difficult to do. I have many examples of things that we've produced, you know, that makes use of that, so that it caters for people who are hearing impaired and visually impaired.” (Expert 021)*

A number of interviewees also mentioned that online participatory violence prevention interventions may improve access for women in abusive relationships, who could access interventions from their house, “[The] possibility for women who are not living with their partners, but their partners are controlling and might want to control their [women’s] access to intervention, then you know an online connection is going to help” (Expert 003).

## ***The symbolic context***

### **Young People Online**

A supportive aspect within the symbolic context was the sense that young people's lives were increasingly led online, and they were more likely to be willing to engage in online activities, than older people. According to researchers and practitioners, this is facilitated by young people being more comfortable disclosing personal issues in online arenas: *"I think youth have found and feel much more comfortable with a whole variety of online only connections with other people and they feel that and are fine with it"* (Expert 004). The anonymity provided online could be a reason for this comfort, as suggested by some researchers and practitioners:

*"You might reach young people who you otherwise don't reach because they wouldn't participate in something like that [the intervention]. I think sometimes they will be more open to tell you things or talk about things that they otherwise wouldn't because there is some more anonymity around it."* (Expert 013)

### ***Navigating stigma associated with attending violence prevention interventions***

From a few researchers and practitioners, the accessibility of online participatory violence prevention interventions for VAWG, may help address the stigma that violence prevention interventions are for 'other people':

*"The elite group is missing out. They do not want to participate in the community level activities. So, the online intervention will catch all these people across the board. The ones in the communities, everyday people, as well as the so called, 'elite group'. We could even pull in some of these taboo spaces. I call them taboo spaces because they pretend to be holy, and they don't engage in these conversations. The so-called religious leadership. They need to be part of this conversation."* (Expert 019)

Indeed, other researchers suggested that online participatory violence prevention interventions could be more convenient which could suit people's time and space: "*I think you can do delivery at a time as well, not just the space, but at the time that suits participants rather than suits the infrastructure around them*" (Expert 003).

## **Discussion**

In this discussion we focus on how social contexts may shape access to and delivery of group-based participatory violence prevention interventions online for young people, through applying a framework assessing the material-political, relational and symbolic social contexts (Campbell & Cornish, 2012; Vaughan, 2013). We found that factors such as familiarity with technology, access to technological devices and the internet, and recruitment, shaped possibilities of conducting group-based participatory violence prevention interventions online. We also found that online interventions provided new opportunities for people who are constantly on the move or had accessibility challenges. We discuss each in turn.

A key theme that emerged in this study was young people and their familiarity with new technologies and this straddled the symbolic and material-political contexts. Young people were described by study participants as being more familiar with new online technologies - *experience-based agency* - and this would likely support young people's confidence and involvement in online participatory violence prevention interventions, as has been described in research on other topics (Liyanagunawardena & Aboshady, 2017). Indeed, people who are not comfortable with complex technology often look for simpler technologies to communicate with or avoid technology altogether (Lee et al., 2011; Vosner et al., 2016). As such online participatory violence prevention interventions should use platforms, or tools that target groups are already using for communication online and build on them as delivery

mechanisms. Training participants on the platform being used prior to the implementation of the violence prevention intervention could also prove beneficial for intervention engagement.

A major concern among researchers and practitioners was whether young people would have access to devices to enable their participation online. Lack of access to devices has previously found to exacerbate existing inequalities (Summers et al., 2020), and as such this could lead to differential access to intervention programmes. Understanding how young people access the internet, when they do this and through what devices is important in understanding how online participatory violence prevention interventions may differentially engage groups.

Poor internet infrastructure emerged as a major theme. A major concern among researchers and practitioners was whether young people would have access to devices to enable their participation online. Lack of access to devices has previously found to exacerbate existing inequalities (Summers et al., 2020), and as such this could lead to differential access to intervention programmes. Understanding how young people access the internet, when they do this and through what devices is important in understanding how online participatory violence prevention interventions may differentially engage groups.

Poor internet infrastructure emerged as a major theme. Specifically, there was concern that poor internet connectivity would limit the dynamics of online participatory violence prevention interventions, and consequently undermine transformative communication. Many described how the weak internet infrastructure would limit online activities such as video links and discussions as there could be constant lagging and freezing of the feeds, reflecting previous work (Dridi et al., 2020). The ongoing lagging and freezing could distract participants and undermine their ability to engage in spontaneous discussion and dialogue as posited by (Jewkes & Dartnall, 2019). Further, while video feeds have been described as important for the emergence of trust, building of relationships and enabling people to read each other non-verbal cues online (Brown et al., 2011; Kelly et al., 2019), with poor internet



connection this is not possible. As such, the overall lack of good internet infrastructure may impact on the ability for key aspects of transformative communication to be enabled in online participatory violence prevention participatory violence prevention interventions.

Online participatory violence prevention interventions allow people to remain engaged even where meeting in-person is not possible, (e.g. for people with functional limitations, because of being refugees/migrants or because of lockdowns). Beyond the ability to participate fully in an intervention, this extended online interaction could also provide sustained supportive mechanisms and ongoing social relationships after any ‘formal’ intervention has been finished. The potential for online social relationships where in-person meeting is not possible has been found in other studies where online relationships have been argued to potentially provide alternative means of socialisation for people with less face-to-face interactions, including people living with disabilities (Cole et al., 2017). Thus, where social relationships in ‘face-to-face’ spaces are either transient or hard to achieve, online groups could provide participant groups with alternative ways of maintaining social relationships with liked and like-minded peers.

A concern raised was how the process of recruitment for online participatory violence prevention interventions may differ compared to in-person interventions, and how this may impact on transformative communication. Online recruitment enables participants outside of the same physical communities that normally would be drawn from in face-to-face intervention recruitment. In a carefully facilitated intervention, this may enable participants from other areas who are experiencing similar issues, and this would help the participants view issues as unstable (malleable to change) (Ehlers & Clark, 2000), which would facilitate critical thinking and reflection. Studies have however suggested that differences in groups may pose a challenge because transformative processes work best with similar groups where participants can relate to what their peers are saying (Borek & Abraham, 2018; Cartwright &

Zander, 1968; Tarrant et al., 2016). Researchers and practitioners should consider a more purposive form of recruitment, where participants who are recruited online undergo a preliminary session geared towards finding, and grouping, people in a way that enables constructive discussions.

This study has a number of limitations. First, the pool of participants recruited for this study was limited, as we recruited participants we knew and then used snowballing sampling to expand out, thus likely accessing people with similar views. Secondly, while our study focused on group-based participatory sexual violence prevention interventions for adolescents, some experts generalised their views to VAWG prevention interventions online with any population, and thus we may have missed some specific adolescent issues. Thirdly, in this paper we did not include the perspectives of young learners, which are crucial to understanding the feasibility of group-based participatory interventions for their generation. We present analysis on perspectives of adolescents in another paper. Finally, while the thematic network analysis provides 3-level themes, we only present 2 levels as there were too many basic themes to describe in one manuscript. However, we ensured that all basic themes were represented in the organising themes.

## **Conclusion**

For effective online participatory violence prevention interventions to be successful, researchers and practitioners need to consider how the wider social contexts in which interventions are implemented may impact on online delivery and intervention outcomes. Previous research has highlighted how social contexts such as poverty and unemployment shape face-to-face intervention delivery (Campbell & Cornish, 2010) and how wider social contexts may undermine participants' attempts to translate interventions' activities into their day-to-day lives (Campbell & Cornish, 2012; Vaughan, 2013). This paper explored how social contexts could shape online participatory violence prevention intervention delivery and

transformative communication. We found that major structural challenges for online participatory violence prevention interventions remains poor internet infrastructure, limited access to devices and lack of familiarity with technology. Working with communities to co-develop solutions and use technologies with low bandwidth to ensure transformative communication can be central to interventions is critical.

While there are many contextual constraints to online participatory violence prevention interventions there are opportunities to build and achieve transformative communication. Young people are more adept and engaged online and willing to discuss sensitive topics online. Furthermore, the opportunities afforded by sustained online engagement either where participants are mobile, or in-person meeting is an impossibility, creates new possibilities. Building on these opportunities and developing interventions that harness these opportunities is key.

As access to the internet increases, particularly among young people, there is a need to develop participatory violence prevention interventions to be delivered online. Co-development of intervention with those targeted is critical to minimise negatives and maximise positives. As this occurs, there is a need to recognise the role social contexts play in shaping possibilities of intervention delivery. More research is also needed on video technology in low-bandwidth settings, to enhance possibilities of transformative communication online.

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**Contributors**

JN designed the original study and wrote the protocol. JN developed the analysis plan for this paper. JN undertook the analysis and wrote the first draft of the manuscript. AG and MN supervised the analysis. All authors reviewed the manuscript and provided critical insight into the paper. All authors have approved the final manuscript.

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## Chapter 5

### **Learners' viewpoints on the possibilities and limitations imposed by social contexts on online group-based participatory interventions to address violence.**

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**Abstract**

Intimate partner violence (IPV) is a global public health concern amongst young people. Consequently, prevention efforts in the form of participatory interventions have been implemented, mainly in face-to-face settings. However, in recent years, there has been a growing interest to deliver participatory IPV prevention interventions online, and this has been exacerbated by COVID-19 imposed limitations. There remain concerns, however, about the impact social contexts may have on transformative communication in participatory interventions online. We conducted semi-structured interviews with 18 learners (14 -19 years) from Eastern Cape province, South Africa, to understand the possibilities and limitations that social contexts impose on online participatory IPV prevention interventions. Access to devices, reliable internet, and privacy in homes provided opportunities for online IPV prevention interventions, while limited privacy, safety, concentration, and familiarity with some apps online challenged young people's interest in online IPV prevention interventions. We also found that young people's greatest concern was around achieving trust, privacy and safety online. More evidence is needed on how trust, privacy, and safety, supportive of transformative communication, can be achieved online. Further, young people are active and strategic in their engagements online and their potential to generate creative relevant solutions to address these challenges is highlighted.

*Key words:* Adolescents; IPV; Participatory interventions; Prevention; Transformative communication

## Introduction

Intimate partner violence (IPV) is a global public health concern amongst adolescents and young people (Stark et al., 2021; Stöckl et al., 2014). Increasing evidence demonstrates the impact IPV has on young people, including poorer mental health (Devries et al., 2013; Potter et al., 2021), increased likelihood of contracting sexually transmitted infections (Reed et al., 2014), increased substance use (Devries et al., 2014; Ramsoomar et al., 2021) and poorer educational outcomes (Bhana, 2012, 2013; Burton & Leoschut, 2013).

Interventions to prevent violence in intimate relationships are increasingly common, including for adolescents and young people, though not all are effective (De Koker et al., 2014; Hosek & Pettifor, 2019; Mathews et al., 2016; McNaughton Reyes et al., 2021). While most of these interventions are done face-to-face, a small but growing number are delivered online via apps (Glass et al., 2015; Wirtz et al., 2013), social media (Carlyle et al., 2019; Kim et al., 2021), and websites (Salazar et al., 2014). These online interventions create a range of opportunities, including bringing interventions to scale, and offering participants flexibility to engage because they can take part in the activities at a convenient time (Bailey et al., 2015; Murray et al., 2016). Others suggest online violence prevention interventions may be important because young people are fond of interacting online (Masanet & Buckingham, 2015; Pang, 2018; Xie & Kang, 2015), are comfortable seeking support online (Ali et al., 2015; Grist et al., 2017; Ybarra et al., 2015), and are increasingly forming relationships online (Scott et al., 2020). Indeed, there is strong evidence to support the uptake of violence prevention activities amongst young people online, but this evidence has mostly been limited to apps (Eisenhut et al., 2020; Vu et al., 2016; Wirtz et al., 2013).

There remain concerns however, about the limitations of online IPV prevention interventions. Some have cautioned against assuming that because young people are always online and enjoy being online, they are open to taking part in violence prevention

programmes online (Jewkes & Dartnall, 2019). Young people often experience difficulties discussing issues of violence in face to face contexts, due to stigma associated with being identified as a victims, and being judged or misunderstood (Martin et al., 2012) and it may be that these are exacerbated online. Although other evidence shows that online spaces may circumvent this reluctance to discuss issues of violence (Tarzia et al., 2017). Thus, while young people can be comfortable disclosing personal information online (Davis, 2012), it remains unclear if young people feel safe to discuss sensitive topics, such as violence, in online group interventions.

There is also concern whether participatory violence prevention interventions can be delivered online, whilst maintaining the components that make them effective (Dartnall & Jewkes, 2013; Jewkes et al., 2021). There are two main concerns. First, whether creating social safe spaces online is possible and how, for instance, to build trust and open dialogue online (Ndungu et al., 2022b). Second, structural challenges such as access to internet and devices, and electricity to charge the devices (Eisenhut et al., 2020; Emezue, 2020; Wallis et al., 2017; World Health Organisation, 2015), may impact on how interventions are run (Ndungu et al., 2022a), and who can access them (Hegarty et al., 2019).

Participatory interventions to prevent violence are common (Gibbs et al., 2017b; Vaughan, 2013). Participatory approaches, inspired by Freire's work on critical pedagogy (Freire 1973), utilise small groups to provide opportunities for people to engage in *transformative communication* (Campbell & Cornish, 2012; Fulu et al., 2015).

Transformative communication requires a number of pre-requisites, (1) a safe space needs creating, which refers to a space where people can speak openly, and where people feel heard, their views are respected, and they do not feel judged, (2) dialogue and discussion between group members, and this is often generated through participatory activities such as dramas, which support participants to reflect on their behaviour and circumstances and

identify opportunities for change, and (3) there needs to be an iterative process of reflection and practicing different ways of being (Campbell, 2003; Campbell & Cornish, 2012; Vaughan, 2013). If the three aspects of transformative communication are in place, it may be possible that those engaged in them can engage with new information, integrate them into their thoughts and daily lives, and start to act in different ways (Campbell, 2003).

### ***Theory***

To understand the challenges and opportunities of delivering online participatory interventions in the global South and how these may impact on transformative communication, we draw on a framework focused on social contexts proposed by Campbell and Cornish (2012). This framework suggests that interventions – including small group ones seeking to generate transformative communication - operate in social contexts that shape intervention implementation and outcomes. As such, it is important to understand how social contexts may impact on the delivery of small group interventions. Social contexts can be understood as three inter-linked contexts: material-political, relational and symbolic.

*Material-political* contexts comprise both *resource-based aspects of agency* (the question of whether people have access to resources), and *experience-based aspects* (the question of whether people have the skills, and ability to put these skills into practice) (Campbell & Cornish, 2012). In the context of online interventions, resource-based aspects of agency could be shaped by young people's access to reliable internet for instance (Gibbs et al., 2021). While experience-based aspects include prior experiences of engaging online.

The *relational context* refers to the way social relationships function (Campbell & Cornish, 2012; Gibbs et al., 2017a). In relation to online interventions, this may be shaped by young people's prior experiences of being 'online' in groups, or in one-on-one communication, which may shape their willingness to openly discuss issue/disclose sensitive

information. They may also have prior understandings of safety online, for example experiences of cyber bullying, may impact their ability to create, maintain or experience safe social spaces online.

Finally, the *symbolic context*, which refers to how meanings, ideologies and worldviews shape people's understanding of their lives (Valsiner, 2007). In the context of young people's online interventions, this may include young people's understanding of the online space – in terms of a space providing opportunity to learn new behaviour, or a platform to reinforce their existing behaviour.

In this paper we apply the framework of social contexts to semi-structured interviews with high school learners from the Eastern Cape in South Africa, to understand the possibilities and limitations that social contexts impose on online group-based participatory interventions to address violence.

## **Methods**

### ***Study site and research design***

We recruited participants from six public high schools in an urban setting in the Eastern Cape, South Africa through purposive and snowball sampling until data saturation were obtained. We recruited from multiple schools to capture views from learners coming from different contexts. We recruited through schools to reach learners who had previously been exposed to an IPV prevention intervention. Learners (Grades 10 - 12, typically ages 16-18) were recruited through teachers, psychologists and social workers working in schools. All learners in Grades 10-12, who met eligibility criteria, were invited to participate. Our eligibility criteria for learners were: being in Grade 10-12 in a high school in Eastern Cape, South Africa; able to communicate in English; and willing to provide informed consent, or assent and secure parent consent.

We collected data using semi-structured interviews conducted online, on voice calls. Data were collected by a trained research assistant. Interviews with learners lasted approximately 50 minutes (range 45 to 70 minutes). The interview guide focused on their access to devices and internet, their interactions on social media, and online, and their interest in taking part in online group-based interventions, such as IPV prevention interventions. All interviews were conducted in English, recorded electronically and then transcribed verbatim.

### ***School contexts in South Africa***

Within schools in South Africa, the topic of IPV and GBV is covered in their lifeskills curriculum, which is taught to all learners. Specifically, issues related to IPV and GBV start being instructed in Grade 7 (last year of primary) and a bigger focus occurs in Grade 8 onwards (throughout high school). There are typically no violence prevention interventions in schools beyond this, but external parties, such as non-governmental organisations design and deliver interventions in schools, typically in-person. The schools that participated in the study had received at least one in-person violence prevention intervention.

Although no recent study has been conducted on this, majority of high school learners in urban schools in the Eastern Cape have access to personal cell phones, and we found this to be true in our sample. All learners had their own cell phone and airtime, and data, were often provided by the parents.

### ***Ethical Considerations***

We obtained ethical approval for from Nelson Mandela University Research Ethics Committee (Human) and the Eastern Cape provincial department of education. Principals of schools involved in the study also gave approval for the schools' participation. All parents of

the learner participants, provided informed consent, either written or verbal, (including parents of learners over 18 years, as this was requested by the school principals), prior to study participation. All participants under 18 years old, provided informed assent, and those over 18 provided informed consent, prior to interviews. Signed consent and assent forms were collected by a trained research assistant, to prevent learners from feeling coerced by teachers to participate. Participants' names have been anonymised.

During interviews, we requested learners to find a quiet safe space for the discussion. Interviews focused on general discussions about online interventions, and we did not specifically ask about young people's experiences of violence, and this was not raised. Regardless, we provided learners with information on where they could access free counselling should they experience any distress after the interview. All data were stored in password protected files to promote information safety.

### ***Data Analysis***

All data were transcribed verbatim, in English. Data were analysed using thematic network analysis (Attride-Stirling, 2001), which groups data into 3 levels: (i) basic themes - derived from the textual data (ii) organising themes - organise basic themes into clusters of similar issues and (iii) global themes - encompass the principal metaphors in the data as a whole (Attride-Stirling, 2001).

We first devised an analytical coding framework, derived from existing literature on the topic (e.g., availability of technological devices, costs of data and safety online etc.) (Gale et al., 2013). We then dissected data into text segments (basic themes) and located them into the pre-defined coding framework (organising themes) – and if new categories emerged, they were added to the initial coding framework. We then grouped these codes into three global

themes: material, relational and symbolic contexts. We present emerging themes grouped into 2 levels: global and organising.

## **Findings**

We conducted interviews with eighteen high school learners (age range 14-19 years) from the Eastern Cape, South Africa. Participants (nine men and nine women) came from six high schools, three disadvantaged (subsidised by the government and low fee paying) schools and three privileged schools (high fee-paying schools) as shown in Table 5.1. All schools were in one city and were all in urban areas.

In interviews all learners described having their own cell phone, and airtime and data were often bought by parents. They also had access to computers at schools and were all conversant with online engagement. The demographic information of participants is presented in Table 5.1.



**Table 5.1***Demographic Information of Participants*

	Learner	Age	Gender	Type of school
1	T-G1	16	Male	Financially disadvantaged (FDS)
2	A-G2	16	Male	Financially disadvantaged
3	L-G3	15	Male	Financially disadvantaged
4	C-G4	17	Male	Financially disadvantaged
5	P8-005	18	Female	Financially privileged (FPS)
6	P8-001	15	Female	Financially privileged
7	P8-002	17	Female	Financially privileged
8	P7-001	17	Female	Financially disadvantaged
9	P7-002	18	Female	Financially disadvantaged
10	P7-003	17	Male	Financially disadvantaged
11	AC-03	15	Male	Financially privileged
12	AO-04	15	Female	Financially privileged
13	AS-02	19	Female	Financially privileged
14	AS-05	15	Male	Financially privileged
15	AZ-01	18	Female	Financially privileged
16	P1-001	18	Male	Financially disadvantaged
17	P1-002	14	Male	Financially disadvantaged
18	P1-003	16	Female	Financially disadvantaged

We present our findings in three global themes (1) material–political context, (2) the relational context and (3) the symbolic context of online interventions as presented in Table 5.2.

**Table 5.2**

*Global Themes, and Corresponding Organising Themes, of the Acceptability and Feasibility of Online Group-Based Interventions amongst Young People*

Global theme	Organising theme
Material-Political context (Resource-based agency)	a) Access to devices b) Internet connectivity
Material-Political context (Experience-based agency)	a) Familiarity with technology b) Preference between in-person and online interventions. c) Concentration online
Relational context	a) Learners preferred ways of communicating online b) Privacy (online and in homes/Physical spaces) c) Safety online d) Group dynamics online
Symbolic context	a) Meanings of devices b) Accessing support/information online

### ***Material-Political Context***

The material-political context comprises of resource-based agency and experience-based agency (Campbell & Cornish, 2012). In terms of resource-based agency, young people discussed how access to devices and internet connectivity influenced their engagement online, especially social media use. Experience-based agency was discussed in the form of

familiarity with technology, preference between in-person and online interventions and ability to concentrate online.

### **Resource-Based Agency**

#### ***Access to Devices***

Almost all the learners from both the advantaged and disadvantaged schools indicated that they had easy access to devices, mostly cell phones, with the majority having personal cell phones.

*Interviewer: Among your friends and yourself, do most people have smartphones and laptops?*

*P8-001, FPS: Yes, definitely smartphones, but I would say more tablets than laptops.*

*Interviewer: Alright. Do they belong to you and your friends? Or how else do you access them?*

*P8-001, FPS: They each own their own.*

Two learners (out of 18) reported they did not have access to a personal cell phone on a regular basis. One of the two said he had no cell phone at all, while the other had one but was only allowed to use it for two hours a day: “*Heh, only 7pm till 9pm*” (A-G2, FDS).

#### ***Internet Connectivity***

Internet connectivity was very important to learners: “*It’s kind of like a basic thing. When you meet someone, you go “Hello how are you? Could you connect me to the Wi-Fi?” It’s like a casual greeting for teenagers*” (AZ-01, FPS). In general, learners described that they had relatively easy access to internet connectivity, with 15 out of the 18 having easy access to data “*I do have a contract where I am able to access data on a monthly basis*” (P8-001, FPS), or Wi-Fi access at home or school or both:

*Interviewer: Um, do you perhaps have access to Wi-Fi or a router at home?*

*P8-005, FPS: Yes, I do*

*Interviewer: Okay. Do you know of any other places that you can connect to for free Wi-Fi that's outside of your home?*

*P8-005: I know that if you go to shopping malls you can connect as well. Oh, and we have free Wi-Fi at school.*

Three learners, all from disadvantaged schools, had no access to Wi-Fi at home, had limited access (in one building) in school, and also had limited access to data thus getting online was a major challenge for them. One described how the high cost of data in South Africa was a barrier:

*Interviewer: If you wanted to buy your own data, is that something that you can afford?*

*T-G1, FDS: Sometimes it's very hard.*

*Interviewer: So, data's too expensive, at the end of the day, for young kids?*

*T-G1, FDS: Yes*

Although there was generally easy access to the internet, the reality was that stable internet connectivity was more variable: “*Sometimes the company has like, problems and stuff*” (AC 03, FPS), and as such internet connectivity was never assured. In such cases, learners recognised how connectivity could be a potential barrier to online group discussions:

*“Not everyone has, access to internet at the same time so while the group is discussing one thing, someone else with a different viewpoint might not be online at that moment, so they won't express their views at that moment, so I guess that is quite difficult.”* (P8-002, FPS)

## **Experience-based Agency**

### ***Familiarity with Technology***

Learners described how their familiarity with specific apps shaped their engagements online, and they were reluctant to use apps they were not familiar with: “*I don’t use Zoom call ‘cause I dunno how to use it... properly*” (P7-003, FDS). Others were more conversant with Zoom, but similarly reflected that for young people to engage online, it had to be on an app they were familiar with:

*Interviewer: And then, in terms of if the researcher were to create their own app or their own online platform, what do you think some of the important things should be? That she should include?*

*AC 03, FPS: Zoom or WhatsApp*

*Interviewer: So, you suggested WhatsApp and Zoom. Is that because they are comfortable and familiar to you?*

*AC 03, FPS: Yes*

## **Preference Between In-person and Online Interventions**

Despite learners doing classes online regularly since the start of the COVID-19 pandemic and using a range of apps, when asked directly, only 4/18 said they would prefer online interventions as compared to in-person interventions. One reason for preferring an online intervention was the anonymity virtual spaces provide: “*Why online? You only hear my voice, but you are not able to see my face*” (L-G3, FDS).

Most learners preferred the idea of in-person interventions “*I actually prefer face to face to online*” (P8-002, FPS). Some felt discussions online could expose personal information to many people, limiting privacy: “*Because online, everybody can see it [written*

discussion]” (C-G4, FDS). Learners also preferred in-person interventions because they were much more used to groups and activities being in-person:

*Learner AC 03, FPS: I would choose in-person*

*Interviewer: And why is that?*

*Learner AC 03, FPS: I'm used to that.*

### **Concentration Online**

There were competing views about how long learners could concentrate online. Some learners indicated that they may not concentrate properly when online: *“I don't trust myself [online] that I'll actually listen to the link, actually go to the link and watch. I might get distracted and lost and while I'm watching it, I might be like “Oh look, there's a pretty butterfly!” (AZ-01, FPS).*

Others felt that they could concentrate online, but this differed across learners and was linked to a variety of factors. Some argued that interest in the topic would hold their concentration online for longer periods:

*“I would be interested in something like that [day long online discussion on GBV]. It's like I said, if you're interested enough in it. So, I am interested in stuff like this [GBV discussions]. So, I don't really have a time limit when it comes to these discussions.”*

(P8-002, FPS)

Other learners felt that they could only concentrate for short periods of time: *“Um, I think it depends on the person individually, but I think if it could be maybe like a half an hour to an hour kind of, I think” (P8-001, FPS).* The short concentration span online was connected to their prior experience of online teaching during COVID-19: *“It's [class discussions online] normally an hour or an hour and a half, but not more than that” (P7-002, FDS).* Limited concentration time was also seen as a function of the influence of social media:

*“Ah, people have short attention spans and that’s due to social media. I mean, videos and instant gratification, it happens instantly. We don’t want to wait so long, for like an hour or so, we want the information, straight facts and done, over.”* (AZ-01, FPS)

Other learners were more enthusiastic about how long they could concentrate online for: *“I would say about an hour because with 20 people, all sharing their views you get people who won’t have a lot to share and then you will get people who are extremely passionate about it and don’t want to stop speaking about it”* (P8-005, FPS). Others even suggested up to two hours: *“Well teenagers don’t have a very long concentration span. So, the longest 2 hours”* (AS-02, FPS).

### ***Relational Context***

#### **Learners Preferred Ways of Communicating Online**

All the young people enjoyed using social media, and most of their online time was using social media. Learners described mainly using four apps: *“Facebook, WhatsApp, Instagram, TikTok; those are probably the 4 main ones we use to communicate”* (P8-001, FPS).

While they primarily used these four apps, use of these apps depended on a range of factors, including who they were communicating with and how personal the information was: *“with Instagram it’s not really personal, you just send memes to people who are in your feed. You know, I found this, let me send it to that person. But with WhatsApp you, directly go to speak with that person”* (AZ-01, FPS). There was a clear distinction between intimate communication and public interactions: *“So, WhatsApp I usually use for communication with friends and family. Instagram is more just to see what everyone else is up to, to see what’s going on in the world with Instagram”* (P8-001, FPS). Further, when communicating with

someone directly on an app, learners often preferred sending a text message or sending voice note, as opposed to making calls:

*“Texting, not phoning because my voice doesn’t sound the same as it does in person. Never does. And maybe if it’s like a long message, it’s not easier to type out, then to send a voice note. I think it’s easier for everyone.”* (AS-02, FPS)

Learners were also concerned about who had access to their information in the public domain:

*“I think Instagram is a lot safer than Facebook, because if you put your account on private, the only thing people are allowed to see are like, your profile picture, your name and how many people you are following and how many people are following you. So, I think from that perspective, I do prefer Instagram over Facebook, and a lot more of my friends use Instagram than Facebook.”* (P8-001, FPS)

A key consideration of how learners used apps was privacy. Learners preferred apps that had more stringent security measures such as password protection:

*“Like WhatsApp if it could be more like Facebook, because Facebook no one can get into account if they don't know the number and the password. So, WhatsApp is easier for a person to access any WhatsApp if they have your number 'cause there's no password.”* (P7-002, FDS)

While most participants said they had easy access to data, they also described how their social media use was shaped by apps which used less, or no, data access:

*“Uh think of Facebook. If you don’t have data, you can still you contact someone on Facebook. On WhatsApp it’s easier just to give them a voice note or just to call them with data. That’s it.”* (P7-003, FDS)



Similarly, some learners described preferring apps that offered messaging options, as messages used less data: *“I prefer texting [on WhatsApp]. Because sometimes video calls and voice notes, all those stuff eats your data and airtime”* (AO-04, FPS).

Despite much discussion about which apps were preferred by learners, almost all agreed that WhatsApp was the preferred communication platform. WhatsApp was popular as almost everyone had access to it: *“it’s [WhatsApp] easy because not all of us as friends have Instagram, or Twitter, or Facebook but most of us do have WhatsApp,”* (AO-04, FPS). It was also easy to use and had lots of functionalities: *“I think it’s just a lot of people have WhatsApp, and you can form groups and it’s very easy to use. And easily accessible”* (P8-005, FPS). WhatsApp was also seen as a good platform for communication because you could send multiple types of messages:

*Interviewer: And to communicate with your friends, which app do you guys use the most?*

*AS-05, FPS: WhatsApp*

*Interviewer: What makes it the better App?*

*AS-05, FPS: I think because you can send messages and send pictures and you can record voice notes.*

## **Privacy**

When learners were asked about whether they could get privacy at home, most learners discussed how family members recognized privacy as important:

*“I’m usually always at home, but if I do tell my parents or my sisters or whoever is in the house, I just do need a little bit of privacy or I go to one side of the house alone they would respect that.”* (P8-005, FPS)

They indicated that ensuring conversations were private was important to them and having a private space for calls was important: *“if I’m talking about something that they [the person on the other end of the phone] want to keep private, then I’d also like go into my room or, something like that”* (P8-001, FPS).

However, not all learners felt they had privacy at home: *“No [I have no privacy], ‘cause automatically when you leave the room to make a voice note, your parents think it’s a guy, or you’re saying something that you’re not supposed to”* (AS-02, FPS). And others indicated how they felt constantly watched by parents in their homes, and this was common for teenagers:

*Interviewer: How easy is it, as a teenager, to get privacy?*

*A-G2, FDS: I don’t think [it is easy].*

*Interviewer: There’s always somebody there, watching, hey?*

*A-G2, FDS: Yes.*

Achieving privacy online was also discussed. Learners were thoughtful about what, and how much, they shared online: *“I feel that if I don’t share as much, then I do [have privacy online]”* (AS-02, FPS). Beyond information being seen by other users of the app, learners felt vulnerable to social media administrators becoming privy to the information they kept private in their apps, and they felt that this breached privacy of their information online: *“the social media you are on, in the company there is no privacy, so they [social media administrators] can see all, everything you’re doing”* (AS-05, FPS).

Learners also valued having privacy physically on their devices and repeatedly described their reluctance to share their cell phones with others. When shared, the use of their device by another party was closely monitored, as one learner commented:

*Interviewer: Does anybody else have access to your smart phone?*

*P7-001, FDS: What do you mean by that?*

*Interviewer: For example, do you maybe share your phone with a family member or with your mom or with your friends?*

*P7-001, FDS: Oh no no no. (Quick response)*

*Interviewer: Not? Alright. So, it's quite private, you don't share it with anyone else?*

*P7-001, FDS: Uh well like they do like watch my photos and videos, but they don't go into my apps and stuff.*

*Interviewer: OK, so you so you say they can watch videos when they are there with you, but they don't really have access to your phone unless you give them permission?*

*P7-001, FDS: Yes.*

Another learner saw a cell phone and the data and information embedded in them as an extension of their life and sharing it would be too personal: *It's [your cell phone] an attachment to you, you don't want other people to know everything about you. I'd have to trust you a lot for me to do that [give someone access to their phone]* (AZ-01, FPS).

### **Safety Online**

Learners were acutely aware of the risks of being online and were active in trying to manage them. There was a lot of self-responsibility in their descriptions of how they managed online safety: *"I do feel safe online, there's just a few places that I don't feel safe. Like, okay, I need to make sure I don't download a weird link, I don't open things that shouldn't be opened"* (AZ-01, FPS). According to some learners, it all came down to being vigilant online, as one would be in physical spaces: *"I think we need to be responsible for as scary as it sounds there are people out there who want to harm you, so you need to, just like you would be in real life be aware of your surroundings, you have to be like that online as well"* (P8-005, FPS).

Many learners described how they were also aware of how their personal information could be shared by others without their consent. They described a range of issues they were concerned about: *“someone is recording what other people are saying without their knowledge. That could be an issue”* (P8-005, FPS). Another learner described the risk of screenshots: *“anyone could just screenshot; and then send it to their friends and their friends send it to their friends. So, you have to be very careful about what you tell people”* (P8-002, FPS). The potential to forward voice notes was also a concern for learners: *“For the voice notes, just send a message to another person like, “Look what she told me what’s going on” like... depends on who you talk to”* (AS-02, FPS).

Young people also discussed the risk of cyber bullying when using social media and how this impacted their engagement in the online world:

*“One thing I don't like about social media like Instagram and Twitter. Let's say I post something; they won't look at me. They going to look at the background, like what's there and comment about and make jokes about it. I hate those stuff. Making fun of people and stuff.”* (AO-04, FPS)

They described how cyber bullying was a permanent element of online activities: *“I don't think there is a way to actually stop cyberbullying. Because there will always be that one person”* (P8-002, FPS).

Young people, in response to concerns about privacy and cyber bullying, also described how they employed different strategies that gave them some sense of control over their safety online: *“you could block them [people who bully them online] so they can't send anything to you. And you can report them, if like, people report them if there are little issues and they [the admin of the application] can ban them from using the website”* (AC-03, FPS). However, others felt use of such strategies were not enough: *“you can create a different account and just continue”* (AS-02, FPS). Indeed, some learners felt that despite managing risks through

employing different strategies, the online space remained unsafe: *“I would get phone links on Instagram in my direct messages which would, because I don’t follow any of them but they’re still there, so in that sense they’re not really a threat maybe but more like something I don’t want to see or have on my phone”* (AS-02, FPS).

### **Group Dynamics Online**

Learners also discussed how group discussions occurred online, describing that they either occurred via written messages or verbal discussion. Learners felt that in group discussions communication between each other was easier done through written messages:

*Interviewer: Okay so do you ever do like a video WhatsApp call or a video Zoom call?*

*AS-02, FPS: No*

*Interviewer: Can I ask why?*

*AS-02, FPS: Well, most of the time we’re all just texting anyway so there’s nothing we can’t say with a text that has to be said over a video call and it’s also just easier. Sometimes we’re texting while we’re doing something else, so I wouldn’t want to not give my attention while I’m busy cooking.*

*Interviewer: So, texting is just easier?*

*AS-02, FPS: Hmm it is.*

Others felt, however, that written messages in groups can be easily misinterpreted and misunderstood, and thus preferred verbal discussions:

*“Speaking [is preferred over written text], because what I can interpret as a sentence that is blunt and rude would just be a statement for someone else so, in terms of that, you have to be very careful what you say and how you view things without offending*

*other people so it's best if they hear your voice or even maybe see your face when you're saying that."* (AS-02, FPS)

Another learner emphasised the importance of being able to see other people that they were talking to as key for open discussion and reading body language: *"seeing the person, seeing the face the faces and the emotions when they are talking about something"* (P7-003, FDS).

Young people recognised that several challenges may arise in online group discussions. A key challenge for group discussion was trust: *"you just need to ensure that it's a safe place for anyone and everyone"* (P8-002, FPS). Trust was important because people were concerned that others may share their stories without permission: *"Yes [trust is important], because I can tell you this and then you go to that person. And you tell them without my permission, or you make it your story and tell them"* (AO-04, FPS).

Because trust played a significant role in creating a safe space online, many learners felt group discussions were easier amongst people who already knew each other:

*Interviewer: Which groups are easier for you to let's say be more of yourself in?*

*P8-001, FPS: I would say more like the friend groups and the group with all of my friends in and then probably like my church group, probably that one as well. But like for other groups like where the whole of your class is, some people you don't really know that well.*

Learners recognised the importance of creating groups where trust could be created and suggested a range of strategies to do this: *"Maybe if you know someone in the group, then they can introduce you. But if you're like the new person, then you introduce yourself, so it's kinda hard [to trust and be trusted in the discussions]"* (AS-05, FPS).

Closely linked to the issue of trust online, was disclosure in online groups. Most of the learners were not comfortable disclosing sensitive information about themselves online to people they did not know: *"I wouldn't share personal things with a stranger because I don't*

*know you. You don't know me. So why are you sharing sensitive things to me?"* (AO-04, FPS). They explained how although they were comfortable with disclosure online, this disclosure was limited to general information, and did not extend to sensitive information:

*Interviewer: What sort of posts do you share if I may ask?*

*P7-002, FDS: Sometimes it's about how I feel or what happened on the day or something.*

*Interviewer: Are you comfortable doing that? Or you do your friends give you comments and likes when you do that?*

*P7-002, FDS: Yah I'm comfortable 'cause I don't post like things that are very like sensitive to me or like something.*

Other learners however indicated that they were comfortable sharing personal information online, but first had to build up a rapport and relationship with someone:

*"I would try communicating with them [a new person] in person, well not in-person! I mean like, how I would. I would send memes to like try and get if they have a sense of humour, you know, and try to understand them. And then I would video call them. Video calling them allows me to know that they're not catfishing me, and that they are actually human beings. I would also see if I actually want to meet this person, this isn't like a quick conversation, like just chatting with a stranger. I would like to see their Instagram, to see if they actually are legitimate, I would see who their close friends are. Just, so like; oh, this person went to [name of a school], okay so this person is a real person, not a stranger."* (AZ-01, FPS)

There were mixed opinions from learners about the extent to which group cohesion and trust could be formed online. Some learners felt that achieving strong group cohesion online was only possible where the members knew each other in-person:

*“I think until you’ve met someone in person, you can’t create, like a trust or a community in that way ‘til you’ve actually met the person, but I think if you’ve met the person and you’re creating an online community, then I think you could do it.” (P8-001, FPS)*

Others felt that group cohesion could be achieved amongst strangers where people had shared interests and it was built over time: *“there’s a lot of opportunity for that [creating a sense of community online]. For example, I know with Facebook groups they’re all centred around a specific topic, like you have one for Covid 19 support. So, you join it and people who are all interested in the same topic form part of that community” (P8-005, FPS).*

The importance of time to develop group cohesion online was a common theme in many of the learners’ responses, and that this trust had to be worked on:

*“Yes, it could [group cohesion could be created online] but it’s going to take a lot of work. You’re going to have to find the right people. I mean, it depends how you are reaching these people as well. Are you going to reach them by sending posts? Let’s say gender-based violence, don’t do this, this, this. People read it then they don’t really take it in most of the time. And videos, they watch, they forget.” (AZ-01, FPS)*

## **Symbolic Context**

### **Meanings of Devices**

For learners, different devices had different meanings ascribed to them. Cell phones represented entertainment: *“I use it actually mostly to watch like movies or YouTube to listen to music and stuff” (P7-001, FDS),* or communication: *“speaking to one of my friends on WhatsApp” (P8-005, FPS).* Indeed, the majority viewed their phones as modes of entertainment or communication with their friends:

*Interviewer: Is there any reason why you say you use your phone every day, are you just very busy on your phone?*



*P8-002, FPS: Aren't all teenagers always busy on their phones? I spend most of my time speaking to my friends and on Instagram.*

Computers were not, however, popular as they represented schoolwork: “No [I don't use a laptop]. *Not that much 'Cause I do everything on my cellphone anyways. So maybe only like school projects or for example, when I'm doing anything for CAT [continuous assessment test] then I would use a computer*” (AS-02, FPS).

### **Accessing Support/information Online**

Many learners felt that the internet was an important space for information seeking, as well as accessing social media: “*I think also as a learning tool. I like to learn more about various things, and I think that social media or just, most online platforms are quite helpful for that*” (P8-005, FPS). They saw that information was readily accessible online: “*It's quite easy especially when I use Google or Chrome*” (P7-003, FDS).

A few learners also described how the internet could also be a space for support: “*I would [access an online counselling group], if I knew that in the group or the group did indicate that what I was going through, like there was a lot of people going through the same thing*” (AS-02, FPS). There was association of online spaces with access to support:

*Interviewer: So, let's say for example the Covid-19 Facebook page or the group, what do you think might be the benefits from something like that?*

*P8-005, FPS: I think it's just so, a lot of different people can understand that they aren't alone and that there are other people experiencing the same things as them, that reach out, ask for support ask for tips, advice, things like that.*

However, there remained an ongoing concern about sharing personal information online with people who they did not know: “*But I wouldn’t want to share my story with people [online]. I’d rather just handle the situation on my own*” (AZ-01, FPS).

## **Discussion**

Our study sought to understand how social contexts may impact on young people’s engagement with online participatory violence prevention interventions using the framework offered by Campbell and Cornish (2012), and thus how these social contexts may impact on the possibilities of transformative communication in online interventions. Learners discussed how opportunities and challenges in their physical and online spaces shaped their ability to engage online. Running across the different contexts were three interlocking themes of privacy, safety and trust. These issues were shaped by how the three contexts either enabled or hindered open discussion, disclosure of important private information, and therefore the potential for transformative communication to occur online.

Central to being willing to discuss issues of importance, including violence, was the need for privacy, which comprised of multiple aspects. Firstly, physical privacy in their homes, which would enable them to speak openly was important to learners. Most learners reported having easy access to physical privacy, which enabled them to have honest conversations with their friends on sensitive issues. The ability to achieve physical privacy is shaped by both physical structures and parental intrusiveness (Moscardelli & Divine, 2007). Secondly, learners recognised privacy in terms of having a private phone which they did not share with others, thus ensuring messages and photographs remained private. Thirdly, young people were concerned about private information they had shared in a group being shared with others outside the group, either online or in the physical world. They recognised this could be done through screenshots or forwarding of messages. Where all these aspects of

privacy were assured, learners were willing to engage in open and honest discussion, a prerequisite for transformative communication to occur. But where these measures of privacy were not certain, learners remained reluctant to engage openly.

Learners' mindfulness about safeguarding their information online provoked thoughtfulness on their part about online safety management. Social media platforms considered 'less safe' such as Instagram, were preferred when young people were communicating to people they did not have a close relationship with, and they did not normally share sensitive information on these platforms. In contrast, apps such as WhatsApp were preferred for more intimate communication with people they knew, where they were willing to share more private information. Discerning of communication platforms based on the sensitivity of the message may result from a need to safeguard some forms of communication (Nouwens et al., 2017). Ultimately, although adolescents are often open to interacting on apps (Grist et al., 2017), they were more comfortable disclosing intimate information on apps they considered to be 'safe'. This suggests that any app developed for young people requires multiple layers of security to improve safety and privacy for participants hence increasing their willingness to share sensitive information online and engage in open, honest dialogue, which is a key element for transformative communication.

Learners' understanding of privacy, safety and trust shaped their willingness to be open and share personal information in online spaces, and distinction between safe and unsafe groups. Their willingness to trust a group focused specifically on who was in the group. We found that these learners only disclosed sensitive information to people they already knew well, because they trusted this person not to share personal information with others. Moreover, learners discussed how they felt judged in some groups, and they did not trust the group members enough to contribute to the conversations, for instance class WhatsApp groups. In contrast, in other groups where they felt safe and trusted by the other members of

the group, such as a friends' WhatsApp groups, they were able to speak about more intimate issues, without fear of being judged. For young people to be able to have open discussion in online groups, they need to feel safe, heard, and those involved in the communication must be perceived as non-judgmental and non-threatening (Moore & Ayers, 2017).

Indeed, young people's unwillingness to disclose personal information online because of privacy and trust shaped how they engaged in online information seeking. They were comfortable searching for and accessing information online via google and reading this information, but they were not keen to seek more intimate support online such as counselling. Evidence has shown young people's willingness to access support online (Ali et al., 2015; Grist et al., 2017; Ybarra et al., 2015) but although young people recognised that counselling does happen online, they preferred to do this in-person, as they trusted a person they could see. Essentially, to promote transformative communication in online interventions, building relationships of trust, non-judgement openness, and promoting privacy, will be a critical component of effective online interventions.

Young people suggested a range of strategies to promote safety, trust and privacy online, which would be key for an intervention focused on transformative communication. For instance, young people suggested establishing a group among friends, with new members introduced by an existing group member to preserve the feelings of trust and safety in the group. Similar suggestions have been made previously, particularly for intervention recruitment, where it has been suggested that this should build on existing social networks as opposed to random sampling (Ndungu et al., 2022b). Furthermore, although prior research has suggested that written data in qualitative research may lead to higher disclosure of sensitive information as opposed to verbal interviews, due to participants' perception of privacy in text format (Schober et al., 2015), young people discussed the difficulty of written messages, in that it may be misinterpreted, and how this misunderstanding could disrupt safe

communication in the group. Moreover, young people prioritised the need to hear and see the person they were talking to, feeling this would enable them to read non-verbal cues, hence trust the person speaking, trust what the person was saying, facilitate discussions and promote a sense of safety online, consistent with prior work (Brown et al., 2011; Kelly et al., 2019; Ndungu et al., 2022b). Finally, learners suggested preference for apps that offered them greater control over privacy online, such as apps where they could apply individual privacy management strategies, e.g. password protection, to enhance safety (e.g., confidentiality) and keep their information on these apps private, as previously found (Kenny et al., 2014).

Engagement in online participatory interventions would also be shaped by access to devices. Whilst most young people did have access to personal devices, almost always cell phones, one participant had access to their cellphone for limited hours, while another did not own a cell phone at all. Overall, young people are increasingly owning smart cell phones and a recent study in poor urban neighbourhoods in the Western Cape province of South Africa reported that almost all the young people, in every household that took part in the study, owned at least one smart cell phone (Porter & Lannoy, 2017). Furthermore, in this study's context, in the Eastern Cape Province, a study conducted in 2013/14 reported 51% cell phone ownership amongst young people aged 9-18 years, including in poor neighbourhoods (Porter et al., 2020). However, practitioners working with online interventions should recognise that there remains a small group without access to cell phones. To enable equitable access to the intervention, the provision of devices for those without cell phones is recommended.

Although access to reliable internet connectivity was not a major challenge in this study, and the infrastructure supporting this connectivity was strong, for some learners, access to data was limited to a certain amount over a certain period, as they relied on their parents for data. Thus, while these young people had access to reliable internet connection, the amount of data may be limited in some cases and may not support heavy use, such as

video links, which are important for transformative communication online (Ndungu et al., 2022b). Data costs remain high in South Africa, and this has an impact on the frequency of internet use, and the amount of online activities young people engage in (Oyedemi, 2015). Intervention practitioners considering online participatory interventions ought to be cognisant of this and plan to provide data to participants, whilst employing apps that are light on data.

Learners' preferences between in-person and online intervention were shaped by two competing factors – concentration and lack of familiarity with online interventions. Learners who preferred in-person interventions linked this preference to concentration, arguing that concentrating online was an issue, and 30minutes – 1 hour was the maximum time they could concentrate in online discussions, reflecting previous work (Bao, 2020; Szpunar et al., 2013). Evidence, however, suggests that online concentration may vary by culture (Cranfield et al., 2021), learners interest in the topic (Li & Yang, 2016) and other distractions during sessions (e.g. texting) (Szpunar et al., 2013) and these should be considered when determining length of sessions. Others preferring in-person activities indicated that this is what the young people know, and they struggle to understand how these discussions that they know to be held in-person can be held online. Thus, to really establish young people's interest in online interventions, there is a need to first expose them to such interventions. Only then can they make an informed choice.

Our study has a number of limitations. First, all learners came from an urban area, leaving out the voices of those in rural areas and there may be significant variation in how social contexts impact on young people's access and use of technology. Second, given COVID-19 restrictions, all interviews were conducted online/over the phone and as such we would likely have inadvertently excluded learners who did not have ready access to a cell phone, and thus have over-estimated internet access. Third, few, if any learners had done much more online than engage on social media platforms, and online schooling. In addition,

their experiences of ‘interventions’ may well have been limited. This limited their ability to reflect on what it may be like to engage in groups online. Finally, only learners were included in the study, thus we missed out on data from adolescents who were not enrolled in a school. However, qualitative research is not seeking perfect generalizability, but exploring the possibilities of relatively new phenomena.

## **Conclusion**

Interventions to prevent violence against women and girls are shaped by the wider social contexts they are implemented in (Campbell & Cornish, 2012). In our study, social contexts were important in shaping transformative communication online, through how they impact on safety, trust and privacy, and structurally through connectivity – which impact on open, honest, dialogue online. Specifically, it was clear that to achieve disclosure of sensitive information, privacy, safety and trust need to be at the centre of online intervention design and implementation. Importantly, learners were very active in thinking through privacy and strategic in their engagements online, and they demonstrated having the capacity to come up with creative, relevant, solutions to address these challenges. Thus, intervention practitioners need to put in place structures in which these three issues are adequately addressed if transformative communication is to occur. Moreover, centralising young people in intervention development is crucial for achieving promising online interventions.

There is increased interest in moving violence prevention interventions to online platforms. However, more evidence is needed on how to do this and how social contexts impact on online intervention outcomes, across different income settings and cultures, to support greater design and implementation of these interventions. More research is also needed to understand safety in online spaces, to promote online interventions uptake amongst young people.

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JN designed and conducted the original study and wrote the protocol. JN developed the analysis plan for this paper. JN undertook the analysis and wrote the first draft of the manuscript. AG and MN supervised the analysis. All authors reviewed the manuscript and provided critical insight into the paper. All authors have approved the final manuscript.



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## Chapter 6

### **Describing an Online Co-development Process of VAWG Prevention Intervention Activities with Young High School Learners, in Eastern Cape Province, South Africa.**

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**Abstract**

Evidence suggests that co-developed group-based participatory VAWG prevention intervention may support behaviour change. Yet, adolescents are often excluded from intervention development. This leaves a dissonance between intervention content and what young people are curious about. Moreover, there remains a gap in understanding if co-development of group-based participatory VAWG prevention interventions can be conducted online. Our study explored the feasibility of undertaking an online co-development process of a group-based participatory VAWG prevention intervention. We worked with a small group of high school learners (18-19 years), from the Eastern Cape Province, South Africa. We collected session notes and audio recorded sessions. Adolescents enjoyed the level of autonomy and their depth of involvement in the process. They were eager to be involved, and they appreciated being 'heard'. Adolescents found it easy to build rapport online, both amongst each other, and with the facilitator. There were also challenges, the main one being young people's, and facilitator's, histories of didactic communication. Understanding the strengths and limitations, of online co-development processes is critical for when face-to-face meeting is not possible. There is also a need to strengthen these processes and develop further evidence on how best to do these in various contexts.

*Key words:* Co-development; Interventions; VAWG; South Africa; Young people

## Introduction

Violence against women and girls (VAWG) is highly prevalent and negatively impacts on women's and girl's health and wellbeing. Evidence suggests that 26% and 6% of women aged over 15 years, globally, have experienced intimate partner violence (IPV) and non-partner sexual violence (NPSV) respectively in their lifetime, with 10% having experienced IPV at least once in the year preceding the survey (Sardinha et al., 2022; World Health Organisation, 2021). Amongst adolescents, VAWG experience remains high (Stark et al., 2021; Stöckl et al., 2014). Current evidence shows that 24% of women aged 15-19 years have experienced IPV at least once in their lifetime, since they turned 15 (Sardinha et al., 2022). Moreover, sub-Saharan Africa remains the most affected with a lifetime and past 12 months, IPV experience prevalence of 33% and 20% respectively (World Health Organisation, 2021). Research has linked VAWG to poor mental health (Beydoun et al., 2012; Brown et al., 2020; Devries et al., 2013), increased substance misuse (Bacchus et al., 2018; Berg et al., 2017; Devries et al., 2014; Ramsomar et al., 2021; Ullman & Sigurvinsdottir, 2015), increased mortality (Stöckl et al., 2013) and worse educational outcomes (Burton & Leoschut, 2013).

Increasing efforts are being geared towards developing and evaluating interventions to prevent VAWG, especially targeting adolescents (De Koker et al., 2014; McNaughton Reyes et al., 2021). One dominant approach to the prevention of VAWG among adolescents are group-based participatory interventions, and there is emerging evidence that these are generally effective (Jewkes et al., 2020; Kerr-Wilson et al., 2020). The majority of these interventions which have been evaluated are focused on transforming gender norms (Kerr-Wilson et al., 2020) and are delivered in schools, mostly in high income countries (HICs) (McNaughton Reyes et al., 2021).

There are a range of challenges with current VAWG prevention interventions delivered through schools, which may limit their effectiveness. Firstly, school-based interventions are



often delivered in class time by teachers (Kerr-Wilson et al., 2020). Yet teachers often report being uncomfortable discussing issues of sexuality (Pokharel et al., 2006) and are often not properly trained on facilitating topics related to sex and sexuality (Francis, 2011; Monzon et al., 2017; Ogolla & Ondia, 2019), sliding into didactic modes of delivery (Campbell & Macphail, 2002; Ngabaza & Shefer, 2019). Additionally, studies show that the more effective interventions for adolescents are delivered over longer periods (Kerr-Wilson et al., 2020; McNaughton Reyes et al., 2021), but time in schools for intervention is often limited, as more attention is devoted to the formal education.

There is growing interest as to whether interventions to prevent VAWG among adolescents can be delivered online, to overcome the challenges listed above, as well as provide additional gains. Indeed, this has been spurred by the COVID-19 pandemic lockdowns, which has led to a growth in approaches (Emezue, 2020; O'Campo et al., 2021). However, online interventions are often in the form of apps (Glass et al., 2015; Wirtz et al., 2013), social media messaging such as on Instagram (Carlyle et al., 2019; Kim et al., 2021), and websites (Salazar et al., 2014), and are often focused on either secondary prevention (Rempel et al., 2019), educational activities or emergency or protective solutions (Eisenhut et al., 2020; Maxwell et al., 2019).

### ***Co-development of group-based participatory VAWG prevention interventions***

The importance of co-development of VAWG prevention interventions is receiving increased recognition (Mannell et al., 2019), which centralises the voices of beneficiaries. In a co-development process, intervention developers and beneficiaries work together, to develop an intervention, enhancing the relevance and acceptability of interventions (Gagliardi et al., 2016; Majid et al., 2018). Current evidence suggests that interventions developed

without meaningful engagement with the people they are intended for are more likely to fail (Mannell et al., 2019; Schoen et al., 2017; Sukarieh & Tannock, 2019).

Despite recognition of the importance of co-developing interventions to prevent VAWG, young people are often excluded from this (Meinck et al., 2019). The exclusion of young people is driven by assumptions that young people are sexually naïve, in need of protection, and passive actors in their lives (Albury, 2015), denying them agency to critically think about their sexual lives (Albury, 2015; Coll et al., 2018; Renold & Ringrose, 2008). The exclusion of adolescents from intervention design creates a dissonance between the intervention content and what young people are curious about (Byers et al., 2013), and as a result fails to capture the manner in which issues of sex and gender affect adolescent's lives (Youdell, 2005).

Although young people are generally excluded from intervention development, an increasing body of research stresses that young people are capable of being active experts in critiquing their circumstances and mapping out change needed in their lives (Coll et al., 2018), positioning young people as experts of their own experiences (Scott et al., 2020). Thus, adolescents should be supported to take charge in re-imagining and designing their interventions, and assessing the value of these interventions; as opposed to simply telling them what effective interventions mean and include (Allen, 2005; Coll et al., 2018; Mannell et al., 2019).

Co-development needs to go beyond consultation, to actively involving participants in the entire process, in an endeavour to achieve *relevant* interventions which reflect participants lived realities (Cornwall, 2008; Cornwall & Jewkes, 1995). Specifically, it should provide adolescents with a space that allows for equitable, dialogical, and democratic input from young people (Fielding, 2011). Further, an empowering intervention co-development process should involve listening to adolescents' and taking their perspectives

seriously, with the intent to change practice, based on the adolescents' input (Cook-Sather, 2007).

There are, however, challenges to co-development processes. One such issue relates to who has the power to speak in groups (Cook-Sather, 2007; Fielding, 2011), whereby participants may not be comfortable to speak openly and honestly as they have only had experiences of being lectured to, and fear giving the wrong answer (Brear, 2020). There are also very practical barriers, including 'experts' may focus on achieving set goals and attaining outcomes, at the risk of de-legitimising the principles of co-development processes (Pamment, 2016). Or there may be time constraints imposed by funders (Brear et al., 2020).

Co-development processes are often not adequately documented, particularly ones focused on young people. And there is often a lack of guidance on this (Bell & Pahl, 2018; Brear et al., 2020; Shahmanesh et al., 2021). The aim of our study was to describe the process of co-developing a group-based VAWG prevention intervention activities online, led by high school learners, and to provide reflections on the strengths and limitations of this.

## **Methods**

This study formed part of a broader research project, which focused on assessing the acceptability and feasibility of delivering group-based interventions online for young people. This process was guided by steps one to four in the six steps in quality intervention development (6SQuID) (Wight et al., 2015), which provides a clear framework for developing theoretically and contextually relevant interventions (Wight et al., 2015).

This paper describes the online co-development process with learners, which was the culmination of the 6SQuID process (Figure 6.1). Prior to co-development, we undertook a needs assessment with learners via in-depth interviews, and in-depth interviews with researchers and practitioners in the field of VAWG prevention, to explore the acceptability

and feasibility of delivering VAWG prevention interventions online. These findings are presented elsewhere.

### ***Recruitment of participants***

Participants for the co-development process were recruited from learners who had taken part in the in-depth interviews. At the end of each interview, we asked if the learner would be interested in being more involved and those who were, got invited to participate in the co-development process. Initial inclusion criteria for participants to be recruited for in-depth interviews were, being a high school learner in either grade 10, 11 or 12; able to communicate in English; having access to a phone or laptop that could access the online platform; having capacity to provide informed consent/assent to take part in the study; and provision of informed consent from a parent (if the child was under 18).

In total, five learners from three schools in the Eastern Cape Province of South Africa were recruited and provided informed consent to taking part in the study (and their parents also provided informed consent). Although the learners were all over 18, the schools requested that we obtain parental consent as well. Learners gave themselves pseudonyms which they used during co-development sessions, and we changed again for the paper to promote anonymity. Participants were two males and three females, aged 18-19, and provided short input about why they attended, such as interest in the topic see Table 6.1.

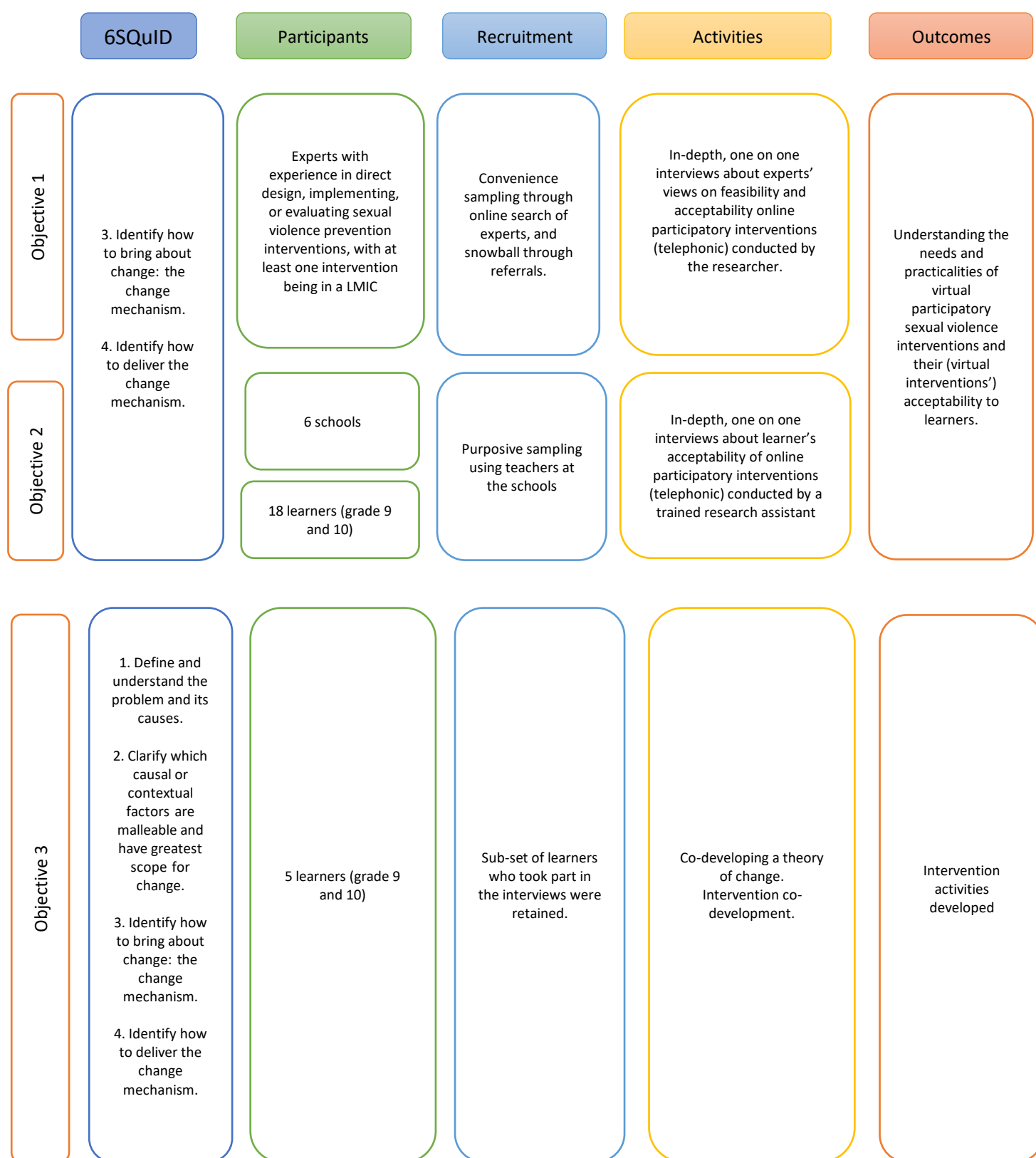
Sessions with learners were facilitated by the first author. The facilitator took notes, recorded sessions two to five and discussed the sessions with the third author. Session one was not recorded as it was a meet and greet and we wanted the learners to get comfortable in the space first. All sessions were conducted in English. We reflect on the strengths and limitations of the process.

**Table 6.1***Demographics of the Learners involved in the study*

Learner (Pseudonym)	Age	Gender	N <sup>0</sup> sessions attended	Brief description
Top	19	Female	5	<ul style="list-style-type: none"> <li>• Friends with Pink</li> <li>• In final year of high school</li> <li>• Was already interested in the topic</li> <li>• Wants to be a lawyer</li> </ul>
Pink	18	Female	5	<ul style="list-style-type: none"> <li>• Friends with Top</li> <li>• In final year of high school</li> <li>• Was already interested in the topic</li> </ul>
Tech	18	Male	5	<ul style="list-style-type: none"> <li>• In final year of high school</li> <li>• Was already interested in the topic</li> </ul>
Knight	18	Male	4	<ul style="list-style-type: none"> <li>• Friends with Pink</li> <li>• In final year of high school</li> </ul>
Journey	N/A	Female	0	<ul style="list-style-type: none"> <li>• In final year of high school</li> </ul>

Figure 6.1

*Showing the Outline of the Overarching Study*



### ***Ethical Considerations***

Ethical clearance for the study was obtained from Nelson Mandela University Research Ethics Committee (Human) H19-HEA-PSY-012. Permission to conduct the study was also received from the Eastern Cape Department of Education and high school principals. All learners provided informed assent, and their parents/guardians provided informed consent. Assent from the learners was sought on a rolling basis – throughout the online co-development process – by asking learners at the beginning and during the sessions if they were happy to continue.

### **Results**

#### ***Overview of the Co-development Process with Young High School Learners***

Following the 6SQuID outline we completed steps one to four through a co-development process between the five high school learners and first author. In total we conducted five sessions – all online because of COVID-19 regulations which were in place at the time. All sessions were conducted in English and all participants were fluent in English. During sessions we sought to establish a dialogue between the participants and facilitator, who led through questioning. Where necessary information was also presented via ‘slideshow’ and people’s thoughts and comments were written into it, to provide an interactive space.

Four of the five sessions were held during school holidays and as such it was easy to find time to work together. The fifth session, held after schools had resumed, was harder to schedule, which led to one learner missing the final session. Overall, of the five learners who agreed to participate, three attended all sessions, one attended four out of five sessions and one learner attended no sessions. The learner who attended no sessions, indicated that she

was traveling during the initial session (as it was the holidays) and would join later sessions, but even after following up, she did not attend.

The sessions were held on the Zoom platform and lasted approximately one hour fifteen minutes each. To allow for more 'real' interactions and promote trust, as suggested by researchers and practitioners (Ndungu et al., 2022), videos were on during the entire session. Data were provided daily to the participants to enable participation in the intervention, and in particular video participation. Data consumption per session was approximately 2GB, thus we provided participants with 3GB data for each session.

Throughout the process, we engaged in discussions on learners' own experiences and perceptions of topics. We sought to understand what aspects of the co-development process the young learners enjoyed and which ones they didn't, how the process differed or was congruent with what they expected to find in the process and anything else pertinent to improving the co-development process.



**Table 6.2***Description of Sessions with Learners*

Session	Length of session	N <sup>o</sup> participants	Content covered
1	45 minutes	4	<ul style="list-style-type: none"> <li>• Meet and greet with the group of learners.</li> <li>• Introduction to the process.</li> <li>• Brief discussions on the expectations of the process.</li> </ul>
2	27 minutes	4	<ul style="list-style-type: none"> <li>• Definition of the problem. (Supplementary file)</li> <li>• Discussion on why it is a problem. (Supplementary file)</li> </ul>
3	56 minutes	4	<ul style="list-style-type: none"> <li>• Developing the problem tree. (Figure 9)</li> <li>• Discussions on some things that can be done to address the problem. (Supplementary file)</li> </ul>
4	79 minutes	4	<ul style="list-style-type: none"> <li>• Developed problem pathways. (Figures 10-13)</li> </ul>
5	85 minutes	3	<ul style="list-style-type: none"> <li>• Suggested intervention activities (Supplementary file)</li> </ul>

*Description of the Co-development Sessions*

In the following sections we describe each session in detail and reflect on the sessions, drawing on products emerging from the sessions, group discussions and our own reflections on the sessions.

**Meet and Greet – Session 1**

In session 1, held on a Monday, introductions were done, and the facilitator explained her role in the process. This included presenting to the group what each session would cover.

The facilitator also sought to emphasise that she would guide the learners through the process, but the ideas and discussions needed to be their own, that they needed to take ownership and leadership of the process, as they are the experts of their own experiences. The group also established group norms, such as respecting each other's opinion and upholding confidentiality and agreed session times.

### **Learners' Understanding of the Problem – Sessions 2 & 3**

The second and third sessions held on the Tuesday and Wednesday of the same week as session 1, focused on learners identifying the problems they wanted to tackle, its causes, and why they viewed it as a problem. These were mapped onto a problem tree (Figure 6.2) for clarity. The learners identified two problems they wanted to talk about: VAWG prevalence, normalisation and acceptance; and lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA) discrimination. In this paper we focus on the VAWG co-development process, and the LGBTQIA discussion will be the focus of another paper.

The problem tree process was pre-defined (cause, problem, and effects). To prompt learners, the facilitator provided some examples of the root causes of VAWG (in grey shade in Figure 2). From these examples the learners generated other root causes they thought were key drivers and consequences of VAWG. For example, they raised poverty as a driver of VAWG: *"I don't know if this really counts, but I think poverty might also have some kind of a cause for gender-based violence"* (Tech, speaking in reference to Figure 6.2).

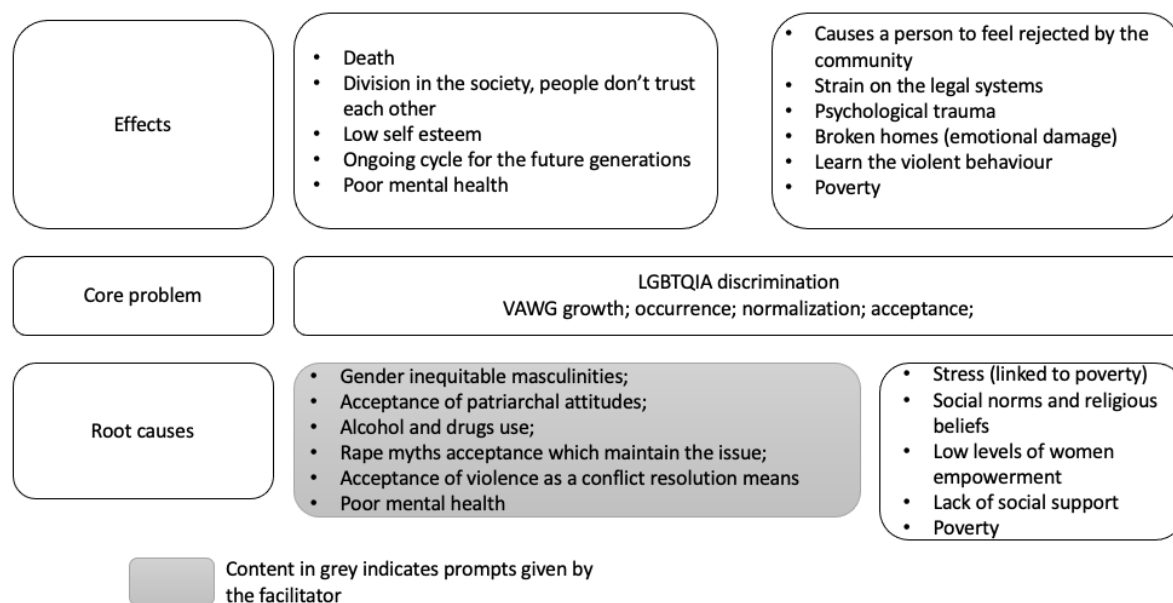
The learners were also able to discuss some consequences of VAWG such as its strain on legal systems: *"I think it [VAWG] also puts a strain on the legal side of it, the law, because to us, it looks like, they're not prosecuting the perpetrators, they're just letting it slide, not knowing that they have 50 other cases where they deal with daily"* (Top). Learners also identified the mental health impacts of VAWG: *"It [experiencing violence] often leads*

to psychological trauma and can have psychological consequences for people that have gone through it” (Knight, speaking in reference to Figure 6.2).

Learners’ understanding of violence, and the consequences, showed young people have the capacity to engage in critical discussion if they are provided with the space to do so. They were able to think widely of the multiple causes and consequences of VAWG, and critique how issues related to VAWG, such as legal process, are handled. At the end of the session, learners were encouraged to reflect on the how the causes of the problems identified lead to experience or perpetration of violence, which would then be discussed further in session 4.

**Figure 6.2**

*VAWG Problem Tree*



#### **Learners’ Understanding of Violence Pathways – Session 4**

Session 4 was held on Thursday of the same week and sought to deepen the relationship between the root causes of VAWG they had identified in the problem tree

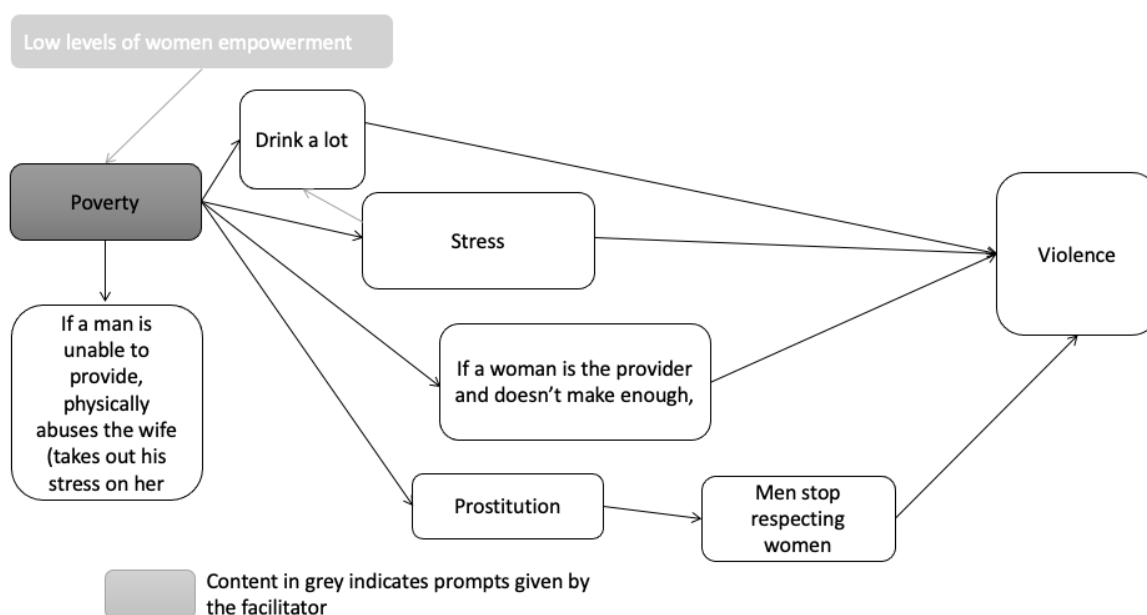
through mapping out the pathways. Learners drew pathways for four root causes of VAWG: poverty, religion, lack of social support and low levels of women empowerment (Figures 6.3 to 6.6).

### **Poverty (Figure 6.3)**

The learners identified four pathways from poverty to VAWG: alcohol abuse, stress, sex work, and the woman being the breadwinner but not making enough. Learners saw a clear link between poverty and violence via stress and arguments in relationships: *“I guess poverty and stress [lead to violence], because probably, if it's like a household were there's no money, there's stress, it's kind of tense. So, when it's tense, it's kind of easier to snap and argue and fight, and so I guess poverty and stress”* (Top).

**Figure 6.3**

*Learners' Understanding of Poverty as a Driver of VAWG*

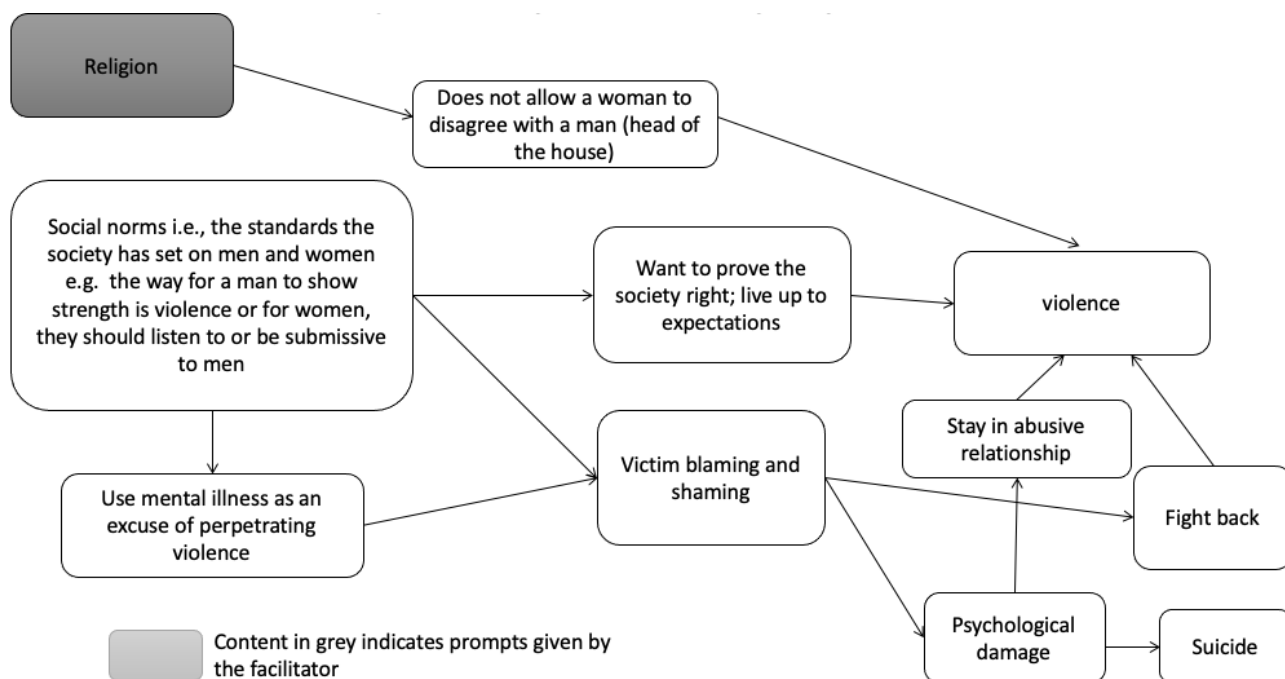


Learners also linked poverty to violence via sex work (which they referred to as ‘prostitution’): *“Poverty, and you can also add prostitution. Because it [poverty] leads to prostitution and that is one of the reasons why we have gender-based violence, because men don't respect women”* (Knight). Implicit in this analysis, though not specifically articulated, was the recognition of how gender inequalities were critical to understanding men’s use of violence against women.

### ***Religion and Social Norms (Figure 6.4)***

Young learners also described how they thought that some social norms and religion were drivers of violence in relationships. They drew one pathway from religion to VAWG: that the woman is not allowed to disagree with the head of the household. From social norms to VAWG, the learners drew three pathways: victim blaming, mental ill-health stigmatisation and societal expectations. Specifically, they indicated how some social norms may support the use of violence by men against women: *“the standard that society has for men and women. Like how, the only way to show you're a man is through masculinity and your ability to fight, or like some people even believe your ability to like, hurt a female. That means that you're a man”* (Top).

The young learners also drew a pathway from social norms to victim blaming, arguing that this would lead to violence through the survivor’s need to fight back and reclaim some of the dignity that has been taken from them: *“Probably in a sense where, it's a case where you fight fire with fire. Because you've been shamed, you've been blamed [for experiencing violence] this whole time, you probably kept quiet and didn't say anything, and probably think that that didn't work. So maybe if I fight back, that would”* (Pink).

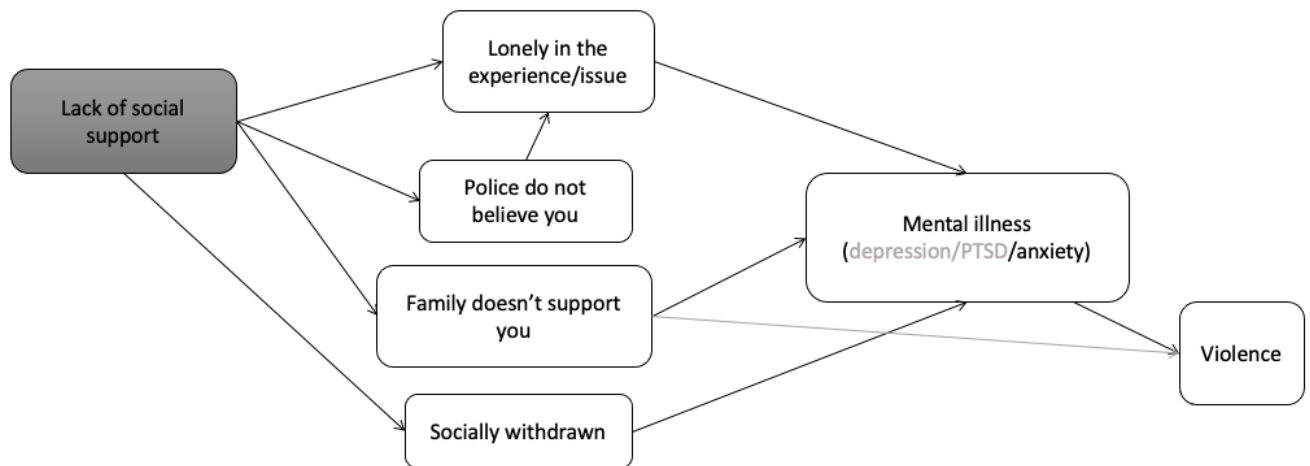
**Figure 6.4***Learners' Understanding of Religion and Social Norms as a Driver of VAWG****Lack of Social Support (Figure 6.5)***

According to the young learners, lack of social support could also lead to poor mental health and consequently experiences of violence. The first pathway learners identified was how the lack of social support, to loneliness in the problem, could lead to poor mental health: “If there was a lack of social support then it could also lead to mental illness because the person is feeling lonely in that case” (Tech). The second pathway from lack of social support was linked to lack of family support, which they explained, could lead to poor mental health, which could then lead to violence: “Sometimes you get maybe molested or something by a step-parent and you tell your actual parent, and they don’t believe you. Because [they think] you’re just a spoilt child that couldn’t get over your parent’s divorcing, or maybe something like that. And becomes socially withdrawn” (Top). Lack of social support was also linked to

violence experience through social withdrawal, which according to learners would lead to poor mental health and consequently violence.

**Figure 6.5**

*Learners' Understanding of Lack of Social Support as a Driver of VAWG*



***Low Levels of Women Empowerment (Figure 6.6)***

Another important issue learners identified as a key driver of violence was low levels of women's empowerment. Learners discussed how low levels of women empowerment could leave a woman dependent on a man, leaving her vulnerable to violence:

*Tech: I think, if a woman wasn't empowered, they wouldn't have the opportunity to be independent. So, that lack of independence causes the woman to be dependent on the man"*

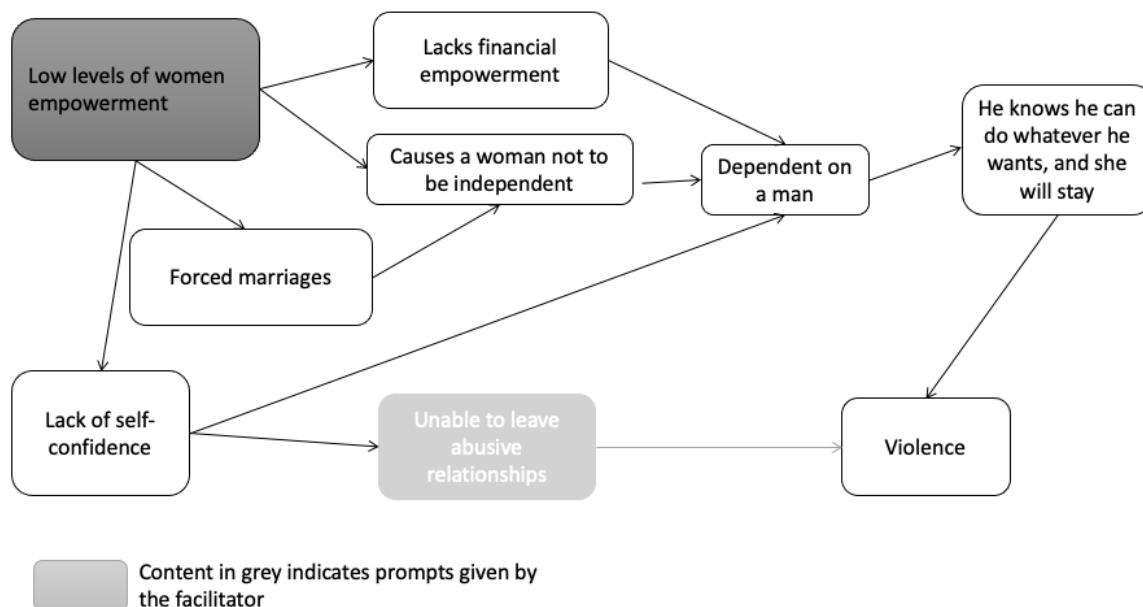
*Top: Yeah, and that leaves them vulnerable.*

*Facilitator: So, if it leaves them dependent on a man, how does that lead to violence?*

*Top: Well, he now knows he can do whatever he wants and she's still going to stay.*

**Figure 6.6**

*Learners' Understanding of Low Level of Women Empowerment as a Driver of VAWG*



### ***Session 5: Learners' Intervention 'Plan'***

In the final session (session 5) which occurred seven days after the fourth session, the focus shifted onto what interventions to address the issues learners had identified may look like. Learners suggested different activities (e.g. awareness campaigns) and modalities (e.g. short videos) that could be used to address the causes of VAWG. These activities and modalities are described in the supplementary file (appendix 9.13). While the session was not long enough to develop detailed intervention strategies, several key ideas emerged.

The learners felt that young people would prefer online interventions and enable widespread reach: *“it's the easiest way – [to get to young people] because you're not guaranteed to reach 1000 people in-person, but your chances are more likely to do that if you're talking on Instagram live”* (Tech).



The learners emphasised that any online intervention needed to be compelling, as Top commented: *“Something that's more eye catching and interesting, that makes you want to know about it and yeah”*. Top carried on emphasising how 1-minute Tik Tok clips and YouTube videos were more likely to be watched than lectures by adults: *“well the fastest way to get a teenager's attention is watching something. Especially if it's entertaining, so maybe create, maybe just a short clip or video that's not just bunch of people that's sitting around and talking but more something that's interesting to watch and something that's educational also”* (Top).

Learners indicated that an online intervention should be interactive with time to discuss issues in it. They highlighted that sessions should be facilitated by a peer: *“But then it [group discussions] wouldn't be ideal if it was older people telling younger people about gender-based violence, because that'll be a lecture or like a class. So maybe like a group of teenagers discussing what it is and what it's about. So, yeah, the group discussions would work, but only if it's amongst teenagers”* (Top). The learners also wanted the chance to talk about issues: *“I think more face to face for these kind of group discussions. Because it has to be personal”* (Tech). This also highlighted the importance of seeing the people who were online:

*Researcher: So, you would have preferred a video instead of just names appearing on the screen?*

*All: Yes*

Finally, young people also emphasised a range of practical issues. They felt that any session should be a maximum of 30-60 minutes, as any longer would lead to concentration challenges. They also flagged the importance of using accessible platforms: *“It should be easy for everyone to access”* (Top).

## Strengths and Limitations of the Process

We now shift to reflecting on the strengths and limitations of the co-development process. The learners who participated found it interesting, as seen by the high rates of session attendance (3 attended all five sessions, while 1 attend 4 sessions). They described a few reasons for why they were so involved. Notably, they wanted to be heard on these issues: *“I wanted a platform where I can voice my opinion about these matters”* (Knight). Most were already interested in the topic prior to being invited to be part of the study: *“I think it's just something that I want to participate in. It's like, if I could participate in anything, this is the type of thing that I want to be associated with. So, that's why as soon as I saw the poster for this thing, I had to join”* (Tech). It was clear that this group was self-selecting and thus not representative of the student population, although this is likely to be the case for most co-development processes.

Learners were surprised and enjoyed the fact that sessions were not didactic lectures and were encouraged to discuss issues. They described how they had expected to be taught and not heard: *“I thought that we were then gonna come here, you were just gonna talk, talk, talk. And we would have to agree with everything you say”* (Pink). They were pleased that they had space to discuss their different views in sessions: *“I thought it was just going to be like a one-sided thing like, almost like a lecture, yeah. But what I enjoyed the most was like, our discussions and everyone's different opinions, and to just come together and create what we've created, yeah”* (Tech).

While learners were happy about the space they were given, to talk about the issues they wanted to, they still sometimes focused on providing ‘right answers’:

*Top: What exactly would like, what options do we have when you say, "creating exciting things online"?*

*Facilitator: Any activities that you think you want to deliver, that you want to create, that will help us achieve these objectives.*

Learners' expectations of didactic education are reflective of their schooling experiences in South Africa (Campbell & Macphail, 2002; DePalma & Francis, 2014; Gibbs et al., 2015; Shefer & Macleod, 2015). Didactic education does not promote dialogue and critical thinking (Freire, 1993), but rather emphasises rote learning and 'correct' answers, as has similarly found Brear (2020). Supporting learners to shift towards dialogue and critical thinking is important for meaningful co-development of interventions.

Learners felt that the co-development process gave them a chance to give input on what they thought a relevant intervention would look like. They were quite critical of the idea of interventions developed by 'experts':

*“So, I think we're just like, normal people, regular people that you can relate to, it's more realistic. And I would feel better and more comfortable than experts, because that just tells me, you have to have a degree, or you have to have studied, I have to have some background of higher education to actually know what you're talking about, so I just feel comfortable [with intervention designed by young people]. No disrespect but like experts, got it [knowledge on intervention design] from a textbook.” (Top)*

Learners provided extensive input and were reflective about the process. They were knowledgeable on what delivery modes were appealing to them and what sort of activities could be delivered using these modalities, including video clips on Tik Tok. Giving learners the space to talk about and debate how interventions could be delivered provides an opportunity to understand what is meaningful for young people, rather than applying 'standard' approaches to a new generation.

That the co-development process was done online provided greater flexibility and offered opportunities for young people to participate during school holidays. During school time young people have competing demands, and may not be able to participate, as seen by one participant not being able to attend the last session, once school had restarted. It also allowed us to change session times when people had competing demands. Co-development is intensive and identifying the appropriate times for learners to meaningfully participate is critical.

Learners found it easy to build rapport online amongst themselves, and with the facilitator, and have open discussions about challenging issues. There has been an ongoing debate about the possibility of building rapport and trust online, sufficient to promote open discussions on sensitive topics (Ndungu et al., 2022; Sipes et al., 2022; Taddei & Contena, 2013). The ease learners found in building rapport could have been for a few reasons. First, the group was small (only four people), and as such it was easy to establish relationships. Secondly, three participants knew each other prior to working together online: “*We* [referring to Top] *are in the same class*” (Tech) and thus built on their prior friendship. Third, it could also be because the young learners are generally already comfortable interacting online (Pang, 2018; Xie & Kang, 2015), or because we had our videos on thus promoting the building trust online (Brown et al., 2011; Kelly et al., 2019). Fourth, it may have been because we were talking more generally about issues of violence in society, rather than specifically about their personal experiences and challenges, and thus the discussion was not very personal. What was evident though, is that young people can develop rapport online and this could be enhanced by people already knowing each other, having videos on and working with small groups.

In this co-development process, there were no challenges with accessibility to phones/laptops or connectivity. A key concern about online activities is lack of accessibility

of phones/laptops (Bailey et al., 2015; Feroz et al., 2019), but all participants had their own. As such, understanding the beneficiary group and their opportunities for online engagement is critical when developing online interventions. One challenge was the high data usage, as videos were on for all sessions, using 2-3GB of data used per person, per session. In South Africa data is expensive and this cost R199 to R249 per person per session (\$13.20 - \$16.60), a total of R3 320 (~\$222) for all sessions and people, which was covered by the project. The relatively high data costs can limit the possibility for online co-development processes.

While young learners were eager and willing to take part in the process, we encountered challenges obtaining consent from parents, leaving us with a small group of learners to work with. Of the ~60 learners invited to participate, 23 expressed interest, but only five learners could secure parental informed consent. Challenges in obtaining parental consent for children's participation in activities around sexuality are not new (Macapagal et al., 2017; Tabatabaie, 2015) and are a significant barrier to intervention and research participation. It may have been that the learners recruited into these processes came from families that are already open to engaging in discussions on sexuality, and they may not be reflective of the broader student body. Understanding whether it is necessary for those involved in co-development to be 'representative' of the group they represent and the implications of this requires further research.

A potential criticism of the process is that the learners did not reflect directly on their own lives and experiences in developing their problem trees, but rather spoke more generically about the issue of VAWG that they saw in South Africa. To enable young people to reflect on their own lives and develop problem trees that are shaped by their own experiences, it may be they need greater time to build relationships with each other and a more substantive process to enable them to analyse their lived realities more. Despite their broader perspectives, the models young people developed showed they were acutely aware of

the social contexts that they lived in, which shapes their lives. In an ideal process we would have used these to then ask about their lives and how they fit into these models.

## **Conclusion**

This paper described the process of co-developing an intervention, online, with young people, through going through the 6SQuID steps two to four. We found that the process was possible to achieve online and, was something that young people enjoyed, and they felt engaged with. Indeed, they found it very different to what they expected – to sit and be lectured. Moreover, they also came up with many ideas about intervention delivery, which would make any new intervention more relevant to them. These are all important benefits of co-development. Despite these positives there were also a number of challenges in the process, which need careful reflection and building on in similar future processes.

For effective co-development processes with learners, it is necessary to build time into the process to support young people's shifting from didactic to dialogical approaches of engagement. Didactic communication hinders co-development processes, as participants are afraid of giving a 'wrong' answers (Brear, 2020), and thus may expect to be spoon fed (Brear, 2018). Creating a supportive environment where learners can voice their opinions and engage in discussion without a sense of correct answers, is crucial. This requires facilitators with strong skills, particularly in the online space.

It is also important to build in adequate time to the co-development process, to shift from people describing the broad reality, to reflecting on their own experiences. Intervention development requires detailed understandings of risks, and strategies of young people, and co-development will only work if adolescents have sufficient time, to gain '*critical transitivity*' where they acquire the ability to critically think about issues, which promotes *critical reflection* (Freire, 1993).

Co-development processes are likely to work with a small group of people who may be somewhat ‘different’ from the wider beneficiary group. This has several advantages such as they may already know each other and have an interest in the topic, making discussion easier. But it also means that it is important to check any co-developed outputs with a wider group of learners to ‘check’ the resonance to others. In addition, practitioners could explore utilisation of a blended approach, where a diverse group of learners first meet in-person, for team building exercises, before proceeding to engage in a co-development process online.

Co-development processes are not quick solutions and adequate time needs to be given especially for working with young people, because of their competing school demands. Practitioners should therefore allow for longer co-development period when working with this group. This consideration includes flexibility in terms of rescheduling workshops as shifts occur in schoolwork demands.

Co-development processes provide a unique and important opportunity to ensure the voices of beneficiaries are central to intervention design. The potential to do this online introduces a range of opportunities, but also challenges. Recognising the challenges allows us to address and strengthen these processes and develop further evidence on how best to do these in various contexts – including those with limited access to devices and internet connectivity to ensure all people are included. Improving online co-development processes is critical for when face to face meeting is not possible.

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**Contributors**

JN designed the original study and wrote the protocol. JN conducted the study and developed the analysis plan for this paper. JN undertook the analysis and wrote the first draft of the manuscript. AG supervised the analysis. All authors reviewed the manuscript and provided critical insight into the paper. All authors have approved the final manuscript.



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## **Chapter 7**

### **Discussion**

#### **Overview of the Study and Outline of the Discussion Chapter**

VAWG among adolescents is common (Stark et al., 2021; Stöckl et al., 2014) and there are few interventions, particularly online, which seek to prevent this. A dominant approach to prevent VAWG are group-based, participatory interventions (Gibbs et al., 2017; Vaughan, 2013). These interventions are based on Freire's work on critical pedagogy (Freire 1973), and the creation of safe social spaces, which enable people to engage in transformative communication (Campbell & Cornish, 2012; Fulu et al., 2015).

Driven by the growth in technology, and in the recent two years, the COVID-19 pandemic, VAWG prevention interventions are increasingly moving to online spaces. The central question is whether group-based participatory interventions can be successfully adapted for delivery online. This study therefore focused on the co-development of a VAWG prevention intervention with adolescents in the Eastern Cape Province of South Africa. The overall aim of the study was to explore and understand the feasibility of co-developing an online VAWG prevention programme for adolescents, from the perspectives of experts and adolescents.

This integrative discussion reflects on and answers the three overarching objectives driving the study. It then explores the cross-cutting themes/ideas to establish common and new learnings emerging from the study, in relation to the three objectives of this thesis. First, in relation to objectives one and two, reflections on the possibility of transformative communication online, and the impact of social contexts on online VAWG prevention interventions are presented. Secondly, reflections on the online co-development process are provided, which address objective three of the study. This chapter concludes with study strengths and limitations of the study.

This study had three specific objectives. The first objective was to understand experts' perspectives on the feasibility, acceptability and challenges of a group-based participatory VAWG prevention intervention developed and delivered online, which was addressed in Chapters three and four of the thesis (articles one and two). Experts – a combination of researchers, intervention designers and implementation practitioners in the field of VAWG prevention interventions – indicated that online participatory interventions may be possible, but that multiple complexities would need to be resolved. Some of the challenges raised were concerns of privacy, trust and safety associated with online platforms. They contended that the challenges in achieving trust, privacy and safety could compromise safe social spaces online, ultimately undermining transformative communication online. There were also concerns amongst experts about material challenges, such as access to devices, access to data, and poor connectivity, which might lead to some groups not being able to engage online, or undermine the key aspects of transformative communication, such as dialogue. Experts also struggled to grapple with how some aspects of transformative communication, such as discussions and reflection, could occur online, especially in situation where there was limited connectivity.

However, the experts also identified potential opportunities for online interventions. Specifically, experts discussed the potential of bringing online interventions to scale, which has been a prevailing challenge in face-to-face participatory approaches. There was also a recognition that online interventions had the potential to reach otherwise hard to reach individuals, such as middle-class groups that are at times reluctant to attend in-person sessions, adolescents during school holidays, or refugees who are mobile. Experts also acknowledged that engaging adolescents on a platform that they already enjoy might lead to increased interest in the intervention, amongst adolescents. Interestingly, younger experts



were more open to online participatory interventions than their older counterparts. These findings are presented in Chapters three and four.

The second objective was to understand adolescents' perspectives on the feasibility, acceptability and challenges of a group-based participatory VAWG prevention intervention developed and delivered online, reported in chapter five of the thesis (article three). Overall, young people reported they were very keen and open to the idea of online interventions and spoke of how they enjoyed engaging in groups online. School-going adolescents also discussed how they do experience a sense of belonging in these online groups. Yet, like the experts, school-going adolescents were also concerned about privacy, and specifically trust in online groups. But young people were not passive, rather they were active in thinking through and addressing how they dealt with privacy and trust issues online. More on findings from school-going adolescents' interviews are presented in chapter five.

The third objective of the study was to undertake an online co-development process of an online group-based participatory VAWG prevention intervention with adolescents, which was presented in chapter six of the thesis (article four). The candidate met with a small group of adolescents for five sessions online over a period of two weeks. In these sessions, the co-development team engaged in a discussion on VAWG, which culminated in creation of a problem tree and populated a theory of change table.

There were some key strengths in the co-development process. Firstly, while the adolescents joined the online intervention co-development group with the understanding that they were helping to develop an intervention, they expected to be lectured, and were surprised at the level of autonomy and their depth of involvement in the process. Young people were then eager to be involved and appreciated being 'heard'. Secondly, young people found it easy to build rapport online, which may have been facilitated by the friendships they had prior to taking part in the study, or because they are used to interacting online. In

addition, they easily built rapport with the facilitator, which may have been driven by the videos being on during the co-development process. Thirdly, the group of adolescents had their own laptops, computers, or cell phones to use, and the project provided data for the young people to utilise in the co-development process, which enabled their uninterrupted participation. Fourthly, utilising the online space allowed for flexibility in terms of rescheduling sessions during the co-development process, with minimal inconveniences, as there was no traveling involved and most sessions took place during the afternoons when young people were not busy at school. Importantly, they were able to critically reflect on some drivers of VAWG, particularly poverty.

There were also some challenges in the process, the main one being both the facilitator's and the adolescents' histories of didactic communication, which challenged the emergence of transformative communication in the group. There was also tension between the facilitator's 'expert' knowledge and young people's lack of formal training and prior thinking about the topics, particularly around 'drivers' of violence and interventions. Thus, the facilitator grappled with how to maintain adolescents' autonomy of thought, while also incorporating 'scientific evidence' in the emerging intervention activities. Differences in levels of training, between the school-going adolescents and facilitator, made equitable participation in the process difficult to achieve. Moreover, the more talkative school-going adolescents took the centre stage in the discussions, with the quieter ones remaining on the periphery. There were also challenges obtaining informed consent from parents, which meant that some learners who were interested in taking part in the co-development process were left out. Additional findings of the co-development process are presented in chapter six.

## **Possibility of Transformative Communication Online**

At the heart of participatory interventions to prevent VAWG is transformative communication. Evidence suggests that transformative communication leads to behaviour change (Freire, 1993; Mezirow, 1996). However, for this to occur, three elements are necessary, namely: open dialogue and discussion; reflection and critical thinking; and practicing new behaviours.

Transformative communication can only occur in a space that people consider to be safe, which is often referred to as a safe social space (Vaughan, 2013). Safe social spaces refer to a space where people can speak openly, feel heard, that their views are respected, and most importantly, do not feel judged. These spaces require safety, trust, privacy, a sense of community and confidentiality. When such a space exists, transformative communication to take place.

The question remains, is it possible to establish the conditions and structures necessary to create safe social spaces and transformative communication in online violence prevention interventions? This study suggests that while achieving transformative communication online is a possibility, it would be a complex process. This complexity is driven by the intricacies in establishing safe social spaces, and specifically establishing requisites such as privacy, trust, sense of community and dialogical processes online. These ideas are discussed in turn below.

### ***Privacy and Safety Online and in Online Interventions***

The adolescents and experts were aware of the need for privacy and safety online. Concern about safety, was discussed in terms of conflictual communication online. Amongst the experts, the concern was that emergence of harsh communication in online interventions could undermine open dialogue. The adolescents and experts felt that it may be easier to attack people verbally online, compared to in face-to-face interactions, as has been found in

other work (Asher et al., 2017). As such, a significant focus of interventions needs to be on developing strategies to address harsh communication in online interventions.

Both the experts and adolescents were concerned about privacy, which was discussed in terms of privacy on devices and privacy online. According to the experts, where there is limited access to smart cell phones, devices may be shared, which could reduce privacy and therefore limit participation in online interventions (Kaplan, 2006), or increase the risk of exposure to violence in cases where a participant is in an abusive relationship. In contrast, the adolescents spoke of how they and most of their friends owned a personal smart cell phone, which they did not share with others. However, two of the 18 adolescents who were interviewed, either did not have a cell phone or had a cell phone but it was not a smart cell phone. Ownership of smart cell phones is increasing, with a recent study in poor urban neighbourhoods reporting that almost all the young people, in every household that took part in the study, owned at least one smart cell phone (Porter & Lannoy, 2017). Furthermore, in the Eastern Cape Province, a study conducted in 2013/14 reported 51% cell phone ownership amongst young people aged 9-18 years, including in poor neighbourhoods (Porter et al., 2020). It is likely that access to cell phones has increased as they have become more affordable (International Telecommunication Union, 2016).

Privacy online was also a concern for the adolescents and experts, with concerns about information shared in a group being seen by others outside of the group. Outside intervention contexts, the adolescents spoke of how they worried about sending voice notes to others, as these could be forwarded. Within interventions, the experts and adolescents were concerned about screenshotting of conversations held in texts-based interventions, with the former noting problems with remote recording of conversations held during interventions. The adolescents were worried that facilitators of interventions could potentially share information disclosed online, either intentionally or unintentionally through 'hacking'. Other studies have

found similarly, albeit outside of intervention contexts, where adolescents are aware of, and concerned about, their privacy online (Davis & James, 2013).

The extent of privacy online was a determining factor for adolescent's willingness to engage in authentic and open dialogue online, which in turn limited their inclination to engage in sensitive discussions online, and this has been found elsewhere. For example, a recent study on mental health mobile apps for adolescents found privacy to be a key consideration determining their willingness to participate in the interventions (Grist et al., 2017).

Young people use a variety of strategies to manage privacy and safety online. For example, adolescents explained how in open forums online, they only shared general information, such as how their day was, limiting sensitive conversations to platforms they considered private and safe, such as WhatsApp. They also explained how they used passwords, both on their cell phones and online, to safeguard their information. In other work, young people have reported that their control over privacy is important, and should be taken into account, so that they can decide the extent to which they want to share their personal information (Kenny et al., 2014). Thus, although young people are often more willing (than adults) to share personal information online (Christofides et al., 2011; Walrave et al., 2012), they do this in very specific situations and this should not be taken to mean that they care less about the privacy of their information.

The ongoing concerns about the impact of privacy and safety on people's willingness to engage in open dialogue online, and the need to protect their privacy online, bring the issues of safety and privacy protection strategies to the fore. Privacy and safety in groups are necessary to create safe social spaces online (Naseem et al., 2020; Waldman, 2018). Adolescents' suggestions on strategies to enhance their sense of privacy online should be taken into consideration. Thus, it may be important for online interventions developers to – in

addition to the apps having their own stringent privacy strategies – enable additional privacy strategies that participants can employ. This will give participants a greater sense of control over their privacy, and potentially increase their willingness to share online, as suggested (Joinson et al., 2010).

### ***Disclosure and Trust in Online Interventions***

There were mixed feelings amongst the adolescents and experts about how disclosure of sensitive issues, which is important in transformative communication, could be achieved in online intervention groups. Some experts and adolescents felt that anonymity, provided through use of pseudonyms or other disguises in online groups, such as avatars, could be useful in promoting disclosure of sensitive information in online interventions. This has been found in other studies on computer mediated communication, where visually anonymous participants are reported to have increased levels of self-disclosure (Joinson, 2001), which includes disclosure on sexual topics (Chiou, 2006). The experts also felt that use of disguises may deal with issues related to the ‘stigma’ associated with violence experiences, and not wanting to identify as a victim of violence (Zink et al., 2004). It may also assist with issues related to the fear of being judged (Martin et al., 2012) and help-seeking for a violence experience, which often deters people from attending in-person violence prevention interventions (McCleary-Sills et al., 2016).

In contrast, there were concerns from other experts and adolescents that total anonymity may be detrimental to open discussion and disclosure in online interventions. This group of adolescents and experts spoke about building trust as an important strategy in promoting disclosure, which could not occur in cases where people had total anonymity. This is consistent with other work, which has shown that when people experience trust in a group they are more likely to disclose sensitive information (Taddei & Contena, 2013).

Indeed, the issue of trust shaped how the adolescents disclosed their personal information online, and via which platform. Apps such as WhatsApp were preferred when sharing sensitive information, as the message went straight to people known and trusted by the adolescent, while on apps such as Instagram, only general information was shared with a wider audience, as the sender did not necessarily trust them. This discernment stemmed from the adolescents' need to safeguard some forms of communication as has been found elsewhere (Nouwens et al., 2017), and highlights the need for trust to promote disclosure, as found in other studies (Frye & Dornisch, 2010).

Achieving trust online is difficult, and the experts and adolescents recognised this as a significant issue that needed addressing. The participants were optimistic that trust could be achieved online and offered some suggestions on how this could be done. The adolescents felt that knowing the other participants in an intervention was central to building trust. They explained how they disclosed sensitive information only to people they already knew and with whom they had an existing trusting relationship. Thus, although adolescents are reported to be more likely to disclose personal information about themselves to strangers online (Christofides et al., 2011), this might not apply to disclosure of sensitive information (Taddei & Contena, 2013). The reluctance amongst the adolescents interviewed in this study to share sensitive information with strangers may be shaped by their awareness of the challenges of information sharing online (Kenny et al., 2014), or by the more reserved cultural context.

The experts and adolescents also discussed how trust can be built in cases where people do not know each, such as where interventions are being considered for a wider population. In cases where intervention participants do not know each other, the adolescents and experts suggested that seeing each other, through the use of videos, had benefits for establishing trust. Specifically, most adolescents and experts underscored the value of hearing and seeing the other participants in an intervention, which would enable them to read non-verbal cues.

Reading non-verbal cues of others in online interventions would enable participants to build trust in one another, as has been described in research in clinical (Kelly et al., 2019) and in teaching settings (Bambaeeroo & Shokrpour, 2017). There is evidence to suggest that non-verbal communication accounts for 60%-90% of interpersonal communication (Lorié et al., 2017), and it can support empathic understanding and the exchange of emotional information (Roter et al., 2006). As such, being able to see other participants, specifically the non-verbal cues, is regarded as important to build up trust in a group, particularly when discussing sensitive topics.

However, there are challenges to using videos, which would enable people to see each other and read non-verbal cues. The high cost of data may make using videos in online interventions challenging. Indeed, young people described using apps and communication platforms that had low, or no, data options (e.g. Facebook Lite). Despite the expansion of technology in sub-Saharan Africa, data costs remain high in South Africa, which influences the frequency of internet use and the amount of online activities youth engage in (Oyedemi, 2015). In this study, videos were used throughout the co-development sessions, costing R199 to R249 per adolescent per session (\$13.20 - \$16.60), depending on their service provider, a total of R995 - R1 245 (~\$66 - \$83) per adolescent to attend the five two-to-three-hour sessions. As such, participants had to be provided with data to allow them to participate. Online interventions therefore need to consider data access, and either provide, or develop strategies of low or no cost access.

Another challenge in the use of videos for many people is the limited bandwidth, as others have described (Isoe et al., 2015; Vucic et al., 2016), which causes delays in video transmission (Vucic et al., 2016). Where there is poor connectivity, the absence of prompts, which are usually offered by non-verbal cues, may cause silence in online groups as people wait on each other to speak, or cause people to speak at the same time, both of which



interrupt the free flow of conversation. Studies have demonstrated how the quality and speed of the video and audio signal can undermine transmission of non-verbal cues (Bohannon et al., 2013). There was not much discussion by the adolescents about network issues (but it did come up) and this may be an issue elsewhere in South Africa. For instance Gibbs et al. (2021) described how young men prefer to use voice notes in their communication due to high data costs and poor connectivity in their area.

The idea of shifting participatory interventions online raises important questions about what constitutes dialogue in interventions, both verbal and non-verbal, and the importance of this in facilitating disclosure. The importance of visual cues and body language has been implicit in much research on participatory violence prevention interventions because current participatory violence prevention interventions are all face-to-face. Non-verbal communication is instrumental in achieving free-flowing dialogue and trust, which are a basis for transformative communication. But how to achieve this online remains unresolved, especially if videos are not possible. The careful training of facilitators to equip them with new skills set on how to facilitate these interventions online is crucial.

### ***Sense of Community Online***

Experts and adolescents felt differently about the possibility of developing a sense of community online, with adolescents (and younger often experts) saying it can be quite easy, and older experts contending that it's a complex process. This suggests that the ability to develop and maintain a sense of community online differs across ages, with younger people having an easier time doing this, consistent with existing work (Ali et al., 2015; Burns et al., 2010). This ease amongst younger people to develop a sense of community online may be linked to their prior experiences of forming and maintaining relationships and communities in this space (Scott et al., 2020). Studies have suggested that young people are more likely to

use the internet to connect with other young people (Burns et al., 2010), so much so that their perceptions of online relationships may be equivalent to those they establish face-to-face. Thus, younger experts and adolescents feel more comfortable online, as they have previous experience of building communities and trust online in non-intervention settings.

The frame of reference young people used to determine how easy it would be to develop a sense of community online is quite different to the that described in participatory interventions. In this study, young people described community in that they experienced a sense of belonging in music community groups and COVID-19 support groups on Facebook, as they related to what was being discussed in the groups. Young people may be more likely to join online support groups (Ali et al., 2015) more often than their older counterparts. However, in these communities, trust and continuous disclosure of sensitive personal information are not deemed important. The sense of community needed in participatory interventions is one of trust, safety and privacy, sufficient to promote disclosure. It may be that because these adolescents had not been part of an online participatory intervention, they could not perceive the level of community required for interventions to be successful.

The young people felt that community could be generated by having groups that comprise of friends. Specifically, young people reported that they would prefer online interventions comprising friends, and that new members would need to be introduced by an existing group member to preserve the sense of community and feelings of trust in the group, thus enabling them to continue speaking freely. Where they did not feel a strong sense of community and trust, they found it difficult to discuss intimate issues, or even contribute to ongoing debates. For instance, free open discussion in class WhatsApp groups was not possible due to the fear of being judged by peers, and they linked this selective disclosure to safety and trust, as has been found elsewhere (Taddei & Contena, 2013).

A sense of community and trust overlap, and online interventions need to recognise this. To establish a sense of community and trust sufficient to promote open dialogue with adolescents, a series of things need to happen. Adolescents need to feel safe from judgmental attitudes and trusted by other group members. Thus, trusting each other in the group needs to be brought to the fore, and rigorously cultured in online groups (Moore & Ayers, 2017). Ultimately, cultivating relationships of trust, non-judgement and openness for online interventions will be critical for online participatory interventions to be effective, but it remains unclear if this is possible.

A blended approach, mixing face-to-face and online sessions, may be a way to build community, trust and openness in a group. There are two ways to operationalise a blended approach. In the first, the initial sessions could be held in person, and thereafter moving the remainder of the sessions online. In the second, the online components could be added to face-to-face interventions to complement the in-person sessions, as has been done in mental health interventions (van der Vaart et al., 2014), then gradually test and move the remaining components online. The blended approach towards interventions has been found to be beneficial in mental health interventions, where they optimise the potentials of face-to-face and online modalities (van der Vaart et al., 2014; Wentzel et al., 2016).

### ***Dialogical and Didactic Communication***

Central to the process of promoting critical thinking is the concept of dialogical communication, where there is equitable and open dialogue between the participants and the facilitator. However, in this study, although adolescents joined the online intervention development group with the aim of helping in developing an intervention, they expected to be lectured, and were pleasantly surprised when they were asked their views and were central to the co-development process. Studies have reported the lack of recognition of young people's

voices in conceptualisation of their learning on issues of sex (Albury, 2015), while others have reported that participants do not enter co-development research relationships anticipating that they will be heard (Brear, 2018). In this co-development process, where young people were given the space, they actively participated, and were able to critically reflect on some drivers of VAWG, particularly poverty, and came up with ideas for prevention intervention activities. The young people were also able to be critical of existing legislation on VAWG offences, discussing how they were disappointed with the slow court cases and few convictions, which demonstrates their awareness of current contexts. This reflects that when young people's agency is recognised and enabled, they are capable of critically thinking about their contexts and offer suggestions of how to bring about change (Allen, 2011). In this study, the adolescents indicated having wanted to be heard, and appreciated that this co-development space allowed for this. They felt that by being allowed to lead the co-development of interventions, emerging interventions would be more relevant to them.

However, there were challenges in achieving dialogical communication online. Specifically, in the co-development process, the adolescents were 'afraid' of giving a wrong response and they kept checking with the facilitator if their response was 'correct', reflecting previous work (Brear, 2020). Thus, while the facilitator was well aware of what constituted dialogical processes, and strove to promote this in the group, the reality was that this was a struggle in practice, as previously found (Gibbs et al., 2015). Normalisation of didactic forms of communication in groups involving experts and community (in this case school-going adolescents) have been found in other work (Campbell & Macphail, 2002; Freire, 1993; Gibbs et al., 2015; Shefer & Macleod, 2015). In this study, for both the adolescents and the facilitator, didactic communication may have been driven by the fact that it is the dominant form of instruction in South Africa and sub-Saharan Africa (Campbell & Macphail, 2002).

There was a constant tension between the facilitator, who held ‘expert’ knowledge, and the young people’s lack of formal training in violence prevention. Thus, a challenge of upholding dialogical processes was around how to balance the provision of ‘scientific’ evidence, without this leading to didactic instruction (Brear et al., 2020). The facilitator struggled to strike a balance between creating a supportive environment where school-going adolescents could voice their opinion and engage in discussion without a sense of correct answers, and correcting young people’s discussions from a ‘scientific evidence’ stance. For example, the adolescents in the study kept reiterating that creating awareness on VAWG would lead to a reduction in perpetration behaviour, while there is very little evidence of this (Gallant & Maticka-Tyndale, 2004). This led to internal conflict on the part of the facilitator on how to maintain autonomy of thought amongst the adolescents, while also incorporating ‘scientific evidence’.

For any co-development process, facilitators’ tension on how much to push back on community members’ ideas using ‘scientific evidence’ is a central issue that has no easy solution. On the one hand, there is an existing evidence base about what works to prevent VAWG, but this knowledge has been generated and utilised exclusively by experts. On the other hand, research on participatory interventions highlights the risk of shaping communities’ participation in order to fit certain parameters, which may reinforce hegemonic sources of knowledge (Vijayakumar, 2018). Over and above, prior studies in participatory work have demonstrated how instrumentalist efforts, often driven by a focus on achieving set goals and attaining outcomes, risk de-legitimising the principles of participatory processes (Pamment, 2016). Ultimately, due to the existing imbalance in knowledge in the topic, achieving a true dialogical process remains a challenge.

Dialogical communication is seen as a process where everyone participates equally, yet this was not the case. In this study, while all the school-going adolescents indicated their

interest to take part in the co-development process, differences among them in engagement emerged. Specifically, the more talkative adolescents in the group came to the fore and kept giving ideas, while the less talkative took a back seat and participated much less. When the facilitator tried to coax participation from those participating less – in an effort to achieve equitable, dialogic and democratic input from everyone (Fielding, 2011) – she was met with awkward silence. Additionally, when encouraging the group to participate, the facilitator felt like a teacher, using their power to solicit participation. As such, there was a constant tension around using unequal power relationships to ‘encourage’ authentic participation by all school-going adolescents. Others have found that participatory processes may unintentionally reinforce existing inequalities (Brear & Tsoetsi, 2021; Chilisa, 2017), and this may have been an example of this. As such, dialogical communication is a complicated process, where participation may not be equal.

### **Accessibility of Online Interventions**

Many experts and adolescents felt that an important aspect of online interventions was accessibility, which meant several things. The most common issue on accessibility discussed was convenience. Experts and young people appreciated the convenience that could be offered by online participatory interventions as participants could take part in the interventions at any time, including at night. Evidence suggests that for participants, an attractive feature of online interventions is the convenience of participating in the sessions without having to be at a certain location at a certain time (Tarzia et al., 2017), thus overcoming the time constraints reported in face-to-face interventions (Feder et al., 2006). Specifically, the convenience of attending sessions at any time could be an attractive feature for those who are working, who may not be able to attend in-person interventions during working hours.

Closely linked, the experts indicated that online interventions had the potential to be accessible to people, even in instances where meeting physically was not possible, such as during national lockdowns or in conflict settings. For adolescents in Gqeberha, online interventions would enable ongoing connecting if they moved between schools, during long summer holidays, if some participants moved up to the next grade while some are left behind in the previous grade, or if designed carefully, with home-schooled adolescents who have reduced mobility. In such cases, online interventions have the potential to enable group engagement in the intervention for prolonged periods, and regardless of where they are. This enables the maintenance of social relationships with liked and like-minded peers, or provides alternative means of socialisation for those with reduced mobility (Cole et al., 2017; Tarzia et al., 2017).

Additionally, experts felt that people in controlling relationships, who do not live with their partners, may be able to attend online interventions without leaving their homes, and with less risk of their partner finding out about their participation. Online interventions might therefore provide alternative ways of help-seeking, in the form of interventions that allow for incognito, convenience and accessibility 24/7, thus promoting retention in the interventions.

Online violence prevention interventions also have the potential to be accessible long after the ‘formal’ intervention has ended. A significant challenge of face-to-face participatory interventions has been providing participants with extended support as they practice the newly learnt behaviours in the ‘real world’ environments – such as at home in-between sessions, beyond the intervention period if/or when they forget the skills – or support in engaging social contexts to support “transformative action in context” (Vaughan, 2013), or provide other forms of support beyond intervention period. Online interventions have the potential to overcome this challenge, as they can be available 24/7, for longer and using less

resources. This extended period of interaction could provide sustained supportive mechanisms.

### **Practical Considerations for Online Interventions**

There are other practical issues that need to be addressed to support the achievement of online participatory interventions. The main concern, from both the young people and experts, was access to cell phones but these concerns differed. The experts were concerned about whether young people own a personal smart cell phone, especially in low-income households. They explained how inequitable access to smart cell phones could marginalise those from lower economic backgrounds. This has been found in other work, where studies have described how variance in smart cell phone access could further marginalise some groups by leaving them unable to take part in online interventions (Eisenhut et al., 2020).

In this study however, owning a cell phone was not an issue. Young people were concerned about how access to the device was often shaped by parents' decisions. Parents still played a large role in when adolescents could use cell phones, and how they could use them. A study conducted in 2007 showed that of the 72% of youth who owned a mobile phone, only 59% reported using them daily (Young, 2007). This highlights the crucial role parents could play in online intervention implementation. Thus, online intervention implementers should consider engaging parents in the intervention plan to facilitate availability of the cell phone to the adolescent when needed.

Another practical consideration was people's familiarity with new technologies and how this could impact on interventions. For instance, young people were optimistic about the potential for online participatory interventions, which is likely linked to their extensive experiences of relationships and communities online (Scott et al., 2020), and familiarity and engagement with new technologies, as has been found elsewhere (Liyaganawardena &



Aboshady, 2017). Indeed, the experts (who are older) were more hesitant about the possibilities of online participatory interventions and this may partly have been driven by having less experience in new technologies and engagement online. People who are not comfortable with complex technology have been reported to be more likely to avoid technology altogether (Lee et al., 2011; Vosner et al., 2016). Designers of online interventions should thus strive to use technologies and platforms or tools that people are already using for communication online. Training participants on the platform being used to deliver the intervention, prior to engaging in the intervention, is also recommended.

Owing to the potential the online platforms present, violence prevention practitioners can harness young people's idolising of 'everything online', and redefine the online space differently, positioning it as a platform where constructive and safe discussions can be held confidentially. In this design process of online adolescents' interventions, there is a need to listen to young people's voices, and building on what they say are possible, as they understand their contexts and interests best. For example, young people preferred group verbal (talk) to text-based discussions, as they were concerned that written messages, with absence of non-verbal cues, such as tone of voice, may be misinterpreted, which could negatively impact communication. Such recommendations should be considered when designing interventions.

### **Online Co-development of Participatory Intervention Activities with Adolescents**

The online co-development process that was done as part of this study with a small group of school-going adolescents provided an opportunity to reflect on the strengths and challenges of online participatory interventions. A key strength of this co-development process was adolescents' ability to build rapport online quickly, that was sufficient to allow for open dialogue about sensitive issues, such as violence. This may have been driven by the

fact that the group was small (only four people), and three of the participants knew each other in real life, and also because the young school-going adolescents were already comfortable interacting online (Pang, 2018; Xie & Kang, 2015). Rapport may have also emerged quickly because the school-going adolescents in this group were already interested in the topic of violence prevention, and were hence like-minded (Parker & Song, 2006). This suggests that for online interventions, or co-development processes, recruiting among friendship peers may be a way to get a cohesive group with an existing sense of community.

The young people also quickly built rapport with the facilitator, although they had never met her in person. Building of rapport may have been facilitated due to the use of videos throughout the co-development process, thus promoting the building of trust (Brown et al., 2011; Kelly et al., 2019). As such, the centrality of the video and seeing people to develop rapport, and thus allow open discussion on sensitive topics, remains an important point. Use of video in this study was only possible because data were bought by the project for all participants, who all had access to personal devices such as cell phones or laptops to utilise for participation in the study activities. These two issues would otherwise have compromised use of videos in the process, especially as each session required 2-3GB of data, per person; and the school-going adolescents were not working from one location to allow for sharing. Access to devices, such as phones/laptops, and data affordability have often been raised as concerns for making online interventions possible (Bailey et al., 2015; Feroz et al., 2019). Practitioners considering designing online interventions should thus find ways to provide devices and data for participants of interventions. Collaborating with telecommunication companies to procure better data rates, or even zero-rated sites, is suggested.

The online co-development process provided flexibility and space for school-going adolescents to participate when it was easier for them to do so. Many group activities that

involve adolescents, such as co-development processes or interventions, compete with school demands, and often require flexibility, such as rescheduling workshops or working during school holidays. In this study, working online overcame several barriers to young people's participation in groups. This included having sessions in the afternoon when school-going adolescents were not busy with other activities, and because they participated from their homes, they incurred little travel time. Working online from home also circumvented the issue of safety that is often raised by parents when children are left behind in schools, in the afternoon, to attend sessions. Finally, working online allows for easy rescheduling, with less inconvenience.

There were challenges obtaining informed consent from adolescents' parents/guardians and this limited young people's participation. Out of the 23 adolescents who expressed an interest in being involved in the process, only five parents/guardians provided informed consent. This is consistent with the challenges that other researchers have experienced in obtaining consent from parents (Macapagal et al., 2017; Tabatabaie, 2015). The idea of adolescents needing to get parental consent prior to participation is shaped by understandings of adolescents as vulnerable and needing protection (Albury, 2015; Allen, 2012; Bay-Cheng, 2003). This skewed who could participate, limiting the voices to those with parents who were more active in discussions on sexuality.

## **Strengths and Limitations of the Study**

### ***Strengths***

There were several strengths in this study, with some being linked to the specific circumstances of the school-going adolescents who participated. Firstly, school-going adolescents both in the interviews and co-development process had their own devices, either cell phones or laptops. This enabled private conversations with the adolescents, which is

important to generate open and honest discussion. Secondly, school-going adolescents had good access to the internet infrastructure in their homes, which enabled uninterrupted engagement in the co-development process. Thirdly, provision of data for online co-development by the project enabled all willing school-going adolescents (with parental consent) to take part in this process, which could have encouraged the high participation that was observed. Fourthly, all school-going adolescents were English speaking, which means that there was less likelihood of meanings being lost in translation.

Another strength was that several experts interviewed in this study had already been thinking about the feasibility of shifting participatory interventions online, and many commented that the interview process had provided them with an opportunity to reflect further and think deeper on the issues that come with such an online transition.

This study has demonstrated that it is possible to achieve online co-development, and highlighted complex issues that need addressing for this process to be improved. Furthermore, having the voices of both school-going adolescents and experts together enabled drawing comparisons between their perspectives on the feasibility of online co-development processes. The study also provided an opportunity for young people's voices to be centralised and demonstrated their capacity to critique issues that are relevant to them.

### ***Limitations***

This section highlights some of the challenges that were encountered during the study and provides possible solutions to these limitations in future work. Firstly, although the candidate did not identify such a case, lack of a technological device was exclusionary, which means that critical insights from some adolescents would have been missed. In such a case, this would have caused marginalisation of some adolescents, particularly those from low income settings (Eisenhut et al., 2020). Provision of personal technological devices for those

without devices is vital, as it will mean that all adolescents have equal opportunity to take part in the research process. However, researchers should also be cognisant of the household dynamics before providing a child with a device.

Only school-going adolescents who were able to obtain signed informed consent forms from their parents took part in the study, and therefore crucial perspectives from those who were not able to obtain informed consent were missed. Beyond the provision of informed consent, parental support in any research process involving adolescents is crucial for several reasons. Firstly, the parents can help the adolescents to reflect on the activities they engaged in during the study process. Secondly, the parents can facilitate the provision of a private space in the house, to allow the adolescents room to fully express themselves. Thirdly, the parents can facilitate further critical conversations with the adolescents, beyond the research process. Thus, mobilising parental support prior to initiating the research process might be useful, although it is not clear how this can be achieved online.

This co-development component of the study utilised a sample size of five school-going adolescents, with one not attending either session, while a second did not attend the last session. This creates challenges in drawing conclusions from the intervention activities developed. However, the study's aim was to explore the feasibility of such a co-development online, and it was possible to generate reflections on the process from the study. Moreover, while evidence suggests the recommended number of participants for face-to-face focus groups to be between eight and 12 (Krueger, 2014; Stewart & Shamdasani, 2014), smaller groups of four to six have been used (Strong et al., 1994), and evidence on online focus groups, albeit narrow, recommends between three and six participants (GreenBook, 2022; Vital strategies, 2021). Nevertheless, future studies looking at developing an online participatory intervention should attempt to utilise a bigger group, but consider the limitations of online interactions when determining this number.

In this study, the school-going adolescents involved had pre-existing in-person relationships, and this made building rapport online easier. However, this raises some limitations, such as that the group involved were not reflective of the broader learner community they came from. Thus, in cases such as this, where the co-development group is one of adolescents who are friends, it may be important to check any co-developed outputs with a wider group of school-going adolescents to ‘check’ if the work resonates with other adolescents. Alternatively, to facilitate building rapport for school-going adolescents online, practitioners could utilise a blended approach, where a diverse group of school-going adolescents first meet in-person and engage in team building exercises (e.g. go camping) before proceeding to engage in a co-development process online.

There was a narrow representation of experts. Specifically, there were more academics (intervention design experts) than implementation experts, which may have created some bias. While perspectives from intervention designers and evaluators are crucial in understanding issues of design processes and outcome indicators, the implementation experts hold important contextual experience. Fewer voices from the implementers means that they were underrepresented in this discussion on online intervention feasibility.

In this study, the experts were recruited purposively and through snowballing. Specifically, experts recruited were supportive of participatory interventions. Thus, other intervention theories of change, such as cognitive behavioural therapy, which might be easier to develop and deliver online, were ignored. Future studies on the delivery of online group-based interventions should critically assess the feasibility of interventions based on other theories.

Finally, the lack of sufficient time to develop a full intervention, within the confines of a doctoral study timeline, means that the study could not aim to achieve a full intervention. Developing a full participatory intervention takes approximately 18 months (and this could

be longer for adolescents due to school demands), and a considerable amount of financial resources, because of the small scale testing and refining required – which this study did not have. This makes it a difficult task to achieve during a PhD, especially one which is not funded. However, given sufficient resources and time (preferably outside of a PhD qualification), development and testing of a full intervention is recommended, as it would provide further insight into the potential and challenges of the entire process.

## Chapter 8

### Conclusion

Online VAWG prevention interventions are increasingly common, but primarily focused on secondary prevention approaches, essentially responding after the violence has occurred, or in emergency situations, or via educational approaches. These interventions work within their approach but are not the same as the primary prevention of violence. Current evidence shows that group-based participatory interventions have greater potential for effecting behaviour change, but they have not been tested online. While this study showed that there are challenges in developing and delivering participatory interventions online, they will become a reality, and it is better that they are driven by theoretically informed approaches, and scientific evidence. Thus, given the potential raised by adolescents and experts for online participatory VAWG prevention interventions, there is a need to start designing and testing them, to begin exploring ways in which the identified challenges can be overcome.

To the best of the candidate's knowledge, this is the first time the three theories of participatory interventions – transformative communication, safe social spaces, and social contexts – are being applied to explore possibilities of online group-based participatory VAWG prevention interventions. The findings of this study showed that the feasibility of undertaking participatory violence prevention interventions online is dependent on a complex set of factors that impact on the possibilities for transformative communication, which comprises of dialogue and discussion, reflection and critical thinking, and practicing of new behaviours; and on the creation of safe social spaces, which include aspects of trust, privacy, safety. These factors were partly shaped by social contexts, and prior experiences, and they at times differed between young people and experts.



There are many good reasons why delivering interventions online may be of benefit. Firstly, online violence prevention interventions create opportunities to reach people in difficult contexts, such as those in conflict situations, and those who are on the move, for example refugees and school-going adolescents, who would otherwise have either completely or partially missed it. Secondly, the convenience of attending online participatory interventions from anywhere enables reaching people with limited mobility.

The central question, however, remains whether the theoretical constructs that are foundational to participatory interventions, of transformative communication and safe social spaces, are achievable online. This study found that the concepts of transformative communication and safe social spaces may be challenging to implement in online spaces, as they may be restricted by issues such as the inability to read non-verbal cues and interrupted conversation. Of importance was the infrastructure within which the interventions would be delivered. For example, the strength of internet connection and cost of data, which determined the extent to which videos may be utilised to promote open dialogue in online interventions. Addressing these issues may be outside the scope of small group participatory interventions.

Privacy, safety and trust are interlinked, and shape disclosure and open dialogue, and they are hard to disentangle. Young people are willing to share online, but whenever they spoke about the issue of disclosure, these three issues came up. In essence, disclosure of intimate information was shaped by whether the adolescents trusted that what they said would not be shared widely outside of the intervention, either intentionally or by accident. Specific strategies to resolve privacy, safety and trust will be a great stride towards achieving transformative communication online.

There were ongoing challenges with sustaining open dialogue in both groups' understanding of participatory interventions, and in the process of trying to co-develop the

intervention with young people. Specifically, while this study's foundation was based on a strong understanding of the dialogical processes, histories of didactic communication dampened reflection and critical thinking, with the notion of 'right' and 'wrong' appearing from time to time. This was driven by two things: 1) normalisation of didactic forms of communication in learning (e.g. in schools) and 2) an imbalance in the levels of expertise on the topic (e.g. between experts and adolescents). Didactic communication, as a challenge in in-person interventions, has been well documented. In online interventions, these challenges are compounded by other challenges in dialogue – such as the inability to read non-verbal cues. Careful training of facilitators on skills to utilise in facilitating sessions online, to curb didactic communication, is recommended.

Online participatory interventions have the capacity to support practicing of new behaviours over a longer time than a 'typical' face-to-face intervention. Particularly, because online violence interventions can be ongoing more easily and over longer time periods, they may enable providing participants with extended support for longer, even after the formal intervention has ended, such as providing reflection tools or a platform for people to continue engaging, thus supporting change in people's behaviour.

Co-development, while still having its limitations, will be a critical approach to the development of effective online participatory violence prevention interventions in future. In this study, young people (both school going adolescents and some of the younger experts) were more positive about the potential of online participatory violence prevention interventions, than their older counterparts. The young people were active in thinking through how key aspects of participatory interventions, such as trust, privacy and safety, could be enhanced online. Furthermore, young people redefined a sense of community, beyond what we are used to with in-person, geographically confined participatory interventions. While these suggestions are yet to be tested in online participatory violence prevention intervention

contexts, the shrewd discussions allude to the pivotal role that young people will play in the reimagining of participatory interventions online over time.

### **Research Needs and Recommendations**

There are three areas that need further research in future online participatory intervention work. This section has been split to highlight the three areas that need addressing, namely co-development research, research on transformative communication and intervention development and evaluation.

#### ***Co-development Research***

1. A key feature of interventions designed for young people should be centralising young people's voices and needs, in a co-development process, as this may be the best way to achieve fitting and acceptable interventions.
2. Co-development processes should be conducted with different groups in various locations, to provide further evidence of the process and ensure more appropriate online co-development processes for broader application.
3. This study has shown that an online co-development process of participatory violence prevention interventions is possible. An important next step in making online participatory interventions a reality will be to move from the theory of change to designing an actual online intervention.

#### ***Research on Transformative Communication***

1. There remains a gap in understanding how trust and privacy can be established online, especially in contexts where people do not have pre-existing relationships. Further research on this, and how to build trust, is critical for supporting disclosure in online participatory interventions.

2. The community in online interventions will look different from what we are used to in in-person, geographically restricted, interventions. Young people's views in this study challenged intervention social psychologists to reimagine what communities could look like, and how they are constituted. Further research on how a sense of community can be established online is required, and how this may map onto ideas of community for participatory interventions.
3. Verbal and non-verbal dialogue is important in transformative communication processes. However, while non-verbal dialogue has been reported to be significant for building trust in communication, we have very little understanding of what this constitutes for transformative communication. More research is needed to understand this.

### ***Intervention Development and Evaluation***

1. Safe social spaces to support participatory intervention work online are complex and require further investigation. This study initiated a process to try to understand the feasibility of creating safe social spaces in online interventions. Further research is needed in different contexts, to obtain a complete picture on how safe spaces can be conceptualised in online interventions.
2. There is a need to develop and pilot participatory interventions that are delivered online, and to gain a deeper understanding and build on what is possible.
3. Beyond intervention design, participatory intervention experts are challenged to begin parallel research of evaluating online participatory interventions, to gather evidence on their impact.

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## APPENDICES

### Assent Form for Child Participants

#### Invitation to take part in an interview

<b>CO-DEVELOPING A VIRTUAL VAWG PREVENTION PROGRAMME</b>
--

Date:

#### **Explanation of the Study (What will happen to me in this study?)**

If you decide to take part in the study, you will be asked to take part in a one hour telephone interview. You will not incur any charges for this call as the call will be made to you directly by the researcher over a carrier; not over the internet. During the interview you will be asked questions about your use of technology (phones and laptops), how easily you access technology, the challenges you encounter using them, who you communicate with, what apps and websites you use, and also about your views on the potential for running groups online.

#### **Risks or Discomforts of Participating in the Study (Can anything bad happen to me?)**

The content that will be spoken about is sensitive and you might feel uncomfortable. If, at any time, you feel like this talk to one of the researchers or a teacher who will be able to help you.

#### **Benefits of Participating in the Study (Can anything good happen to me?)**

By taking part in this study you will gain more knowledge about VAWG.

#### **Confidentiality (Will anyone know I am in the study?)**

Any interviews that will be recorded will be completely anonymous. You will not be identified by your name in any reports written. Only the researcher will know who took part in the interview.

#### **Medical Treatment (What happens if I get hurt?)**

If you are upset about anything related to the study, we, the researchers, will make sure that you receive the help you need.

**Contact Information (Who can I talk to about the study?)**

If you have any questions or concerns about the study, you can use the following contact number(s):

0415044594 Prof Magnolia Ngcobo-Sithole (She is the research Promoter from the University that is responsible to make sure this project runs safely).

**Voluntary Participation (What if I do not want to do this?)**

Your participation is voluntary and you can choose at any time to withdraw from the study, without being penalised.

The study has received ethical clearance and approval from the NMMU Research Ethics Committee (HUMAN). Clearance number: H-19-HEA-PSY-012

Do you understand this study and are you willing to participate?

 YES NO

\_\_\_\_\_

Signature of Child

\_\_\_\_\_

Date

## **Assent Form for Child Participants**

### **Invitation to take part in an online co-development workshop**

<b>CO-DEVELOPING A VIRTUAL VAWG PREVENTION PROGRAMME</b>
--

Date:

#### **Explanation of the Study (What will happen to me in this study?)**

If you decide to take part in the study, you will be asked to take part in a series of six to seven online co-development workshops over a period of four months. All workshops will be conducted on Zoom platform. All school-going adolescents who have access to a technology device that can access Zoom are invited to participate. We do not require you to buy a device. We are inviting those who already have access to a device (either theirs or borrowed). There will be two workshops per month. Each workshop will last approximately three hours. In these workshops, you will be asked to form part of a group whose input will be used to create workshops intended to be delivered online to other school-going adolescents such as yourself.

#### **Risks or Discomforts of Participating in the Study (Can anything bad happen to me?)**

The content that will be spoken about is sensitive and you might feel uncomfortable. If, at any time, you feel like this talk to one of the researchers or a teacher who will be able to help you.

#### **Benefits of Participating in the Study (Can anything good happen to me?)**

By taking part in this study you will gain more knowledge about VAWG.

#### **Confidentiality (Will anyone know I am in the study?)**

As part of this process, the researcher will be taking notes on important issues of the process, for example, any challenge experienced. Any notes that will be recorded will be completely anonymous.

You will not be identified by your name in any reports written. Only the researcher will know who took part in the co-development.

**Medical Treatment (What happens if I get hurt?)**

If you are upset about anything related to the study, we, the researchers, will make sure that you receive the help you need.

**Contact Information (Who can I talk to about the study?)**

If you have any questions or concerns about the study, you can use the following contact number(s):

0415044594 Prof Magnolia Ngcobo-Sithole (She is the research Promoter from the University that is responsible to make sure this project runs safely).

**Voluntary Participation (What if I do not want to do this?)**

Your participation is voluntary and you can choose at any time to withdraw from the study, without being penalised.

The study has received ethical clearance and approval from the NMMU Research Ethics Committee (HUMAN). Clearance number: H-19-HEA-PSY-012

Do you understand this study and are you willing to participate?

YES

NO

\_\_\_\_\_

Signature of Child

\_\_\_\_\_

Date

## Information Letter to Parents

### Invitation to your child to attend an interview

Dear Parent,

My name is Jane Ndungu from the Psychology Department at Nelson Mandela Metropolitan University (NMMU Psychology). I am conducting a research study which aims to co-develop a ‘virtual’ VAWG prevention programme for young people. I am intending to conduct this study at the school your child is attending. As a part of this research we would like to ask your child to complete a one hour interview to help us understand about risk, protective and possibilities of an online programme and how it would be received by their peers. Your child has been specifically identified to take part in this study – we are asking four children from the school to take part. Your child will not incur any charges for this call as the call will be made to them directly by the researcher over a carrier; not over the internet We assure you that any information provided will be highly confidential and no identifiable information of a learner will be linked to any answers. The school that your child attends has granted permission for the children to take part in the study, provided that you are in agreement. If you give permission for your child to participate, please sign the attached form provided and return it to the school as soon as possible. Your child may withdraw from the study at any time without fear of reprisal and in no way will your child’s education be influenced by your decision to take part or not take part. Should you require any further information or have any questions, please contact Jane Ndungu (NMMU Psychology) (041 504 27 76) or Prof Magnolia Ngcobo-Sithole (Nelson Mandela University) (0415044594) or Dr Andrew Gibbs (South African Medical Research Council) (031 203 4899).

The study has received ethical clearance and approval from the NMMU Research Ethics Committee (HUMAN). Clearance number: H-19-HEA-PSY-012. Thank you.

Yours sincerely,

<b>Jane Ndungu (NMMU )</b>	<b>Prof Magnolia Ngcobo-Sithole (NMMU)</b>	<b>Dr. Andrew Gibbs (SAMRC)</b>
Primary Investigator	Principal Responsible Person	Co-Promoter

## **Information Letter to Parents**

### **Invitation to your child to attend an online co-velopment workshop**

Dear Parent,

My name is Jane Ndungu from the Psychology Department at Nelson Mandela Metropolitan University (NMMU Psychology). I am conducting a research study which aims to co-develop a ‘virtual’ VAWG prevention programme for young people. I am intending to conduct this study at the school your child is attending. As a part of this research we would like to ask your child to form part of an online co-development group that will help in the designing of this programme. Your child will be asked to take part in a series of six to seven online co-development workshops over a period of two weeks. There will be four workshops per week. Each workshop will last approximately three hours. In these workshops, they will be asked to form part of a group whose input will be used to co-create workshops intended to be delivered online to other school-going adolescents such as themselves. The programme development will be done online – on Zoom room platform – and we will provide your child with data to use in this process. All school-going adolescents who have access to a technology device that can access Zoom are invited to participate. We do not require you to buy a device for your child. We are inviting those who already have access to a device (either theirs or borrowed). Your child has been specifically identified to take part in this study – we are asking only children from the school who are interested to take part. We assure you that any information provided will be highly confidential and no identifiable information of a learner will be linked to any answers. The school that your child attends has granted permission for the children to take part in the study, provided that you are in agreement. If you give permission for your child to participate, please sign the attached form provided and return it to the school as soon as possible. Your child may withdraw from the study at any time without fear of reprisal and in no way will your child’s education be influenced by your decision to take part or not take part. Should you require any further information or have any questions, please contact Jane Ndungu (NMMU Psychology) (041 504 27 76) or Prof Magnolia Ngcobo-Sithole (Nelson Mandela University) (0415044594) or Dr Andrew



Gibbs (South African Medical Research Council) (031 203 4899). The study has received ethical clearance and approval from the NMMU Research Ethics Committee (HUMAN). Clearance number: H-19-HEA-PSY-012.

Thank you.

Yours sincerely,

<b>Jane Ndungu (NMU )</b>	<b>Prof Magnolia Ngcobo-Sithole (NMU)</b>	<b>Dr. Andrew Gibbs (SAMRC)</b>
Primary Investigator	Principal Responsible Person	Co-Promoter

### Parent/Guardian/Carer Consent Form

Please complete the following:

#### Child's details

Name of Child .....

Date of Birth .....

#### Parent/Guardian /Carer

Name:

.....

Address:

.....

.....

..... Postcode

.....

Tel (day): .....

Tel (evening):

.....

Mobile: .....

E-mail:

.....

**Emergency contact details:** (If different from above)

Name: ..... Telephone no:

.....

Relationship to child:

.....

**CONSENT** (please read carefully)

- I have read and understand the information letter that forms part of this research and have had all questions that I may have answered.
- I understand my child’s participation is entirely voluntary and my child can choose to withdraw at any time.
- My child’s answers will be recorded on a recording device (such as a Dictaphone or smartphone), and/or notes but he/she will not be identified by name in any publications that may arise from this study.
- Should my child experience discomfort or distress during the interview, the researcher will provide details of counselling services available at the Psychology Clinic at Nelson Mandela Metropolitan University (UCLIN) and Revive counselling services.
- Participation in this research is entirely confidential and information will not be released to anyone that is not a part of this research project specifically.

- I understand that I can refuse to let my child participate in the study without impacting their schooling

Signed ..... (Parent/ Guardian/Carer)

Date:.....

### Information and Informed Consent Form (Adults)

<b><u>RESEARCHER'S DETAILS</u></b>	
<b>Title of the research project</b>	<b>CO-DEVELOPING A VIRTUAL VAWG PREVENTION PROGRAMME</b>
<b>Reference number</b>	
<b>Principal investigator</b>	JANE NDUNGU
<b>Address</b>	DEPARTMENT OF PSYCHOLOGY, NELSON MANDELA METROPOLITAN UNIVERSITY, PORT ELIZABETH
<b>Postal Code</b>	6001
<b>Contact telephone number (private numbers not advisable)</b>	0415042776

<b>DECLARATION BY OR ON BEHALF OF PARTICIPANT</b>		<i>Initial</i>
I, the participant and the undersigned	(full names)	
ID number		
OR		
I, in my capacity as	(parent or guardian)	
of the participant	(full names)	
ID number		
Address (of participant)		

<b>A.1 HEREBY CONFIRM AS FOLLOWS:</b>		<b><u>Initial</u></b>
<b>I, the participant, was invited to participate in the above-mentioned research project</b>		
<b>that is being undertaken by</b>	JANE NDUNGU	
<b>from</b>	DEPARTMENT OF PSYCHOLOGY	
<b>of the Nelson Mandela Metropolitan University.</b>		

<b>THE FOLLOWING ASPECTS HAVE BEEN EXPLAINED TO ME, THE PARTICIPANT:</b>				<b>Initial</b>
2.1	<b>Aim:</b>	The investigators aim to co-develop a 'virtual' VAWG prevention programme for young people		
2.2	<b>Procedures:</b>	I understand that I will be invited to an interview, where I will be engaged in a conversation around the above issues. I understand that the discussions will be audio recorded for transcription later and notes of my feedback will also be written by hand.		
2.3	<b>Risks:</b>	The content that will be spoken about is sensitive and I might feel uncomfortable. If, at any time, I feel upset, I have been informed to talk to the researcher who will be able to guide me.		
2.4	<b>Possible benefits:</b>	As a result of my participation in this study I will gain more knowledge on VAWG prevention.		
2.5	<b>Confidentiality:</b>	My identity will not be revealed in any discussion, description or scientific publications by the investigators.		
2.6	<b>Access to findings:</b>	Any new information or benefit that develops during the course of the study will be shared as follows: through the school principal and the department of education and directly from the researcher.		
2.6	<b>Voluntary participation / refusal / discontinuation:</b>	My participation is voluntary	<b>YES</b>	<b>NO</b>
		My decision whether or not to participate will in no way affect my present or future care / employment / lifestyle	<b>TRUE</b>	<b>FALSE</b>

<b>3. THE INFORMATION ABOVE WAS EXPLAINED TO ME/THE PARTICIPANT BY:</b>								<b>Initial</b>
(name of relevant person)								
in	<b>Afrikaans</b>		<b>English</b>		<b>Xhosa</b>		<b>Other</b>	
and I am in command of this language, <b>or</b> it was satisfactorily translated to me by								
(name of translator)								
I was given the opportunity to ask questions and all these questions were answered satisfactorily.								

<b>4.</b>	No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalisation.	
<b>5.</b>	Participation in this study will not result in any additional cost to myself.	

<b>A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT:</b>		
Signed/confirmed at	on	20
Signature or right thumb print of participant	Signature of witness:	
	Full name of witness:	

<b>STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)</b>							
<b>I,</b>	<b>(name of interviewer)</b>			<b>declare that:</b>			
	<b>I have explained the information given in this document to</b>			<b>(name of patient/participant)</b>			
	<b>and / or his / her representative</b>			<b>(name of representative)</b>			
<b>2.</b>	<b>He / she was encouraged and given ample time to ask me any questions;</b>						
	<b>This conversation was conducted in</b>	<b>Afrikaans</b>		<b>English</b>		<b>Xhosa</b>	<b>Other</b>
<b>3.</b>	<b>And no translator was used OR this conversation was translated into</b>						
	<b>(language)</b>		<b>By</b>	<b>(name of translator)</b>			
<b>4.</b>	<b>I have detached Section D and handed it to the participant</b>			<b>YES</b>		<b>NO</b>	
Signed/confirmed at	on	20					
Signature of interviewer	Signature of witness:						
	Full name of witness:						

<b>DECLARATION BY TRANSLATOR (WHEN APPLICABLE)</b>			
<b>I,</b>	<b>(full names)</b>		
ID number			
Qualifications and/or			
Current employment			
<b>confirm that I:</b>			
<b>1.</b>	<b>Translated the contents of this document from English into</b>		<b>(language)</b>
<b>2.</b>	<b>Also translated questions posed by</b>	<b>(name of participant)</b>	<b>as well as the answers given by the investigator/representative;</b>
<b>3.</b>	<b>Conveyed a factually correct version of what was related to me.</b>		
Signed/confirmed at	On	20	
<b>I hereby declare that all information acquired by me for the purposes of this study will be kept confidential.</b>			
Signature of translator	Signature of witness:		
	Full name of witness:		

<b>IMPORTANT MESSAGE TO PATIENT/REPRESENTATIVE OF PARTICIPANT</b>				
<p><b>Dear participant/representative of the participant</b></p> <p><b>Thank you for your/the participant's participation in this study. Should, at any time during the study:</b></p> <ul style="list-style-type: none"> <li>- <b>an emergency arise as a result of the research, or</b></li> <li>- <b>you require any further information with regard to the study, or</b></li> <li>- <b>the following occur</b></li> </ul> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>You feel upset by the information shared.</b></p> </div> <p><b>(indicate any circumstances which should be reported to the investigator)</b></p>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><b>Kindly contact</b></td> <td style="padding: 5px;"><b>Revive</b></td> </tr> <tr> <td style="padding: 5px;"><b>at telephone number</b></td> <td style="padding: 5px;">041 373 8882/3</td> </tr> </table>	<b>Kindly contact</b>	<b>Revive</b>	<b>at telephone number</b>	041 373 8882/3
<b>Kindly contact</b>	<b>Revive</b>			
<b>at telephone number</b>	041 373 8882/3			



## Letter of Invitation to School Principals

• PO Box 77000 • Nelson Mandela University  
 • Port Elizabeth • 6031 • South Africa • [www.mandela.ac.za](http://www.mandela.ac.za)  
 • South Africa • [www.nmmu.ac.za](http://www.nmmu.ac.za)

**NELSON MANDELA**  
 UNIVERSITY

### CO-DEVELOPING A VIRTUAL VAWG PREVENTION PROGRAMME

My name is Jane Ndungu, and I am a doctoral student at the Nelson Mandela University. I am conducting research on VAWG programmes under the supervision of Prof Magnolia Ngcobo-Sithole (Nelson Mandela University) and Dr Andrew Gibbs (South African Medical Research Council). The Provincial Department of Education has given approval to approach schools for my research. A copy of their approval is attached to this letter. I invite you to consider taking part in this research. This study will meet the requirements of the Research Ethics Committee (Human) of the Nelson Mandela University.

#### Aims of the Research

The research aims to:

- To co-develop a ‘virtual’ VAWG prevention programme for young people

#### Significance of the Research Project

The research is significant in three ways:

- It will provide information about children knowledge about VAWG.
- It will provide information about what influences children’s thinking about VAWG.
- It will provide schools, teachers and experts with greater understanding about the influence of online prevention programmes on the prevention on VAWG in children.

#### Benefits of the Research to Schools

- The results of this study will be disseminated to schools, Eastern Cape Department of Education, and the broader public.

### Research Plan and Method

Data will be collected from the school-going adolescents through the use of interviews and focus groups. During the interview they will be asked about what they think and feel about online prevention programmes. In the co-development focus group, they will be asked to form part of six to seven online co-development workshops over a period of 2 weeks whose input will be used to create workshops intended to be delivered online to other school-going adolescents. Permission will be sought from the school-going adolescents and their parents prior to their participation in the research. Only those who assent and whose parents consent will participate. The researcher will conduct the interviews. All information collected will be treated in strictest confidence and neither the school nor individual school-going adolescents will be identifiable in any reports that are written. Participants may withdraw from the study at any time without penalty. The role of the school is voluntary, and the School Principal may decide to withdraw the school's participation at any time without penalty. The content that will be spoken about is sensitive. If a learner requires support as a result of their participation in the survey, steps will be taken to accommodate this.

### School Involvement

**Once I have received your consent to approach school-going adolescents to participate in the study, I will**

- arrange for informed consent to be obtained from participants' parents
- arrange a time with your school for interviews to take place
- obtain informed assent from participants

Further information attached for your information are copies of the Parent Information and Consent Form and also the Participant Information Statement and Consent Form

Invitation to Participate

**If you would like your school to participate in this research, please complete and return the attached form.**

Thank you for taking the time to read this information.

Jane Ndungu

Researcher

*Nelson Mandela*

*University*

Prof Magnolia Ngcobo-

Sithole Supervisor

*Nelson Mandela University*

Dr. Andrew Gibbs

Co-Promoter

*South African Medical Research*

*Council*

## School Principal Consent Form

• PO Box 77000 • Nelson Mandela University  
 • Port Elizabeth • 6031 • South Africa • [www.mandela.ac.za](http://www.mandela.ac.za)

**NELSON MANDELA**  
UNIVERSITY

### CO-DEVELOPING A VIRTUAL VAWG PREVENTION PROGRAMME

I give consent for you to approach school-going adolescents in grades nine and 10 to participate in the ‘developing a virtual VAWG prevention programme’ project.

I have read the Project Information Statement explaining the purpose of the research project and understand that:

- 1 The role of the school is voluntary
- 2 I may decide to withdraw the school’s participation at any time without penalty
- 3 School-going adolescents in grades nine and ten will be invited to participate and that permission will be sought from them and also from their parents.
- 4 Only school-going adolescents who assent and whose parents’ consent will participate in the study
- 5 All information obtained will be treated in strictest confidence.
- 6 The school-going adolescents’ names will not be used, and individual school-going adolescents will not be identifiable in any written reports about the study.
- 7 The school will not be identifiable in any written reports about the study.
- 8 Participants may withdraw from the study at any time without penalty.
- 9 A report of the findings will be made available to the school.
- 10 I may seek further information on the project from Jane Ndungu on 0781 935 931.

\_\_\_\_\_

Principal

\_\_\_\_\_

Signature

\_\_\_\_\_ Date

## Topic Guide for Needs Assessment with Young People

*Welcome* and thank you for volunteering to have an in-depth interview, I appreciate you for taking some time out to meet with me. You have been asked to take part in this interview because your opinions and views are valuable and important to the study.

**Introduction:** the aim of this interview is to have a conversation with you about the feasibility of delivering interventions virtually and young people's acceptability of online interventions. I will ask you different types of questions such as the different types technology that young people use in communicating with each other, so as to understand what may be appropriate platforms for delivering interventions and the practicalities of delivering interventions online. The main objective of this study is to co-develop a virtual intervention that can be easily delivered widely, in a way that will help in reducing/preventing VAWG amongst young people. This discussion will not take more than 1 hour.

I would like to record this discussion for me to capture your views accurately. May I record this discussion?

I would like to assure you that even though I am recording this, the views expressed will be anonymous. Meaning the audio recorded files will be kept safely and only be accessed by the research team as explained in the information sheet. In addition, the audio file will be transcribed into text word for word in order to capture the discussion in a word document. We would like to note that no individual names will be linked to the specific statements made during the conversation. If there are any questions that you do not feel comfortable responding to or wish to answer, you do not have to do so. Your views are important to this study.

## Ground Rules

Before we proceed, I would like us to set a few ground rules that we all need to abide by during this interview:

- Please feel free to share your views as there are no right or wrong views or opinions. It is important that I obtain your views on the questions
- Do you have any questions before we start?

a) **Personal access to virtual technology:** I want to start by asking you about your own access to computers and phones.

1. Among your friends and for yourself, do most people have smart phones and laptops and if not, how do you access them?

- Is it easy for you, or your friends to access them? If so, what ways of communicating do you use?
- Does anyone else have access to your laptop/phone? Does this change how you use it?

2. How often do you use technology devices such as phones or computers?

b) Now let's talk a little about **challenges around access to data and or Wi-Fi**

3. Do you have easy access to data or Wi-Fi?

- If no, how do you get access to data?
- Are there spots/places where you can connect for free? What are they?
- Where do you have most access to data? At home or out and about?
- What is connectivity like where you live?

4. How often do you have access to sufficient data and or Wi-Fi. A rough estimate of days and hours.

c) Let's think a little about **your use of social media.**

5. Do you use social media?

- If yes, for what purpose(s) do you access social media?
- What are the main apps and technologies that you and your friends use to communicate on your smart phones? Can you tell us why they are good, or bad, and the types of information shared?

6. Are you ever online at the same time, in virtual 'hangouts'? What makes them work better or worse?

- Have you ever been part of a group on social media? If no, why? If yes, how did you perceive them?
- Was it easy communicating in the social media group?

d) **Community:** I want to talk a little about community building

7. What do you understand by the word community?

8. Do you think we can create communities online? How?

9. Would you want to be part of an online community? Why?

e) **Privacy online:** Let's talk about privacy on online platforms

10. Think about when you are talking to friends or others over smartphones, can you do this in a private location, where no one can overhear you? What are the challenges?

11. Do you feel like you have privacy when online? Why?

- If there is no privacy online, how do you think this can be improved?

12. Do you share things with other people that you meet online and may not know in real life? How do you feel about that?

13. How comfortable are you using online platforms to access information and support?

f) **Online safety:** I want to ask you a few questions about how safe you feel when using online platforms.

14. Do you generally feel safe online?

- Have you ever felt unsafe online?

15. Do you know what cyber-bullying is?

- Do you think it happens online?
- How do you think it can be stopped?
- If you ever experienced cyber bullying, what you do about it?

g) **Online interventions acceptability:** These are the last questions we are going to talk about today. Let's talk a little about online interventions.

16. Do you think group discussions can happen over virtual platforms?

- What may make it easier, or harder?

17. What would the main challenge of being a participant in a small group discussion virtually be?

18. What do you think is the longest people can concentrate online in group discussions?

19. Would you take part in an online group discussion?

- What kind of discussion would you be interested in attending?
- What would make you want to attend an online discussion?
- Let's say you were given an option to either attend a discussion online or in a face-to-face group setting. Which one would you prefer? Why?

20. What would you suggest if we wanted to run a small group discussion over virtual technologies?

- What would be the best app, and what would make it better?
- How long would you suggest a session should be?
- How many sessions in total would you suggest?

<b>Conclusion</b>
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**Comments/concerns of participants**



We have come to end of our interview. **Is there anything else you would like to share with me about the topic apart from what we have discussed?**

[Make note of questions, answer what you can, refer others to appropriate people]

### **Appreciation**

This has been a very effective interview, thank you for the contributions you have made and your time. The views and opinions you have shared are valuable to the study. I would like to remind you that any of your comments featuring in the report, presentations or publications will be anonymous and if there is anything you are unhappy with or wish to complain about regarding the interview we just had, please contact the individual information on the participant information sheet given to you. Thank you once again for your time, I have learnt much by listening to you.

### **Topic Guide for Needs Assessment with Experts**

*Welcome* and thank you for volunteering to have an in-depth interview, I appreciate you for taking some time out to meet with me. You have been asked to take part in this interview because your opinions and views are valuable and important to the study.

**Introduction:** the aim of this interview is to have a conversation with you about the feasibility of delivering interventions online. I will ask you different types of questions such as the practicalities of delivering interventions online. The main objective of this study is to co-develop an online I intervention that can be easily delivered widely, in a way that will help in reducing/preventing VAWG amongst young people. This discussion will not take more than 1 hour.

I would like to record this discussion for me to capture your views accurately. May I record this discussion?

I would like to assure you that even though I am recording this, the views expressed will be anonymous. Meaning the audio recorded files will be kept safely and only be accessed by the research team as explained in the information sheet. In addition, the audio file will be transcribed into text word for word in order to capture the discussion in a word document. We would like to note that no individual names will be linked to the specific statements made during the conversation. If there are any questions that you do not feel comfortable responding to or wish to answer, you do not have to do so. Your views are important to this study.

<b>Ground Rules</b>
---------------------

Before we proceed, I would like us to set a few ground rules that we all need to abide by during this interview:

- Please feel free to share your views as there are no right or wrong views or opinions. It is important that I obtain your views on the questions
- Do you have any questions before we start?

**a) Background**

1. What is your area of expertise?
2. How many years of experience do you have in your field?
3. Can you tell me about your background in the field of violence prevention.
4. Can you tell me a little about your background in working with young people.
5. How much do you know about working with young people, not necessarily in violence prevention?

I'm now going to ask you about the challenges and opportunities around moving violence prevention programmes online – we know there are both practical and theoretical challenges for this type of approach, so we will go through each one in turn.

**b) Challenges inherent in online interventions**

6. What challenges do you think one would encounter when delivering participatory interventions online?
  - Would there be challenges in recruitment? If so, which?
  - How about building a community online? Is it easy?
  - Do you think it's possible to provide space for reflection in online interventions? Why/Why not?

- How easy/difficult would it be to access and mobilise resources for online intervention delivery?
7. What **practical limitations** do you think would be present in delivering content (information, skills, discussion) during interventions from the field of violence?
- What other **practical limitations** do you think would exist in practitioners' delivery of online/cyber participatory interventions from the field of violence?
8. What **theoretical limitations** do you think would be present in delivery of online/cyber participatory interventions from the field of violence?

**c) Potential for online interventions**

9. What **practical potential** do you think online/cyber participatory interventions from the field of violence possess?
10. What **theoretical potential** do you think online/cyber participatory interventions from the field of violence possess?
11. What **practical challenges and limitations** do you think online/cyber participatory interventions from the field of violence **mitigate**?
12. What **theoretical challenges and limitations** do you think online/cyber participatory interventions from the field of violence **mitigate**?
13. What do you think are the **possibilities** of online interventions in the field of violence prevention?

<b>Conclusion</b>
-------------------

**Comments/concerns of participants**

We have come to end of our interview. **Is there anything else you would like to share with me about the topic apart from what we have discussed?**

[Make note of questions, answer what you can, refer others to appropriate people]

### **Appreciation**

This has been a very effective interview, thank you for the contributions you have made and your time. The views and opinions you have shared are valuable to the study. I would like to remind you that any of your comments featuring in the report, presentations or publications will be anonymous and if there is anything you are unhappy with or wish to complain about regarding the interview we just had, please contact the individual information on the participant information sheet given to you. Thank you once again for your time, I have learnt much by listening to you.

## Ethics Clearance



PO Box 77000, Nelson Mandela University, Port Elizabeth, 6031, South Africa [mandela.ac.za](http://mandela.ac.za)

Chairperson: Research Ethics Committee (Human)

Tel: +27 (0)41 504 2347

[sharlene.govender@mandela.ac.za](mailto:sharlene.govender@mandela.ac.za)

**NHREC registration nr: REC-042508-025**

**Ref: [H19-HEA-PSY-012] / Amendment & Extension]**

6 October 2020

Prof M Ngcobo-Sithole Faculty: Health Sciences

Dear Prof Ngcobo-Sithole

### **DEVELOPING A VIRTUAL SCHOOL-BASED VAWG PREVENTION PROGRAMME**

PRP: Prof M Ngcobo-Sithole

PI: Ms J Ndungu

The request for an amendment and extension (2021/09/30) to the above-entitled application served at the Research Ethics Committee (Human) for approval. The study is classified as a medium risk study. The ethics clearance reference number remains **H19-HEA-PSY-012** and approval is subject to the following conditions:

1. The immediate completion and return of the attached acknowledgement to [Imtiaz.Khan@mandela.ac.za](mailto:Imtiaz.Khan@mandela.ac.za), the date of receipt of such returned acknowledgement determining the final date of approval for the study where after data collection may commence.
2. Approval for data collection is for 1 calendar year from date of receipt of above mentioned acknowledgement.
3. The submission of an annual progress report by the PRP on the data collection activities of the study (form RECH-004 available on Research Ethics Committee (Human) portal) by 15 November this year for studies approved/extended in the period October of the previous year up to and including September of this year, or 15 November next year for studies approved/extended after September this year.
4. In the event of a requirement to extend the period of data collection (i.e. for a period in excess of 1 calendar year from date of approval), completion of an extension request is required (form RECH-005 available on Research Ethics Committee (Human) portal)

5. In the event of any changes made to the study (excluding extension of the study), completion of an amendments form is required (form RECH-006 available on Research Ethics Committee (Human) portal).
6. Immediate submission (and possible discontinuation of the study in the case of serious events) of the relevant report to RECH (form RECH-007 available on Research Ethics Committee (Human) portal) in the event of any unanticipated problems, serious incidents or adverse events observed during the course of the study.
7. Immediate submission of a Study Termination Report to RECH (form RECH-008 available on Research Ethics Committee (Human) portal) upon expected or unexpected closure/termination of study.
8. Immediate submission of a Study Exception Report of RECH (form RECH-009 available on Research Ethics Committee (Human) portal) in the event of any study deviations, violations and/or exceptions.
9. Acknowledgement that the study could be subjected to passive and/or active monitoring without prior notice at the discretion of Research Ethics Committee (Human).

Please quote the ethics clearance reference number in all correspondence and enquiries related to the study. For speedy processing of email queries (to be directed to [Imtiaz.Khan@mandela.ac.za](mailto:Imtiaz.Khan@mandela.ac.za)), it is recommended that the ethics clearance reference number together with an indication of the query appear in the subject line of the email.

We wish you well with the study.

Yours sincerely



**Dr S Govender**  
**Chairperson: Research Ethics Committee (Human)**

Cc: Department of Research Capacity Development

Faculty Manager: BES

*Appendix 1: Acknowledgement of conditions for ethical approval*

**APPENDIX 1****ACKNOWLEDGEMENT OF CONDITIONS FOR ETHICS APPROVAL**

I, **PROF M NGCOBO-SITHOLE** (PRP) of the study entitled **[H19-HEA-PSY-012] DEVELOPING A VIRTUAL SCHOOL-BASED VAWG PREVENTION PROGRAMME**, do hereby agree to the following approval conditions:

1. The submission of an annual progress report by myself on the data collection activities of the study by 15 November this year for studies approved in the period October of the previous year up to and including September of this year, or 15 November next year for studies approved after September this year. It is noted that there will be no call for the submission thereof. The onus for submission of the annual report by the stipulated date rests on myself. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the submission of the annual report.
2. Submission of the relevant request to RECH in the event of any amendments to the study for approval by RECH prior to any partial or full implementation thereof. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the requesting for any amendments to the study.
3. Submission of the relevant request to RECH in the event of any extension to the study for approval by RECH prior to the implementation thereof.
4. Immediate submission of the relevant report to RECH in the event of any unanticipated problems, serious incidents or adverse events. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the reporting of any unanticipated problems, serious incidents or adverse events.
5. Immediate discontinuation of the study in the event of any serious unanticipated problems, serious incidents or serious adverse events.
6. Immediate submission of the relevant report to RECH in the event of the unexpected closure/discontinuation of the study (for example, de-registration of the PI).
7. Immediate submission of the relevant report to RECH in the event of study deviations, violations and/or exceptions. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the reporting of any study deviations, violations and/or exceptions.
8. Acknowledgement that the study could be subjected to passive and/or active monitoring without prior notice at the discretion of RECH. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the active monitoring of a study.

Signed:



Date: 07/10/2020



### Theory of Change Populated during Co-development with Adolescents

	<b>Researcher prompts/ideas</b>	<b>School-going adolescents' ideas</b>
What is the problem?		<p><b><i>Identify the problem you want to address.</i></b></p> <ul style="list-style-type: none"> <li>• Legal implications for GBV/ LGBTQIA perpetration.</li> <li>• Discrimination.</li> <li>• Male (why do they do this?).</li> <li>• LGBTQIA hate crimes.</li> <li>• Awareness? Normalisation of violence?</li> <li>• Bullying.</li> <li>• Awareness in homes. How men are raised? Toxic masculinities.</li> <li>• Awareness on women perpetration.</li> </ul>
Why is it a problem?		<ul style="list-style-type: none"> <li>• Lack of awareness on perpetration and experience of violence.</li> <li>• It is a violation of equality.</li> <li>• Leads to psychological consequences e.g. trauma.</li> <li>• Human rights violation.</li> </ul>
What causes GBV and LGBTQIA discrimination?	<ul style="list-style-type: none"> <li>a) Gender inequitable masculinities;</li> <li>b) Acceptance of patriarchal attitudes;</li> <li>c) Alcohol and drugs use;</li> <li>d) Rape myths acceptance which maintain the issue and foster underreporting;</li> <li>e) Acceptance of violence as a conflict resolution means</li> <li>f) Poor mental health</li> </ul>	<p><b><i>Identify factors causing or maintaining the problem</i></b></p> <ul style="list-style-type: none"> <li>a) Poverty.</li> <li>b) Stress (linked to poverty).</li> <li>c) Social norms, cultural and religious beliefs.</li> </ul>

<p>What causes are common in the target school areas?</p>	<p><b>Identify these</b> e.g</p> <p>a) Gang activity in northern areas</p>	<p>Let's look at hypothetical scenarios amongst your peers:</p> <p>a) Peer pressure b) Lack of knowledge c) Cultures d) Religion e) Community you live in f) Poor conditions (conflict, violence in the household)</p>
<p>What can we do?</p>		<p><b><i>What can we address in the given timeframe?</i></b> <b><i>What's capacity do we have?</i></b> <b><i>What resources do we have?</i></b></p> <p>a) Support groups b) Victims meeting perpetrators (not their perpetrators though) c) Education e.g sex education in group settings, human rights d) Awareness amongst youth to break the cycle e) Campaigns with boys to stay away from harmful gender stereotypes f) Educate people that women are also capable of perpetrating violence g) Teaching people how to deal with trauma h) Teaching victims when to walk; de-escalation i) Create safe houses j) Communication skills</p>
<p>What can't we do?</p>		<ul style="list-style-type: none"> <li>• Changing cultures</li> <li>• Re-writing the rules/expectations of the society</li> <li>• Changing religious beliefs</li> </ul>
<p>So what is our aim? -</p>		<p><b><i>Given above, what is our aim now? What do we want to do?</i></b></p> <p>Stop gender based violence and discrimination against LGBTQIA; Change social norms and break the cycle of 50 plus of so on how men should be.</p>

<p>What are the objectives?</p>		<ul style="list-style-type: none"> <li>• Create awareness on gender based violence and discrimination against LGBTQIA.</li> <li>• Teach people about their rights and know when they are being violated.</li> <li>• Educate people discrimination against LGBTQIA community.</li> <li>• Educate people on the implications of social norms and if they are harmful.</li> </ul>
<p>What are the activities I am using to meet this objective?</p>	<p>a) Parenting workshops b) Group discussions c) Experiential learning</p>	<p><b><i>Indicate the activity</i></b></p> <ul style="list-style-type: none"> <li>• Create awareness on gender based violence and discrimination against LGBTQIA – <i>Group discussions</i> amongst peers (either face-to-face or video platforms); have a group of teens creating informational material together (either face-to-face or video platforms);</li> <li>• Educate people on the implications of social norms and if they are harmful <ul style="list-style-type: none"> <li>i. <i>Group discussions (different ages = different discussions) – face-to-face (e.g. videos) it needs to be personal);</i></li> <li>ii. <i>Short (catchy and educational) clips to watch and posts online;</i></li> <li>iii. <i>Parenting workshops to help parents see things like young people do (in-person – not all parents go online)</i></li> </ul> </li> <li>• Teach people about their rights and know when they are being violated – <ul style="list-style-type: none"> <li>i. <i>Video clips (online – You Tube, Instagram, Twitter, Facebook, Tik Tok), YouTube channel with videos posted weekly, and live sessions where teenager can ask questions;</i></li> <li>ii. <i>Social media platforms where people can post what was in</i></li> </ul> </li> </ul>

		<p><i>the video (e.g confession pages);</i></p> <p>iii. Tik Tok videos (<i>it appears on the home page without one searching</i>)</p> <ul style="list-style-type: none"> <li>• Educate people discrimination against LGBTQIA community <ul style="list-style-type: none"> <li>i. Video clips (<i>online – You Tube, Instagram, Twitter, Facebook, Tik Tok</i>),</li> <li>ii. YouTube channel <i>with videos posted weekly, and live sessions where teenager can ask questions;</i></li> <li>iii. Social media platforms <i>where people can post what was in the video (e.g confession pages);</i></li> <li>iv. Tik Tok videos (<i>it appears on the home page without one searching</i>).</li> </ul> </li> </ul>
What are the specific components of these activities?	2 X 5 weeks parenting workshops – 1 per week 1 X 7 weeks group discussions with young boys – 2 per week	<p><b><i>Be very specific with the activities. Link them to objectives</i></b></p> <p><i>Group discussions amongst peers (either in-person discussions or video platforms)</i></p> <ul style="list-style-type: none"> <li>• 2 discussion sessions a week X 4 weeks – online</li> <li>• 1 discussion session a week X 4 weeks – in person</li> </ul> <p>NB: Beyond 4 weeks feels like commitment.</p>
What should we consider in the activities?		<p><b><i>Cultural considerations, age specificity etc.</i></b></p> <p>Online:</p> <ul style="list-style-type: none"> <li>• Platform should be light on data.</li> <li>• Platform should be easy to access.</li> <li>• Activity should be straight to the point.</li> <li>• Activity should be catchy.</li> <li>• Activity should be entertaining.</li> <li>• 1 minute Tik Tok clips.</li> <li>• You Tube (15 minutes long).</li> </ul>

		<ul style="list-style-type: none"><li>• Discussion should be 30-60 minutes.</li><li>• Opportunity for Q&amp;A.</li><li>• Should be interactive.</li><li>• Maximum 20 participants per group.</li><li>• Discussions should be 30-60 minutes.</li></ul>
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### List of Extracted Peer Reviewed Publications

#### Journal Articles

**Ndungu, J.,** Ngcobo-Sithole, M., & Gibbs, A. (2022). *Researchers or practitioners' opinion of the possibilities for creating virtual safe social spaces for violence prevention interventions for young people*. Health Education Research, 37:3, 155-166, DOI: [10.1093/her/cyac008](https://doi.org/10.1093/her/cyac008)

**Ndungu, J.,** Ngcobo-Sithole, M., & Gibbs, A. (2022). *How may social contexts shape online participatory violence prevention interventions? Views of researchers and practitioners*. Youth Journal, 2:2, 113-125, DOI: [10.3390/youth2020009](https://doi.org/10.3390/youth2020009)

**Ndungu, J.,** Ngcobo-Sithole, M., & Gibbs, A. (2022). *Learners' viewpoints on the possibilities and limitations imposed by social contexts on online group-based participatory interventions to address violence*. Global Public Health, DOI: [10.1080/17441692.2022.2092182](https://doi.org/10.1080/17441692.2022.2092182)

**Ndungu, J.,** Ngcobo-Sithole, M., & Gibbs, A. (submitted). *Describing an online co-development process of VAWG prevention intervention activities with young high school learners, in Eastern Cape Province, South Africa*. Journal of Adolescent Research

#### Conference proceedings

**Ndungu, J.,** Ngcobo-Sithole, M., & Gibbs, A. (2022). *Is co-developing participatory interventions with young people feasible? Reflections on a co-developing process in South Africa*. 2022 SQIP virtual conference.

**Ndungu, J.,** Ngcobo-Sithole, M., & Gibbs, A. (2022). *Young people's views about the potential for online participatory interventions*. SVRI Forum 2022, Cancún, Mexico.

