RESPECT WOMEN

Preventing violence against women

World Health Organization

UNITED NATIONS HUMAN RIGHTS OFFICE OF THE HIGH COMMISSIONER

UNDP

UNFPA

UNODC United Nations Office on Drugs and Crime

UN WOMEN

Ministry of Foreign Affairs of the Netherlands

Australian Government

UKaid from the British people

USAID FROM THE AMERICAN PEOPLE

Sida SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

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Introduction

The primary audience for this document is policymakers. Programme implementers working on preventing and responding to violence against women will also find it useful for designing, planning, implementing, and monitoring and evaluating interventions and programmes.

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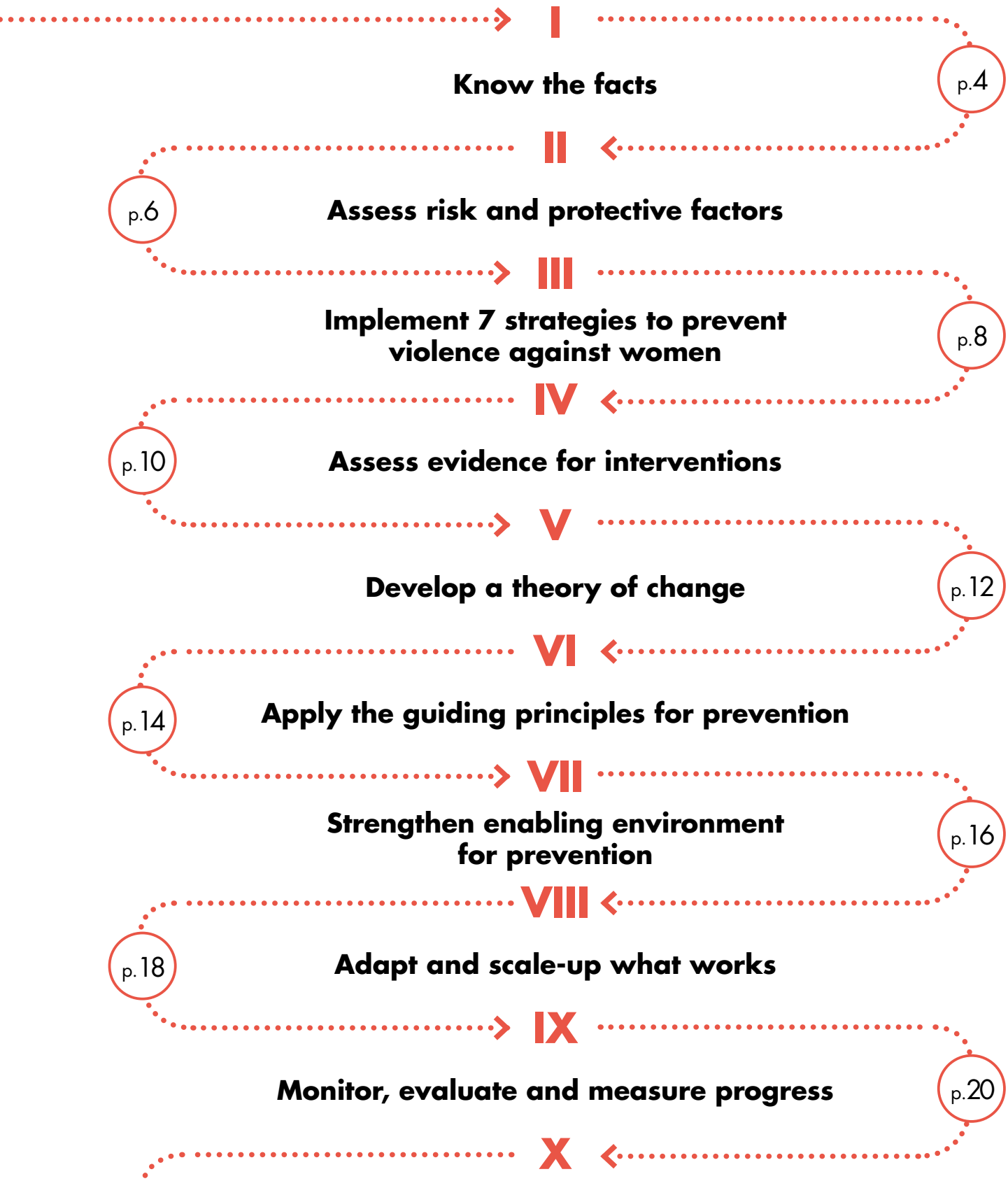


Commit to action!

Know the **facts**

Violence against women (VAW) is a **violation of human rights**, is rooted in gender inequality, is a **public health problem**, and an impediment to sustainable development.

Nearly **1 in 3 (35%)** women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence, not including sexual harassment, by any perpetrator.

Globally, **30%** of women have experienced physical and/or sexual violence by an intimate partner in their lifetime.

Adolescent girls, young women, women belonging to ethnic and other minorities, transwomen, and women with disabilities face a **higher risk** of different forms of violence.

Humanitarian emergencies may exacerbate existing violence and lead to additional forms of violence against women and girls.

Globally between **38%-50% of murders** of women are committed by **intimate partners**.

Violence negatively affects women's physical and mental **health** and well-being. It has **social and economic consequences** and costs for families, communities and societies.

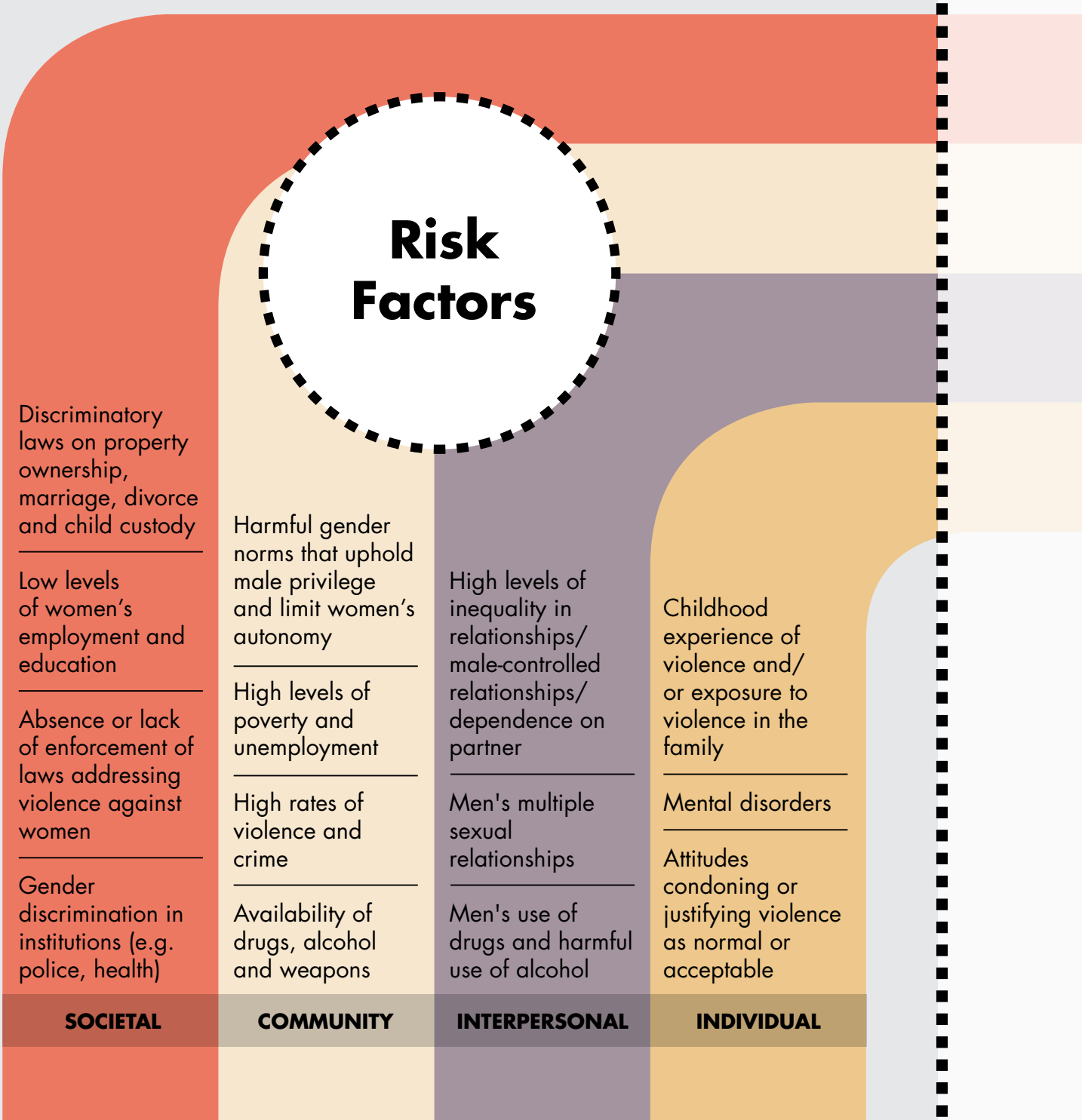
Low education, exposure to violence in childhood, unequal power in intimate relationships, and attitudes and norms accepting violence and gender inequality increase the risk of **experiencing intimate partner violence and sexual violence**.

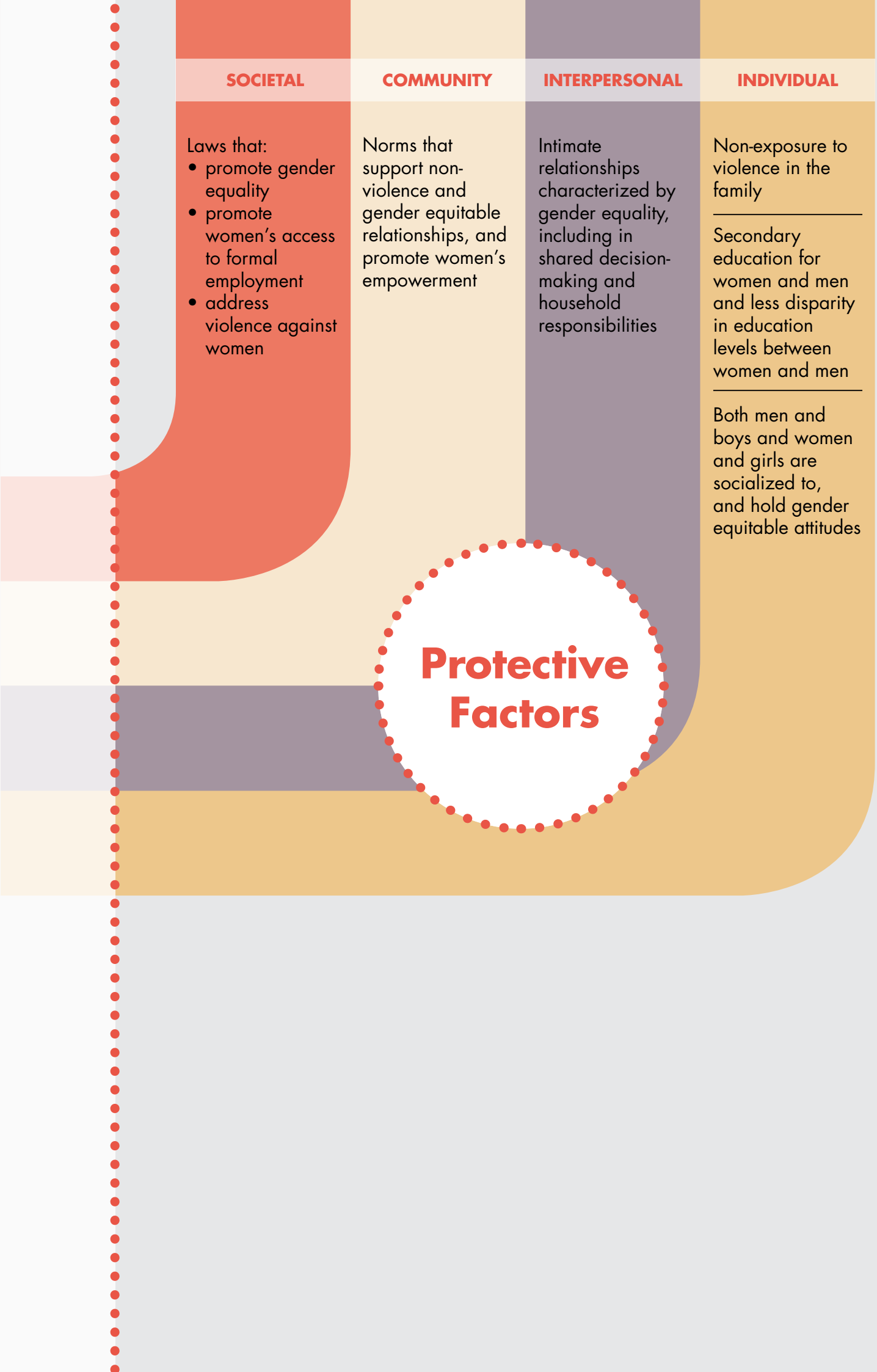
Low education, child maltreatment or exposure to violence in the family, harmful use of alcohol, attitudes accepting of violence and gender inequality increase risk of **perpetrating intimate partner violence**.

The majority (**55-95%**) of women survivors of violence **do not disclose or seek any type of services**.

Violence against women and girls is **preventable**. To prevent violence, mitigate the risk factors and amplify the protective factors.

Assess **the risk & protective factors**[1]




SOCIETAL
COMMUNITY
INTERPERSONAL
INDIVIDUAL
Laws that:
• promote gender equality
• promote women's access to formal employment
• address violence against women
Norms that support non-violence and gender equitable relationships, and promote women's empowerment
Intimate relationships characterized by gender equality, including in shared decision-making and household responsibilities
Non-exposure to violence in the family
Secondary education for women and men and less disparity in education levels between women and men
Both men and boys and women and girls are socialized to, and hold gender equitable attitudes
Protective Factors

R E S P E C T

7 Implement strategies to prevent violence against women[2]

Relationship skills strengthened

refers to strategies aimed at individuals or groups of women, men or couples to improve skills in interpersonal communication, conflict management and shared decision-making.

Empowerment of women

refers to both economic and social empowerment including inheritance and asset ownership, microfinance plus gender and empowerment training interventions, collective action, creating safe spaces and mentoring to build skills in self-efficacy, assertiveness, negotiation, and self-confidence.

Services ensured

refers to a range of services including police, legal, health, and social services provided to survivors.

Poverty reduced

refers to strategies targeted to women or the household whose primary aim is to alleviate poverty ranging from cash transfers, savings, microfinance loans, labour force interventions.

Environments made safe

refers to efforts to create safe schools, public spaces and work environments, among others.

Child and adolescent abuse prevented

refers to establishing nurturing family relationships, prohibiting corporal punishment, and implementing parenting programmes as mentioned in *INSPIRE - 7 strategies for preventing violence against children.*

Transformed attitudes, beliefs, and norms

refers to strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes that uphold male privilege and female subordination, that justify violence against women and that stigmatize survivors. These may range from public campaigns, group education to community mobilization efforts.

Relationships skills strengthened

Group-based workshops with women and men to promote egalitarian attitudes and relationships

H L

Couples counselling and therapy

H L

EXAMPLE

Group-based Workshops

In the two-year period following the implementation of *Stepping Stones* in South Africa with female and male participants aged 15–26 years, men were less likely to perpetrate intimate partner violence, rape and transactional sex in the intervention group compared to the baseline.[x]

Empowerment of women

Empowerment training for women and girls including life skills, safe spaces, mentoring

H L

Inheritance and asset ownership policies and interventions

H L

Micro-finance or savings and loans plus gender and empowerment training components

H L

EXAMPLE

Microfinance plus gender and empowerment

The *IMAGE project* (Intervention with Microfinance for Aids and Gender Equity) in South Africa empowers women through microfinance together with training on gender and power and community mobilization activities. Studies show it reduced domestic violence by 50% in the intervention group over a period of two years. At US$244 per incident case of partner violence averted during a 2-year scale up phase, the intervention is highly cost-effective.[w]

Services ensured

Empowerment counselling interventions or psychological support to support access to services (i.e. advocacy)

H L

Alcohol misuse prevention interventions

H L

Shelters

H L

Hotlines

H L

One-stop crisis centres

H L

Perpetrator interventions

H L

Women's police stations/units

H L

Screening in health services

H L

Sensitization and training of institutional personnel without changing the institutional environment

H L

EXAMPLE

Advocacy for survivors

The *Community Advocacy Project* in Michigan and Illinois, United States, is an evidence-based program designed to help women survivors of intimate partner abuse re-gain control of their lives. Trained advocates provide advocacy and individually tailored assistance to survivors so that they can access community resources and social support. The intervention was found to lower recurrance of violence and depression and improve quality of life and social support. Two years after the intervention ended, the positive change continued.[y]

Assess the **evidence** on **interventions**[3]

Poverty reduced

Economic transfers, including conditional/ unconditional cash transfers plus vouchers, and in-kind transfers

H L

Labour force interventions including employment policies, livelihood and employment training

H L

Microfinance or savings interventions without any additional components

H L

EXAMPLE

Economic transfers
In Northern Ecuador, a cash, vouchers and food transfer programme implemented by the World Food Programme (WFP) was targeted to women in poor urban areas, intending to reduce poverty. Participating households received monthly transfers equivalent to $40 per month for a period of 6 months. The transfer was conditional on attendance of monthly nutrition trainings. The evaluation showed reductions in women's experience of controlling behaviours, physical and/or sexual violence by intimate partners by 19 to 30%. A plausible mechanism for this was reduced conflict within couples related to poverty-related stresses.[p]

Environments made safe

Infrastructure and transport

H L

Bystander interventions

H L

Whole School interventions

H L

EXAMPLE

Right to play - preventing violence among and against children in schools
In Hyderabad (Sindh Province), Pakistan, a right to play intervention reached children in 40 public schools. Boys and girls were engaged in play-based learning providing them opportunity to develop life skills such as confidence, communication, empathy, coping with negative emotions, resilience, cooperation, leadership, critical thinking and conflict resolution that help combat conflict, intolerance, gender discrimination and peer violence. An evaluation showed decreases in peer victimization by 33% among boys and 59% among girls at 24 months post intervention; in corporal punishment by 45% in boys and 66% in girls; and in witnessing of domestic violence by 65% among boys and by 70% in girls.[o]

Child and adolescent abuse prevented

Home visitation and health worker outreach

H L

Parenting interventions

H L

Psychological support interventions for children who experience violence and who witness intimate partner violence

H L

Life skills / school-based curriculum, rape and dating violence prevention training

H L

Transformed attitudes, beliefs, and norms

Community mobilization

H L

Group-based workshops with women and men to promote changes in attitudes and norms

H L

Social marketing or edutainment and group education

H L

Group education with men and boys to change attitudes and norms

H L

Stand-alone awareness campaigns/single component communications campaigns

H L

EXAMPLE

Community Mobilizations *SASA!* is a community intervention in Uganda that prevents violence against women by shifting the power balance between men and women in relationships. Studies show that in SASA! communities 76% of women and men believe physical violence against a partner is not acceptable while only 26% of women and men in control communities believe the same. At the cost of US$ 460 per incident case of partner violence averted in trial phase, intervention is cost-effective and further economies of scale can be achieved during scale-up.[v]

LEGEND[4]

●	**promising**, >1 evaluations show significant reductions in violence outcomes
■	**more evidence needed**, > 1 evaluations show improvements in intermediate outcomes related to violence
◆	**conflicting**, evaluations show conflicting results in reducing violence[5]
□	**no evidence**, intervention not yet rigorously evaluated
▼	**ineffective**, >1 evaluations show no reductions in violence outcomes
H	World Bank High Income Countries (HIC)
L	World Bank Low and Middle Income Countries (LMIC)

Develop a **theory**

Relationship skills strengthened

Empowerment of women

Services ensured

Poverty reduced

Environments made safe

Child and adolescent abuse prevented

Transformed attitudes, beliefs, and norms

INTERVENTIONS

Building on resiliency and knowledge, and resourcing and supporting communities to find solutions

Women facing violence

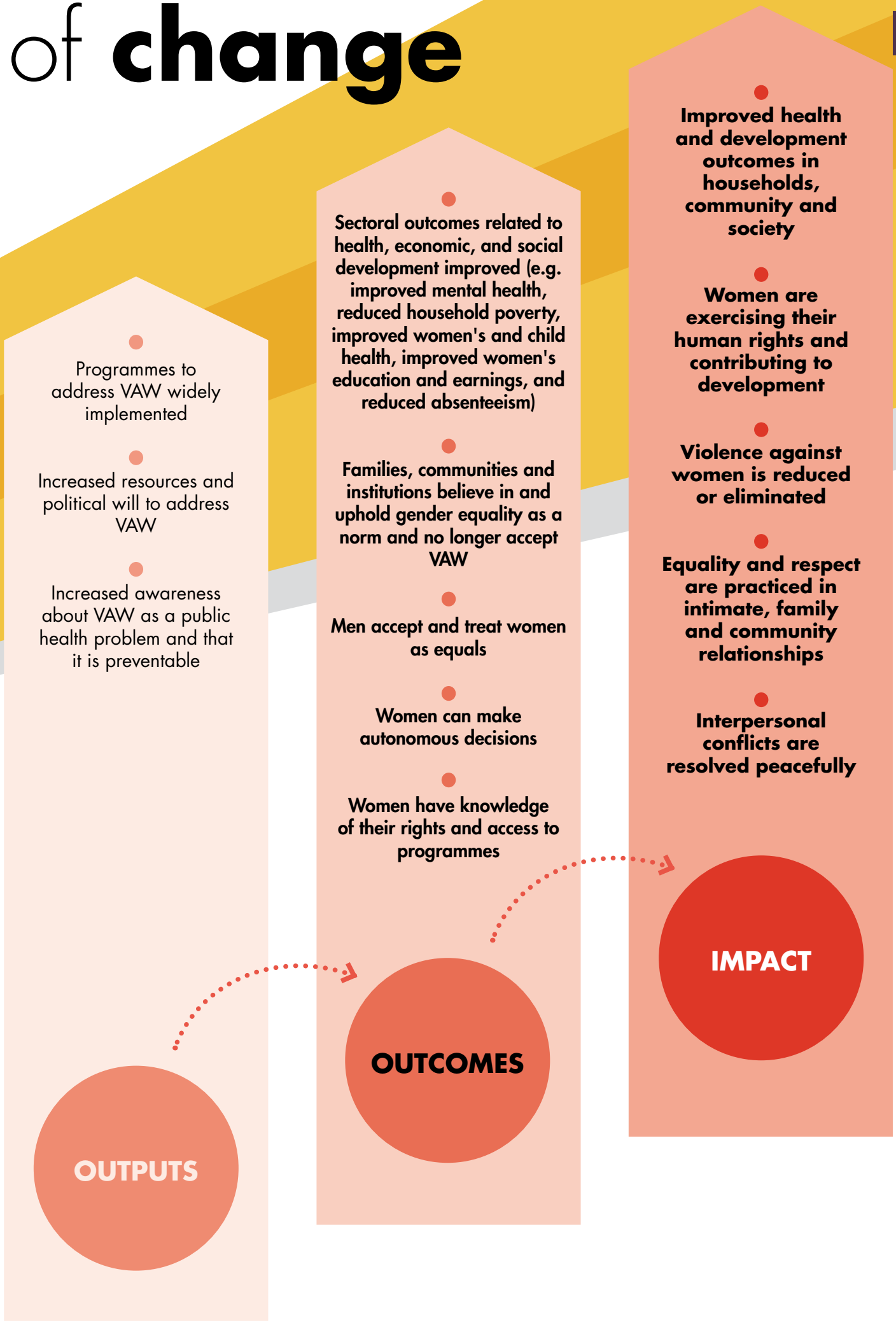
Families affected by violence

Communities with high levels of violence

BARRIERS

- **Limitations** on women's **autonomy**
- Children exposed to **violence**
- Social norms that perpetuate **male power**
- Inadequate **services**
- Inadequate **legal and social protections** for women
- Lack of **political will and resources**
- Under-resourced **women's organizations or movements**

of **change**


Programmes to address VAW widely implemented
Increased resources and political will to address VAW
Increased awareness about VAW as a public health problem and that it is preventable
OUTPUTS
Sectoral outcomes related to health, economic, and social development improved (e.g. improved mental health, reduced household poverty, improved women's and child health, improved women's education and earnings, and reduced absenteeism)
Families, communities and institutions believe in and uphold gender equality as a norm and no longer accept VAW
Men accept and treat women as equals
Women can make autonomous decisions
Women have knowledge of their rights and access to programmes
OUTCOMES
Improved health and development outcomes in households, community and society
Women are exercising their human rights and contributing to development
Violence against women is reduced or eliminated
Equality and respect are practiced in intimate, family and community relationships
Interpersonal conflicts are resolved peacefully
IMPACT

Apply the guiding principles

CORE VALUES

GENERATE AND DISSEMINATE KNOWLEDGE

Put women's safety first and do no harm

Ensure confidentiality of information and anticipate and address unintended consequences

1

Promote gender equality and women's human rights

Ensure that analysis of unequal gender and power relations and male privilege over women is at the center of programming

2

Leave no one behind

Address multiple and intersecting forms of discrimination based on sex, gender, class, race, ethnicity, disability, sexual orientation, gender identity

3

Develop a theory of change

Elaborate how programming inputs will lead to changes in intermediate outcomes and likely impacts

4

Promote evidence informed programming

Strengthen monitoring and evaluation systems to build the evidence base on what works and facilitate knowledge sharing to inform programming

5

for effective programming

6

Use participatory approaches

Stimulate personal reflection and critical thinking, and build on the voice, agency and skills of people.

7

Promote coordination

Support partnerships across sectors and organizations, and at local and national levels

8

Implement combined interventions

Facilitate collective programming with individuals, families and communities to address the multiple risk factors underlying VAWW and multiple forms of violence within families.

9

Address the prevention continuum

Link prevention and response interventions

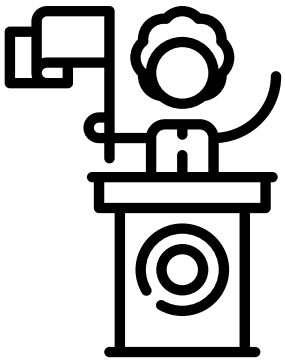
10

Take a life-course approach

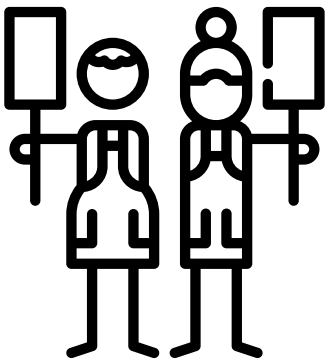
Implement programmes that work with children, adolescents and young people for early interventions

Strengthen **enabling environment**

a Build **political commitment** from leaders and policy makers to speak out, condemning violence against women.

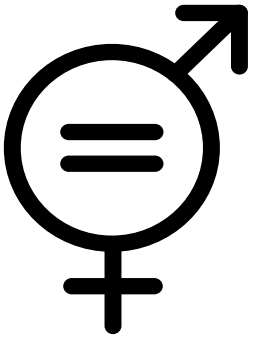


b Invest in, build on the work of, resource, and support **women's organizations**.

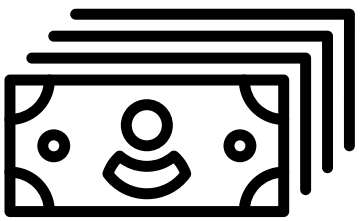


for prevention

c Put in place and facilitate enforcement of **laws and policies** that address violence against women and that promote gender equality, including access to secondary education.[6]



d **Allocate resources** to programmes, research, and to strengthen institutions and capacities of the health, education, law enforcement, and social services sectors to address violence against women.



Adapt and **scale-up** what works

Violence prevention interventions that have been shown to work on a pilot basis can be scaled-up in different ways. They can be expanded by adding more beneficiaries; they can be adapted and replicated in another geographic location; and there can be expansion in coverage of the same intervention over a wider geographic area. Interventions that are being scaled-up in a new setting need to be adapted to context. This requires an understanding of the local culture, values and resources.

Interventions identified as promising (pages 10-11) can be adapted and scaled-up with attention to the guiding principles for prevention and to the adaptation and scaling-up considerations on the next page; those classified as "more evidence needed" (pages 10-11) may need to be replicated or further refined before they are scaled-up; and those identified as "conflicting" or "no evidence" need to be further evaluated.

a

Align with national commitments (e.g. a national plan, policy, strategy) to end violence against women, or to promote gender equality or women's health.[7]

b

Identify and maintain fidelity to core principles of gender equality, rights and safety as well as to minimum "dosage", while also adapting to context, including language and culture.

c

Programme for synergy, combining multiple strategies and interventions at the individual, interpersonal, community and societal levels for sustained impact.

d

Invest in capacity among implementers, and giving enough time to scale-up and to allow for change to occur and sustain.

e

Build on on-going initiatives, integrating prevention activities into existing health, development and other existing sectoral programmes.

f

Design with "scale" in mind, investing for the long-term, keeping costs and sustainability in mind.

g

Start small, document and evaluate the adaptation and scale-up in order to innovate and strengthen evidence-informed programming.

h

Support a community of practice among programme developers and implementers to facilitate learning and knowledge sharing.

IX Monitor, evaluate and measure **progress**

Progress in preventing violence against women can be measured in the short and the long-term.

1. In the long-term, the impact of prevention programmes can be measured as reductions in prevalence of different forms of violence against women.

2. At the global level, countries are required to report progress in preventing violence against women as part of SDG targets. Two indicators are proposed:

- prevalence of intimate partner violence in the last 12 months among women aged 15 years and older (SDG target 5.2 - eliminate all forms of violence against women and girls);
- proportion of young women and men aged 18–29 years who experienced sexual violence by age 18 (SDG target 16.2 - End abuse, exploitation, trafficking and all forms of violence against and torture of children).

3. In the short to medium term, interim indicators that contribute towards reductions in prevalence of violence against women will depend on the types of programmes. These can include, for example, improvements in:

- gender equitable attitudes and norms
- partner communication
- women's autonomy, agency and/or self-efficacy
- girls' and women's education

4. It is important to specify a theory of change elaborating how the programme will likely improve interim indicators and how these in turn will contribute to reducing prevalence of violence against women.

5. It is important to evaluate before scaling-up and to monitor the scaling-up on an on-going basis to ensure that resources are invested in programmes that work, unintended or harmful outcomes are mitigated, and the scaling-up process takes into account the local context.

ENDING VIOLENCE AGAINST WOMEN BEGINS WITH

R E S P E C T

The way forward: a **call to action**

Commit to change

Start today

Support evidence-based approaches

Join others

Citations and additional references

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Endnotes

[1] These are for both perpetration of and victimization from intimate partner violence (IPV)

[2] The 7 strategies are not mutually exclusive, should not be seen as silos, and there are some overlaps across them.

[3] Although specific interventions and their examples are listed under one particular strategy, it is important to note that many of them reflect combination/bundled programming with multi-component and multi-level interventions that fall across more than 1 of the 7 strategies of RESPECT. Their categorization under one strategy reflects the primary intent of the intervention. For example, some interventions under transforming norms also include relationship strengthening skills. Likewise, empowerment of women interventions may include an economic transfer component. Therefore, these strategies should not be seen as stand-alone but as approaches whose impact may be better enhanced in combination with others.

[4] Evidence ratings are largely derived from systematic reviews of more than 1 evaluation of interventions that mostly use experimental designs including randomized, cluster randomized and quasi-experimental methods. It is recognized that for some strategies such as justice sector interventions, alternative evaluation methods may be more appropriate including time series, observational and cross-sectional designs despite being typically considered lower quality. This is an emerging field and hence, there is a great deal of variation in rigor of study design and evaluation. The sources for these reviews and studies are provided as part of references.

[5] Refers to evaluations where some studies may show positive impacts and others may show no impacts or negative impacts, highlighting that the impact of interventions may be context specific. Hence, any replication or adaptation of the intervention must pay close attention to the contextual or implementation factors.

[6] This includes laws and policies that: criminalize sexual abuse; promote equality in inheritance; ban child marriage and FGM; marriage, custody and divorce laws that guarantee equality for women; action plans that promote gender equality and address violence against women. It also includes implementing justice and law enforcement services such as arrest orders and legal aid.

[7] Even where there is no national commitment to ending violence against women, there may be other commitments to empower women, to gender equality, or to women's health that may be useful to consider.

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WHO/RHR/18.19

R E S P E C T

WOMEN

O V E R V I E W

How to use the RESPECT framework implementation guide

UN WOMEN

World Health Organization

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How to use the respect framework implementation guide

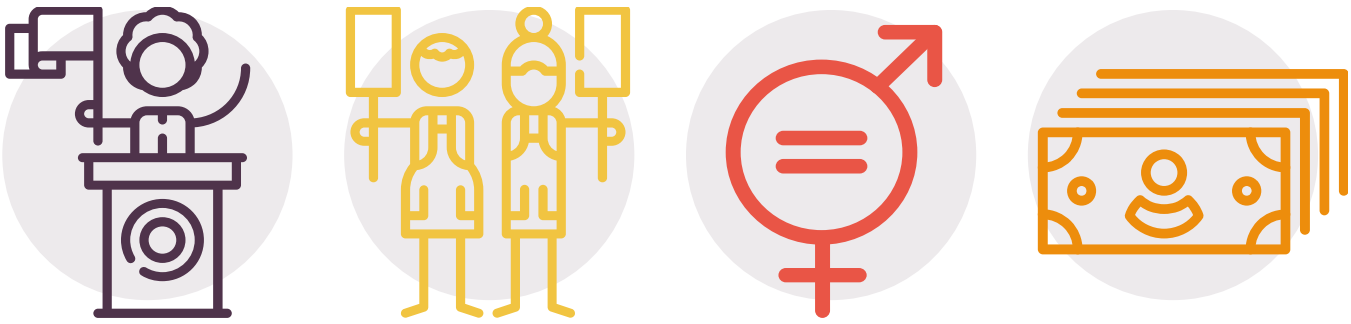
1) INTRODUCTION

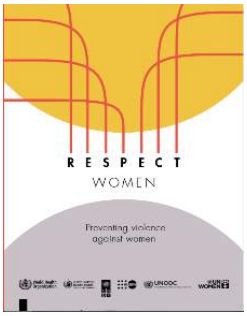
Violence against women (VAW)[1] is one of the most pervasive women's human rights violations worldwide, has enormous costs for women's health, safety and well-being[2] and is an urgent public health priority.[3]

On average, 1 in 3 (35%) women worldwide have experienced physical and/or sexual violence by an intimate partner or non-partner sexual violence in their lifetime.[4] In many contexts, this violence goes unreported, either due to prevalent social norms that justify violence against women, or because women do not trust or cannot easily access health, security or justice sector service providers. This figure does not include sexual harassment, another form of gender-based violence that is prevalent in many contexts across the world. VAW has significant negative social, health and economic consequences[5] – for women themselves, their families and communities and for public services, society and the economy.

Preventing VAW is possible.

Over the past decade or so, there has been a significant increase in programming on VAW prevention and research on what works to reduce the prevalence, frequency and severity of VAW. There are a growing number of approaches which have been shown to lead to reductions in men's perpetration of and women's experience of violence by addressing the causes of violence. There now needs to be increased investment to adapt and scale up evidence-based interventions proven to reduce VAW at the local level, to broader interventions that can work at a societal level. Annex A provides information and guidance on scale-up. There is also a need to continue to innovate to find new approaches to reduce violence at a population level. Policymakers, practitioners and researchers all have a key role to play in innovating, adapting and scaling up prevention programming.





RESPECT Women is a comprehensive framework on how to prevent VAW

The RESPECT women framework (2019) to prevent VAW contains a set of action-oriented steps that enable policymakers and programme implementers to design, plan, implement, monitor and evaluate interventions and programmes using seven strategies to prevent VAW. The framework was developed by the WHO and UN Women and is endorsed by an initial 12 other UN agencies and bilateral partners[6] and builds on the 2015 UN Prevention of VAW Framework. The strategies are summarised in R.E.S.P.E.C.T, with each letter representing one strategy:

R	**Relationship skills strengthened**: strategies to improve skills in interpersonal communication, conflict management and shared decision-making.
E	**Empowerment of women**: economic and social empowerment strategies including those that build skills in self-efficacy, assertiveness, negotiation, and self-confidence.
S	**Services ensured:** ensuring a range of services including health, police, legal, and social services for survivors of violence.
P	**Poverty reduced**: strategies targeted to women or the household, whose primary aim is to alleviate poverty.
E	**Environments made safe**: efforts to create safe schools, public spaces and work environments, among others.
C	**Child and adolescent abuse prevented**: strategies that establish gender equitable and nurturing relationships by parents, educators and others working with children. This strategy demonstrates the overlap between violence against children and violence against women.
T	**Transformed attitudes, beliefs and norms**: strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes.

The framework also calls for efforts by policymakers and others to strengthen the enabling environment for VAW prevention, which includes:

- building political commitment from leaders and policymakers;

- strengthening policies, laws and institutions to address VAW and promote gender equality; and

- investing in and supporting the work of women's organisations[7];

- allocating resources to programmes, research and capacity-building of health, education, law enforcement, and social services.

2) IMPLEMENTATION GUIDE STRUCTURE

The purpose of the implementation guide is to support policymakers and practitioners to develop evidence-based, ethical VAW programmes and interventions to prevent VAW. It distils programming knowledge and guidance based on a rigorous assessment of existing global evidence[1], expert recommendations and practitioner consensus.

The guide provides guidance and tips on how to develop a national or sub-national prevention strategy, how to strengthen the enabling environment and how to implement the seven RESPECT strategies. The implementation guide materials also link to existing repositories of resources on preventing VAW available in English that have been curated for relevance and quality.

The guide focuses on violence against women (VAW) including programming with adolescent girls and on the intersection between VAW and child abuse and maltreatment. The types of violence covered include intimate partner violence (IPV) and non-partner sexual violence (NPSV).

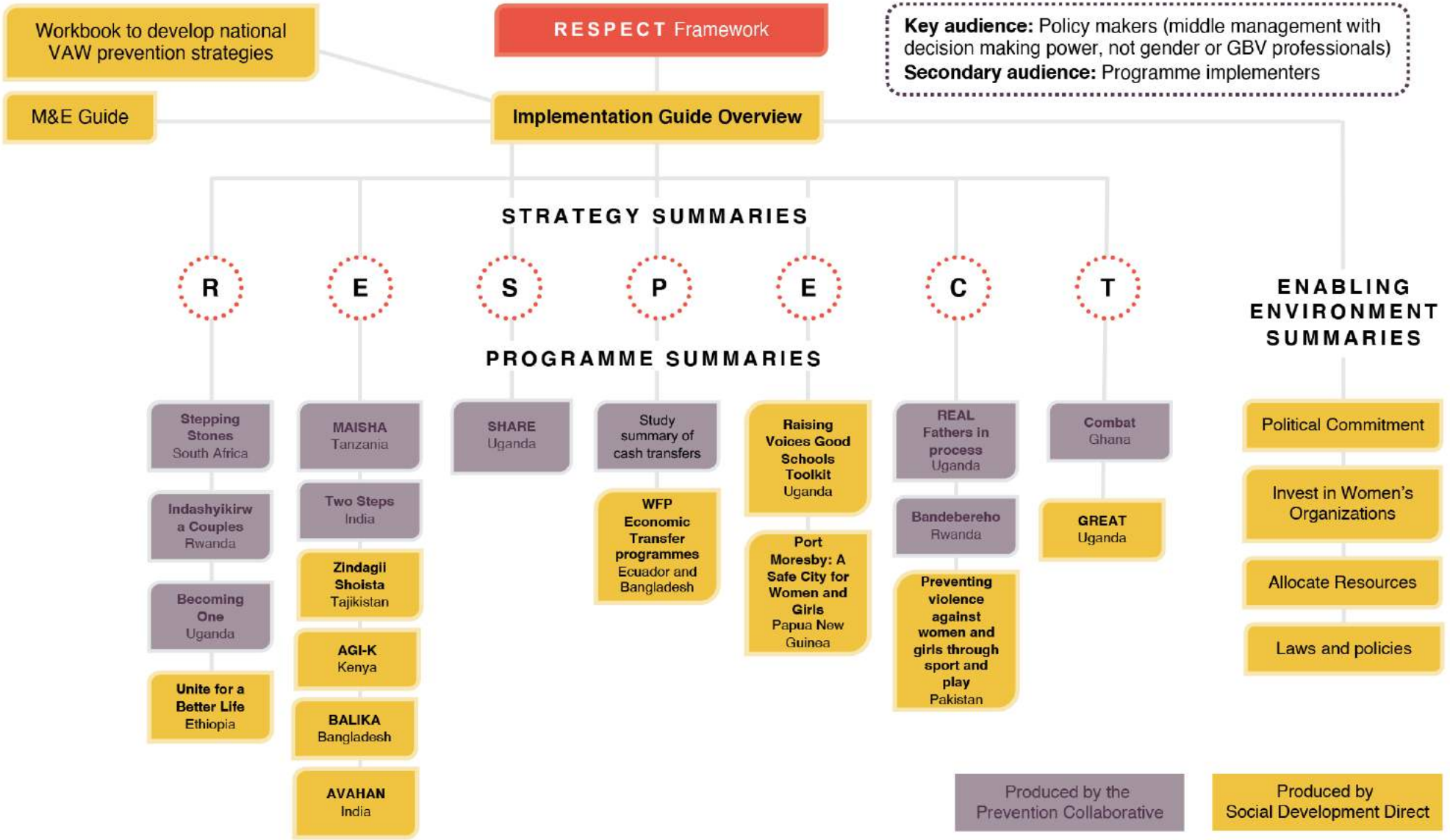
The primary users of this document are national and sub-national policymakers from various sectoral ministries. Secondary audiences include programme implementers and development partners (e.g. UN, bilateral and multi-lateral agencies) working to prevent and respond to VAW. The guidance is intended primarily for use in low-and middle-income (LMIC) settings but many of the materials are also applicable to other settings. However, the guidance does not focus on the specific challenges of programming in conflict and humanitarian settings.[8]

The guidance is divided into a series of standalone materials, which link to external tools and resources. It has been designed so that busy policymakers can quickly and easily access relevant materials. The materials include:

- **Strategy summaries** for each of the seven RESPECT strategies.
- **Programme summaries**, with each summary giving a brief overview of the programme approach and components, how it has been adapted and lessons learned.
- **Strengthening the Enabling Environment document including four key steps** to strengthen the enabling environment for prevention: building political commitment, women's rights organisations, laws and policies, and resources.
- **Monitoring and evaluation (M&E) guide** to measure progress in preventing VAW in the short and the long-term.
- **National Prevention Plan Guide and Workbook** to develop national and sub-national VAW prevention strategies.

[1] See p7 for information on evidence categorization.

The following flowchart shows how each of the materials link to each another and provides details of all current programme summaries[9] developed by Social Development Direct as part the RESPECT Implementation Guide as well as programme summaries developed by the Prevention Collaborative.[10]



3) HOW TO USE THE IMPLEMENTATION GUIDE MATERIALS

3.1 Using the strategy summaries

As outlined above, the RESPECT framework is based on seven strategies, with each letter representing one action area or approach. Together the seven strategies are part of a comprehensive, system-wide approach to preventing and responding to VAW. Given the multiple risk and protective factors for VAW, there is growing evidence that multi-component interventions that address several risk factors are more effective in preventing violence than those with a single component.[11] The seven strategies should not be seen as silos. Successful programmes have often implemented interventions that fall across more than one of the seven strategies. For example, there are programmes that tackle both women's empowerment and relationship skills; there are also programmes that aim to create safe school environments and also to transform students and teacher's attitudes, beliefs and norms about VAW.

The strategy summaries are designed to help readers to understand how to practically employ each of the strategies at the national or sub-national level, including identifying the most effective intervention types which can be adapted to their specific context.

In each programme summary you will find:	Use this to:
Objective of the strategy	Learn what the strategy aims to do
Rationale	Understand why this strategy is an important part of efforts to tackle VAW
Risk and protective factors	Identify the key risk and protective factors that the strategy aims to address
Theory of Change	See the key intended outputs, outcomes and impact of interventions in this strategy on a Theory of Change diagram, which can be further developed and adapted for specific programmes
Types of interventions[12]	Learn about types of interventions under the strategy, including a summary of the current evidence base
Example programmes	Compare the core components of different programmes which have been shown to deliver reductions in VAW prevalence within programmatic timeframes, with links to more in-depth programme summaries
Design and implementation checklist	Identify key design, adaptation and implementation features of successful interventions, with key lessons from successful programming, highlighting both what to do and what not to do
Entry points	Identify key entry points (sectoral and non-sectoral) for each strategy with examples from programming
Useful resources	Link to high quality global resources available in English with a brief summary of each resource

Evidence-based programming – How to understand and apply the evidence on interventions

The categorization of intervention approaches and existing evidence in this guidance is based on the RESPECT framework which rates the evidence from low and middle-income countries (LMICs) and high income countries (HICs) separately. The evidence ratings are mostly derived from systematic reviews of evaluations of interventions the majority of which use experimental designs including randomised, cluster randomised and quasi-experimental methods. It is recognised that for some strategies - such as justice sector interventions - alternative evaluation methods may be more appropriate including time series, observational and cross-sectional designs. This is an emerging field and hence, there is a great deal of variation in the rigour of study designs and evaluation. In all cases, the sources for these reviews and studies are provided as part of references in each strategy summary.

For each strategy, approaches are assessed as to whether the evidence is 'promising', 'conflicting', 'more evidence needed', 'conflicting', 'no evidence' or 'ineffective', based on the following criteria:[13]

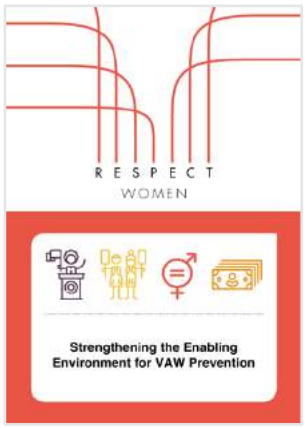
- **Promising**: More than 1 evaluation shows significant reductions in violence outcomes
- **More evidence needed**: More than 1 evaluation shows improvements in intermediate outcomes related to violence
- **Conflicting**: Evaluations show conflicting results on violence outcomes. This refers to evaluations where some studies may show positive impacts and others may show no impacts or negative impacts, highlighting that the impact of interventions may be context specific.
- **No evidence:** Intervention not yet rigorously evaluated
- **Ineffective:** More than 1 evaluation show no reductions in violence outcomes

3.2 Using the programme summaries

Each **RESPECT** strategy links to programme summaries which provide detailed information on programmes that have been shown to have a promising impact on VAW prevention. This includes newly developed programme summaries by Social Development Direct as well as links to high quality external programme materials developed by the Prevention Collaborative and other organisations where available. In all cases, the development of programme summaries has involved close collaboration with the original implementers/ programmers. The criteria for inclusion were programmes that have been evaluated and shown to effectively reduce violence against women or adolescent girls and had detailed materials available in English on programme design and implementation. We acknowledge that the majority of the summaries are from Africa and South Asia and this does not represent all effective VAW prevention programmes. This is due to our selection critera and to the fact that there are currently a large number of evaluations of VAW prevention programmes from Africa, particularly Uganda and South Africa[14].

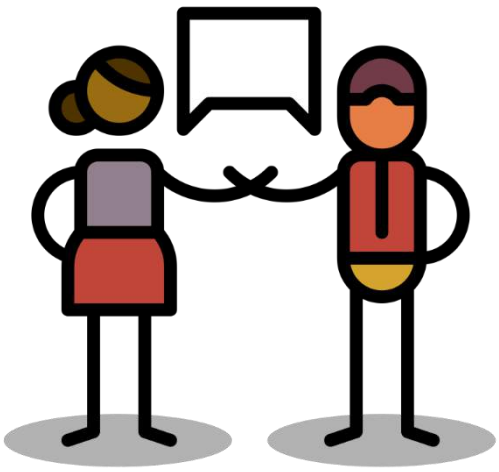
In each programme summary you will find:	Use this to:
Programme at a glance	Get an overview of the programme, including its aim, main approach, and where it was implemented
Background	Understand the rationale behind the programme and why it was developed
Programme context	Learn about where the programme was developed and implemented
Programme description	Find out more about the programme, including objectives, approach(es) and types of interventions
ToC	Learn about the programme's theory of change (ToC) or stated pathway to achieve reductions in violence
Core components	Find out more about the nuts and bolts of the programme including key steps and core activities, intensity and duration, types of participants and facilitators, examples of curriculums used, as well as key principles that guide the programme implementation
Monitoring and evaluation	Find out how the programme was monitored and evaluated, including evidence of its impacts on preventing violence and other positive outcomes
Lessons learned	Gain insight into lessons learned from the programme, including what aspects contributed to its results, how it could be improved, and changes sustained, as well as learnings related to scale-up and adaptation to other contexts
Links to further resources	Find out where to read more about the programme including any evaluation reports and tools

3.3 Using the Enabling Environment mini briefs



Creating and strengthening an enabling environment for VAW prevention, is crucial to ensure the effectiveness of the RESPECT strategies in different country contexts. The Enabling Environment document contains a set of four mini briefs which together provide an overview on how to build, strengthen and sustain an enabling environment for VAW prevention. Each brief follows a similar structure:

In each EE brief you will find:	Use this to:
Objective	Quickly see the aim of each step
Rationale	Understand why it is important to address this area of the enabling environment in order to prevent violence against women
Key considerations for policy makers	Learn more about the key considerations for strengthening this area of the enabling environment
Case study	See an example of how this area of the enabling environment has supported VAW prevention
Further resources	Link to high quality resources



3.4 Using the M&E guide

Introduction

Why is monitoring and evaluating VAW prevention work important?

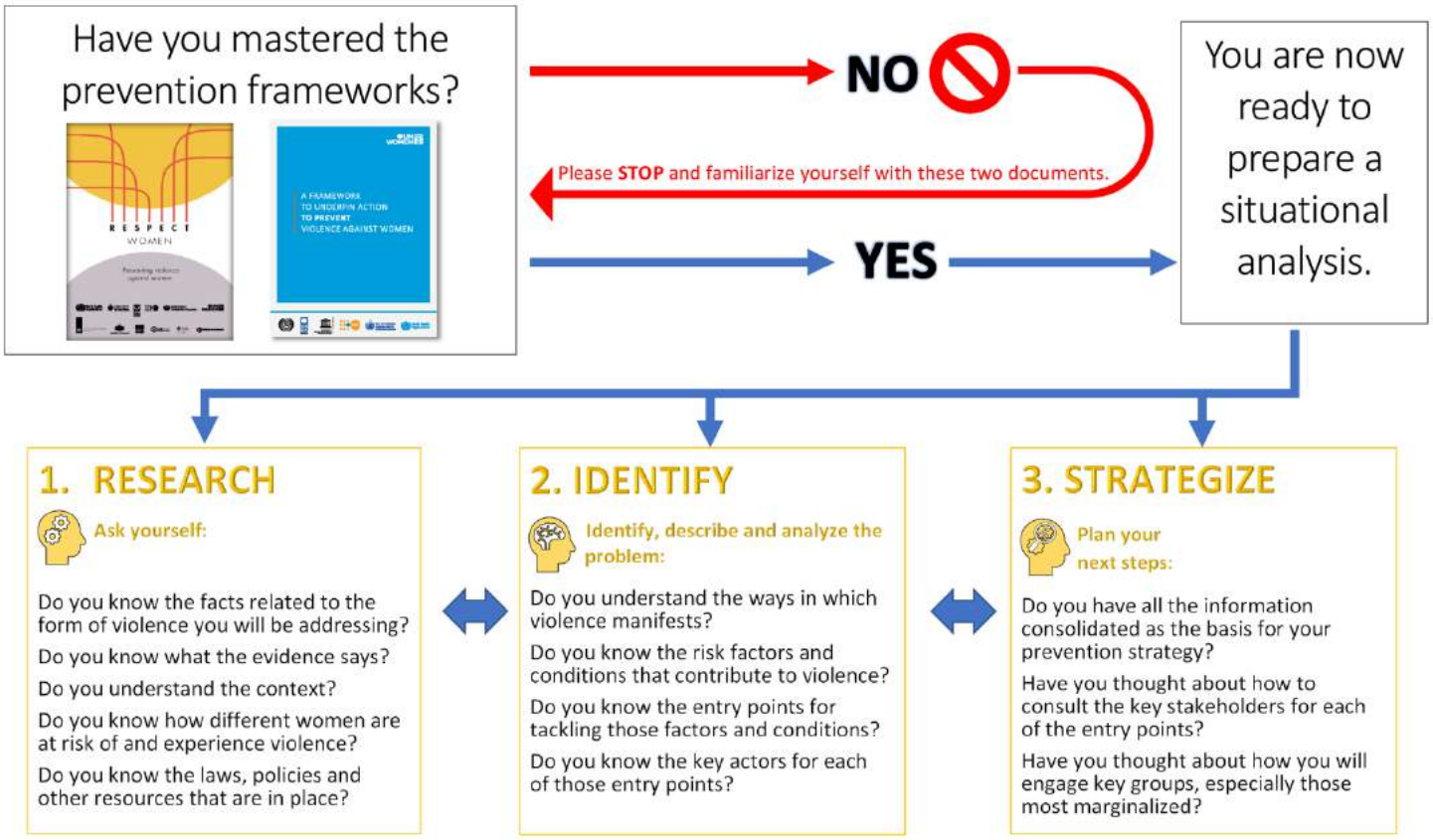
The accompanying monitoring and evaluation (M&E) guide presents a summary of key guidance on strategies for monitoring and evaluating programming on the prevention of VAW. This includes guidance on how to develop and implement M&E indicators for the seven RESPECT strategies and how to implement safe and ethical M&E.

The M&E guide is not intended to be a comprehensive M&E resource, but rather a summary of guidance to be used alongside the RESPECT strategy briefs, with a list of useful resources for more information and guidance.

In the M&E guide you will find:	Use this to:
Overview of why M&E of VAW programming is important	Understand the role of M&E in VAW prevention programming
M&E frameworks for VAW prevention	Understand the steps needed in developing and implementing an M&E framework
Table of outcomes and indicators for the RESPECT strategies	Identify outcomes targeted by each strategy; find examples of indicators that can be used and adapted to measure these outcomes; and understand how the indicator should be used
Ethics of research and evaluation on VAW	Understand and be able to mitigate against key ethical and safety challenges of research and evaluations on VAW prevention
Further resources	Link to high quality resources

3.5 Using the National Prevention Plan Guide and Workbook to develop national strategies focused on the prevention of VAW

The National Prevention Plan Guide and its accompanying workbook provide resources and tools for policymakers to translate a country's international and regional commitments on ending all forms of VAW into national policy and programming. The workbook provides exercises to support policymakers assess and plan their national programming to prevent violence in their setting. After familiarising themselves with the RESPECT and UNW framework on VAW prevention, policymakers are asked a series of questions to check that they are familiar with the key principles under three key steps: Research, Identify and Strategize.



1. **Research** the different types of violence in your context and the specific types of laws, policies and resources that are in place
2. **Identify** the risk factors that contribute to violence, the entry points for tackling these as well as the actors for each of those entry points
3. **Strategise** how to consult the key stakeholders for each of the entry points and how to engage key groups and those that are most marginalised

Annex A: Scale-up

Considerations for scaling-up effective interventions

Scale-up involves investing in an intervention approach which has already proven to be effective in reducing violence against women in order to increase impact. Scaling-up is not solely about increasing 'reach' (more people or more communities); it can also aim to strengthen the sustainability of intervention outcomes, or to increase 'depth', for example reaching different or marginalised groups within a community where an effective intervention is already being implemented. When considering whether to 'scale-up' an intervention, the focus should be on scaling up the desired impact, not just scaling-up the intervention. There are multiple ways of achieving scale beyond rolling out pilot interventions to more communities (see box on Types of scale-up).

Types of scale-up:

- **Horizontal scale-up**: expanding an intervention's beneficiary numbers in a given location or by adapting and implementing the intervention in new locations.
- **Vertical scale-up**: political, policy and legal influencing and engagement activities within programmes; including those which lead to government (or other) institutionalisation of an intervention.
- **Functional scale-up**: adding new components to existing programmes and services.
- **Organisational scale-up**: growing the role and capacity of the organisation(s) who developed the intervention and/or creating new partnerships.
- **Evidence and learning scale-up**: investing in local, national and international learning and research around an intervention.

Source: K4D (2019) Guidance Note on Scaling Up Social Norm Change

Key considerations for scaling-up

A number of key challenges have been identified in scaling-up VAW prevention programming, particularly in relation to social norm change interventions:

1. Maintaining intervention quality and intensity. This requires understanding and defining the essential elements of an intervention and ensuring fidelity to these as the intervention is taken to scale. Pressures to shorten timeframes or reduce intensity to fit available funding can mean that scaled-up interventions fail to replicate the original effective approach, and put women and girls at risk of harm.
2. The limited evidence on how complex interventions can be scaled-up and understanding how to scale up in new or changing contexts,[15]
3. Understanding how international external actors (including international organisations) can appropriately support change that involves politically and socially sensitive issues and affects very personal aspects of others' lives.[16]

It is therefore important to consider these factors when taking programmes to scale to ensure that they are effective and ethical:[17]

- **Maintain fidelity to the core elements of the original methodology** - social norms change programming is not merely a collection of activities but rather systematic and theoretically grounded work with key structured aspects that, together, make an approach effective. Neglecting any of these elements can compromise programme success while also potentially harming the community. It is particularly important to ensure that interventions remain transformative in terms of shifting gendered power relations.
- **Engage with originators** - organisations that create methodologies have much experience-based learning behind their work, and therefore play an essential role in ensuring quality adaptations of their programme to new contexts. Ideally, the programme originators should be consulted throughout the adaptation and implementation processes.

- **Work with values-driven partners** - when scaling-up, it is tempting to recruit one organisation with high reach and capacity, but often these organisations do not have the necessary commitment to women's rights or experience in VAW programming. It may be better to support several smaller partners who are willing to take time to support their own staff, including leadership, to reflect on violence, power and relationships within their own lives as well as within the organisation.
- **Ensure sufficient time, intensity and funding for programming** - even where an intervention has proven effective it is important to allocate sufficient time for inception and implementation, including adapting interventions to new contexts and investing in training and supporting new partners, field staff and community activists. Funding should be commensurate with the scale of ambition.
- **Ensure accountability to communities and programme participants** - accountability remains important when working at scale, particularly where risks around programme quality are heightened. Accountability requires community insights and substantive community involvement in planning, implementing, and monitoring social norms change programming.
- **Do no harm** - closely monitor unintended consequences of programming to ensure no harm. There remain risks of backlash against women and interventions when existing structures of power are challenged, and these risks increase when operating at scale.

Further guidance on scaling up:

The Community for Understanding Scale Up (CUSP)[18] provides useful guidance on how social norm change interventions can be successfully scaled up. CUSP is a group of nine organisations[19] with a long track record of developing and adapting social norms change methodologies globally.

ExpandNet, a global network of individuals from international organisations, NGOs, academic and research institutions, government ministries and projects, has published a series of resources for scaling up health service delivery. The approach is based on extensive experience of testing with ministries of health/reproductive health units in many countries. The approach has been used outside of health service delivery settings, including for scaling up social norm interventions.

The K4D Guidance note on scaling up social norm change provides guidance on how DFID can support the scale-up of inclusive approaches to complex social change for marginalised and vulnerable groups. It looks at how to scale up approaches to shift social norms that underpin behaviours preventing particularly women, girls and people with disabilities from participating and benefiting equally from development and development interventions. Four companion briefs provide further information and practical examples on (1) concepts and resources; (2) types of scale-up; (3) resourcing and value for money of scale-up; and (4) risk management and monitoring.

The Learning Collaborative to Advance Normative Change, co-convened by the Institute for Reproductive Health (IRH), Georgetown University and FHI 360, has a set of resources and tools on social norm theory, measurement and practice, including a focus on scaling.

Annex B: Acknowledgements

This package of resources was commissioned by UN Women, under the overall guidance of Dina Deligiorgis, Policy Specialist on Ending Violence against Women with research, design and editing support from Hira Azhar.

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Special thanks are extended to the Government of Australia for its generous support to produce the RESPECT Prevention Implementation Guide.

Endnotes:

[1] The term Violence against Women as used here and in the RESPECT framework and implementation guide materials refers to male violence against adolescent and adult females.
[2] UNITE, UN Women Asia-Pacific (2019) Understanding the Costs of Violence against Women
[3] Garcia-Moreno, C., Watts, C., (2011) Violence against women: an urgent public health priority *Bulletin of the World Health Organization* 2011;89:2-2. doi: 10.2471/BLT.10.085217
[4] WHO, LSTHM, SA MRC (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non- partner sexual violence.
[5] UN Women Violence against Women and Girls Virtual Knowledge Centre (2010) Consequences and Costs
[6] Including: UNFPA, UNODC, UNDP, OHCHR, World Bank, and Governments of Australia, Canada, Netherlands, Sweden, United Kingdom and USA.
[7] Here 'women's organisations' refers to women's rights organisations including those that work on preventing and responding to violence against women and are often based on feminist principles (see the separate Strengthening the Enabling Environment document).
[8] See for example, Murphy, M., Hess, T., Casey, J., and Minchew, H., (2019) What Works to Prevent VAWG in Conflict and Humanitarian Settings. Synthesis Brief. What Works to Prevent VAWG Programme.
[9] Programme summaries include those completed by Social Development Direct and the Prevention Collaborative as of 31st July 2020.
[10] The Prevention Collaborative briefs include all those developed by July 2020.
[11] Fulu, E, Kerr-Wilson, A, and Lang, J (2015) What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls.
[12] Please note the individual interventions provided in the strategy and programme summaries are not being specifically recommended, rather they are given as examples that policymakers and others can consider implementing in their own contexts as they have been shown to reduce VAW elsewhere.
[13] We acknowledge that these categorisations are simplifications which do not full take into account the rigor of study designs, the overall breadth of positive vs. negative evidence rather than collapsing domains into these categories
[14] Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsoomar, L.; Parke, A.; Khuwaja, HMA.; and Rachel Jewkes (2020). *A rigorous global evidence review of interventions to prevent violence against women and girls*, What Works to prevent violence among women and girls global Programme, Pretoria, South Africa
[15] Gargani, J. & McLean, R. (2017). Scaling science. Stanford Social Innovation Review, Fall.
[16] Harper, C., Jones, N., Ghimire, A., Marcus, R., & Kyomuhendo Bantebya, G. (Eds.) (2018). Empowering adolescent girls in developing countries. Gender justice and norm change. London & New York, NY: Routledge
[17] Community for Understanding Scale Up (CUSP), (2018) "Social Norm Change at Scale: CUSP's Collective Insights," CUSP 2018 Case Study Collection, Community for Understanding Scale Up.
[18] Center for Domestic Violence Prevention (CEDOVIP), Intervention with Microfinance for AIDS and Gender Equity (IMAGE), the Institute for Reproductive Health at Georgetown University, the Oxfam-initiated "We Can" campaign, Puntos de Encuentro, Raising Voices, Salamander Trust,
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RESPECT WOMEN

STRATEGY SUMMARY

Relationship skills strengthened

UN WOMEN

World Health Organization

STRATEGY SUMMARY

Relationship skills strengthened

OBJECTIVE OF STRATEGY: Improve men, women and couple's skills in interpersonal communication, conflict management and shared decision-making.

Rationale

Relationship dynamics can be both a risk and protective factor for VAW.[1] Women are more likely to experience violence in intimate partner relationships characterised by unequal power dynamics, controlling behaviours, or where either partner holds attitudes or beliefs that condone violence within relationships. On the other hand, women are less likely to experience IPV in relationships where couple communication is strong, both partners share gender equitable attitudes and equal decision-making, including on expenditure.[2] In many contexts, poor relationships with in-laws can be a key risk factor for experiencing violence.[3]

Work with couples and other adult family members in the same household, including in polygamous contexts, provides a unique opportunity to strengthen relationships, by addressing power imbalances and gender inequalities within them.

This strategy covers both formal and informal couples, recognising that informal intimate relationships can be harder to reach but just as potentially violent - if not more so when secrecy is involved and there is no legal contract in place to protect women's rights. It focuses on adult relationships, with further guidance on effective approaches to working with families and adolescents (i.e. to address dating violence) included under the **RESPECT Strategy Summaries on Environments Made Safe** and **Child and Adolescent Abuse Prevented**.

Risk and protective factors:

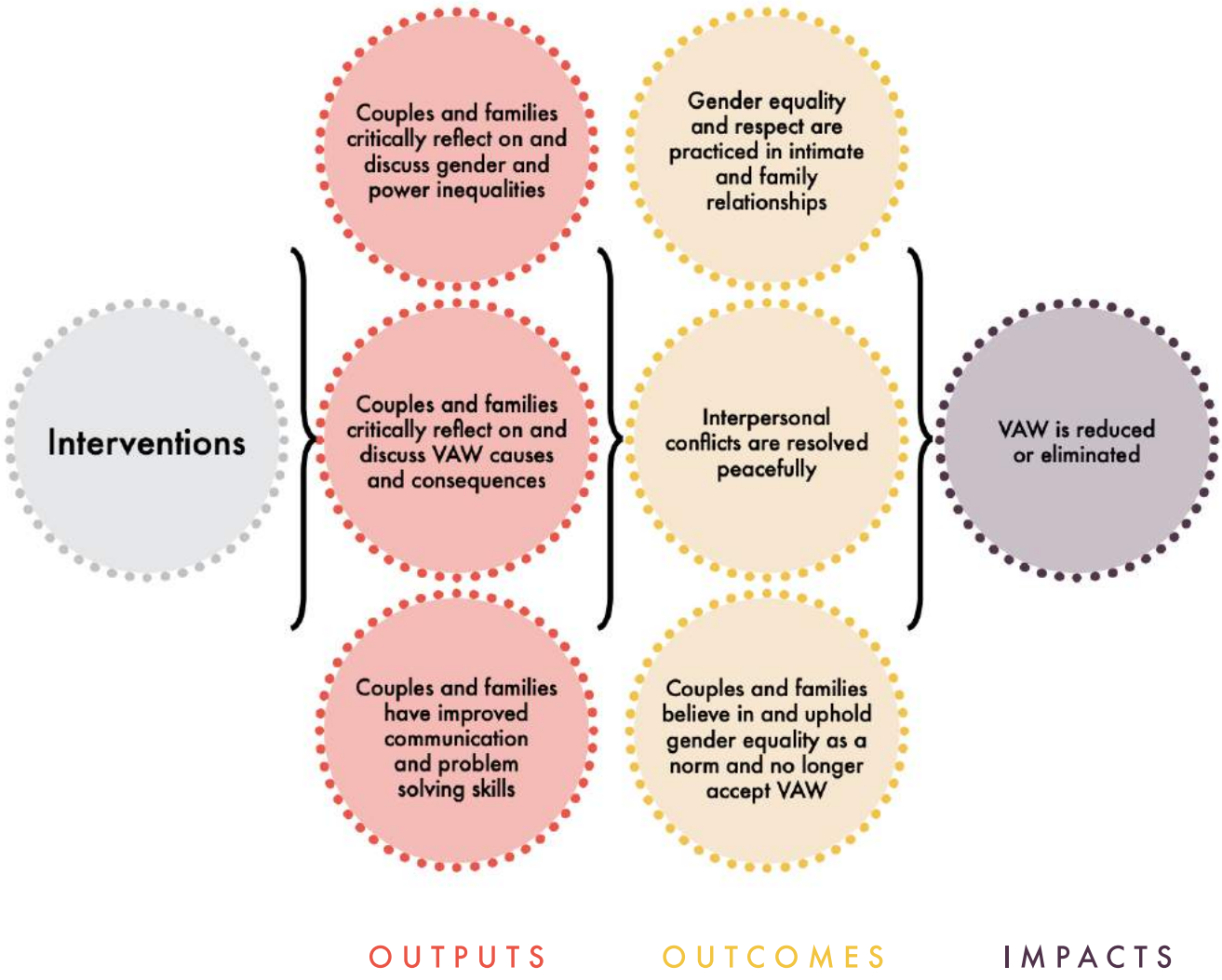
This strategy aims to address the following risk factors and promote the following protective factors for VAW:

Level	Risk factors	Protective factors
Individual	Attitudes and practices condoning or justifying violence as normal or acceptable (men and women) Low self-efficacy and self-esteem (women) Childhood experience of violence and/ or exposure to violence in the family (women and men)	Gender equitable attitudes and practices (women and men) High efficacy and self-esteem (women) Childhood experience of non-violent means of communication and conflict resolution (women and men)
Interpersonal	High levels of inequality in intimate partner and in-law relationships Poor communication, ineffective conflict resolution and problem-solving skills	Intimate and family relationships characterised by gender equality, including in shared decision-making and household responsibilities Relationship skills to mitigate triggers of violence (e.g.conflict resolution, communication)
Community	Harmful gender norms that uphold male privilege and limit women's autonomy High levels of poverty and unemployment that creates stress within relationships	Norms that support non-violence, respect for diversity and gender equality, and promote women's empowerment

Theory of change

The following diagram provides a simplified theory of change demonstrating how evidence-based interventions which seek to strengthen relationships can lead to sustained reductions in VAW. This would need further development and adaptation for specific programmes. Evidence shows that using several strategies simultaneously and working through multiple entry points can help maximise impacts.[4]

R: Relationship skills strengthened



Types of interventions

Interventions under this strategy aim to equip men and women with key skills to communicate and negotiate with their partners and other family members (e.g. mothers-in-laws), to manage triggers of violence, and to adopt positive non-violent alternatives. The following table outlines two types of interventions featured in the RESPECT framework and provides a brief overview of the current evidence[5] base and example programmes where these are available.

LEGEND

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

Intervention type	Description	Evidence of effectiveness	Example programmes
Group-based workshops with women and men to promote egalitarian attitudes and relationships	This type of intervention involves a series of participatory workshops, which equip men and women with skills for building healthy, non-violent relationships, and address gendered power imbalances in relationships. These interventions also work by reducing risk factors, such as problem drinking and inequitable decision-making, and increasing protective factors, such as better communication skills within relationships.[6] These interventions typically work with peer groups based on age and gender, or with heterosexual couples, sometimes involving other family members. Men and women often attend separate-sex groups to reflect in parallel, with some interventions building in mixed-sex sessions for couples to come together. The interventions work with everyone irrespective of their history of violence. They have been implemented in several contexts from married couples in rural Rwanda, to young people in urban slums in South Africa.	L There is **promising evidence** from LMICs that this type of intervention can work to reduce women's experiences of IPV H **More evidence is needed** from HICs that these kinds of approaches can lead to improvements in violence	Indashyikirwa (Rwanda) Stepping Stones (Uganda + Global) Zindagii Shoista (Tajikistan) PREPARE (South Africa) Unite for a Better Life (Ethiopia)

Intervention type	Description	Evidence of effectiveness	Example programmes
Couples counselling and therapy	This type of intervention uses couples counselling and therapy as a strategy to reduce violence among couples who wish to stay together. This type of intervention typically targets couples with a history of IPV and has been most widely used in HICs. Couples therapy sessions often focus on dysfunctional relationship patterns, including communication difficulties, conflict management issues, sexual problems, and relationship complications.[7] Therapy typically also addresses alcohol and substance use, and how it links to violence. Sessions involve various types of couples therapy from behavioural to cognitive-behavioural or solution-focused therapy. In most programmes, couples commit to a no-harm contract and working together for the therapy duration, typically 3-6 months.[8]	L **More evidence is needed** from LMICs of couples therapy and counselling leading to improvements in intermediate outcomes related to violence. H There is **promising evidence** from high-income countries of the benefits of couples therapy for reducing violence in relationships including couples with a history of mild-moderate situational violence.[9] However, these benefits may be variable across couples.	Becoming One (Uganda)

Example programmes

The following table summarises three different programmes which have been shown to deliver reductions in VAW prevalence within programmatic timeframes (approximately 6 months of core activities). The table should be reviewed alongside the **design and implementation checklist** on page 8, as well as the **guiding principles of effective programming** provided in the RESPECT framework when adapting any of these methodologies. More detailed information on each programme is provided in the **programme summaries.**

Programme	Description	Location	Target	Core activities	Duration	Evaluation and Impact
Indashyikirwa	An **intensive couples-based intervention** which aimed to improve relationship skills, foster more equitable relationships and reduce the gender-inequitable beliefs, behaviours and norms that underpin IPV.	Seven districts in Eastern, Northern and Western Provinces of **Rwanda**	**Heterosexual couples** from low income households recruited through CARE International's Village Savings and Loans Associations (VSLA)	A **21-week training** with **groups of 15 couples** delivered by 1 male and 1 female facilitator. The curriculum covered foundational concepts of power and gender; rights; managing drivers of IPV, including alcohol abuse, jealousy, economic inequalities; gender household roles; healthy relationships; introducing activism; and providing empowering responses to those experiencing IPV.	6 months	**Type of evaluation:** Cluster randomised controlled trial (cRCT) and accompanying qualitative research.[10] **Impact:** • 55% reduction in the odds of women reporting physical and/or sexual IPV. • 47% reduction in the odds of men reporting having perpetrated physical and/or sexual IPV. • Improved relationship quality, better communication, greater trust, and improved conflict management, and reductions in the number of reasons endorsed to justify wife-beating. • Reduced use of corporal punishment against children in the home.

Programme	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
Stepping Stones	The programme is designed for use by **4 peer groups** based on age and gender to promote cross-generational as well as cross-gender mutually respectful communication and relationship skills in both formal and informal relationships.[11]	Originally developed in rural Uganda,[12] the programme has since been adapted for use in more than 100 countries, in a variety of settings, including schools, religious institutions and prisons.	**Men and women** (not in relationships with one another), engaged in single-sex peer groups for young men and women (age 15 and over), and then older men and women.	**23 three-hour sessions** are delivered in parallel over 6 months.[13] The participatory training includes topics such as gender inequality and violence, violence against youth, lifecycles of violence, love, stigma, STI/HIV, condom use, self-esteem and substance use (among others).	6 months	**Evaluation type:** Various, including a cluster randomised controlled trial (RCT) in South Africa.[14] **Impact:** The South Africa trial found reductions in men's self-reports of sexual risk behaviours and lower levels of IPV perpetration. However, female participants did not report fewer sexual risk behaviours nor lower levels of IPV victimisation, possibly because young women's partners had not done the programme. By contrast, in the Gambia adaptation with all four peer groups, women as well as men reported reduced IPV.[15]

Programme	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
Becoming One	A **religious couples counselling programme** designed to prevent IPV through promoting healthier, more equitable relationships.	Western **Uganda**	2381 heterosexual couples 140 faith leaders	12-in person sessions delivered by trained faith leaders covering communication skills, emotional regulation, shared control over finances, sexual consent and pleasure. Includes biblical principles and verses, and targets biblical justifications frequently offered to legitimise male dominance and VAW.	3-4 months	**Type of evaluation:** RCT and accompanying qualitative research.[16] **Impact:** 18 month evaluation started in October 2018. Results delayed due to COVID-19 pandemic.
Unite for a Better Life **(UBL)**	Designed to reduce IPV in **heterosexual couples.** Delivered group-based sessions in context of Ethiopian coffee ceremonies to men only, women only and couples groups.	Rural communities in southwestern **Ethiopia**	• Heterosexual couples • Heterosexual men only • Heterosexual women only (All aged 15-49 currently married or cohabiting) 48 male and female facilitators trained	Three different gender-transformative curricula delivered in parallel by trained facilitators: Men's UBL, Women's UBL and Couples' UBL delivered in context of traditional Ethiopian coffee ceremonies. 14 participatory and skills-building sessions for 20 people over 7 or 14 weeks to address various root causes of IPV by challenging gender stereotypes and unequal roles in the home and promoting gender-equitable attitudes and behaviours.	7 or 14 weeks	**Type of evaluation:** RCT[17] **Impact: Men's UBL** • 30% reduction in the odds of men reporting past-year sexual IPV • 20% reduction in odds of men reporting part year physical and/or sexual IPV • Statistically significant reduction in women's experience of past year physical and/or sexual IPV **Women's & Couples' UBL** • No statistically significant impact on physical or sexual IPV • But significant increase in male involvement in childcare and household chores

Design and Implementation Checklist

Common elements and principles of effective approaches to strengthening relationship skills include:[18]

Design and adaptation

1. **Ensure sufficient resources for design, adaptation and piloting of a gender-transformative couples curriculum.** Successful approaches are structured around well-designed curricula which have been tailored for the local context and rigorously tested and piloted to ensure the content is appropriate to the local context, and that key messages resonate with the target population. There are a number of publicly available curricula (see box below), which can be adapted to new contexts. When adapting existing curricula it is strongly recommended to engage with the original developers/implementers, ensure fidelity to the core principles of the approach, and learn from experiences of adaptation elsewhere.

Examples of curricula

Stepping Stones and Stepping Stones Plus (Global) have updated their Training Package on gender, generation, HIV, communication and relationship skills.

Indashyikirwa (Rwanda) has a Couples' Curriculum Training Module, with interactive trainings and take-home exercises to help reduce violence among couples.

Zindagii Shoista (Living with Dignity) (Tajikistan) has two workshop manuals: (1) Social Empowerment promotes family harmony and aims to reduce violence; and (2) Enabling Economic Empowerment through Income Generating Activities helps families manage household budgets, including strengthening women's decision-making.

2. **Ground couples curricula in theory and analysis of gendered power and norms within relationships.** The Indashyikirwa couples curriculum introduced the concept of positive and negative types and uses of power to help couples identify, prevent and respond to IPV in their own relationships and communities.[19] Promoting new positive and aspirational relationship norms such as 'working together for household development', 'being good parents together' and 'improved sexual relationships', rather than focusing on messaging around harmful norms, can better incentivise behaviour change and help to avoid potential backlash.

3. **Align and connect programmes with existing local values, languages and community structures:** Approaches that have successfully adapted to the local context have intentionally aligned their curriculum with existing *positive* cultural and religious values and used appropriate concepts in the local language. They also recognise and include key individuals and stakeholders who influence relationships within a particular setting, and utilise existing community structures as key entry points to engage with couples, families, men and women.

Resources for adaptation and scale-up

The Community for Understanding Scale-up (CUSP) has guidance on how to adapt and scale different initiatives effectively and ethically. The Guidelines for Adapting Stepping Stones also guides on what to do and not to do with the programme in order to maintain its fidelity and effectiveness.

Implementation and scale-up

4. **Critically engage both men and women, and where appropriate other family members.** Engaging both individuals within an intimate relationship helps to sustain commitment and enables couples to support one another to address household gender and power dynamics. Particular efforts may be needed to ensure and sustain male engagement.[20] Some programmes have used motivational interviewing techniques[21] before starting to engage men and reduce drop-out rates. In patriarchal settings, it may also be necessary to engage in-laws to mitigate against any potential backlash.

5. **Create a safe space for equal participation between partners.**[22] The size, location and timing of the groups need to be carefully considered to ensure the programme creates a safe and effective environment for couples to share and learn. This should include separate sex-specific and age-specific sessions for men and women as well as joint sessions including both partners. In Stepping Stones, the peer groups each choose their own spaces and times to meet, according to what works best for them.

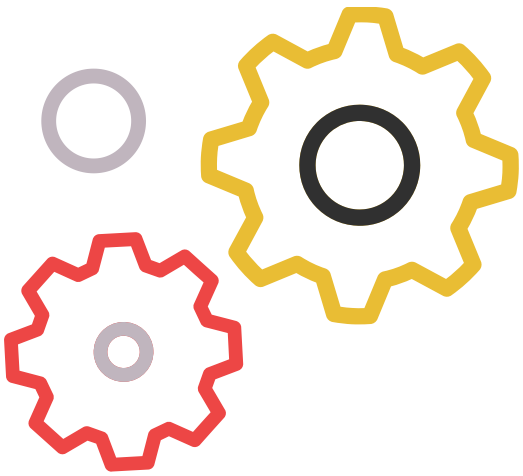
6. **Build skills in communication and conflict resolution to strengthen relationships.** Successful approaches focus on skills building, together with opportunities to practice new skills through take home activities.[23]

7. **Carefully select and train male and female facilitators.** Given the intensive nature of these interventions, facilitators should experience the programme first as participants to go through their own process of transformation and learning before they are ready to be facilitators.[24] Further, facilitators need to be equipped and supported to adopt a participatory facilitation style, and to be able to provide sufficient support to participants on their journey of change.

8. **Adopt participatory approaches with opportunities for reflection and support.** Effective participatory learning techniques encourage dialogue and support critical thinking about gender roles; promote the position of women; challenge the unequal distribution of resources, and address power imbalances between men and women.

9. **Use accessible, relevant and engaging communication materials.** Colourful and positive visual communication materials, including take home resources, are essential in areas with low literacy, and are key to capturing the interest of participants, aiding in the communication of key messages.[25] Where participants have low levels of literacy it can be useful to have two facilitators to help participants make sense of and understand the materials, as was the case in the Indashyikirwa programme.

10. **Adopt inclusive approaches to engage the most marginalised couples.** The Indashyikirwa programme used specific strategies to ensure the programme was accessible for people with disabilities. This included partnering with the National Council for People with Disabilities, targeted outreach for 280 people with disabilities, and tailored accessible communication materials.[26]



Entry points

Approaches to improve relationship skills can be integrated in multiple settings and sectors to maximise impact. This includes building on ongoing initiatives and existing structures to increase the reach of prevention programming and enhance existing initiatives. The following table highlights some key entry points for this strategy, including programme examples.

Entry point	Rationale
Existing community-based social and economic institutions e.g. faith groups, savings and loan groups, self-help groups, social protection recipients	Existing social and economic structures and institutions at community level may offer a cost-effective entry point to access and work with couples, families, men and women. These community structures can help create an enabling environment for couples to change and support couples to sustain change. Using existing structures may also offer opportunities to roll out programmes at a greater scale. There is also potential to engage 'couples to be', i.e. those who are being accompanied either by their religious communities or government structures towards getting married. For example, the Indashyikirwa intervention in Rwanda successfully built on CARE's existing village saving and loans associations (VSLA) as an entry point to engage couples. Stepping Stones in Uganda built on the existing community income generating activities (IGAs) by Redd Barna.[27] The Becoming One Intervention in Uganda built on existing pre-marital and marital counselling provided by local churches, to engage faith leaders to conduct skills-based counselling to couples covering communication, shared control over finances, sexual consent and pleasure using the bible to reinforce and exemplify positive relationships.
Schools and education facilities	School-based interventions can provide an opportunity to promote respectful relationships among young people. The most widely evaluated are dating interventions that attempt to create equal relationships and change attitudes and norms towards dating. For example, the PREPARE programme in South Africa included 21 intensive after-school workshops with young people covering topics such as values and aspirations in intimate relationships, communication skills, gender power inequities, respectful relationships and sexual decision-making. The programme led to a reduction in IPV among adolescent couples.[28] Further information on approaches specifically targeting adolescents is included in the **RESPECT Strategy Summaries on Environments Made Safe** and **Child and Adolescent Abuse Prevented**.
Health sector including sexual and reproductive health services	The health sector presents significant opportunities to engage with couples at scale, for example through sexual and reproductive health (SRH) services**.** Existing SRH and counselling services can be adapted to integrate VAW prevention messaging and can be used to detect couples at particular risk and provide referrals to more intensive couples-based interventions. Health professionals can also be engaged and equipped to transform harmful relationship norms through educational materials and resources available in waiting rooms, examination rooms, and counselling spaces, and through messages delivered personally to clients/patients.[29]

Key Resources

Programming with couples

Preventing partner violence, working with couples. Practice brief. Starmann, E. The Prevention Collaborative. 2018
This practice brief provides an overview of work with couples to prevent IPV, including key design elements and implementation tips, drawing on insights from three programmes in Africa.

Working with couples to prevent IPV, Indashyikirwa, Rwanda What Works Evidence Brief. Stern, E., Mclean, L., and Heise, L. 2018
This practice brief highlights lessons learned from the Indashyikirwa programme on working with couples to prevent IPV.

Programme Summary: The Indashyikirwa Programme Rwanda. The Prevention Collaborative. 2019
This summary document provides an overview of the Indashyikirwa couples programme in Rwanda including detailed information on programme components as well as lessons learned from programming.

Evidence on programming with formal and informal sexual partners

Couple therapy for intimate partner violence: A systematic review and meta-analysis. Karakurt G, Whiting K, Van Esch, Bolen S, Calabrese J. J Marital Family Therapy, Volume 42, No. 4, p567583: doi:10.1111/jmft.12178. 2016
This systematic review compiles the results of six studies from the US to investigate the effectiveness of couple therapy as a treatment for violence.

Synchronising gender strategies: A cooperative model for improving reproductive health and transforming gender relations
Greene, M and Levack, A. USAID. 2010
This publication presents the evidence and programme examples on working with men and women, boys and girls, in an intentional and mutually reinforcing way that challenges gender norms, promotes gender equality, and improves health.

Theory on engaging men and boys

From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls. Jewkes, R. K., Flood, M. G. and Lang, J.
The Lancet, 385 (9977), 1580-1589. 2015
This academic article discusses why it is important to engage men and boys in prevention of VAW work. It proposes that future work should engage men and boys as well as women and girls to shift gender-related norms which drive VAW.

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Endnotes

[1] Heise (2011) What works to prevent partner violence? An evidence review. December 2011.
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[3] Shai, N., Devi Pradhan, G., Chirwa, E., Shrestha, R., Adhikari, A. & Kerr-Wilson, A (2019) Factors associated with IPV victimisation of women and perpetration by men in migrant communities of Nepal, PLOS One, DOI: https://doi.org/10.1371/journal.pone.0210258
[4] UN Women (2015) A Framework to Underpin Action to Prevent Violence against Women, New York: UN Women.
[5] Evidence ratings are largely derived from systematic reviews of more than 1 evaluation of interventions that mostly use experimental designs including randomized, cluster randomized and quasi-experimental methods. It is recognised that for some strategies such as justice sector interventions, alternative evaluation methods may be more appropriate including time series, observational and cross-sectional designs despite being typically considered lower quality. This is an emerging field and hence, there is a great deal of variation in rigor of study design and evaluation. The sources for these reviews and studies are provided as part of references.
[6] Fulu, E and Kerr-Wilson, A (2015) Ibid.
[7] Karakurt, G., Whiting, K., Van Esch, C., Bolen, S. & Calabrese, J. (2016) Couple Therapy for Intimate Partner Violence: A Systematic Review and Meta Analysis, Journal of Marital Family Therapy, 42(4): 567-583
[8] Carr, A (2020) 'Evidence for the efficacy and effectiveness of systemic family therapy' in Wampler, K. et al (Eds.) The Handbook of Systemic Family Therapy, Chichester: John Wiley & Sons.
[9] See forthcoming Becoming One Evaluation; Karakurt G, Whiting K, Van Esch, Bolen S, Calabrese J (2016). Couple therapy for intimate partner violence: A systematic review and meta-analysis. J Marital Fam Ther, Volume 42, No. 4, p567583.
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[11] The original Stepping Stones specifically raised the question of the differences between formal and informal relationships in an exercise called "What is Love". The programme is designed to address violence in informal / secret as well as formal sexual relationships, as well as in polygamous relationships.
[12] See Stepping Stones website for further information: www.steppingstonesfeedback.org
[13] Salamandar Trust (2019) Stepping Stones and Stepping Stones Plus
[14] Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Puren A, Duvvury N. (2008) Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. Bmj. Aug 7;337:a506. For a summary, see https://prevention-collaborative.org/resource/impact-of-stepping-stones-on-incidence-of-hiv-hsv-2-and-ipv-in-rural-south-africa/
[15] Paine, K., Hart, G., Jawo, M., Ceesay, S. & Jallow, M. (2010) 'Before we were sleeping, now we are awake': Preliminary evaluation of the *Stepping Stones* sexual health programme in The Gambia, African Journal of Aids Research, Volume 1, Issue 1.
[16] https://airbel.rescue.org/projects/becoming-one/ See forthcoming Becoming One Evaluation
[17] https://www.uniteforabetterlife.org
[18] McLean, L., Heise, L. & Stern, E. (2019) Shifting and transforming gender-inequitable beliefs, behaviours and norms in intimate partnerships: the Indashyikirwa couples programme in Rwanda, Culture, Health & Sexuality, DOI: 10.1080/13691058.2019.1679394; Starmann, E. (2018) Preventing Partner Violence, Working with Couples. Prevention Collaborative Prevention Brief ; The Prevention Collaborative (2019) Programme Summary: Stepping Stones. The Prevention Collaborative, December 2019 .
[19] Mclean et al (2019) Ibid.
[20] Starmann, E (2018) Preventing partner violence working with couples. Practice brief The Prevention Collaborative.
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[22] Stern, E.; Nyiratunga, R. (2017) A Process Review of the Indashyikirwa Couples Curriculum to Prevent Intimate Partner Violence and Support Healthy, Equitable Relationships in Rwanda. Soc. Sci. 2017, 6, 63.
[23] Stern, E., Mclean, L., and Heise, L (2018) Working with couples to prevent IPV. The Indashyikirwa in Rwanda.
[24] Starmann, E (2018) ibid.; Community for Understanding Scale-up (CUSP) guidance; Salamandar Trust (2017) Guidelines for Adapting Stepping Stones.
[25] Ibid.
[26] Dunkle et al (2019) Ibid.
[27] Salamandar Trust (2015) Stepping Stones Revisited: Stories from the village of Buwenda. Video on Vimeo by Salamandar Trust
[28] Mathews, C., Eggers, S.M., Townsend, L. et al (2016). Effects of PREPARE, a Multi-component, School-Based HIV and Intimate Partner Violence (IPV) Prevention Programme on Adolescent Sexual Risk Behaviour and IPV: Cluster Randomised Controlled Trial. AIDS Behav 20, 1821–1840 (2016).
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RESPECT WOMEN

STRATEGY SUMMARY

Empowerment of women

UN WOMEN

World Health Organization

Empowerment of women

OBJECTIVE OF STRATEGY: Facilitate economic, social, psychological and political empowerment of women and girls to promote women's economic independence, improve relationships and promote equitable gender power relations within households, communities and society.

Rationale

Social, economic, psychological and political empowerment of women is a protective factor in reducing risk of violence against women,[1] as VAW is a manifestation of the low status that women occupy in society and the household.

Interventions under this strategy build women and girls' self-confidence and skills in self-efficacy, assertiveness and negotiation skills. They also increase women's economic literacy, assets, autonomy and reduce their financial dependence on men and other family members. Empowerment strategies help women to increase their bargaining power, confidence, decision-making autonomy, and give them choices and agency to act on their own and their families' behalf with respect to safety.

The strategy includes approaches to working with women and girls in communities, including marginalised groups of women (e.g. female sex workers and women with disabilities). The focus on approaches with particular groups of women is also in line with the guiding principles of RESPECT which includes leaving no one behind[2] by addressing multiple and intersecting forms of discrimination and inequalities. It also includes efforts targeted at adolescent girls, who face particular risks and vulnerabilities because of power dynamics related to their young age.

Risk and protective factors

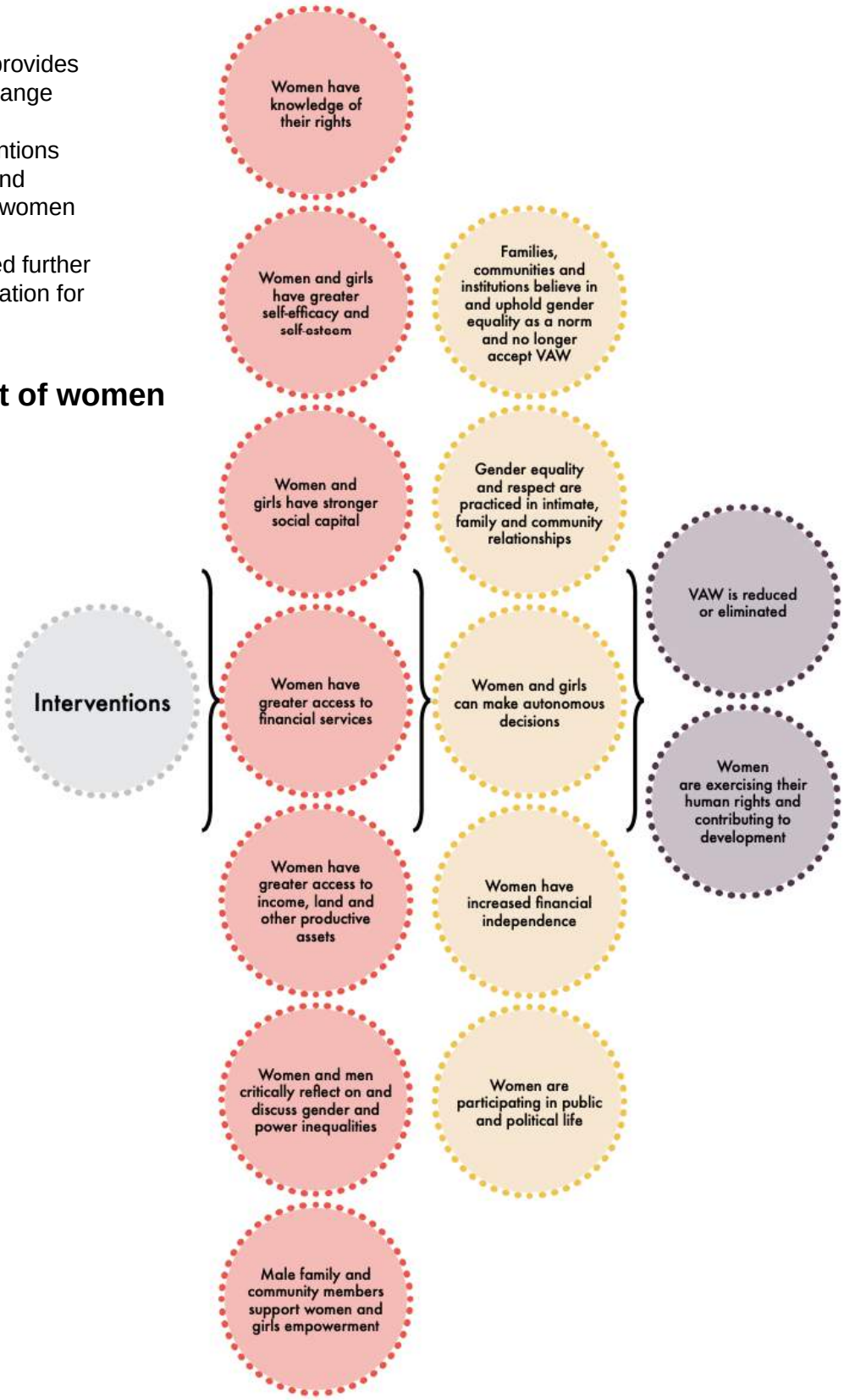
This strategy aims to address the following risk factors and promote the following protective factors for VAW:

Level	Risk factors	Protective factors
Individual	Economic insecurity (women) Attitudes condoning or justifying violence as normal or acceptable (women and men) Low self-efficacy and self-esteem (women)[3]	Economic insecurity (women and men) Financial autonomy (women) Gender-equitable attitudes and practices (women and men) and men High self-efficacy and self-esteem (women)
Interpersonal	High levels of inequality in intimate partner and in-law relationships Women's financial dependence & limited say in household decision-making	Intimate relationships are characterised by gender equality, including in shared decision-making & household responsibilities Greater parity in education levels between women and men
Community	Harmful gender norms that uphold male privilege and limit women's autonomy	Norms that support non-violence, respect for diversity and gender equality, and promote women's empowerment
Societal	Women's under- and unemployment and exploitative work environments Women's low political participation	High levels of women's employment High levels of women's education Women's active participation in political life

Theory of change

The following diagram provides a simplified theory of change demonstrating how evidence-based interventions which seek to socially and economically empower women can lead to reductions in VAW. This would need further development and adaptation for specific programmes.

E: Empowerment of women



Types of interventions

Interventions under this strategy include efforts to build women's vocational, financial and life skills, address barriers to social, political and economic inclusion such as unequal inheritance and property rights regimes, and build social networks and collective agency. These strategies aim to build individual, group and collective power of women to challenge inequality and subordination in their relationships, families and communities. In some cases, programmes focus solely on economic or social empowerment; other programmes combine social and economic interventions. The following table outlines a number of promising approaches featured in the RESPECT framework and provides a brief overview of the current evidence base and example programmes.

LEGEND

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

Intervention type	Description	Summary of evidence	Example programmes
Empowerment training for women or girls including life skills, safe spaces[4] and mentoring	This includes interventions focused on social empowerment of women and girls, including life skills, safe spaces and mentoring. It can also include collective empowerment with marginalised groups of women, such as sex workers.	L H There is **promising evidence** from LMICs that this type of intervention can work to reduce women's and girls' experience of violence, including intimate partner violence (IPV). **More evidence is needed** from HICs that these kinds of approaches can lead to improvements in violence. When working with adolescent girls, the most effective approaches involve intensive group-based social empowerment interventions delivered over a year or more.[5]	The Adolescent Girls Initiative (AGI) (Kenya) AVAHAN sex worker collectivisation (India)
Inheritance and asset ownership policies and interventions	This includes interventions targeted at improving laws on inheritance and property rights to increase women's access to and control over land and other productive assets, as well as increase the worth of girls to their families.	L H There is **promising evidence** from LMICs that reforming unequal inheritance and property regimes is an important part of reducing overall levels of VAW. This includes analysis from India, where in states where inheritance rights were made equal for males and females, aggregate levels of VAW reported to police fell by 36% from 1976 to 2004. There is **no evidence** from HICs.	The change in inheritance law (India)

Intervention type	Description	Summary of evidence	Example programmes
Microfinance or savings and loans, combined with gender and empowerment training components	There are a number of promising approaches which combine economic and social empowerment components. These interventions take a holistic view of women's and girls' empowerment, combining building women's social skills and confidence and activities focused on improving their financial literacy and independence. Some interventions engage male partners or boys as peers, to reduce any potential backlash and gain men's and boys' support. Other types of interventions engage men and boys more deeply in the programme, so that men and boys also receive the full economic and social empowerment intervention.	L H There is **promising evidence** from LMICs that interventions focused on the social empowerment of women and girls which combine economic and social empowerment components (including life skills, safe spaces and mentoring in combination with economic interventions) can work to reduce women's and girls' experiences of IPV. There is also evidence that when these interventions engage men and boys, they can reduce men's reported perpetration of IPV. There is **no evidence** from HICs.	MAISHA (Tanzania) Zindagii Shoista (Tajikistan) Do Kadam Barabari Ki Ore (Two Steps Towards Equality) (India)

Example programmes

The following table summarises three different programmes which have been shown to deliver reductions in VAW prevalence within programmatic timeframes. The table should be reviewed alongside the **design and implementation checklist** on page 8, as well as the **guiding principles of effective programming** provided in the RESPECT framework when adapting any of these methodologies. More detailed information on each programme is provided in the **programme summaries**.

Approach	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
MAISHA (based on IMAGE)[6]	A **microfinance plus gender empowerment intervention** which aims to improve communities' economic well-being and independence and reduce vulnerability to HIV and VAW	Tanzania	**Poor rural women** in established micro-finance groups	Women in pre-established microfinance groups were invited to take part in a **10-session participatory empowerment programme** over a 20-week period. Each session lasted 1.5–2 hours and was delivered by trained female facilitators following the *Wanawake Na Maisha* (meaning "women and life" in Kiswahili) curriculum.	24 months	**Type of evaluation**: Randomised controlled trial (RCT) and longitudinal qualitative research[7] **Main findings:** • Reduced the risk of women experiencing physical and/or sexual IPV by a quarter • Improved attitudes towards IPV and increased women's self-confidence

Approach	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
Zindagii Shoista (Living with Dignity)	A **family-centred intervention** which combined gender empowerment, training in setting up an income generating activity (IGA) and micro-grants to support this within households.	Rural Tajikistan	**Young married women** and their **families** (including in-laws)	The intervention was implemented with up to four members of multi-generational households comprising: • 10 social empowerment sessions over 10 weeks on building gender equity, respect, communication, and reducing violence. • Economic empowerment sessions over 10 weeks on gender, work and livelihood strengthening, business development and income generating activities (IGAs), targeted at young married women and another family member. • Each family given $370 per household to start an IGA. • Supervision and accompaniment of IGAs.[8]	18+ months	**Type of evaluation**: Mixed-methods evaluation[9] **Main findings:** • Significant positive changes were found in relationship dynamics, mental health and socio-economic status • A statistically significant reduction was found in all forms of IPV reported by men (perpetration) and women (experience)

Approach	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
The Adolescent Girls Initiative, Kenya (AGI-K)	**Multi-sectoral empowerment intervention (social, health, education and economic)** for adolescent girls	Two marginalised areas of Kenya: Kibera, Nairobi and Wajir County, Northeastern Kenya	**Adolescent girls** age 11-15	The AGI-K combines four different components: a community-based violence prevention programme, an education conditional cash transfer (CCT), health focused girls' empowerment clubs and financial education and savings	2 plus years	**Type of evaluation**: RCT with four treatment arms[10] **Main findings at the end of the two-year intervention:** • Significant positive effects on violence reduction, primary school completion, sexual and reproductive health knowledge, social safety nets, financial literacy and savings behaviour, and household economic status, in urban areas **Main findings two years after the completion:** • No sustained impact on violence • Significant positive effects for girls who were out of school at baseline in Wajir on delaying marriage and pregnancy, as well as increased school enrolment • Significant positive effects for older girls in Kibera on delaying sexual debut and childbearing

Design and Implementation Checklist

Common elements and principles of effective approaches to women's social and economic empowerment include:

Programme design and adaptation

1. **Identify the target population.** Work with the most marginalised women and girls through targeted approaches and appropriate interventions tailored to the lived realities of the target population. Participatory tools and consultation processes can be used to identify context-specific vulnerabilities and reach particularly marginalised sub populations such as out-of-school girls and women and girls with disabilities. Before designing the intervention, a situation analysis and needs assessment should be conducted to explore barriers facing particular sub-groups of women,[11] and intervention designs should be designed and adjusted accordingly.

2. **Conduct formative research on norms around gender roles and income earning.** This is critical to understand under what circumstances it is deemed acceptable for unmarried and married women to be earning income, doing what kinds of work and why. This has a big impact on how men, family and community members react to a woman working. Where interventions are challenging gender roles, prepare for how to mitigate potential backlash.

3. **Ensure economic empowerment components are based on local livelihood opportunities.** For example, economic empowerment interventions need to be designed on the basis of a market analysis of the livelihood options for women, and build where possible on any existing support available[12] (e.g. micro-loans, village savings and loan associations (VSLAs), self-help groups (SHGs)).

4. **Recognise and mitigate against potential backlash.** This strategy may directly challenge traditional gender roles in patriarchal settings, so it must include efforts to mitigate against potential backlash, including the risk of increasing violence. This should include training on how to handle financial conflict within relationships or the household,[13] and strategies to engage with male partners.[14] For example, promoting the notion of working together for household economic development can help to ensure that women's increased financial gains are seen as contributions to the household. Where women's lives are constrained by in-law dynamics, family-based approaches may be appropriate. For example, Zindagii Shoista in Tajikistan targeted young married women and their families (including in-laws), which helped to reduce potential backlash, whilst addressing women's status within the family and the multiple forms of violence that they experience.[15]

5. **Ensure sufficient time and resources for facilitator training and capacity building.** Gender transformative interventions require well-trained facilitators and ongoing support with sufficient time for personal reflection, debriefing, and for facilitators to learn how to handle different situations and participant questions. It is strongly recommended that facilitators experience the training first as participants.[16] For example, MAISHA included extensive training to allow facilitators time to become familiar with the curriculum and practise skills.[17]

6. **Ensure implementing partners have sufficient expertise.** Empowerment interventions like micro-finance require particular skills and experience, both institutionally (such as appropriate M&E systems) and individual staff competencies (such as strong facilitation skills and gender-equitable attitudes). Work should be delivered by strong implementing partners with relevant expertise who have received intensive training in how to deliver the intervention, including the values, principles and approach.[18]

Implementation and scale-up

7. **Secure enough funds and allow enough time for sufficient intensity and duration of economic empowerment components to ensure significant change in women's economic situation.** The economic benefits of microfinance and small-scale IGAs take time to be realised by women and their households (12 months+) and can be threatened by unforeseen shocks. Economic gains for women should be significant enough to give women the economic assets needed to transform their relationships. It also takes time to allow changes in gender attitudes and practices, with a recommended 3+ years for implementation, including 1 year for preparatory work.

8. **Maintain separate funding for each component** when scaling-up to ensure the gender empowerment costs do not affect the microfinance costs which may be self-sustainable. The gender empowerment component is more like to require external funding.[19]

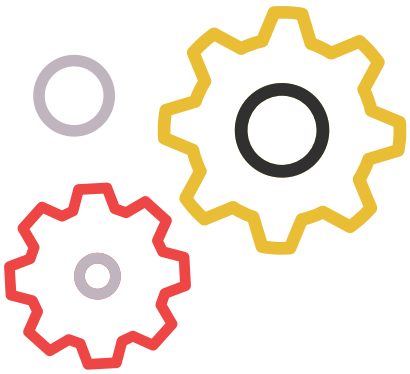
9. **Carefully monitor how increased savings and income are being used at the household level.** For example, to ensure that women have control or joint control over resources, and that violence within relationships and households does not increase as a result of the intervention.[20] Monitor also that the implementation of empowerment strategies, particularly economic empowerment ones, do not reinforce or perpetuate the idea of using women's unpaid labour or impose additional time burdens on them in ways that can be disempowering.[21]

10. **Integrate empowerment interventions with education and health in order to address girls' complex and multifaceted needs** to maximise the impact and cost effectiveness of interventions working with adolescent girls at a critical time in their lives. For example, ensuring access to sexual and reproductive health and rights (SRHR) information and services is very important for adolescent girls so they can make choices over their own bodies and lives[22], including adolescent girls with disabilities who are often denied access to SRHR information and services. In the spirit of do no harm: carefully monitor that any interventions to increase adolescent girls' ability to earn livelihoods does not inadvertently expose them to situations in which they can be exploited or abused or come at the expense of access to education/schooling.

11. **Plan activities to fit around the lived realities and constraints of women and girls.** For example, domestic and childcare responsibilities, school or university studies, restrictions on women's and girls' mobility after dark, safety and travel concerns etc.

12. **Avoid tokenistic participation** of women and girls, but instead build in opportunities for continuous reflection on how best to empower women throughout the project, with co-production in mind.

13. **Provide safe spaces where women and girls can meet, socialise, discuss matters of concern and develop skills.** For example, specifically designed safe spaces, women's centres or 'salons' or specific times set aside in community centres, clinics etc. Group-based interventions can provide a platform for women to support each other - sharing advice regarding relationship-building, communication, problem solving and business skills has been found to contribute to reduced risk of economic, emotional and physical sexual violence.[23] Safe spaces need to be accessible to all women and girls, including those who have specific vulnerabilities, and acceptable to other family members and the women and girls themselves.



Entry points

The following table highlights some key entry points for this strategy, including programme examples.

Entry point	Rationale
Existing community structures and microfinance or savings and loans services,. SHGs, savings account, VSLAs	Existing community structures where women convene such as women's self-help groups (SHGs) or village savings and loan associations (VSLA), may provide an entry point for empowerment interventions, with opportunities for replication and scale up. For example, the Do Kadam Barabari Ki Ore (Two Steps Towards Equality) Programme in Bihar, India, consisted of four intervention targeted at different groups. One of the interventions targeted married women who were already members of existing village-level SHGs. The programme aimed to strengthen these existing SHGs, improving knowledge and awareness on VAW, supporting prevention activities and providing support to survivors. This intervention example uses existing savings group as an entry point, but it should be noted that it does not necessarily follow that forming savings groups reduces violence. Further research is needed on this, as the evidence is conflicting. Lessons learned include the need to dedicate resources specifically to strengthen the functioning of these community structures, build and sustain leadership (including addition of a literacy and numeracy component), and the need to consider different platforms to reach male partners, such as sports and youth clubs.
Girls groups and safe spaces in schools and/or communities	Female-only spaces where women and girls can feel physically and emotionally safe can be a good entry point for empowering women and girls, while also providing information and access to response services on violence. Safe spaces are typically either based in schools or communities. Community-based programmes can help reach marginalised adolescents, such as girls who are married, out-of-school, and/or girls with disabilities, who are at increased risk of violence and who are likely to be overlooked without intentional efforts to reach them. For example, the Adolescent Girls Initiative (AGI) in Kenya involved girls' empowerment clubs, which focused on improving health knowledge, self-efficacy, and social safety nets. Girls attended weekly group meetings, or safe spaces, facilitated by a young female mentor from the community. Girls discussed a range of health and life-skills topics, as well as having time for open discussion. As part of the intervention, some of the girls also followed a financial education curriculum in their safe spaces. Lessons learned include the challenges for girls in attending safe spaces on a regular basis due to conflicting responsibilities, such as weekend school sessions, attending boarding schools, household responsibilities, and religious services. The findings highlight the importance of building in time to understand women and girls' lived realities and to gain family support and understanding.[24]

Laws and legislation	According to the World Bank's Women, Business and Law report from 2020, 40% of the world's economies limit women's property rights.[25] Even where the law upholds women's property rights, practical application may remain challenging. Advocates and social movements seeking to reduce violence should exert pressure to reform and implement inheritance, marriage, family and property laws that discriminate against women and girls.
Interventions with female sex workers	Interventions that aim to empower female sex workers are a good entry point for approaches to reduce violence from clients, police, and intimate partners. The programmes often involve sex-worker collectivisation to advocate for improvements to living and working conditions, as well as other strategies such as training on human rights, outreach activities to reduce stigma, and response services for sex workers facing violence. They are typically implemented by health NGOs, women's rights organisations or by organisations established by sex workers. For example, the Avahan programme in India involves the mobilisation of female sex workers to collectively advocate for their rights. Implemented by the Karnataka Health Promotion Trust (KHTP), the intervention includes a dedicated component to prevent client and police violence, with a 24-hour crisis management team in each district. Human rights lawyers have also trained sex workers on their rights and helped bring perpetrators to justice. An evaluation of Avahan found that sex workers experienced significantly less violence from clients and police officers.[26]

Key Resources

Defining and measuring empowerment

Understanding and Measuring Women's Economic Empowerment. Definition, Framework and Indicators, Washington, DC. International Center for Research on Women (ICRW) Golla, Anne Marie, Anju Malhotra, Priya Nanda, and Rekha Mehra. 2011
This useful document defines women's economic empowerment and presents a measurement framework and indicators which can guide the design, implementation and evaluation of programmes to economically empower women.

A Review of Approaches and Methods to Measure Economic Empowerment of Women and Girls, Gender and Development 22(2): 233–251. Pereznieto, Paola, and Georgia Taylor. 2014
This review aims to inform policy makers commissioning evaluations on how to ensure women's economic empowerment is captured, whilst helping practitioners to identify elements of successful economic empowerment interventions.

Evidence on economic and social empowerment interventions

Combined Economic Empowerment and Gender-transformative Interventions. Evidence Review. What Works to Prevent VAWG programme. Gibbs, A and Bishop, K. 2019
This review presents findings from four empowerment interventions rigorously evaluated through DFID's What Works to Prevent Violence against Women and Girls Global Programme (What Works).

Promoting Women's Economic Empowerment: What Works? The World Bank Group, Policy Research Working Paper 7087. Buvinic, M. and Furst-Nichols, R. 2014
A World Bank review of rigorous evaluations of economic empowerment interventions.

Gender, livelihood capabilities and women's economic empowerment: Reviewing Evidence Over the Life Course. London: AGEG. Kabeer, N (2018)
This report examines the evidence on policies and programmes designed to promote women's empowerment within the economic and livelihood domains. It includes an analysis of the evidence in relation to older women (60+), women of working age (20-59), and finally adolescent girls (10-19).

Economic empowerment programming

UN Women Economic Empowerment, New York: UN Women, 2020.
This webpage hosts information on UN Women's work on economically empowering women.

A Roadmap for Promoting Women's Economic Empowerment. Exxon and the United Nations Foundation. Buvinic, M. et al. 2013
This research report presents an evidence-based Roadmap for Action that presents programming and policy options to economically empower women in different country contexts. Primarily targeted at the private sector and public-private partnerships, the report measures empowerment as increases in productivity and earnings.

Adolescent girls

Investments in Adolescent Girls' Physical and Financial Assets: issues and review of the evidence. Girl Hub. Quisimbing, A.R. and Kovarik, C. 2013
This paper presents a conceptual framework for the gendered distribution of assets, empowerment and well-being. It reviews the evidence on interventions aiming to improve girls' assets, in particular integrated and holistic programmes which combine efforts to improve financial assets with education and training.

Interventions Promoting Adolescent Girls' Economic Capabilities: What Works? London: GAGE Programme, Stavropolou, M, 2018
This rapid evidence review focuses on interventions that target adolescent girls in LMICs with economic strategies that seek to promote their economic capabilities and empower them.

Delivering Impact for Adolescent Girls: Emerging Findings from Population Council Research. New York: Girl Center, 2018
This research brief summarises findings from nine impact evaluations to explore what package of interventions can deliver the best outcomes for adolescent girls, including violence and gender-equitable outcomes.

Endnotes

[1] A study of macro-level factors associated with risks of intimate partner violence across 44 countries and 481,205 women showed that macro-level factors associated with reduced risk of intimate partner violence at the individual level included women's access to land, property, inheritance and assets. The study also concluded that women's access to employment, education and assets at the societal level are markers of women's empowerment and predict levels of intimate partner violence. Source: Heise, L. & Kotsadam, A. (2015) Cross-national and multilevel correlates of partner violence: an analysis of data from population-based surveys, Lancet Global Health, 3(6): E332-E340.

[2] For more information on the Leave No One Behind (LNOB) principles of the Sustainable Development Goals (SDG), see: United Nations Committee for Development Policy (CDP) (2018) Leaving no one behind; UNDP (2018) What does it mean to leave no one behind? New York: UNDP; United Nations SDG (2019) Leaving No One Behind: A UNSDG Operational Guide for UN Country Teams, New York: UNSDG.

[3] Self-efficacy refers to an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainment (Bandura, A. (1997). Self-Efficacy: The exercise of control. New York, NY: W. H. Freeman)

[4] Safe spaces are places where women and girls can be supported through processes of empowerment. See International Medical Corps (IMC) and International Rescue Committee (IRC) (2020) Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings. London and New York: IMC and IRC.

[5] Kerr Wilson A, Gibbs A, McAslan Fraser E, Ramsoomar L, Parke A, Khuwaja H and Jewkes R (2020) *What Works to Prevent Violence against Women and Girls? A Rigorous Global Evidence Review of Interventions to Prevent Violence against Women and Girls.* South Africa; What Works to Prevent VAWG

[6] Intervention for Microfinance for AIDS and Gender Equity (IMAGE) Project (South Africa) – an intervention combining microfinance and gender training for women. See: Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., ... & Porter, J. D. (2006) Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: A cluster randomised trial. The Lancet, 368(9551), 1973- 1983

[7] Harvey, S., Mshana, G., Kapinga, I., Lees, S., Kapiga, S. (2019) STRIVE Impact Case Study: MAISHA – set to reduce violence against women in Tanzania; Mwanza Intervention Trials Unit, Mwanza, Tanzania; National Institute for Medical Research, Mwanza, Tanzania; London School of Hygiene & Tropical Medicine, London, UK; 2019; Kapiga, S., Harvey, S., Mshana, G., Holm Hansen, C., Mtolela, G.J., Madaha, F. … & Watts, C. (2019). A social empowerment intervention to prevent intimate partner violence against women in a microfinance scheme in Tanzania: findings from the MAISHA cluster randomised controlled trial. The Lancet Global Health, 7(10), 1423- 34.

[8] Gibbs, A., and Bishop, K., (2018) Combined economic empowerment and gender-transformative interventions. Evidence Review. What Works to Prevent VAWG programme.

[9] Mastonshoeva, S., Shonasimova, S., Gulyamova P., Jewkes R., Shai, N., Chirwa, E.D., & Myrttinen, H. (2019). Mixed methods evaluation of Zindagii Shoista (Living with dignity) intervention to prevent violence against women in Tajikistan.

[10] Austrian, K., Soler-Hampejsek, E., Mumah, J., Kangwana, B., Wado, Y., Abuya, B., Shah, V. and Maluccio, J. (2018). *Adolescent Girls Initiative-Kenya: Midline Results Report.* Nairobi: Population Council.

[11] Younger women <30yrs most vulnerable to IPV face barriers to participation ranging from household and childcare responsibilities limited participation and retention in WEE and SE programmes and less likely to benefit from social support and advice from their peer group support. See: Knight, L., Ranganathan, M., Abramsky, T., Polzer-Ngwato, T., Muvhango, L., Molebatsi, M., Stockl, H., Lees, S. & Watts, C. (2020) Intervention with Microfinance for AIDS and Gender Equity (IMAGE): Women's Engagement with the Scaled-up IMAGE Programme and Experience of Intimate Partner Violence in Rural South Africa. Prevention science, 21**,** 268-281.
(Knight, 2019).

[12] Unlike newly established Economic Empowerment initiatives, existing and well-established platforms are often more stable and ready to take on added component / integration. Economic Empowerment interventions could be added to existing social empowerment (violence prevention) interventions. It is important to decide on delivery model and operationalisation and capacity building for each partner for combined intervention. See: Pronyk, K., Hargreaves, M., Morison L.A., Watts, C. & Porter, J. (2005) Microfinance and HIV prevention–emerging lessons from rural South Africa. *Small Enterprise Development,* 16**,** 26-38.

[13] Knight, L. et al (2020) Ibid.

[14] Manji, K, Heise, L and Cislaghi, B (2020) Couples' Economic Equilibrium, Gender Norms and Intimate Partner Violence in Kirumba, Tanzania in Violence Against Women 1-21

[15] What Works (2018) Working with families to prevent violence against women and girls in Tajikistan. What Works Evidence review.

[16] Goldmann, L., Lundgren, R., Welbourn, A., Gillespie, D., Bajenja, E., Muvhango, L. and Michau, L., 2019. On the CUSP: the politics and prospects of scaling social norms change programming. *Sexual and reproductive health matters*, *27*(2), pp.51-63.

[17] Kapiga, S et al (2019) Ibid.

[18] Milat, A., Bauman, A. & Redman, S. (2015) Narrative review of models and success factors for scaling up public health interventions, Implementation Science, 10(15).

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[20] Ranganathan, M., Knight, L., Abramsky, T., Muvhango, L., Polzer Ngwato, T., Mbobelatsi, M., Ferrari, G., Watts, C. and Stöckl, H., (2019) Associations between women's economic and social empowerment and intimate partner violence: Findings from a microfinance plus program in rural North West Province, South Africa. *Journal of interpersonal violence*, p.0886260519836952

[21] Molyneux, M (2008) Conditional Cash Transfers: A Pathway to Women's Empowerment? Pathways to Women's Empowerment Working Paper 5, Institute of Development Studies, Brighton

[22] For example, the *Abriendo Oportunidades ('Opening Opportunities') Initiative* which provides vulnerable Mayan girls in Belize, Guatemala, and Mexico with skills and support to improve their lives.

[23] Knight, L. et al. (2020) Ibid.

[24] Austrian, K., Soler-Hampejsek, E., Kangwana, B., Maddox, N., Wado, Y., Abuya, B., Shah, V., & Maluccio, J. (2020) Adolescent Girls Initiative–Kenya: Endline Evaluation Report. Nairobi: Population Council.

[25] World Bank (2020) *Women, Business and the Law 2020.* Washington DC.

[26] Beattie, T. S., Bhattacharjee, P., Isac, S., Mohan, H. L., Simic-Lawson, M., Ramesh, B. M., ... & Heise, L. (2015) Declines in violence and police arrest among female sex workers in Karnataka state, South India, following a comprehensive HIV prevention programme. Journal of the International AIDS Society, 18(1), 20-32.

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RESPECT WOMEN

STRATEGY SUMMARY

Services ensured

UN WOMEN

World Health Organization

STRATEGY SUMMARY

Services ensured

OBJECTIVE OF STRATEGY: To meet the needs of survivors of violence against women (VAW) and seek to prevent further violence through provision of essential services,[1] including police, legal, health and social services. These services may include: those providing care and support to survivors; those that aim to prevent, repeat or reduce violence; those that offer psychosocial support, prevent alcohol misuse and substance use for at risk men, women, children/adolescents and families, which work to improve mental health, reduce relationship conflict and reduce substance abuse.

Rationale

Providing quality services to those who have experienced violence is an important contribution to the continuum of VAW prevention. Firstly, prevention interventions often increase the numbers of women who speak out about the violence they suffer and seek help. It is therefore essential that there are safe, confidential mechanisms in place for women to report violence and be referred to the services they need and want. Secondly, there is evidence that when quality services are delivered in ways that respect women's rights, they can reduce risk factors and enhance protective factors for VAW (although the evidence is more mixed on whether services can play a direct role in preventing reoccurrence or deterring new cases of violence). Thirdly, police, legal, health and social services can mitigate the negative effects of violence on the health, safety and wellbeing of survivors. They can provide entry points for early identification of violence and responses to reduce reoccurrence, and entry points or large-scale platforms to integrate VAW prevention and response.

Supporting the delivery of **police and legal services** is critical to ensure that laws against VAW are enforced and can signal to societies that such violence is unacceptable. These laws aim to keep women and girls safe and end impunity of perpetrators, holding them accountable. The actors delivering these types of services are sometimes referred to as justice service providers to encompass the various formal and informal justice actors across different cultural, religious, traditional and legal contexts.[2] Informal justice providers, such as religious or community leaders, may sometimes hear cases of VAW in traditional courts and/or act as mediators in cases of VAW. However, mediation needs to be viewed with caution, as in some settings and due to the patriarchal nature of the informal justice system, mediation can be used to preserve the unity of the family or in cases of rape can end up in the woman marrying the perpetrator.[3]

High quality **health services**[4] are vital for survivors requiring access to medical treatment, including psychological and mental health care. They are also important entry points for programming as health care providers are frequently the first contact survivors have with formal service providers after they experience violence, whether women disclose the violence or not. Health service interventions can address the physical, mental and sexual and reproductive health needs of survivors, including through treatment for injuries, psychological support, post-rape care, emergency contraception, safe abortion (to the full extent of the law) and STI prevention and treatment, HIV post exposure prophylaxis.[5] They can also address the short and long-term mental health needs of survivors.

Social services support the wellbeing, health and safety of survivors of violence through a number of different activities, including crisis counselling, information and assistance helplines, accompaniment to services, safe housing and access to shelters, provision of financial support, and advice about and support accessing legal and rights information and assistance.[6] Social services also include prevention-focused interventions that seek to address the psychosocial needs of at risk groups, including by reducing substance abuse and addressing mental health needs.

It is important that police, legal, health and social service provision is guided by the obligation of duty bearers to respect the rights of survivors and principles of survivor-centred care, including safety. These are articulated in the UN's Essential Services Package for all women and girls who have experienced violence.[7]

Risk and protective factors

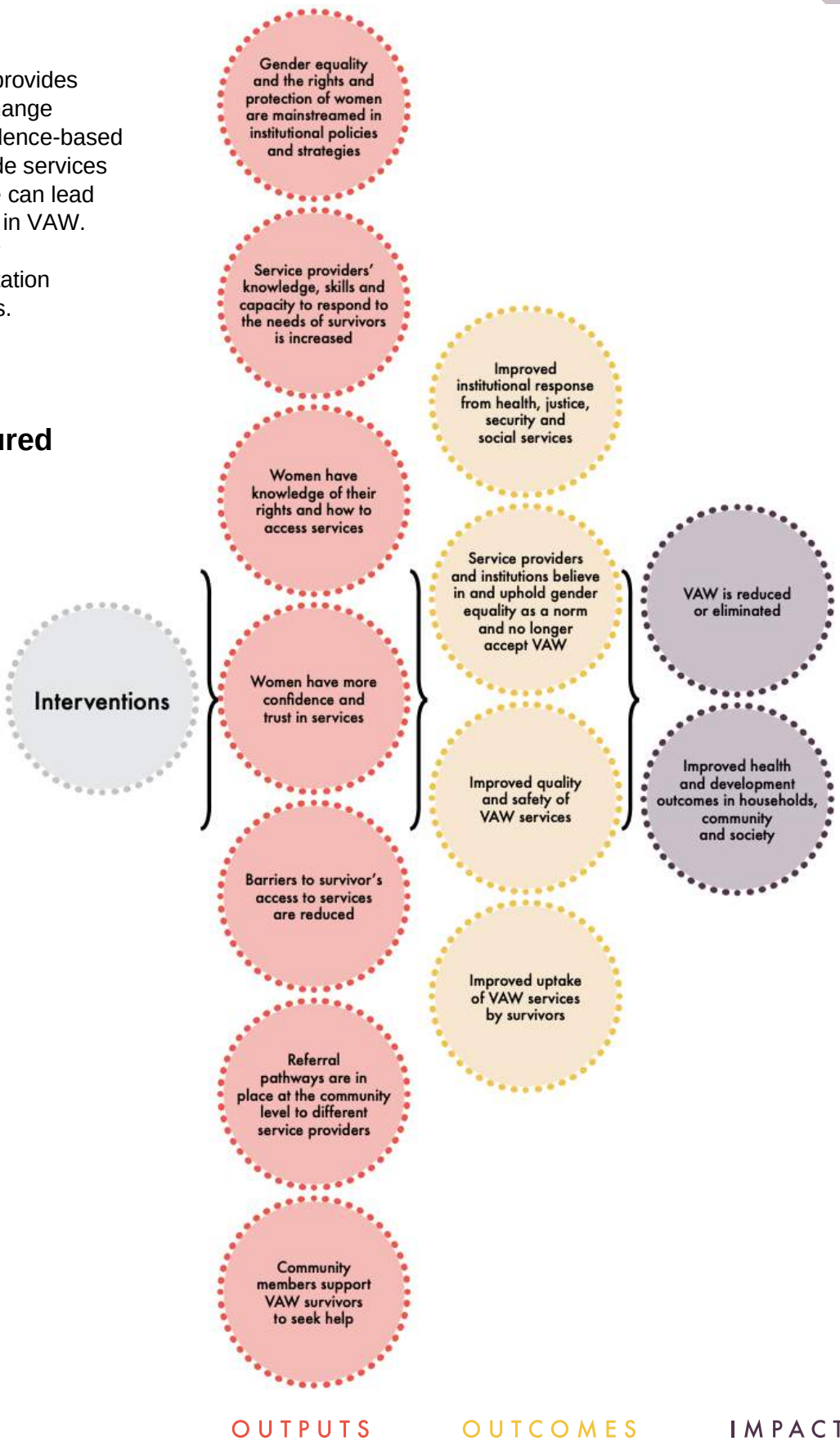
This strategy aims to address the following risk factors and promote the following protective factors for VAW:

Level	Risk factors	Protective factors
Individual	Attitudes condoning or justifying violence as normal or acceptable (men and women) Psychological dysfunction / poor emotional regulation (men) Harmful use of drugs and alcohol (men and women)	Gender-equitable attitudes (men and women) Psychosocial wellbeing (men and women)
Interpersonal	Poor communication, ineffective conflict resolution and problem-solving skills Women's isolation and lack of social support	Relationship skills to mitigate triggers of violence (e.g. conflict resolution, communication) Social connectedness
Community	Harmful gender norms that uphold male privilege and limit women's autonomy Norms that condone violence against women Availability of drugs, alcohol and weapons	Norms that support non-violence and gender-equitable relationships, and promote women's empowerment Social sanctions for VAW perpetrators
Societal	Absence or lack of enforcement of laws addressing violence against women Gender discrimination in institutions (e.g. police, legal, health)	Laws that: • Promote gender equality (e.g. land and inheritance rights) • Address violence against women

Theory of change

The following diagram provides a simplified theory of change demonstrating how evidence-based interventions that provide services for survivors of violence can lead to sustained reductions in VAW. This would need further development and adaptation for specific programmes.

S: Services ensured



Types of interventions

A number of different interventions have been implemented in high-income countries (HICs) and low- and-middle-income countries (LMICs) to strengthen access to services for survivors of violence. In this table, we summarise the evidence on how service interventions impact on VAW prevalence, intermediate outcomes addressing risk factors for VAW and secondary outcomes related to women's health, wellbeing and empowerment in HICs and LMICs.[8] The table describes the key types of service interventions highlighted in the RESPECT framework and provides a brief overview of the current evidence base and example programmes. Where available, we have prioritised programme examples from LMICs and/or women's rights organisations, who have a key role to play in delivering services to survivors of VAW in communities. The evidence is mainly derived from violence prevention reviews conducted in 2014-2015,[9] with more recent evidence included where relevant. For health services, evidence is based on WHO guidelines for responding to IPV and sexual violence against women .

LEGEND

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

Intervention type	Description	Evidence of effectiveness	Example programmes
Empowerment counselling interventions or psychological support to facilitate access to services and advocacy	This type of intervention involves providing women with information, support and accompaniment to access a broad range of possible services including counselling, psychosocial support or legal advice. Key service providers comprise survivor advocates who provide information and support to a woman so she can make informed choices about whether to seek help and from where. These service providers then often accompany women to services and advocate for their rights.	H There is **promising evidence** from HICs that this type of intervention can work to reduce women's experiences of some forms of IPV (including physical and emotional IPV) in the short term, particularly if advocacy is intensive. However, there is limited evidence of longer-term impact.[10] L **More evidence** is needed from LMICs as there have been very few evaluations of advocacy interventions, but at least one study shows improvements in intermediate outcomes related to violence, such as adopting some safety behaviours.[11] These interventions have been implemented largely in HICs, including in the context of antenatal care services, and are resource intensive. Therefore, their applicability in LMIC settings still needs to be established.	The Community Advocacy Project (USA) Empowerment intervention for pregnant women (designed in USA and adapted in Hong Kong, India and Peru)[12]

Intervention type	Description	Evidence of effectiveness	Example programmes
Shelters / safe accommodation	Shelter interventions provide emergency or transitional housing for women survivors of violence and their children, and usually also provide or coordinate access to other services, including psychosocial counselling, healthcare, employment, economic assistance and training.	L	**More evidence is needed**[1] in both HICs and LMICs of whether shelters lead to a reduction of violence for survivors, with some studies suggesting that it may increase violence in the short term but reduce it in the longer term. This can depend on whether women leaving shelters can live independently and leave their abusive partner, preventing future recurrence of violence. Shelters can also lead to improvements in secondary outcomes related to violence, including survivors feeling safer. However, there are a number of methodological limitations of research on the impact of shelters, including reliance on self-reported data.[13]	Maiti Nepal Transit Homes (Nepal)
Helplines	Telephone or online helplines are a form of crisis intervention where survivors of violence or those close to them can reach out to speak with someone and obtain information about how to access support.	H L	**More evidence is needed** in both HICs and LMICs to evaluate the effectiveness of helplines in reducing women's experience of violence. However, there is evidence in both types of settings that helplines can lead to improvements in secondary outcomes related to violence, including survivors feeling supported, and the need for them to be resourced.[14]	SAWA Women's Protection Helpline (Palestinian Territories)
One-stop crisis centres	One-stop (crisis) centres (OS(C)C) are part of a multi-sectoral approach that provide a variety of services in one location, usually including health, social and legal services. These centres can be standalone or may be located in health or legal facilities such as hospitals or courts. One-stop crisis centres are only one modality of providing coordinated multi-sectoral services.[15]	H L	**There is no evidence** available in HICs on the impact of one-stop crisis centres on women's experience of violence. **More evidence is needed** in LMICs. Two systematic reviews suggest that there are not many rigorous evaluations and among those that have been evaluated, there is no evidence that OSCCs improve access to uptake or quality of services or improve health or well-being.[16] Some project evaluations in LMICs suggest that they may improve user satisfaction, feelings of empowerment and increased comfort with disclosure.[17] They may be costly, however, and not suitable in all settings and hence, to be considered along with other service delivery approaches.	Isange One Stop Centre (Rwanda) Thuthuzela Care Centres (South Africa) Dilaasa Crisis Centres (India)

[1] Regardless of whether shelters/safe accommodation prevent violence, these services are essential in providing a safe space for women who may need to leave their homes and should be resourced.

Intervention type	Description	Evidence of effectiveness	Example programmes
Alcohol misuse prevention interventions	Alcohol or substance misuse prevention interventions target male perpetrators of IPV or non-partner sexual violence (NPSV) who abuse alcohol or substances. Some interventions may also target women at risk or survivors of violence who abuse alcohol or substances.	H L **More evidence is needed** from both HICs and LMICs that alcohol misuse prevention interventions can be successful in reducing IPV. When combined with other health or IPV prevention approaches, such as psychotherapeutic and gender-transformation approaches, or interventions with couples, there is evidence that alcohol misuse prevention interventions can be effective. However, the evidence of the effectiveness of standalone alcohol misuse interventions in reducing women's experience and men's perpetration of VAW is mixed. In both HICs and LMICs, alcohol misuse interventions can lead to reducing risk factors related to violence, including improved mental health or reduction in alcohol and substance use.[18]	Common Elements Treatment Approach (CETA) (Zambia) Women's Health Co-op (South Africa)
Perpetrator interventions	Interventions targeting male perpetrators of violence attempt to reduce reoffending and often target men who have been court-mandated to participate as a result of an arrest. These interventions can include sessions on anger management or cognitive behavioural therapy that focus on the use of violence, or psycho-educational approaches, including feminist approaches that focus on power and control in relationships. These interventions are sometimes linked with alcohol and substance misuse interventions (see above).	H There is **conflicting evidence** of whether male perpetrator interventions are successful in preventing VAW in HICs, with some significant methodological challenges in the available evidence. Some interventions combine male perpetrator interventions with alcohol/substance abuse programmes or couples counselling, although these combined interventions have also had mixed results.[19] L **More evidence is needed** in LMICs of the effectiveness of perpetrator interventions, with the available evidence focusing specifically on alcohol and substance use interventions with perpetrators, with some evidence of impact on reducing risk factors, as outlined above.	
Women's police stations / units	These interventions typically involve establishing police units that provide specialised services for women (and sometimes also children), particularly those who have experienced violence. They are often staffed by female police officers who	H There is **no evidence** testing the efficacy of these interventions in HICs, either on reducing VAW or improving intermediate outcomes related to violence. **More evidence is needed** from LMICs. There is evidence showing that establishing women's police stations or units can	Comisaría de la Mujer (Argentina) Delegacias Especualizad

Intervention type	Description	Evidence of effectiveness	Example programmes
	have received specialist training in handling VAW cases. Such units can perform a range of functions, including receiving complaints and reports of violence, providing referrals to other services and assisting the initiation of legal action. These units may also sometimes mediate cases or do preliminary investigations in cases of VAW.	L lead to improvements in secondary outcomes related to violence, including reporting of abuse.[20] However, there has been little evidence to suggest that women's police stations or units can lead to a reduction in VAW or risk factors for VAW, although a recent study in Brazil has linked the presence of women's police stations with a reduction in female homicides among some groups of women.[21]	as de Atendimento das Mulheres (Brazil)
Screening in health services	Screening interventions involve asking all women whether they have experienced IPV when they present for health services, by using a range of standard tools, protocols or questions prior to or during health care consultations.	H Evidence from HICs suggest that screening interventions are **ineffective** in reducing VAW. Although screening may increase women's disclosure of violence, there is no evidence that this leads to increased referrals and uptake of services.[22] L There is **no evidence** available on the effectiveness of screening interventions on reducing VAW or VAW risk factors in LMICs.[23]	
Sensitisation and training of institutional personnel (without changing the institutional environment)	This type of intervention involves conducting sensitisation and skills-based training with institutional actors, such as police, justice and health service providers on VAW awareness, prevention and response.	H L Evidence from HICs and LMICs suggests that training institutional actors on its own is **ineffective** in reducing violence outcomes. However, training accompanied by system-wide institutional change along with content that addresses gender attitudes, institutional policies and support for programme staff can improve survivor-centred responses.[24]	

Example programmes

The following table summarises three different programmes which have been shown to deliver reductions in VAW prevalence within programmatic timeframes. The table should be reviewed alongside the **design and implementation checklist** on page 9, as well as the **guiding principles of effective programming** provided in the RESPECT framework when adapting any of these methodologies. More detailed information on each programme is provided in the **programme summaries.**

Approach	Description	Location	Target	Core activities	Duration	Evaluation and Impact
Healthy Activity Programme	A psychological treatment intervention adapted from 'behavioural activation' and delivered by lay counsellors to patients with depression	Goa, India	Patients from eight primary health-care clinics with moderately severe to severe depression. Lay counsellors are members of the community.	Psychological treatments, delivered by lay counsellors, comprise sessions driven by core strategies, including behavioural assessment and self-monitoring, psycho-education, activity structuring and problem-solving.[25]	Up to 8 sessions delivered over 2 to 3 months, with each session lasting between 30 and 45 minutes.	**Type of evaluation:** Randomised controlled trial (RCT)[26] **Main findings:** Participants in the intervention group had significant larger reduction in severe depressive symptoms (primary outcome) when compared with the control group, and significantly lower prevalence of disability, fewer days off work, fewer suicidal thoughts and lower prevalence of physical IPV experience (in women).[27]

Approach	Description	Location	Target	Core activities	Duration	Evaluation and Impact
Violence and Alcohol Treatment Trial (VATU) of Common Elements Treatment Approach (CETA)	Aims to improve mental health, and reduce substance use and IPV by pairing a Common Elements Treatment Approach with an alcohol reduction programme[28]	Three urban neighbourhoods in Lusaka, Zambia	Three individuals from families, including: an adult woman, her male husband or partner and one male or female child (aged 8-17)	Group sessions are run separately for men, women and children. Alcohol reduction component focuses on awareness of alcohol as a problem and its link to violence, and gender norms. CETA content focuses on substance use, positive parenting and family relationships, conflict management, and attitudes and beliefs about violence.[29]	6-12 weekly sessions with exposure for 1-2 hours per week.	**Type of evaluation:** RCT[30] **Main findings:** Men reported significant reduction in alcohol use, harmful alcohol use and perpetration of IPV. Women reported significant reduction in alcohol use, harmful alcohol use and experience of physical and sexual IPV. Both men and women reported significantly reduced symptoms of poor mental health.[31]
The Safe Homes and Respect for Everyone (SHARE) intervention	Community-based mobilisation integrated into routine HIV prevention and treatment services	Uganda	40 community volunteers – local men and women. 12 volunteer community counselling aides (CCAs)	The programme combined community-based mobilisation to shift attitudes and norms that contribute to IPV and HIV risk, with screening of women for IPV followed by an intervention to reduce HIV disclosure-related violence and risks for women seeking HIV counselling and testing. SHARE was modelled on the SASA! and Stepping Stones approaches and curricula, integrating high-quality, culturally appropriate, violence prevention activities into a pre-existing health and social support structure.	5 years	**Evaluation type:** Cluster randomised cohort study **Impact:** Reduced prevalence of women reporting past year physical and sexual IPV. Reduction in HIV prevalence and HIV disclosure rates among both women and men.[32]

Design and Implementation Checklist

Common elements and principles of effective approaches to service provision include:

Programme design and adaptation

1. **Implement interventions that combine primary prevention and service elements.** High quality, survivor-centred VAW services can help women to speak out and seek help and create an enabling environment to reduce stigma and contribute to prevention goals. Combining primary prevention with services recognises that in any community with high prevalence of VAW, prevention interventions will create demand for services as women speak out and therefore these services must be in place. The UN's Essential Services Package and for the health component, the WHO tools on responding to violence against women, together provide useful guidance on providing quality services (e.g. prioritising safety, survivor-centred approaches, confidentiality, privacy and autonomy) and linking with other sectors and agencies through coordination.

2. **Use system-wide approaches to health care provision for survivors of violence.** A system-wide approach requires attention to policies, protocols, infrastructure, resources, staff capacity, staff attitudes towards gender and VAW, case documentation and data systems, and referrals.[33] Ensuring that adequate health infrastructure and systems are in place is particularly important when considering scaling up health sector services for survivors of violence.[34]

3. **Embed ongoing training of service providers into wider institutional structures.** Training service providers (such as police or health care providers) on violence prevention, violence response or positive social norms as a standalone, 'one-off' activity does not sustain changes in provider practice. In order to be impactful, training needs to be embedded into institutional structures, frameworks, policies or curricula and to be 'gender transformative' seeking to shift individual attitudes and gender norms as well as systems and structures that perpetuate violence, discrimination and inequality that are prevalent in the institutions.[35] Service providers should receive training in how to provide survivor-centred care that considers the multiple needs of survivors and minimises secondary victimisation. Service providers should have a clear understanding of roles and guidelines to ensure safe, quality services and coordination across sectors. In-service training carried out with multiple sector service providers as a multi-sectoral team also seems to positively influence coordinated response provision.

Implementation and scale-up

4. **Strengthen community-based care and support for survivors of VAW.** Women's rights organisations have a strong track record of providing services and well-established community networks.[36] Community volunteers can serve as an important bridge between community members and state agencies and other non-governmental service providers, by providing referrals, accompaniment and support for survivors who disclose and wish to access health care, security, social welfare and legal services.

5. **Carefully select, train and supervise community volunteers.** Community volunteers can also play an important role in delivering certain types of services in resource-constrained settings, including psychosocial counselling. In such cases, community volunteers need to be carefully selected, trained and supported to ensure they are modelling gender-responsive behaviours, survivor-supportive attitudes, and have the necessary skills and knowledge to provide first-line psychological support and help survivors

access response services. One way to ensure volunteers get timely and responsive support is through a carefully developed supervisory/ mentor system with regular check-ins, refresher sessions on key concepts, and opportunities to talk through any specific challenges that they may be facing.

6. **Prioritise the physical and psychological safety of women and girls.** Ensure that regular monitoring and evaluation is identifying possible risks to women and girls in violence response and prevention interventions and that programmes have adequate mitigation systems in place to address these risks and avoid doing further harm.

7. **Ensure sufficient intensity and duration of some types of response interventions.** The evidence suggests that some types of response interventions require sufficient intensity and duration to lead to positive impact for women. For instance, advocacy interventions that involve empowerment counselling and psychological support appear to be more effective where advocacy is intensive, suggesting that 'light touch' interventions and short timeframes may be insufficient.

8. **Increase the accessibility, visibility and trust of service providers.** Women face many barriers to accessing VAW services and any intervention aiming to increase provision of quality services must attempt to address these challenges, which are contextual and vary both geographically and according to different populations. To improve access, services must be provided as close to the user as possible (e.g. primary health services, community policing, mobile courts). The visibility of service providers is also important and regular visits to engage in dialogue with communities can help to build awareness. Building trust in service providers is critical, especially when women have concerns about confidentiality, stigma and blame, and women's rights organisations can also help build this trust due to their community networks. Ensuring context specific entry points is also crucial. For example, where services for VAW providers may not be welcome but a health camp would face no scrutiny – building a health camp that has in-built support for medical, psychosocial, legal documentation and referral support can be a useful way to reach survivors in hard-to-reach places.

Entry points

Services can provide important entry points for survivors to access further GBV response options and can also provide entry points for primary prevention programming. The following table highlights key entry points for this strategy, including programme examples.

Entry point	Rationale
Health services including sexual and reproductive health (including maternal and child health), mental health services, and HIV services	The health system is an important entry point to reach survivors of violence because health care practitioners are often the first contact that survivors reach out to even if they do not explicitly disclose violence as the reason for using health services. WHO guidelines for responding to intimate partner violence and sexual violence against women recommend that care for VAW must be integrated into existing health services including sexual and reproductive health, HIV, mental health and adolescent health services at the primary health care level rather than be standalone centres. They also recommend that all health providers must be trained in identifying women experiencing IPV, offering first line support, and post-rape care. Training must also address their gender attitudes and be accompanied by changes in the health system procedures, including through: written protocols to guide care; establishing champions to support care provision; improvements in patient flow and infrastructure for privacy and confidentiality; strengthening of referral linkages; and integrating VAW documentation in health information systems.[37] WHO guidelines have been adapted and implemented in Afghanistan - training 5000+ health care providers over the past 5 years and improved health system readiness in most of the 34 districts. They are also being implemented in Uganda, Namibia, Zambia, Pakistan, India, and Cambodia among others. Trained community workers (including community health workers, midwives, community psychosocial workers) can raise awareness about the harmful impacts of violence against women, where to seek help, and help link survivors to services. In places like Nepal and Brazil, primary health care centres are using this cadre of frontline professionals to link the community with health services and to raise awareness of IPV and additional help seeking behaviour.[38]
Police services, including women's police stations/units	Police services, including women's police stations and units, can provide survivors of violence with an important entry point to the formal justice system, and can also be linked to primary prevention interventions. There is some evidence that women's police stations can increase survivors' perceptions of reduction of VAW, although there is little available evidence of whether this translates to actual reduction in prevalence of violence. However, the literature suggests that women's police stations can contribute to survivors' access to justice services, although this does not necessarily translate to prosecution of perpetrators.[39] Other police and justice response interventions include protection measures, such as Protection Orders, which can prevent the reoccurrence, escalation and threats of violence.[40] The Comisaria de la Mujer (women's police stations) in Argentina are mandated by a National Action Plan to prevent VAW through a model of police multi-sectoral service delivery alongside social workers, lawyers and psychologists. The police stations also work with schools, local community groups and local and provincial government organisations on violence prevention through awareness campaigns and the coordination of local prevention and response activities, with the aim of shifting negative social norms that drive VAW. A study of Comisaria de la Mujer presents several lessons about the implementation of women police stations, including the need to ensure adequate resourcing and the importance of providing counselling and self-care support to police and other personnel who are frontline first responders to VAW.

Useful Resources

Health services

Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organisation. 2013.
The WHO guidelines are targeted towards health care providers and aims to provide evidence-based guidance on good practice in responding to the health care needs of survivors of IPV and sexual assault, including in relation to clinical interventions and emotional and psychosocial support.

Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organisation. 2017
The WHO guidelines are aimed at helping front-line health workers, primarily from low resource settings, in providing evidence-based, quality, trauma-informed care to survivors. The guidelines emphasise the importance of promoting safety, offering choices and respecting the wishes and autonomy of children and adolescents.

Health care for women subjected to IPV and Sexual Violence: A clinical handbook. Geneva: World Health Organisation. 2014
This WHO clinical handbook is aimed at helping healthcare providers care for women who have been subjected to violence. It includes information on awareness about VAW, first-line support for IPV and sexual assault, additional clinical care after sexual assault, and additional support for mental health.

Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers. Geneva: World Health Organisation. 2017
This WHO manual is aimed at health managers to strengthen and enable health systems to provide confidential, effective and women-centred services to survivors of violence.

Caring for women subjected to violence: A WHO curriculum for training health-care providers. Geneva: World Health Organisation. 2019
This curriculum is designed to provide health-care providers with a foundation for responding to domestic/ intimate partner violence and sexual violence against women. The curriculum seeks to build skills and to address providers' attitudes towards survivors of violence.

Psychological therapies for women who experience intimate partner violence. Tan, M., O'Doherty, L., Gilchrist, G., Taft, A., Feder, G., Tirado Munoz, J., Chondros, P., Sadowski, L. & Hegarty, K., Cochrane Systematic Review. 2018.
This Cochrane review assesses the effectiveness of psychological interventions for women who experience IPV.

Screening women for intimate partner violence in healthcare settings. O'Doherty L, Hegarty K, Ramsay J, Davidson LL, Feder G, Taft A. *Cochrane Database of Systematic Reviews* 2015.
This Cochrane Review (update) examines the evidence on screening women for IPV in healthcare settings. It finds that screening increases identification of IPV, with pregnant women in antenatal settings more likely to disclose IPV when screened. However, there is insufficient evidence that screening has an impact on health outcomes and re-exposure to violence.

Police, justice and social services

Essential services package for women and girls subject to violence. UNWOMEN, UNFPA, WHO, UNDP and UNODC, 2015.
This is an extensive package of resources and guidelines focusing specifically on developing and implementing services for women and girls who experience violence. It includes modules on health, justice and policing, social services, and coordination and governance, with an additional module on implementation published in 2017 (available here).

UNWOMEN Virtual Knowledge Centre to End Violence against Women and Girls.
UNWOMEN's Virtual Knowledge Centre has a range of relevant resources, including guidance, case studies and examples of promising practice related to interventions targeting health, justice and security and shelter responses to VAW.

The implementation and effectiveness of the one stop centre model for intimate partner and sexual violence in low- and middle-income countries: a systematic review of barriers and enablers, Olsen, R.M, García-Moreno, C. and Colombini, M. BMJ Glob Health. 2020; 5(3): e001883
This systematic review identifies several barriers to the implementation and effectiveness of the one stop centre model, including staff time constraints and lack of basic medical supplies. It also highlights enablers such as standardised policies and procedures and regular interagency meetings.

Endnotes

[1] UN Women, UNFPA, WHO, UNDP and UNODC (2015) UN Essential Services Package and Guidelines. For the health sector, see WHO Guidelines and tools in the Useful Resources section above.
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[3] UN Women (2012) UN Handbook for Legislation on Violence against Women, New York: UN Women.
[4] These should be provided in line with the WHO clinical and policy guidelines for responding to intimate partner violence and sexual violence (2013)
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[6] Ibid.
[7] UN Women, UNFPA, WHO, UNDP and UNODC (2015) Ibid.
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[16] Olsen, R.M, García-Moreno, C. and Colombini, M. (2020) The implementation and effectiveness of the one stop centre model for intimate partner and sexual violence in low- and middle-income countries: a systematic review of barriers and enablers, BMJ Glob Health. 2020; 5(3): e001883; WHO (2013) Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organisation
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[40] Cordier, R., Chung, D., Wilkes-Gillan, S. and Speyer, R. (2019) The Effectiveness of Protection Orders in Reducing Recidivism in Domestic Violence: A Systematic Review and Meta-Analysis, Trauma, Violence & Abuse; UN Women, UNFPA, WHO, UNDP and UNODC (2015) Ibid (Module 3); UN Women (2019) Security Module, Virtual Knowledge Centre to End VAWG; UNODC (2010) Handbook on Effective police responses to violence against women, Vienna: UNODC.

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RESPECT WOMEN

STRATEGY SUMMARY

Poverty reduced

UN WOMEN

World Health Organization

STRATEGY SUMMARY

Poverty reduced

OBJECTIVE OF STRATEGY: Alleviate poverty through interventions targeted at women or the household including cash transfers, savings, microfinance loans, and labour force interventions.

Rationale

The links between poverty[1] and violence against women (VAW) are well established, with women in poor households facing disproportionately high risks of violence.[2] Globally, people living in poverty are more likely to live in locations with more conflict, fewer support services, and weaker legal systems.[3] Poverty also increases risk factors for intimate partner violence (IPV), including ill-health, reduced educational opportunities, and household stress. At the same time, violence increases women's risk of poverty due to both the direct costs of violence, such as out of pocket health expenditure, as well as indirect costs such as reduced earnings productivity.[4] Thus, the relationship can be seen as mutual and reinforcing – creating either a virtuous or detrimental cycle.

Interventions that aim to reduce poverty and increase economic security may offer promising and cost-effective solutions to address VAW, in particular due to the bi-directional linkages between poverty and IPV (see Figure 1). This may be the case, even when these poverty reduction programmes do not have an explicit focus on VAW prevention or target women specifically.[5] This strategy therefore aims to leverage the large-scale reach of social safety nets, such as cash transfers, for IPV prevention, offering unprecedented opportunities for scale.

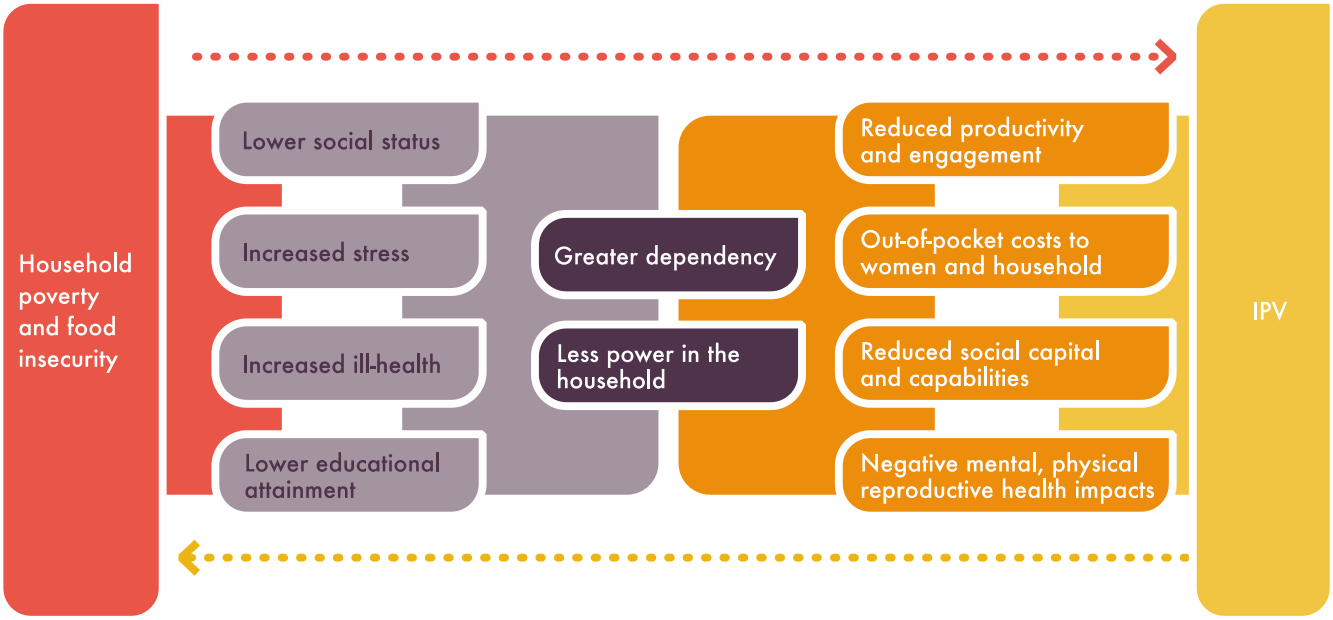


Figure 1: Bi-directional relationship between poverty and women's experiences of violence. Diagram from Gibbs, Duvvury and Scriver (2017) What Works Evidence Review: The relationship between poverty and intimate partner violence.

Risk and protective factors

This strategy aims to address the following poverty related risk factors and promote the following protective factors for VAW:

Level	Risk factors	Protective factors
Individual	Economic insecurity (women and men) Poverty-related stress and poor behavioural coping strategies (men and women) Low self-efficacy and self-esteem (women)	Economic security (women and men) Psychosocial wellbeing (men and women) High efficacy and self-esteem (women) Financial autonomy (women)
Interpersonal	Insecure and unstable household economic status (including low wealth, financial assets and food security) High levels of household stress and intra-household conflict High levels of inequality in intimate partner and in-law relationships	Secure and stable household economic status (including high wealth, financial assets and food security) Low levels of household stress and intra-household conflict Intimate relationships characterised by gender equality including shared decision making and household responsibilities
Community	High levels of poverty and unemployment High levels of economically motivated crime	Low levels of poverty and unemployment Low levels of economically motivated crime
Societal	Low levels of women's employment Economic shocks (including economic downturns, disasters, conflict)	High levels of women's employment Strong economic social safety nets and social protection[6] Economic stability

Theory of change

The following diagram provides a simplified theory of change demonstrating how poverty reduction programmes can lead to sustained reductions in VAW. This would need further development and adaptation for specific programmes.

P: Poverty reduced

Types of interventions

Interventions under this strategy primarily aim to alleviate poverty and improve development outcomes. The following table outlines three common types of poverty alleviation interventions featured in the RESPECT framework and provides a brief overview of the current evidence base on impact on VAW for each type of intervention and example programmes where these are available.[7] Note that this typology is not exhaustive, and other areas of future research may expand knowledge, in particular into interventions supporting women's asset ownership, or claim to inheritance of land or housing.[8] The most promising type of intervention under this strategy is economic transfers, while labour force and microfinance or savings interventions without additional components are not recommended as standalone interventions to reduce women's experiences of IPV.

LEGEND

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

Intervention type	Description	Summary of evidence	Example programmes
Economic transfers including conditional/ unconditional cash transfers vouchers, and in-kind transfers	Economic transfers, including the direct transfer of cash, food or food vouchers to households, are rapidly expanding in Low and Middle Income Countries (LMICs) as a tool to reduce poverty and improve the lives of the poor and vulnerable. Economic transfers vary substantially in their approach, modality and delivery mechanism. They can be unconditional or conditional on specific behaviours such as child health visits, school attendance or participation in nutrition counselling. They can be part of government-led large-scale national social protection programmes, or short-term interventions delivered by NGOs. The recipient of transfers is typically either the household head or a woman in the household, depending on the setting and objectives of the programme.	L H There is a **promising evidence** from LMICs which demonstrates that economic transfers to poor households show significant reductions in violence outcomes. This includes a review of 22 studies on cash transfers and IPV where 73% of studies showed reductions in IPV.[9] **More evidence is needed** from HICs. Quantitative evidence has demonstrated that reductions are strongest for physical and/or sexual IPV, with weaker impacts for other forms of violence including emotional abuse and controlling behaviours.[10] Qualitative evidence shows that these reductions likely occur through three main pathways: 1) increased household economic security and emotional wellbeing, 2) decreased intra-household conflict and 3) increased women's empowerment. However, more evidence is needed to understand how targeting and modality matters (in particular how much it matters if women themselves	Economic transfers in Northern Ecuador and transfers plus nutrition programming in Bangladesh, World Food Programme HPTN 068, South Africa[12]

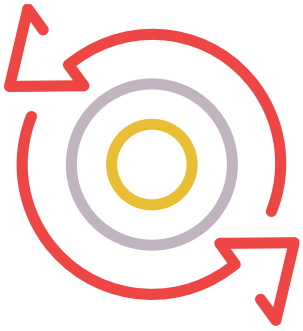
			receive benefits) and how best to combine with other strategies (see **Empowerment of Women RESPECT Strategy Summary**) to understand how and whether results are sustained beyond programme timeframes and whether they can reduce IPV in conflict settings.[11]	
Labour force interventions including employment policies and livelihood and employment training	These interventions focus on supporting a person or household to develop economic assets through increased employment, labour force participation or earnings, and opportunities for income generation (including livelihoods training or productive asset transfers, cash for work and public works programming). They also include social protection programming for labour markets, including unemployment benefits, minimum wage and other benefits guaranteeing safe and dignified employment.	L H	While there is **promising evidence** from HICs that factors like women's increased employment and earnings can lead to reductions in VAW, **more evidence is needed** from LMICs. The current evidence from LMICs suggests that these interventions can lead to improvements in protective factors for IPV experience such as improved economic wellbeing for women and households, as well as improvements in women's relationships.[13] However, evidence is limited on their ability to result in direct robust reductions in VAW (rather than part of programming bundled with other social components).	Trickle-Up, Burkino Faso[14] (livelihoods training)
Microfinance or savings interventions without any additional components	Interventions which focus on supporting a person or household to develop their own economic assets through savings and loans. This includes microcredit, micro-savings interventions and individual or group village savings and loan associations (VSLAs). This excludes interventions combining microfinance or savings with social empowerment activities (which are included in the **Empowerment of Women RESPECT Strategy Summary**).	L H	Evidence from LMICs suggests that microfinance or savings interventions alone are **ineffective** in reducing violence outcomes. There is **no evidence** from HICs, as interventions have not yet been rigorously evaluated. A number of interventions combine microfinance or savings with other types of social empowerment interventions and have shown more promising results in terms of reductions in VAW.[15] Examples of combined economic and social empowerment programmes are included in the **Empowerment of Women RESPECT Strategy Summary**.	Trickle-Up, Burkino Faso (VSLAs and start-up capital)

Example programmes

The following table summarises two different economic transfer programmes which have been shown to deliver reductions in VAW prevalence within programmatic timeframes. Examples are not provided for the two other intervention types, which are not recommended as standalone programming for VAW prevention based on available evidence. The table should be reviewed alongside the **design and implementation checklist** on page 9, as well as the **guiding principles of effective programming** provided in the RESPECT framework when adapting any of these methodologies. More detailed information on each programme is provided in the **programme summaries.**

Approach	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
World Food Programme Cash Transfer programme (Ecuador)	A conditional transfer programme which aimed to support dietary diversity and nutrition, women's bargaining power with respect to the food security domain, and integration of Columbian refugees into Ecuadorian communities, implemented by the World Food Programme (WFP)	Poor urban areas of Northern Ecuador	Poor women, including both Columbian refugees and host Ecuadorians (men were also targeted in the minority of households without an adult woman present)	Women (and some men) in participating households received transfers equivalent to approximately $40 per month (approx. 11% of household consumption) in the form of cash, vouchers and food. The transfers were provided over a period of 6 months and were conditional on attendance of monthly nutrition trainings.	6 months	**Type of evaluation:** Randomised controlled trial (RCT)[16] **Impact:** The evaluation found that transfers resulted in a reduction in physical and/or sexual violence by intimate partners of 30% after approximately 6 months of transfers. The results did not vary by type of transfer showing that cash was as effective as in-kind transfers at reducing VAW. Analysis suggests three complementary pathways led to decrease: 1) decreased marital conflict previously attributed to the need to negotiate money for daily family needs, 2) increases in family wellbeing and happiness and 3) women's increased decision-making, self-confidence and freedom of movement.

Approach	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
HPTN 068, a conditional cash transfer for HIV reduction in South Africa	Cash transfer programme conditional on school attendance of girls and young women	Rural South Africa	Young women and girls of secondary school age (age 13-20) and their parents and/or guardians	Cash was transferred to the girls and their families conditional upon secondary school attendance of at least 80% of school days per month. The cash amounted to approximately 15.7% of pre-programme monthly household expenditure and included $10 for girls and $20 for their parents/guardians every month.	Up to 3 years	**Evaluation type:** RCT[17] **Impact:** The evaluation found that receipt of the cash significantly reduced girls' and young women's experiences of physical IPV by 34% after three years. Analysis suggests cash transfers reduced young women and girls' exposure to potential violent partners, delaying their sexual debut and reducing the number of sexual partners.



Design and Implementation Checklist

Common elements and principles of effective approaches to poverty reduction interventions in reducing levels of VAW include:[12]

Programme design and adaptation

Ensure quality of delivery and sufficient benefit levels for economic programming. While addressing poverty can have transformational potential for participants, the quality of delivery and benefit levels are critical. For example, cash transfer programmes that are of low value or implemented poorly – with unpredictable delivery – are unlikely to have widespread beneficial outcomes. Likewise, employment and labour policies and programmes which are based on exploitative work or unsafe conditions, or which discriminate against women are unlikely to have gender quality impacts. Livelihood training must be appropriate to the setting and delivered via skilled trainers and mentors. Savings and credit programmes which charge high and predatory interest rates are unlikely to alleviate poverty or poverty-related stress. Thus, to be successful in reducing and addressing VAW, programming must first be successful in achieving a strong impact on poverty reduction.

1. **Design and adapt transfer interventions to address key pathways to VAW prevention.** To optimise the impact of poverty reduction interventions on VAW, it is important to carefully consider how context and design features may impact on potential pathways to reduce VAW that operate within a given setting. For example, in the case of economic transfer programmes, whether the transfer will be provided to male household heads or women, the anticipated impact on intra-household relationships, whether messaging around the transfer promotes positive gender norms, and whether any conditional features such as group trainings are necessary to shift intra-household dynamics and mitigate against backlash.[18] These factors are likely to be determined by setting, including an assessment of key gender inequalities, gender-related norms and considerations of the specific target group.

2. **Further testing of standalone labour force or microfinance interventions is needed, as evidence to date has not shown consistent impacts on levels of VAW.**[19] Part of this is due to the limited number of rigorous studies in LMICs, as well as the limited ability of studies to unpack the specific contribution of the economic component versus other bundled components. Iin order to assess the strength of potential impact, consideration should be given to broader literature on the economic effectiveness of such programming.[20] Thus, careful consideration and more testing is needed before recommending these types of programmes.

3. **Incorporate complementary activities to enhance and optimise the impact of poverty reduction programmes on VAW.** Complementary activities which either directly or indirectly improve women's status within the household may be important for sustaining impact on IPV. For example, an evaluation of the World Food Programme transfer programme in Bangladesh found a 26% reduction in physical IPV among participants who received the transfer as well as the nutrition behaviour change communication component persisting 6 to 10 months after the

programme ended, but no such change among participants who only received the transfer.[21]

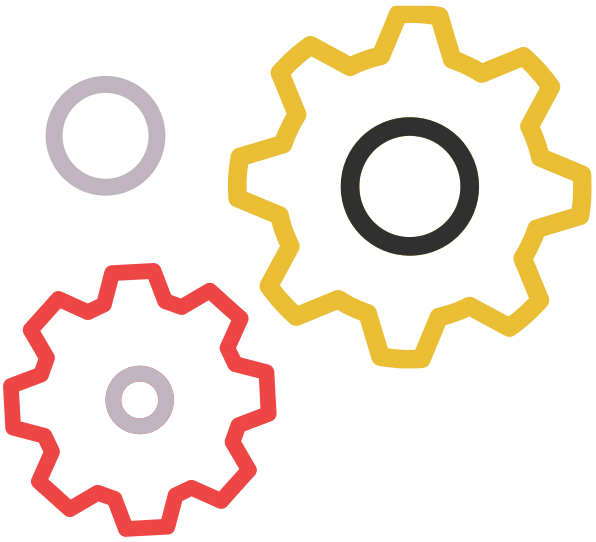
4. **Consider carefully how to frame interventions.** For example, framing a transfer programme around child health, or household wellbeing more generally, may be more easily accepted, and less likely to prompt backlash, than framing the programme directly around women's empowerment.[22] While there is no quantitative evidence exploring these trade-offs, consistent with other VAW literature, experts hypothesize that how programmes are viewed and accepted by men (and male engagement) can be an important component in determining programme impact on VAW.

Implementation and scale-up

5. **Design monitoring and evaluation frameworks to generate evidence on how programmes lead to reductions in VAW.** This should include a mixture of credible quantitative and qualitative methods (see the Monitoring and Evaluation Guide) to capture pathways of change, and to understand the benefits of different components. Where appropriate, measures should include both experience, frequency and severity of VAW to capture marginal changes. Importantly, more evidence is needed over longer time horizons, including medium and longer-term impacts (5-10 years) and post-intervention impacts, to understand if VAW reverts back to pre-programme levels after benefits end or if beneficial impacts remain.

6. **Measure and track impact on economic and emotional forms of violence, in addition to physical and sexual forms.** There is a lack of evidence on how poverty reduction programmes impact on economic and emotional violence, with some evaluation results suggesting that these forms of violence may be harder to shift than physical and sexual forms, or could even increase as a result of men's response to shifts in resources and gender power dynamics at the household level.

7. **Disaggregate data to better understand impacts on different types of households**, such as female-headed households, households with women and girls with disabilities, displaced households, and polygamous households**.** For example, the evaluation of the LEAP 1000 cash transfer programme in Ghana for new mothers found that while the intervention reduced frequency of IPV across the entire intervention, experience of IPV was only reduced among monogamous households (despite polygamous households having higher rates of IPV).[23] Conversely, an evaluation of a national cash transfer programme in Mali which targeted male heads of household found significant decreases in IPV in polygamous households but limited impacts in monogamous households.[24] While an explanation for this could be context specific, this emerging evidence suggests that both levels of violence and responses to programming may be different by household structure.



Entry points

The following table highlights key entry points for this strategy, which involve leveraging existing poverty reduction programmes or platforms in order to maximise their positive impacts on IPV, whilst minimising any potential negative impacts. It also includes some programme examples.

Entry point	Rationale
Social safety nets • Direct economic transfers	Over 2.5 billion people in LMICs are covered by some form of social safety net[25], including economic transfers. Due to their wide and expanding reach in low resource settings, and their ability to directly target women and economically marginalised groups, social safety net programmes offer an unprecedented opportunity for policy makers to achieve results at scale. Emerging evidence has demonstrated that even where economic transfers do not directly intend to reduce VAW, they can lead to large scale reductions in IPV. By tweaking the design or adding on additional components to intentionally tackle key pathways to change, including intrahousehold dynamics, women's economic empowerment and household economic wellbeing can lead to bigger and more sustainable reductions in VAW. For example, the additional behaviour change component of the Bangladesh transfer modality research initiative (which included interactive group training for mothers as well as community engagement) was central to sustaining results six to ten months after the food and cash transfer had ended. An evaluation of the initiative found evidence that this additional component had directly impacted on three key pathways to VAW reduction, including women's increased social capital and bargaining power, greater social costs to men of inflicting violence, and long-term improvements in household well-being.[26]
Existing community-based economic institutions e.g. savings and loan groups, self-help groups, social protection recipients	In addition to functioning as a standalone intervention, existing economic structures and institutions at community level may offer a cost-effective and scalable entry point for other types of VAW prevention work. While there is not robust evidence showing these types of interventions alone are effective at reducing VAW, complementary evidence suggests that bundled economic and social empowerment interventions have been successful. These interventions have worked via building women's social skills, confidence and networks, in parallel with economic components. For example, the Indashyikirwa intervention in Rwanda successfully built on CARE's existing VSLA as an entry point to engage couples to improve unequal relationship dynamics and reduce IPV.[27] Thus, economic programming was a useful platform to access and engage women through a network already accepted by partners and the wider community. In Tanzania, the MAISHA intervention combined microfinance with a gender empowerment intervention to reduce the risk of women experiencing physical and/or sexual IPV.[28] More information on bundling approaches can be found in the **RESPECT Strategy Summaries on Relationships Skills Strengthened and Empowerment of Women**.

Key Resources

Evidence reviews

A Mixed-Method Review of Cash Transfers and Intimate Partner Violence in Low- and Middle-Income Countries. Buller, A. M., Peterman, A., Ranganathan, M., Bleile, A., Hidrobo, M., & Heise, L. The World Bank Research Observer, 33(2), pp.218–258. 2018

This mixed-method review of studies of fourteen quantitative and eight qualitative studies in low- and middle-income countries developed a programme theory proposing three pathways through which cash transfers could impact IPV: 1) increases in economic security and emotional wellbeing, 2) changes in intra-household conflict, and 3) changes in women's empowerment.

What Works to Prevent Violence against Women and Girls? A Rigorous Global Evidence Review of Interventions to Prevent Violence against Women and Girls, Kerr Wilson A, Gibbs A, McAslan Fraser E, Ramsoomar L, Parke A, Khuwaja H and Jewkes R. What Works to Prevent VAWG. 2020
This rigorous evidence review identifies and presents the results from economic transfer programmes, microfinance savings and finance interventions, and combined economic empowerment and social empowerment interventions on preventing IPV.

Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes: Evidence and Future Research Priorities, Cross, A, Manell, T. & Megevand, M. R. New York: Women's Refugee Commission and IRC. 2018.
This report summarises the evidence from 28 studies of gender and cash transfer programmes in humanitarian contexts.

Case studies and briefs

Cash, food, and vouchers reduce intimate partner violence in urban areas in Ecuador. Cash Transfer and Intimate Partner Violence Research Collaborative. Washington, DC: International Food Policy Research Institute (IFPRI). 2019.

This case study summarises the impact of a short-term food, cash, and voucher program targeted to the urban poor in Northern Ecuador, which led to a 30 percent reduction in physical and/or sexual IPV.

Food and cash transfers coupled with nutrition behaviour change communication lead to sustained reductions in intimate partner violence in Bangladesh. Cash Transfer and Intimate Partner Violence Research Collaborative. Washington, DC: International Food Policy Research Institute (IFPRI). 2019.

This case study summarises findings from an economic transfer programme coupled with a nutrition behaviour change communication component in Bangladesh. The programme led to a 26% reduction in physical IPV.

Cash transfers conditional on schooling reduce IPV among young women in South Africa. Cash Transfer and Intimate Partner Violence Research Collaborative. Washington, DC: International Food Policy Research Institute (IFPRI). 2019.

This brief summarises the impact of a conditional cash transfer programme targeted at adolescent girls in South Africa. The programme led to a 34 percent reduction in intimate partner physical violence by allowing girls to avoid potential violent partnerships, as transfers delayed sexual debut and lowered their number of sexual partners.

Getting down to business: Women's economic and social empowerment in Burundi. International Rescue Committee (IRC), New York: IRC.
This case study summarises findings from an evaluation of the IRC's EA$E (Economic And Social Empowerment for women) programme in Burundi. Results showed that adding a gender discussion group to a VSLA resulted in a significant reduction in IPV (22% in the last two weeks). See also the EA$E Programme Implementation Manual.

Practical guidance

Resources for Mainstreaming Gender-Based Violence (GBV) Considerations in Cash and Voucher Assistance (CVA) and Utilizing CVA in GBV Prevention and Response. Women's Refugee Commission, Mercy Corps, IRC. New York: Women's Refugee Commission and IRC; Portland: Mercy Corps. 2020.

This brief supports cash and GBV practitioners to ensure protection from GBV for crisis- and conflict-affected populations

Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners. CARE and Cash Learning Partnership (CaLP). 2019.
This compendium aims to help humanitarian actors to integrate GBV risk mitigation and prevention in cash and voucher assistance (CVA) interventions, and integrate CVA into GBV prevention and response when appropriate.

Webinar

Leveraging Cash Transfers to Reduce Intimate Partner Violence at Scale, Promise and Potential from Research around the Globe. The Transfer Project (2019) CSW63 Side Event [online video]. Available at: https://www.youtube.com/watch?v=dtNxb8FKmyc
This CSW63 side event hosted by UN Women, Sida and the Prime Minister's Office (Tanzania) presents emerging evidence from around the world on how cash transfers can help reduce intimate partner violence (IPV) against women.

Endnotes

[1] This strategy acknowledges that there are distinctions between the concepts of poverty, economic security, economic insecurity, wealth, assets, but they are used interchangeably for the purposes of narrative / frameworks. More specific concepts are used for individual indicators when describing specific research.
[2] Stockl H, March LM, Pallitto C, et al. (2014) Intimate partner violence among adolescents and young women: prevalence and associated factors in nine countries: a cross sectional study. *BMC Public Health*. 2014;14:751;
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[3] Peterman, A., Roy, S., and Ranganathan, M. (2019) How is economic security linked to gender-based violence? New insights from the Sexual Violence Research Initiative Forum 2019. IFPRI Blog.
[4] Gibbs, A and Bishop, K (2019) Combined economic empowerment and gender-transformative interventions. Evidence Review. What works to prevent VAWG programme.
[5] Ibid.
[6] Social safety nets can be defined as "noncontributory benefits, provided either in cash or in kind, which are intended to support the poor or the vulnerable. They are a component of the larger social protection system that also includes contributory social insurance, such as pensions and health insurance, as well as labor market policies and programs" – p.4 of Beegle, K., Coudouel, A. & Monsalve, E. (2019) Realizing the Full Potential of Social Safety Nets in Africa, Washington D.C.: World Bank.
[7] Evidence ratings are largely derived from systematic reviews of more than 1 evaluation of interventions that mostly use experimental designs including randomized, cluster randomized and quasi-experimental methods. It is recognized that for some strategies such as justice sector interventions, alternative evaluation methods may be more appropriate including time series, observational and cross-sectional designs despite being typically considered lower quality. This is an emerging field and hence, there is a great deal of variation in rigor of study design and evaluation. The sources for these reviews and studies are provided as part of references.
[8] e.g. legal interventions like equal property rights have worked well with direct poverty intervention strategies in India. See: Amaral, S (2017) Do Improved Property Rights Decrease Violence Against Women in India? Institute for Social and Economic Research.
[9] Buller, A. M., Peterman, A., Ranganathan, M., Bleile, A., Hidrobo, M., & Heise, L. (2018) A Mixed-Method Review of Cash Transfers and Intimate Partner Violence in Low- and Middle-Income Countries. *The World Bank Research Observer*, 33(2), pp.218–258.
[10] Ibid.
[11] Falb, K., Annan, J., Blackwell, A., & Stennes, J. (2019). Cash transfers in Raqqa Governorate, Syria: Changes over time in women's experiences of violence and wellbeing. Washington DC: International Rescue Committee and London: UK Department for International Development; Kerr Wilson A, Gibbs A, McAslan Fraser E, Ramsoomar L, Parke A, Khuwaja H and Jewkes R (2020) What Works to Prevent Violence against Women and Girls? A Rigorous Global Evidence Review of Interventions to Prevent Violence against Women and Girls, South Africa; What Works to Prevent VAWG
[12] Pettifor, A., MacPhail, C., Selin, A., Gómez-Olivé, F. X., Rosenberg, M., Wagner, R. G., Mabuza, W., Hughes, J. P., Suchindran, C., Piwowar-Manning, E., Wang, J., Twine, R., Daniel, T., Andrew, P., Laeyendecker, O., Agyei, Y., Tollman, S., Kahn, K., & HPTN 068 protocol team (2016). HPTN 068: A Randomized Control Trial of a Conditional Cash Transfer to Reduce HIV Infection in Young Women in South Africa-Study Design and Baseline Results. *AIDS and behavior*, 20(9), 1863–1882.
[13] Kerr Wilson A, Gibbs A, McAslan Fraser E, Ramsoomar L, Parke A, Khuwaja H and Jewkes R (2020) Ibid.
[14] The Trickle-Up programme comprised a control arm and an economic intervention-only arm, with VSLA, livelihoods training and start-up capital for women over a six-month period.
[15] Kerr Wilson A, Gibbs A, McAslan Fraser E, Ramsoomar L, Parke A, Khuwaja H and Jewkes R (2020) Ibid.
[16] Hidrobo, Melissa, Amber Peterman, and Lori Heise. (2016). "The Effect of Cash, Vouchers, and Food Transfers on Intimate Partner Violence: Evidence from a Randomized Experiment in Northern Ecuador." American Economic Journal: Applied Economics, 8 (3): 284-303.
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[18] Prevention Collaborative (2019) Cash transfers and intimate partner violence: Findings from a review of quantitative and qualitative studies in low and middle-income countries. Prevention Collaborative evidence brief. Prevention Collaborative.
[19] Kerr Wilson A, Gibbs A, McAslan Fraser E, Ramsoomar L, Parke A, Khuwaja H and Jewkes R (2020) *Ibid*.
[20] Peterman A, Palermo TM, Ferrari G. (2018) Still a leap of faith: microfinance initiatives for reduction of violence against women and children in lowincome and middle-income countries. BMJ Glob Health;3:e001143. doi:10.1136/ bmjgh-2018-001143
[21] Roy, Shalini & Hidrobo, Melissa & Hoddinott, John & Ahmed, Akhter. (2018). Transfers, Behavior Change Communication, and Intimate Partner Violence: Post-Program Evidence from Rural Bangladesh. The Review of Economics and Statistics. 1-45.
[22] Buller, A. M., Peterman, A., Ranganathan, M., Bleile, A., Hidrobo, M., & Heise, L. (2018). *Ibid.*

[23] Peterman, A., Valli, E. & Palermo, T. (2020) Government Anti-Poverty Programming and Intimate Partner Violence in Ghana, *Economic Development and Cultural Change* (in press).
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[28] Kapiga, S., Harvey, S., Mshana, G., Holm Hansen, C., Mtolela, G.J., Madaha, F. … & Watts, C. (2019). A social empowerment intervention to prevent intimate partner violence against women in a microfinance scheme in Tanzania: findings from the MAISHA cluster randomised controlled trial. The Lancet Global Health, 7(10), 1423- 34.

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RESPECT WOMEN

STRATEGY SUMMARY

Environments made safe

UN WOMEN

World Health Organization

STRATEGY SUMMARY

Environments made safe

OBJECTIVE OF STRATEGY: To create safe environments including schools,[1] workplaces[2] and other public spaces, where women are free from the fear and experience of harassment and other forms of violence.

Rationale

Globally, women and girls continue to experience various forms of violence in public spaces, including in schools, markets, workplaces, on streets, on public transport, in water distribution sites, fields, and online, amongst other spaces. Like intimate partner violence (IPV), the experience and threat of violence in public environments negatively impacts on women's health and wellbeing, and can limit their mobility and economic, social and civic participation, with significant consequences for a country's national development.[3] For example, violence in the workplace has significant economic, social and health impacts for individual workers. It also produces significant costs to businesses and local and national economies related to productivity, absenteeism, staff turnover, litigation and compensation.[4]

At the same time, VAW prevention work in public spaces has the potential to reach large numbers of people to transform attitudes, norms and behaviours in order to promote women's rights to spaces free of VAW. For example, school-based approaches can help to prevent violence by changing the whole school environment and by reaching young people at scale by shaping children's understandings of gender roles and healthy relationships at an early age before harmful norms, attitudes and behaviours have been well established. Similarly, a gendered approach to urban planning with investment in essential public services such as sanitation, improved lighting and safe water can play a key role in ensuring women and girls can move freely, without fear of sexual violence.[5]

Risk and protective factors

This strategy aims to address the following factors which increase the risk of violence, while enhancing factors which have protective effects on levels of VAW.

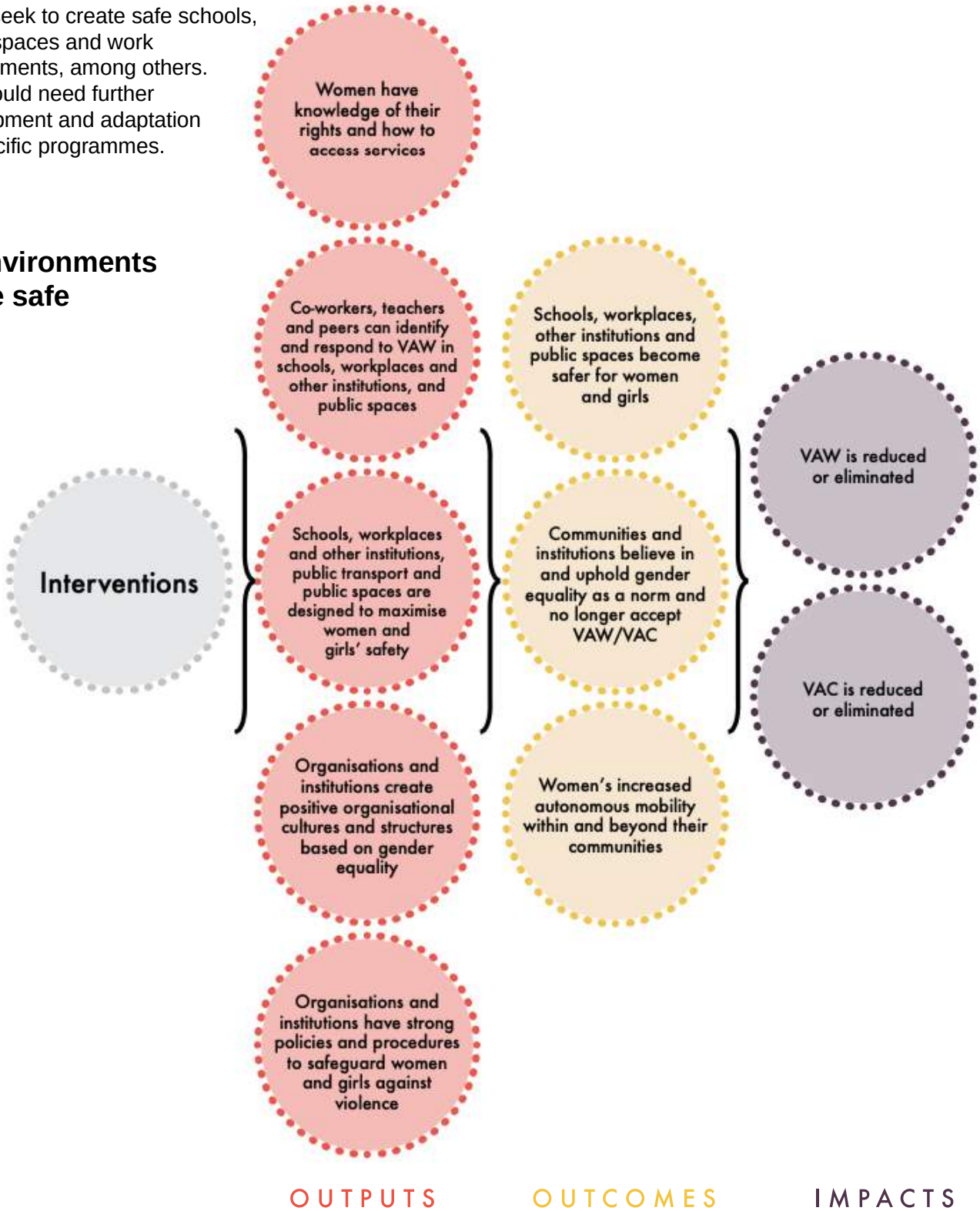
Level	Risk factors	Protective factors
Individual	Lack of awareness of VAW including of laws, policies and reporting procedures (women and men) Attitudes condoning or justifying violence as normal or acceptable (women and men) Childhood experience of violence and/or exposure to violence in the family or community (women and men)	Awareness of and skills to act to prevent to VAW (women and men) Leadership, decision-making and advocacy skills (women) Gender equitable attitudes and practices (women and men) Secondary education (women and men)

Interpersonal	Peers, teachers, managers and co-workers lack awareness of VAW including of laws, policies and reporting procedures Disparity in education levels between women and men	Peers, teachers, managers and co-workers with awareness of and skills to act to prevent VAW[6] Greater parity in education levels between women and men
Community	Unsafe, poorly lit public spaces and crowded public transport[7] Lack of oversight and violence reporting mechanisms in schools and workplaces[8] Harmful gender norms that uphold male privilege and limit women's autonomy	Well-lit public spaces, visible sightlines, clear signage, and safe road underpasses Strong school and workplace management capacity and accountability mechanisms Norms that support non-violence, respect for diversity and gender equality, and promote women's empowerment[9]
Societal	Poor and gender-blind or gender-neutral infrastructure and urban planning Lack of policies and legislation and/or inadequate enforcement to address sexual harassment and other forms of violence in and around schools, workplaces, public spaces and online Lack of accessible, high quality response services Low levels of women's employment and education	Gender responsive and participatory urban planning[10] Laws and policies that prohibit violence against women in schools, workplaces, public spaces Accessible reporting and response services including justice. More gender-equitable institutions with women's equitable participation, including at managerial and decision-making levels.

Theory of change

The following diagram provides a simplified theory of change for evidence-based interventions which seek to create safe schools, public spaces and work environments, among others. This would need further development and adaptation for specific programmes.

E: Environments made safe



Types of interventions

A number of different interventions have been implemented in different country contexts which aim to make environments safe for women. These include systemic and holistic approaches as in the case of whole school interventions; interventions which seek to identify and prevent risks for women in infrastructure and transport planning and implementation; and interventions which build individuals' capability to identify and intervene in situations which may lead to non-partner sexual violence. The following table describes the key types of interventions highlighted in the RESPECT framework and provides a brief overview of the current evidence base, and example programmes. Where available, we have prioritised programme examples from low- and middle-income countries (LMICs).

LEGEND

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

Intervention type	Description	Evidence of effectiveness	Example programmes
Infrastructure and transport	Interventions in this area cover a range of infrastructure sectors, including transport, water, health, energy, sanitation and housing. They involve a broad range of interventions such as inclusive gender responsive urban and transport planning, with strong VAW prevention components that address organisational culture, policies and procedures within the infrastructure sector to address harmful norms.[11] These interventions also include policy and legislative work, ensuring essential services for survivors, and programmes addressing social norms including through community mobilisation. Other interventions involve introducing women-only transport and safety mapping apps which crowdsource information on safe and high-risk locations for women, usually in cities.[12]	L **More evidence is needed** on the potential impact of infrastructure and transport interventions on levels of VAW in both HICs and LMICs. However, robust evaluations have shown improvements in intermediate outcomes related to violence including women' and girls' empowerment and feelings of safety.[13] H There is a lack of investment in and rigorous evaluations measuring the impact of safe environments' programmes on levels of VAW.[14]	UN Women's Safe Cities and Safe Public Spaces Global Initiative[15] Safetipin intervention (India) HarassMap technology (Cairo, Egypt)

Intervention type	Description	Evidence of effectiveness	Example programmes
Bystander interventions	Bystander interventions primarily work with groups of adults and/or children to help them to recognise the signs of sexual violence in schools, colleges and communities and to know how to intervene. Bystander interventions most commonly take place in schools and colleges and seek to prevent dating violence and non-partner sexual violence (NPSV). First applied in the US, these interventions have mostly worked with young men and boys, including through sports teams. They seek to dispel myths around rape, encourage critical reflection on gender norms and attitudes and typically involve thought leaders such as sports teachers to enable attitudinal change. Bystander programmes tend to vary significantly in duration and intensity, with some short one-off training/awareness sessions whilst others are delivered over the course of weeks or months through multiple sessions.	H There is **conflicting evidence** from HICs, with evaluations that show reductions in violence as well as those with no impact. It is important to note that many of the evaluated interventions are one-off sessions, whereas evidence from HICs suggests that longer interventions with multiple sessions, such as Green Dot, can result in reductions in violence. As standalone programmes, brief bystander interventions have not been shown to reduce VAW.[16] L The majority of rigorously evaluated interventions are in the United States, and there is **no evidence** from LMICs that bystander interventions reduce violence.[17] However, non-experimental evaluations have shown positive effects on intermediate outcomes, including an evaluation of Bell Bajao which found positive changes in knowledge and attitudes towards VAW, as well as greater help-seeking behaviours and interventions.[18]	Green Dot (US schools) Coaching Boys into Men (US, "Parivartan" in India) Bell Bajao (Ring the Bell, India)

Intervention type	Description	Evidence of effectiveness	Example programmes
Whole School interventions	Whole school interventions are holistic approaches to creating safe, child-friendly and gender-sensitive environments in which children can learn.[19] These programmes create and implement a shared vision of violence reduction in schools. They typically work with different groups in the school and community, usually including a curriculum-based learning intervention for children, as well as work with teachers, parents, school governing bodies, and local government. These interventions have so far usually aimed to reduce peer violence and corporal punishment. The groups engaged depend on the intervention and activities are wide-ranging. By engaging at multiple levels, interventions aim to achieve systemic and sustainable change, with changes in attitudes and behaviours supported by a positive enabling environment in schools and communities.[20]	H There is **no evidence** from HICs that whole school interventions reduce violence. L Evidence from LMICs shows they can positively impact on intermediate outcomes such as corporal punishment by school staff, however **more evidence is needed**.[21] The evidence from LMICs is largely focused on curriculum-based interventions to raise awareness and develop skills to prevent violence (covered in the **Child and Adolescent Abuse Prevented RESPECT Strategy Summary**).[22] Although effectiveness is challenging to measure for whole school interventions, the available evidence highlights the importance of strong policies, a positive culture in communities in and around schools that promotes gender equality, and skilled facilitation of discussions around violence.[23]	Good Schools Toolkit (Uganda) Transforming Education for Girls in Nigeria and Tanzania (TEGINT)

Example programmes

The following table summaries three different programmes which have been shown to deliver reductions in VAW prevalence or which have shown promise in addressing intermediate outcomes within programmatic timeframes. The table should be reviewed alongside the **design and implementation checklist** on page 9, as well as the **guiding principles of effective programming** provided in the RESPECT framework when adapting any of these methodologies. More detailed information on each programme is provided in the **programme summaries**.

Programme	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
Green Dot	A **peer activism bystander programme** to prevent sexual violence in high schools[24]	United States of America	High school students	The programme involves teachers selecting female and male student opinion leaders, who go through an intensive five-hour training on bystander interventions by trained rape crisis centre educators. The student leaders receiving the training are called “green dots” and learn to recognise behaviours leading to sexual violence (“red dots”) and learn how to safely intervene. This is supported by annual school-wide presentations which reinforce the “green dot” and “red dot” concepts.	5 years	**Evaluation type:** Randomised controlled trial (RCT) **Impact:** Significant reductions in physical and sexual IPV perpetration after the first two years. There were also significant reductions in girls’ physical and sexual IPV experience in the last two years of the programme[25]
Good Schools Toolkit, Raising Voices	A **whole school approach** to tackling VAC in primary schools	Uganda	Primary school teachers and students	The goal of the Toolkit is to prevent VAC[26] at schools by influencing the operational culture of the school itself. It involves six-step process containing about 60 activities coordinated at the school level with additional activities engaging parents and the community as a whole.	18 months	**Evaluation type:** RCT **Impact:** In intervention schools, the Toolkit reduced the risk of physical VAC by teachers and school staff by 42% (in the 18 months). Also, 50% fewer teachers (compared to control) reported using physical violence against students. The Toolkit promoted students’ identification with their school, as well as their sense of safety and belonging at school.[27]

Programme	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
Port Moresby: A Safe City for Women and Girls Programme, UN Women	A holistic and multisectoral **safe cities and safe public spaces' programme** incorporating a comprehensive approach to ensure safe markets and public transport initiatives for women and girls. It also included a public campaign and community mobilisation activities focused on the prevention of sexual violence in public spaces.[28]	Port Moresby, Papua New Guinea	Women market vendors and customers, women commuters, market management, government agencies including from transport authorities, students, service providers, authorities and the general public	**Safe Markets Initiative:** capacity building of market management; establishment of market vendor associations; introduction of a web-based market fee collection system; training for women, including financial literacy, business development and health awareness. **Safe Public Transport Initiative:** support of a women-only bus service to address high levels of VAWG in public places and as a temporary special measure to ensure the safety of women and children. Other measures included institutional awareness and capacity building of transport authorities, bus and taxi drivers (men and women), and the a city-wide gender and transport study to inform the city's transport plan. **Youth and community activism:** evidence-based behaviour change campaign "Sanap Wantaim" ("Stand Together") promoting key messages[29]; including a youth leadership programme in schools, markets and in low-income housing; training for safe houses and police; establishment of Community Referral and Mentoring Services (CRMS) to ensure survivors of VAWG had access to services.	9 years (Safe Markets Initiative) 5 years (Safe Public Transport initiative)	**Evaluation type:** Non-experimental, ex-post participatory impact assessment **Impact:** Improvements in women's empowerment related outcomes including women market traders having a voice in decision-making in market governance, and improvements in women's perception of safety, comfort and dignity in markets and buses.[30]

Design and Implementation Checklist

Common elements and principles of effective approaches to create safe environments include:[31,32]

Programme design and adaptation

1. **Conduct a scoping study which includes qualitative methods, potentially including women's safety audits, which can help multi-stakeholders better understand how women and girls are particularly affected by violence and identify factors which can affect their perception of safety in the environment you are targeting.** This approach also includes a stakeholder mapping to identify potential collaborators and to design effective solutions. Key stakeholders in participatory workshops should reflect on the scoping study findings to feed into the design of the programme.
2. **Involve diverse groups of women and girls at all stages, including women and girls who face multiple and intersecting discriminations and are at increased risk of violence and harassment in the world of work and public spaces.**[33] This includes women working in the informal sector, migrant women, women domestic workers and women sex workers. This will help ensure that interventions consider how different women and girls experience violence differently, considering age, ethnicity, disability, socio-economic status amongst other factors.[34] However, there is currently little evidence on this.
3. **Address harassment and other forms of VAW in public spaces and other environments as part of a continuum of violence.**[35] Evidence demonstrates the linkages between violence against women in public and private spaces, including in online spaces, however very few programmes actively address this continuum.
4. **Adopt a rights-based approach**, for example a 'right to the city' approach in interventions which address violence in public spaces, and women and girls' rights to education, services, work, recreation, and to politically organise.[36]

Implementation

5. **Encourage participants to critically reflect on gender norms and power through participatory approaches.** For example, interventions which seek to prevent peer violence in schools, have been found to be effective in preventing violence and usually employ single-sex or mixed groups with men and boys as well as women and girls to reflect on gender norms,.[37]
6. **Ensure interventions are of sufficient intensity and are not standalone.** For example, bystander programmes including one or two sessions or digital interventions such as safety mapping apps, are unlikely to lead to a reduction in VAW when implemented as standalone interventions.[38]
7. **Coordinate and build partnerships with stakeholders across multiple sectors, including local, regional and national government.**[39] For example, work with local government to address VAW in public spaces, and seek partnerships with women's organisations from design through to implementation and monitoring and evaluation.[40] Fostering positive partnerships and a sense of local ownership with women in key decision-making roles is key to the successful implementation of this strategy.
8. **Consider and address organisational culture around gender equality and VAW, including in schools, transport, infrastructure, and companies.** For example, the Good School Toolkit aims to create a positive school culture in which all children are safe to learn. The school comes together to set a goal and agree an action plan to reach this goal, as well as strengthening school governance.[41]
9. **Support women's rights organisations to advocate for and monitor legislation specifically dealing with violence against women in public spaces.** Under UN Women's Safe Cities and Safe Public Spaces Global Flagship Programme in the City of Quito, Ecuador[42], and Quezon City, Philippines,

women's rights organisations with research partners collected data on sexual harassment in public spaces as part of their scoping studies which helped to address the gaps in laws on sexual harassment in public spaces. As a result of this approach of working with multi-sector stakeholders, groundbreaking legislation was passed with penalties for sexual harassment in public spaces and helping to position the need for legislation gaps to also be addressed in other cities.[43]

10. **Generate, use and publish data and evidence monitoring the effectiveness of interventions on violence prevention.** There is a lack of data and evidence on effectiveness, in particular for interventions which seek to prevent VAW in public spaces and other environments.

Entry points

Approaches to creating safe environments can be integrated in multiple settings and sectors to maximise impact. The following table highlights key entry points for this strategy, including programme examples.

Entry point	Rationale
Transport • Transport planning and infrastructure (stations, waiting areas, services and 'last mile connectivity'[44]) • Public transport	Studies have shown high prevalence of sexual harassment and other forms of violence in and around public transport, and how poor planning can create hotspots for violence.[45,46] Gender-responsive transport planning, policies and other interventions which meaningfully consult women and girls and explicitly consider and mitigate VAW risks, help improve women's perceptions of safety and prevent VAW. For example, the *Quito Safe City programme* in Ecuador conducted a scoping study in 2012 which found 65% women in Quito had experienced some form of sexual harassment, most often occurring on public transport. In response, the city government included safe transport in its annual plans and set up a committee to develop a comprehensive strategy to prevent and respond to sexual harassment and other forms of VAW on public transport. Draft protocols were validated with bus drivers and operations teams; in response a clear flow chart was developed to ensure groups understood what their role was to report and address incidents of VAW.[47] Another example is gender training of drivers, conductors and all transport staff in Delhi to help them understand sexual harassment. This training has been going since 2007. Now when any transport vehicle comes for the yearly renewal of registration, they must undergo a one-hour refresher training course on sexual harassment.[48]

Urban planning and construction

- Public spaces
- Energy provision
- Water and sanitation
- Land and housing, including informal settlements
- Refugee/IDP camp settings

Ensuring urban development projects take women's use of urban spaces and safety risks into account from the start can prevent VAW from occurring, for example by ensuring safe public walkways and good lighting. Safety audits, engagement with women and girls and reporting or mapping apps can encourage effective action as prevalence and violence hot spots are better understood.[49]

For example, the *Delhi Safe City free of Violence against Women and Girls Programme* used Women Safety Audits (WSAs) in partnership with Jagoris, local government and UN Women, gathered detailed information about women's safety, alongside findings of the programme's scoping study. The WSAs were delivered in three phases: firstly pen and paper audits with 5-6 participants in community settings; secondly Jagori, the lead implementing partner, provided training across multiple states on the WSA methodology; and finally an Open Street Audit Mapping (OSAM) to seek views from women and men, girls and boys. Achievements include highlighting the importance of last mile connectivity and danger hotspots which the local government sought to address. The WSA methodology also became mandatory for all urban plans and smart city projects in India.[50]

Work and employment[51]

- Formal workers
- Informal workers
- Work conditions and labour rights initiatives
- Youth employment programmes
- Women's employment programmes

The International Labour Organisation (ILO)'s Violence and Harassment Convention 2019 (C190), which focuses on violence and harassment in the world of work, presents a key entry point for this strategy. [52] The legally binding convention recognises that gender-based violence and harassment disproportionately affect women and girls and applies to women experiencing violence and harassment including at work, on the way to work, during work-related trips, in work-related communications and in employer-provided accommodation. It applies to all sectors, whether private or public, both in the formal and informal economy.

For example, the *ILO's Better Work* initiative takes a three-pronged approach to preventing VAW in the garment industry through establishing systems such as sexual harassment policies, grievance mechanisms and referrals, awareness raising with workers and capacity building with managers, those responsible for human resources, line managers and workers.[53]

An example of national legislation protecting informal workers includes India's Sexual Harassment of Women at Workplace (Prevention, Prohibition, Redressal) Act 2013, which clearly defines and includes both formal and informal workers. The home is considered a workplace and domestic workers can use mechanisms to complain to a District Complaints Committee.[54]

Schools and other educational institutions

- Whole school approaches
- Curriculum-based learning interventions
- Teacher training

Schools have potential to prevent violence at scale, not just in the school environment but also at home and in future relationships.[55] Whole school approaches that address the interconnectedness of schools, communities and families can be an effective way of creating safe learning environments.[56] Other intervention approaches such as school-based curriculum approaches also show some promise (see the **Child and Adolescent Abuse Prevented RESPECT Strategy Summary**).

For example, a play-based life skills education programme implemented in 40 public schools in Pakistan by the NGO Right to Play aimed to empower children and prevent violence. The intervention also included teacher training, summer camps, sports tournaments and thematic Play Days for children, with parents invited several times a year. Children in the intervention reported significant reductions in peer violence and corporal punishment at school.[57]

Digital technology

- Online information and apps
- Digital campaigns

Digital technology offers both problems and solutions to VAW prevention, as VAW is exacerbated and magnified online whilst new and emerging technologies provide new methods for perpetrators to commit VAW. However, digital technologies also provide a space for online advocacy and activism on VAW and women's rights, with online campaigns now forming a core part of the work of women's rights organisations, and emerging interventions, for example through safety mapping apps.[58] It is important that digital solutions have safe and appropriate responses – online counselling requires trained counsellors and mapping/alert systems need effective police responses. There is a lack of evidence on whether and how digital technologies can prevent VAW, and it is likely that they need to be implemented as part of a package in order to be effective.[59]

The #MeToo movement is an example of online campaign against violence against women and girls. Other examples include #BringBackOurGirls which demanded the return of girls kidnapped from Chibok in Nigeria in 2014 and #NiUnaMenos which started in Argentina in 2015 as a campaign against gender-based violence and has since spread across Latin America and the Caribbean.

Useful Resources

Safe schools

Global Guidance on Addressing School-related Gender-based Violence, Paris and New York: UNESCO and UN Women; 2016.
Provides a comprehensive, one-stop resource on school-related gender-based violence (SRGBV).

Raising Voices Good School Toolkit.
A methodology designed to support educators and children explore what a child-friendly safe school is and support them to realise this vision, it has been proven effective in reducing violence in schools.

Effects of Bystander Programs on the Prevention of Sexual Assault Among Adolescents and College Students. Hensman Kettrey, H., Marx, R. A., and E. E Tanner-Smith. Campbell Collaboration. 2019
A systematic review on the effectiveness of bystander programmes amongst adolescents and college students. 25 of the 27 available rigorous evaluations were conducted in the US.

A Whole School Approach to Prevent School-Related Gender-Based Violence: Minimum Standards and Monitoring Framework, Global Working Group to End SRGBV & UNGEI (2017)
This guide provides a framework to guide policy makers and practitioners in designing school violence prevention programmes and strengthening response actions.

Safe public spaces

Safe Cities and Safe Public Spaces for Women and Girls Global Flagship Initiative: International Compendium of Practices. And Second Compendium. UN Women: New York. 2019
Summaries of interventions from cities across the globe to ensure the safety of women and girls.

Safe Cities and Safe Public Spaces for Women and Girls Global Flagship Initiative: Global Results Report. UN Women: New York. 2017
Results from UN Women's flagship initiative including a programmatic framework, case studies and learning from the global programme.

Violence against Women and Girls, Infrastructure and Cities Briefing Paper. Fraser, E., Viswanath, K. and L. McLean. 2017.
Short paper outlining the case for addressing VAW through infrastructure and cities work, entry points and case studies.

Violence Against Women and Girls Resource Guide: Transport Brief. World Bank. 2015
Brief paper highlights the linkages between VAWG and transport, ethical and safety considerations for transport programming, entry points to integrate a VAWG focus into transport initiatives and recommended resources.

Safe work environments

Violence and Harassment Convention, International Labour Organization (ILO). 2019
International convention which provides a practical framework to shape a future of work based on dignity and respect, free from prevent violence and harassment.

Handbook: Addressing Violence and Harassment in the World of Work, UN Women and ILO. 2019.
Provides lessons, practical actions and promising examples of how to address violence and harassment in the world of work.

What Works? Preventing & Responding to Sexual Harassment in the Workplace A Rapid Review of Evidence. CARE. 2018
Rapid review of promising practice in responding to sexual harassment in the workplace.

Evidence reviews

A Rigorous Review of Global Research Evidence on Policy and Practice on School-related Gender-based Violence, Parkes, J., Heslop, J., Johnson Ross, F., Westerveld, R. & Unterhalter, E. University College London, Institute of Education, 2016.
Provides a global review of the evidence on approaches to addressing SRGBV.

A Rigorous Global Evidence Review of Interventions to Prevent Violence against Women and Girls, Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsoomar, L.; Parke, A.; Khuwaja, HMA.; Rachel Jewkes. What Works to prevent violence among women and girls global Programme, Pretoria, South Africa. 2020
Provides an up-to-date review on the evidence on effectiveness of VAW prevention programmes.

What Works to Prevent Sexual Violence against Children: Evidence Review. Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. Together for Girls. 2019
Presents a user-friendly summary of the existing evidence of what works to prevent sexual violence against children and adolescents.

Endnotes

[1] Including post-secondary education, such as higher education that takes place in a university, college or institute of technology, as well as Technical and Vocational Education and Training (TVET)
[2] Labour force interventions are included under strategy P – Poverty reduced
[3] UN Women website: https://www.unwomen.org/en/what-we-do/ending-violence-against-women/creating-safe-public-spaces
[4] ILO (2018) Ending violence and harassment against women and men in the world of work: International Labour Conference 107th Session 2018, ILO: Geneva.
[5] UN Women (2017) Safe Cities and Safe Public Spaces: GLOBAL RESULTS REPORT. UN Women: New York.
[6] UNESCO (2016) Global Guidance on School-related Gender-Based Violence. UNESCO: Paris and UN Women: New York.; UN Women (2019a) Guide to Support the Implementation of the Global Women's Safety Framework. UN Women: New York; UN Women and ILO (2019) Addressing Violence and Harassment against Women in the World of Work: Handbook; New York and Geneva: UN Women and ILO; UN Women (2018) A Global Women's Safety Framework in Rural Spaces: Informed by experience in the tea sector, New York: UN Women.
[7] Fraser et al., (2017) Violence against Women and Girls, Infrastructure and Cities Briefing Paper.
[8] ILO (2018) Ibid.; UNESCO (2016) Global Guidance on Addressing School-related Gender-based Violence,
[9] UN Women (2017) Ibid.
[10] UN Women (2017) Ibid.; UN Women (2019a) Ibid.
[11] Fraser et al., (2017) Ibid.
[12] UN Women (2017) Ibid.; World Bank, The Global Women's Institute, IDB and ICRW (2015) VAWG Transport Brief: VAWG Resource Guide.
[13] Non-experimental evaluations show these interventions may work well, for example a recent evaluation of UN Women's Safe Cities for Women and Girls Programme in Papua New Guinea which showed the initiative contributed to women's and girls' empowerment, safety, comfort and dignity when working in markets in Port Moresby. See UN Women (2019a)
[14] Fulu (2016) A Regional Study of Interventions to Enhance Women and Girls' Safety and Mobility in Public Spaces, Asia and the Pacific Region
[15] UN Women's Safe Cities and Safe Public Spaces Global Flagship Initiative include some programmes which focus on place-based interventions, but they also include comprehensive prevention approaches in districts and settlement areas of a city and rural area, and integrate a focus on women's political participation, economic empowerment and ending sexual violence against women and girls. As a result, several areas of the Respect Framework apply to each comprehensive safe city and safe public space initiative under this Global Initiative, spanning over 25 countries. The Port Moresby Safe City Programme in Papua New Guinea is included in this area of the Respect Framework given that two of its programmes focus on specific public spaces in the city, informed by scoping studies undertaken.
[16] Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsoomar, L.; Parke, A.; Khuwaja, HMA.; and Rachel Jewkes (2020). A rigorous global evidence review of interventions to prevent violence against women and girls, What Works to prevent violence among women and girls global programme, Pretoria, South Africa.
[17] Kerr Wilson A, Gibbs A, McAslan Fraser E, Ramsoomar L, Parke A, Khuwaja H and Jewkes R (2020) What Works to Prevent Violence against Women and Girls? A Rigorous Global Evidence Review of Interventions to Prevent Violence against Women and Girls, South Africa; What Works to Prevent VAWG
[18] Breakthrough Insights (undated) Breakthrough's Bell Bajao! A Campaign to Bring Domestic Violence to a Halt.
[19] UNESCO (2016) Ibid; Global Working Group to End SRGBV & UNGEI (2017) A Whole School Approach to Prevent School-related Gender-Based Violence: Minimum Standards and Monitoring Framework. Global Working Group to End SRGBV (2019) Ending School-Related Gender-Based Violence A Series of Thematic Briefs.
[20] Fulu, E., Kerr-Wilson, A. & J. Lang (2014) What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls. What Works: Pretoria. ; Kerr-Wilson et al., (2020); WHO (2019) School-based violence prevention: a practical handbook. Geneva: World Health Organization.
[21] Devries, K. M., Knight, L., Child, J. C., Mirembe, A., Nakuti, J., and R. Jones (2015) The Good School Toolkit for reducing physical violence from school staff to primary school students: a cluster-randomised controlled trial in Uganda' in The Lancet, vol. 3, no. 7.
; UNICEF (2020) What Works to Prevent Online and Offline Child Sexual Exploitation and Abuse? Review of national education strategies in East Asia and the Pacific. UNICEF: Bangkok. Available at:
[22] UNICEF (2020) Ibid.
[23] Ligiero, D., Hart, C., Fulu, E., Thomas, A., & L. Radford (2019) What Works to Prevent Sexual Violence Against Children: Evidence Review. Together for Girls.
[24] The Green Dot approach has also been adapted for use in kindergarden, middle school and college campuses.
[25] Coker, A. L., Bush, H. M., Cook-Craig, P. G., DeGue, S. A., Clear, E. R., Brancato, C. J. Fisher, B & Recktenwald, E. A. (2017). RCT testing bystander effectiveness to reduce violence. American Journal of Preventive Medicine, 52(5), 566-578.
[26] The Good School Toolkit aims to tackle several forms of VAC including peer violence as well as violence perpetrated by teachers against pupils.

[27] Devries, K. M., Knight, L., Child, J. C., Mirembe, A., Nakuti, J., Jones, R., Sturgess, J., Allen, E., Kyegombe, N., Parkes, J., Walakira, E., Watts, C., Elbourne, D., and D. Naker (2015). The Good School Toolkit for reducing physical violence from school staff to primary school students: A cluster-randomised controlled trial in Uganda. The Lancet Global Health, 3(7), e378-e386.
[28] As a holistic approach, the Port Moresby Safe City initiative included institutional organisational culture, policies and procedures, training and awareness raising, reporting mechanisms, and a multi-pronged behaviour change scheme in schools, markets and public transport.
[29] These were around gender equality, consent, that harassment is wrong, that women and men, girls and boys must stand together to make a safe city and that a safe city is a great city.
[30] UN Women (2019b) Evaluation of the Port Moresby: A Safe City for Women and Girls Programme.
[31] Kerr Wilson, A et al (2020) Ibid.
[32] UNICEF (2020) Ibid.
[33] CARE (2018) Ending violence and harassment against women and men in the world of work CARE International's position on the new ILO Convention.
[34] Women in Cities International (2012) Tackling Gender Exclusion: Experiences from the Gender Inclusive Cities Programme; Fraser et al., (2017) Ibid.
[35] Fulu (2016) Ibid.
[36] Fulu (2016); UN Women (2019c) .UN Women Safe Cities and Safe Public Spaces for Women and Girls Global Flagship Initiative: International Compendium of practices. UN Women: New York.
[37] Kerr-Wilson et al., (2020) Ibid.
[38] Kerr-Wilson et al., (2020) Ibid.
[39] Fulu (2016) Ibid; Fraser et al., (2017) Ibid.
[40] UN Women (2019b) Ibid.
[41] Raising Voices website: http://raisingvoices.org/good-school/
[42] UN Women (2017) Safe Cities and Safe Public Spaces Global Results Report, New York: UN Women.
[43] UN Women (2017) Ibid.
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RESPECT WOMEN

STRATEGY SUMMARY

Child and adolescent abuse prevented

UN WOMEN

World Health Organization

STRATEGY SUMMARY

Child and adolescent abuse prevented

OBJECTIVE OF STRATEGY: Establish nurturing family relationships, prohibit corporal punishment, reduce harsh parenting practices and create positive parent-child relationships.

Rationale

Globally, over half of all children aged 2-17 have experienced some form of abuse in the past year.[1] However, in many contexts the scale of child and adolescent abuse is likely much higher due to large-scale underreporting.

Violence against children (VAC)[2] can take multiple forms, including child maltreatment, bullying, youth violence, intimate partner violence (IPV), sexual violence, or emotional violence, with certain forms occurring at different stages in a child's development.[3]

VAC and violence against women (VAW) are closely related, with strong evidence demonstrating the multiple links between the two, including shared risks, common consequences and overlaps (see figure 1).

Figure 1: Links between VAW and VAC

Source: Adapted from Fulu et al (2017)[1]

- **Partner violence and child abuse/maltreatment often occur in the same households**.[4] Children living in households where the mother is being abused are also more likely to experience violent discipline.[5] This is particularly the case where rigid patriarchal structures normalise and justify the use of violence. For example, research in Afghanistan found that women who had experienced physical IPV in the last 12 months were more likely to report beating their child, than women who had not.[6]
- These patriarchal structures are **sustained by harmful social norms**, including norms that limit reporting of violence, condone violent discipline (wife beating and corporal punishment), prioritise family reputation and blame survivors, and support gender inequality.[7]
- VAC and VAW often **overlap during adolescence** (ages 10-19). It is a time when some forms of violence are first experienced and perpetrated, such as IPV, and when there are increased risks of abuse. One in three adolescent girls aged 15 to 19 who are in an intimate relationship reported having ever experienced emotional, physical or sexual violence, reaching over 50% in some parts of Sub-Saharan Africa.[8] However adolescence can also be a window of opportunity for prevention.[9]
- VAC has been associated with an **intergenerational cycle of abuse**. Violence in childhood increases the risk of future experience and perpetration of IPV. There is also evidence between childhood trauma, IPV and harsh parenting.[10]

The pervasive links between IPV and VAC calls for more efforts to address the shared risk factors and intersections, with greater communication and collaboration between the VAC and VAW prevention fields.

The INSPIRE framework includes seven strategies for ending violence against children. Each letter of the word INSPIRE represents one of the strategies that have been shown to prevent different types of violence against children. Table 2 shows some of the links between the RESPECT and INSPIRE frameworks.

Table 1: How do INSPIRE and RESPECT frameworks compare?[11]

2 How do INSPIRE and RESPECT frameworks compare?

INSPIRE: End violence against children	RESPECT: Prevent violence against women
Implementation and enforcement of laws	*Put in place and facilitate enforcement of laws and policies**
Norms and values	Transformed attitudes, beliefs, and norms
Safe environments	Environments made safe
Parent and caregiver support	Child and adolescent abuse prevented
Income and economic strengthening	Poverty reduced
	Empowerment of women
Response and support services	Services ensured
Education and life skills	Relationships skills strengthened
*Multi-sectoral collaboration****	*Coordination and partnership across sectors***
*Monitoring and evaluation****	*Strengthen monitoring and evaluation systems***

*Component of "enabling environment", ** "Guiding principle for effective programming", *** "Cross-cutting strategy"

Risk and protective factors

This strategy aims to prevent the multiple forms of violence against children and adolescents. It focuses on integrated approaches which intentionally seek to reduce the shared risk factors and stop the intergenerational cycle of violence and abuse in households and communities.[12,13]

The strategy includes approaches aimed at preventing violence against adolescents, including forms of bullying, peer and dating violence, and sexual exploitation experienced in school settings.

Whole-school approaches are included under the **Environments Made Safe RESPECT Strategy Summary**. Life skills approaches focused on empowering adolescent girls are included under the **Empowerment of Women Strategy Summary**.

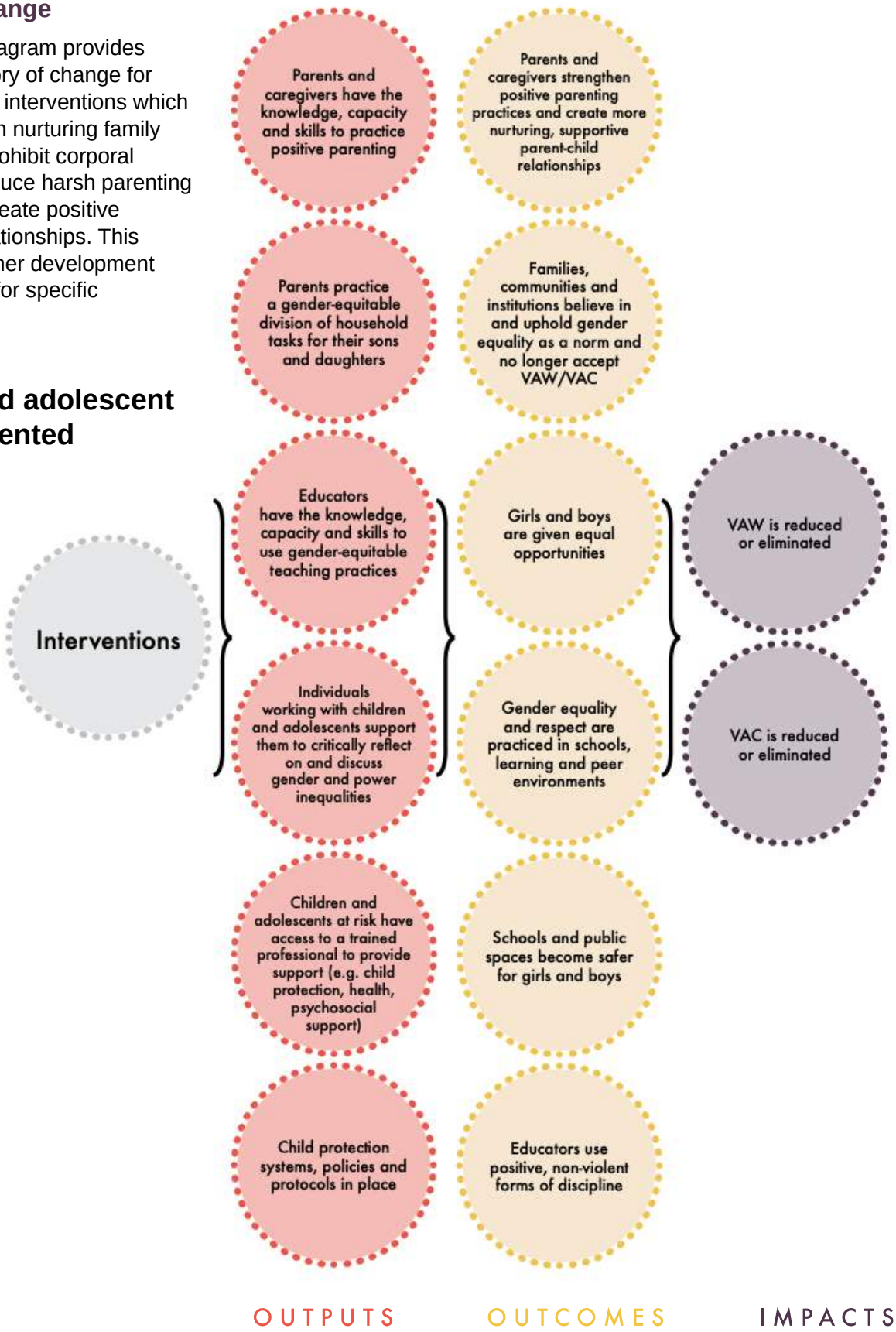
This strategy aims to address the following factors that can increase or decrease children's and adolescents' risks of violence:

Level	Risk factors	Protective factors
Individual	Childhood experience of violence and/or exposure to violence in the family (men and women) Low education level (men and women) Harmful use of drugs and alcohol (men and women) Psychological dysfunction / Poor emotional regulation (men) Attitudes condoning or justifying violence as normal or acceptable (men and women)	Childhood experience of non-violent means of communication + conflict resolution (men and women) Education and literacy (men and women) High self-efficacy and self-esteem (men and women) Gender-equitable attitudes and practices (men and women)
Interpersonal	Poor/negative parenting practices Marital conflict and family breakdown Poor communication, ineffective conflict resolution and problem-solving skills Peers that engage in violence	Positive parenting practices Relationship skills to mitigate triggers of violence (e.g. conflict resolution, communication)
Community	Harmful gender norms that uphold male privilege and limit women's autonomy Corporal punishment widely practiced in schools Community institutions that tolerate / fail to respond to violence	Norms that support non-violence, respect for diversity and gender equality, and promote women's empowerment School environments which promote child-friendly and gender-equitable curricula and teaching

Theory of change

The following diagram provides a simplified theory of change for evidence-based interventions which seek to establish nurturing family relationships, prohibit corporal punishment, reduce harsh parenting practices and create positive parent-child relationships. This would need further development and adaptation for specific programmes.

C: Child and adolescent abuse prevented



Types of interventions

A number of different interventions have been implemented in different country contexts which aim to tackle both VAC and VAW, with positive parenting interventions among the most promising approaches. There is more limited evidence for other types of interventions, in particular evidence from low- and middle-income countries (LMICs).

The following table outlines the key types of interventions featured in the RESPECT framework and provides a brief overview of the current evidence base and example programmes. Programme examples from LMICs have been prioritised, where these are available.

LEGEND

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

Intervention type	Description	Evidence of effectiveness	Example programmes
Parenting interventions addressing IPV and child maltreatment	The most promising approach under this strategy are interventions or services aimed at improving caregiver-child relationships and discipline practices, as well as intentionally promoting gender equality and challenging restrictive gender norms, roles and relationships These programmes target fathers and couples, and focus on parent-child communication and violent discipline against children, promoting reflection, dialogue and action. Parenting interventions typically include individual counselling or group discussions, positive role modelling, and structured play between parents and their children.[14]	H L There is **promising evidence** from both HICs and LMICs[15] that this is an effective intervention type to tackle IPV and violent discipline of children, with evidence from HICs showing major and long-lasting benefits in preventing child maltreatment and reducing violence both to and by young people.	Bandeberho (Rwanda) Real Fathers (Uganda) Parenting for Lifelong Health (South Africa) Parents Make the Difference (Liberia) Building Happy Families (Thailand)
Life skills/ school-based curriculum, including rape and dating	This includes curriculum-based approaches to promoting gender equality and addressing peer and relationship violence among adolescents both in school and in out-of-school settings.	H L Evaluations of school-based interventions, including dating violence prevention programmes, from HICs show **conflicting results** on whether these programmes have been shown to reduce VAW.	Prepare (South Africa) Right to Play (Pakistan)

Intervention type	Description	Evidence of effectiveness	Example programmes
violence prevention training		**More evidence is needed** on the effectiveness of this intervention type in reducing violence in LMICs. In addition, there is good evidence that college-based self-defence interventions are effective in HICs, but conflicting evidence that self-defence interventions are effective in reducing dating violence in schools in LMICs.	Ujamaa/ No Means No Empowerment Transformation Training (Kenya)
Home visitation and health worker outreach	These interventions include home visits, usually by nurses or community health workers, targeting mothers at risk of or experiencing IPV, and households at risk of child abuse. These programmes typically work with mothers, including pregnant mothers and mothers of children of all ages, and seek to strengthen parenting skills.[16]	H There is evidence from HICs that home visitation and health worker outreach programmes that include multiple sessions is a **promising approach** to reduce levels of violence experienced by women and their children. L **More evidence is needed** from LMICs on whether these interventions can reduce levels of IPV and child maltreatment, including follow-up studies to test whether positive impacts are sustainable.[17]	Nurse-Family Partnership (US) VoorZorg (Netherlands) The Infants programme (South Africa)
Psychological support interventions for children who experience violence and who witness IPV	This set of psychological interventions aims to address the mental health and trauma outcomes associated with childhood experience or witnessing of violence as secondary prevention approaches to ending cycles of violence. These interventions can be important to improve children's wellbeing and to stop the intergenerational cycle of violence.	H There is **promising evidence** from HICs that these types of interventions can lead to reductions in levels of VAW and VAC. L Available evidence from LMICs suggests that programmes which target both mothers and their children, both in separate sessions and sessions together, may be particularly beneficial in addressing the psychosocial impacts of violence.[18] However, **more evidence is needed** from LMICs on whether these types of approaches can help to prevent future child abuse, as well as IPV in the home.	WHO Guidelines for Mental Health (mh-GAP) (Global) VEGA Family Violence Project (Canada)

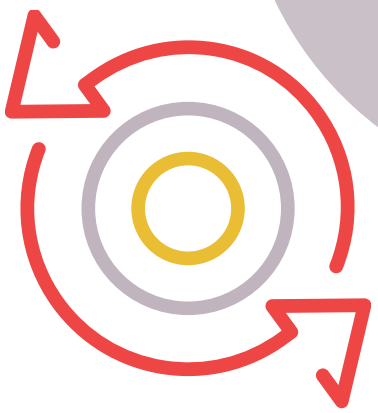
Example programmes

The following table summarises three different programmes which have been shown to deliver reductions in VAC and VAW prevalence within programmatic timeframes. The table should be reviewed alongside the **design and implementation checklist** on page 9, as well as the **guiding principles of effective programming** provided in the RESPECT framework when adapting any of these methodologies. More detailed information on each programme are provided in the **programme summaries.**

Programme	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
Bandebereho, MenCare+, Rwanda Men's Resource Center (RWAMREC)	A couples' intervention to promote positive fatherhood and gender equality amongst fathers and their partners, to shift gender-power imbalances and reduce IPV and violent discipline against children	Implemented in four districts of Rwanda - Karongi, Musanze, Nyaruguru and Rwamagana	Men aged 21-35, married or cohabitating, who are expectant fathers and fathers of under 5s and their partners	Participatory, small group sessions for men and their partners, including 15 sessions for men and 8 sessions for their partners. The sessions aimed to promote critical reflection and dialogue on gender and power, fatherhood, caregiving, child development, couple communication and decision-making. The curriculum was adapted from MenCare+'s Program P for engaging men in maternal and child health.	1 year	**Evaluation type:** Randomised controlled trial (RCT) **Impact:** 21 months post-baseline there were significant reductions in women's experiences of physical IPV and sexual IPV. Women and men in the intervention also reported significantly less physical punishment of children.[19]

Programme	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
PREPARE, Western Cape Department of Health, the City of Cape Town Health Department, the Desmond Tutu HIV Foundation; Centre for Justice and Crime Prevention (CJCP)[20]	Multi-component, school-based HIV and IPV prevention programme for adolescents	Implemented in 42 high schools in Western Cape, South Africa	Grade 8 students aged between 13 and 14	21 sessions of up to 25 participants delivered by trained facilitators who had been screened for positive gender norms and comfort with sexuality education. Sessions cover communication, relationships, gender power inequities and IPV. The education component is complemented with school health service and school safety programme, including training and mapping of unsafe physical spaces.	12 months	**Evaluation type:** RCT **Impact:** A reduction in experience of dating violence as experienced by girls 12 months post-baseline.[21]
Right to Play Right to Play Pakistan (RTP) and the Aga Khan Foundation	A play and sport-based programme to reduce peer violence in schools	Hyderabad, Sindh Province, Pakistan	Grade 6 students average age 12	Twice-weekly 40 minute structured and interactive play-based learning activities were integrated into the school schedule. Activities were focused on developing essential life skills including critical thinking skills to challenge violence and gender inequality. The school-based intervention also engaged parents and the wider community through tournaments, events and regular thematic 'Play Days' (e.g. focused on the theme 'Stop Violence').[22]	2 years	**Evaluation type:** RCT **Impact:** Significant reductions in peer violence, significant reductions in corporal punishment in schools and at home, and a significant reduction in prevalence of reports of witnessing domestic violence at home from boys and girls. Gender equitable attitudes also improved for both boys and girls.[23]

Design and Implementation Checklist



Common elements and principles of effective approaches to prevent child and adolescent abuse include:[24,25]

Programme design and adaptation

1. **Design programmes which address risk factors for both VAC and VAW.** Evidence suggests programmes which seek only to address child abuse have limited impact with children who continue to witness IPV against their mothers.[26] Programmes which focus on eliminating common risk factors for both VAC and VAW have more potential to reduce both forms of violence. For example, a study of the SASA! intervention in Uganda identified the potential for more joined-up programming to prevent all forms of violence in households.[27]
2. **Focus on critical reflection around gender and power, including within households**.[28] Programmes which help model how gender norms are taught to children and support them to change and unlearn their behaviour such as the Bandebereho couples intervention in Rwanda have shown promise at reducing both VAC and VAW.[29]
3. **Focus on building relationship and parenting skills, rather than simply raising awareness.**[30] Interventions which actively seek to develop relationship skills, including through opportunities to practise those skills in safe spaces, have proven to be successful in preventing violence.[31] This includes developing positive discipline skills amongst parents, helping parents to manage difficult emotions such as anger and frustration, and positive communication skills between intimate partners.[32]
4. **Approaches must be adapted and tailored to the local context.** Programme adaptation can help address recruitment and retention barriers, particularly in engaging fathers. In addition, programmes need to work to address norms beyond the target group to create an enabling environment that can sustain individual level changes. For example, by engaging different actors (community and religious leaders, health workers, teachers, members of parent school management boards, early childhood education services) through other strategies like social and behavioural campaigns.

Implementation and scale-up

5. **Include multiple sessions for parents and caregivers reinforcing key concepts and learning over months rather than weeks.**[33,34] One-off sessions do not appear to be effective. Shifting harmful social norms which drive and sustain VAW and VAC requires reinforcement of learning and repetition of key messages over time. Multiple sessions which allow for both single sex and mixed-sex groups have been a critical success factor for several programmes.[35]
6. **Ensure facilitators are well-trained, supervised and monitored** [36,37] and have access to guidance and support. Evidence on home visitation programmes shows that these factors were associated with positive programme outcomes, including around child maltreatment.[38]
7. **Include both small group and individual sessions in parenting interventions**, offering participants opportunities to discuss gender norms and power with others, practice and model new attitudes and behaviours in a safe space, and share individual concerns with mentors.[39]
8. **Consider how to reach families who are at high risk of violence.** Home visitation is particularly useful to reach families who may not engage with regular services, including those most at risk of experiencing violence within the home.[40]
9. **Use participatory and play-based approaches.**[41] Interactive, curriculum-based approaches that are fully integrated into the school day have been highlighted as particularly important to engage children and young people.[42] For example, Right to Play's Positive Youth Development programme in Pakistan

involved a set of curriculum and play-based school activities allowing children to understand and reflect on social norms, including thematic play days for parents and the local community.[43]

10. **Ensure child-friendly and gender-sensitive reporting and referral mechanisms are in place, including coordinating with child protection actors** before implementation begins and ensure implementers are aware of these mechanisms.[44] This is an essential part of safeguarding and "do no harm" programming, and programmes need to be prepared to respond appropriately to both VAW and VAC (which may often require working with different stakeholders). In settings where mandatory reporting is in place, service providers are required to report cases of physical or sexual abuse to authorities. The ethical and safety considerations of mandatory reporting are discussed in Good Practice Statement 7 of the World Health Organisation's clinical guidelines on Responding to children and adolescents who have been sexually abused.

11. **Strengthening systems and institutions is crucial for scale-up**, particularly child protection systems, such as case management, referrals, and psychosocial support, with an adequate cadre of trained social workers.

Entry points

Approaches to addressing child and adolescent abuse can be integrated into multiple settings and sectors to maximise impact. Building on ongoing initiatives can be effective to increase the reach of prevention programming and has the potential to generate additional positive outcomes for the initiatives themselves. The following table highlights key entry points for this strategy, including programme examples.

Entry point	Rationale
Social protection and economic empowerment interventions • Cash transfers • Village Savings and Loans Associations (VSLAs) combined with gender norms training • Microfinance combined with gender norms training • Youth employment programmes	Income and economic strengthening programmes provide opportunities to address VAC and VAW, both directly and indirectly, through focusing on risk factors. Programmes providing economic opportunities to families and women alongside gender norms training have been shown to be successful in reducing violence.[45] For adolescents, multi-layered long-term interventions are more effective.[46] For example, the *Empowerment and Livelihood for Adolescents (ELA) programme* in Afghanistan and Uganda reduced instances of rape by 50%. It supports adolescent girls with mentoring, life skills and microfinance training at adolescent clubs. The programme is run by peer mentors and includes raising awareness around gender norms and sexual and reproductive health.[47] Social safety nets, including cash transfers, can have protective effects on VAW and VAC.[48] The most promising evidence relates to sexual violence against female adolescents in Africa. For example, an evaluation of Kenya's Cash Transfer for Orphans and Vulnerable Children found reductions in transactional sex among female adolescents.[49] Research also shows that cash transfers can reduce child maltreatment by 10% and increase pro-social behaviour among adolescent boys.[50] However, further research is needed to explore the design features that are more likely to protect children and women from violence, as well as how to mitigate any potential adverse impacts.[51] For further information, see the RESPECT strategy on 'Poverty Reduced'.

Education • Life skills and awareness raising • Comprehensive sexuality education • Sports and play • Early childhood development	Schools are particularly useful settings in which to implement VAC and VAW prevention programming as they reach large numbers of children at an age before gender norms around violence are internalised. These programmes tend to teach children about violence and often develop their skills to reduce their risk of exposure to violence, either by adults or other children. For example, *Right to Play* in Pakistan used sport and play to change social norms in support of gender equality and non-violence. Endline research showed significant reductions in corporal punishment both at home and at school, peer violence at school and witnessing domestic violence at home.[52,53]
Health • Sexual, reproductive health programming, particularly antenatal care • Community health worker outreach	Experience of violence, particularly violence in the home, is often first picked up in the health sector. Entry points include antenatal check-ups, and health worker home visits which are able to target those who may not be included in other types of community-based programming. For example, *Parenting for Lifelong Health (PLH) programme* includes both antenatal and adolescent parenting approaches. The *Infants* programme is delivered by community health workers starting whilst mothers are pregnant and continuing until their babies are 6 months old. The programme uses a counselling approach combined with methods to build positive infant care and parent-infant relationships.[54,55] The *PLH for parents and teens* programme uses a similar approach with parents and children age 10-17. Studies of both programmes in South Africa have found long-term intervention effects for reduced abuse and corporal punishment, and improved positive parenting.

Useful Resources

Understanding child abuse and its links with violence against women

Bridging the gaps: a global review of intersections of violence against women and violence against children, Guedes, A. Bott, S., García-Moreno, C. and M. Colombini. *Global Health Action*, vol. 9, no. 10. 2016
Presents a narrative review of evidence on intersections between VAC and VAW - including sexual violence by non-partners, with an emphasis on low- and middle-income countries.

Intersections of violence against women and violence against children. Fulu, E., McCook, S. and K. Falb. What Works Evidence Review Cape Town: South Africa. 2017
Provides an overview of the evidence on the links between VAC and VAW, including shared risk factors, common social norms, co-occurrence and the intergenerational cycle of abuse.

Global prevalence of past-year violence against children: a systematic review and minimum estimates Hillis, S., Mercy, J., Amobi, A., et al. *Pediatrics*, vol. 137; no. 3. 2016
Provides the most robust and recent global prevalence estimates for past-year violence against children.

Hidden in plain sight: a statistical analysis of violence against children, New York: UNICEF. 2014.
Provides data on the prevalence of different forms of violence against children, with global figures and data from 190 countries.

What works to prevent sexual violence against children: Evidence Review. Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. Together for Girls. 2019
Presents a user-friendly summary of the existing evidence of what works to prevent sexual violence against children and adolescents.

Understanding the scale of VAC and response

Violence Against Children Surveys (VACS), US Centers for Disease Control and Prevention (CDC).
VAC surveys are led by the CDC under Together for Girls and measure physical, emotional, and sexual violence against girls and boys. Surveys have been done in multiple LMICs and analysis is available on the website.

The Economist Out of the Shadows index *a 60-country benchmarking index examines how countries are responding to the threat of sexual violence against children.*

International frameworks and guidelines

United Nations Convention on the Rights of the Child (UNCRC), 1992
International statement on child rights including 54 articles and the most widely-ratified international human rights treaty in history.

INSPIRE: Seven strategies for Ending Violence Against Children, Geneva: World Health Organization (WHO); 2016
An evidence-based resource for those involved in preventing and responding to violence against children and adolescents, including government, grassroots, civil society and the private sector.

INSPIRE Handbook: action for implementing the seven strategies for ending violence against children, New York: UNICEF; 2018
Aims to help policymakers, planners, practitioners, funders, and advocates operationalise the seven INSPIRE strategies in their country or setting.

INSPIRE Indicator Guidance and Results Framework, New York: UNICEF; 2018
Designed to help governments and NGOs monitor progress and track change over time across the seven INSPIRE strategies. The document includes a results framework and core set of indicators, alongside detailed guidance on how to use them.

Preventing and responding to violence against children: Theory of Change, New York: UNICEF; 2017
Presents an overarching, multisectoral theory of change to guide UNICEF's work on preventing and responding to violence against girls, boys and adolescents.

Global Guidance on Addressing School-related Gender-based Violence, Paris and New York: UNESCO and UN Women; 2016
Provides a comprehensive, one-stop resource on school-related gender-based violence (SRGBV).

Endnotes

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[3] Both girls and boys can experience child and adolescent abuse, with girls particularly vulnerable to sexual abuse, while boys are more likely to be victims and perpetrators of homicide. Adolescence (ages 10-19) is a time of increased risk of violence, with one in three adolescent girls aged 15 to 19 who are in an intimate relationship reporting to have ever experienced emotional, physical or sexual violence, reaching over 50% in some parts of Sub-Saharan Africa. Adolescence is also a time when perpetration (by boys) of sexual violence often starts but it can also be a window of opportunity for prevention. See: Stoltenborgh, MA., van Ijzendoorn MH, Euser, E., Bakerman-Kranenburg,. MJ (2011) A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. Child Maltreatment. 16:79–101; WHO (2015) Preventing Youth Violence: An Overview of the Evidence. Geneva: World Health Organization;
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RESPECT WOMEN

STRATEGY SUMMARY

Transformed attitudes, beliefs and norms

UN WOMEN

World Health Organization

Definitions

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

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

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

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

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

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

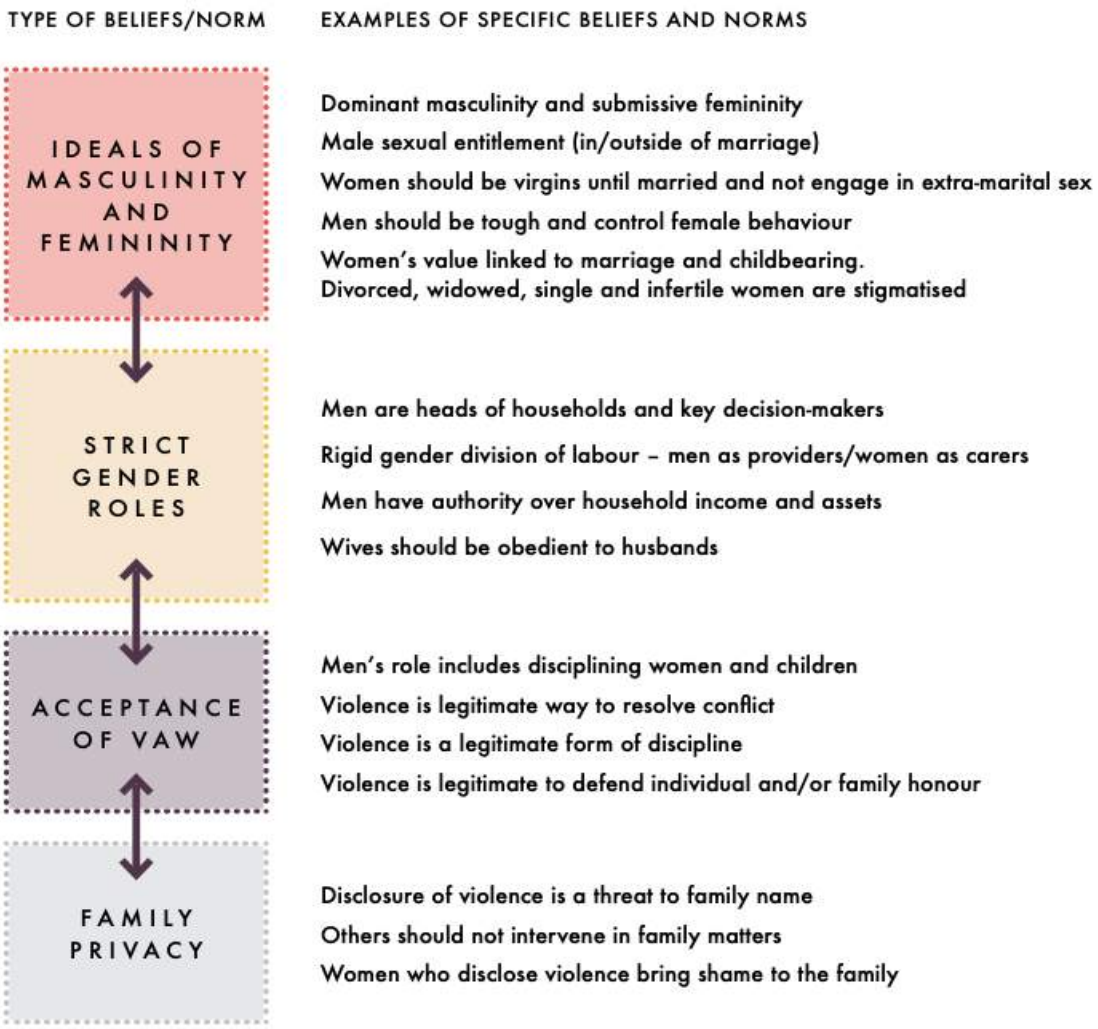
Transformed attitudes, beliefs and norms

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

Rationale

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

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



Which risk and protective factors does the strategy address?

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

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

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

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

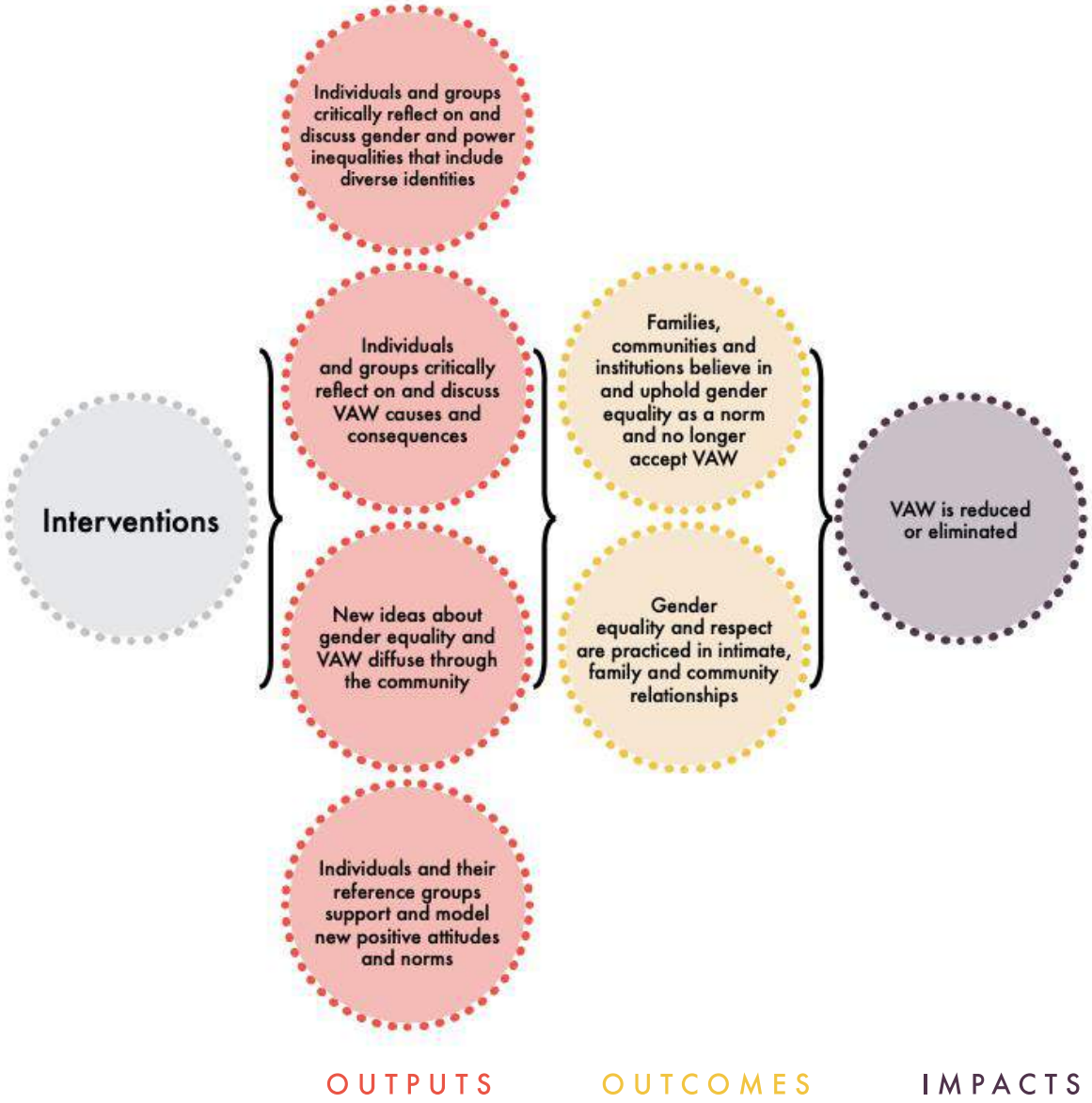
Social norms do not necessarily correspond with individual attitudes and beliefs, and the social expectations they create can be a powerful driver of individual behaviour. This explains why improvements in individual knowledge and attitudes on VAW do not necessarily result in changed behaviour and reductions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

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

Theory of change

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

T: Transformed attitudes, beliefs and norms



Types of interventions

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

LEGEND

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

Intervention type	Description	Evidence of effectiveness	Example programmes
Community activism/ mobilisation approaches	The most effective approaches under this strategy include community activism/mobilisation approaches. This approach engages volunteer 'community activists' who live and/or work in these communities who are trained and supported to engage with men and women in the community through informal activities to challenge harmful norms and attitudes towards VAW. These approaches also work with key opinion leaders such as religious and traditional leaders, the police, health and social services, to influence norms and strengthen local-level response services for survivors.	L There is **promising** evidence from LMICs that well-designed and implemented multi-year interventions of this kind can lead to community-level reductions in physical and sexual intimate partner violence within programmatic timeframes.[2] H Evidence suggests that community activism/ mobilisation approaches work best when they involve a high-intensity delivery, engage a cross section of the community and involve informal activities that provoke critical reflection and discussion.[3] There is **no evidence** from HICs as these interventions have not yet been rigorously evaluated.	SASA! (25+ countries) SHARE (Uganda) COMBAT (Ghana)

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

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

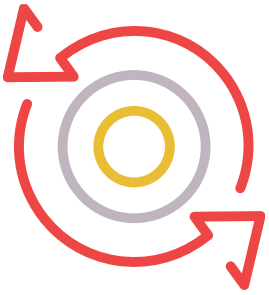
Example programmes

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

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

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

Programme and location	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
Gender Roles, Equality and Transformation (GREAT) programme	Adolescent-focused, social norm change programme	Uganda	**Very Young Adolescents:** boys and girls 10-14 years old, attending school **Older Adolescents**: boys and girls 15-19 years old, unmarried and without children **Newly Married or Parenting Adolescents**: boys and girls 15-19 years old, married/ cohabitating, with or without children The programme also engaged **community members** to support adolescents' individual change and to achieve community-wide change.	GREAT developed and tested four interventions: • The Community Action Cycle (CAC) engages community leaders (clan leaders, religious leaders and elected village leaders) in a process of collective dialogue and action • A Serial Radio Drama, *Oteka* + face-to-face discussions- • Village Health Team (VHT) Service Linkages • The GREAT toolkit - participatory and interactive approaches developed specifically for adolescents to discuss and reflect upon their own gender norms and SRH	5 years	**Evaluation type:** Mixed methods quasi-experimental **Impact:** Adolescents reported: • Improved attitudes & behaviours regarding family planning. • Increased likelihood to seek health services & feeling more comfortable seeking services from VHTs. • Improved partner communication & shared decision-making. • Less acceptance of men's violence against women. • Decreased rates of newly married/ parenting young women and men reporting that they react violently to their partner when they are angry.



Design and Implementation Checklist

Common elements and principles of effective approaches to tackle harmful and/or promote positive attitudes, beliefs and norms include:[13]

Programme design and adaptation

1. **Undertake high-quality formative contextual analysis and research to identify the specific norms and attitudes driving VAW in any given context.** Successful interventions take on a gender power analysis of the root cause of VAW, are specific about the behaviour they want to promote or change, have a good understanding of the norms and attitudes which influence these behaviours in the local context, and the social rewards and sanctions that keep norms in place. There are now several tried and tested qualitative approaches which can be used for diagnosing social norms and how they operate in specific contexts. This includes the use of open-ended questions in a group setting to explore whether a behaviour is perceived as typical and appropriate under different circumstances, and using hypothetical vignettes accompanied by structured questions to deepen understanding of the dynamics surrounding specific norms.[14] When adapting existing programmes, it is strongly recommended to involve the originators to ensure fidelity to the core principles and learn from experiences of adaptation elsewhere.[15]

2. **Ensure strong organisational buy in for the intervention.** Not all types of organisations are well suited to engage in gender-transformative and social norms programming at a community level. Successful interventions have been delivered by values-driven organisations which are willing to take time to support their own staff, including their leaders, to reflect on violence, discrimination, power and relationships within their own lives as well as within the organisation.[16]

3. **Focus on promoting context-specific positive norms and behaviours.** It is usually more effective to promote positive new norms, attitudes and behaviours across multiple platforms over time i.e. 'what can be', rather than highlighting harmful norms and behaviours i.e. 'the problem' which may inadvertently communicate that this behaviour is normal.[17] For example, aspirational messages such as 'working together for household development' or 'men's role as fathers', may resonate with target populations as well as help to avoid potential backlash.[18] However, it is important not to ignore deep-seated inequitable beliefs and power dynamics in the household, which may be harder and take more time to shift.

4. **Design to catalyse broader societal change rather than focus on individuals and small target groups.** Initiatives to shift social norms differ. Often small group reflection-based programmes (e.g. REAL and GREAT) also use media (radio drama, community billboards) to spark community-wide reflection. Community mobilisation approaches differ from many other strategies, as they attempt to influence change at a population level, rather than just the individual and group level. In order to reach a tipping point or critical mass of individuals supportive of change, interventions must aim to reach a high proportion of the community or institution through an organised process or strategy. For example, working with influential community members to role model positive behaviours in public settings, and pairing communication strategies to amplify key messages and enhance the impact of face-to-face interactions.[19]

5. **Avoid standalone awareness raising activities.** Although these have been one of the most common approaches to tackling VAW to date, evidence shows they are not intensive enough, rely more on messaging or information giving than sparking critical thinking, or are not sufficiently theory-driven to transform deeply entrenched norms or reduce VAW on their own.

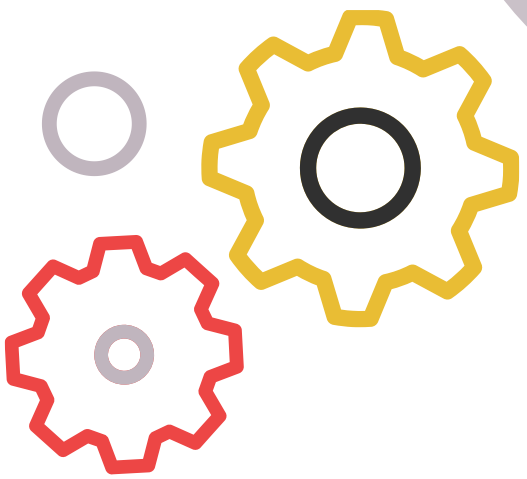
Implementation and scale-up

6. **Carefully select, train and supervise all programme staff, including community volunteers or facilitators.** Successful approaches rely on the engagement of community volunteers or activists rooted within the community, who at the start of the intervention will share many of the same norms and attitudes regarding VAW, which the programme aims to shift. These individuals need to have the credibility within the community or institution to influence discussions around gender, power and VAW, be sufficiently motivated, and receive sufficient training and support throughout the intervention[20] to model gender-responsive behaviours, skilfully facilitate discussions and motivate communities and institutions to prevent VAW.[21] Change starts from within – time for reflection and training is needed first among project staff.[22]

7. **Engage both women and men, and boys and girls.**[23] Social norms around VAW are adhered to by both men and women, and boys and girls, as such it is critical to involve both sexes in interventions.[24] However, these efforts can often benefit from holding some separate sessions and dialogues with same sex groups to help participants feel comfortable talking and exploring ideas.

8. **Do not enforce change from the top down.** Approaches should be people-led and engage multiple stakeholders (community members, religious and traditional leaders, state agencies and donors) in preventive efforts, and reinforce messages through multiple pathways and exposures. It is important to carefully plan for, monitor and mitigate unexpected negative consequences, such as backlash.[25]

9. **Create safe spaces for sustained, critical reflection through meaningful personal engagement.** Successful approaches go beyond one-off trainings and events, to facilitate a process of change, encouraging people to explore and challenge their ideas and



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

10. **Sufficient duration and intensity (3–5 years).** Approaches which aim to shift deep-seated social norms require complex social change processes which cannot be achieved through 'light touch' interventions and short timeframes. Shifting deeply entrenched social norms at scale can take many years and requires multi-component interventions including sufficient time for design and adaptation.

11. **Strengthen community-based care and support for survivors of VAW.** For example, community volunteers can serve as an important bridge between community members and state agencies and other non-governmental service providers to ensure that survivors have access to physical and mental health, security, social welfare and legal services, as well as helping women to access justice where relevant (see **Services Ensured RESPECT Strategy Summary** for further information)

Entry points

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

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

Key Resources

Understanding norms theory

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

Shifting social norms to tackle VAWG: A DFID Guidance Note. London: DFID 2016
This guidance note is intended to support advisors and programme managers with evidence, relevant examples and practical guidance on how to address harmful social norms in the context of programming to prevent VAWG.

Addressing Social Norms at the VAW/VAC Intersection. London: London School of Hygiene & Tropical Medicine; 2019
A short summary on social norms and the intersection between violence against women (VAW) and violence against children (VAC), based on a two-day meeting of the Learning Group on Social Norms and Gender-related Harmful Practices.

Social norms, gender norms and adolescent girls: a brief guide. London: Overseas Development Institute; 2015.
Provides an overview of social norms relevant to gender inequalities that affect adolescent girls. Drawing on fieldwork in Ethiopia, Nepal, Vietnam and Uganda, it considers the relationship between poverty and discriminatory gender norms.

Piecing together the evidence on social norms and VAW. Melbourne, Equality Institute; 2017
An easily digestible booklet which provides an overview on the current state of evidence on the drivers and contributing factors of VAW, focusing on the role of social norms.

Social norms approaches to VAW prevention

Community-based norms focused interventions: definition and attributes. The Learning Collaborative to Advance Normative Change; 2018
This brief highlights key attributes of effective community-based approaches to shifting gender-related norms, including those designed to promote adolescent and young people's reproductive health.

Research methodologies for assessing norms

Measuring gender-related social norms, Learning Report 1. London: Learning Group on Social Norms and Gender-related Harmful Practices of the London School of Hygiene & Tropical Medicine; Cislaghi B, Heise L. 2017
Describes evolving techniques for norms measurement with experience from programmes to address violence against women and girls.

Applying theory to practice: CARE's journey piloting social norms measures for gender programming. Cooperative for Assistance and Relief Everywhere, Inc (CARE); 2017
Focuses on CARE's work to apply social norm theory to its development practice.

Scale-up of norms interventions

On the CUSP: the politics and prospects of scaling social norms change programming. Goldman, L., Lundgren, R., Gillespie, D., Bajenja, E., Muyhango, L. and Michau, L., Sexual and Reproductive Health Matters; 2019
Article summarising the lessons and implications on scaling social norms change initiatives for gender equality to prevent VAW and improve sexual and reproductive health and rights (SRHR), from the Community for Understanding Scale Up (CUSP). See also CUSP for more case studies, materials and resources on scaling-up norms interventions

Guidance Note on Scaling Up Social Norm Change. K4D Emerging Issues Report. Brighton, UK: Institute of Development Studies. 2019
Provides guidance on how DFID can support the scale-up of inclusive approaches to complex social change for marginalised and vulnerable groups. It includes four companion briefs on: concepts and resources; types of scale-up, resourcing and value for money of scale-up; and risk management and monitoring.

USAID. Scaling-up interventions to prevent and respond to gender-based violence: an analytical report. Washington DC: USAID; 2015
Describes experience of scaling up GBV programmes and features case studies of INSPIRE programmes, Yaari Dosti, IMAGE, Stepping Stones, and Soul City

Endnotes

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

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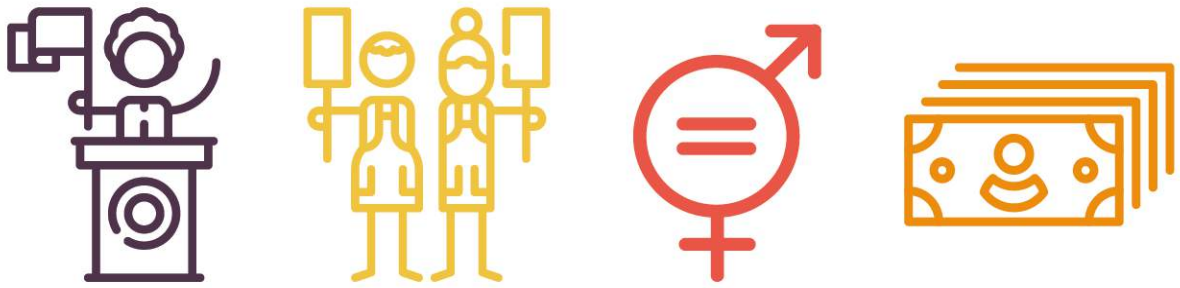
RESPECT WOMEN



Strengthening the Enabling Environment for VAW Prevention

UN WOMEN

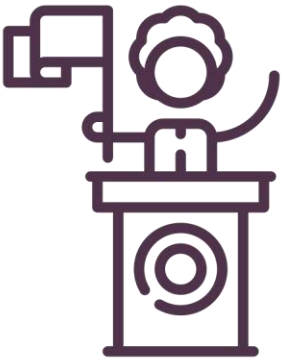
World Health Organization

Strengthening the Enabling Environment for VAW Prevention

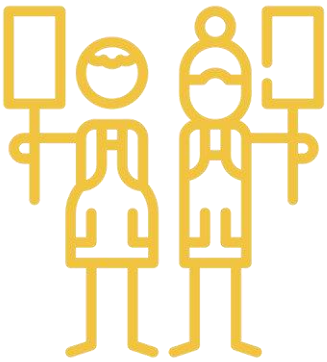
Overview

Violence against women (VAW) is rooted in unequal power relations between men and women. These gender inequalities are created and reinforced through discriminatory social norms, practices and structures within families, communities, workplaces, state and non-state institutions. Gender inequalities also intersect with violence and discimination based on other characteristics such as race, ethnicity, sexual orientation, ability/disability and citizenship status.

To prevent violence against women, it is critical to address the broader environment that either enables or inhibits violence. This document provides guidance on how national policymakers and their funding partners can strengthen the enabling environment for VAW prevention in four key ways:



BUILD POLITICAL COMMITMENT



INVEST IN WOMEN'S ORGANISATIONS

IMPLEMENT LAWS AND POLICIES

ALLOCATE RESOURCES TO ADDRESS VAW

BUILD POLITICAL COMMITMENT

Outcome: Build political commitment from leaders and policy makers to speak out, condemning violence against women.

Objective: Leaders and policymakers at different levels - particularly national, sub-national and community leaders - speak out and condemn gender inequality and violence against women and take concerted action to prevent and respond to it.

Rationale: Building political commitment to prevent and respond to gender inequality and VAW is central to implementation of the RESPECT framework. For example, generating buy in and support from national and sub-national leaders and policymakers can help to ensure that intimate partner violence (IPV) is recognised as a human rights abuse and as a social problem of public concern rather than a private issue. This support is also important to address related aspects of women's empowerment such as education, assets and leadership. Political leaders can give visibility, profile and momentum to the issues of gender equality and VAW and can galvanise support and action from others.

Political commitment is also a vital ingredient to support systemic change in preventing and responding to VAW, which requires the development and implementation of new laws, policies or national action plans, and the sustained allocation of financial resources. Political leaders, alongside other influential leaders and role models, can also play a key role in the process of shifting social norms around VAW through speaking out to condemn discrimination and violence.[1]

Case study: Fiji

The Fijian government is one of the first countries in the world to develop an inclusive, whole-of-government national strategy to prevent violence against women and girls. The five year strategy (2020-2025) has high level commitment, with a clear and costed budget for implementation. Using an evidence-based approach, the strategy will set out short, medium and long term measures to prevent violence.

Key considerations for policy makers: The following key considerations can help to guide work to build political commitment among influential leaders and other policy makers.

Key consideration	Details
Engage national, sub-national and local community leaders	• Target key influential leaders and policy makers at all levels – national, sub-national and community-level stakeholders. Evidence shows that engaging both formal and informal community leadership structures (including elected, traditional and religious leaders) in rural communities is particularly important.[2]
Make the moral and economic case for action	• Work with local experts to increase awareness amongst leaders and policy makers of the scale and dynamics of VAW in the national and sub-national context, including evidence on the negative social and economic impacts on women, their children, families and communities and the national economy and how this resonates with the global evidence base.[3] • Make both moral and economic arguments: gender equality and VAW are violations of human rights as well as barriers to family well-being and economic development. Target arguments to the audience and champions who will transmit these messages.

	• Emphasise the greater social and economic costs of inaction, versus the cost of prevention.[4]
Fund and partner with women's movements and women-led civil society organisations	• Provide support and funding to amplify the voices of national and sub-national women-led organisations in advocating for greater attention to VAW. Evidence shows that supporting women's organisations can build political will to address VAW, as well as support members of legislatures and bureaucrats' efforts to do so, through showing public support.[5] • Support alliance building around a VAW advocacy agenda within the women's movement, women's rights organisations, and across other sectors of civil society, including developing shared messages at a local, regional and global level.
Build cross-party support and use cross-government structures	• Build cross-party and cross-government support for the prevention of and response to VAW. Work with and strengthen existing government structures mandated to work on gender inequalities and VAW. For example, working with the gender ministry and cross-government institutional bodies can be effective ways to make government, including the legislature, more gender-responsive.[6] **Cambodia's second National Action Plan (NAP) to Prevent VAW 2014-2018 was designed in consultation with the courts, prosecutors, local authorities, police and civil society, and covers multiple actors including relevant government ministries, development partners, civil society, and survivors.** • Given that gender ministries often have limited political influence, capacity and budget, it is also useful to look for allies in other ministries and strengthen capacity where possible.
Harness national and international law and commitments	• Use international and regional conventions, declarations and resolutions and existing national legislation and policy as the basis for advocacy to incentivise political commitment and to further improve national laws and policies and their implementation.[7] These might include the Sustainable Development Goals (SDGs) and legally binding regional and international treaties and instruments (e.g. CEDAW, Maputo Protocol, Belém do Pará and Instanbul Convention) to frame national agendas and policies. • Look for opportunities for national leaders to show leadership on VAW at the UN and other multilateral or regional forums.
Increase the visibility of VAW issues	• Collect data to document the scale and severity of VAW and its consequences. It is important to look for ways to build ownership and buy-in from national stakeholders in the data collection process. • Encourage and incentivise leaders and public figures at national and local levels to speak out against VAW. For example, First Ladies have driven several campaigns against VAW across sub-Saharan Africa.[8] • Consider champions from other sectors, including sports stars and celebrities. • Provide relevant platforms and opportunities for leaders and policymakers to make public statements in support of ending VAW. • Work with the media to improve reporting on VAW to raise awareness about the extent, causes and consequences of violence rather than reinforce harmful gender norms and stereotypes.[9] • Edutainment and digital technologies have the potential to reach large numbers of people and can help raise awareness about VAW - although there is not yet evidence that they can reduce violence on their own.[10]

Case study: Sierra Leone

In Sierra Leone, civil society organisations used several high-profile cases of sexual violence as well as data showing a sharp increase of sexual assault cases in the previous year to mount pressure on the Government to act. This included a campaign led by the First Lady, and in February 2019, the President declared a State of Emergency over VAW, which allowed his government to introduce new regulations immediately, including new provisions for survivors and more severe punishments for perpetrators.

The State of Emergency enabled the Government to act quickly, focus national attention on the issue of sexual violence, and to fast-track court cases. But there was a mixed response, and a questioning of the legality of using emergency measures to effect legislative change. In response, the Government revoked the State of Emergency in June 2019, and reintroduced its changes through parliament, which passed in September 2019 through amendments to the 2012 Sexual Offences Act. Changes included increasing the minimum sentence for rape, and provisions for new offences, such as solicitation by persons in authority (e.g. teachers).

Source: Martin, L.S. and Koroma (2020) *Sierra Leone declared a state of emergency over sexual violence*. African Arguments.

Further resources:

'Feminist mobilisation and progressive policy change: why governments take action to combat violence against women', Weldon, S.L. and Htun, M. in *Gender & Development* 21 (2). 2012. *This ground breaking analysis on VAW in 70 countries from 1985 to 2005 reveals that the most important and consistent factor driving policy change is feminist activism.*

'Economic and Social Costs of Violence: Evidence Brief' What Works to Prevent VAWG Programme. 2020. *This evidence brief provides a useful tool for dialogue with political leaders and policy makers. It presents key findings about the impact of VAWG on national economies and society in Pakistan, Ghana and South Sudan.*

'Estimating Macroeconomic Loss Due to Violence Against Women and Girls: A Policy Toolkit.' Raghavendra, S., Kim, K., Ashe, S., Chadha,M., Piiroinen, P.T. and Duvvury, N. Galway: NUI Galway. 2019. *This policy toolkit provides a simple guide for estimating both the direct and indirect costs due to VAWG. The toolkit also provides a way to articulate the costs to economic growth by estimating the cost premium that violence imposes on growth.*

Global Scoping of Advocacy and Funding for the Prevention of Violence Against Women and Girls. The Equality Institute (2019). *This paper presents an overview of funding patterns and donors for VAWG prevention programming from 2012-2017, lessons learned, opportunities, gaps and recommendations for advocacy and funding.*

INVEST IN WOMEN'S ORGANISATIONS

Outcome: Invest in, build on the work of, resource and support women's organisations.

Objective: Women's rights organisations and movements have the resources, capacity and space to advocate for gender equality, implement innovative and effective violence prevention and response programmes, and hold state and non-state actors accountable to women.

Rationale: Women's rights organisations (WROs) are on the frontline of supporting survivors and have pioneered effective models to prevent and respond to violence against women (VAW). This has included: designing community mobilisation strategies which have reduced levels of violence; advocating for better referral systems and formal services (e.g. women's police stations, family courts); providing informal services (e.g. shelters, psychosocial support) and direct accompaniment to survivors so they can access the services they need; and promoting the use of technology to monitor VAW and support women's safety.[11]

Women's rights organisations create spaces for collective action by women to advocate for social change which is locally owned and accountable to women. They have campaigned for changes in legislation and research shows that policy and advocacy by feminist movements - and the women's rights organisations that drive them - has been the most important factor in improvements to national legal and policy frameworks to end all forms of violence against women.[12]

At an individual level, women's rights organisations create opportunities for women to take on leadership and decision-making roles, especially where traditional political structures exclude women. This provides a route to women's political empowerment, one important factor in increasing gender equality.[13]

Yet, despite the role played by women's rights organisations in driving strategic, sustainable, structural and cost-effective social change around violence, they are significantly underfunded, receiving only around 1.5% of aid money committed for work on gender equality.[14] For women's movements to be able to continue to lead and catalyse efforts to prevent and respond to violence, local and national women's rights organisations need adequate funding and a key role in research, programming and decision-making on VAW.

Key considerations for policy makers: The following key considerations can help to guide organisations committed to invest in women's rights organisations.

Key consideration	Details
Support diverse women's rights organisations	• Support a diversity of women's rights organisations from small, informal organisations operating at the local level to larger, high-profile organisations active in advocacy and accountability work at national, regional and international levels. • Support women's rights organisations who work to advance the rights of women more broadly, in addition to those focusing on the prevention of violence and discrimination against specific groups of women e.g. younger or older women, women with disabilities, or women from sexual or ethnic minorities.[15]

Carefully consider the best type of funding	• Provide the flexible, core and longer-term funding that best supports women's rights organisations' work to build movements, respond to unanticipated opportunities and threats, build their organisational capacity, scale up their programming and create sustainable, structural change.[16] • Consider a range of funding modalities to support women's rights organisations of different sizes: including funding for advocacy and networking; flexible funds for short-term innovation, research and learning; and longer-term core support. • Support funding through specialist funders such as women's funds to get resources to smaller women's rights organisations.[17]
Provide support beyond direct funding	• Provide ongoing, flexible, long-term accompaniment that supports women's rights organisations to strengthen and expand their work on VAW prevention, including technical advice, financial support and opportunities to share learning. • Support women's rights organisations to build capacity to diversify funding sources and mobilise resources locally, including from national and local governments. • Work with national women's movements to bring their agendas into global and multilateral spaces and create opportunities and platforms for women's rights organisations to form networks and alliances, and to have voice. For example, by funding networks and convening events and by including women's rights organisations on formal government delegations (e.g. to the annual two-week sessions of the Commission on the Status of Women (CSW) in New York). • Advocate internationally and locally for feminist agendas, for the inclusion of women's rights organisations in political decision-making processes including peace processes, and sustained financial support.[18] • Proactively engage women's rights organisations representing women who face multiple disadvantages, to ensure funding rounds are accessible and inclusive.[19]
Support the safety and independence of women's rights organisations[20]	• Recognise and support women human rights defenders (WHRDs), including documenting and responding to violence against them and raising this as part of policy dialogue and wider diplomatic efforts.[21]
Build on the existing work of women's rights organisations	• Recognise and value women's rights organisations' deep knowledge of their own communities and contexts. • Support women's rights organisations to improve their ability to document and share their work, learning and impacts e.g. monitoring, evaluation and learning frameworks, commissioning research and documenting practice-based learning.[22] • Co-develop, in partnership with women's rights organisations, reporting systems that track the structural change they are trying to catalyse, allowing simple, creative, and efficient measures to monitor and report this change.[23]
Build strong partnerships	• Involve women's rights organisations as experts in designing and managing funds and ensure that they sit on funds' boards. • Foster equal partnerships with women's rights organisations – in terms of control of programme budgets, voice in decision-making and access to all levels of information. • Fund and support coalition-building between women's rights organisations, and with other social movements, to strengthen collective voice and impact.

Case Study: Raising Voices and CEDOVIP in Uganda

The long-term and flexible partnership between Irish Aid and Raising Voices and CEDOVIP in Uganda is a good practice example of how partnerships between funders and women's rights organisations can evolve over time as women's rights organisations grow and develop domestic sources of funding and support.

Raising Voices is a women's rights organisation based in Uganda which develops and implements community-based approaches to change social norms and reduce VAW. Its partner is the Centre for Domestic Violence Prevention (CEDOVIP), an independent Ugandan NGO, co-founded by Raising Voices in 2003.

Irish Aid initially funded Raising Voices through the Irish Embassy in Uganda and this support helped Raising Voices to develop its flagship community mobilisation programme SASA!. In 2012, with joint funding from the UK, a randomised control trial (RCT) of SASA! showed successful results and the potential for scale-up. As Raising Voices began to adapt the methodology for use in different contexts, and increased its advocacy and learning efforts, Irish Aid decided to shift its funding from Embassy to Headquarters, and from project-based to flexible, core funding. Irish Aid also offered additional non-financial support including linking Raising Voices with new partners and funders, and facilitating their global influence.

As Raising Voices scaled its methodology beyond Uganda, CEDOVIP continued their project work in Uganda, and they together established a partnership with the Government of Uganda. This enabled Irish Aid to work with Raising Voices and CEDOVIP on a two year transition period designed to ensure progress achieved to date will be sustained through partnerships with the government and other donors.

Source: Esplen, E. (2016) *Donor support to southern women's rights organisations: OECD Findings*. OECD DAC Network on Gender Equality.

Further resources:

'Toward a Feminist Funding Ecosystem: A framework and practical guide' AWID Resourcing Feminist Movements Initiative. 2019. *This guide examines how funding practices can better serve feminist movements.*

'Feminist Pocketbook' The Coalition of Feminist for Social Change (COFEM). 2017. *This useful resource includes Tipsheet 4: Staying Accountable to Women and Girls and Tipsheet 10: Feminist Movement Building*

'Donor support to southern women's rights organisation: OECD Key Findings' Esplen, E. 2016. *This report documents trends and strategies in donor support to southern women's rights organisations, and identifies approaches, models and mechanisms for donors to strengthen the quantity and quality of support to southern women's rights organisations.*

'Standing with the changemakers: lessons from supporting women's movement' Womankind Worldwide. 2017 *This report highlights the roles of women's rights organisations and movements in bringing about advances in women's rights, and what the international community can do to support them.*

IMPLEMENT LAWS AND POLICIES

Outcome: Put in place and facilitate enforcement of laws and policies that address violence against women and that promote gender equality, including access to secondary education.

Objective: Laws[24] and policies to promote gender equality and prevent violence against women are created and enforced, including through developing institutional and duty-bearer capacity and accountability.

Rationale: National laws are the first step in guaranteeing rights and fundamental freedoms, as set out in international and regional instruments including the Declaration on the Elimination of Violence Against Women, the Belém do Pará Convention, the Maputo Protocol and the Instanbul Convention. Laws provide the basis for the recognition, protection and enforcement of rights. Government policies, strategies and action plans that promote gender equality and address violence against women can also be an important statement of commitment and provide a framework for action.

Over the past 30 years, the number of countries introducing laws to address domestic violence has risen from close to zero in 1990, to 155 by 2020.[25] These include laws to enable the prosecution of domestic violence cases, to issue protection orders, and to stipulate the rights to services for survivors, including, in some cases free health care and legal aid. There are also a range of other specific laws to prevent VAW including laws to criminalise sexual abuse, female genital multilation, domestic violence, child marriage and coercive control.

There is emerging evidence that wider laws that promote gender equality – including on inheritance, land and property rights, marriage custody and divorce - may also help reduce levels of VAW. For example, a study assessed the impact of equalising inheritance rights for men and women on levels of VAW in 16 states in India and found that women who married after the amendments were less likely to experience IPV.[26] Laws and policies to improve access to secondary education are also important for empowering girls and reducing women's future economic dependency on male partners. Men are likewise less likely to perpetrate physical and/or sexual IPV if they have completed secondary education.[27]

However, it is important to note that while strong legal and policy frameworks are important for protection and response and a vital part of expanding women's access to justice, there is little evidence that laws against VAW act as a deterrent for perpetration or reduce levels of VAW.[28] In many countries, there is also a significant implementation gap and laws and policies are not implemented, especially in more remote areas. Effective implementation of laws and policies requires political commitment, dedicated budgets, trained personnel, coordinated action and comprehensive access to services.[29]

Key considerations for policy makers: Some key considerations for national policymakers – and those advocating for and supporting reforms - to consider when developing, implementing and monitoring the effectiveness of laws and policies include:[30]

Key consideration	Details
Reform process	• Ensure states comply with the 'due diligence' standard in international law which requires states to take 'reasonable' action to prevent, protect against, prosecute, punish and provide redress for violence against women. • Adopt a comprehensive legislative approach that moves beyond simply criminalising violence to incorporate civil remedies and legislative provisions around prevention, awareness-raising, institutional mechanisms and judicial protection of survivors.

	• Consult with relevant stakeholders including survivors, women's organisations and relevant civil society organisations, government departments and service providers, national human rights institutions, police, legal professionals, healthcare professionals, social services, national statistical offices, religious and community leaders.
Provisions	• Define violence against women in its broadest form (covering physical, sexual, emotional and economic violence) and in accordance with international human rights standards. Laws should then contain specific provisions for different types of violence including sexual harassment, different forms of violence within the family and in interpersonal relationships, as well as cover different spaces (e.g. public spaces; homes, workplaces, schools, cyber violence). • Protect all women equally, including provisions on non-discrimination against different groups of women and provisions for the inclusion of vulnerable groups. • Clarify the relationship between customary and/or religious law and informal and formal justice systems including survivors' rights under both processes.
Implementation	• Establish a national action plan or strategy for comprehensive and coordinated implementation of laws and policies by different government (and civil society) actors to prevent violence against women, including creation of inter-institutional coordination mechanisms. • Develop a specific strategy to disseminate and popularise new laws and policies as this is important both to implementation and to start to shift social norms around the acceptability of gender inequalities and violence. • Commit adequate budgets for implementing laws and policies, including for frontline prevention and response services, for example via gender-responsive budgeting (see brief on Allocate Resources). • Build institutional capacity to address VAW and promote gender equality, by providing specialised and ongoing gender transformative training and protocols for duty bearers who respond to violence against women, including healthcare professionals, police and justice officials. To be effective, the training must explicitly focus on addressing harmful attitudes and norms around gender equality and violence against women. Refresher training and on-the-job mentoring is also important. • Ensure survivors can access coordinated care and support services delivered by different sectors (e.g. health, security, legal, social services). Access to 24-hour phone helplines and shelters are also important for providing information and support to women facing violence. • Improve access to justice including through legal aid, specialised courts or procedures, courts with specially trained judges, and other mechanisms to protect survivors' privacy and rights.
Monitoring	• Develop a monitoring and accountability framework for implementation of new laws and policies with clear outcomes, indicators and milestones to be tracked. • Monitor the implementation of laws and policies through institutional mechanisms, for example by establishing multi-sectoral task forces, committees, national rapporteurs, or observatories. • Civil society actors and women's rights organisations can set up shadow reporting mechanisms and reports to track progress and advocate for further change.

Country example: Brazil

Brazil's *Maria de Penha Law* is a landmark legislation, named after a women's rights activist who was left paraplegic after a violent assault by her husband. Enacted in 2006, it is the first Brazilian federal law to combat domestic violence against women. The law defines forms of domestic and family violence and created a range of prevention and response mechanisms, including special courts for domestic and family violence with stricter sentences, women's police stations and 24-hour shelters for women in cities of more than 60,000 inhabitants. A women-led observatory[31] was also established to track where and how the law is being applied. Research shows that nearly all Brazilians (98%) have heard of the law, with most (66%) being familiar with its purpose and function.[32] However, the impact on preventing violence remains mixed with some evidence of increases in the reported prevalence of physical violence, although this may be due to increased awareness and reporting.[33] More recently, Brazil passed a femicide law in 2015 to clearly define the gender-related killing of women and increase criminal sentences to up to 30 years for convicted offenders.

Further resources:

Handbook for Legislation on Violence against Women: United Nations Division for the Advancement of Women in the Department of Economic and Social Affairs (DESA/DAW). 2010 *Provides detailed guidance to support the adoption and effective implementation of legislation, which prevents violence against women, punishes perpetrators, and ensures the rights of survivors.*

Protecting Women from Violence - Bridging the Implementation Gap Between Law and Practice: Global Indicators Group. 2019. *This short brief identifies where gaps exist in implementing laws and protecting women from violence, based on the Women, Business and the Law dataset.*

Do our Laws Promote Gender Equality? A Handbook for CEDAW-based Legal Reviews: CEDAW. 2012. *This handbook presents a framework for assessing compliance of national laws with CEDAW. Although primarily targeted for practitioners in Southeast Asia, it can also be used in other regions.*

Women, Business and the Law. The World Bank. *These annual reports provide comparable global monitoring data from 173 countries covering a range of indicators, including protecting women from violence.*

Virtual Knowledge Centre legislation module. UN Women. *provides advice on drafting, advocating, implementing and monitoring national legislation.*

VAWG Resource Guide: Citizen Security, Law and Justice Brief: The World Bank. 2015. *This brief ddentifies key areas for integrating VAWG in citizen security, law and justice.*

ALLOCATE RESOURCES

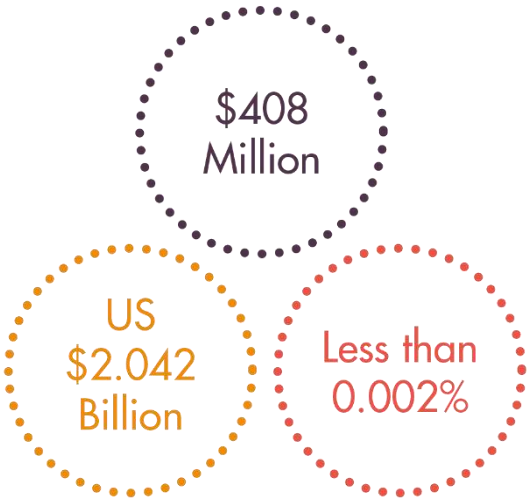
Outcome: Allocate resources to programmes, research, and to strengthen institutions and capacities of the health, education, law enforcement, and social services sectors to address VAW.

Objective: Increased and sustained investment in research, innovation, programmes and services to deliver effective interventions to prevent and respond to violence against women and girls.

Rationale: Creating an enabling environment for preventing VAW requires national and local governments to invest financial and human resources dedicated to prevention. Funding is needed to develop and implement specific prevention programmes, for research and data collection, for legal and policy reforms, and for longer-term capacity strengthening of government bodies, services and civil society partners. VAW also needs to be prioritised and resourced across other sectors and systems, including but not limited to health, education, law enforcement and social services sectors. Allocating resources to address gender discrimination in institutions and build institutional capacity is also critical for strengthening the enabling environment.

Globally, there has been an increase in investment in preventing VAW. However, funding is often irregular and focused on small scale projects that are not commensurate with the scale of the challenge. At the national level, government ministries responsible for addressing VAW are often those with the smallest budgets and these have mostly been focused on VAW response services not prevention – and thus only support a minority of women suffering violence or at risk.[34]

There is a need to allocate sufficient resources to scale up effective models of prevention and to innovate and develop new approaches and interventions.



Over the past five years, an estimated US$2.042 billion has been invested in prevention of violence against women - about $408 million per year. However. this is less than 0.002% of annual ODA[35].

Key considerations for policy makers:
Here are some key considerations[36] for national policymakers – and their funding partners - when allocating resources for VAW prevention:

Key consideration	Details
Strategic and evidence-based approach	• Identify specific prevention goals /outcomes and consider a range of strategies to achieve these and their resource implications, for example: ○ Identify existing opportunities and entry points to make progress on VAW prevention e.g. regional initiatives, new partnerships, social shifts, decentralisation of services. ○ Consider scaling up interventions already tested in your national context that have proven to be effective. Consult with programme designers, implementors and researchers to understand how best to adapt and scale up interventions.

	Advice on how to scale up interventions to prevent VAW can be found on the Community for Understanding Scale Up (CUSP) and ALiGN platform. ○ Consider adapting prevention approaches that have been effective in other contexts for implementation in your national or local context. This requires both technical prevention expertise and strong contextual knowledge. Advice on adapting evidence-based initiatives can be found on the What Works to Prevent VAWG website.[37] ○ Identify opportunities to create greater impact with fewer resources, for example by integrating approaches into ongoing initiatives or working within and across sectors.
Resource planning	• Identify the specific inputs needed to deliver a prevention intervention e.g. fixed costs (e.g. buildings, equipment, vehicles), development costs (e.g. training, manuals), and more flexible costs (e.g. staff, supplies, maintenance of vehicles/buildings).[38] • Calculate the costs of different inputs. When calculating how much it will cost to implement different prevention interventions, consult guidelines for conducting cost analyses of interventions to prevent VAW, and compare with how much prevention programmes cost in different contexts. • Develop a plan for mobilising resources from other sources if needed e.g. public/private partnerships, philanthropic donations and international donors.[39] • If looking for donor financing, make the case for investment in VAW prevention. There are several resources to draw on to highlight the economic and social costs of violence, such as this DFID-funded What Works study on the impact of VAW on national economies and society in Ghana, South Sudan and Pakistan.
Allocate resources	• Use a multi-year funding cycle to allow adequate time to develop and build ownership of multi-stakeholder prevention strategies; put in place the governance and coordination structures needed and to design, adapt and implement VAW prevention programming. • Fund women's rights organisations as partners and implementers. See earlier section on how to support and invest in Women's Rights Organisations. • Include resources for adequate research, piloting and monitoring to adapt strategies, interventions and services to your context, monitor their effectiveness as well as any unintended consequences, and build the evidence base on prevention. • At the programme / project level, ensure longer-term funding. For example, for VAW prevention programmes, there is considerable evidence that short-term project cycles of 1-2 years do not work to prevent violence.[40] Time is needed upfront for formative research, intervention design / adapatation and capacity development including sufficient time and budget to carefully select and train frontline staff, and provide ongoing support and mentoring.[41] • Plan for sustainability once an intervention has ended, including meaningful leadership and ownership within communities to sustain change.[42]
Oversight of resources	• Track disbursements to ensure funds are received by the relevant government departments and are spent on activities to address VAW. • Ensure transparency of resource use so donors, women's rights organisations/civil society can assess whether funds are being used efficiently and effectively, with a focus on whether the investment is cost-effective over the long-term (value for money) rather than simply the lowest cost.

Country example: VicHealth, Australia[43]

In Australia, the state of Victoria has led the development of a whole-of-government approach to VAW prevention. This has included work to build the case for VAW prevention; to develop the National Plan to Prevent Violence aganst Women and their Children 2010-2022; followed by the 'Change the Story' national prevention framework (2015). There has been investment in leadership, governance and coordination at local, regional and state levels and the allocation of dedicated funding for long-term implementation and research. This has included the creation of ANROWS (Australia's National Research Organisation for Women's Safety) and dedicated funding to OurWatch.

Country example: South Africa[44]

In November 2018, South African President Ramaphosa convened the National Gender-based Violence and Femicide Summit and subsequently the National Strategic Plan. The Government designated ZAR1.6 billion (approx. US$92 million) for the plan, based on budget reprioritisation. A multisectoral GBV Fund, drawn from the private sector, development partners and other stakeholders, will also be set up to align investments with the wider national priorities set out in the plan. The steering committee which drives the implementation of the plan, including resource allocation, is located in the Presidency and co-chaired by civil society organisations and government. The plan allocates resources to prevention programming as well as measures to strengthen the criminal justice system and provide better safety and protection for people of all ages, locations, disabilities, sexual orientation, sexual and gender identity, nationality and other diversities.

Further resources:

Handbook of National Action Plans on Violence against Women UN Women. 2012. *Chapter 3.6 on budgets provides examples of how different country contexts have funded VAW work.*

Global scoping of advocacy and funding for the prevention of violence against women and girls Equality Institute. 2019. *This scoping study provides analysis on key donors and funding patterns for VAW prevention work at the international level*.

Guidelines for Conducting Cost Analyses of Interventions to Prevent Violence against Women and Girls in Low and Middle Income Settings. What Works to Prevent VAWG Programme. 2019. *These guidelines provide a standardised approach to costing VAW prevention interventions and are designed to help you identify the specific resources you need to deliver your intervention, and how to assign a value to these resources.*

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RESPECT Framework
Monitoring and Evaluation (M&E) Guidance

UN WOMEN

World Health Organization

Introduction

This monitoring and evaluation (M&E) guide presents key guidance on strategies for monitoring and evaluating programming to prevent violence against women (VAW). The guide is intended to support the implementation of the RESPECT Framework and provides guidance on how to develop and implement an M&E framework for VAW prevention; M&E indicators for each of the seven RESPECT strategies; and advice on how to design and implement safe and ethical M&E systems and processes. It is not intended to be fully comprehensive, rather a summary to be used alongside the RESPECT strategy documents, linking to further useful resources as needed.

Why is monitoring and evaluating VAW prevention work important?[1]

To build a strong global evidence base on what works to prevent and respond to violence against women: Although the evidence base is growing, there continue to be many gaps in understanding which strategies and interventions are most successful, in which contexts, for which population groups, and why. The evidence is stronger for certain forms of VAW, such as intimate partner violence (IPV) and non-partner sexual violence (NPSV), but limited for others.

To track programme progress and effectiveness: M&E can help to identify whether a programme is on track to achieve its intended results or whether adjustments are needed. It can assess the success of an intervention and identify whether interventions work, for whom and why.

To help identify the most effective and efficient violence prevention interventions that can be brought to scale: Although the evidence on what works to prevent violence is growing, less is known about how to prevent violence at scale in the most efficient ways without reducing intervention impact.

To identify and manage risks that could affect the programme and beneficiaries: VAW programmes aim to shift gender and power inequalities and therefore can lead to negative responses and backlash from community members, men and power holders – such as resistance, controlling behaviours and/or further violence. An M&E system is important to track these risks and ensure mitigation strategies are put in place.

To ensure consistent measurement and tracking of progress in preventing VAW globally: A key challenge in measuring progress on the prevention of VAW is the wide variation in indicators and forms of measurement, leading to data that is not comparable. While impact-level indicators and measures for some types of VAW, such as IPV and NPSV, are becoming more streamlined, there are larger variations in indicators and measures for other types of violence and for outcomes such as shifts in social norms. It is important to develop and use a comparable set of global indicators, both for impacts and outcomes.

Box 1: Definitions

Monitoring: is the systematic process of collecting, analysing and using information to track a programme's progress toward reaching its objectives and to guide management decisions. Monitoring usually focuses on processes, such as when and where activities occur, who deliver them and how many people or entities they reach.

Evaluation: is the systematic assessment of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutions' performance. Evaluation focuses on expected and achieved accomplishments, examining the results chain (inputs, activities, outputs, outcomes and impacts), processes, contextual factors and causality, in order to understand achievements or lack of achievements.

Source: Programming Essentials, Monitoring & Evaluation. UNWOMEN Virtual Knowledge Centre to End Violence against Women and Girls

Guiding principles for M&E of VAW prevention programmes

Involve local partners and stakeholders in the design of monitoring and evaluation frameworks: This is important to ensure they are appropriate to the context and respond to evidence needs.

Ensure M&E approaches are survivor-centred, meaning that they should protect the privacy, confidentiality and physical and emotional safety of the women involved.

Adopt a gender-responsive approach: M&E should integrate analysis of gender and power relations and use inclusive, empowering methods.

Ensure a focus on both learning and accountability to funders and programme participants. This requires collecting data that is useful for programme design, adaptation, decision-making, assessing progress and lesson-learning, and ensuring that there are feedback mechanisms to share results with the participants and communities involved.

Use methods and tools that encourage active participation: Methods and tools should maximise active participation and be appropriate to the local context, including attention to the socio-cultural, economic and political context, language and literacy levels, and any disabilities of participants. **Ensure adequate budget** so that high quality and appropriate monitoring and evaluation approaches are built into programme design from the start.

Developing an M&E framework for VAW prevention

There are a number of important steps to take in developing and implementing an M&E framework, which is the basis of a robust M&E system. These steps are compiled from various VAW prevention and M&E resources, which can be consulted for further guidance.[2]

1. Formative research/situational analysis

Before or while developing a violence prevention intervention, it is vital to conduct formative research, sometimes referred to as a situational analysis, which can inform programme design and adaptation. Formative research examines the following in the specific contexts where the programme will be implemented:

- The types and levels of violence prevalent and the specific drivers of VAW – including local perceptions of these drivers;
- The specific beliefs and social norms that underpin and enable various forms of VAW;
- The particular needs and experiences of different population groups, including vulnerable groups;
- Existing interventions, lessons learned and evidence on their impact;
- Support services for survivors, their accessibility and capacity; and
- Key stakeholders, including both formal and informal actors, their capacities, knowledge, attitudes and practices.

Step one of the accompanying workbook on how to develop national prevention strategies provides more detailed guidance on how to undertake a situational analysis at the national/sub-national level.

2. Developing a theory of change

An important step in developing an M&E framework is designing a Theory of Change (ToC) for the programme, which maps out:

- Expected pathways for change in knowledge, attitudes and behaviours related to VAW or VAW risk factors;
- How these pathways will lead to the desired impact; and
- The assumptions made that explain the pathways and processes expected to lead to change.

Other types of frameworks for M&E include results frameworks and logical frameworks, which usually map out the expected inputs, activities, outputs, outcomes and impacts of a programme in a more linear fashion. Linear M&E frameworks are usually insufficient for VAW prevention programming given that they do not map out the complexities of and links between different pathways to change. A simple ToC is provided in each RESPECT strategy summary, with ToC for specific programme examples provided in the programme summaries.

3. Designing the M&E questions

Monitoring and evaluation questions should be based on the overall objectives of the VAW prevention programme and are the foundation of good evaluation design. In addition to asking questions about whether or not expected immediate and longer-term outcomes are being achieved (what changes are happening), questions should also explore how and why changes are or are not happening. There should also be questions about programme implementation, looking at lessons, successes and challenges and whether or not implementation protocols are being followed. This is often referred to as a process evaluation rather than an impact evaluation.

It is also important to ask questions that go beyond the theory of change or logframe and explore any unintended consequences of the programme – both positive and negative – and look at whether risk management strategies are working. Finally, in line with the OECD DAC evaluation criteria (see Box 2), it is useful to ask questions about the relevance of the programme to the people it intends to benefit and, if positive impact has been observed, how the benefits of the intervention can be sustained beyond the programme timeframe.

4. Designing the evaluation approach

There are three main types of evaluation design used to measure and explain the outcomes and impacts of a programme:

1. **Experimental design:** This design is often referred to as a randomised controlled trial (RCT), where individuals or clusters (e.g. communities or schools) are randomly assigned to receive an intervention (the *treatment* or *intervention* group) or not (the *control* group). This evaluation design is thought to be the most rigorous as it directly compares the situation with and without the intervention and therefore can attribute changes to the intervention. It is also the most inflexible and can be costly. There are debates about how ethical it is to randomly assign women to control groups in evaluations if they will not directly benefit from the programme. Best practice is therefore to plan to roll out the intervention to control groups after the evaluation has concluded if impact evaluations have observed positive outcomes.

Box 2: Criteria for Evaluation

Relevance: The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.

Effectiveness: A measure of the extent to which an aid activity attains its objectives.

Efficiency: Measures the outputs – quantitative and qualitative – in relation to the inputs. Was this the least costly way to achieve the desired results?

Impact: The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended.

Sustainability: Measuring whether the benefits of an activity are like to continue after donor funding has been withdrawn.

Source: OECD (2010) Glossary of Key Terms in Evaluation and Results-Based Management

2. **Quasi-experimental design with comparison group:** This design is similar to an experimental design in that one group receives the intervention (the *treatment* or *intervention* group) while another group does not (the *comparison* group); however, there is usually no random assignment to one group or the other, which can introduce bias into the sample. Nevertheless, this design can be rigorous if the comparison group is selected according to relevant criteria to enable as close a 'match' as possible to the intervention group. Much like RCTs, quasi-experimental designs with comparison groups can also be costly, and in some cases more costly than RCTs due to the need to employ larger samples to account for non-randomisation. Quasi-experimental designs with comparison groups can also raise ethical issues similar to the ones outlined for experimental methods.
3. **Non-experimental design:** These are evaluation designs that do not use a control or comparison group. Non-experimental designs typically use pre-test-post-test approaches where outcomes are measured in the population receiving an intervention at two or more time points (e.g. baseline and endline). It is considered good

practice to measure outcomes at more than two evaluation time points (e.g. including a midline study and/or a study some time after the intervention has ended to explore sustainability of impact over time).

A key limitation of using non-experimental designs is that any impact observed cannot necessarily be attributed to the intervention, although using mixed methods (see below) can mitigate these risks and increase confidence in the analysis. These designs tend to be much less costly that experimental designs.

Different methods can be used in each design outlined above:

Quantitative methods, such as surveys with closed-ended questions, draw from numerical data analysis and are useful for identifying whether change is occurring and the scale of change.

Qualitative methods, such as focus group discussions and in-depth interviews with open-ended questions, draw from textual and narrative analysis and are useful for understanding how and why change happens over time and to unearth unintended consequences of programming. In VAW evaluation and research in particular, some outcomes, such as social norms, can be difficult to quantify and are best explored through more open and narrative methods.

Mixed methods: Collecting and comparing data from different methods and sources can help to increase confidence in the analysis. It is becoming increasingly recognised that there is strong value in using both quantitative and qualitative methods - often referred to as mixed methods - in all three types of evaluation design.

Participatory methods can be particularly well suited to M&E in this field given that VAW is rooted in unequal power relations, dynamics and norms. Participatory methods acknowledge these inequalities and aim to empower women and communities through meaningful collaboration and engagement in M&E processes and outcomes.[3] These methods are also useful to understand how different groups of participants experience the programme and associated changes.

5. Designing indicators

Once an appropriate evaluation design has been selected, indicators should be developed to track progress, outcomes and impact. Indicators should be SMART (Specific, Measurable, Achievable, Relevant and Time-bound). Indicators are usually classified under three types:

1. **Output indicators**, which measure progress with delivering programme activities and achieving immediate short-term results. Data on outputs indicators is often collected through regular monitoring.
2. **Outcome indicators**, which measure change in the medium term as a result of the programme interventions. Data on outcomes is usually collected through the evaluation.
3. **Impact indicators**, which measure the long-term impacts of a programme. Data on impact indicators is collected through the evaluation.

Both quantitative and qualitative indicators can be used at all three levels depending on the nature of the M&E questions. Further guidance on developing indicators and data collection tools for the seven RESPECT strategies is outlined in Annex A.

6. Developing monitoring and evaluation tools

Once indicators have been agreed, data collection tools should be designed to measure them. There are a number of data sources and existing tools used globally to measure VAW and related attitudes, behaviours and social norms. Standardised questions for quantitative surveys can be found in the following questionnaires which have been used in multiple countries to collect data at a (nationally representative) population level. Guidance on using these for specific indicators is included in Annex A.

- The World Health Organization (WHO) multi-country study on women's health and domestic violence (WHO MCS).[4]
- The Domestic Violence Module of the Demographic and Health Survey (DHS).[5]
- The United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Survey (MICS).[6]
- International Men and Gender Equality Survey (IMAGES).[7]
- The UN multi-country cross-sectional study on men and violence in Asia and the Pacific (UN MCS).[8]
- The Violence Against Children Survey (VACS).[9]

It is considered good practice to include **standard questions** from these surveys on the following:

- Personal demographic data including gender, age, disability status[10]
- Household socio-economic data including composition, income, assets etc

- Attitudes about gender equality and specific types of VAW[11]
- Experience of various specific forms of VAW (for women)
- Help-seeking behaviours and access to services (for women)[12]

Depending on the specific context, types of violence to be addressed, programme design and theory of change and specific target population, **optional modules** can also be added to provide important data on risk factors for VAW experience and perpetration. For example:

- Alcohol and substance use (amount, frequency)[13]
- Mental health and depression[14]
- Perpetration of various specific forms of VAW (for men, for women)[15]
- Attitudes and practices related to parenting and disciplining of children[16]
- Attitudes towards VAW survivors[17]
- Perceptions about the attitudes of others to understand social norms and reference groups[18]

In addition, there are a number of qualitative tools that have been developed for in-depth interviews, focus groups and community workshops with women, men, community facilitators, field staff, community leaders, women's rights organisations and service providers. Using vignettes (stories that unfold) is a useful way to explore norms.[19]

7. Ensuring research, monitoring and evaluation supports adaptation and scale-up

There are a number of further considerations to keep in mind when conducting research, monitoring and evaluation to support adaptation and scale-up of VAW prevention programming.

Adaptation: Formative research is critical to the successful adaptation of VAW prevention programmes to ensure that prevention approaches, components and modalities are appropriate for the local context. There are some additional ways that research and M&E can support adaptation.

- When adapting VAW prevention programmes, it is important to maintain fidelity to core elements of the original programme. Monitoring data can help to track fidelity and ensure that core elements and values are maintained.
- Process evaluations of programme implementation (i.e. inputs, activities, protocols and procedures) can help programmes to learn about what is working and not working, and whether additional adaptations need to be made.

Scale-up: The WHO/ExpandNet Consortium defines scale-up as *"deliberate efforts to increase the impact of… innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and programme development on a lasting basis".*[20] The Community for Understanding Scale-Up (CUSP) - a group of organisations working on the development, adapation and scaling up of social norms change programmes, including for VAW prevention and gender equality - has generated recommendations for scale-up, some of which have implications for research and M&E.[21]

- Fidelity when rolling out VAW prevention programmes at scale is critical but often suffers due to lack of resources and demands for cost savings by reducing timeframes, training and mentoring, frequency of activities or other programme elements in order to expand coverage. Thus, monitoring data should be used to track fidelity and ensure that core programme elements are maintained.
- An RCT or other type of experimental or quasi-experimental evaluation may be appropriate for assessing the impact of VAW prevention programmes; however, such approaches may not be appropriate to evaluate the effectiveness of programming at scale. Other methodologies may be required to understand pathways to and mechanisms of change when replicating programmes at scale.

Ethics of research and evaluation on VAW

Conducting M&E of VAW programming raises a number of ethical and safety challenges in addition to those usually encountered for M&E in other programming sectors. In 2001 the WHO developed eight principles for doing ethical research on VAW (recently updating these in 2016), which are applicable to M&E of VAW programming. Table 1 contains a summary of each principle with recommendations for designing, planning, implementing and disseminating research or evaluation studies on VAW.[22] A full set of recommendations can be found in the two WHO ethics guidance documents.[23] The more recent WHO guidance includes additional ethical principles to the eight core ones outlined below, some of which are specific to particular types of M&E methodologies and approaches.

Table 1: WHO core principles for ethical research on VAW

1 The safety of respondents and the research team is paramount and should guide all project decisions.

- ✓ Ensure informed participant consent is obtained, including on an ongoing basis in longitudinal evaluation or research.
- ✓ Conduct interviews in private settings.
- ✓ Describe the study to respondents, household members and community members as a study on women's health or family relations.
- ✓ Only interview one woman per household about domestic violence and don't include questions about violence when interviewing other household members. An exception is when both partners are interviewed as part of a couples programme, in which case risks are significantly reduced and the programme can provide backup and support.
- ✓ Interviewers should be trained to deal with interruptions.

Prior to study implementation, undertake formative research and stakeholder analysis to inform the design of culturally appropriate study tools.

2 Studies need to be methodologically sound and build upon current research experience about how to minimise the under-reporting of violence.

- X It is unethical to conduct poorly designed and implemented M&E of VAW programmes. This wastes resources, may contribute to women's underreporting of violence and could put women at increased risk of harm.
- ✓ Appropriate tools and methods should be used, and interviewers should be trained in how to deploy them safely.

3 Protecting confidentiality is essential to ensure both women's safety and data quality.

- ✓ Ensure interviewers understand the importance of confidentiality and are trained accordingly.
- X Never record names of participants on questionnaires. Rather, use unique ID codes and keep all identifiers separate to the data.
- ✓ If using tablets or other digital devices for data collection, ensure that tablets are password protected and all data is encrypted.
- ✓ Ensure that all data is kept in locked cabinets or password protected files.
- ✓ Seek consent of participants before audio recording them and delete recordings after transcription.
- ✓ Take care during reporting that data is aggregated sufficiently so that no specific community or individual can be identified.
- ✓ Ensure that safe and appropriate methods are employed for re-contacting participants in longitudinal studies or follow up data collection.

4 All research team members should be carefully selected and receive specialised training and ongoing support.

- ✓ Research and M&E staff require training on VAW, gender equality and how to acknowledge and overcome their own gender-related biases and stereotypes related to survivors of violence.
- ✓ Staff, including data collectors, also require training and ongoing support on how interviews may bring up feelings of secondary trauma for research staff or, in the case of staff who have experienced violence, may lead them to relive past trauma.

Staff may be at risk of violence from those perpetrating violence against study participants, and require ongoing logistical and security support including safe transport, appropriate communications technology and processes.

5 The study design must include actions aimed at reducing any possible distress caused to the participants by the research.

- ✓ Ensure that questions about experience or perpetration of violence are not asked directly at the start or end of an interview.
- ✓ Train interviewers to ask about violence in a supportive and non-judgmental manner.
- ✓ Ensure interviewers are trained on the possible effects that interviews can have on survivors, how to respond to distress and how to terminate an interview if necessary.

6 Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.

- ✓ Prior to data collection activities, identify potential providers of support or services to whom women can be referred, including health, justice and social services, or women's organizations.
- ✓ Ensure a trained counsellor accompanies fieldwork teams during data collection to provide on the spot support if there is a lack of adequate services available for women.

7 Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.

- ✓ Ensure that results of research and M&E are fed back into policy, advocacy and intervention activities – including, as appropriate to the groups who participated in the research.
- ✓ Establish advisory committees or stakeholder engagement groups that can play a role in validating, disseminating and applying the findings.

8 Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.

- ✓ Integrating questions about violence into studies or M&E activities designed for other purposes and topics should only be done where the ethical and methodological standards outlined in the eight principles presented here can be addressed.

The WHO ethical guidance documents do not address the specific risks involved with doing research or M&E on violence against children and adolescents, which requires additional approaches and processes to those outlined above. There are a number of guidance documents on collecting data on violence against children, a selection of which are listed further below. Although the principles for ethical research presented in Table 1 are largely applicable for children, there are additional principles that apply for children and adolescents, with a summary included in Table 2.[24]

Table 2: Additional principles for ethical research on violence against children

Voluntary assent and consent

Children below the age of 18 cannot usually provide legal consent to participate in research or M&E, in which case a parent or guardian should usually provide consent on their behalf. However, children must be given the opportunity to provide voluntary, informed assent to participate, or refuse to participate, if a guardian or parent provides consent. Researchers and programme implementers should also be prepared to consider whether parental permission and consent should be waivered; for instance, if parental knowledge about the research or M&E could put children at risk of violence or abuse. [25]

- ✓ Ensure the language (written or verbal) used to describe the study and obtain assent is appropriate for the age of the child.
- ✓ Be explicit about children's assent being voluntary and that there will be no negative consequences of refusing to participate.
- ✓ When obtaining assent/consent, ensure that children and parents/guardians are informed of the possible limitations of confidentiality, such as when legal requirements for mandatory reporting of child abuse may override requirements for confidentiality (see below).

Minimizing risk of harm

Ensuring the safety of respondents and minimising the risk of harm to them is vital in all research; however, conducting data collection with children, particularly on topics related to violence, requires considering the specific types of risks children may be vulnerable to.

- ✓ Ensure that research protocols identify all potential risks to children.
- ✓ Consult with knowledgeable local stakeholders to identify possible risks to children.
- ✓ Ensure the research team is trained to conduct research and data collection with children, including on sensitive topics and how to respond to children's distress.
- ✓ Be prepared to manage the possible implications and risks of requirements for mandatory reporting of child abuse to authorities. These requirements will be different in different contexts, and the possible benefits and risks of reporting must be analysed and balanced according to the cultural and legal context.
- ✓ Ensure the research team is accompanied by a trained child counsellor / psychologist who can provide immediate support if needed.

Useful Resources

M&E Guidance

Programming Essentials, Monitoring & Evaluation. UNWOMEN Virtual Knowledge Centre to End Violence against Women and Girls.

UNWOMEN's Virtual Knowledge Centre has a range of relevant resources, including guidance, case studies and examples of promising practice related to violence response and prevention interventions and M&E.

Global Women's Institute (2019) Participatory Monitoring and Evaluation (M&E) of Gender Based Violence Programs. SVRI Pre-Conference Workshop October 2019, The Global Women's Institute, George Washington University.

Slide deck used for a pre-conference workshop on participatory M&E at the Sexual Violence Research Initiative biennial forum, with content on the principles and practical implementation of participatory M&E approaches in VAW and GBV interventions.

UNICEF (2018) INSPIRE Indicator Guidance and Results Framework. New York: UNICEF.

Designed to help governments and NGOs monitor progress and track change over time across the seven INSPIRE strategies. The document includes a results framework and core set of indicators, alongside detailed guidance on how to use them.

ANROWS (2017) Counting on change. A guide to prevention monitoring. Australian National Research Organisation for Women's Safety.

A guide for policy-makers, researchers and advocates on measuring population-level progress towards the prevention of violence against women and their children.

DFID (2012) How to Note: Guidance on Monitoring and Evaluation for Programming on Violence against Women and Girls. CHASE Guidance Note Series.

Describes four key stages of M&E for VAW programmes and provides detailed guidance on how to implement M&E at each stage of the M&E cycle.

Bloom, S.S. (2008) Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators. Measure Evaluation, for the USAID East Africa Regional Mission and Inter-agency Gender Working Group.

A comprehensive compendium of indicators to measure VAW programme M&E, with guidance on indicator definition, how indicators should be measured and possible tools required to gather data.

Ellsberg, M. & Heise, L. (2005) Researching Violence Against Women: A Practical Guide for Researchers and Activists. World Health Organization, PATH.

A manual for researchers working in the violence response and prevention field with content on the methodological and ethical challenges conducting research on VAW and innovative techniques to address these challenges.

Ethics and safety – Violence against women

WHO (2016) Ethical and safety recommendations for intervention research on violence against women. Building on lessons from the WHO publication Putting women first: ethical and safety recommendations for research on domestic violence against women. Geneva: World Health Organization.

An update of the original WHO (2001) ethics and safety recommendations for research on VAW (see below), building on more recent evidence and learning to establish additional actions and best practice.

WHO (2001) Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Geneva: World Health Organization.

Guidance document developed as part of the WHO Multi-Country Study on Women's Health and Domestic Violence, with eight core ethical and safety principles outlined and a description of how to operationalize them.

Ethics and safety – Violence against children

UNICEF (2018) INSPIRE Indicator Guidance and Results Framework. New York: UNICEF.

Although the document focuses on guidance for using the results framework and indicators for the INSPIRE strategies, the document also contains a chapter on ethical considerations for collecting data on violence against children.

CP MERG (2012) Ethical principles, dilemmas and risks in collecting data on violence against children: A review of available literature. New York: Statistics and Monitoring Section/Division of Policy and Strategy, UNICEF.

Not a guidance document, but a compilation and review of literature to form the basis for future guidelines on ethical research with children. The document provides an extensive review of different principles, dilemmas and risk that researchers may encounter when conducting research with children, and provides some recommendations on best practice.

Annex A: Impact and outcome indicators for RESPECT strategies

Each of the RESPECT strategies has a set of impact, outcome and output statements, with the reduction or elimination of VAW as an impact across all seven strategies. Tables 3 and 4 outline: the impacts and outcomes targeted by each strategy; examples of indicators that can be used and adapted to measure these results; and a summary of guidance and sources on the use of these indicators. Indicators for outputs have not been included and should be adapted to the programme and implementation context.

Table 3: RESPECT strategy impacts, indicators and guidance

Note: The RESPECT framework has four impact results to which different strategies contribute, and these are labelled as Impacts 1 to 4 in Table 3. The corresponding indicators are labelled accordingly (e.g. 1.1 and 1.2 for impact 1) and are only used where those indicators are appropriate to the specific RESPECT strategy.

Strategy	Impact	Indicators	Guidance
R **Relationship skills strengthened**	1. VAW is reduced or eliminated	1.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months (SDG indicator 5.2.1)	This indicator links to SDG 5.2.1 and can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). Intimate partner violence (IPV) is one of the most common forms of VAW and according to the indicator includes physical, sexual or psychological (also referred to as emotional) violence perpetrated by a current or former partner or spouse. The SDG indicator measures any instance of IPV in the past 12 months and is measured for adolescent girls and women aged 15 years to 49 years (i.e. reproductive age). The upper age limit has been removed from the RESPECT indicator to be inclusive of older women, who may also experience IPV. The measurement of the indicator should be adapted according to the type of IPV being targeted and data disaggregated by type of violence, age and other relevant characteristics. IPV measures often focus on physical and sexual IPV and less frequently on psychological violence. Another type of IPV that is less frequently measured is economic violence, which is sometimes incorporated into measures of psychological IPV and sometimes measured as a separate type of IPV. Recent evidence suggests that emotional and economic IPV have distinctive impacts on women and should be incorporated into IPV measures.[26] The WHO MCS produced a series of questions designed to measure physical and sexual IPV, and these have been used effectively in multiple regions and countries. These questions have also been adapted in South Africa and used widely;[27] for instance, in the What Works to Prevent Violence Against Women and Girls Global Programme. For measures of emotional and economic IPV, there are a number of sources including items from the WHO MCS, DHS and UN MCS.
		1.2. Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months (SDG indicator 5.2.2)	This indicator links to SDG 5.2.2, which defines sexual violence as any sexual activity or behaviour imposed on someone, including rape, sexual abuse, forced sexual engagement, incest or sexual harassment. The SDG indicator measures any instance of sexual violence in the past 12 months perpetrated against adolescent girls and women aged 15 years to 49 years by any person who is not an intimate partner. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). The upper age limit has been removed from the RESPECT indicator to be inclusive of older women, who may also experience sexual violence perpetrated by a non-intimate partner. The measurement of the indicator should be adapted according to the type of sexual violence being targeted and should be disaggregated by age, place of occurrence or other relevant characteristics such as type of perpetrator. Most surveys that collect data on sexual violence by a non-intimate partner measure forced sexual intercourse or attempted forced sexual intercourse or other sexual acts. Examples of questions used to measure sexual violence by a non-intimate partner can be found in the WHO MCS, DHS and VACS. Although population surveys such as the WHO MCS and DHS sample women and girls from 15 years of age, the VACS samples children from age 13.

Strategy	Impact	Indicators	Guidance
E **Empowerment of women**	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2
	2. Women are exercising their human rights and contributing to development	2.1. Proportion of seats held by women in national parliaments and local governments (SDG indicator 5.5.1)	This impact statement links to SDG target 5.5, which is to ensure women's full and effective participation and equal opportunities for leadership at levels of decision-making in political, economic and public life. The SDG target includes indicator 5.5.1(a), Proportion of seats held by women in national parliaments, and 5.5.1(b) Proportion of seats held by women in local governments. Data sources include statistics received from parliaments, administrative data based on electoral records or public administrative data available from ministries.
		2.2. Proportion of countries where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control (SDG indicator 5.a.2)	This impact statement links to SDG indicator 5.a.2, which emphasizes land ownership and/or control and is linked to control over other economic resources and women's reduction in poverty and access to human rights. The indicator is measured and monitored against six proxies, which are outlined in detail in the indicator guidance and metadata, alongside key definitions and sources of data. These proxies can be used to measure the extent to which an individual country supports women's land rights
		2.3. Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG Indicator 5.6.1)	This impact indicator links to SDG indicator 5.6.1, and measures women's decision making in all three areas: sexual relations (whether they want to have sexual relations with their husband/partner or not), use of contraception and access to reproductive health care. The indicator guidance and metadata provide three survey questions used to measure the indicator, drawing from DHS and MICS. This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).
		2.4. SIGI Index	Impact indicators 2.1, 2.2 and 2.3 measure different dimensions of women exercising their rights and contributing to development. There are a number of gender indices that combine multiple dimensions of women's rights, some of which can be found in the Data2X document, Mapping Gender Data Gaps (see from page 42). The OECD Development Centre's Social Institutions and Gender Index (SIGI) measures discrimination against women in social institutions, which restricts their access to rights and ability to contribute to development. Programmes may choose to use impact indicators that focus on specific dimensions of women's rights or, alternatively, draw from an index such as the SIGI. The SIGI, which is currently measured in 180 countries, covers four dimensions of discriminatory social institutions: - Discrimination in the family – including prevalence of child marriage, women and girls' household responsibilities, access to divorce and access to inheritance rights. - Restricted physical integrity – including prevalence of violence against women and legal protections from violence, prevalence of female genital mutilation (FGM) and women's reproductive autonomy. - Restricted access to productive and financial resources – including secure access to land assets, non-land assets and formal financial services, and access to workplace rights. - Restricted civil liberties – including citizenship rights, political voice, freedom of movement and access to justice.
Strategy	**Impact**	**Indicators**	**Guidance**

S **Services ensured**	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2
	3. Improved health and development outcomes in households, community and society	3.1. Proportion of women and men targeted who have improved outcomes in the areas of physical, mental and sexual and reproductive health	Indicators for this impact statement will need to be made more specific depending on the services targeted by the programme and whether any of the programme interventions are intended to improve wider health outcomes in addition to reducing VAW and dealing with the immediate health needs of survivors. Example indicators include: - Proportion of women and men with communicable or non-communicable disease - Proportion of women and men who report harmful alcohol or substance use - Proportion of women and men who report depressive symptoms in the past month - Proportion of women and men who report emotional wellbeing - Proportion of women who gave birth in last 12 months with a trained birth attendant present - Proportion of women whose most recent birth was wanted at the time
		3.2. Proportion of VAW cases reported to the police which are investigated and prosecuted	A key measure of a functioning, effective police and legal system that responds to cases of VAW is the proportion of reported cases that are investigated by the police and prosecuted. The indicator can be measured via police and court records. Further guidance can be found here: UNWOMEN Virtual Knowledge Centre to End Violence against Women and Girls & Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators.
P **Poverty reduced**	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2
	3. Improved health and development outcomes in households, community and society	3.3. Proportion of women and men targeted who have improved outcomes in physical, mental and sexual and reproductive health	See guidance for impact indicator 3.1
		3.4. Proportion of population living below the national poverty line, by sex and age (SDG indicator 1.2.1)	This impact indicator links to SDG indicator 1.2.1, which measures the national poverty rate and the proportion of the population living below the national poverty line. The indicator guidance and metadata recommends measuring poverty through household consumption rather than income, and provides detailed guidance definitions and sources of data.
		3.5. Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (SDG indicator 1.2.2)	This impact indicator links to SDG indicator 1.2.2. No specific guidance or metadata has yet been published for this SDG indicator; however, some sources have drawn from the multidimensional poverty index, which measures deprivation according to poor health, lack of education, inadequate standard of living, lack of income, disempowerment, poor quality of work and threat from violence.
		3.6. Proportion of men and women who demonstrate gender equality and respectful relationships with intimate partners	Indicators for this impact statement will need to be made more specific according to the programme. Demonstrations of gender equality in intimate partnerships may involve joint decision-making and a more gender equitable division of household roles. Demonstration of respectful relationships may include value, esteem and regard for the rights of others – both what a respondent expresses about others and how they feel they are treated / valued by others.

Strategy	Impact	Indicators	Guidance
E **Environments made safe**	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2
		1.3. Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months	This indicator links to SDG 11.7.2, which defines sexual harassment as any behaviour with a sexual connotation that is intimidating, and physical harassment as all other behaviours involving harassment that can cause fear for one's physical integrity and/or emotional distress. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). The indicator is disaggregated by sex, age, disability status and place of occurrence. The SDG guidance for indicator 11.7.2 includes methods for measuring this indicator, including eight questions to be included in household surveys.
	4. VAC is reduced or eliminated	4.1. Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18 (SDG 16.2.3)	This indicator links to SDG 16.2.3, which defines sexual violence by age 18 as any sexual activity imposed on a child aged 17 years or younger, including sexual abuse, sexual coercion, commercial sexual exploitation (including through trafficking), child prostitution and sexual exploitation or slavery. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). The indicator is measured for both women and men aged 18-29. Measures of sexual violence should include the type of violence and the perpetrator. Some M&E tools also include the location where and the age at which the violence took place. The VACS contains a comprehensive set of questions on sexual violence, abuse and exploitation experienced in childhood, and includes measures of different types of sexual violence, perpetrators of violence, age at which the respondent experienced the violence and the age of the perpetrator.
		4.2. Proportion of girls and boys aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month (SDG 16.2.1)	This impact indicator links to SDG 16.2.1, and also to INSPIRE: Seven strategies for ending violence against children. Physical punishment (often referred to as corporal punishment) includes various actions including shaking, slapping, hitting or beating, and psychological aggression includes verbal abuse, shouting, yelling or name-calling. The indicator measures past month experience of punishment or aggression for children and adolescents aged 1-17 years, and should be disaggregated by sex, age and type of violence. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). The VACS contains a set of questions on children and adolescents' experiences of physical or emotional violence perpetrated by caregivers. Many studies instead measure parental/caregiver reports of using physical punishment and psychological aggression; for instance, the MICS Child Discipline Module, which contains separate measures for children under the age of five and those aged 5-17 years. Further guidance for this indicator can be found in the INSPIRE Indicator Guidance and Results Framework and the SDG guidance for indicator 16.2.1.
C **Child and**	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2

Strategy	Impact	Indicators	Guidance
adolescent abuse prevented	4. VAC is reduced or eliminated	See impact indicator 4.1	See guidance for impact indicator 4.1
		See impact indicator 4.2	See guidance for impact indicator 4.2
T Transformed attitudes, beliefs and norms	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2

Table 4: RESPECT Strategy outcomes, indicators and guidance

Note: In Table 4, the outcome statements under strategy R are labelled R1, R2 and R3. The corresponding indicators are labelled, for example, R1.1, R1.2 and R1.3 for outcome R1, and so on for other outcome statements. This labelling has been reproduced across the strategies for ease of reference.

Strategy	Impacts	Outcomes	Indicators	Guidance
R Relationship skills strengthened	VAW is reduced or eliminated	R1. Gender equality and respect are practiced in intimate and family relationships	R1.1. Proportion of currently partnered women and girls aged 15-49 years who participate (alone or jointly) in household decision-making	This outcome indicator links to indicator 7.3 in INSPIRE, but deviates slightly from the form of measurement. INSPIRE defines household decision-making as women's participation (alone or jointly with their husband) in decisions related to their own health care, making major household purchases or visiting family or friends. Here, women and girls' participation in decision-making (alone or jointly with their husband) is measured only for decisions concerning the household, including, for example, household purchases and spending household earnings. Other types of decision-making in which women make decisions about their own autonomous actions are captured in the Women and girls can make autonomous decisions outcome under the Empowerment strategy. The measurement of the indicator can be adapted from the DHS, which contains a series of questions that measure women's decision-making in relation to a number of household issues. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).
			R1.2. Proportion of women and men who report practicing gender equitable division of household roles	Gender equitable division of household roles is defined as women and men's participation in domestic duties, including child rearing, household chores and other domestic tasks. For example, the IMAGES survey contains questions about household division of labour and participation in caregiving. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).

Strategy	Impacts	Outcomes	Indicators	Guidance
			R1.3. Proportion of women aged 15 years and older who experienced controlling behaviours from an intimate partner in the past 12 months	Controlling behaviours from an intimate partner are widely recognised as a form of VAW that may be predictive of more severe forms of IPV. Controlling behaviours can include constraints on mobility or access to friends and family, and expressing feels of jealousy or distrust. The DHS measures controlling behaviours from a spouse through its module on marital control, which includes survey items related to the following types of control: - Jealousy or anger if she talks to other men - Frequently accuses her of being unfaithful - Does not permit her to meet her female friends - Tries to limit her contact with her family - Insists on knowing where she is at all times - Does not trust her with money This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).
		R2. Interpersonal conflicts are resolved peacefully	R2.1. Proportion of men and women who report having resolved their most recent three disagreements in a non-violent way	Non-violent conflict resolution involves rejecting physical and emotional violence as a means of resolving conflict and embracing positive communication, including peaceful dialogue, empathy, listening, anger management, negotiation, mediation and reconciliation. There is a range of tools that have been used in low- and middle-income countries to measure non-violent conflict resolution within couples, including the Conflict Tactics Scales, communication subscale of the Couple Functionality Assessment tool, the constructive communication subscale of the Communication Patterns Questionnaire, and the mutually constructive communication subscale of the General Communication and Conflict Resolution Scale.
		R3. Couples and families believe in and uphold gender equality as a norm and no longer accept VAW	R3.1. Proportion of people who agree that a husband (man) is justified in beating his wife (partner) in at least one circumstance, disaggregated by sex and age	Attitudes accepting or justifying VAW may occur when people believe that violence is a legitimate way to resolve conflict, to discipline a woman, or to settle affronts to honour. In this strategy, 'people' refers to partners and other family members. This indicator is a common one used in population studies such as the WHO MCS and the DHS, where five circumstances are typically presented: if a woman goes out without telling her husband, if she neglects the children, if she argues with her husband, if she refuses to have sex with her husband, or if she burns the food. Some studies also measure other circumstances, such as if a woman is unfaithful to her husband or partner or if she disobeys him. This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).
			R3.2. Proportion of people who hold gender-equitable attitudes	Gender equitable attitudes refer to attitudes about equity and equality in men and women's rights, roles and responsibilities. In this strategy, 'people' refers to partners and other family members. A useful tool for measuring gender equitable attitudes is the Gender Equitable Men (GEM) Scale, which has been used in multiple country contexts to measure people's perceptions and attitudes about the roles and responsibilities of men and women.

Strategy	Impacts	Outcomes	Indicators	Guidance
E **Empowerment of women**	VAW is reduced or eliminated Women are exercising their human rights and contributing to development	E1. Gender equality and respect are practiced in intimate, family and community relationships	E1.1. Proportion of currently partnered women and girls aged 15-49 years who participate (alone or jointly) in household decision-making	See guidance for indicator R1.1
			E1.2. Proportion of women and men who report practicing gender equitable division of household roles	See guidance for indicator R1.2
		E2. Women and girls can make autonomous decisions	E2.1. Proportion of women and girls who can make autonomous decisions about their own lives, disaggregated by age	Autonomous decision-making, which is often used as a proxy for women's agency, involves women making decisions about their own personal actions, including access to healthcare, use of contraceptives and mobility (visiting family or friends), and is distinct from household decision-making. The indicator can be measured by adapting the DHS questions on household decision-making (see guidance for the Increase in women's participation in household decision-making outcome under the Relationships strategy). Additional measures can be used, for instance, to measure women's autonomous decision making about their own mobility (e.g. are you permitted to leave the house to walk to visit a friend /family member in your village? Or take public transport to visit a friend / family member?).
			E2.2. Proportion of women and girls who report having agency	Recent work on women's empowerment suggests that decision-making may be an incomplete measure of women's agency, and that agency can also be measured directly. Agency can be defined as women's ability to define life goals and objectives and their ability to act on these.[28] Measuring women's agency can encompass various dimensions, including setting goals, perceptions of ability and control (sometimes referred to as self-efficacy), and acting on goals. Examples of tools used to measure these dimensions can be found in this guide on 'Measuring Women's Agency' developed by the World Bank.
		E3. Women have increased financial independence	E3.1. Proportion of women who report increased financial independence	Women's access to income and economic resources is an important measure of empowerment, but not sufficient as women may not control the income they earn or resources they acquire. Women's financial independence involves both access to economic resources, and power to benefit from economic activities and resources. Economic resources may include skills (e.g. via vocational training), financial capital (e.g. loans and savings), social capital (e.g. social networks) and physical capital (e.g. tools, land). The power to benefit from economic activities and resource means that women are able to make decisions about and control how financial capital is used and spent. Further guidance on how to develop indicators and questions to measure financial independence and women's economic empowerment can be found in guidance produced by ICRW, Oxfam and in this roadmap .
		E4. Women are participating in public and political life	E4.1. Proportion of women who have spoken at a public meeting in the last 6 months	This indicator needs to be refined depending on the nature of the programme and the local context. It will need to specify the types of public meetings to be included, the time period (e.g. 6 months or other) and which women. This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).

Strategy	Impacts	Outcomes	Indicators	Guidance
S **Services ensured**	VAW is reduced or eliminated Improved health and development outcomes in households, community and society	S1. Improved institutional response from health, justice, security and social services	S1.1. Number of service providers demonstrating improved response to VAW survivors	This indicator and approaches to measurement should be adapted to the local and programme context, and service institutions targeted. Improved institutional responses may cover a variety of domains, such as: developing and implementing policies, procedures and protocols to improve service response; developing, facilitating and embedding training for service staff in gender transformative frameworks or curricula; and developing comprehensive referral systems. Some examples of possible sub-indicators for improved institutional response, including from different service sectors, can be found in Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators.
		S2. Service providers and institutions believe in and uphold gender equality as a norm and no longer accept VAW	S2.1. Proportion of people who agree that a husband (man) is justified in beating his wife (partner) in at least one circumstance, disaggregated by sex and age	See guidance for indicator R3.1 – in the S strategy 'people' refers to individual service provider staff disaggregated by service.
			S2.2. Proportion of people who hold gender-equitable attitudes	See guidance for indicator R3.2 – in the S strategy 'people' refers to individual service provider staff disaggregated by service.
			S2.3. Service provider has a dedicated internal policy on gender equality	One way to measure an organisation's commitment to gender equality is to look at its own internal policies, procedures and practices related to gender. This indicator is one simple example, but will need further developing to specify the minimum elements of a gender equality policy for the specific institution. This indicator could be strengthened further by undertaking a gender audit or capacity assessment of the institution or applying some of the gender integration / gender mainstreaming checklists available. See, for example UN Women's Gender Equality Capacity Assessment Tool or ILO's A Manual for Gender Audit Facilitators.
			S2.4. Service provider has a dedicated procedure to handle internal VAW complaints	The way an organisation deals with internal complaints of gender discrimination, sexual harassment and gender-based violence is a good indicator of the commitment of that organisation to tackling VAW. This or a similar indicator can be used and will need further developing to specify the minimum elements of an internal policy to prevent and address VAW in the institution.
		S3. Improved quality and safety of VAW services	S3.1. Proportion of survivors of VAW who report improved satisfaction with the quality and safety of VAW services	This indicator should be adapted to local and programme contexts, including the type of service provision and corresponding standards for quality and safety. For instance, possible standards for quality services that programmes might target include accessibility, affordability, availability, and staff knowledge, treatment of survivors and sensitivity in handling difficult situations. Possible standards for safety in VAW services may include privacy, confidentiality and mitigation of further risk of violence. One way of measuring survivor satisfaction with services, commonly used in health services interventions, is through client satisfaction or exit surveys, which may include specific survey items for different standards or experiences associated with the service provision. An example of a client exit survey from the GBV health sector

Strategy	Impacts	Outcomes	Indicators	Guidance
				can be found in Improving the Health Sector response to Gender based Violence: A Resource Manual for Health Acre Professionals in Developing Countries.
		S4. Improved uptake of VAW services by survivors	S4.1. Proportion of survivors who report using VAWG services	This indicator measures use of formal VAW services by women who have experienced violence. The WHO MCS contains questions related to survivors' help seeking behaviours, including to informal actors and networks (e.g. friends, family, neighbours, community or religious leaders) and formal services (e.g. police, health facilities, legal services, women's organisations). These are asked of women who report having experienced VAW in the past 12 months.
P **Poverty reduced**	VAW is reduced or eliminated Improved health and development outcomes in households, community and society	P1. Reduced household poverty and economic stress	P1.1. Proportion of women and men who report food insecurity, disaggregated by sex	Household food insecurity is a commonly used measure of household poverty and has been found, in a number of studies, to be strongly associated with women's IPV experience and men's IPV perpetration. This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). Tools used to measure food insecurity include the Food Insecurity Experience Scale and the Household Food Insecurity Access Scale.
			P1.2. Total household consumption	Consumption is an important measure of household poverty and may include expenditure on food, housing, power/fuel, household items, transport, education and other goods and services. Sources of data and corresponding tools can be derived from national expenditure surveys, with further guidance found in the Evidence Consortium on Women's Groups (ECWG) Guide for Measuring Women's Empowerment and Economic Outcomes in Impact Evaluations of Women's Groups.
			P1.3. Proportion of women and men who report experiencing stress	Stress is an important determinant of poor mental health and emotional wellbeing. The links between poverty and stress, and between stress and the experience or perpetration of violence, have been documented in the literature. This indicator measures women and men's self-reported experiences of general stress. A tool widely used to measure stress is the Perceived Stress Scale (PSS), which has been used in multiple country contexts and which is a measure of the degree to which individuals perceive current situations in their lives as stressful.
		P2. Women have increased economic security	P2.1. Proportion of women who report economic security	Economic security can be defined as access to basic needs and stable income or savings. This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). A compilation of tools for measuring economic security and empowerment can be found in the Abdul Latif Jameel Poverty Action Lab (J-PAL) document, A Practical Guide to Measuring Women's and Girls' Empowerment in Impact Evaluations. Further guidance on measuring women's economic empowerment can also be found in the Women's Economic Empowerment: A Roadmap website.
		P3. Women have increased financial independence	P3.1. Proportion of women who report increased financial independence	See guidance for indicator E3.1

Strategy	Impacts	Outcomes	Indicators	Guidance

E **Environments made safe**	VAW is reduced or eliminated VAC is reduced or eliminated	EN1. Schools, workplaces, other institutions and public spaces become safer for women and girls	EN1.1. Proportion of women and girls who report feeling safe in schools, workplaces and public spaces, disaggregated by sex and age	This indicator measures women and girls' feelings of safety in multiple contexts, including in schools and other educational settings, workplaces and public spaces. Feeling safe means not feeling at risk of experiencing violence, harassment or exploitation. Measurements for this indicator will vary according to the setting. The Global school-based student health survey (GSHS) contains items that measure students' perceptions of safety at and on the way to school. The VACS contains a comprehensive set of items that measure children and young people's perceptions and experiences of safety and violence in different settings, including at home, the community and in school.
		EN2. Communities and institutions believe in and uphold gender equality as a norm and no longer accept VAW/VAC	EN2.1. Proportion of people who agree that a husband (man) is justified in beating his wife (partner) in at least one circumstance, disaggregated by sex and age	See guidance for indicator R3.1 – in the EN strategy 'people' refers to community members, teachers, workplace peers and managers and duty bearers.
			EN2.2. Proportion of people who hold gender-equitable attitudes	See guidance for indicator R3.2 – in the EN strategy 'people' refers to community members, teachers, workplace peers and managers and duty bearers.
			EN2.3. Institution has a dedicated internal policy on gender equality	See guidance for indicator S2.3
			EN2.4. Institution has a dedicated procedure to handle internal VAW complaints	See guidance for indicator S2.4
		EN3. Women's increased autonomous mobility within and beyond their communities	EN3.1. Average number of times women left their home during the past month a) to go somewhere within their community; b) to go somewhere outside their community	Women's increased mobility can indicate an increase in empowerment, but it can also indicate that women are feeling confident and safe to access their environment. This indicator measures women's mobility in the past month both within and outside of their community and is an important measure of their use of environments. It should be analysed alongside indicator EN1.1 to ensure that women feel safe when moving within public spaces. Additional questions can be asked, including how many times women left their community in the last month, and whether mobility was alone or accompanied.

Strategy	Impacts	Outcomes	Indicators	Guidance
C **Child and adolescent abuse prevented**	VAW is reduced or eliminated VAC is reduced or eliminated	C1. Parents and caregivers strengthen positive parenting practices and create more nurturing, supportive parent-child relationships	C1.1. Proportion of girls and boys aged 1-17 years who experienced any non-violent method of discipline by a caretaker in the past month, disaggregated by sex and age	This outcome statement links to SDG indicator 16.2.1 and Outcome 6 of INSPIRE, which comprises three domains: positive discipline by caregivers, positive parent-child relationships and parental/guardian supervision. . It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). Further guidance on possible tools for this indicator can be found in the INSPIRE Indicator Guidance and Results Framework, which includes sample questions, including from the MICS.
		C2. Families, communities and institutions believe in and uphold gender equality as a norm and no longer accept VAW/VAC	C2.1. Proportion of people who agree that a husband (man) is justified in beating his wife (partner) in at least one circumstance, disaggregated by sex and age	See guidance for indicator R3.1 – in the C strategy 'people' refers to family members, community members, teachers and duty bearers.
			C2.2. Proportion of people who hold gender-equitable attitudes	See guidance for indicator R3.2 – in the C strategy 'people' refers to family members, community members, teachers and duty bearers.
			C2.3. School has a dedicated internal policy on gender equality	See guidance for indicator S2.3
			C2.4. School has a dedicated procedure to handle internal VAW complaints	See guidance for indicator S2.4
		C3. Girls and boys are given equal opportunities	C3.1. Proportion of parents who report giving equal opportunities to boys and girls, disaggregated by sex	Parental provision of equal opportunities for girls and boys may encompass participation in education or safe, fairly paid employment, rights to choose marriage as an adult, gender equality in the division of household responsibilities and freedom of mobility. The measurement of the indicator should be adapted to local and programme settings, including to the types of opportunities that interventions seek to address.
		C4. Gender equality and respect are practiced in schools, learning and peer environments	C4.1. Number of schools, learning and peer environments demonstrating gender equality and respectful relationships	Indicators for this outcome will need to be made more specific according to the programming context and target groups. For instance, school and learning environments demonstrating gender equality may involve teachers treating boys and girls equally in the classroom. Demonstration of respectful relationships may include modelling value, esteem and regard for the rights of others.
		C5. Schools and public spaces become safer for girls and boys	C5.1. Proportion of girls and boys who report feeling safe	This indicator links to INSPIRE outcome indicator 9.2, which focuses on children's safety at or on the way to school, and expands it to encompass children's safety in other locations, including in public spaces. . It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme

Strategy	Impacts	Outcomes	Indicators	Guidance
			in schools and public spaces, disaggregated by sex and age	beneficiaries). The Global school-based student health survey (GSHS) contains items that measure students' perceptions of safety at and on the way to school. The VACS also contains a comprehensive set of items that measure children's perceptions of safety in different settings, including at home, the community and in school.
		C6. Educators use positive, non-violent forms of discipline	C6.1. Proportion of educators who report using alternative, non-violent forms of discipline on the last three occasions	Educators may include teachers and other educational staff within schools or other learning environments, including youth clubs, community centres or any other space where children and young people participate in learning (whether they are enrolled in school or out-of-school). Non-violent forms of discipline involve rejecting corporal punishment, including physical and emotional violence, and embracing alternative disciplinary methods, such as allocating more homework or other academic work, asking the child to apologise to the class/group or asking parents to come to discuss the child's poor behaviour. The indicator can be measured by asking educators to indicate which methods they used on the last three occasions they disciplined a child, with multiple choice options of both violent and non-violent disciplinary methods.
T **Transformed attitudes, beliefs and norms**	VAW is reduced or eliminated	T1. Families, communities and institutions believe in and uphold gender equality as a norm and no longer accept VAW	T1.1. Proportion of people who agree that a husband (man) is justified in beating his wife (partner) in at least one circumstance, disaggregated by sex and age	See guidance for indicator R3.1 – in the T strategy 'people' refers to family members, community members and duty bearers.
			T1.2. Proportion of people who hold gender-equitable attitudes	See guidance for indicator R3.2 – in the T strategy 'people' refers to family members, community members and duty bearers.
			T1.3. Proportion of people who believe that others in the community would react in X way if a woman or man did X	Social norms are behavioural rules that are shared by a population or group and consist of beliefs about what others do and what one is expected to do. Understanding social norms requires an analytical approach that captures what specific social norms are, who the reference groups are for those norms, what the (positive or negative) social sanctions are that prevent individuals from changing their behaviour, and whether there are any exceptions to the behavioural rules (e.g. a circumstance in which it would be acceptable to break a norm). Conducting such an analysis requires measuring these different elements of a social norm (i.e. reference groups, sanctions, exceptions), which would require multiple indicators. This indicator is an example of one that could be used to measure social sanctions, and how others in a community would react to a particular behaviour. Behaviours and reactions (X) would need to be tailored to the programme context and desired change. For instance, if a programme goal is to shift norms around VAW being a private family matter that others should not interfere with, an appropriate indicator might be: Proportion of people who believe that others in the community would intervene if a man perpetrated IPV. There are a number of tools that can be used to conduct social norms analysis, including CARE's Social Norms Analysis Plot (SNAP), and the Learning Collaborative's Social Norms Exploration Tool (SNET). These and other resources on measuring social norms can be found on the Advancing Learning and Innovation on Gender Norms (ALIGN) website.

Strategy	Impacts	Outcomes	Indicators	Guidance
		T2. Gender equality and respect are practiced in intimate, family and community relationships	T2.1. Proportion of currently partnered women and girls aged 15-49 years who participate (alone or jointly) in household decision-making	See guidance for indicator R1.1
			T2.2. Proportion of women and men who report practicing gender equitable division of household roles	See guidance for indicator R1.2
			T2.3. Proportion of women who say that other community members have asked their opinion on important matters	This indicator measures women's participation in community decision making and can illustrate shifts in community norms around the value of women, their opinions and their contribution to community matters. A survey question can ask women whether community members have asked about their opinions, with follow up questions about which opinions were sought / on what matters.

Endnotes

[1] Sources include: Programming Essentials, Monitoring & Evaluation. UNWOMEN Virtual Knowledge Centre to End Violence against Women and Girls; DFID (2012) How to Note: Guidance on Monitoring and Evaluation for Programming on Violence against Women and Girls. CHASE Guidance Note Series; Programming Essentials, Monitoring & Evaluation; USAID (2014) Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions Along the Relief to Development Continuum. United States Agency for International Development.

[2] Programming Essentials, Monitoring & Evaluation. UNWOMEN Virtual Knowledge Centre to End Violence against Women and Girls; Ellsberg, M. & Heise, L. (2005) Researching Violence Against Women: A Practical Guide for Researchers and Activists. World Health Organization, PATH; Global Women's Institute (2019) Participatory Monitoring and Evaluation (M&E) of Gender Based Violence Programs. SVRI Pre-Conference Workshop October 2019, The Global Women's Institute, The George Washington University; DFID (2012) How to Note: Guidance on Monitoring and Evaluation for Programming on Violence against Women and Girls. CHASE Guidance Note Series.

[3] For further guidance see: Global Women's Institute (2019) Participatory Monitoring and Evaluation (M&E) of Gender Based Violence Programs. SVRI Pre-Conference Workshop October 2019, The Global Women's Institute, George Washington University.

[4] García-Moreno, C., Jansen, HAFM., Ellsberg, M., Heise, L. & Watts, C. (2005) WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. Geneva: World Health Organization.

[5] https://dhsprogram.com/pubs/pdf/DHSQMP/DHS6_Module_Domestic_Violence_6Aug2014_DHSQMP.pdf

[6] https://www.unicef.org/statistics/index_24302.html

[7] https://promundoglobal.org/programs/international-men-and-gender-equality-survey-images/

[8] Fulu, E., Jewkes, R., Roselli, T., García-Moreno, C. (2013) Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *Lancet Global Health*, 1(4): e208-e218.

[9] https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html

[10] Disability status is often measured using the Washington Group Short Set of Disability Questions, which is a set of six questions measuring functional disability that can be used in population surveys. There are some limitations in the use of the short set of questions, which may not capture all types of difficulty in functioning. If more comprehensive data on disability is required, it is possible to use the Washington Group Extended Set on Functioning (WG ES-F). The Washington Group in partnership with UNICEF has also developed a Child Functioning Question Set, for use with children aged 2-17 years.

[11] There is a range of different tools used to measure gender attitudes. Several surveys, including from IMAGES, draw from the Gender Equitable Mens (GEM) Scale. The Gender Equity Scale has also been used in various settings. The DHS measures the acceptability or justification of wife beating in five different circumstances, including if a wife burns the food, argues with her husband, goes out without telling her husband, neglects the children and refuses to have sexual intercourse with her husband. This DHS tool has been adapted in various studies to measure additional circumstances relevant for the setting; for example, if a wife is unfaithful to her husband.

[12] For example, the DHS Domestic Violence Module contains survey questions that measure survivors' help seeking behaviours, including from whom they sought help after experiencing violence, and these questions can be adapted to the cultural context.

[13] A tool that has been used to measure alcohol consumption, abuse and dependence, including in VAW studies in low- and middle-income countries, is the Alcohol Use Disorders Identification Test (AUDIT).

[14] There are a number of different tools used to measure symptoms of depression or other types of mental illness, including anxiety and post-traumatic stress disorder. A common scale for measuring symptoms of depression among adults, which has been used and standardised in a number of settings, is the Revised Center for Epidemiologic Studies Depression Scale (CESD-R). For children, commonly used measures of symptoms of depression include the Center for Epidemiologic Studies Depression Scale for Children (CES-DC), which has been found to be reliable for adolescents but not for younger children, and the second edition of the Children's Depression Inventory (CDI-2).

[15] There is a range of tools used to measure the perpetration of violence, and these are generally adapted from tools used to measure experience of violence and worded in the active voice. For instance, the UN MCS adapted the WHO MCS set of questions on experience of intimate partner violence (IPV) and non-partner sexual violence (NPSV) to measure perpetration of IPV and NPSV. This adapted set of questions has subsequently been used in other studies, including in the What Works to Prevent Violence Against Women and Girls Global Programme.

[16] The MICS Child Discipline Module, adapted from the Parent-Child Conflict Tactics Scale, contains a set of questions asked of parents and caregivers on practices and attitudes related to parental discipline of children. The VACS also contains a set of questions on children and adolescents' experiences of physical punishment, which may be a more reliable measure than asking caregivers.

[17] Tools measuring attitudes to VAW survivors can measure a range of different types of attitudes, including rape myths and expectations of women's tolerance of IPV. For instance, a short form of the Illinois Rape Myth Acceptance Scale has been used and adapted in various cultural settings to measure respondents' agreement with rape myths associated with survivors of violence.

[18] Although measuring individual gender attitudes and attitudes related to VAW is an important element of VAW M&E, some interventions may also be interested in measuring perceptions about the attitudes of others in the community to understand social norms. This has been done in a number of ways. For instance, in the What Works to Prevent Violence Against Women and Girls Global Programme, studies drew from tools such as the GEM Scale or the Gender Equity Scale and adapted questions to measure perceptions of what the community thinks about gender equality and VAW. If VAW interventions are focused specifically on social norms change, it may be necessary to collect more comprehensive data on individual attitudes and perceptions of community attitudes, including important reference groups for social norms and sanctions or consequences for rejecting or confirming to norms. For guidance on different available tools for measuring social norms, see Samman, E. (2019) Quantitative measurement of gendered social norms. Advancing Learning and Innovation on Gender Norms (ALIGN).

[19] See for example: Stern, E., Heise, L. & McLean, L. (2018) The doing and undoing of male household decision-making and economic authority in Rwanda and its implications for gender transformative programming. Culture, Health and Sexuality 20(19); Ellsberg, M. & Heise, L. (2005) Researching Violence Against Women: A Practical Guide for Researchers and Activists. World Health Organization, PATH.

[20] https://www.who.int/immunization/hpv/deliver/nine_steps_for_developing_a_scalingup_strategy_who_2010.pdf

[21] Goldmann, L., Lundgren, R., Welbourn, A. et al. (2019) On the CUSP: the politics and prospects of scaling social norms change programming. Sexual and Reproductive Health Matters, 27(2): 51-63.

[22] Designing and implementing research and M&E activities with particular types of populations or participants may require addressing additional ethical and safety challenges to those outlined in WHO's eight principles. For instance, doing research with perpetrators of violence, whether these are men or women, raises particular risks that need to be addressed and planned for. For example, see Jewkes, R., Dartnall, E. & Sikweyiya, Y. (2012). Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence. Sexual Violence Research Initiative. Pretoria, South Africa, Medical Research Council.

[23] WHO (2001) Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Geneva: World Health Organization; WHO (2016) Ethical and safety recommendations for intervention research on violence against women. Building on lessons from the WHO publication *Putting women first: ethical and safety recommendations for research on domestic violence against women*. Geneva: World Health Organization.

[24] This guidance is based largely on UNICEF's (2018) *INSPIRE Indicator Guidance and Results Framework* document, which includes a chapter on ethics and safety when conducting research and M&E with children.

[25] There is not consensus on this issue. Some child rights advocates argue that it is safer and more respectful to allow a child to decide to participate without parental consent. Researchers and programming staff should consider and asses whether there are specific circumstances in which it is appropriate to interview children without parental consent as long as this can be done safely. For instance, this may occur in cases where children are married, or among separated/ street children, child sex workers or when parents knowing about the research would increase the risk of abuse.

[26] Gibbs, A., Dunkle, K. & Jewkes, R. (2018) Emotional and economic intimate partner violence as key drivers of depression and suicidal ideation: A cross-sectional study among young women in informal settlements in South Africa. PLOS ONE, https://doi.org/10.1371/journal.pone.0194885.

[27] Jewkes, R., Nduna, M., Levin J., Jama, N., Dunkle, K., Khuzwayo, N. et al. (2006) A cluster randomized-controlled trial to determine the effectiveness of Stepping Stones in preventing HIV infections and promoting safer sexual behaviour amongst youth in the rural Eastern Cape, South Africa: trial design, methods and baseline findings. Trop Med Int Health. 2006;11 (1):3–16.

[28] Donald, A., Koolwal, G., Annan, J., Falb, K. & Goldstein, M. (2020) Measuring women's agency. Feminist Economics, https://doi.org/10.1080/13545701.2019.1683757.

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RESPECT WOMEN

National Plan Guide & Workbook

Dedicated to the prevention of violence against women

UN WOMEN

World Health Organization

National Plan Guide & Workbook:

Dedicated to the prevention of violence against women

The National Plan Guide and Workbook provides policy makers, including UN Staff who can support Ministry partners, with practical steps to engage in national or sub-national processes to articulate an evidence-based approach to stop violence against women (VAW) from occurring. Traditional efforts to end VAW have focused, in large part, on legislative and policy reform; improved provision and access to coordinated multi-sectoral services; and better collection, analysis and use of data. These are critically important components of a comprehensive approach but are not the targeted investments needed to prevent violence from happening in the first place. Over the last decade, a tremendous body of evidence has been compiled and presented in global frameworks demonstrating that prevention is possible and that proven strategies exist.

This guide and workbook is based on those global frameworks for prevention, including the first UN Prevention Framework (2015) and its successor, the RESPECT Women Framework (2019). It is intended to support the development of a dedicated national or sub-national plan specific to prevention in order to achieve commitments made to eliminate VAW[1]. It is not intended to replace comprehensive national action plans, but to complement them by detailing out the prevention aspects as they relate to the national or sub-national context. This guide and workbook are part of a broader technical package of resources and tools designed for the implementation of the RESPECT Women Framework.

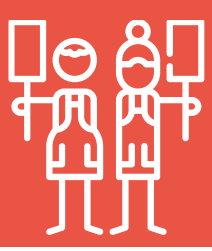
Step 1: become familiar with the prevention frameworks

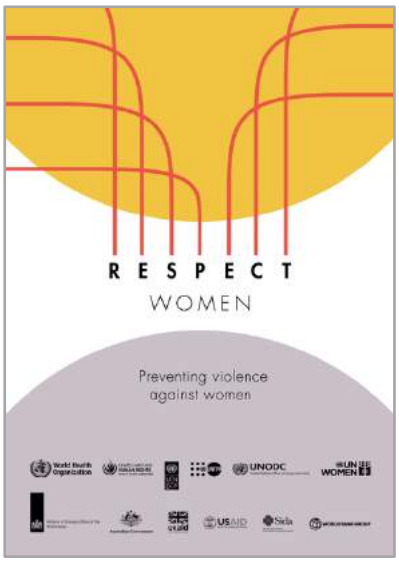
RESPECT Women: Preventing Violence against Women offers a user-friendly framework for understanding evidence-based strategies that work to mitigate risks for perpetration and victimization of violence as well as those that protect against victimization and perpetration. The Framework is based on a global compilation of information and knowledge derived from evaluations and systematic reviews covering a range of initiatives across diverse countries and contexts. The RESPECT Women Framework provides a good basis and background on the content and issues to be further explored at the national level. Some of the factors presented in the RESPECT Framework are universal and will resonate and be applicable to your context, while others will differ based on unique demographic groups and social and cultural contexts. For a more detailed exploration of entry points and the evidence-base, you can also review the Framework to Underpin Action to Prevent Violence against Women (UN Prevention Framework).

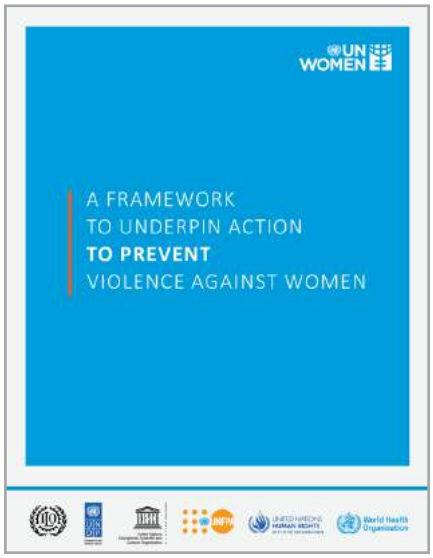
Global Frameworks on VAWG Prevention

The UN Prevention Framework (2015) provides a resource for policymakers and programmers to plan and implement well-targeted approaches to prevention, by mapping a theory of change approach and entry points for prevention programming.

The RESPECT Women Framework (2019) builds on the above and provides a set of evidence-based strategies to help policymakers design, plan, implement, monitor and evaluate VAW programmes.







Step 2: determine the key stakeholders to engage in the process

After reviewing the RESPECT Women Framework, identify key entities and actors that work on VAW and those who would have an important role to play in prevention based on what was learned in the previous step. Key stakeholders may include the technical staff within Ministries of Women/Gender, Health, Education, Employment, Poverty, Children and Youth, as well as other government institutions, UN agency staff and civil society or women's rights organization representatives that address VAW. Stakeholders may also include key individual allies such as traditional, cultural and faith leaders.

Fiji National Action Plan to Prevent Violence against Women and Girls

In 2020, the Fijian Government announced the development of a National Action Plan to Prevent Violence Against Women and Girls, making it one of only two countries in the world (along with Australia) to have a whole of government, inclusive, evidence-based approach to preventing violence against women and girls (VAWG). The process, led by the Ministry for Women, Children and Poverty Alleviation, brought together key partners, such as the Ministries of Health and Medical Services; Education, Heritage and Arts; and the Employment, Productivity, Industrial Relations, Youth and Sports. Other important stakeholders accompanying the process include: UN Women, the Fiji Women's Crisis Centre, Fiji Women's Rights Movement, House of Sarah, Medical Services Pacific, Fiji Disabled People's Federation, Haus of Kameleon, DIVA and others.

See the Joint Ministerial Press Release.

To determine relevant stakeholders, undertake an analysis of existing actors at national and local levels who may already be working on prevention or who could potentially be engaged in prevention work. For a more detailed breakdown of which actors and entry points have been identified for prevention, see the RESPECT Strategy Summaries.

Strategy	Partnership		
Which strategy do we want to roll-out?	Who can help us achieve this?		How does what they are doing already link to this strategy?
	Sector	Actors	
Example: *Respectful Relationships*	*Education* *Youth* *Sports*	*Ministry of Education* *Youth Clubs* *IOC National Committee*	*- The Ministry of Education has committed to Comprehensive Sexuality Education.* *- Youth clubs are actively advocating for gender equality and are running a campaign.* *- The International Olympic Committee national office is on board with the sports for generation equality initiative which includes preventing and responding to gender-based violence.*

Step 3: conduct a desk review and hold consultations to determine what is known about VAW in the country

The RESPECT Women Framework is based on a global compilation of information and knowledge derived from evaluations and systematic reviews covering a range of initiatives across diverse countries and contexts. It is important to assess the situation of VAW in the country, including the forms of violence that occur; the populations that are affected; the rates of perpetration and victimization; the drivers and risk factors for perpetration and victimization (see the ecological model above) as they relate to the different populations that are affected; and other factors that help explain why it happens.

This information can be obtained by bringing together the existing information through a desk review and by holding consultations with key groups. The desk review should include a review of any large-scale population surveys that have been conducted, such as those using the WHO survey methodology; the Demographic and Health Surveys (DHS); the International Men and Gender Equality Studies (IMAGES); the UN Multi-Country Study on Men and Violence; and any others that have been conducted nationally or sub-nationally to assess prevalence, contextual factors, attitudes, beliefs and norms around gender and violence (see additional resource suggestions in the Annex). Other important sources of information include: research conducted by national or international NGOs, academic institutions and the UN. You can use Google and other relevant electronic databases (PubMed, Science Direct and others) to identify quantitative and/or qualitative studies that are relevant to understanding VAW and what factors drive it.

Where the existing evidence-base is limited, policy makers may wish to consider funding further research to address gaps to inform policy and design of the national plan. All research on VAW must meet ethical standards and ensure the safety of women. Key questions to ask when commissioning research include:

- How do the patterns (types, levels, survivors, perpetrators) of VAW vary across the country?
- Where does violence occur i.e. private (e.g. home) and/or public spaces (e.g. on streets, in markets, libraries and recreation centres, in and around public transport, workplaces, social or political events and schools)?
- Which groups of women are more likely to be at risk of violence? (e.g. by age, race, ethnicity, marital status, HIV status, religion, (dis)ability, socio-economic status, migrant status, sexuality and gender identity)?
- What factors put women more at risk of experiencing violence?
- What factors put men more at risk of perpetrating violence?
- What factors decrease the risk (i.e. protective factors) that men will perpetrate violence and that women will experience violence?
- What are the specific social norms[2] and attitudes which underpin violence and who upholds them?

The answers to these questions can also help to further identify which stakeholders need to be engaged in consultations and in rolling-out prevention initiatives.

Identify a skilled and knowledgeable facilitator that can bring stakeholders together, in a workshop format, to share, analyze and document the evidence, research and experiences being contributed. Aim for a shared definition and conceptualization of VAW, with agreed language to describe it, that is validated within the country context by the key stakeholders. Achieving this may take several gatherings over time and may also include validating information with groups (e.g. on disability) who were not able to attend.

Consultations should include meaningful representation from groups that embody intersecting identities and who can inform the strategy from lived experience. Consultations should be ongoing with an aim to build robust multi-stakeholder alliances and networks that can potentially be sustained through an established coordination mechanism.

Use the worksheet below to document the information

When analysing risk and protective factors, special attention must be paid to particularly marginalised groups of women who may be more vulnerable to experiencing violence because of sex and gender inequalities and experiences of discrimination which intersect with other inequalities based on age, race, sexuality and gender identity, ethnicity, income, citizenship status, disability and/or other factors. The table below can be replicated to identify the risk and protective factors for different women (and perpetrators) within the population as needed.

Risk Factors	Identify the population group: **All Women** **Migrant Women** **Women with Disabilities** **Ethnic or Racial Minority Women**	Protective factors
Ask yourself: What factors and conditions contribute to perpetration and victimization?		**Ask yourself:** What conditions contribute to reducing the likelihood of perpetration or victimization?
	Individual	
	Interpersonal	
	Community	
	Societal	

The diagram below shows the multiple risk and protective factors consolidated from global research for violence at the individual, relationship, community and institutional levels using the ecological model. This can be used to further validate the findings documented at the national level.

Understanding the ecological model

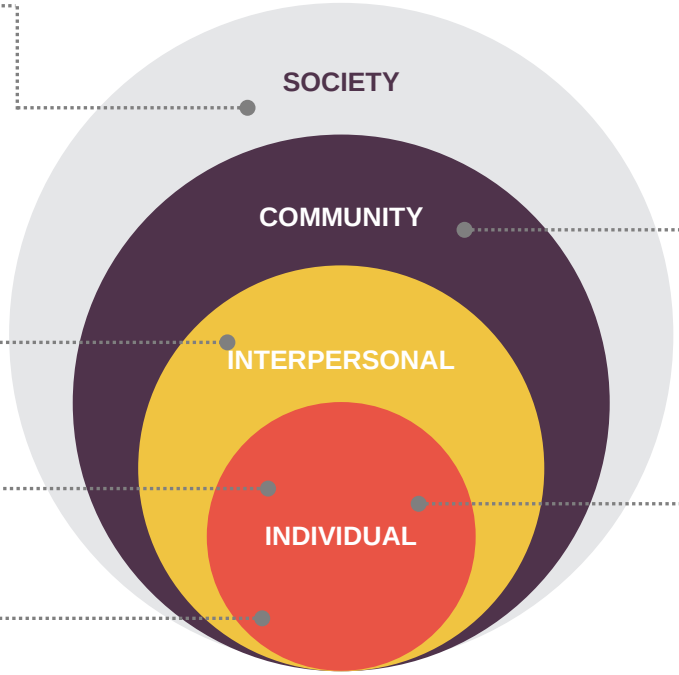
SOCIO-ECOLOGICAL MODEL

Societal
- Lack of women's economic rights
- Discriminatory family law
- Collectivist cultural orientation
- Women have low access to paid employment

Interpersonal
- Unequal decision-making
- Poor communication skills
- High relationship conflict

Women (VAW experience)
- Young
- Experiencing violence in childhood
- Witnessing violence in childhood
- Attitudes accepting violence / VAW
- Low social support

Woman – risk or protective factors in different contexts
- Women's employment / income generation
- Asset ownership
- Access to credit



RISK FACTORS

Community
- Norms condoning male authority over women
- Norms linking men's honour to women's dignity
- Norms conditioning VAW
- Stigma for divorced / single women
- Norms of family privacy
- Local poverty + unemployment
- Wider neighbourhood violence
- Lack of social or legal sanctions for VAW

Men (VAW perpetration)
- Young
- Low education level
- Experiencing childhood violence/Witnessing violence in childhood
- Gender inequitable attitudes
- Attitudes accepting violence
- Psychological dysfunction
- Alcohol / substance abuse

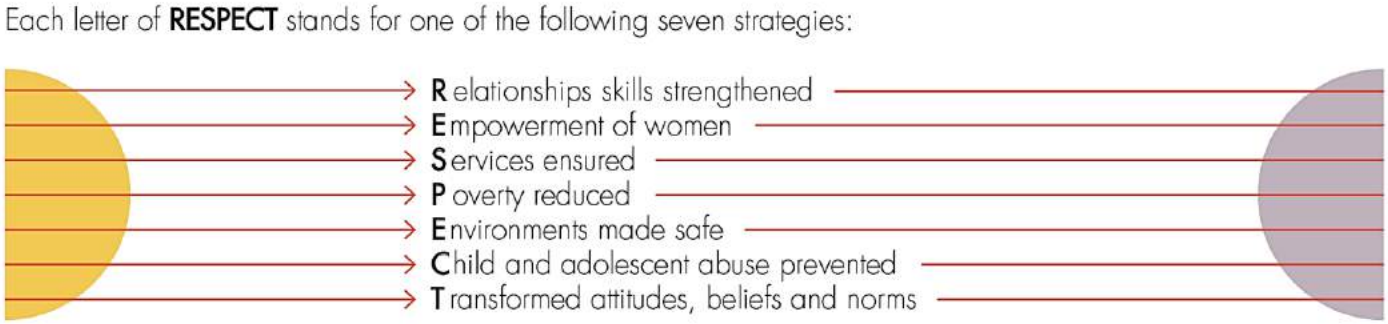
ROOT CAUSES OF VAWG

Gender inequality and discrimination against girls and women shaped by: Economic, political and social factors, systems and norms, including policy and legal frameworks and structures. Historical factors (e.g. deep-rooted cultural practices, war, colonization). Structural distinctions on the basis of age, income, location, race, ethnicity, disability, gender identity, sexual orientation and other characteristics.

Step 4: assess the international evidence on interventions against the national context

Your national or sub-national VAW prevention plan should be based on internationally consolidated evidence of promising practice[3] of what works to prevent VAW. Over the last decade, there has been a significant increase in the global evidence base[4] on violence prevention programming, which has informed the development of the UN Prevention and RESPECT Frameworks, as well as tools and resources to adapt and scale-up approaches.

The RESPECT Framework provides a current summary of the evidence-base organised around the seven pillars of the strategy, as simplified in the diagram below.



Step 5: develop a prevention plan

Informed by the evidence-base and consultations, policy makers can now develop a strategy or plan to guide VAW prevention programming, which identifies priority forms of VAWG, strategies, settings and populations. National and sub-national prevention strategies should be far reaching, inclusive of different forms of VAW and aimed at whole populations, adhering to the principle of leave no one behind.

Evidence shows that to be effective and sustainable, primary prevention strategies must include work through multiple channels to transform the individual attitudes and organizational, social and cultural practices which support, tolerate or excuse violence, including sustained work to transform gender discriminatory and stereotyping cultures, attitudes and behaviours. Strategies should be aligned with and aim to strengthen the legislative framework; target different groups of people in different environments where they live, work and socialize; work across a range of settings (such as schools, workplaces and the media); and engage different groups of people (such as men and boys, parents, children) at the individual, organizational, community and societal levels of the ecological framework.

The Australian state of Victoria's Plan to Prevent VAW (2010–2020) is a long term and multi sectoral framework for primary prevention, which spans a whole of government approach. The Plan was informed by an evidence review which drew on the socio-ecological model of health promotion and violence prevention. The plan identifies proposed settings and population groups for action, and includes mutually reinforcing strategies at societal, community/ organizational and individual/ relational levels.

Framework to guide primary prevention of violence against women

KEY DETERMINANTS OF VIOLENCE AND THEME FOR ACTION

PROMOTING EQUAL AND RESPECTFUL RELATIONSHIPS BETWEEN MEN AND WOMEN

Individual/relationship determinants

- Belief in rigid gender roles and identities, weak support for gender equality
- Masculine orientation/sense of entitlement
- Male dominance and control of wealth in relationships

Community & organisational determinants

- Culturally-specific norms regarding gender and sexuality
- Masculine peer & organisational cultures

Societal determinants

- Institutional & cultural support for, or weak sanctions against, gender inequality and rigid gender roles

KEY CONTRIBUTING FACTORS AND THEMES FOR ACTION

PROMOTING NON-VIOLENT NORMS / REDUCING THE EFFECTS OF PRIOR EXPOSURE TO VIOLENCE

Individual/relationship contributors

- Attitudinal support for violence against women
- Witnessing or experiencing family violence as a child
- Exposure to other forms of interpersonal or collective violence
- Use and acceptance of violence as a means of resolving interpersonal disputes

Community & organisational contributors

- Neighbourhood, peer & organisational cultures which are violence-supportive or have weak sanctions against violence
- Community or peer violence

Societal contributors

- Approval of, or weak sanctions against, violence/violence against women
- Ethos condoning violence as a means of settling interpersonal, civic or political disputes
- Colonisation

IMPROVING ACCESS TO RESOURCES AND SYSTEMS OF SUPPORT

Individual/relationship contributors

- Social isolation and limited access to systems of support
- Income, education, occupation
- Relative labour force status
- Alcohol and illicit drug use*
- Poor parenting
- Personality characteristics and poor mental health*
- Relationship and marital conflict
- Divorce/separation

Community & organisational contributors

- Weak social connections and social cohesion and limited collective activity among women
- Strong support for the privacy of the family
- Neighbourhood characteristics (service infrastructure, unemployment, poverty, collective efficacy)

Societal contributors

- Support for the privacy and autonomy of the family
- Unequal distribution of material resources (e.g. employment, education)

POPULATION GROUPS AND PREVENTATIVE ACTIONS

Preventative actions

- Research, monitoring and evaluation
- Direct participation programs
- Organisational and workforce development
- Community strengthening
- Communications and social marketing
- Advocacy
- Legislative and policy reform

Population groups

- Children
- Young people
- Women and men
- Neighbourhoods affected by disadvantage
- Indigenous communities
- Rural communities
- Culturally and linguistically diverse communities
- Women with disabilities

SETTINGS AND SECTORS FOR ACTION

- Community services
- Corporate
- Faith communities
- Education
- Workplaces
- Cultural institutions & networks
- Arts
- Sports and recreation
- Media & popular culture
- Local government
- Health
- Cyberspace/New technologies
- Justice
- Academic
- Military/like institutions

INTERMEDIATE OUTCOMES

Individual/relationship

- Improved connections to resources and support
- Respectful and equitable gender relations
- Improved attitudes toward gender equity, gender roles and violence/violence against women
- Improved skills in non-violent means of resolving interpersonal conflict
- Responsible alcohol use

Organisational

- Organisations that:
  - Model, promote and facilitate equal, respectful and non-violent gender relations
  - Work in partnerships across sectors to address violence
  - Implement evidence-based violence prevention activities
  - Are accessible to and safe and supportive for women

Community

- Environments that:
  - Value and support norms which are non-violent and build respectful and equitable gender relations
  - Build connections between people and between them and sources of formal and informal support
  - Take action to address violence

Societal

- A society in which there are strong legislative and regulatory frameworks and appropriate resource allocation for supporting:
  - Gender equity
  - The prevention and prohibition of violence
  - The positive portrayal of women (e.g. in advertising)
  - The development of healthy relationships between men and women

LONG-TERM BENEFITS

Individual/relationship

- Reduction in violence-related mental health problems & mortality
- Improved interpersonal skills & family & gender relations
- Reduced intergenerational transmission of violence and its impacts

Organisational

- Violence prevention resources and activities integrated across sectors and settings
- Organisations that value and promote respectful gender relations
- Improved access to resources and systems of support

Community

- Communities that value gender equity and respectful relationships between men and women
- Reduced social isolation and improved community connections

Societal

- Reduced gender inequality
- Improved quality of life for men and women
- Reduced levels of violence/violence against women
- Improved productivity

* denotes increased risk of perpetration only

Resources for prevention

Step 1: global frameworks and evidence

- The UN Prevention Framework (2015) provides a resource for policymakers and programmers to plan and implement well-targeted approaches to prevention, by mapping a theory of change approach and entry points for prevention programming.
- The RESPECT Women: Preventing Violence against Women Framework (2019) builds on the UN Prevention Framework and provides a set of evidence-based strategies to help policymakers design, plan, implement, monitor and evaluate VAW programmes.
- The Global Framework on Women's Safety in Rural Spaces (2019) focuses on prevention of VAWG in public spaces, including harassment, The framework helps to build a common understanding in the tea sector that is applicable to other commodity sectors in agricultural value chains.
- The What Works to Prevent VAWG Evidence Hub shares findings from the UK Department for International Development's (DFID) flagship global research and innovation programme across 13 countries. Quarterly VAWG Evidence Digests produced by DFID's VAWG Helpdesk provide an overview of the latest research, policy and news.
- The UN Trust Fund (UNTF) to End VAW's Evidence and Learning Hub provides a library of evaluation reports from VAWG prevention initiatives in 80 countries and territories.
- The Prevention Collaborative's Knowledge Platform provides a curated and accessible selection of key evidence and practice resources on VAWG prevention, including programme approaches.

Step 2: assess the national context and evidence

- The International Men and Gender Equality Studies (IMAGES) provides population-based data on men's (and women's) attitudes on gender equality and VAWG.
- The UN Multi-country Study on Men and Violence implemented in 7 countries using quantitative and qualitative methodologies to understand men's VAW. Toolkits for its replication are available.
- WHO multi-country study on women's health and domestic violence against women includes questions related to attitudes and other risk factors for intimate partner violence.
- The Demographic and Health Surveys (DHS) provide population-based data on VAWG, including on attitudes and beliefs.
- The Fundamental Rights Agency Survey on Violence against Women covers 28 countries in the European Union.
- Understanding masculinities, results from the International Men and Gender Equality Study in the Middle East and North Africa.
- OSCE Survey on the Well-being and Safety of Women implemented in 7 countries to understand prevalence and drivers of violence in South Eastern Europe and Eastern Europe.
- The Oak Foundation and Economist's Out of the Shadows 60 country benchmarking index examines national policies, practices and standards around child sexual abuse and exploitation.

Additional resources

- The Sexual Violence Research Initiative (SVRI) is a global network to advance quality research on sexual violence in low and middle-income countries.
- The Community for Understanding Scale Up (CUSP) is a group of nine organisations sharing knowledge and lessons for scaling up prevention interventions in different contexts.
- UN Women's Virtual Knowledge Centre to End VAW provides step-by-step guidance on 'how to' design, implement, monitor and evaluate initiatives including guidance on working with specific sectors, groups or areas of intervention.
- The Equality Institute (EQI) is a global research and creative agency working to advance gender equality and prevent VAWG.
- Partners for Prevention was an inter-agency initiative of the UN focused on preventing VAWG in the Asia Pacific Regions, producing in-depth research on the drivers of violence and briefs on lessons learned from programming.

Endnotes

[1] Such as CEDAW, the SDGs, the Beijing Platform for Action, the Maputo Protocol (Africa), Belém do Pará (Americas) and Istanbul Convention (Europe).

[2] See DFID's (2016) Guidance Note on Shifting Social Norms to Tackle VAWG.

[3] Promising practices may include those for which rigorous evaluation is not available; be based on practice-based knowledge; and/or may have demonstrated results in proxy outcomes (e.g. shifting social norms).

[4] Evidence-base refers to programmatic interventions that have demonstrated reductions in violence using rigorous evaluation methods.

[5] The "Framework to Guide Primary Prevention of Violence Against Women" is taken from the 'Preventing violence before it occurs. A framework and background paper to guide the primary prevention of violence against women in Victoria.' Published by the Victorian Health Promotion Foundation.

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This document is part of the* RESPECT Framework Implementation Guide*, commissioned by UN Women and developed by Social Development Direct, which can be found here.

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